

The Royal Wolverhampton NHS Trust (RWT)

& Walsall Healthcare NHS Trust (WHT)

Tuesday 15 July 2025 @ 12:30-15:45

**Room 10, Brownhills Community Association,
Chester Road North, Brownhills, Walsall, WS8 7JS**

Trust Board Meeting - to be held in PUBLIC

| ITEM NO | DESCRIPTION | PAPER REF | LEAD | PURPOSE | |
|---------|---|-----------------|---|--------------------|-------|
| 1 | Chair's Welcome, Apologies and Confirmation of Quorum | Verbal | Sir David | To inform & assure | 12:30 |
| 2 | Patient Story - Prostate Cancer Patient Story (RWT) | Verbal | D Hickman | To inform | 12:32 |
| 3 | Register of Declarations of Interest | Verbal | Sir David | To inform & assure | 12:47 |
| 4 | Minutes of the Previous RWT/WHT Group Trust Board Meeting held in Public on 20 May 2025 | Enclosure 4 | Sir David | To approve | 12:49 |
| 4.1 | Group Board Action Log and Matters Arising | Enclosure 4.1 | Sir David | To inform & assure | 12:52 |
| 5 | Chair's Report – Verbal | Verbal | Sir David | To inform & assure | 12:57 |
| 6 | Group Chief Executive's Report | Enclosure 6 | J Chadwick-Bell | To inform & assure | 13:02 |
| 7 | Integrated Committee Chairs Report - Quality, Finance & Productivity, Transformation and Partnerships, People and Audit | Enclosure 7 | J Dunn/ P Assinder/ L Toner/ D Brathwaite/ L Cowley | To inform & assure | 13:10 |
| 7.1 | RWT and WHT Audit Committee Chair Reports | Enclosure 7.1 | J Jones M Martin | To inform & assure | 13:30 |
| 7.1.1 | WHT Audit Committee Terms of Reference | Enclosure 7.1.1 | M Martin | To approve | 13:38 |
| 7.2 | Group Finance & Productivity Committee Terms of Reference | Enclosure 7.2 | J Dunn | To approve | 13:40 |
| 7.3 | Group Board Assurance Framework | Enclosure 7.3 | K Wilshire | To inform & assure | 13:42 |
| 7.4 | NHSE Maternity and Neonatal Care | Enclosure 7.4 | D Hickman L Carroll B McKaig Z Din | To inform & assure | 13:50 |
| 7.5 | COMFORT BREAK (10 MINS) | | | | |
| 8 | Strategy (Section Heading) | | | | |
| 8.1 | Summary of 10 Year Plan and Implications on Group | Enclosure 8.1 | S Evans | To inform & assure | 14:08 |

| ITEM NO | DESCRIPTION | PAPER REF | LEAD | PURPOSE | |
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| 8.2 | Black Country Provider Collaborative System Transformation Update and Formal Report from the Joint Provider Committee | Enclosure 8.2 | J Dunn | To discuss, inform & assure | 14:16 |
| 8.3 | Group Chief Community and Partnerships Officer Report on Place Development for One Wolverhampton and Walsall Together | Enclosure 8.3 | S Cartwright | To discuss, inform & assure | 14:26 |
| 8.4 | Health Inequalities Report Presenter in attendance: Kate Warren, Public Health Consultant at RWT | Enclosure 8.4 | S Cartwright | To inform & assure | 14:36 |
| 9 | Trust Integrated Quality & Performance Reports (Section Heading) | | | | |
| 9.1 | Integrated Performance Report - Walsall Healthcare NHS Trust (WHT) - Quality, People, Access Standards, Finance and Productivity | Enclosure 9.1 | W Roberts L Carroll Z Din | To inform & assure | 14:46 |
| 9.2 | Integrated Performance Report - The Royal Wolverhampton NHS Trust (RWT) - Quality, People, Access Standards, Finance and Productivity | Enclosure 9.2 | G Nuttall | To inform & assure | 14:56 |
| 9.3 | WHT Skill Mix Reviews - Medical Day Case, Theatres and Emergency Department | Enclosure 9.3 | L Carroll | To approve | 15:06 |
| 10 | RWT & WHT Charitable Funds Committee - Chair's Report | Enclosure 10 | M Levermore | To inform & assure | 15:14 |
| 11 | Questions Received from the Public | Verbal | Sir David | To inform | 15:22 |
| 12 | Any Other Business | Verbal | Sir David | To inform | 15:27 |
| 13 | Date and Time of Next Meeting : Tuesday 16 September 2026 - Location TBA | Verbal | Sir David | To inform | 15:32 |
| MEETING CLOSE | | | | | |

MEETING OF THE GROUP TRUST BOARD MEETING –HELD IN PUBLIC
TUESDAY 20th MAY 2025 AT 10:00AM
At Beacon Centre, Wolverhampton Rd, Wolverhampton WV4 6AZ

Members Present

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

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| Sir D Nicholson | Group Chair |
| Ms J Chadwick-Bell | Group Chief Executive |
| Mr K Stringer | Group Chief Financial Officer |
| Ms L Carroll | Chief Nursing Officer, WHT |
| Lord Carter | Specialist Advisor to the Board, RWT |
| Ms S Cartwright | Group Chief Community and Partnership Officer |
| Ms L Cowley | Group Non-Executive Director |
| Mr A Duffell | Group Chief People Officer |
| Mr S Evans | Group Deputy Chief Executive/Group Chief Strategy Officer |
| Ms A Heseltine | Group Associate Non-Executive Director, RWT |
| Ms D Hickman | Chief Nursing Officer, RWT |
| Mr S Jackson | Deputy Chief Operating Officer |
| Ms J Jones | Non-Executive Director, RWT |
| Prof M Levermore | Group Non-Executive Director |
| Dr B McKaig | Chief Medical Officer, RWT |
| Ms G Nuttall | Managing Director, RWT |
| Prof L Toner | Group Non-Executive Director |
| Ms D Brathwaite | Group Non-Executive Director |
| Ms Barber | Group Associate Non-Executive Director |
| Dr Z Dinn | Chief Medical Officer, WHT |

In Attendance

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| Mr K Wilshere | Group Company Secretary |
| Ms S Banga | Senior Operational Coordinator, WHT |
| Ms O Powell | Senior Administrator, RWT |
| Ms J Wright | Director of Midwifery, WHT |
| Ms T Palmer | Director of Midwifery, RWT |
| Mr R Purewal | Senior Healthcare Director, Precision Healthcare, Member of the Public |
| Ms Lavinia Hall | Diabetes Specialist Midwife Head, WHT |
| Ms T Faulkner | Head of Communications, WHT |

Apologies

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| Mr U Daraz | Group Associate Non-Executive Director |
| Mr P Assinder | Deputy Chair/Non-Executive Director, WHT |
| Mr J Dunn | Deputy Chair/Non-Executive Director, RWT |
| Mr W Roberts | Chief Operating Officer, WHT |
| Ms M Martin | Non-Executive Director, WHT |

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| 053/25 | Chair's Welcome, Apologies and Confirmation of Quorum |
| | <p>The Chair welcomed all to the Group Trust Board meeting held in public and confirmed the meeting as quorate. He confirmed that apologies had been received from Mr Assinder, Ms Martin, Mr Roberts, Dr Daraz and Mr Dunn</p> <p>Resolved: that the apologies be received and noted, the meeting be noted as quorate.</p> |
| 054/25 | Register of Declarations of interest - see link to Public Register of Declarations for RWT and WHT |
| | <p>Sir David confirmed that there were no new or changed conflicts of interest for this meeting from those published on the public register.</p> <p>Resolved: that the Register of Declarations of interest be received and noted.</p> |
| 055/25 | Minutes of the Previous RWT/WHT Group Public Board meeting held in Public on 18 March 2025 |
| | <p>Sir David confirmed that the Group Board approved the minutes of the Group Trust Board Meeting held on the 18 March 2025 as an accurate record.</p> <p>Resolved: that the minutes of the RWT/WHT Group Public meeting of the Board of Directors held in public on 18 March 2025 be APPROVED as a correct record</p> |
| 056/25 | Group Board Action Log and Matters Arising |
| | <p>Sir David confirmed that there were no actions from the previous meeting.</p> <p>Resolved: that there were no actions for noting.</p> |
| 057/25 | Patient Voice - Walsall Healthcare NHS Trust, Maternity |
| | <p>Ms Carroll introduced the patient voice video, and the members of the maternity team in attendance, Ms Hall and Ms Wright. She gave a brief summary of the care from 2024 of a woman in her second pregnancy who had developed gestational diabetes. She said the patient had a largely positive experience working out how to manage her insulin injections, that she had required a C-Section, and her health deteriorated after the birth of her child. She said the patient experience on the post-natal ward had been less positive, with lengthy buzzer waits, time pressure on staff reducing contact, and there not being snacks available suitable for women with gestational diabetes.</p> <p>Mr Duffell asked if gestational diabetes was common in pregnancy. Ms Hall said it was very common and last year (2024) 500 women had been diagnosed with gestational diabetes at WHT. Sir David asked how often gestational diabetes resulted in the death of a mother or a child. Ms Hall said this was very rare, although still-birth was a risk factor. She said that identifying diabetes in pregnancy as early as possible was important, as was providing support for them to counter any concerns they may have as a result. Sir David asked whether the story would have been different had it happened to a patient from an ethnic minority, or a more deprived background. Ms Hall reported at WHT, the main women with gestational diabetes were white British and Pakistani ladies, and that care and information was tailored to the individual's needs. Ms Chadwick-Bell asked whether gestational diabetes was preventable. Ms Hall reported a national 'NHS Prevention Programme' was available nationally with ways to help reduce the risk of women developing Type-2 diabetes. Ms Chadwick-Bell asked whether patients were given information on symptoms and what to look out for. Ms Hall said there were no symptoms, and a glucose test was required to be diagnosed. Ms Hall said patients would then need to change their lifestyle with having to test their blood sugars 4 times a day and to change to a healthier diet.</p> <p>Ms Cowley asked whether the issue had been resolved in there not being suitable food for women with gestational diabetes. Ms Hall said it was being clarified with catering and dietetic colleagues as to what could or could not be eaten. Sir David asked if there was a similar issue at RWT. Ms Hickman said the issue had now been raised at RWT. Ms Carroll said there was an education issue to ensure staff were aware of menus and offering appropriate choices to the patients. Ms Nuttall said RWT catering could address any nutritional issues or supply across the Group.</p> <p>Ms Wright said part of the Saving Babies Lives Care bundle and Ockendon review pre-conception diabetes was identified as a major potential complication in pregnancies. Sir David asked about the issues referred to in post-natal care.</p> |

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| | <p>Ms Wright said post-natal care was a difficult area as there were challenging issues with staffing levels, and care was prioritised to those most needing it.</p> <p>She said that when the buzzers were used, if there was a member of staff already in that area they would attend but this was not always realised. She said the Trust had introduced 'comfort rounds' so patients were not waiting to press the buzzers, alongside maternity support workers in the area. Sir David thanked all involved and said it reflected on the service which was generally provided by the Trusts but particularly for the gestational diabetes. He felt the thoroughness, care and compassion was being shown by staff within the department.</p> <p>Resolved: that the Patient Voice be received</p> <p>ACTION: Mr Jackson to have a discussion with dietitian colleagues to see what could be done in support in relation to snacks available suitable for women with gestational diabetes.</p> |
| 058/25 | Chair's Report – Verbal |
| | <p>Sir David mentioned the 10-year plan was due soon, that the NHS was undergoing significant structural changes, particularly to Integrated Care Boards (ICBs) reconfiguring themselves for the future. He said the changes were crucial for those working within the system but engagement with ICBs during the transition over the next 9 to 12 months would be challenging. He stated regional offices were experiencing shifts during the abolition of NHS England, all of which contributed to a complex and evolving healthcare landscape. He said that despite uncertainties, there was a clear plan in place to guide organisations through this period with clear objectives. He said the focus must remain on executing the Strategy effectively, maintaining clarity on governance, and ensuring operational organisation delivery. He said the current environment presented challenges and some new opportunities to innovate and address gaps. He advised the upcoming Board meeting would be centred on ensuring progress aligned with established plans, reaffirming the Groups commitment to delivering the objectives despite the turbulent landscape.</p> <p>Resolved: that the Chair's verbal report be received for information and assurance.</p> |
| 059/25 | Group Chief Executive's Update |
| | <p>Ms Chadwick-Bell thanked all colleagues across the Trust. She said there were three areas of focus across the organisation which were actively addressing financial challenges by appointing a Financial Recovery Director and a Productivity Director, together with additional support from Deloitte. She said the focus was on fostering a positive workplace culture, ensuring that an engaged workforce was at the heart of patient care. She also mentioned the changing NHS which would change how the Board worked together and as an organisation together with system partners.</p> <p>Ms Chadwick-Bell recognised the work underway to address the cancer 62 day waits, and she thanked Ms Nuttall and the wider team. She reported that the 18-week position at RWT placed the Trust in Tier 1 as one of the lowest performing. She said cohort cost growth was 50% and there were open and honest communications with staff and staff-side representatives. Mr Barber asked if there were any risks by continuing with the plans. Ms Chadwick-Bell believed there was a greater risk of getting sidetracked. Ms Brathwaite welcomed the focus on culture. Ms Chadwick-Bell said her role was to ensure that patients and workforce were looked after. Prof. Levermore asked if there had been suitable feedback to ensure the culture was moving in the direction the Trusts wanted. Ms Chadwick-Bell referred to the formal reporting such as the staff survey, along with regular meetings she had with the Freedom to Speak Up Guardians regarding any themes or issues to escalate, as well as with staff side leads informally and the conversations with the staff networks and the leadership walks.</p> <p>Resolved: that the Group Chief Executive's Report be received for information and assurance</p> |
| | Strategy |
| 060/25 | Partnership & Transformation Committee (PTC) Chair's Report by Exception |
| | <p>Ms Cowley said the organisations were focusing on effective public engagement while navigating challenges in the transformational efforts. She referred to follow-up discussions progress and meaningful change taken with the financial considerations, ensuring that strategic decisions aligned</p> |

Working in partnership

with broader goals, and exploring specialised approaches to accelerate change where required. Ms Chadwick-Bell referred to whether the organisation had successfully implemented transformational change, in outpatient treatments for example. She noted that transformation must be approached thoughtfully, and that the overarching change programme might offer the basis for a clearer communication strategy. Ms Cowley acknowledged that cultural changes and workforce investment were necessary to achieve deeper transformations, and that whilst some shifts had occurred, the focus had to be on aligning and driving meaningful change. She referred to discussions regarding balancing speed and sustainability in transformation efforts, with a recognition that change and adjustments must be intentional, and not just temporary or superficial. She felt the key challenge was refining the approach to learning and improvement, so the transition was smoother and more effective.

Dr Din said he recognised the organisation needed to actively engage staff in the transformation process. He said governance improvements support meaningful action, ensuring that the human element was prioritised. He mentioned a recent session that had provided valuable insights from participants, highlighting concerns such as the incomplete implementation of the Access Policy. He said the focus on structured discussions that guide staff through the change process, and the next phase involved facilitating such conversations to ensure an inclusive and effective evolution of the organisation's approach. Dr McKaig envisaged significant transformation over the next three years, focussed on integrating primary and secondary care with greater patient engagement. He said while long-standing behaviours and systems would not change overnight, there was momentum, particularly through initiatives such as RTT and clinical team involvement. His view was that the secondary care sector was well-positioned to drive the transformation, including digital advancements, to enhance service delivery. He said though the vision was clear, the process had to be gradual to ensure a fundamental shift to future patient care that was very different from the current.

Ms Cowley highlighted the need to consider whether initiatives were best handled at an individual Trust level, a Group level, or a broader place-based approach. She had explored facility distribution, NHS responsibility in service delivery, and areas requiring collaboration. She said there had been a productive debate on alternative approaches, and public engagement strategies to drive effective change. Lord Carter asked whether there were NHS Trusts or organisations that were further along in the transformation journey and who could serve as examples to learn from, and if there had been broader engagement with external organisations for shared learning. Ms Cowley advised the organisation had engaged in discussions to learn from other sectors approaches. She said there was recognition that insight from different industries and organisations provided valuable lessons. She said the focus was to ensure that the workforce felt empowered to drive change and growth, fostering a cultural shift to the Quality Improvement (QI) methodology, and with an emphasis on refining governance models and processes to make transformation more seamless and effective. Dr Din mentioned utilising Getting It Right First Time (GIRFT) data and comparative information. He said there was conversations Norwich and Norfolk which was an example of learning and implementing it locally.

Dr McKaig said the transformation vision for 3 years' time was about transforming the whole pathway and engagement was required with primary care and patients, both of whom were critical in developing joint change. He said that changing culture and changing behaviours was not going to happen quickly. He felt that plans had to include digital & technology as potentially key enablers in improving how we manage services. Sir David highlighted potential concerns regarding leadership capacity and participation in transformation efforts. He emphasised the need for ambition in driving change. He gave an example from the research and development conference that underscored the importance of expert patient's valuable insights into the patient experience. He suggested that engaging expert patients as key contributors would help ensure patient needs were prioritised in the transformation process.

Resolved: that the Partnerships & Transformation Committee Chair's Report be noted

| 061/25 | Strategic Transformation Programme Update |
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| | <p>Mr Evans said the organisations were undergoing the significant transformation process, with five key programmes guiding changes. He said the programmes were regularly updated and reported to the appropriate Board Committees to ensure alignment with strategic goals. He advised that the transformation journey began in October 2024, with structured Board sessions to review progress. Mr Evans said the Digital & Service Transformation was underway, integrating value and technology across multiple organisations. He reported Collaborative efforts were taking place with external partners, including a private company called Liaison, to explore options and support strategies and Workstreams across the organisation and identify any key challenges that needed to be addressed to facilitate transformation.</p> <p>Mr Evans mentioned the development plans to establish two Elective Care hubs within the system, had business cases being prepared for Quarter 2, and partnerships with private providers were being explored to improve service delivery and capacity with Community Diagnostic Centres (CDC 's) was being expanded, including a new approach for streamlining patient pathways.</p> <p>Mr Evans reported there was a comprehensive review assessing service alignment with core organisational goals and external benchmarking to evaluate service effectiveness and identify areas for improvement. He said the review included input from Senior Medical Leaders and pilot studies across 3 different services. He said there were key challenges in ensuring sufficient transformation capacity was available, while maintaining core services, to leverage new technologies, including AI and machine learning, to enhance service delivery and address risks. He mentioned the organisation was focused on balancing immediate operational needs with long-term strategic growth, so as to ensure sustainable improvements in healthcare delivery.</p> <p>Ms Heseltine asked about financial concerns related to the costs associated with investing in new technologies and the potential impact on how and where staff worked, as part of both the short- and long-term financial plans. She said the key issue was identifying sources of funding for the significant investment required to support these changes. Mr Evans acknowledged the costs associated with new technology implementation and alternative working methods and how these might be mitigated. He said if investment resulted in lower costs and greater productivity, then shared arrangement models and payment mechanisms to reduce upfront financial burdens might be a solution. Ms Chadwick-Bell acknowledged there was no capital to invest, and so more flexible solutions with industry partners was being explored. She recognised this was a shift away from conventional invest to save models. Sir David asked if the organisations had acknowledged the significant financial impact of major initiatives like Community First and Outpatient Services. Mr Evans said the Use of Resources Programme Group had been established that investigated workstream efficient resource management, to ensure that financial sustainability was maintained while driving transformation. He added that the realisation of in-year savings was closely monitored and integrated into the financial planning model, with each Senior Responsible Owner (SRO) executive tracking progress with the Programme Management Office (PMO) to ensure savings were captured. He said the approach was focused on long-term transformation and real-time financial improvements.</p> <p>Sir David asked for clarification on the accounting for the £17 million outpatient fee in the report. Mr Evans stated in-year financial management was handled by the Use of Resources Programme Group as stated. Mr Stringer said the Use of Resources Programme Board had met twice and had reviewed all baselines and had in-depth conversations regarding KPIs, and evidence of financial and performance delivery mechanisms for assurance, and this work was in progress. Ms Chadwick-Bell acknowledged that reporting and tracking transformation efforts had been fragmented and there was a need to consolidate key performance indicators (KPIs) across different workstreams into a productivity dashboard for better visibility. She said this issue had been identified as a management action, with plans to address it at the next Board meeting.</p> |

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| | <p>In response to a question from Prof. Levermore, Dr McKaig advised the organisation was exploring ways to offset energy consumption as part of a broader effort to reduce carbon emissions. He said Research and Development (R&D) had a grant established to investigate carbon reduction strategies across various initiatives, including improving hospital attendance and increasing estate utilisation. He expressed there was strong alignment between the sustainability efforts and the research goals. He said the organisation was awaiting confirmation on the £1.3 million grant, which would support further developments in environmentally conscious healthcare practices.</p> <p>Resolved: that the Strategic Transformation Programme Update be noted ACTION: Management action to provide an integrated productivity dashboard at the next Board Meeting.</p> |
| 062/25 | Group Chief Community and Partnerships Officer Report by Exception for RWT & WHT |
| | <p>Ms Cartwright reported staff engagement on the Walsall Together strategy to ensure widespread participation, and as part of the Community First initiative, seven integrated neighbourhood teams had been formed in Walsall. She said Primary Care networks in Walsall were being aligned with integrated neighbourhood teams, while Wolverhampton had taken an alternative approach due to geographical challenges. She mentioned efforts underway to develop a creative health agenda that connected partners across the system, and recent visitors had praised the partnership's strong integration culture. She reported future developments in Place-based partnerships under discussion. She said Trust colleagues were supporting ongoing CQC inspections in local authorities. She reiterated the reporting to the Use of Resources Programme Group regarding transformation. Ms Chadwick-Bell said the organisation had made significant progress and was advanced relative to national standards. She said the challenge ahead was to optimise this progress, foster a community-driven mindset, and improve how transformation efforts were communicated across the organisation.</p> <p>Lord Carter asked who managed a patient through a pathway and whether it was the primary care provider. Ms Cartwright said this would transition into neighbourhood health services, as part of the multi-agency response where the patient was. Lord Carter said he was struggling with the relationship with the Primary Care Provider and the Neighbourhood team, and who was responsible if it didn't work. Ms Cartwright said the GP had a significant part to play, with their registered population, even when the PCNs were not aligned. Ms Cowley said the journey and pathway had to mark a cultural shift in respect and listening to patients, instead of forcing patients onto a pathway. Ms Hickman said there was significant learning from pilot Family First Programmes as part of the wider neighbourhood approach.</p> <p>Resolved: that the Group Chief Community and Partnerships Officer Report by Exception for RWT & WHT Report be noted</p> <p style="text-align: center;">BREAK 10 MINS 11:20 to 11:34</p> |
| | Quality and Safety |
| 063/25 | Group Quality Committee (QC) - Chair Report for RWT and WHT |
| | <p>Prof Toner highlighted the increase in pressure ulcers at both Trusts. She said there had been an increase in clinical trials, affecting the availability of staff for other tasks. She mentioned concerns raised regarding operational difficulties in the Surgical Division. She reported there had been an improvement in duty of candour. She said that at WHT, 395 audiology patients were identified, due to system issues, found to not be on the audiology diagnostic pathway and had not received the diagnostics required. She advised a review was being undertaken in relation to this as to how this occurred, and changes required to ensure it does not re-occur. She also mentioned discussions had taken place following receipt of the RWT RACE report for 2023. She advised a report had been submitted to the Joint Provider Collaborative Committee regarding configuration of maternity services across the Black Country.</p> |

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| | <p>Prof Toner finally mentioned the funding of the inequalities midwife was to cease after June as funding was exhausted. Ms Cartwright mentioned the issue was mentioned during a recent visit to a Walsall hub and a potential alternative solution was being explored whilst not adding costs. Sir David asked for confirmation that the committee was assured that the approach to stroke-related matters was being effectively implemented, aligned and progressing as intended. Prof Toner said there were still issues with work continuing.</p> <p>Dr Din provided an update on duty of candour compliance and his recent attendance at a Safety Huddle in the Surgical Division where the implementation of duty of candour was positive. He mentioned challenges with differences of opinion amongst some surgeons regarding their application or the triggering of the application of the statutory duty of candour. He said these had emphasised the need for revised guidance, policy and training to ensure clarity in escalation.</p> <p>Ms Cowley asked about the 67% increase of complaints at RWT and whether any themes had been identified. Ms Hickman reported following investigations it was noted the highest number of complaints related to delays in treatment, however discharge-related complaints were seen which had come through a Section 42 Safeguarding route. She said the discharge group had a new terms of reference and membership and were also inviting stakeholders such as West Midlands Ambulance Service (WMAS).</p> <p>Resolved: that the Group Quality Committee (QC) - Chair Report for RWT and WHT Report be noted</p> |
| 064/25 | <p>RWT & WHT Joint Chief Nursing Officer's Update by Exception including midwifery</p> |
| | <p>Ms Hickman highlighted there was a reduction in falls but an increase in lower-level pressure ulcers and moisture associate damage and a detailed report would be presented to Quality Committee. She also mentioned a significant increase in ITU patient complexity and Sepsis related. She advised there had been a regional increase in pressure ulcers. She reported there was 50/75% reduction in <i>C.diff</i> cases across the organisation, with more HPV cleaning taking place due to the high prevalence of norovirus and the extension of the patient cleaning centre.</p> <p>Ms Palmer reported the final CQC inspection report had been received, was positive and the action plan had three actions, 2 closed and accepted to date. She said the remaining action related to delays in transfers related to capacity issues. She said the birth rate increase over the last 5 years continued. She said the Trusts were working together in identifying ways of managing care safely, and the birth rate plus assessment was in progress. Ms Hickman said the inpatient skills self-assessment was provided for information.</p> <p>Sir David said some areas in the report were difficult to understand what the key issues were, given the extent of the information. He said he understood there was clearly pressure on services and vacancies which increased risks on the system. He said it was difficult to identify the mitigations required. He added this was an executive issue regarding providing clarify of issues, understanding, analysis and conclusions about how to resolve things. He asked how these issues were dealt with in the management system. Ms Carroll advised the issues were reported using the governance structure, the nurses and midwifery forums, and nurse sensitive indicators monitored, reporting twice daily with deep dives undertaken with Quality Committee and Executive Directors sighted. Sir David asked when the Executive Directors reviewed the pressures and the risks. Ms Chadwick-Bell said the officers had a Trust Level oversight at Executive Group, that in future would agree a group position and the Group Executive Committee was to set up for these discussions to take place. Lord Carter said the report was excellent and commended staff.</p> <p>Ms Hickman advised the RWT bi-annual staffing review was undertaken twice yearly, taken on two counts and where serious risk was identified, mitigation was reviewed and discussed with Executives. She said there had been an increase in pressure ulcers, not be solely due to staffing issues She said due</p> |

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| | <p>diligence continued on a daily, weekly, and monthly basis.</p> <p>Ms Carroll also reported an increase in pressure ulcers with investigation led by a tissue viability nurse. She said the <i>C.diff</i> rate at financial year was 69 cases with a threshold of 87. She reported the promotion of the quality framework launched in April 2025, along with two wards awarded the diamond accreditation award. Ms Wright said WHT continued to face significant challenges, particularly in staffing and sickness-related issues in maternity. She said themes relating to stress and whether they were work related had been reviewed and it had not been the case and work continued to reduce sickness levels. She referred to the birth rate plus safe staffing tool in maternity that indicated a shortfall of staff was indicated, depending on the number of expected births. She advised the neonatal unit had a long-term staffing plan looking at staffing levels as a system. She finally mentioned maternity and newborn investigations that had no recommendations or unsafe care identified. Prof Toner mentioned she had undertaken a maternity safety champion walkabout at WHT, and it was positive to see the developments.</p> <p>Resolved: that the RWT & WHT Joint Chief Nursing Officer's Update by Exception including midwifery be noted</p> |
| | People |
| 065/25 | Group People Committee (PC) - Chair's Report for RWT & WHT |
| | <p>Ms Brathwaite reported that the Month 12 position aligned with the recovery plan trajectory. She referred to the 2025-26 workforce plan submission and the update on progress, including outstanding issues linked to stretch targets. She advised an updated workforce report was expected at the next meeting to address any remaining gaps in the plans. She said there was a robust discussion on E-Rostering, emphasising the need for swift implementation of the system, with an implementation overview and plan update expected at the next meeting. She said it had been identified that this could take up to 18 months, raising concerns about feasibility and costs. She said staff morale and engagement remained a concern, and a Freedom to Speak up team meeting and well-being discussion in Wolverhampton confirmed high levels of anxiety in staff, emphasising the need for clear and timely communication to prevent misinformation. She said work had been requested to address this issue. She stated that sickness absence remained a persistent challenge, with uncertainties around workforce status and operational delays creating additional strain. She said the terms of reference were endorsed by the committee and asked for approval by the Board.</p> <p>Resolved: that the Group People Committee (PC) - Chair's Report for RWT & WHT be noted and the TOR be approved.</p> |
| 066/25 | Group Chief People Officer's Report by Exception for RWT & WHT |
| | <p>Mr Duffell said there were two areas within Wolverhampton and Walsall where sickness absence had to be addressed in a different way. He referred to the extensive discussions regarding E-Rostering and embedding it in the organisations, particularly at WHT. He said there was an increase in staff leaving the organisation, more than those joining, as was required. Ms Chadwick-Bell asked about progress with job plans. Ms Brathwaite said the content and the quality and how robust they were was being investigated.</p> <p>Ms Cowley referred to the absence levels and how the nursing dashboard specified these. She asked whether something similar was needed for medical staff. She said that, while job planning was in place, challenges persisted in specific areas, impacting overall effectiveness. Dr Din said there was a high appraisal rate of over 99% for doctors but actual reporting in ESR suggested it was closer to 70%. in ESR. He agreed further work was required. Mr Duffell highlighted efforts to improve the quality of job plans, focussing on integrating key elements. He said the e-rostering approach was influenced by parallel medical and corporate strategies, including WLI initiatives. He said the goal was to align both for a corporate-wide view. Sir David asked for clarity on whether for appraisals, the Plan for the next two to three years was integrated with the broader system for appraisals, ensuring that everyone in the organisation understood their roles and alignment with key objectives</p> |

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| | <p>Mr Duffell highlighted the ongoing efforts to integrate key organisational objectives into performance and development with the intention of ensuring that roles aligned with the strategic goals. He said further improvement was required, particularly in job planning and system-wide clarity. Sir David asked if there was something that could be done straight away so people knew what they were doing. Mr Duffell said the Strategic Objectives were anchored in the appraisal process. Sir David said effective job planning and clarity was required. Ms Chadwick-Bell said the appraisal process was to be changed so everyone understood their role and their contribution to deliver. Sir David said it was important that the job planning process was undertaken properly, and the Committee was updated on this. He said the information needed to be presented in a consistent way, using a similar dashboard for Medics, and that the objective setting process had to be in place as soon as possible.</p> <p>Resolved: that the Group Chief People Officer's Report by Exception for RWT & WHT be noted</p> |
| | Access & Targets |
| 067/25 | Operational and access Reports by exception – RWT & WHT |
| | <p>Ms Nuttall highlighted that the 'Tier 1' evidence was being reviewed by the Finance and Performance Committee for the Boards Assurance. She also mentioned that Urgent and Emergency Care, diagnostics and Cancer services were all in a positive position. She advised there had been progress in winter planning, with efforts being made across 'Place'. She alluded a recent national team visit that had reviewed the plans and submissions, and lent credibility on the ability to deliver improved, some cancer performance. She advised a recovery programme was in place, the current position was 50% of patients being seen within 18 weeks, with a national objective to increase that figure by 5%, aiming for 60% of patients seen in 18 weeks. She reported this required managing approximately 15k patients on the RWT waiting list. She mentioned key strategies for addressing waiting list challenges included external national screening funds, with validation using an external company, potentially removing around 25% of patients, increased Elective Recovery Fund (ERF) activity, ensuring efficient outpatient, inpatient, and diagnostic services, mutual aid from Walsall, supporting general surgery and gynaecology, optimising financial resources, including RTTs, to reduce patients waiting over 52 weeks, and focusing on paediatric patients to ensure adequate care. She said the next steps were continued monitoring, resource optimisation, and collaboration to achieve long-term performance improvements.</p> <p>Ms Chadwick-Bell said the waiting list at WHT had increased and asked for an update. Ms Cartwright said this related to therapy services, a risk on the risk register due to recruitment issues. Mr Jackson advised that the risk related to speech and language therapists (S&LT) and dieticians, due to demand with mitigations in place. Sir David said the Trust being in Tier 1 was to focus on what we need to do by the end of March to change the situation.</p> <p>Resolved: that the Operational and access Reports by exception – RWT & WHT be noted</p> |
| | Productivity & Finance |
| 068/25 | Group Finance & Productivity Committee (FPC) - Chair's Report for RWT and WHT |
| | <p>Ms Jones reported two key issues, one focussed on audit-based software at WHT and its impact on audiology services, with 395 patients to be re-routed to ensure they received the correct diagnostic procedures. Second, she mentioned contract awards, with notable progress on the solar farm project, which successfully moved forward. Sir David asked if the audiology was adults or children. Mr Jackson said there was a mix of adults and children that were affected with 222 paediatric and 193 adults.</p> <p>Resolved: that the Group Finance & Productivity Committee (FPC) - Chair's Report for RWT and WHT be noted</p> |
| 069/25 | Group Chief Financial Officer Report for RWT and WHT – Month 12 |
| | <p>Mr Stringer highlighted that a £21.2 million deficit, while a small percentage of the total budget, remained significant. He mentioned ERF Performance metrics showing RWT at 116% against 115, WHT</p> |

| | |
|--------|---|
| | <p>at 118% against 110.</p> <p>He stated that £73 million in capital expenditure, covering medical equipment, radio pharmacy, Solar Farm at Wolverhampton, and UEC capacity had been identified, and the cash position remained stable. Sir David reflected on the financial challenges of the previous year, acknowledging that targets were difficult to achieve. He emphasised the need to learn from past experiences to ensure better financial management in future.</p> <p>Resolved: that the Group Chief Financial Officer Report for RWT and WHT – Month 12 be noted</p> |
| 070/25 | Audit Committee (AC) – Chairs Verbal updates for RWT & Report for WHT |
| | <p>Ms Jones highlighted ongoing conversations between Committee members and the cyber team, focussed on the cyber internal audit report, with significant progress made. Prof Toner highlighted concerns regarding Allocate, and a conversation on how the risk register was used. Sir David asked if there was a single risk register. Prof Toner confirmed there was a Risk Register at each Trust.</p> <p>Resolved: that the Audit Committee (AC) – Chairs Verbal updates for RWT & Report for WHT be noted.</p> |
| 071/25 | Any Other Business |
| | There was no other business |
| 072/25 | RWT and WHT G6/FT4 and CoS7 License Self Certification assessment & declaration |
| | Mr Stringer said there was a self-assessment which was part of a licence. |
| 073/25 | RWT Charitable Funds Committee – Chair’s Report to Trustees |
| | <p>Mr Levermore asked the Board to note was that investments had seen a downturn, and other providers were being considered. Ms Chadwick-Bell asked how much it cost to run the charity and if we cannot increase the income or the amount raised, did the overhead need to be reviewed. Mr Levermore said the charity had increased staff and was using Trust resources. He said the committee members would look at all aspects in respect of the future strategy. Ms Jones said that in her view, it was disingenuous to raise money to spend it on administration and overhead. Ms Cowley said the charity needed a strategic review. Mr Levermore said it was a conversation that would be progressed.</p> |
| 074/25 | Questions Received from the Public |
| | <p>1. Please give and updated on the excessive deaths in the stroke unit</p> <p>Dr McKaig had written a response to Dr Tinsa with updated figures.</p> |
| 075/25 | Resolution |
| | <p>The Board to resolve to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960.</p> <p>Resolved: that the resolution be APPROVED.</p> |
| 074/25 | Date and Time of Next Meeting: Tuesday 15 July 2025 |
| | Sir David confirmed the date and time of the next meeting as Tuesday 15th July 2025. |

List of action items

| Agenda item | | Assigned to | Deadline | Status |
|--|---|--|------------|----------------------------------|
| RWT/WHT Group Trust Board Meeting - to be held in Public 20/05/2025 7.2 Strategic Transformation Programme Update | | | | |
| 2761. | Integrated Productivity dashboard | <div><div></div> Chadwick-Bell , Joe</div> <div><div></div> Nuttall, Gwen</div> <div><div></div> Roberts, Will</div> | 30/06/2025 | <div><div></div> Completed</div> |
| | <div><div>Explanation action item</div><div>"Ms Chadwick-Bell acknowledged that reporting and tracking transformation efforts had been fragmented and there was a need to consolidate key performance indicators (KPIs) across different workstreams into a productivity dashboard for better visibility. She said this issue had been identified as a management action, with plans to address it at the next Board meeting."</div><div>Management action to provide an integrated productivity dashboard at the next Board Meeting</div></div> | | | |
| RWT/WHT Group Trust Board Meeting - to be held in Public 20/05/2025 5.1 Patient Voice - Walsall Healthcare NHS Trust, Maternity | | | | |
| 2760. | discussion with Dietitian Colleagues | <div><div></div> Jackson , Stephen</div> | 30/06/2025 | <div><div></div> Completed</div> |
| | <div><div>Explanation action item</div><div>Mr Jackson to have a discussion with dietitian colleagues to see what could be done in relation to snacks available suitable for women with gestational diabetes.</div><div>UPDATE: 27.6.25. The dietetics service and diabetes midwife specialist are working closely together to improve the snack offerings on maternity ward for all patients but specifically those with diabetes. This is by educating the ward staff during their annual mandatory training and improving communication between the ward and the catering team. While a range of snacks has always available been from catering, the focus is on establishing processes to ensure they effectively reach the patients.</div></div> | | | |

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| Tier 1 - Paper ref: | Enclosure 6 |
|----------------------------|-------------|

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|------------------------------|--|
| Report title: | Group Chief Executive's Report |
| Sponsoring executive: | Joe Chadwick-Bell, Group Chief Executive |
| Report author: | Gayle Nightingale, Business Manager to the Group Chief Executive |
| Meeting title: | Group Trust Board held in Public |
| Date: | 15 July 2025 |

| 1. Summary of key issue - Assure, Advise, Alert |
|---|
| <p>Staff long service awards</p> <p>Firstly, I wanted to reflect locally as I had the privilege in recent weeks to present the long service awards to staff at both RWT and WHT. It gave me great pride in signing all the certificates along with presenting them to many staff; thank you for all that you have done and continue to do along with each and every person who makes these events such a success.</p> |
| <p>National updates</p> <p>Following on from my last report the Government's Spending Review was published by the Chancellor of which the NHS will receive:</p> <ul style="list-style-type: none"> • £10 billion to bring our analogue NHS into the digital age, with a 50% increase in the NHS technology budget • additional GPs to help build the neighbourhood health service • mental health support in every school, to keep kids in school and out of hospital • the highest ever capital investment, to rebuild our crumbling estate • cash investment, providing an additional £29 billion a year by 2028 to 2029 <p>We are currently working through what this will mean for us locally along with the Integrated Care Board (ICB) and other local acute, mental health and community service providers.</p> <p>Fit for the Future: 10 Year Health Plan for England</p> <p>The 3 July 2025 saw the launch of the 'Fit for the Future: 10 Year Health Plan for England' an important document including the tools needed for improving services for staff, patients and the communities we serve. During the summer an alignment of the priorities will be agreed along with a collective delivery approach for Fit for the Future – locally driven and focusing on those elements of the plan that will have the most immediate impact on our staff and patients, while looking ahead at the more medium and long-term changes we need to make.</p> <p>The plan will look to transform the NHS into an engine for economic growth, rather than simply a beneficiary of it by:</p> <p>Reinventing the NHS through three radical shifts:</p> <ul style="list-style-type: none"> • hospital to community • analogue to digital • sickness to prevention (public health) |

To support this scale of change at pace we need:

- a new operating model
- a new era of transparency
- to create a new workforce model with staff genuinely aligned to the future direction of reform
- a reshaped innovation strategy
- a different approach to NHS finances

Locally we as a group we have already embarked on many of these changes through working with our stakeholders such as the Local Authority, GPs within Place and our own integrated GPs to move hospital provision to primary care and the community. I would like to cite digital innovation as one of the corner stones of the innovative work we have been working on with our GPs so much so that we recently won an HSJ Patient Safety Award for 'Driving Prevention and Early Intervention through Digital for PRADA – Proactive Risk Based Data Driven Assessment in End-of-Life Care', well done everyone for all the years of hard work that has gone into this system of work, what a fantastic achievement.

Urgent and Emergency Care and Elective Recovery Plans 2025/26

The Urgent and Emergency (UEC) Care plans have been published for 2025/26. The key elements for achievement are as follows:

- From treatment to prevention: taking steps now to reduce demand for urgent care later this year
- From hospital to community: increasing the number of patients receiving care in community settings
- High-quality emergency care: meeting the maximum 45-minute ambulance handover
- Improving flow through hospitals
- Ending 12-hour waits in corridors for a bed
- Mental health teams leading from the front
- A whole-system approach to improving patient discharge
- From analogue to digital: using data and digital investment to improve flow
- Giving urgent care improvement the system-wide focus it deserves

NHSE are introducing 'The 100-day plan' to help with the adoption of this new operating model, by 'rebuilding public trust in the NHS, restoring confidence across government in how we manage our finances, and speeding up the recovery of our services' to meet this challenge means changing the way we work, we need to focus on how we plan to achieve this by working together better, simplifying how we measure performance by replacing the current targets with a more targeted set of goals. This also means changing how we think about money — focusing on how we use our resources, and resetting our approach to productivity, linking efficiency directly to better outcomes for patients.

By this summer NHS England (NHSE) has also committed to delivering on the 12 key priorities (see below), with some already underway both locally and nationally.

| Priority | Objectives |
|--|---|
| 1. Conclude the 2025/26 planning round | <ul style="list-style-type: none"> – finalise 2025/26 plans, stabilising finances and operations – align planning decisions with the Spending Review – reset approach across the NHS to drive accountability, develop local solutions and encourage ambition |
| 2. Medium-term planning and financial regime | <ul style="list-style-type: none"> – develop a medium-term plan approach that aligns with the 10 Year Health Plan – secure a new financial regime that guarantees sustainability and alignment with government objectives |
| 3. Oversight framework | <ul style="list-style-type: none"> – strengthen assurance and oversight functions while minimising duplication – balance local autonomy with clear accountability, using scheduled reviews to stay on track – combine existing improvement programmes into a single approach |
| 4. Quality refresh | <ul style="list-style-type: none"> – embed a stronger quality narrative throughout the NHS, informed by Dash Reviews – integrate quality metrics into the broader oversight and performance approach |
| 5. Productivity | <ul style="list-style-type: none"> – align NHS England’s productivity approach with government priorities – define metrics measuring efficiency gains that translate into improved outcomes – identify key work areas underpinning productivity in the NHS, covering estates, finance, improvement and workforce |
| 6. Winter preparedness | <ul style="list-style-type: none"> – ensure robust winter preparedness in line with the UEC Plan – improve patient flow and reduce waiting times, working closely with social care |
| 7. Capital investment model | <ul style="list-style-type: none"> – introduce an off-balance sheet capital investment mechanism – modernise estates and technology infrastructure, supporting the 10 Year Health Plan |

| | |
|--|---|
| 8. Digital, data and technology | <ul style="list-style-type: none"> – undertake a rapid review of current digital, data and technology (DDaT) programmes to maximise return on investment – ensure alignment with NHS priorities and the 10 Year Health Plan |
| 9. ICB cost reduction | <ul style="list-style-type: none"> – clarify roles of ICBs, through a ‘model ICB’ approach, and support rapid transition – demonstrate progress in merging or reorganising ICBs |
| 10. Integration programme | <ul style="list-style-type: none"> – coordinate the overarching integration programme – set out a clear NHS England – DHSC operating model and consider arm’s length bodies in the potential transfer of responsibilities from NHS England |
| 11. Establish new executive/transformation team and governance refresh | <ul style="list-style-type: none"> – establish a structured transformation team within the first 30 days – clarify leadership appointments to stabilise governance and ensure momentum – embed expected behaviours across NHS England’s executive team to encourage ambition and collaboration, reflected by the wider NHS – refresh committees and governance mechanisms across NHS England to ensure effective decision-making and accountability |
| 12. Performance management | <ul style="list-style-type: none"> – develop a proportionate, rules-based approach to performance management for operational performance, finance, quality and workforce targets |

NHS Oversight Framework 2025/26

NHSE have launched the final version of the NHS Oversight Framework 2025/26, this will encompass the shift from a targets driven accountability model to that of a focussed set of national priorities including those set out in the Planning guidance 2025/26. The NHS priorities and operational planning guidance 2025/26 made it clear that achieving a financial reset this year is a priority. The NHS must live within the budget it is allocated, reduce waste and increase productivity to deliver growth against demand.

Maternity and Neonatal Services – national independent investigation

On 23 June 2025, Wes Streeting, Secretary of State for Health and Social Care announced a rapid independent investigation into maternity and neonatal services, as part of this he also announced an independent taskforce would be set-up to look at what immediate actions could be taken to improve care. The investigation is in response to the significant failings in maternity services in parts of the NHS

and the need with real urgency to understand and address the systemic issues behind why so many women, babies and families are experiencing unacceptable care. The scope of this includes ten specific trusts of which neither RWT or WHT are included. However, we will ensure that we take any learning as the investigation continues.

Regional update

Developing Strategic Commissioning Across Birmingham, the Black Country, and Solihull

On 4 July 2025 as part of the changes set out in the 10-year plan the Black Country Integrated Care Board (ICB) and Birmingham and Solihull ICB announced a new operating model would be formed – Birmingham, the Black Country, and Solihull ICB cluster. There key focus will be on strategic commissioning functions whilst also recognising the maturity and position of provider collaboratives and partnerships across the cluster.

Site visits across Walsall and Wolverhampton

On 8 May 2025 I joined Sian Webley – Director of Operations, Surgical Division, on a Manor Hospital site visit to all surgical areas; what great skill and care I witnessed in all that I saw from ward caring for patients just returning from surgery to the Intensive Care Unit (ITU). The 14 May 2025 saw me visiting the Gem Centre in Wolverhampton, truly a wonderful service provision for children and their families, supporting children through difficult situations and clinical need whilst including the parents throughout their journey, I felt truly proud of what was being delivered to children and their families.

On 28 May 2025 I had the pleasure of visiting the Black Country Pathology Services (BCPS) building, which RWT hosts, the level of skill and automation of diagnostic testing shows how far we have utilised technology to improve service provision. On 29 May 2025, I went for a site visit to Cannock Chase Hospital, meet with several departments including theatres, ward areas and diagnostic services; with no urgent and emergency care available it demonstrated how operations and theatre timings could be planned without the need to interrupt service provision therefore making the whole service provision a smooth patient journey.

Throughout all these visits what stood out for me was the true dedication of staff in delivering care and support to patients at truly what could be described as the most vulnerable period of time for a patient; I am truly grateful for all that you do and I am very proud of what you have and continue to achieve for the benefit of patients and the community we serve.

Local updates

I wanted to pick out a few key highlights from the yearly Freedom to Speak Up (FTSU) report, which is available in the reading room. There has been an increase in staff raising concerns across the group which is due to both increased awareness and staffs' confidence in raising concerns, in this regard the group has been recognised nationally for being one of the 10 most improved trusts for speaking up, which we should all be proud of. Of the referrals received inappropriate attitudes and behaviours has been cited as one of the highest reported concerns, which aligns with national reported position. I am pleased to announce that RWT has gained RACE Code re-accreditation with WHT going through the same accreditation process at present.

Over the summer I will be holding staff culture discussion sessions that will be prompted by the following questions:

- Which one or two things would you choose that would make a real difference to your experience of working in the Trust?
- How engaged do you feel in delivering and improving services?
- How can we ensure - together - we are all proud to work in our organisations?

I am delighted to announce that Diane Cooper, WHT Staff Nurse is the proud owner of a Chief Nursing Officer Award, as supported through NHS England. Diane works in a hybrid role within Walsall Healthcare NHS Trust's Research and Development Team where she supports participants who take part in clinical trials and studies as well as helping T-Level students when they are in training with the Trust from Walsall College.

I wanted to congratulate Dan Baines, RWT's Primary Care Systems Support Officer, on receiving a Quality Improvement (QI) Star Award. Dan has been instrumental in the success of the QI Huddle Board at Alfred Squire, Health Centre. I cannot emphasise enough how much QI needs to be embedded in everything we do as it make a real difference to how we look at systems of work to improve the care we provide to patients, but also in looking at improvements to working systems for our staff. Many thanks Dan, keep up the great work.

Board matters

I am pleased to announce the appointment of Amelia Godson, Managing Director – WHT, due to commence in post during September 2025, she will focus on quality, workforce and finance performance as part of the key delivery metrics contained within the group strategy with a clear focus on WHT.

I would also like to advise you of the retirement of Alan Duffell – Group Chief People Officer on 16 December 2025. I can advise that I have begun the recruitment of his replacement albeit a slightly different role as Group Chief People, Culture and Improvement Officer with an interview date of 24 July 2025.

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

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

Not applicable.

4. Recommendation(s)/Action(s)

The RWT/WHT Group Trust Board Meeting to be held in Public 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]*

| | | |
|---|-------------------------------------|---------------------------------|
| Group Assurance Framework Risk GBR01 | <input checked="" type="checkbox"/> | <i>Break even</i> |
| Group Assurance Framework Risk GBR02 | <input checked="" type="checkbox"/> | <i>Performance standards</i> |
| Group Assurance Framework Risk GBR03 | <input checked="" type="checkbox"/> | <i>Corporate transformation</i> |
| Group Assurance Framework Risk GBR04 | <input checked="" type="checkbox"/> | <i>Workforce transformation</i> |
| Group Assurance Framework Risk GBR05 | <input checked="" type="checkbox"/> | <i>Service transformation</i> |
| Corporate Risk Register [Datix Risk Nos] | <input type="checkbox"/> | |
| Is Quality Impact Assessment required if so, add date: | | |
| Is Equality Impact Assessment required if so, add date: | | |

| | |
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| Tier 1 - Paper ref: | Enclosure 7 |
|----------------------------|-------------|

| | |
|------------------------------|---|
| Report title: | Joint Group Board Committee Chairs Report |
| Sponsoring executive: | CEO |
| Report author: | John Dunn, Paul Assinder – Deputy Chairs |
| Meeting title: | Group Trust Board - in Public |
| Date: | 08/07/2025 |

| 1. Summary of key issues/Assure, Advise, Alert |
|---|
| <p>The Board Committee Chairs Report comprises a joint summary of the 4 Board Committees</p> <ul style="list-style-type: none"> • Finance and Productivity Committee (F&PC) • Quality Committee (QC) • People Committee (PC) • Partnerships & Transformation Committee (PaTC) <p>In addition, the Audit Committee Chairs' Reports and the Charities Chairs' Reports will continue to be provided separately. Where there are linkages in themes and issues (e.g. Internal Audit work impacting on the work of a Committee) then those linkages will be highlighted in the Report.</p> <p>The attention of the Group Board is required to the Alert themes in Part 1 of the summary regarding</p> <ol style="list-style-type: none"> Use of Resources – CIP Underpinning Workforce Plan & Communications Plans for the move into Community & Timing RTT Performance Resource Optimisation ICB Risk Share Agreement <p>Under 2.3, Quality Committee, the Group Board is asked to note by minute, the update on CNST Safety Action 5, as required by the Action.</p> |

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

| 3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?] |
|--|
| All Board Committees. |

4. Recommendation(s)/Action(s)

The Group Board is asked to review, consider and discuss

a) The themes identified in the Alert Section 1.

b) The summary Board Committee reports in Sections 2.1-2.3

c) Seek any necessary action and/or evidence for assurance required.

d) Under 2.3, Quality Committee, the Group Board is asked to note by minute, the update on CNST Safety Action 5, as required by the Action.

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

Group Assurance Framework Risk GBR01



Break even

Group Assurance Framework Risk GBR02



Performance standards

Group Assurance Framework Risk GBR03



Corporate transformation

Group Assurance Framework Risk GBR04



Workforce transformation

Group Assurance Framework Risk GBR05



Service transformation

Corporate Risk Register [Datix Risk Nos]



Is Quality Impact Assessment required if so, add date:

Is Equality Impact Assessment required if so, add date:

Joint Group Board Committee Chairs Report

Meetings in May and June 2025

Summary

The Board Committee Chairs Report will comprise a joint summary of the 4 Board Committees

- Finance and Productivity Committee (F&PC)
- Quality Committee (QC)
- People Committee (PC)
- Partnerships & Transformation Committee (PaTC)

In addition, the Audit Committee Chairs' Reports and the Charities Chairs' Reports will continue to be provided separately. Where there are linkages in themes and issues (e.g. Internal Audit work impacting on the work of a Committee) then those linkages will be highlighted in the Report.

Structure

The Report is structured as follows.

- Summary
- Part 1 – Summary of common themes under Assure, Advise and Alert.
- Part 1 – Alignment of themes with Board Assurance Framework (BAF) Risks
- Part 2 – 1. Assure, 2. Advise, 3. Alert by Committee, 2 months combined where appropriate.

1. Common themes under Assure, Advise and Alert

Assure – no matters for the Board’s consideration at this time, other than to note 2.1 below.

Advise – no matters for the Board’s consideration at this time, other than to note 2.2 below.

| Alert | | | |
|--|------------------|--|---------------------|
| Theme/Issue | Board Committees | Notes | BAF Reference |
| i. Use of Resources – CIP Underpinning | All | A significant element of our CIP requires underpinning with delivery plans. | GBAF1 |
| ii. Workforce Plan & Communications | All | The largely ‘unaffected’ workforce need clear communication & reassurance | GBAF3, GBAF4 |
| iii. Plans for the move into Community & Timing | All | Hospital savings are underpinned by investment in a greater reliance on community-based care. We are concerned that plans for transitions are still in development. | GBAF4, GBAF5 |
| iv. RTT Performance | All | RWT remains in Tier 1 intervention. | GBAF2 |
| v. Resource Optimisation | All | WHT mutual help to RWT – greater cross-Group working. | GBAF2 |
| vi. ICB Risk Share Agreement | All | We need to develop mitigation strategies if this is enacted. | GBAF1, GBAF3 |

2.1 Assure

| Finance & Productivity Committee | Quality Committee |
|---|---|
| <p><u>Performance</u></p> <ul style="list-style-type: none"> Continuing high level of performance across the board, with the exceptions as noted in Alert. Improving performance in ambulance handover. WHT -good performance on cancer metrics and in first quartile nationally for 18-week performance Cancer performance diagnostics have declined <p><u>Finance</u></p> <ul style="list-style-type: none"> Month 2 Finance performance is strong and slightly ahead of plan. <p><u>Group Workforce</u></p> <ul style="list-style-type: none"> Month 3 of the work plan is on target. Internal stretch targets are in place for substantive, agency and bank reductions. | <ul style="list-style-type: none"> Health Inequalities Report was received which now reflects issues and activities across both Trusts. At WHT, Cancer metrics are all being met; with RTT on Track to achieve the required 5% improvement. Ambulance handover times have improved in May but still not meeting the national target. Community metrics across both trusts demonstrate increasing numbers of referrals and the positive impact of community interventions in facilitating avoiding patients being admitted to hospital. Virtual ward usage at WHT, whilst increasing, is not meeting the set target at present. It is anticipated that the introduction of new pathways will help to increase usage. Perinatal Mortality has reduced again at WHT, 4th month in a row. Both Trusts show good overall performance which is better than the regional average. |
| People Committee | Partnerships and Transformation Committee |
| <ul style="list-style-type: none"> Both Trusts are performing better than the group workforce plan at the end of May 2025. PC was assured that across both Trusts at divisional level, action plans in response to the 2024 NHS Staff Survey results had been completed and Trust based oversight mechanisms are in place. PC received the Freedom to Speak Up (F2SU) Joint Annual Report detailing key F2SU activity for both Trusts over 24/25. RWT has received their RACE Code re-accreditation. | <ul style="list-style-type: none"> Work is progressing in relation to digital enablers and assessment of our infrastructure and innovation capability. Pilots in relation to AI integration have begun and demonstrated positive outcomes. Exploration of Community First support options held prior to final proposals. PTC considered the groups role as an anchor institution and how this can influence our operating models and key relationships. Incremental progress in relation to foundations for transformation. |

2.2 Advise

| Finance & Productivity Committee | Quality Committee |
|---|--|
| <p><u>Finance</u></p> <ul style="list-style-type: none"> The Trusts are forecast to deliver expected Q1 finance performance. <p><u>Use of Resources</u></p> <ul style="list-style-type: none"> The Trusts have delivered the expected CIP target for months 1 and 2. <p><u>Group Workforce</u></p> <ul style="list-style-type: none"> Months 1 and 2 of the workplan have delivered. NHSE have been approached to gain permission for MARS. <p><u>Capital Review</u></p> <ul style="list-style-type: none"> The Trust's capital spend is behind at Q1. <p><u>Blueprint Programme Exception Report</u></p> <ul style="list-style-type: none"> Agreed to 2-week slippage of go live date. Business Case and Contract Renewal reviewed and recommended to Group Board. | <ul style="list-style-type: none"> Positive discussions are taking place between RWT and WHT maternity services regarding demand and capacity to ensure women give birth in the right place to meet their needs. This is in addition to the work being undertaken by the LMNS across the Black Country. Stroke Team will be invited to the Group Quality Committee in July to discuss progress being made following the formal letters identifying RWT as an outlier for stroke mortality and visits by the National Stroke Team and the Royal College of Physicians. The Group Quality Committee has been charged by the Audit Committee (WHT) to review progress with the updating/renewal of policies by the stated scheduled date at WHT. |
| People Committee | Partnerships & Transformation Committee |
| <ul style="list-style-type: none"> PC received a verbal update that the Allocate e-rostering Business Case will be reviewed by the Finance and Productivity Committee on the 1st July 2025 and requested a formal written update to include an implementation plan at July's meeting. PC received a detailed update relating to appraisal compliance at WHT and noted the implementation of a digital platform to enable completion and enhance monitoring. The Committee accepted improvement trajectory of 80% by end of September and 90% by the end of March 2026 and requested a formal update in October 2025. PC were pleased to understand that the job review and pay correction for eligible band 2 Healthcare Support Workers across both Trusts will be completed in July 2025 and requested an evaluation report in September 2025. | <ul style="list-style-type: none"> PTC has highlighted to People Committee regarding issues with the impact of organisational culture change and communication of the transformation agenda. Early discussions held regarding 10-year plan and impact on operational models and relationships |

2.3 Alert - matters of concern for escalation

Finance & Productivity Committee

RTT Performance

- RWT is in national Tier 1 priority segment for 18-week delivery performance
- A strong plan exists but further work is necessary to optimise performance across the group utilising WHT capacity.
- Further opportunities need to be reviewed for greater productivity and optimising the allocation of commissioned funds.
- The 52-week performance needs to be reviewed against greater resource optimisation between WHT and RWT.

Use of Resources underpinning of CIP targets

- A great start for the year with months 1& 2 delivered. The requirement significantly increases of the for month 3 onwards and further work is necessary in the performance and functionality of the PMO, greater underpinning of cost reduction initiatives.
- Realisation of the full CIP has risks in several areas i.e. workforce and productivity measures, workforce plan requires a re-forecast, and further work needs to take place on realising our ERF and productivity targets.
- Significant work is taking place to ensure full 100% underpinning which will be reported back at the next Committee Meeting.
- As of June no unidentified CIP schemes – risk in both development and delivery.
- The CIP phasing is backend loaded with the requirement broadly doubling each quarter from circa £3.5m per month in Q1 to circa £12m per month in Q4

Capital Review

- Difficult decisions must be made to adjust the capital programme; further work is underway to balance the allocation.

Quality Committee

- CQC Report on their unannounced visit to Critical Care Services at WHT in February/March 2025 has been published with an overall rating of Requires Improvement. An action plan has been sent to the CQC.
- Both Trusts will be submitting a **Standards Not Met** return given the changes to the Data Security and Protection Toolkit 2024 to 2025 with the adoption of the Cyber Assessment Framework (CAF).
- Trusts in this position have been advised DHSC has a 3-year plan for Trusts to meet the requirements. Based on the initial submission feedback, an action plan will be developed to achieve the requirements.
- On the 27th of May, the West Midlands Fire Service issued the Nucleus Theatres at RWT with an enforcement notice. A range of actions are underway to address the issues identified.
- Cancer performance metrics are largely on track with the 28 and 31-day targets improving and the 62-day target 69.55% against a 70% at RWT. Urology and gynaecology remain the most challenged tumour sites at RWT.
- Diagnostics performance has decreased at WHT to 73.90% (target 90%) due to challenges with Audiology, ultrasonography and cardiac physiology, Measures are in place to resolve the issues and improve performance.
- The ICB has written to the WHT to remove the overnight UTC. This is being challenged.
- There has been an increase in both hospital and community pressure ulcers at RWT.
- Two patient falls at WHT resulting in harm are under review.
- Discussions continue with the Mental Health Trust Services regarding the timeliness of actions for both adults and children with mental health issues, particularly in ED at both Trusts.
- CNST Safety Action 5 safe staffing – the Board is asked to note that the QC has, on behalf of the Board, noted how the Trusts are working towards achieving the required funded establishment.

2.3 Alert - matters of concern for escalation

| | <ul style="list-style-type: none"> • Nurse sensitive indicators e.g., falls, pressure ulcers, observations on time continue to be monitored. • Audiology patients at WHT not on the required diagnostics pathway, are being reviewed and required diagnostic tests undertaken. |
|---|---|
| People Committee | Partnerships & Transformation Committee |
| <ul style="list-style-type: none"> • PC noted that the BMA ballot to Resident Doctors relating to the ongoing pay dispute closes 7th July 2025 and there is a high risk of industrial action being agreed. Furthermore, PC noted the commencement of BMA indicative ballots to both Consultant and Specialist Associate medical grades to assess appetite to consider industrial action should a formal ballot take place. • Whilst Group workforce plan is on target there remain risks to the delivery of CIP. GPC sought assurances around the timing for further plans will be developed. • Impact of workforce changes on staff: PC noted that the MARS request has now been submitted to NHSE. PC noted a delay in communication to staff of workforce re-organisation and has asked for evidence at the next meeting of communication to staff and an overarching communications strategy. • GPC has sought assurance on how the health and wellbeing package has been enhanced to support staff impacted by organisational change. GPC recognised the anxiety of these changes for staff going through the process and reinforces the requirement for support and communication. | <ul style="list-style-type: none"> • It is apparent that there are still areas of unidentified CIP plans in key areas and that investment to enable ward closures to community has not been mapped against CIP targets. • There is no mechanism to model how investment in community services will ensure reduction in acute bed base, or how this can be effectively tracked. • There is still a “lift and shift” approach to service relocation from hospital to community rather than transformation remodelling, which is not aligned with our board risk appetite in this area. • Ten-year plan highlights need for investment in relationships with West Midlands Combined Authority (WMCA) at strategic and operational level. • Concerns regarding communications approach and capacity, in relation to staff and patient engagement and behaviour change. |

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|--|--|--|---|
| Title of Report | Exception Report from Audit Committee | Enc No: 7.1 | |
| Author: | Julie Jones, Chair of RWT Audit Committee | | |
| Presenter: | Julie Jones, Chair of RWT Audit Committee | | |
| Date(s) of Committee Meetings since last Board meeting: | 23 May 2025, 19 June 2025 | | |
| Action Required | | | |
| Decision | Approval | Discussion | Received/Noted/For Information |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| MATTERS OF CONCERN OR KEY RISKS TO ESCALATE | MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY |
|---|---|
| <ul style="list-style-type: none"> The Grip & Control Action Plan internal audit indicated that improvements needed to be made to the way the completion of grip and control actions is documented and evidenced. Assurances were received that new procedures are in place. The Cyber Risk Assessment internal audit offered 'minimal assurance'. Following completion of the report, the committee received assurances that the recommendations are being addressed in a timely manner and that the significant risks identified in the report have been mitigated. | <ul style="list-style-type: none"> The Governance team have begun implementing a new procedure for tracking the implementation of internal audit recommendations. Aside from tracking progress, the new procedure will reduce some of the administrative burden of monitoring and chasing compliance with agreed timescales. |
| POSITIVE ASSURANCES TO PROVIDE | DECISIONS MADE |
| <ul style="list-style-type: none"> Internal audit 24/25: The internal audit plan for the year was concluded and the auditors concluded positively in their annual opinion that <i>"The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective"</i>. The Counter Fraud Annual Report for the year ended 31 March 2025 was received. External audit for the year ended 31 March 2025: Grant Thornton completed their first external audit of the Trust and issued unqualified opinions on the Trust's financial statements and value for money. No significant findings or material adjustments were noted. | <ul style="list-style-type: none"> Internal audit 25/26: the Internal Audit Strategy was approved. The Counter Fraud Work Plan for 25/26 was approved. Recommend approval of losses and special payments write offs to Board. The Annual Accounts for 2024/25 were approved. The Annual Report for 2024/25 (including the Annual Governance Statement) was approved. |

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| Title of Report | Exception Report from Audit Committee | Enc No: 7.1 | |
| Author: | Mary Martin, Non-Executive Director | | |
| Presenter: | Mary Martin, Chair Audit Committee | | |
| Date(s) of Committee Meetings since last Board meeting: | 23 June 2025 | | |
| Action Required | | | |
| Decision | Approval | Discussion | Received/Noted/For Information |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| MATTERS OF CONCERN OR KEY RISKS TO ESCALATE | MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY |
|---|--|
| <ul style="list-style-type: none"> 2024/25 CAF (Cyber Assessment Framework) aligned DSPT (Data security & Protection Toolkit) submission. First year of implementation. The Trust is unable to meet 27/47 outcomes resulting in a “Standards not Met” submission decision. These 27 outcomes are heavily reliant on completing the mapping of information, systems and networks in place to support our Essential Functions. The mandatory Internal Audit of the Trust self-assessment showed a confidence level of medium and an overall risk rating as High. A formal improvement plan of work by the Information Governance team and the Cyber team has been drawn up. It could take up to three years to meet all outcomes, some of which are good practice | <ul style="list-style-type: none"> The committee self-assessment has been deferred to September due to the changes in the committee members and attendees. The review of updated SO and SFI have been deferred to July/August 2025. This is to allow time for harmonisation between WHT and RWT where possible and incorporate the new structures at Board and Committees. Approval should be at the July or September 2025 Trust Board. The committee will continue to ask the Executive Leads for all High or Medium Recommendations from auditors, which are past their target implementation date, to attend audit committee to set out their implementation plan, revised timelines and risk mitigations in the interim. |
| POSITIVE ASSURANCES TO PROVIDE | DECISIONS MADE |
| <ul style="list-style-type: none"> The External Auditors reported they will give a “clean opinion” on the 24/25 financial statements. The External Auditors assessment of Vale for Money was an amber rating (No significant weakness, improvement recommendations made) across all three criteria: Financial Sustainability, Governance and Improving economy, efficiency and effectiveness. | <ul style="list-style-type: none"> Under delegated authority from the WHT board the committee agreed to adopt the 2024/25 annual accounts. The committee recommends the signature of the letter of representation requested by Grant Thornton (External audit) The committee agreed to approve the Annual Report. |

| MEETING OF THE AUDIT COMMITTEE | | | |
|---|---|--|---|
| Monday 10 February 2025 | | | |
| Audit Committee Terms of Reference | | | |
| Report Author and Job Title: | Mr Keith Wilshere Company Secretary | Responsible Director: | Mrs Mary Martin Non-Executive Director |
| Action Required | Members of the Committee are asked to: Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/> Assure <input type="checkbox"/> | | |
| Assure | The Terms of Reference have been circulated to members of the Audit Committee for comments and changes. Following approval at the Committee, the Terms of Reference will proceed to Trust Board for final ratification. The terms of refence have been reviewed against the new code of governance for NHS Providers. | | |
| Advise | | | |
| Alert | Members of the Committee are asked to approve the updated Terms of Reference for Audit Committee before proceeding to Trust Board. | | |
| Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline | There are no risk implications associated with this report. | | |
| Resource implications | There are no resource implications associated with this report. | | |
| Legal and Equality and Diversity implications | There are no legal or equality & diversity implications associated with this paper. | | |
| Strategic Objectives | Safe, high-quality care <input checked="" type="checkbox"/> | Care at home <input checked="" type="checkbox"/> | |
| | Partners <input checked="" type="checkbox"/> | Value colleagues <input checked="" type="checkbox"/> | |
| | Resources <input checked="" type="checkbox"/> | | |

| Document Title | |
|------------------------------------|--------------------|
| Audit Committee Terms of Reference | |
| Document Description | |
| Document Type | Terms of Reference |
| Version 2 | |

| Lead Authors(s) | | | | |
|-----------------|--------------------------|----------|---------------|-------------------|
| Name | | | | |
| Job Title | Chair and Executive Lead | | | |
| | | | | |
| Change History | | | | |
| Version | Date | Comments | Review Date | Ratification Date |
| 1 | December 2021 | | December 2022 | |
| 2 | February 2023 | | February 2024 | |
| 3 | February 2025 | | February 2026 | |

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Version Control Summary

Significant or Substantive Changes from Previous Version

A new version number will be allocated for every review even if the review brought about no changes. This will ensure that the process of reviewing the document has been tracked. The comments on changes should summarise the main areas/reasons for change.

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

| AUDIT COMMITTEE | |
|---|---|
| TERMS OF REFERENCE | |
| Trust Strategic Objectives | |
| Excel in the delivery of Care We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement | a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations |
| Support our Colleagues We will be inclusive employers of choice in the Black Country that attract, engage, and retain the best colleagues reflecting the diversity of our populations | a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards |
| Improve the Healthcare of our Communities We will positively contribute to the health and wellbeing of the communities we serve | a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities |
| Effective Collaboration We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners | a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care |
| Meeting Purpose/Remit | The Audit Committee provides the Board with a means to undertake and obtain independent and objective reviews of financial systems / financial information and help ensure compliance with relevant law, guidance and codes of conduct. The Audit Committee's role has been enhanced to take a wider view over internal controls across the whole of the Trust's activities. |

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| Responsibilities | <p><u>Internal Control</u></p> <p>The Committee shall review the establishment and maintenance of an effective system of internal control. In particular, the Committee will review:</p> <ul style="list-style-type: none"> • The Annual Governance Statement, and the related Head of Internal Audit Opinion, prior to the endorsement of the Annual Accounts by the Trust Board. In order to undertake such a review, the Audit Committee will need to seek assurance from the activities of the Quality Patient Experience and Safety Committee (QPES), not least to ensure that, between the Audit Committee and the QPES, full coverage is achieved. To support this process, the Audit Committee Chair will meet at least annually with the QPES Chair (and any other appropriate Committees of the Board Chairs). • The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, and the operational effectiveness of such policies and related procedures • The policies and procedures for all work related to fraud and corruption as set out in the Government Functional Standard 013: Counter Fraud. • The timeliness of the implementation of agreed action plans arising from all audit reports within the purview of the Committee • The policies and procedures for security within the Trust <p><u>Internal Audit</u></p> <p>The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee and Board. This will be achieved by:</p> <ul style="list-style-type: none"> • The consideration of the provision of the Internal Audit service, the audit fee and any questions of resignation and dismissal • The review and approval of the Internal Audit strategy and annual plans, ensuring that these are consistent with the audit needs of the Trust, including the needs of the QPES • Provide independent advice as per NHS Code of Governance for high risk or company areas, to provide an adequate • The review of progress against the agreed annual internal audit plan • The consideration of the major findings of internal audit reviews and management's response <p>Ensuring that the quality of the Internal Audit service is maintained and that the service has appropriate standing within the Trust</p> <ul style="list-style-type: none"> • Ensuring co-ordination between the Internal and External Auditors to optimise audit resources • The review of an Annual Report, provided by the Head of Internal Audit, summarising audit activities during the year • Note: for the purposes of the above section, references to Internal Audit are deemed to include Counter Fraud work <p><u>External Audit</u></p> |
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The Committee shall review the work and findings of the External Auditor and consider the implications of, and management response to, their work. This shall be achieved by:

- The consideration of the appointment and performance of the External Auditor
- The discussion with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Audit Plan, and ensure co-ordination, as appropriate, with other External Auditors in the local health economy
- Reviewing External Audit reports, including the agreement of the annual audit letter before its submission to the Trust Board, together with the appropriateness of management responses.
- Reviewing and agreeing any additional work beyond the review of the accounts and Annual Report/Annual Quality reports

Financial Reporting

The Audit Committee shall review the Annual Accounts before submission to the Board, focusing particularly on:

- The Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- Changes in, and compliance with, accounting policies and practices.
- Adjusted and Unadjusted misstatements in the Annual Accounts
- Major judgmental areas and areas of significant estimation uncertainty.
- Significant adjustments resulting from the audit.
- Review and approval of the Value for Money (VFM) statement.
- Undertake reviews of single tenders as and where appropriate at each meeting.
- Monitoring the integrity of the financial statements of the trust and any formal announcements relating to the trust's financial performance and reviewing significant financial reporting judgements contained in them.
- Reviewing the trust's internal financial controls and internal control and risk management systems, unless expressly addressed by a separate board risk committee composed of independent non-executive directors or by the board itself
- The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided to the Board.

Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

The Committee should review arrangements by which staff of the Trust may, in confidence, raise concerns about possible improprieties in matters of financial reporting or other matters. The Audit Committee's objective should be to ensure that arrangements are in place for the proportionate

and independent investigation of such matters and for appropriate follow-up action.

Security Report

The Audit Committee shall receive regular reports regarding all aspects of security in the Trust specifically relating to physical security of people, buildings, and property.

- Incident reporting including severity actions and learning.
- Role and function of security staff.
- Any other security related oversight.

Losses and Compensations

The Committee shall approve all Losses and Compensations.

The Chair will be informed prior to the meeting of any novel or high value losses and compensations as agreed with the Group Chief Financial Officer (GCFO).

Other

The Committee shall review proposed changes to Standing Orders, the Scheme of Reservation and Delegation, and Standing Financial Instructions, and advise the Board accordingly.

The Committee shall examine the circumstances associated with each occasion when Standing Orders are waived.

The Committee will have oversight of the Green Plan and Sustainability Impact.

Where requested by the Board, the Committee should review the content of the Annual Report/ Quality Account and Accounts and advise the Board on whether, taken as a whole, it is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's performance and strategy

In addition, the Committee will review the work of other Committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. In particular, this should include the Quality Governance and Assurance Governance Committee and any risk management committees that are established.

The Audit Committee Chair will actively consult with and take recommendations from the Chairs of other Committees of the Board for the internal audit programme. Where an internal audit or other audit is undertaken where responsibility crosses with other Committees of the Board the report recommendations and actions will be shared with the respective and appropriate Committees. It may be agreed that those Committees then agree oversight for the Governance of the completion of the actions and resulting impact.

Annual Report

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| | <ul style="list-style-type: none"> • The significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed • An explanation of how the audit committee (and/or auditor panel) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans • An explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services. |
| Authority & Accountabilities | <p>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.</p> <p>The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.</p> <p>The Committee shall transact all business in accordance with the policy of the Trust on openness and conformity with the principles and values of the Public Services.</p> <p>The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01).</p> |
| Reporting Arrangements | <p>The minutes of Audit Committee meetings shall be formally recorded and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues of significance or that require disclosure to the full Board.</p> <p>The minutes of the Audit Committee meetings will be made available to the Chairs of the Committees and in due course to the Trust Board as an addition to the Trust Board agenda for information.</p> <p>The Chair of the Audit Committee shall provide to the Board an Annual Report of the activities of the Committee.</p> |
| Membership | <p>The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of not less than three members. The Chairman of the Trust Board shall not be a member of the Audit Committee.</p> <p>The Chairman of the Audit Committee shall be appointed by the Chairman and Non-Executive Directors of the Trust.</p> <p>Ideally, the Chair of Audit Committee would not be the Deputy Chair.</p> |

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| | <p>However, the Code of Governance allows it if there is a recorded explanation.</p> <p>The Chairs of other Committees of the Board (if not already a member of the Audit Committee) are to be extended an open invitation to attend (excluding Remuneration Committee, Charity Committee and Walsall Together) where the Committee Chair is a voting Non-Executive (Associate NEDs being excluded). Associate NEDs may attend where agreed with the Chair and as part of their agreed Appraisal Plan with the Trust Chair.</p> |
| | |
| Attendance | <p>The Group Chief Financial Officer and appropriate representatives from internal and external audit shall normally attend meetings, and the Audit Committee can require the attendance of any officer of the Trust relevant to the discussion of a specific issue.</p> <p>The Group Chief Executive should be invited to attend and should discuss at least annually with the Audit Committee the process for assurance that supports the Annual Governance Statement. He or she should also attend when the Committee considers the draft Internal Audit Plan and the Annual Accounts. All other executive directors may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.</p> <p>The Group Company Secretary will attend as required to ensure that the Committee business is transacted as per the terms of reference and the Trust Standing Orders.</p> |
| | |
| Chair | NED Chair |
| | |
| Quorum | A quorum shall be two members. |
| | |
| Admin Support | The Group Company Secretary will identify an Executive PA to support the meeting. |
| | |
| Annual Workplan | The Audit Committee will agree an Annual Workplan and cycle of business prior to the beginning of each financial year. The reporting cycle will then form part of the agenda alongside the standing agenda items. |
| | |
| Frequency of meetings | Meetings shall be held not less than four times a year. The External Auditor or Head of Internal Audit may request a meeting if either considers that one is necessary. At least annually the members of the Committee will meet with the Trusts' Auditors without any other Committee attendees being present. |
| | |
| Papers Publication | <p>All papers will be published using the Ibabs Board paper sharing system. A progress report of outstanding/pending Internal Audit actions will be presented to each meeting of the committee by Internal Audit.</p> <p>Actions relating to the meeting of the committee will be presented and updated at each meeting of the committee and will be administered by the</p> |

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| | <p>CFO PA who will mark as completed and closed once confirmed by the Audit Committee</p> <p>All Internal Audit Report recommendations/actions whether rated low, medium or high will be allocated, tracked, updated and reported using iBABS administrated by the CFO PA. Each allocated Internal Audit action is the responsibility of the identified manager to update, report against and declare as “done”.</p> |
| | |
| Standards | <p>NHSI Code of Governance</p> <p>NHSI Risk Assessment Framework</p> <p>NHSI Annual Planning guidance</p> <p>The Health NHS Board – Principles of good governance</p> <p>Corporate Governance – Principles of Public Life (GP01) Guidance on Audit Committees – FRC (Sept 2012)</p> <p>NHS Audit Committee Handbook</p> |
| | |
| Standard Agenda | <p>Agendas will be built around the annual Committee workplan, and most of the following will appear on each agenda, while some will appear only once or twice each year:</p> <ul style="list-style-type: none"> • Declarations of interest • Minutes of previous meeting • Action list • Security report • Counter Fraud reports • Internal Audit reports • External Audit Plan and progress reports • Annual Audit letter • External Auditor’s report to those charged with Governance • Losses and Compensations • Breaches of SO/SFI • Recommendation Tracker • Annual report/quality account • Counter Fraud Annual Work Plan • Annual Governance Statement • Internal Audit Strategy and Annual Plan • Review of SO/SFIs • Self-assessment of Committee’s effectiveness • Review of the Committee’s Terms of Reference • Review of the Committee’s annual workplan • Use of the Seal • Annual Report of Audit Committee • Any other business • Date/ time/ venue of next meeting |
| | |
| Subgroups | As instigated or identified by the Committee |
| | |
| Date Approved | February 2023 |



Walsall Healthcare
NHS Trust

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|--------------------|---------------|
| Date Review | February 2024 |
|--------------------|---------------|

GROUP FINANCE & PRODUCTIVITY COMMITTEE TERMS OF REFERENCE

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| Group BAF & Trust Risks | <p>The committee will regularly review in detail any Board Assurance Framework risks allocated to it by the Group Trust Board and agreed by the Committee.</p> <p>GBR 1 – If the Trusts in the Group are individually and collectively unable to achieve financial break-even by year end 2027/28</p> <p>GBR 2 – If the Trusts are individually and collectively unable to recover and meet future access (constitutional) standards over the next 3 – 5 years.</p> <p>GBR 3 – If the Group Trusts are unable to optimise the Group Structure (from the Corporate Services Review) (including potential use of a Subsidiary vehicle) including the scale of efficiencies and cost-reduction required whilst maintaining or improving standards and performance.</p> |
| Meeting Purpose/Remit | <p>To provide assurance to the Group Trust Board on the effective financial and external performance targets of the organisation. It will also support the development, implementation and delivery of the Medium Term Financial Plan (MTFP) and the efficient use of financial resources as part of the Group/Trusts Financial strategy, performance and business development.</p> |
| Responsibilities | <ol style="list-style-type: none"> 1. Utilise the assurance reporting processes (BAF/TRR) to inform the Joint Group Trust Board of finance, performance, investment or related risk and redress actions. 2. Review annual plan modelling assumptions and in particular capital and revenue allocations as well as activity and investment assumptions. 3. Review and endorsement of annual performance to meet constitutional standards. 4. Review and endorsement of the annual revenue and capital budgets before they are presented to the Group Trust Board for approval. 5. Approve the development of financial and contractual reporting in line with best practice as appropriate. 6. Monitor income and expenditure against planned levels and make recommendations for corrective action should excess variances occur. 7. To receive and review the trust wide and divisional reports on finance and contractual performance and CIP before they are presented to the Group Trust Board. The focus will be on forecast outturn, risks to delivering the plan and the mitigation plans. 8. Review expenditure against the agreed capital plan. 9. Review any matters which impact adversely on the financial performance or reputation of each Trust. 10. Oversee the development of Service Line Reporting. 11. Approve financial returns prior to submission to any external accountable authority, e.g. reference costs, ERIC, etc. (other than NHSE/I monthly returns due to timeliness) 12. Monitor the appropriate training and support is in place for budget holders/managers. 13. To make arrangements as necessary to ensure that all members of the Group Trust Board and senior officers of each Trust maintain an appropriate level of knowledge and understanding of key financial issues affecting each Trust. 14. Periodically review financial policies and procedures including scheme of delegation etc. to ensure that they are still relevant and appropriate. |

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| | <p>15. Review financial and contractual performance against the main healthcare contracts inc budgets, performance and plans (short/medium long).</p> <p>16. Receive reports regarding contract negotiations and progress in agreeing contracts with the Commissioning bodies.</p> <p>17. In line with the NHSE/I guidance, assess if any proposed investments should be reported to NHSE/I in the annual planning process or in year prior to financial closure.</p> <p>18. To receive and undertake investment appraisals of submitted developments and maintain an oversight of each of the Trust's investments, ensuring compliance with each Trust's policy and external requirements to ensure that capital investments and transactions comply with the latest NHSE/I guidance. Ensure risks of any investments are properly evaluated and risk management arrangements put in place, including:-</p> <ul style="list-style-type: none"> a. Obtaining independent professional advice where appropriate. b. Evaluate, scrutinise and monitor investments. c. Ensure Investments are supported by relevant stakeholders. d. To examine any relevant matters referred to it by the Board of Directors. <p>19. To examine any relevant matters referred to it by the Board of Directors.</p> <p>20. To receive reports regarding new business and tender opportunities and the progress of tenders.</p> <p>21. To receive and discuss updates regarding ICB developments and requirements of ICB strategy, performance and funding.</p> <p>22. To review/support recommendations to the ICB for remedial actions if necessary.</p> <p>23. Monitoring of recovery and restoration plan delivery and variation</p> <p>24. To receive reports on progress of implementation of green plan and progress and opportunities for funding and collaborative work as it arises.</p> <p>25. Horizon scanning potential issues and risks. Chair to liaise with other Committees re cross-liaison and escalation.</p> <p>26. Deep dive reviews conducted where appropriate.</p> <p>27. Balance of performance – throughput/access, with quality/safety (with Quality Committee Chair) and workforce/recruitment (with <u>PODC GPC</u>) and/or via Chairs Reports to the Group Trust Board</p> <p>28. Performance Management against constitutional standards – Plans, Performance (internal & External reporting)</p> <p>29. Partnership(s) – Strategy, Funding, Performance role</p> <p>30. Review Estates ('Group') – Strategy, Capital, Performance</p> <p>31. Review business cases and contract awards</p> <p>32. To receive a SIRO report on a 6 monthly basis.</p> <p>33. To oversee any financial undertakings and report progress to the Group Trust Board.</p> |
| Authority & Accountabilities | <p>The Group Finance & Productivity Committee is established pursuant to the Standing Orders. The Committee is authorised by the Group Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01).</p> |

| | |
|-------------------------------|---|
| Reporting Arrangements | The Chair shall report to the Group Trust Board with highlights any matters of concern or significant risks identified from the meeting. |
| Membership | Chair of Committee Four Non-Executive Directors Two Deputy Chairs Specialist Advisor to Trust Board <u>Managing Director</u> Chief Nursing Officer/Chief Medical Officer (or nominated clinical lead in their absence) of each Trust Chief Operating Officer of each Trust Group Chief Strategy Officer Group Chief Financial Officer Group Chief People Officer |
| Attendance | As required: Chairman of the Trust Chief Executive Divisional representation Operational Director of Finance (of each Trust) Deputy Chief Strategy Officer – Planning, Performance & Contracting Group Director of Digital Technology Group Director of Procurement Deputy Chief Strategy Officer – Improvement & Collaboration Group Director of Estates Development Group Director of Assurance/Trust Secretary |
| Chair | Non-Executive Director appointed by the Group Trust Board, and if he/she is absent another NED from those present at the meeting |
| Quorum | 4 members must be present and must include the Group Chief Financial Officer or the Operational Director of Finance; another Executive Director/Nominated Deputy and a Non-Executive Director from each Trust. |
| Frequency of meetings | Monthly |
| Administrative support | The Planning & Performance Department will provide administrative support. Agenda and papers will be circulated two days prior to the meeting. |
| Standards | Standing Orders |
| Self-Assessment Review | To be completed every 2 years. |
| Standard agenda | Yes |
| Subgroups | <ul style="list-style-type: none"> • Capital Review Group WHT & RWT • <u>Financial Recovery Group Use of Resources Programme Board</u> • <u>Efficiency Programme (WHT Efficiency Group)</u> • Contracting and Investment Group • Operational Performance Review Group |
| Date Approved | 27 th May 2025 |
| Date Review | 27 th May 2025 |

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

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|---------------------|---------|
| Tier 1 - Paper ref: | ENC 7.3 |
|---------------------|---------|

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|-----------------------|---|
| Report title: | Revised and refreshed Board Assurance Framework |
| Sponsoring executive: | CEO |
| Report author: | Keith Wilshire, Group Company Secretary |
| Meeting title: | Group Board July 2025 |
| Date: | 03.07.25 |

| |
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| 1. Summary of key issues/Assure, Advise, Alert |
| <p>Assure – the revised BAF is presented at the Q1 end 25-26 as per plan.</p> <p>Advise – two risks have current risks assessed scores on or above the stated risk tolerance and require remedial action.</p> <p>Alert – the process of matching received evidence for assurance at each Board Committee is in its early days and will require ongoing review and refinement.</p> |

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

| |
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| 3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?] |
| Previous discussions at Board, Board Development Sessions and individual Board Committees, alongside reviews by lead Executives. |

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| 4. Recommendation(s)/Action(s) |
| Each responsible Board Committee and Executive has been asked to |
| a) Review the evidence received to date relating to any BAF Group Risks for which they are the leading Board Committee. |
| b) Note any Corporate Risk Register Risks associated with the BAF Risk. |
| c) Recommend and confirm the Quarter end Risk Score assessment. |
| d) Escalate to the responsible Executive and the Group Board anywhere the current risk level matches or exceeds the Risk Tolerance score. |
| e) Consider any emerging potential risks included on or for inclusion on the summary 'Watch List' (see Annex 1). |
| f) Match future reports to the appropriate BAF Risk as either evidence (of control and/or assurance) or indicative of Negative Assurances and/or Gaps in Control. |

| 5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper] | | |
|---|-------------------------------------|--------------------------|
| Group Assurance Framework Risk GBR01 | <input checked="" type="checkbox"/> | Break even |
| Group Assurance Framework Risk GBR02 | <input checked="" type="checkbox"/> | Performance standards |
| Group Assurance Framework Risk GBR03 | <input checked="" type="checkbox"/> | Corporate transformation |
| Group Assurance Framework Risk GBR04 | <input checked="" type="checkbox"/> | Workforce transformation |
| Group Assurance Framework Risk GBR05 | <input checked="" type="checkbox"/> | Service transformation |
| Corporate Risk Register [Datix Risk Nos] | <input type="checkbox"/> | |
| Is Quality Impact Assessment required if so, add date: | | |
| Is Equality Impact Assessment required if so, add date: | | |

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

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

New Board Assurance Framework July 2025

1. Executive summary

Following internal review and Internal Audit recommendations, the Board Assurance Framework (BAF) for the Group and Individual Trusts (RWT & WHT) has been re-designed, reviewed and refreshed as per the Internal Audit Management Actions.

This report provides an overview of the Group Risks Appetite, Risk Tolerance in each case, the initial 5 Group Risks, the tracking of these in pictorial form, the revised section for the Risk Management Policy and summary documents.

It provides the first quarter update from the responsible Executives and Board Committees, including any potential emerging risks on a new Watch List.

Contents

- 1 Front Sheet and Summary including initial 'Watch List' Annex June 2025.
- 2 Pictorial Summary of Group Risks at end of Q1 25-26.
- 3 Summary of Risk Appetite Statements and Risk Tolerance levels.
- 4 Summary of Group Risks with initial sources of control, assurance, Negative Assurance and Gaps in Control.

2. Future Considerations – Horizon Scanning and Watch List

- 2.1 An initial example of the Horizon Scanning information was made available as part of the initial preparation of the new BAF (see Annex 1). However, the Trust lacks the resource to maintain this centrally so each Committee will be charged with it's own Horizon Scanning supported by executives.
- 2.2 The 'Summary Watch List' has been established (see later in this document). It is important that this is maintained as a forward-looking list, focussing only on significant future potential risks to the Trusts and/or Group strategic objectives over the next 3-5 years. Short-term or immediate Risks must be placed on the Corporate Risk register, unless they are an Issue, in which case they must be differentiated from Risks.
- 2.3 Once the revised Management Structure is fully in place with the Group Management Committee receiving updates from the component Trust Management Groups, it is possible that Trust specific future potential strategic risks emerge. The revised BAF approach allows for these to be agreed and placed on a Trust-by-Trust specific BAF for RWT or WHT. Any common BAF Risk is a Group BAF Risk unless the Risk is fundamentally different between each Trust.

3. Recommendations

- 3.1 Each Board Committee is asked to
 - a. Review the evidence received to date relating to any BAF Group Risks for which they are the leading Board Committee.
 - b. Note any Corporate Risk Register Risks associated with the BAF Risk.

- c. Recommend and confirm the Quarter end Risk Score assessment.
- d. Escalate to the responsible Executive and the Group Board anywhere the current risk level matches or exceeds the Risk Tolerance score.
- e. Consider any emerging potential risks included on or for inclusion on the summary 'Watch List' (see Annex 1).
- f. Match future reports to the appropriate BAF Risk as either evidence (of control and/or assurance) or indicative of Negative Assurances and/or Gaps in Control.

Annex 1: Summary Watch List June 2025

ANZ Risk Scoring Matrix

What is the likelihood of occurrence?

Use the table below to ascertain how likely or how often the hazard is to occur.

| LEVEL | DESCRIPTOR | DESCRIPTION |
|-------|----------------|--|
| 5 | Almost certain | Likely to occur on many occasions; a persistent risk (daily). |
| 4 | Likely | Will probably occur, however not a persistent risk (weekly). |
| 3 | Possible | May occur occasionally (monthly). |
| 2 | Unlikely | Not expected to occur, however could given the right circumstances (annually). |
| 1 | Rare | Not expected to occur (yearly / years). |

Assign a grade

Multiplying the consequence (1 to 5) with the likelihood of occurrence (1 to 5) will give you the grade, e.g. Consequence : Minor (2) x Likelihood : almost certain (5) = 10 Amber.

Assign severity

Use the colour-coded table below to plot the severity, e.g., 5x5 = Red, 3x3 = Amber, 1x1 = Green.

| Impact | No injury. Unsatisfactory experience, not directly related to patient care. Complaint findings had potential to cause harm but was prevented/not realised in this case. Complaint fully and easily resolved locally. | Unsatisfactory experience readily resolvable. Substantiated complaint peripheral to clinical care eg. Minor staff attitude. Substantiated findings required extra observation, minor treatment, caused minimal harm. Complaint fully and easily resolved locally. | Substantiated complaint, lack of appropriate care/serious staff attitude problems. Mismanagement of patient care, short term consequences ie a moderate increase in treatment which caused significant but not permanent harm. Refer matrix for moderate harm definition. Complaint readily resolved with additional actions. | Substantiated complaint. Mis- management of patient care – long term/permanent consequences. Single or multiple substantiated complaints with long term/permanent consequences. Loss of body part; long term disability etc refer to matrix harm definitions. Complaint findings meets/ potential meets the serious incident criteria. | Substantiated complaint. Mis- management of patient care leading to or potentially leading to death refer to matrix harm definitions. Complaint findings meets/ potential meets the serious incident criteria |
|--------------------|--|---|---|--|---|
| Likelihood | 1 - Insignificant | 2 - Minor | 3 - Moderate | 4 - Major | 5 - Catastrophic |
| 5 - Almost Certain | 5 | 10 | 15 | 20 | 25 |
| 4 - Likely | 4 | 8 | 12 | 16 | 20 |
| 3 - Possible | 3 | 6 | 9 | 12 | 15 |
| 2 - Unlikely | 2 | 4 | 6 | 8 | 10 |
| 1 - Rare | 1 | 2 | 3 | 4 | 5 |

Annex 1
Watch List - Summary potential new BAF risks June 2025

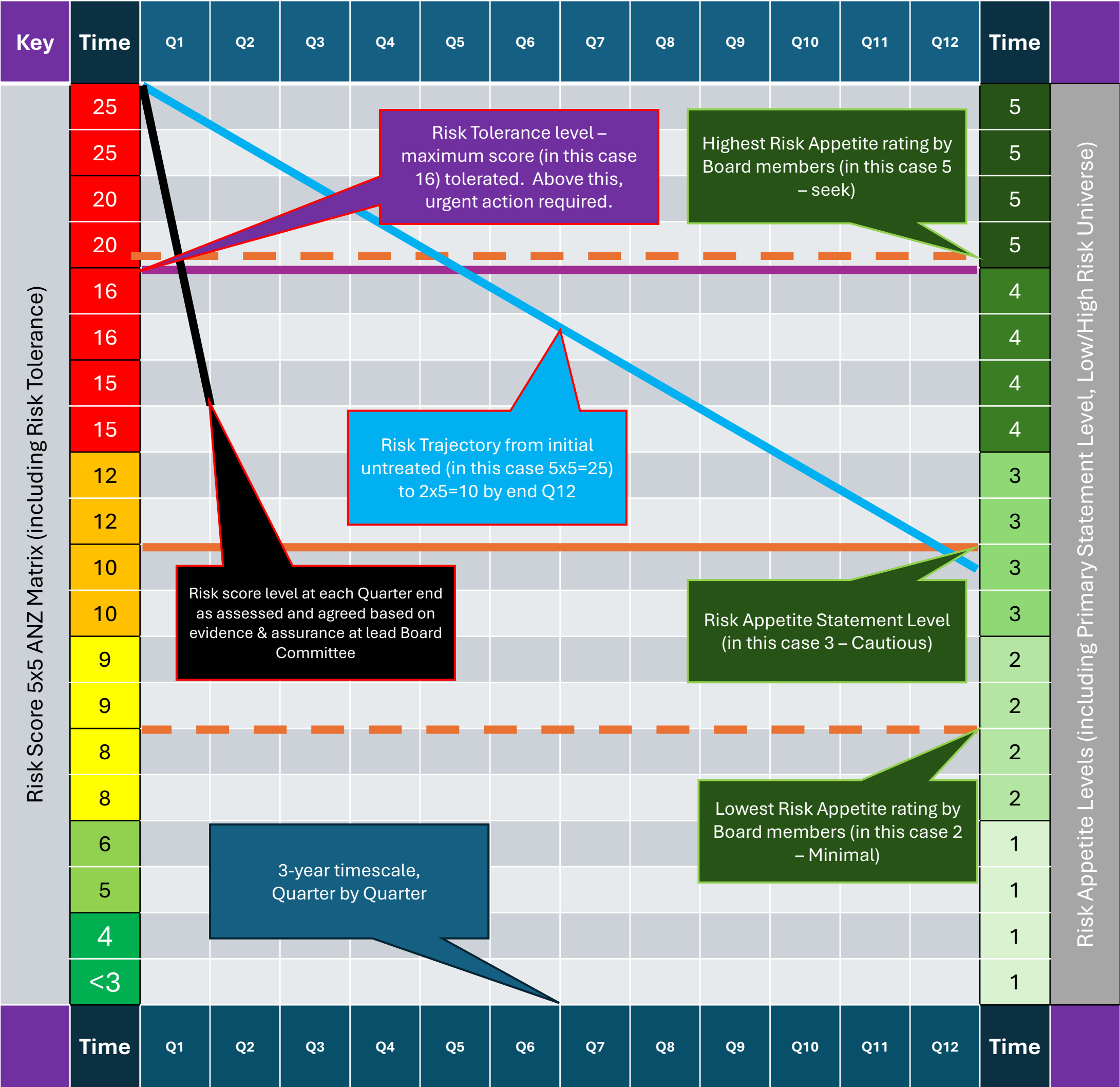
| Headings/Issues/themes | Specifically? | Examples? |
|---|---|---|
| CAF/DPST – unable to meet requirements over 3 years | Revised CAF standards not currently met by either Trust | 3-year plan to meet standards Potential issues with delivering to plans |
| Culture and behavioural changes | Identified requirements not met or achieved | Poor morale, unclear staff, poor leadership |
| Estates future utilisation and fitness for future purposes | Limited Capital access over next 2-3 years | RWT Maternity WHT Backlog maintenance |
| Equalities progress | Staff survey and other sources still indicating lack of equality | |
| Future National/regional Leadership & direction | 10 year Plan Changes in Government | Changes to ICB's, NHSe and DH+. |
| Future Cyber threats | As yet unknown new methods/actors | Attacks on retail sector in 2025. |
| Future threats from development of AI | Potential threats if use is not carefully assessed and managed | Access to Co-pilot as part of NHS Microsoft contract. |
| Population needs | Diversity of deprivation as yet un-met | Potential mis-match with Community First |
| Public Health future | Role, function and resource subject to change | Potential future pandemics. |
| Technology resources and access – IT and other | Access to new technologies including clinical for patients Lack of exploitation of existing 'big data. opportunities | e.g. Clinical advances (incl robotics, stem-cell, wearable, nano, Genomics) |
| Senior leadership changes | Unexpected changes in senior leadership team | e.g. Chief People Officer |
| Transactional change plans – non-delivery | Planned changes are not achieved in timescales | e.g. increase in Community provided services |
| Transformational change plans – non-delivery | Planned changes are not achieved in timescales | e.g. non-delivery of unified/inter-communicating records systems |
| Unintended consequences | Planned changes have undesirable consequences not anticipated. | |
| Unknown unknowns and known unknowns | Future world and economic situation | |
| Wider structural changes | Changes to ICB's, NHSe and DH subject to delay/challenge | |
| Workforce instability | Key staff depart and cannot be replaced | e.g. impact on standards of services, corporate memory and continuity. |

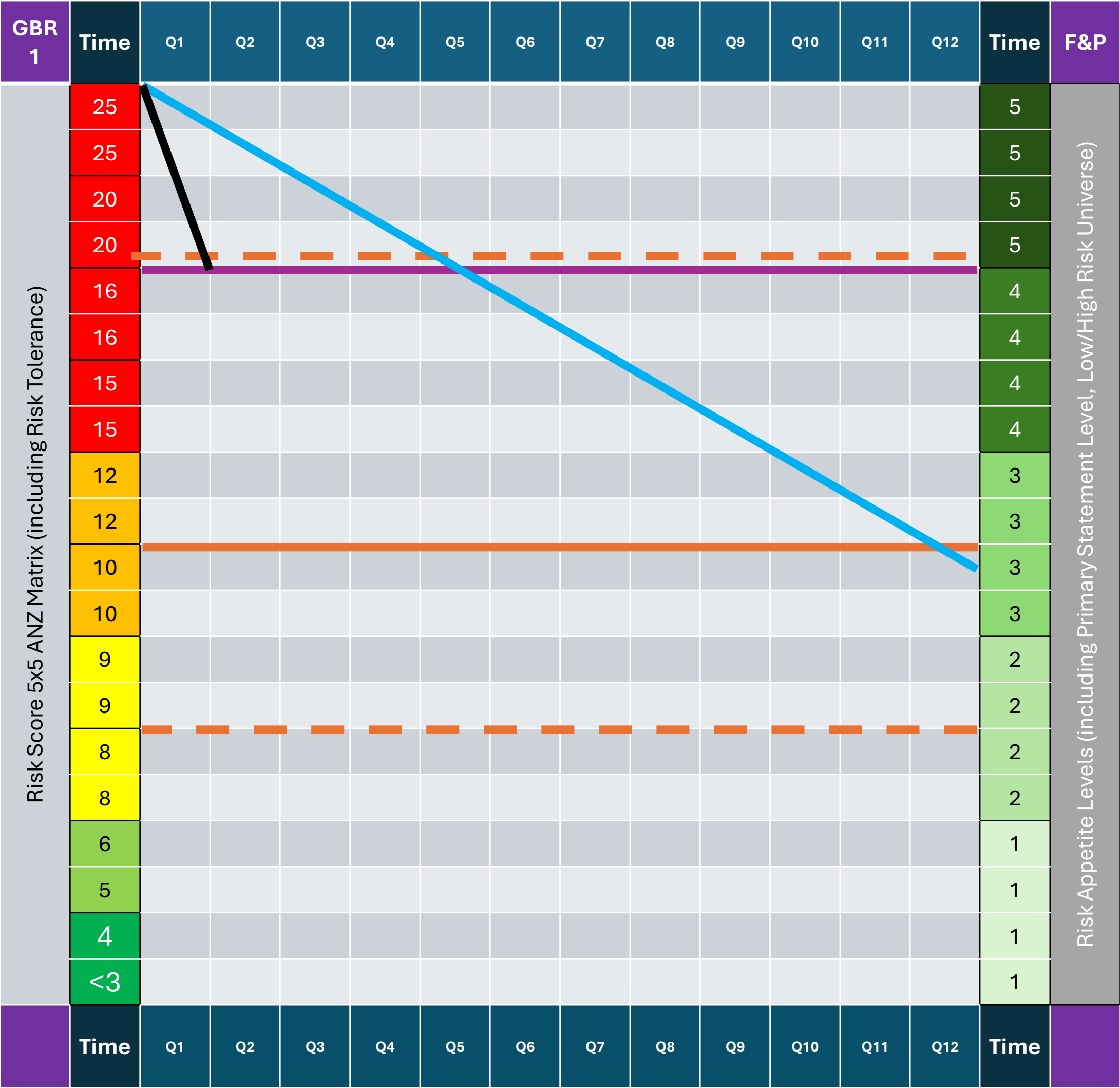
Board Assurance Framework summary July 2025

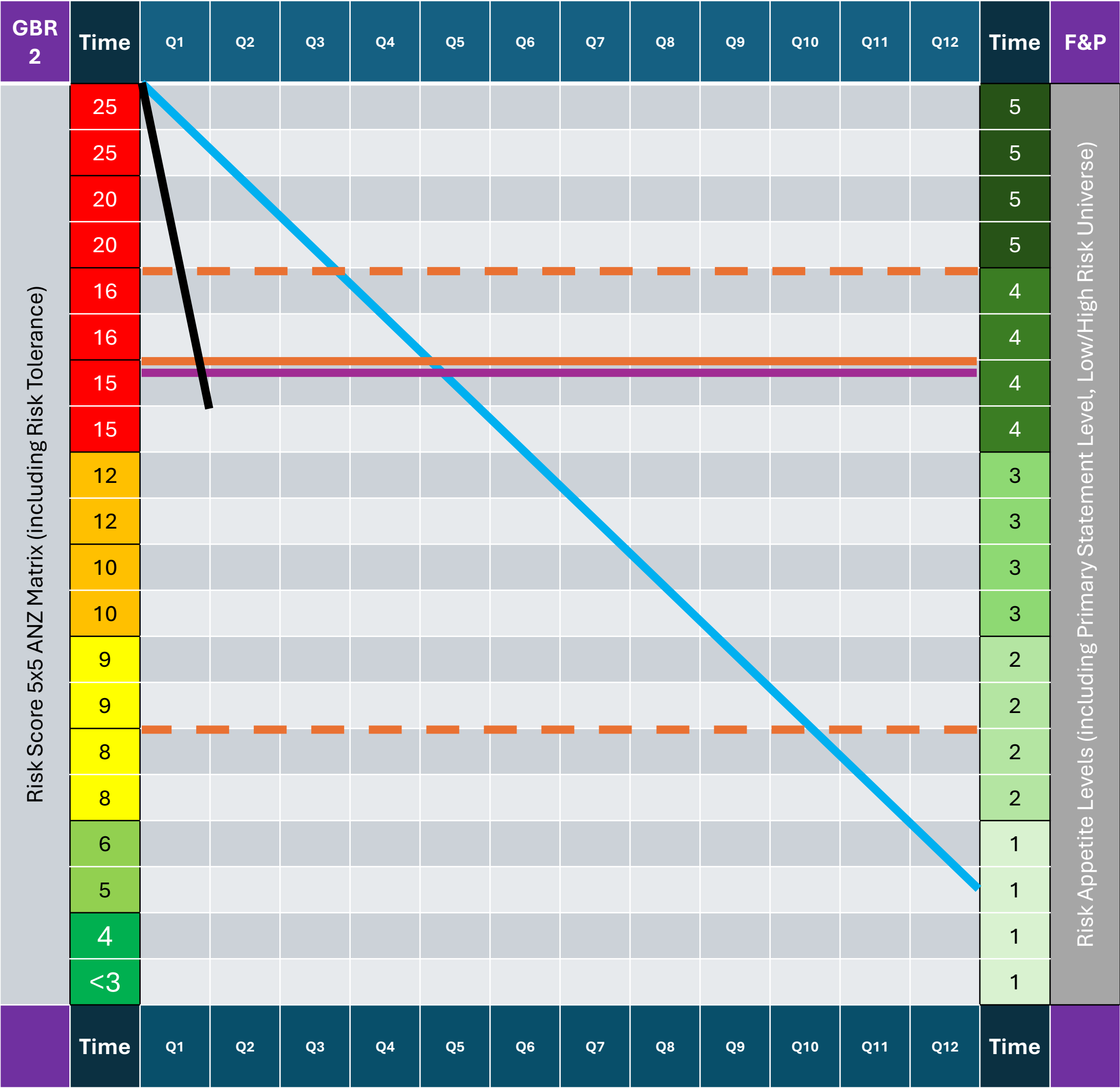
Group BAF Risks as of July 2025

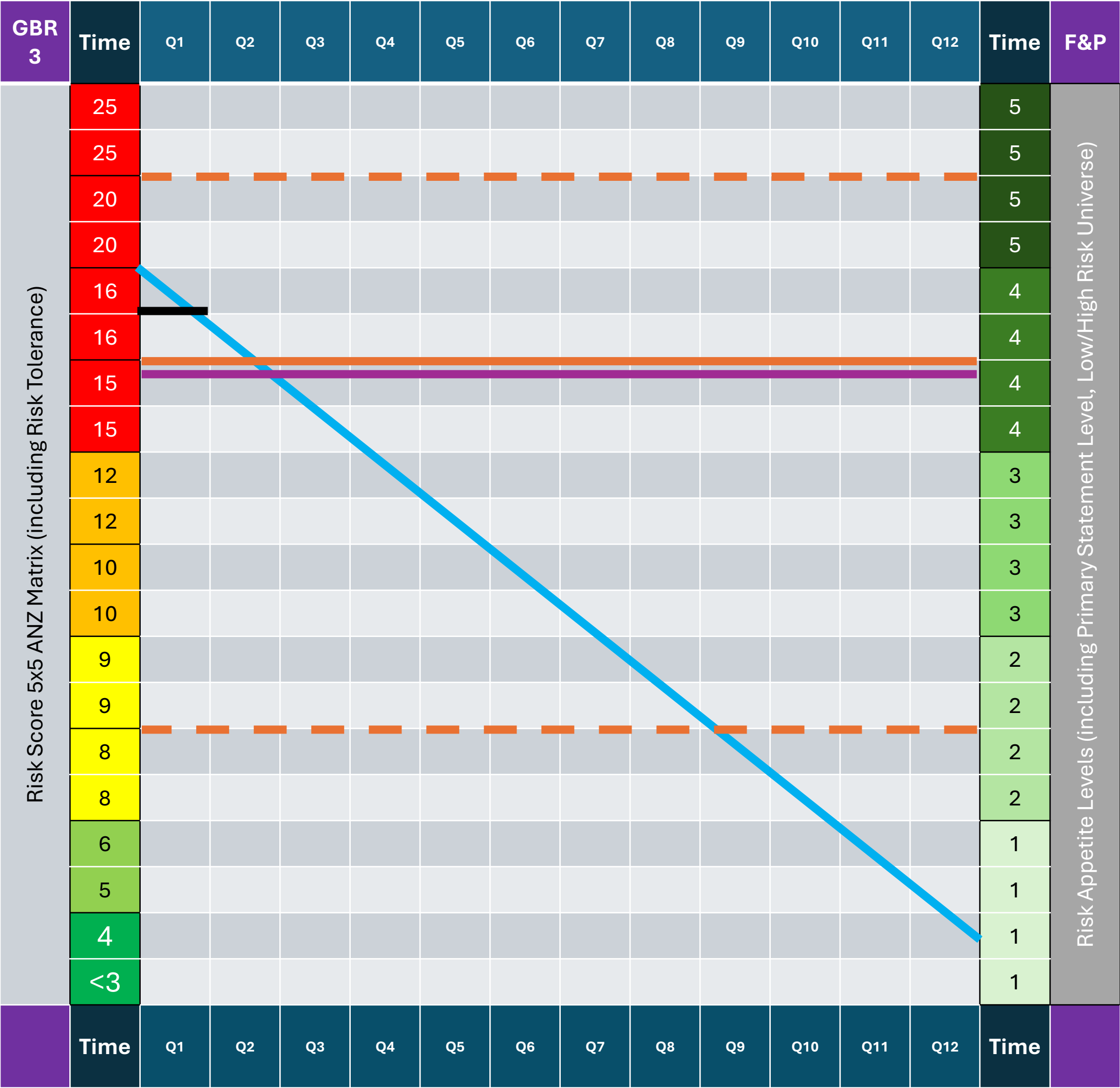
Keith Wilshire

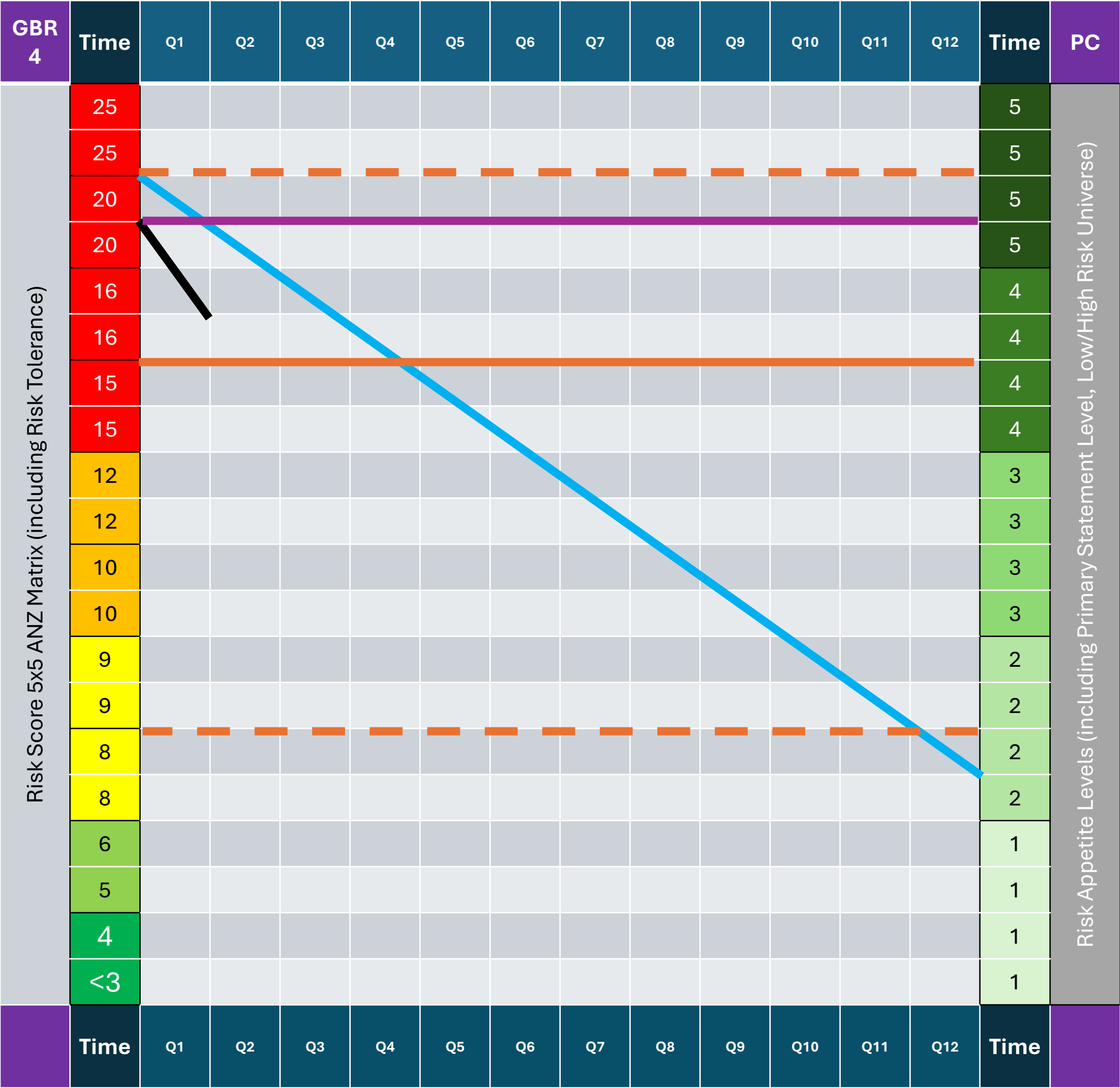
Group Company Secretary

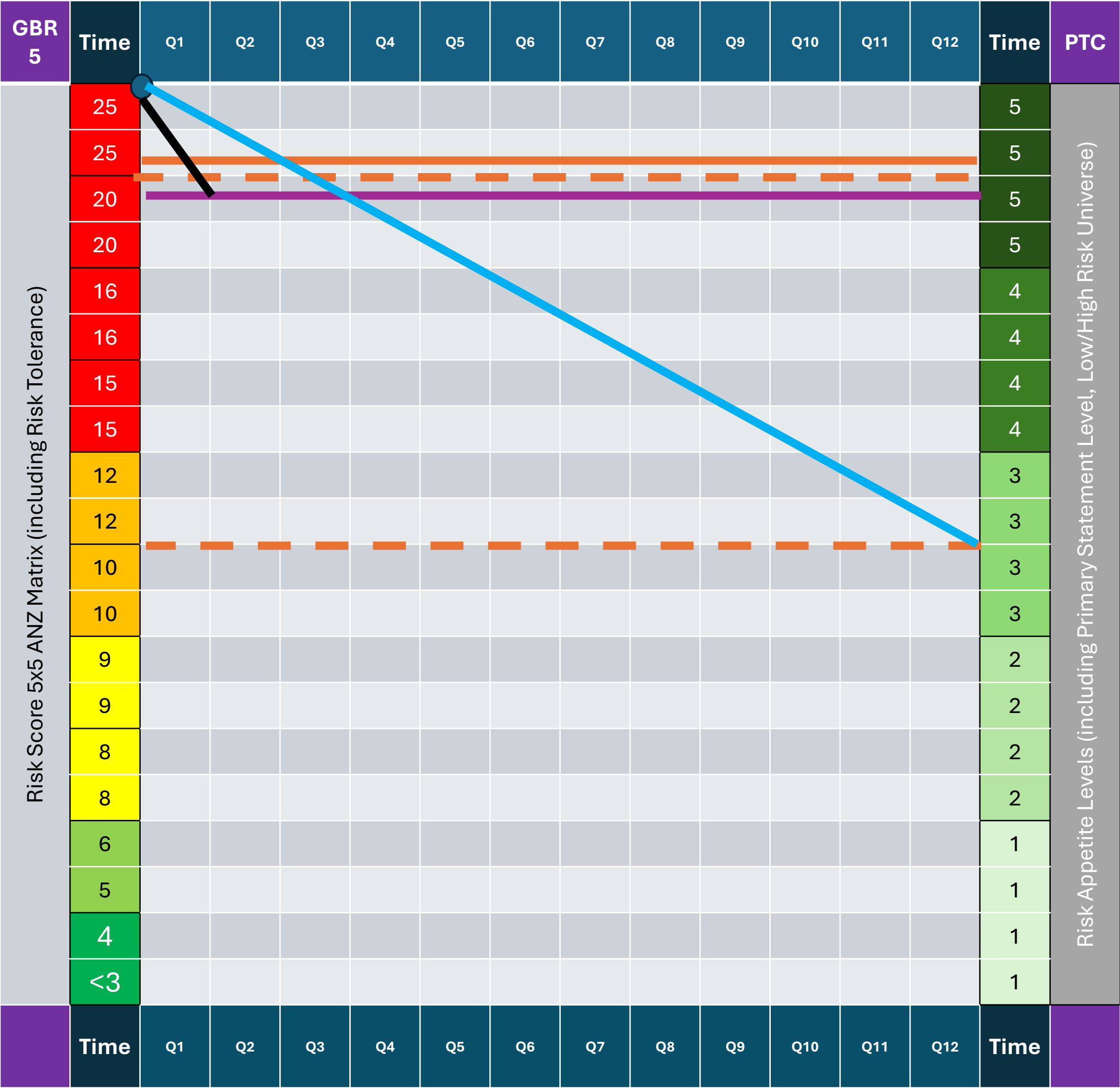












Risk Appetite Matrix (Adapted GGI risk appetite matrix) to establish initial Risk Appetite Statements refinement RWT/WHT Group June 2025

| Number | Risk Types | Risk Appetite Level | 1 None / Averse <i>Avoidance of risk is a key organisational objective.</i> | 2 Minimal <i>Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.</i> | 3 Cautious <i>Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.</i> | 4 Open <i>Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.</i> | 5 Seek <i>Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).</i> | Risk Tolerance Score (L)x(C)=RT |
|--------|--|---------------------|--|--|--|---|--|------------------------------------|
| 0 | Strategy Risks in pursuing current strategy/strategic direction (Q2, Q14) | | Avoidance of risk is a key organisational objective. | Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential. | Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential. | Willing to consider all potential delivery options and choose while also providing an acceptable level of reward. GBR2 | Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk). | 3x5=15 |
| 1 | Financial How will we use our resources (Q8) | | We have no appetite for decisions or actions that may result in financial loss. | We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern. | We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor. GBR1 | We will invest for the best possible return and accept the possibility of increased financial risk. | We will prioritise investment within the Trust at the priority of delegated budgetary Responsibility and will embrace the enhanced regulatory oversight that this will invariably bring (demonstrating VFM) | 4x5=20 |
| 2 | Statutory Compliance and Regulation How will we be perceived by our regulator? (Q3, Q6) | | We have no appetite for decisions that may compromise compliance with statutory, regulatory of policy requirements. | We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential. | We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision. | We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully. | We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks. | 3x3=9 |
| 3 | Quality – Safety How will we deliver safe services? (Q3, Q4, Q6) | | We have no appetite for decisions that may have an uncertain impact on safety. | We will avoid anything that may impact on safety unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings. | Our preference is for risk avoidance. However, if necessary we will take decisions on safety where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place. | We are prepared to accept the possibility of a short-term impact on safety with potential for longer-term rewards. We support innovation. | We will pursue innovation wherever appropriate. We are willing to take decisions on safety where there may be higher inherent risks but the potential for significant longer-term gains. | 3x4=12 |
| 4 | Quality - Patient Experience How we will ensure good patient experience (Q3-Q6) | | We have no appetite for decisions that may have an uncertain impact on patient experience | We will avoid anything that may impact on patient experience unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings. | Our preference is for risk avoidance. However, if necessary we will take decisions on patient experience where there is a degree of inherent risk and the possibility of improved patient experience, and appropriate controls are in place. | We are prepared to accept the possibility of a short-term impact on patient experience with potential for longer-term rewards. We support innovation. | We will pursue innovation wherever appropriate. We are willing to take decisions on patient experience where there may be higher inherent risks but the potential for significant longer-term gains. | 4x4=16 |
| 5 | Quality - Clinical Effectiveness How we will ensure good clinical effectiveness (Q4) | | We have no appetite for decisions that may have an uncertain impact on clinical effectiveness | We will avoid anything that may impact on clinical effectiveness unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings. | Our preference is for risk avoidance. However, if necessary we will take decisions on clinical effectiveness where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place. | We are prepared to accept the possibility of a short-term impact on clinical effectiveness with potential for longer-term rewards. We support innovation. | We will pursue innovation wherever appropriate. We are willing to take decisions on clinical effectiveness where there may be higher inherent risks but the potential for significant longer-term gains. | 4x4=16 |
| 6 | Reputational How will we be perceived by the public and our partners? (Q15) | | We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation. | Our appetite for risk taking is limited to those events where there is no chance of significant repercussions. | We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout. | We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders. | We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks. | 5x3=15 |
| 7 | People How will we be perceived by our staff? (Q10) | | We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest. | We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere. | We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision. | We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff. GBR4 | We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long-term gains. | 5x4=20 |
| 8 | Infrastructure (Q7) | | We have a preference for avoidance of risk and uncertainty | We have a preference for ultra-safe delivery options that have a low degree of inherent risk and only have potential for limited reward | We have a preference for safe delivery options that have a moderate degree of inherent risk and may have limited potential for reward | We are willing to consider all potential delivery options and choose the ones most likely to result in successful delivery while also providing an acceptable level of reward. GBR3 | We are eager to be innovative and to choose options offering potentially higher rewards despite greater inherent risk. | 3x4=12 |
| 9 | Systems and Partnership working (including Commercial) (Q9, Q16) | | We have a preference for avoidance of risk and uncertainty | We have a preference for ultra-safe delivery options that have a low degree of inherent risk and only have potential for limited reward | We have a preference for safe delivery options that have a moderate degree of inherent risk and may have limited potential for reward | Willing to consider all potential delivery options and choose the ones most likely to result in successful delivery while also providing an acceptable level of reward GBR5 | We are eager to be innovative and to choose options offering potentially higher rewards despite greater inherent risk. | 4x5=20 |
| 10 | Technology, Information and Data & Security (Q11, Q12, Q13) | | We have a preference for avoidance of risk and uncertainty | We have a preference for ultra-safe delivery options that have a low degree of inherent risk and only have potential for limited reward | We have a preference for safe delivery options that have a moderate degree of inherent risk and may have limited potential for reward | We are willing to consider all potential delivery options and choose the ones most likely to result in successful delivery while also providing an acceptable level of reward | We are eager to be innovative and to choose options offering potentially higher rewards despite greater inherent risk. | 2x5=10 |

First draft ‘New’ Board Assurance Frameworks (BAFs) - First draft defined BAF Risks as of 03.07.2025

Group BAF Risks

| Group BAF Risk Number | If | then | Resulting in | Draft Scores, Risk Appetite, Risk Tolerance | Lead Executive | Lead Committee Associated Committee(s) | Controls | Assurances | Negative Assurances | Gaps In control |
|-----------------------|---|--|--|--|----------------|--|---|--|---|---|
| GBR 1 | If the Trusts in the Group are individually and collectively unable to achieve financial break-even by year end 2027/28 | then the Trusts and the system will be non-compliant with NHSe/DH+ NHS Provider License requirements | resulting in special measures regime imposition and reputational damage and vulnerability as non-financially viable organisations. | Initial – 5 likelihood x 5 consequence Current – 4 likelihood x 5 consequence Target – 2 likelihood x 5 consequence Risk Tolerance 4x5=20 Risk Appetite 2-4 (0, 1, 2, 6, 9) Primary RA Statement 1 – 3 Scores confirmed at P&FC 24.06.25 | GCFO (KS) | F&PC May 25 | Reporting on Plan at each meeting. Control measures remain in place for temporary manpower, vacancy review panels. Non-pay/discretionary spend controls continue in place. Training in budget management – adherence to Month 1 budget @ both. Step-up in CiP from UoR Plan WiP esp Clinical productivity. Awaiting Workforce Plan for CEO to approve to initiate MoC.* Turnaround director to support delivery of financial plan but too early to tell yet. | Draft Head of IA and EA opinions give significant assurances. Increase in Theatre productivity in IQPR. CFS Prosecutions – follow-through on Fraud – culture change. New financial system approved – Live Oct 25 – Jan 26 onwards. Deloitte contract – increased controls impact. BCPC – Specified Bank, Recruitment, R&D, Communications – services improvements – not necessarily headcount or CiP. JPC report to Board. | CiP Programmes remain WiP with schemes in pipelines – Sept 25 impact. Strike action and pay awards Termination costs funding Severance costs | Not all required CiP accounted for, some reliance on non-recurrent and non-pay. Questions re phasing of CiP & Workforce reduction |
| GBR 2 | If the Trusts in the Group are individually and collectively unable to recover and meet future access (constitutional) standards over the next 3-5 years (e.g. RTT) | then the Trusts individually and/or collectively will be non-compliant with future contract requirements | resulting in special measures regime imposition and reputational damage and vulnerability as non-financially viable organisations. | Initial – 5 likelihood x 5 consequence Current – 3 likelihood x 5 consequence Target – 1 likelihood x 5 consequence Risk Tolerance 3x5=15 Risk Appetite 2-4 (2, 4, 5, 6) Primary RA Statement 0 – 4 Scores confirmed at P&FC 24.06.25 | MD’s (GN, WR) | F&PC May 25 | Tiering Pack evidence to F&PC in future from June. RTT trajectories went to Board, monitoring through Performance pack & at Board. Additional metrics regularly reported associated with plus Recovery Meeting. IA resulting follow-up appointments, reduction in DNA rates evidenced WHT. Use of resources aims for maintenance of 8% DNA (WHT) – same items across ‘group’. Validation exercise for Outpatients to reduce waiting times at RWT, Same to QC, Elective and Cancer included. ERF activity reported to F&P and Board. RTT fortnightly national reporting with figures improving. | tbc | Growth in back-log for follow up not covered by RTT standard e.g. monitoring as part of condition, or treatment as follow up to known or suspected cancer - WHT. Community waits lists not subject to RTT monitoring (WHT) & also RWT. Possible increases in under 19 ED attendance (at RWT). | WHT evidence of improvement over time, RWT areas of issues (known and reported to Board). Level of funded activity to meet Tier 1 is insufficient – some mutual aid but then WHT would also be insufficient (not all areas). Changes in referral practices from Sandwell for emergency care increasing at WHT. Un-addressed Harm resulting in Emergency Presentation. Achieving RTT requires confirmation of sufficient ERF. (CRR) |

| | | | | | | | | | | |
|-------|---|---|--|--|-----------------|----------------|--|---|--|--|
| GBR 3 | If the Group Trusts are unable to optimise the Group Structure (from the Corporate Services Review) (including potential use of a Subsidiary vehicle) including the scale of efficiencies and cost-reduction required whilst maintaining or improving standards and performance | then the Trusts/Group would be unable to meet its future Corporate governance needs, financial and staff reduction requirements | resulting in inability to achieve financial recovery, special measures regime imposition, reputational damage and vulnerability as non-financially viable organisations. | Initial – 4 likelihood x 4 consequence Current – 4 likelihood x 4 consequence Target – 1 likelihood x 4 consequence Risk Tolerance 3x4=15 Risk Appetite 2-5 (0, 1, 7, 8, 10) Primary RA Statement 8 – 4 Scores confirmed at P&FC 24.06.25 | GC SO (Si E) | F&PC May 25 | BDS June ‘Slot’ from GCPO re Corporate Services Headcount reduction. Deloitte work with individual executives in May/June. Outputs of Deloitte to PC (Headcount) and Use of resources (at F&PC) based on Workforce figures. ToR for Use of Resources Group - formal reporting to GMEG | Use of resources update report includes CIP Programme and position. Minutes from April 25 – Deloitte Impact update including Corporate Services review work. No summary of Corporate Headcount reductions included. Use of resources/CIP Update (KS) – includes elements of CIP programme. Corporate Service programme progress covered by GCPO – talks about BCPC still. BCPC – Specified Bank, Recruitment, R&D, Communications – services improvements – not necessarily headcount or CiP. JPC report to Board | Clarify UoR reporting route for Board oversight. | |
| GBR 4 | If the Trusts/Group workforce transformation plan (reduced staffing, use of new technology, culture & behaviour) is not achieved | then there may be a disconnect between the corporate aspirations, targets and requirements | resulting in an increasingly disengaged and disenfranchised workforce (staff survey) (and regulatory expectations/requirements e.g. CQC safe staffing) that slows, halts or reverses the transformation programme including greater efficiencies and service change. | Initial – 5 likelihood x 4 consequence Current – 4 likelihood x 4 consequence Target – 2 likelihood x 4 consequence Risk Tolerance 5x4=20 Risk Appetite 2-5 (0, 2, 3, 4, 5, 7, 9) Primary RA Statement 7 – 4 Scores confirmed at PC 30.06.25 | GCPO (AD) | PC | Performance against plan Staff Survey feedback Sickness absence paper – down at both Yr 1 People Strategy evidence | | Workforce plan not yet identified against stretch brief. Awaiting clinical service strategy and Digital Programme strategy defining the future workforce requirements. 10-year plan incl Workforce Plan. | E-rostering implementation. Clear-note/Heidi systems – O.P. transformation group Stroke plan for shift from Hospital to Community Not at a Group level, but some at service/directorate Cultural conversations lead by CEO |
| GBR 5 | If the Trusts/Group clinical service transformation plan is unable to achieve its aims and objectives &/or maintain or improve quality & safety | then quality and safety standards may fall and/or become compromised | resulting in increased claims, low staff morale (staff survey), declining reputation (F&FT) and increased scrutiny/inspection and/or declining ratings (CQC et al). | Initial – 5 likelihood x 5 consequence Current – 4 likelihood x 5 consequence Target – 2 likelihood x 5 consequence Risk Tolerance 4x5=20 Risk Appetite 3-5 (0, 2, 3, 4, 5, 7, 10) Primary RA Statement 9 – 5 Scores confirmed at PTC 01.07.25 | GC SO (Si E) | P&TC | Plan to Board. Monthly updates to P&TC. New Clinical Strategy. | New financial system approved – Live Oct 25 – Jan 26 onwards. Deloitte contract – increased controls impact. | 10-year Plan impact. Changing NHS Operating Model post-ICB and ACO. | Awaiting evidence. |

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| Tier 1 - Paper ref: | Enclosure 7.4 |
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|------------------------------|---|
| Report title: | Maternity & Neonatal care national targeted investigation |
| Sponsoring executive: | Brian Mckaig, Debra Hickman, Zia Din, Lisa Carroll |
| Report author: | Debra Hickman |
| Meeting title: | Trust Board Meeting in Public |
| Date: | 15 th July 2025 |

| 1. Summary of key issues/Assure, Advise, Alert |
|---|
| <p>Alert</p> <p>All Trusts were written to in late June to advise of a rapid investigation into Maternity & Neonatal services by an independent taskforce related to experiences of poor care. It is anticipated that up to 10 Trusts where specific issues have been identified will be reviewed between now and December 2025.</p> <p>Areas of focus will be inequalities of care received by women from Black & Asian backgrounds, women from deprived areas and safety / maternity workforce culture.</p> <p>Advise</p> <p>A system call was held following issue of the letter confirming this was a targeted approach with focus on leadership, experience, behaviour and listening to women. Action was requested from Boards regards having curiosity, seeking / triangulating intelligence and being assured. Terms of Reference under development, recognising the pace of response required.</p> <p>It was noted that there is inconsistency of data sets and variation in Board reporting. A maternity model board report is to be developed.</p> <p>Assure</p> <p>The Board receives a bimonthly Maternity report presented by the Directors of Midwifery informed by a range of intelligence / data, some but not all externally verified & validated. Detailed reports are received and discussed at Quality committee monthly, which capture maternity & neonatal service updates and escalation via the CNO report, Quality & Performance report, QSAG chairs report and / or Directors of midwifery reports / presentations.</p> |

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

| 3. Previous consideration | [at which meeting[s] has this paper/matter been previously discussed?] |
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| 4. Recommendation(s)/Action(s) |
| The RWT/WHT Group Trust Board Meeting to be held in Public is asked to: |
| a) Receive for Information and Assurance |
| b) |
| c) |

| | | |
|---|-------------------------------------|--------------------------|
| 5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i> | | |
| Group Assurance Framework Risk GBR01 | <input type="checkbox"/> | Break even |
| Group Assurance Framework Risk GBR02 | <input type="checkbox"/> | Performance standards |
| Group Assurance Framework Risk GBR03 | <input type="checkbox"/> | Corporate transformation |
| Group Assurance Framework Risk GBR04 | <input type="checkbox"/> | Workforce transformation |
| Group Assurance Framework Risk GBR05 | <input checked="" type="checkbox"/> | Service transformation |
| Corporate Risk Register [Datix Risk Nos] | <input type="checkbox"/> | |
| Is Quality Impact Assessment required if so, add date: | | |
| Is Equality Impact Assessment required if so, add date: | | |

Report to the RWT/WHT Group Trust Board Meeting to be held in Public
15 July 2025
Maternity & Neonatal care

1. Executive summary

All Trusts were formally advised in late June of an independent task force to undertake a targeted review of up to 10 Trusts where specific issues had been identified in their maternity and / or neonatal services. Key areas of focus will be inequalities of care received by women from Black & Asian backgrounds, women from deprived areas and safety / maternity workforce culture. Terms of Reference are being drafted and are yet to be communicated as are the Trusts to be included.

A system call followed confirming this was a targeted approach with focus on leadership, experience, behaviour and listening to women. It was acknowledged that there is inconsistency in maternity & neonatal data sets and variation in Board reporting. Boards are asked to consider what they receive with regards to maternity and neonatal services, whether there is a culture of curiosity, triangulation of intelligence and whether they are assured.

2. Introduction or background

It is recognised that public confidence has been eroded in maternity and neonatal services due to ongoing incidences which continue to demonstrate poor outcomes and / or experience. Although another enquiry would not add anything more, there was recognition of a more targeted approach and areas that could be actioned quite quickly. National variation and disparity in data and variation in information to boards were key areas of potential immediate support with the following:

- A real time Maternity signalling system was identified as being rolled out in Autumn 2025
- Perinatal event notification system being available August 2025 as a single reporting process
- Development of a 'Saving Maternal Lives Care Bundle
- Development of a model board report

There were some asks of Trust Boards with regards:

- Ensure Maternity & Neonatal services are key features in your assurance processes
- Ensure Professional curiosity is effective
- Review & assure ourselves of the assurance mechanisms

What do we have in place:

- Monthly reporting via Trust governance routes via Quality Committee to Trust Board
- Director of Midwifery attendance at Trust Board bimonthly
- Board level NED safety Champion

- 1:1 Director of Midwifery and CNO meetings every 2 weeks
- Safety Champion walkabouts
- Maternity & Neonatal senior leadership meeting with safety champions monthly
- Senior Leadership walkabouts
- Patient stories

Areas for improvement:

- Greater inclusion of the Maternal & Neonatal voice partnership feedback
- Review Maternity & Neonatal metrics via the Quality & Performance report
- Realtime feedback of Student Midwives

3. Recommendations

3.1 The RWT/WHT Group Trust Board Meeting to be held in Public is asked to:

- a. Note the letter
- b. Discuss current assurances
- c. Agree areas for improvement

Author Debra Hickman
Job title Chief Nursing Officer
30th June 2025

Annex 1: Maternity & Neonatal letter

Annex 1



Classification: Official



To: • Trust CEOs and chairs

cc. • ICB CEOs
• Regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

23 June 2025

Dear colleague

Maternity and neonatal care

Today, the Secretary of State for Health and Social Care has announced a rapid independent investigation into maternity and neonatal services. He has also announced an independent taskforce, alongside immediate actions to improve care.

This announcement comes on the back of significant failings in maternity services in parts of the NHS and we need – with real urgency – to understand and address the systemic issues behind why so many women, babies and families are experiencing unacceptable care.

It is clear that we are too frequently failing to consistently listen to women and their families when they raise concerns and too many families are being let down by the NHS. There remain really stark inequalities faced by Black and Asian women and women in deprived areas. In addition, we continue to have significant issues around safety and culture within our maternity workforce.

These have been persistent issues over recent years, so we now need to act with urgency to address these. The vast majority of births in England are safe and we have teams providing good and outstanding maternity and neonatal care every day. However, the variation in quality and performance across the NHS underscores why we can't accept the status quo.

So, between now and December, the independent investigation will conduct urgent reviews of up to 10 trusts where there are specific issues. We'll meet with relevant leaders of several organisations over the next month and while there will be some challenging conversations, we are really keen to hear what more we can be doing to support you to go further and faster in improving maternity and neonatal care.

In the meantime, we ask every local NHS Board with responsibilities relating to maternity and neonatal care to:

- Be rigorous in tackling poor behaviour where it exists. Where there are examples of poor team cultures and behaviours these need addressing without delay.

PRN02043



- Listen directly to families that have experienced harm at the point when concerns are raised or identified. It is important we all create the conditions for staff to speak up, learn from mistakes, and at the same time staff who repeatedly demonstrate a lack of compassion or openness when things go wrong need to be robustly managed.
- Ensure you are setting the right culture: supporting, listening and working, through coproduction, with your Maternity and Neonatal Voice Partnership, and local women, and families.
- Review your approach to reviewing data on the quality of your maternity and neonatal services, closely monitoring outcomes and experience and delivering improvements to both.
- Retain a laser focus on tackling inequalities, discrimination and racism within your services, including tracking and addressing variation and putting in place key interventions. A new anti-discrimination programme from August will support our leadership teams to improve culture and practice. This also means accelerating our collective plans to provide enhanced continuity of care in the most deprived neighbourhoods, providing additional support for the women that most need it.

This is really challenging for all of us and the most important step we have to take to rebuild maternity and neonatal care is to recognise the scale of the problem we have and work together to fix it.

This will require us all to work together and this includes teams where care is outstanding where you will have a role to play in sharing best practice and supporting others to return their services to where their communities and staff want and need them to be. We hope you understand the importance of this and, as always, please get in touch if you want to discuss this ahead of the CEO call later in the week.



Sir Jim Mackey
Chief Executive



Duncan Burton
Chief Nursing Officer for England

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| Tier 1 - Paper ref: | Enclosure 8.1 |
|----------------------------|---------------|

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|------------------------------|--|
| Report title: | Summary of 10 Year Plan and Implications on Group |
| Sponsoring executive: | Simon Evans, Group Deputy Chief Executive/Chief Strategy Officer |
| Report author: | Tim Shayes, Deputy Chief Strategy Officer |
| Meeting title: | Group Trust Board – in Public |
| Date: | 15 th July 2025 |

| |
|---|
| 1. Summary of key issues/Assure, Advise, Alert |
| <p>‘Fit for the Future’ – the 10 Year Health Plan for England was released by the Department for Health and Social Care on Thursday 3rd July 2025.</p> <p>The plan provides additional detail on the measures the government plan to take to deliver the three radical shifts previously outlined: hospital to community, analogue to digital and sickness to prevention.</p> <p>The report summaries the measures that are most likely to impact on the group as well as the implications generally from the new detail seen. The Group’s plan, reassuringly, is aligned to the 10 Year Plan albeit with greater emphasis needing to be given to elements of the Group plan, e.g. digital. There are specific implications that need to be managed to ensure the Group maximises the opportunity to deliver its strategic aims.</p> |

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

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

| |
|---|
| 4. Recommendation(s)/Action(s) |
| <p>The RWT/WHT Group Trust Board Meeting to be held in Public is asked to:</p> <p>a) Note the contents of this report and the implications to the Group</p> <p>b) Agree for the Executive Team to manage the implications, reporting progress through to the Partnerships and Transformation Committee.</p> |

| 5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper] | | |
|---|-------------------------------------|-----------------------|
| Group Assurance Framework Risk GBR01 | <input checked="" type="checkbox"/> | Break even |
| Group Assurance Framework Risk GBR02 | <input checked="" type="checkbox"/> | Performance standards |

| 5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i> | | |
|---|-------------------------------------|--------------------------|
| Group Assurance Framework Risk GBR03 | <input checked="" type="checkbox"/> | Corporate transformation |
| Group Assurance Framework Risk GBR04 | <input checked="" type="checkbox"/> | Workforce transformation |
| Group Assurance Framework Risk GBR05 | <input checked="" type="checkbox"/> | Service transformation |
| Corporate Risk Register [Datix Risk Nos] | <input type="checkbox"/> | |
| Is Quality Impact Assessment required if so, add date: N/A | | |
| Is Equality Impact Assessment required if so, add date: N/A | | |

Report to the RWT/WHT Group Trust Board Meeting to be held in Public on 15th July 2025

Summary of 10 Year Plan and Implications on Group

1. Background

‘Fit for the Future’ – the 10 Year Health Plan for England was released by the Department for Health and Social Care on Thursday 3rd July 2025. It follows Lord Darzi’s review of the NHS that was undertaken shortly after the current Labour government was elected.

2. Summary of the ‘Fit for the Future’ Plan

To quote the Department for Health and Social Care – the choice for the NHS is stark: reform or die. The focus of the 10 Year plan is a move away from tweaks to an unsustainable model and to transformational change, with science and technology at the heart of this.

There will be three, now well known, radical shifts to reform the NHS with the 10-year plan providing some further detail on the ways in which these shifts will be delivered.

1. Hospital to Community

The development of ‘Neighbourhood Health Services’ is the solution to providing single, coordinated, patient-oriented services. The Neighbourhood Health Service will embody the new preventative principle that care should happen as locally as it can, digitally by default, in a patient’s home if possible, in a neighbourhood health centre (NHC) when needed and in a hospital if necessary

The plan announces several measures being introduced to support this transition. Those likely to have the greatest impact on the Trust are:

- shift the pattern of health spending. Over the course of this plan, the share of expenditure on hospital care will fall, with proportionally greater investment in out-of-hospital care.
- through the NHS App, allow patients to book appointments, communicate with professionals, receive advice, draft or view their care plan and self-refer to local tests and services
- establish an NHC in every community, beginning with places where healthy life expectancy is lowest - a ‘one stop shop’ for patient care and the place from which multidisciplinary teams operate. NHCs will be open at least 12 hours a day and 6 days a week
- deliver more urgent care in the community, in people’s homes or through NHCs, to end hospital outpatients as we know it by 2035
- end the spectacle of corridor care and restore the NHS constitutional standard of 92% of patients beginning elective treatment within 18 weeks

- free up hospitals to prioritise safe deployment of AI and harness new technology to bring the very best of cutting-edge care to all patients. All hospitals will be fully AI-enabled within the lifetime of this plan
- expand same day emergency care services and co-located urgent treatment centres. We will support patients to book into the most appropriate urgent care service for them, via 111 or the NHS App before attending, by 2028

2. Analogue to Digital

The plan refers to the fact that modern technology has given us more power over our everyday lives but that same scale of change has yet to come to the NHS. In an effort to take the NHS from “...the 20th century technological laggard it is today, to the 21st century leader it has the potential to be”, the Department is planning to take the follow measures with specific implications for the Group:

- for the first time ever in the NHS, give patients real control over a single, secure and authoritative account of their data - a single patient record - to enable more co-ordinated, personalised and predictive care
- transform the NHS App into a world-leading tool for patient access, empowerment and care planning. By 2028, the app will be a full front door to the entire NHS.
- allow patients to leave feedback on the care they have received - compiled and communicated back to providers, clinical teams and professionals in easy-to-action formats
- use continuous monitoring to help make proactive management of patients the new normal, allowing clinicians to reach out at the first signs of deterioration to prevent an emergency admission to hospital
- build ‘HealthStore’ to enable patients to access approved digital tools to manage or treat their conditions, enabling innovative businesses to work more collaboratively with the NHS and regulators
- introduce single sign on for staff, and scale the use of technology like AI scribes to liberate staff from their current burden of bureaucracy and administration, freeing up time to care and to focus on the patient

3. Sickness to Prevention

People are living too long in ill health, the gap in healthy life expectancy between rich and poor is growing, and nearly 1 in 5 children leave primary school with obesity. The governments’ overall goal is to halve the gap in healthy life expectancy between the richest and poorest regions, while increasing it for everyone, and to raise the healthiest generation of children ever. This will boost our health but also ensure the future sustainability of the NHS and support economic growth.

The specific initiatives that are likely to impact on the Group are:

- harness recent breakthroughs in weight loss medication and expand access through the NHS. We will negotiate new partnerships with industry to provide access to new treatments on a ‘pay for impact on health outcomes’ basis

- increase uptake of human papillomavirus (HPV) vaccinations among young people who have left school, to support our ultimate aim to eliminate cervical cancer by 2040. We will fully roll out lung cancer screening for those with a history of smoking.

Underpinning this plan are five enabling measures:

1. A new operating model

With a focus on pushing power away from Whitehall and out to places, providers and patients, the government will, amongst other things:

- combine NHS England, the headquarters of the NHS, with the Department of Health and Social Care (DHSC), reducing central headcount by 50%
- make ICBs the strategic commissioners of local healthcare services, building ICB capability and closing commissioning support units
- introduce a system of earned autonomy and where local services consistently underperform, step in with a new failure regime. The priority will be to address underperformance in areas with the worst health outcomes. The ambition over a 10-year period is for high autonomy to be the norm across every part of the country
- reinvent the NHS foundation trust (FT) model for a modern age. By 2035, the ambition is that every NHS provider should be an FT with freedoms including the ability to retain surpluses and reinvest them and borrowing for capital investment. FTs will use these freedoms and flexibilities to improve population health, not just increase activity
- create a new opportunity for the very best NHS FTs to hold the whole health budget for a defined local population as an integrated health organisation (IHO). The intention is to designate a small number of these IHOs in 2026, with a view to them becoming operational in 2027. Over time they will become the norm

2. A new transparency of quality of care

The government plans to make the NHS the most transparent healthcare system in the world. In doing this they hope to eradicate systematic and avoidable harm. Specifically, the government will:

- publish easy-to-understand league tables, starting this summer, that rank providers against key quality indicators
- make sure persistent poor-quality care results in the decommissioning or contract termination of services or providers

3. An NHS workforce, fit for the future

Whilst recognising the fact that it will be through the workforce that the three shifts are delivered, the plan moves away from the aspirations of the 2023 Long Term Workforce Plan and to a goal of fewer staff than projected within the 2023 plan but who are better treated, more motivated and have better training. Some of the more noteworthy measures underpinning this aspiration are:

- making AI every nurse's and doctor's trusted assistant, saving them time and supporting them in decision making. Over the next 3 years there will be an overhaul in education and training curricula to future-proof the NHS workforce
- continue to work with trade unions and employers to maintain, update and reform employment contracts and start a big conversation on significant contractual changes that provide modern incentives and rewards for high-quality and productive care
- give leaders and managers new freedoms, including the power to undertake meaningful performance appraisals, to reward high-performing staff and to act decisively where they identify underperformance
- reorientate the focus of NHS recruitment away from its dependency on international recruitment and towards its own communities, to ensure sustainability in an era of global healthcare workforce shortages. The ambition is to reduce international recruitment to less than 10% by 2035.

4. Powering transformation: innovation to drive healthcare reform

The government's aim is to be in the driving seat of the biggest industrial revolution since the 19th century as they harness technology to create a new model of care in the NHS using the UK's competitive edge - NHS data, life sciences prowess and world-leading.

Five transformative technologies have been identified - data, AI, genomics, wearables and robotics - that will personalise care, improve outcomes, increase productivity and boost economic growth. The measures with the most impact on the Trust are:

- make the NHS the most AI-enabled health system in the world with AI seamlessly integrated into clinical pathways
- make wearables standard in preventative, chronic and post-acute NHS treatment by 2035. All NHS patients will have access to these technologies, which will be part of routine care. We will provide devices for free in areas where health need and deprivation are highest
- beginning next year (2026), expand surgical robot adoption in line with National Institute for Health and Care Excellence (NICE) guidelines
- expand NICE's technology appraisal process to cover devices, diagnostics and digital products. NICE will also be given a new role to identify which outdated technologies and therapies can be removed from the NHS to free up resources for investment in more effective ones
- introduce multi-year budgets and require NHS organisations to reserve at least 3% of annual spend for one-time investments in service transformation, to help translate innovations into practice more rapidly

5. Productivity and a new financial foundation

Reiterating previous messages that are clear to all, the plan talks to the need to restore financial discipline and deliver reform. Two specific actions being proposed that are likely to

- deconstruct block contracts - paid irrespective of how many patients are seen or how good care is - with the intention of realigning the activity delivered and funding being provided by an ICB. Payment for poor-quality care will be withheld, and high-quality care will attract a bonus. In addition, we will introduce new incentives for the best NHS leaders, clinicians and teams
- distribute NHS funding more equally locally, so it is better aligned with health need. In the meantime, we will target extra funding to areas with disproportionate economic and health challenges

3. Implications for the Group Plan

Given the three radical shifts within the 10 Year Plan have been known for some time and the group plan has been developed with these in mind, it is not surprising that there is general alignment between the two.

The 10 Year Plan does however provide further detail, albeit still at a relatively high level, on specific measures that will be taken to deliver these shifts and the implications to the group of these measures need to be assessed. The paper has already highlighted those measures likely to have the greatest implication on the Trust but some specific considerations within these measures are:

- Whilst there is general alignment between the plans of the Group and the government, the emphasis on digital within the 10 Year Plan is stark and the Group's digital plans could be challenged over whether they are sufficiently mature to deliver the vision set out by the Government. With the knowledge now that 3% of annual spend will need ringfencing for one-time investments, priority needs to be given to considering those investments which are likely to have the biggest impact on service transformation and how this knowledge is developed.
- Whilst the shift in spending away from the hospital and to out-of-hospital care was expected, details remain unclear as to how this will be achieved. Notwithstanding this uncertainty, it emphasises the need to continue the development of the Groups Community First operating model such that there is a compelling case for investment by the Commissioners when further detail is announced.
- The development of NHCs is stated as beginning in places where healthy life expectancy is lowest. With Wolverhampton and Walsall having lower than average healthy life expectancy, there is hope that investment could come sooner rather than later but reemphasising the need to work at pace.
- The 10 Year Plan consistently references the expectation of widespread adoption of Artificial Intelligence. Consideration needs to be given to whether the applicability of AI to health is understood within the Group, the knowledge of the market and product offering and how these digital proposals are considered and prioritised.
- The expansion of co-located urgent treatment centres provides some reassurance as to the ongoing funding for the centre at New Cross Hospital whilst at the same time providing leverage for negotiation with Black Country ICB over the centre at Walsall Manor Hospital.

- The specific mention of continuous monitoring tools warrant the Groups own review on the specialties and conditions where they are likely to have the most value and the incorporation of these into outpatient transformation plans.
- Work is already underway to secure sufficient funding for the weight management services at both Trusts – the reference in the 10 Year Plan to the growth in these services warrants the need for a review of the service model and its appropriateness for coping with expected future demand.
- A plan is required for the implementation of lung cancer screening and the significant increase in CT demand (but not exclusively) that this is likely to generate.
- With the reintroduction of the NHS Foundation Trust model, more information needs to be sought on the process around this and a review of the opportunities it provides the group.
- As has been heard previously, the plan makes consistent reference to the reward that comes from good performance and equally, the lack of acceptance of failure. This just re-emphasises the importance of delivery, specifically on:
 - Contracts where KPIs are not being achieved, due to the threat of decommissioning,
 - Where best practice is not being achieved given the ways in which tariffs will be constructed in the future.

3. Recommendations

The RWT/WHT Group Trust Board Meeting to be held in Public is asked to:

- a. Note the contents of this report and the implications to the Group
- b. Agree for the Executive Team to manage the implications, reporting progress through to the Partnerships and Transformation Committee.

Joint Provider Committee – Report to Trust Boards

| | |
|---|--|
| TITLE OF REPORT: | Report to Trust Boards from the 16 th May 2025 JPC meeting. |
| PURPOSE OF REPORT: | To provide all partner Trust Boards with a summary of key messages from the 16 th of May 2025 Joint Provider Committee. |
| AUTHOR(S) OF REPORT: | Sohaib Khalid, <i>BCPC Managing Director</i> |
| MANAGEMENT LEAD/SIGNED OFF BY: | Sir David Nicholson - <i>Chair of BC JPC & Group Chair of DGFT, SWBH, RWT, & WHT</i> Diane Wake - <i>CEO Lead of the BCPC</i> |
| KEY POINTS: | <p>The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, three Deputy Chairs, and both CEO's.</p> <p>Key discussion points included:</p> <ol style="list-style-type: none"> A progress update from the BCPC CEO Lead with a particular focus on highlighting progress within key clinical networks, the recent national visit from the GiRFT team, and a detailed trajectory of deliverables for the agreed Clinical Services Transformation programme of work. Progress update on the Corporate Services Transformation work, highlighting the repositioned (and phased) programme of work, which has taken account of recent national 'corporate services – cost reduction' targets for each partner Trust. Confirmation that external capacity / support for partner Trusts to enable faster productivity and efficiency delivery is to be stood down, pending a review by CEO's on any possible next steps, as the contingent fee proposal was deemed to be expensive with a high level of risk attached. A brief review of possible NHS reforms and exploration of possible opportunities that the four partner Trusts may wish to maximise. |
| RECOMMENDATION(S): | <p>The partner Trust Boards are asked to:</p> <ol style="list-style-type: none"> RECEIVE this report as a summary update of key discussions on the 16th May 2025 JPC meeting. NOTE the key messages, agreements, and actions in section 2 of the report. |
| CONFLICTS OF INTEREST: | There were no declarations of interest. |
| DELIVERY OF WHICH BCPC WORK PLAN PRIORITY: | The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement. |
| ACTION REQUIRED: | <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Endorsement / Support <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information |

1. PURPOSE

- 1.1 To provide all partner Trust Boards with a summary of key messages from the 16th of May 2025 Joint Provider Committee.

2. SUMMARY

- 2.1 The Joint Provider Committee was held on the 16th of May 2025. The meeting was quorate with attendance by the Chair, both CEO's and three of the Deputy Chairs.
- 2.2 The minutes of the previous meeting were accepted as an accurate record and the Action Log was reviewed for progress with completed actions noted.
- 2.3 The following is a summary of discussions with agreements noted:

a) Items for Noting

- **CEO Leads update report** – The JPC received an update report from the Chair of the Collaborative Executive, which highlighted:
 - The positive progress being made across the Clinical Networks in delivering agreed priorities within the BCPC Workplan, showcasing the work of:
 - Gynaecology Clinical Network in preparing for changes to the national criteria for Endometriosis.
 - The magnificent progress by the DGFT Ophthalmology team in delivering in excess of 20 cataract cases in a day for the first time, a significant step up from an average of 3 per session 6 months ago; and the
 - Partnership work being progressed with commissioners to develop 'specialty specific service specifications, which will support the management of NHS resources within the Black Country, whilst retaining high standards of care delivery for the Black Country population.
 - The positive GiRFT visit by Prof Tim Briggs and national colleagues on Monday 28th April 2025. The Clinical Leads from across the BCPC showcased and highlighted the many areas of good practice that belies its presence on a regional and national stage. Many commendations were received from Prof Tim Briggs alongside challenge in key areas too where unwarranted variance was still visible, with the system commended for its approach to working collaboratively and the presentation that it had diligently put together
 - Key updates regarding the Clinical Service Transformation Programme were also provided, and included:
 - **DIEP Breast Reconstruction** - positive engagement activities have enabled the development of a business case which we hope to take through governance processes and seek approval in early summer.
 - **Gynae-oncology** - Work has commenced on reviewing a future service model to establish a robust and resilient Black Country service, with an engagement workshop planned and baseline work underway.
 - **Pharmacy Aseptic Service Transformation** – work continues at a pace to establish the Pharmacy Aseptic Service proposal, with two stakeholder engagement workshops being delivered in early May & June, and a draft output report due for circulation to all partners in early June prior to discussion at the next available BCPC Executive.

- **Urology Cancer Transformation** – The BCPC team is actively working on finalising a draft of the required Business Case, in tandem with operational teams from both RWT and DGFT working through the final transition and SOP arrangements to ensure that a robust and full service can formerly be established. There continues to be active dialogue and engagement with commissioners to ensure that all issues are addressed and processes for repatriation of Black Country activity is readied and/or being progressed.
- **Looking ahead** - there are a number of key clinical workshops planned (Vascular Services, Colorectal, Pharmacy Aseptics, Gynae-oncology, and Endoscopy), in addition to the forthcoming BCPC Joint Board Development workshop (20th June 2025), and the first Joint Professional Networking Workshop between clinical and medical workforce across mental health, primary and secondary care, scheduled for early September 2025.

b) **Items for Discussion**

- **Corporate Services Transformation** – The JPC received an update from the CSTP SRO. Given the change to the NHS environment which has resulted in a specific Trust level “*corporate services – cost reduction target*” being established, the CST programme has adjusted its approach and agreed with CEO’s a phased way forward as follows:
 - **Phase 1A** – the pursuit in delivery of the Trust specific target for corporate services cost reduction, to be led at a Trust level, through the two Groups.
 - **Phase 1B** – in parallel the CST Programme Board would seek to pursue early and obvious service areas for progression through 2025/26. This programme of work would be crafted and progressed through the Programme Board.
 - **Phase 2** – building on the delivery of Phase 1A, the programme Board would seek to identify a route through for the remaining corporate function areas from late 25/26.
- It is also worth noting that there has been key progress in several parallel and supporting / enabling pieces of work which have focused on:
 - Commissioning the development of the Legal Framework for the agreed strategic vehicle of a Managed Shared Services (MSS).
 - Validating the numbers, commissioning a new free piece of work from external partners to determine opportunity at scale.
 - Firming up the “Case for Change” in readiness for the formation of a Business Case in due course.
- **Update on the ‘Delivery Partner’** – The JPC received an update on the commissioning of a ‘Delivery Partner’. The SRO took the committee through the recent ‘rapid exercise’ undertaken by an external partner which identified the potential opportunity available at each partner Trust, over and above existing CIPs.

It was evident that whilst the opportunity was variable (greater at two partners and less so at the other two), following discussion it was agreed that the contingent fee was deemed to be expensive and risky.

It was agreed that the CEO’s would scrutinise and review the scale of the opportunities identified at each partner Trust and consider a ‘Plan B’ which may be presented for discussion in the future if appropriate.

- **Emerging NHS Changes (a horizon scan)** – The JPC received an update from the BCPC CEO Lead highlighting the recent NHS landscape changes following the announcements made by the new NHSE CEO on the 13th March 2025.

It was noted that the NHS 10-year plan is due imminently, together with further operational guidance on aspects of the proposed changes (e.g. Wholly Owned Subsidiaries, voluntary redundancy schemes etc.).

In parallel, preparatory work is underway in ICBs to consider future configuration options, with some early thought being given to possible delegations to other parts of local systems (e.g. Provider Collaboratives, or 'Place').

The JPC discussed these impending changes to the ecosystem noting that they provide an opportunity for evolving local systems, and the opportunity to both influence and shape the future local NHS landscape. All members of the JPC will remain active to future system wide discussions.

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 16th of May 2025 JPC meeting.
 - b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

| | |
|----------------------------|---------------|
| Tier 1 - Paper ref: | Enclosure 8.3 |
|----------------------------|---------------|

| | |
|------------------------------|--|
| Report title: | Group Chief Community and Partnerships Officer Report |
| Sponsoring executive: | Stephanie Cartwright, Group Chief Community and Partnerships Officer |
| Report authors: | Stephanie Cartwright, Group Chief Community and Partnerships Officer Michelle McManus, Director Place & Transformation, Walsall Together Matthew Wood, Head of the Programme and Transformation Office, OneWolverhampton |
| Meeting title: | Group Trust Board |
| Date: | 15 th July 2025 |

| |
|---|
| 1. Summary of key issues/Assure, Advise, Alert |
| This report provides an overview of developments within the Walsall Together and OneWolverhampton partnerships. |

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

| |
|---|
| 3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?] |
| OneWolverhampton Board - June 2025 Walsall Together Partnership Board – June and July 2025 |

| |
|--|
| 4. Recommendation(s)/Action(s) |
| The RWT/WHT Group Trust Board Meeting to be held in Public is asked to: |
| a) Acknowledge the progress being made towards the delivery of integrated care or equivalent models |
| b) Take assurance on the progress being made by the place partnerships in improving the health and wellbeing of our communities. |

| 5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper] | | |
|---|--------------------------|-----------------------|
| Group Assurance Framework Risk GBR01 | <input type="checkbox"/> | Break even |
| Group Assurance Framework Risk GBR02 | <input type="checkbox"/> | Performance standards |

| 5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i> | | |
|---|-------------------------------------|--------------------------|
| Group Assurance Framework Risk GBR03 | <input type="checkbox"/> | Corporate transformation |
| Group Assurance Framework Risk GBR04 | <input type="checkbox"/> | Workforce transformation |
| Group Assurance Framework Risk GBR05 | <input checked="" type="checkbox"/> | Service transformation |
| Corporate Risk Register [Datix Risk Nos] | <input type="checkbox"/> | |
| Is Quality Impact Assessment required if so, add date: not required | | |
| Is Equality Impact Assessment required if so, add date: not required | | |

Group Chief Community and Partnerships Officer Report to the RWT/WHT Group Trust Board Meeting to be held in Public on 15th July 2025

1. Executive summary

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

2. Introduction or background

- 2.1 The NHS faces rising costs and demand. We have recently seen un precedented industrial action and long-term underinvestment in productivity-improving technology (Priorities and Operational Planning Guidance 2025/26, NHSE). Nationally and locally, there is an ageing population, with multi-morbidity and worsening health inequalities compounded by high levels of deprivation.
- 2.2 The messages coming out nationally are clear: investment will not be enough, we need reform. We are expecting the 10-year plan to have radical implications for the NHS operating model, with money attached to health outcomes, digital infrastructure and technology, and financial flows driving funding from hospital to community. NHS Trusts will have earned autonomy, with leaders held to account for delivering outcomes and contracts that insist on collaboration with local health and care partners. We also know that ICBs will operate on a larger footprint. A national model ICB blueprint describes the likely functions and responsibilities that will be undertaken in future by ICBs and those that could be retained at place or provider level.
- 2.3 We have 2 well-established place partnerships in OneWolverhampton and Walsall Together. The partnership, ambition and infrastructure already exist that will enable delivery of this agenda and maximise the intended benefits. Under the Communities strategic objective, the place partnerships drive integrated care, address health inequalities and deliver care closer to home.
- 2.4 It is essential that place-based health and care partners work at pace over the coming weeks and months to develop appropriate governance structures to prepare for potential additional responsibilities. This paper provides an update on progress with this preparation across both places.

3. OneWolverhampton Update

- 3.1 OneWolverhampton is preparing for a significant shift in structure and culture to meet the evolving demands of integrated care, one that will capitalise on the mature relationships fostered within the partnership. With the national direction increasingly favouring

accountable care models (although terminology may vary in the forthcoming 10-Year Plan) there is collective recognition that current arrangements are insufficient to meet future ambitions.

3.2 **Next Steps**

Following June's Board development session, the partnership has outlined a number of key next steps and an outline vision for what successful accountable care would look like in Wolverhampton.

3.3 **Proposed Model**

3.4 It is recognised that partnership working must foreground all work in this space and, as such, a proposed model is likely to focus on delivery through an Accountable Care Partnership (ACP) model, with an Accountable Care Organisation (ACO) taking a hosting role. It was noted that the host role would preferably to be taken on either by the City of Wolverhampton Council or the The Royal Wolverhampton Trust. While an ACO is likely to be a statutory requirement, it was agreed that the future direction of travel and commissioning decisions would be made in partnership through the ACP, with the ACO acting as a vessel. This approach will build on the history of successful partnership working in the city.

3.5 Partners are keen to wait for further definition from the 10-year plan to support an informed conversation before formally identifying the ACO for the partnership.

3.6 **Governance and Accountability:**

3.7 To support this approach, it has been agreed that the Place-based Integrated Commissioning Committee (PICC) would require strengthening. The ambition is to support greater autonomy in decision-making and realise the shift in decisions about care being made as locally as possible.

3.8 Additionally, the Partnership will look to rapidly develop a high-level outcomes framework that triangulates information from the JSNA, existing service-user feedback and intelligence, and likely regional/national outcome measures to guide our work. This will support accountability and ensuring we deliver the likely ambitions of the 10-Year plan.

3.9 **Infrastructure and Resource:**

3.10 The transition requires enhanced capacity in governance, analytics, public engagement, population health management, digital, and project management, among others. A rapid mapping exercise will identify existing capabilities and additional needs, leveraging existing partner strengths where possible. It is anticipated that resource of existing staff across partners would be aligned to the partnership rather than through additional recruitment.

3.11 **Vision, Values and Strategic Alignment**

A refreshed mission, shared values, and collective strategic vision are needed to unify and sustain the partnership. A review of the existing Partnership Agreement and mission

statement ("working together for better health and care") is being undertaken to assess whether these remain appropriate.

3.12 **Governance Considerations**

Given the movement towards democratic accountability for health and care, the role of the Health and Wellbeing Together Board is being actively considered. It is likely to feature in the governance arrangements of the revised partnership while also supporting the partnership by anchoring it within a statutory function.

3.13 **Next Steps**

Action leads have been identified to develop governance frameworks, resource alignment, assurance processes, and refreshed partnership values.

3.14

At the development session, the overwhelming sense was that Wolverhampton is well-placed to lead in accountable care development, leveraging its strong foundation of trust and collaboration. With a clear strategic shift and the right governance, infrastructure, and culture in place, the partnership can build a sustainable, integrated system that better serves the city's residents.

4. Walsall Together Update

4.1

Walsall Together is long standing and successful with formal recognition in the form of awards as well as a high profile nationally. There is a strong culture of collaboration that is clear to those that visit us and is a source of pride across our workforce from board members through to our frontline teams. We recognise that to improve health and wellbeing outcomes is something that cannot be achieved by any single organisation. The quality of care and support is vastly improved by working together. Our staff tell us that they like to work this way, and we know that working in a more joined up way reduces waste and duplication, so makes better use of our resources. We want to be bold in our response to the current opportunities, whilst ensuring we don't lose sight of why we work together in this way and the progress made to date.

4.2

There are 2 main elements to the current Walsall Place governance model: 1) statutory or strategic commissioning; and 2) delivery (integrated tactical commissioning, transformation and provision). Walsall Together is the delivery vehicle, and the partnership governance operates under a Host Provider model, with Walsall Healthcare NHS Trust acting as the host organisation. There is an established Partnership Board, which is a formal sub-committee of the Walsall Healthcare Trust Board, and a hosted management structure which sits within the framework of the Trust's corporate structure. The partnership board membership has delegated decision making authority (within individual schemes of delegation) with representation from partner organisations and all organisations have signed an alliance agreement which sets out how we work together to deliver improved health and wellbeing outcomes.

- 4.3 Recent discussions across the partnership have focussed on creating the conditions (culture and governance) that are needed to improve population-based health and wellbeing outcomes. There are 2 components:
- Governance – strengthening the existing collaborative decision-making and implementing joint accountability; enabling a “left-shift” in resources towards more preventative interventions
 - Delivery – neighbourhood model to improve outcomes and reduce inequalities, connected down into assets in our communities and upwards into intermediate care, unplanned and crisis support
- 4.4 Walsall Together has already established the governance foundations on which it can build a robust accountable care partnership. However, success rests on bringing together key partners including Walsall Healthcare, Walsall Council and General Practice, into a robust and binding integrated care organisation with strong financial governance and transparency, and truly shared decision-making around shaping service models, managing delivery and redistribution of system-allocated resources.
- 4.5 Next Steps:
- Walsall Together Partnership Board development session – 2nd July
 - Integrated Care Board development session extended invitations to provider place Execs – 3rd July

5. Recommendations

- 5.1 The RWT/WHT Group Trust Board Meeting to be held in Public is asked to:
- a. Acknowledge the progress being made towards the delivery of Accountable/Integrated Care or equivalent models
 - b. Take assurance on the progress being made by the place partnerships in improving the health and wellbeing of our communities

| | |
|----------------------------|---------------|
| Tier 1 - Paper ref: | Enclosure 8.4 |
|----------------------------|---------------|

| | |
|------------------------------|--|
| Report title: | Health Inequalities Report |
| Sponsoring executive: | Stephanie Cartwright, Group Chief Community and Partnerships Officer and Dr Jonathan Odum, Group Chief Medical Officer |
| Report author: | Stephanie Cartwright, Group Chief Community and Partnerships Officer and Dr Kate Warren, Consultant in Public Health |
| Meeting title: | Group Trust Board – held in Public |
| Date: | 15 July 2025 |

| |
|---|
| 1. Summary of key issues/Assure, Advise, Alert |
| Following the approval of the Joint Health Inequalities Strategy 2024-27, a Joint Health Inequalities Steering Group has been established to provide oversight for both Trusts. This report aims to provide an overview of progress against the Strategy's Delivery Plan during the period February to May 2025. We are holding five themed meetings per year, aligned with key domains in the Delivery Plan, which remains a live document that is updated following each meeting. The steering group has broad representation. There is currently no dedicated resource for the delivery of the programme, although leadership and coordination are provided by RWT Public Health and Chief Medical Office. |

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

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

| |
|--|
| 4. Recommendation(s)/Action(s) |
| The RWT/WHT Group Trust Board Meeting to be held in Public is asked to: |
| a) Note the progress made against the Delivery Plan |
| b) Complete the NHS Providers Board self-assessment tool for Health Inequalities, facilitated by Consultant in Public Health (RWT) |

| 5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i> | | |
|--|--------------------------|---------------------------------|
| Group Assurance Framework Risk GBR01 | <input type="checkbox"/> | <i>Break even</i> |
| Group Assurance Framework Risk GBR02 | <input type="checkbox"/> | <i>Performance standards</i> |
| Group Assurance Framework Risk GBR03 | <input type="checkbox"/> | <i>Corporate transformation</i> |
| Group Assurance Framework Risk GBR04 | <input type="checkbox"/> | <i>Workforce transformation</i> |
| Group Assurance Framework Risk GBR05 | <input type="checkbox"/> | <i>Service transformation</i> |
| Corporate Risk Register [Datix Risk Nos] | <input type="checkbox"/> | |
| Is Quality Impact Assessment required if so, add date: | | |
| Is Equality Impact Assessment required if so, add date: | | |

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Walsall Healthcare NHS Trust

Report to the RWT/WHT Group Trust Board Meeting to be held in Public on 15 July 2025

Health Inequalities Report

1. Executive summary

Following the approval of the Joint Health Inequalities Strategy 2024-27, a Joint Health Inequalities Steering Group has been established to provide oversight for both Trusts. This report aims to provide an overview of progress against the Strategy's Delivery Plan during the period February to May 2025. We are holding 5 themed meetings per year, aligned with key domains in the Delivery Plan, which remains a live document that is updated following each meeting. The steering group has broad representation. There is currently no dedicated resource for the delivery of the programme, although leadership and coordination are provided by RWT Public Health and Chief Medical Office.

2. Introduction

- 2.1 Prevention (February): Tobacco dependency teams are established on both acute sites but are limited in capacity due to ICB funding reductions. Both teams are working with respective Public Health departments to access additional funds from the Smoke Free Generation Grant, which is supporting ED tobacco dependency support at Walsall Manor and the Swap to Stop vaping harm reduction programme in Wolverhampton. Alcohol Care Teams are established on both acute sites. Wolverhampton has secured £100,000 from the Public Health department to pilot nursing posts in ED looking at holistic support where social complexities impact on the attendance. Challenges remain with delivery of Brief Advice training for high turnaround staff groups. Examples of good practice in increasing vaccination uptake were shared by Maternity.
- 2.2 Research and Development (April): Plans to bring more investment into the area were shared; these must enhance research in areas that are important for local populations. Findings of RWT studies were shared on digital exclusion amongst staff, and capturing data on wider determinants of health in electronic health records (systematic review and Delphi study). Colleagues from Paediatrics, Rheumatology and Community Connexions presented their perspectives on recruiting people from all ages, ethnicities and socioeconomic backgrounds and data on representation by deprivation and ethnicity at both sites was reviewed, with a view to learning how to improve representation.
- 2.3 Forward plan
- June meeting – Inclusive services - covering EDI midwives' update, trans-inclusive sexual health services, women's health engagement findings, diabetes and health inequalities in Walsall Together.
- September meeting – Information – covering digital exclusion, Information Team update on equalities monitoring, health literacy.

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November meeting – Leadership and accountability – covering joint working with Place-based partnerships, training and education, annual report supplements.

2.4 Delivery Plan

The Joint Enabling Strategy contained an initial Delivery Plan. This remains a live document that is updated following each meeting, and as new actions and priorities are added as they are identified by the Group. The latest version is included on the following pages.

3. Recommendations

3.1 The RWT/WHT Group Trust Board Meeting to be held in Public is asked to:

- a. Note the progress made against the Delivery Plan
- b. Complete the NHS Providers Board self-assessment tool for Health Inequalities, facilitated by Consultant in Public Health

Stephanie Cartwright
Group Chief Community and Partnerships Officer

26 June 2025

Delivery Plan – version 2 (June 2025)

| Ref | Objective | Action | Owner | Deadline | Measures of Success | Progress Notes - December 2024 | Progress Notes - June 2025 |
|-----|-----------------------------|---|--|----------------------------|---|---|---|
| 001 | Leadership & Accountability | Trust Board approval of Joint Strategy | Stephanie Cartwright | Complete | Board approval | Achieved | |
| 002 | | Prepare robust data sets required by NHSE for supplementary reports to Annual Reports | Kate Warren Jonathan Odum Stephanie Cartwright | Ongoing | Board approval | | Wolverhampton - The 2023/24 report is complete and published. Walsall - The 2023/24 report was produced, but not all required information was available. The 2024/25 reports will be brought to the November meeting for sign-off. |
| 003 | | Increase engagement and awareness of Health Inequalities across the Trust Collaborate with Communications team to showcase and promote health inequalities work to increase awareness, education and empower staff to take action within their areas | Heidi Burn Helen Billings | Rolling program me of work | Board engagement evaluated with the NHS Providers' self assessment tool Social media engagement Key message delivery in staff briefings | Meeting arranged to discuss joint approaches across WHT and RWT | Comms campaign for the strategy launch, including a week-long social media push, complete. Staff engagement showcase event and presentations at various staff forums concluded, and findings integrated back into our workstreams. More communications support is needed going forward. Plan to complete and discuss findings of Board self-assessment tool in November meeting. |

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| Ref | Objective | Action | Owner | Deadline | Measures of Success | Progress Notes - December 2024 | Progress Notes - June 2025 |
|-----|--|--|---|-------------|--|--|--|
| 004 | | Upskill the RWT workforce to identify and address issues relating to inequalities RWT to develop and launch training and education package for staff | Kate Warren Hannah Murdoch | Spring 2025 | Uptake of e-learning module | Health Education England grant secured and local e-learning packages produced by Public Health and Education team. | The e-Learning module is live, but communications support is needed. Promoted in various meetings but uptake is still low. Setting up an operational network for frontline staff with Health Inequalities or public health in their roles, which could be used to cascade messaging. |
| 005 | Prevention - Tobacco Dependency Services | Establish pathways with local authority commissioned providers within the local community. | Laura Harper Ami Whiston Alison Yates | Complete | Number of quit attempts | In place in Walsall. | In place in Wolverhampton. Quit rates (35% min. standard): 42% at RWT 45% at WHT |
| 006 | | Collaboration with Wolverhampton Public Health to introduce the 'Swap to Stop' campaign | Laura Harper Ami Whiston | Complete | 28 day quit rate | | Wolverhampton's initiatives are in place, with current efforts focused on Maternity and community provision. |
| 007 | | Implement and evaluate WHT tobacco dependency service within ED | Alison Yates | Winter 2025 | Proportion of quit attempts from 20% most deprived postcodes | | Funding secured, implementation ongoing. |
| 008 | | Development of a dashboard to review data re inequalities to inform future provision | Laura Harper Ami Whiston | Complete | | In place. PharmOutcomes/NHS Futures Tobacco Dependence Dashboard | Newcross – Provision on 10 wards 88% of patients screened (vitals) 90% smokers offered treatment Walsall – service available to all wards, but no systematic screening in place. |
| 009 | Inclusive Services - Maternity services | Expand Midwifery Continuity of Carer Model to focus within the most deprived locations within the city | Kate Cheshire | Spring 2026 | Consistently achieve 70% bookings by 10 weeks | Paused until staffed to Birthrate Plus. Most vulnerable women under vulnerable | EDI midwives presented comprehensive update on reach and focus of targeted provision, including ethnic minorities, new to the country, LGBTQ and deprived areas. |

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Walsall Healthcare NHS Trust

| Ref | Objective | Action | Owner | Deadline | Measures of Success | Progress Notes - December 2024 | Progress Notes - June 2025 |
|-----|--------------------------------------|---|--|-------------|--|--|---|
| | | | | | | women's team and receive continuity. | |
| 010 | | Share the results of the interpreting audits from RWT with the EDI team as an example of good practice. | Sunita Banga | Winter 2025 | | | |
| 011 | | Saving Babies Lives Care Bundle (SBLCB) delivery including reduction in stillbirth rates | Joselle Wright | Complete | Reduced smoking rate at time of birth | SBLCB full implementation self assessment currently sits at 97% | |
| 012 | | Work with Walsall Housing Group and wider voluntary/community sector on increasing ante-natal attendance and implementation of poverty proof concept | | Complete | Full implementation monitored via the LMNS and NHSE | The EDI midwife is continuing to work on this area within the NASH Dom centre in Walsall. Antenatal attendance is not a concern | |
| 013 | Prevention - Healthy Child Programme | Population health needs analysis to inform development and evaluation of the family hubs programme and Public Health commissioned service | Kate Warren Kate Jenks Jess Wood | Complete | Full implementation of inequalities dashboard and service sign off | | Uptake of mandated checks and development outcomes broken down by ethnicity and deprivation and shared with team and Public Health. |
| 014 | | Phase 2 developments for the 0-19 dashboard include building on the patient attributes with items such as breast feeding, universal plus, special education needs, children in need, social | Sarbjit Uppal Kate Jenks Jess Wood | Winter 2025 | | Phase 1 dashboard is live. Data validation is ongoing. Challenges of setting up and using inequalities data, not anticipated to be an easy roll out to other | Work expected to start October 2025 once the new EPR system is live. |

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| Ref | Objective | Action | Owner | Deadline | Measures of Success | Progress Notes - December 2024 | Progress Notes - June 2025 |
|-----|---------------------------------------|---|---------------------------|--|--|---|---|
| | | emotional and mental health scores and various other patient cohorts | | | | areas. Lessons learned will be shared at the steering group. | |
| 015 | Prevention - RWT Primary Care Network | Place-based engagement including Rough Sleeper project and Asylum seeker access to healthcare. Primary Care group to agree measurable outcomes. | Anna Stone Lisa Parker | Ongoing | Full evaluation reports published Audit against Core20plus5 framework targets | Operational pressures led to exit of rough sleeper project. Asylum seeker SLA still live - working with Public Health, Serco and ICB to review and update the specification. | Bring to a future steering group meeting for updates and evaluation findings. |
| 016 | | Website development: to include 'New to the UK' landing page to support vulnerable populations accessing healthcare | Anna Stone Lisa Parker | Winter 2024 | | In play being completed early 2025 | Update to be provided at September (Information) meeting. |
| 017 | | Evaluation of Online Triage usage to evaluate potential inequity of access | Anna Stone Lisa Parker | Rolling programme with each Practice to begin in Winter 2024 | | All Practices are now live. Patients are still able to call their surgery or visit their practice where staff will support completion. All requests to access a GP appointment are treated in an equitable way. | 75% think it is very or fairly easy to book an appt, 69% think TT has improved their and 77% think TT is a more fair approach. Standardised reporting metrics in development, to include splits by non-English speakers, older patients. Update to be requested for future meeting. |

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| Ref | Objective | Action | Owner | Deadline | Measures of Success | Progress Notes - December 2024 | Progress Notes - June 2025 |
|-----|--------------------------|--|----------------------------|-------------|--|---|---|
| 018 | | Engagement with OneWolverhampton to continue work and standards set out within CORE20PLUS5 including vaccinations and screening | Anna Stone Lisa Parker | Complete | | Work to address uptake has been carried out, including outreach to residential settings for those new to the country | Taken forward under the new One Wolverhampton prevention workstream |
| 019 | Research and Development | Work with the University to create a better local economy by creating a clinical trials unit. Creating a Black Country research data hub to understand inequalities and their effects on cohorts with protected characteristics. Promotion of 'bench to bedside research' within our Trusts. | Tonny Veenith | Ongoing | Publication of WODEN research in peer-reviewed journal | 1. CTU: Working with project management to recruit team members 2. Grants: A. Clinical Trial: We propose a clinical trial on inequality, changes requested by the NIHR. B. Decarbonisation Project Grant 3. PhD Studentships: Proposal for three PhD studentships awaiting finance approval | |
| 020 | | Establish a digital exclusion framework for staff training to address issues identified in WODEN survey results | Jo Moore Alvina Nisbett | Complete | Uptake of Digital learning resources | | Findings being taken forward by Digital Innovation Unit |
| 021 | | Team to publish the findings of the WODEN project to support efforts in reducing digital exclusion | | Winter 2025 | | | Manuscript submitted for publication |
| 022 | | Ensure workforce digital capabilities are fully integrated and addressed during the EPR implementation | | Winter 2025 | | | |

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

| Ref | Objective | Action | Owner | Deadline | Measures of Success | Progress Notes - December 2024 | Progress Notes - June 2025 |
|-----|-------------------------------|--|----------------------------------|---------------|---|--|---|
| 024 | | Team to identify ways to amplify the patient voice and expanding patient access to new treatments via clinical trials | Catherine Dexter Sarah Glover | Ongoing | Recruitment by deprivation and ethnicity reported | KPI's to increase PRES (Participant in Research Experience Survey) using ipads and ensure sponsors are providing WHT with Patient information Sheets in languages applicable to Walsall's communities. | April meeting: Recruitment by ethnicity reported. Action agreed to continue the conversation in a sub-group on how best to increase recruitment in under-represented groups, and maximise public involvement, including work with voluntary sector. |
| | Ethnic group | RWT catchment pop % (OHID) | RWT study participants % 24/25 | | WHT catchment pop % (OHID) | | WHT study participants % 24/25 |
| | White | 83 | 71 | | 75 | | 82 |
| | Black | 3 | 5 | | 5 | | 7 |
| | Asian | 10 | 15 | | 15 | | 6 |
| | Mixed | 2 | 1 | | 3 | | 2 |
| | Other | 1 | 1 | | 1 | | 1 |
| 025 | OneWolverhampton | To establish clear roles and responsibilities of the OW group and develop robust processes to ensure no duplication of efforts | Heidi Burn | Complete | One Wolverhampton Board sign off | The OW Group has now been stood down with a HEAT assessment process embedded across all strategic working areas. The findings will be reported to the OW Board. | The consultant in public health for RWT reviews each HEAT tool to ensure that there is no duplication of efforts. |
| 026 | Walsall Together | Further embed the WHT priorities into the place health inequalities programme to avoid duplication and enhance progress | Helen Billings | December 2024 | Walsall Together Board sign off | Discussion planned for February 2025 meeting | Agenda item for November Meeting: changing roles of place based partnerships and implications for inequalities programmes. |
| 027 | Prevention - Substance Misuse | Implement and evaluate substance misuse nurses for ED | Carolyn Musgrave | December 2026 | | | Vitals system implementation increased alcohol screening from 25% to 73% at Newcross. |

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

| Ref | Objective | Action | Owner | Deadline | Measures of Success | Progress Notes - December 2024 | Progress Notes - June 2025 |
|-----|---|---|--------------|---------------|---------------------|--------------------------------|--|
| | | | | | | | Walsall using ASK Earl in ED – 2460 screened in latest quarter |
| 028 | Inclusive Services - Trans Inclusive Healthcare | Collate and circulate information about training available for staff to improve awareness of Trans inclusive healthcare | Carl Halford | December 2025 | | | |

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Integrated Performance Report

Walsall Healthcare NHS Trust

May 2025 (Month 2)

Report to the RWT/WHT Group Trust – held in Public

15 July 2025

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



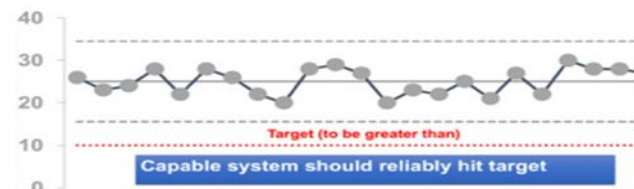
Care Colleagues
Collaboration Communities

How to Interpret SPC (Statistical Process Control) charts

| Variation | | | Assurance | | | | |
|--------------------------------------|---|--|--|---|--|--|---|
| Common Cause | Concern | Improvement | Inconsistent | Achieving | Not Met | No Target | Not Enough Points |
| Common cause - no significant change | Special cause of concerning nature or higher pressure due to Higher or Lower values | Special cause of improving nature or higher pressure due to Higher or Lower values | Variation indicates inconsistently hitting passing and failing short of the target | Variation indicates consistently Passing the target | Variation indicates consistently Falling short of the target | No target has been set for this metric | There are not enough points to generate the Variation & Assurance information |

The position of a target line in relation to the process limits will inform you if your indicator can hit a target or threshold consistently, by random chance, or not at all.

If your target line is in between the process limits be cautious about reacting to success (green) and failure (red) when natural variation may be causing the target to be passed or failed. Remember that approximately 99% of data points should fall within the process limits. These graphs will help guide your action:



Care Colleagues
Collaboration Communities

Managing Director Summary

Walsall Healthcare NHS Trust delivered a financial position ahead of plan as at Month 2, with the Trust focusing on managing within the 2025/26 budget and Use of Resources Plan. The Trust have successfully closed 45 beds at the Manor Hospital. The Trust received the formal outcome of the CQC inspection of Critical Care services, for which we received an overall rating of Requires Improvement; an improvement plan is already in place to address areas identified.

The Health Care Support Worker B2-B3 job description and job banding review process, following a Unison-led ballot, has been completed and accepted by staff. Assimilation and back pay will take place in July,

Quality and safety continue to be at the forefront of what we do. Improvements have been made in timeliness of patient observations, hospital mortality rates, and sepsis screening. The Trust is identified as an outlier for CDI and will participate in a planned system-wide peer review initiative alongside the remaining BC Acute Trusts led by the ICB. Mental Health presentations reflect an increasing trend and are spending longer in the Emergency Department. Despite this challenge, the Trust have secured agreement for Responsible Clinician (RC) support within the Trust, enhancing legal capacity to detain under the Mental Health Act (MHA).

Performance against the Constitutional Standards remains strong, with the Trust ranking within the national upper quartile across Urgent & Emergency Care, Elective Care and Cancer. May saw the Trust deliver the best Referral to Treatment performance in the Midlands for the seventh consecutive month, as well as return to the top spot for Ambulance Handover performance within the West Midlands. Focus will be given to making improvements in diagnostic access, with a focus on Ultrasound, Cardiac Physiology and Audiology.



Balanced Scorecard

| Quality and Patient Safety | Target / Limit | Previous Month | Current Month | Latest Time Period | 19/20 Same Period | Variation | Assurance |
|--|----------------|----------------|---------------|--------------------|-------------------|-------------------|-------------------|
| Patient falls - rate per 1,000 occupied bed days | 4.50 | 3.02 | 3.64 | May-25 | 5.17 | Common Cause | Inconsistent |
| Pressure ulcers per 1,000 occupied bed days | 1.50 | 2.01 | 2.65 | May-25 | - | Concern | Inconsistent |
| Community acquired pressure ulcers per 10,000 population | 0.90 | 0.62 | 0.79 | May-25 | - | Common Cause | Inconsistent |
| Observations on time (Trust wide) | 90.00% | 87.92% | 88.98% | May-25 | - | Common Cause | Inconsistent |
| VTE risk assessment - % within 14 hours | 95.00% | 88.77% | 88.19% | May-25 | - | Common Cause | Not Met |
| Sepsis screening - ED | 90.00% | - | - | - | - | Not Enough Points | Not Enough Points |
| Sepsis screening - Inpatients | 90.00% | - | - | - | - | Not Enough Points | Not Enough Points |
| Mental health patients spending over 24 hours in A&E | 0 | 30 | 35 | May-25 | 0 | Concern | Not Met |
| Clostridioides difficile | 4 | 4 | 5 | May-25 | 3 | Common Cause | Inconsistent |
| MRSA Bacteraemia | 0 | 0 | 0 | May-25 | 0 | Common Cause | Inconsistent |
| Number of complaints as a % of admissions | 0.50% | 0.40% | 0.27% | May-25 | - | Improvement | Inconsistent |
| FFT recommendation rates - Trust wide | 92.00% | 92.00% | 93.00% | May-25 | - | Improvement | Inconsistent |
| Care hours per patient - total nursing & midwifery staff actual | - | 7.9 | 7.6 | May-25 | - | Common Cause | No Target Set |
| Care hours per patient - registered nursing & midwifery staff actual | - | 4.5 | 4.4 | May-25 | - | Common Cause | No Target Set |
| SHMI | 1.00 | 0.95 | 0.96 | Jan-25 | 1.08 | Improvement | Achieving |
| Never events | 0 | 0 | 0 | May-25 | 0 | Common Cause | Inconsistent |

| Operational Performance | Target / Limit | Previous Month | Current Month | Latest Time Period | 19/20 Same Period | Variation | Assurance |
|--|----------------|----------------|---------------|--------------------|-------------------|--------------|--------------|
| 18 Weeks RTT - % Within 18 Weeks - Incomplete | 73.04% | 69.61% | 70.02% | May-25 | 91.04% | Improvement | Not Met |
| 18 Weeks RTT - 52 wk breaches as a % of PTL | 1.00% | 0.36% | 0.30% | May-25 | 0.00% | Improvement | Not Met |
| 18 Weeks RTT - Total Incomplete PTL | 26155 | 28560 | 28391 | May-25 | 14338 | Improvement | Not Met |
| Cancer - 28 Day Faster Diagnosis | 80.00% | 88.75% | 87.42% | Apr-25 | - | Improvement | Inconsistent |
| Cancer - 31 Day Treatment | 96.00% | 96.70% | 98.77% | Apr-25 | 100.00% | Common Cause | Inconsistent |
| Cancer - 62 Day Referral to Treatment | 75.00% | 85.07% | 78.13% | Apr-25 | 77.13% | Improvement | Inconsistent |
| No. of patients no longer meeting the Criteria to Reside | 68 | 48 | 37 | May-25 | - | Common Cause | Achieving |
| Diagnostics - % within 6 weeks from referral | 95.00% | 80.11% | 73.90% | May-25 | 93.52% | Concern | Not Met |
| Total Time Spent in ED - % over 12 Hours | 2.00% | 6.66% | 4.16% | May-25 | 3.17% | Common Cause | Inconsistent |
| Total Time Spent in ED - % within 4 Hours | 78.00% | 75.82% | 79.53% | May-25 | 80.68% | Common Cause | Inconsistent |

| Finance | Target | Previous Month | Current Month | 19/20 Same Period | Variation | Assurance |
|--------------------------------------|---------|----------------|---------------|-------------------|---------------|-----------|
| Surplus/(Deficit) (£'000) - in month | (1,905) | (1,199) | (750) | 0 | Improvement | Achieving |
| Surplus/(Deficit) (£'000) - YTD | (4,395) | (1,199) | (1,949) | 86 | Deterioration | Achieving |
| Surplus/(Deficit) (£'000) - FOT | 0 | 0 | 0 | 50 | - | Achieving |
| ERF (£'000) - in month | 5,937 | 5,246 | 6,146 | N/A | Improvement | Achieving |
| ERF (£'000) - YTD | 11,561 | 5,246 | 11,392 | N/A | Concern | Not Met |
| ERF (£'000) - FOT | | | | N/A | | |
| Efficiency (£'000) - in month | 502 | 1,725 | 1,676 | 625 | Deterioration | Achieving |
| Efficiency (£'000) - YTD | 1,021 | 1,725 | 3,402 | 1,405 | Improvement | Achieving |
| Efficiency (£'000) - FOT | 30,076 | 30,076 | 30,076 | 8,515 | - | Achieving |
| Capital (£'000) - YTD | 2,258 | 249 | 514 | 1,177 | Concern | Not Met |
| Capital (£'000) - FOT | 15,055 | 1,129 | 1,129 | 11,704 | Concern | Not Met |
| Cash (£'000) - in month | 11,610 | 32,665 | 33,892 | 1,083 | Improvement | Achieving |
| Cash (£'000) - FOT | 6,652 | 17,290 | 11,610 | 9,056 | Deterioration | Achieving |

| Workforce Performance | Target / Limit | Previous Month | Current Month (Latest Available) | Latest Time Period | Variation | Assurance |
|--------------------------------------|----------------|----------------|----------------------------------|--------------------|--------------|--------------|
| Substantive (WTE) Trust | 4590.22 | 4570.31 | 4552.29 | May-25 | Concern | Achieving |
| Agency (WTE) Trust | 16.74 | 14.51 | 10.87 | May-25 | Improvement | Not Met |
| Bank (WTE) Trust | 512.98 | 452.83 | 453.81 | May-25 | Common Cause | Inconsistent |
| Vacancy Rate | 6.00% | 10.61% | 10.67% | May-25 | Concern | Inconsistent |
| Turnover Rate (12 Months) | 10.00% | 9.24% | 9.09% | May-25 | Improvement | Not Met |
| Retention Rate (12 Months) | 90.00% | 81.87% | 82.73% | May-25 | Improvement | Not Met |
| Sickness Absence (Rolling 12 Months) | 5.00% | 6.79% | 6.76% | May-25 | Concern | Not Met |
| Appraisals | 90.00% | 74.05% | 72.52% | May-25 | Concern | Not Met |
| Statutory & Mandatory Training | 90.00% | 90.15% | 90.58% | May-25 | Improvement | Inconsistent |

Quality, Safety & Patient Experience | Executive Summary

Falls per 1,000 Bed Days

- **Falls rate increased** to 3.64 per 1,000 bed days in May 2025 (up from 3.02 in April), though it remains within expected variation and below the national mean (6.1 per 1,000) per the Royal College of Physicians.
- **Two severe harm incidents** were reported: fractured neck of femur and subdural haematoma – both under PSIRF investigation.
- **Improvement actions:** The Falls Prevention Shared Learning Forum continues to use the PSIRF and SEIPS models; triangulated reviews of incidents are underway through divisional safety huddles and Quality Lead scrutiny.

Pressure Ulcers per 1,000 Bed Days

- **Stable incident rates**, but thematic concerns remain regarding lapses in assessments, documentation, and categorisation.
- **Two coroner's cases under review**; one misdiagnosed post-surgical wound, one rapid deterioration from red skin to necrotic ulcer post-fall.
- **Improvement actions:** Targeted audit programme led by Tissue Viability; mattress task and finish group established; enhanced training and SOP reviews initiated.

Observations on Time

- **Overall timeliness** reached 88.98%, including ED (up from 87.92%), and 91.97% excluding ED in May 2025.
- **ED performance remains below target** at 67%, contributing to MLTC's underperformance.
- **Improvement actions:** Ongoing review of observation frequency parameters in ED; continued support from divisional confirm-and-challenge processes.

VTE Risk Assessment

- **Compliance decreased** to 88.19% in May (down from 90.71% in April), remaining below the national target.
- **Improvement actions:** Monthly reporting to Divisional and Clinical Directors; increased scrutiny via the Trust Thrombosis Group and reporting at 14-hour thresholds embedded, improvement in workflow

SHMI (Summary Hospital-level Mortality Indicator)

- **Latest data available:** January 2025 – SHMI recorded at 0.95, a continued improvement from 0.96 in October 2024.
- **Improvement actions:** Learning from the deaths process continues to be embedded, with the Mortality Surveillance Group reviewing structured judgment reviews. Focus remains on thematic learning and reducing avoidable deaths.

Authors



Lisa Carroll (Chief Nursing Officer)



Zia Din (Chief Medical Officer)

Quality, Safety & Patient Experience | Executive Summary Cont.

Sepsis Screening – Emergency Department

- **Improved compliance:** 89.86% of ED patients received antibiotics within one hour in May (up from 84.04% in April).
- **Improvement actions:** Continued reinforcement of timely bundle completion has led to positive trends in de-escalation.

Sepsis Screening – Adult Inpatients

- **Slight improvement:** 84.38% compliance in May 2025 (83.95% in April).
- **Improvement actions:** Ongoing education and prompt bundle completion are promoted; inpatient screening remains a focus within the deteriorating patient agenda.

Clostridioides difficile Infection (CDI)

- **5 HOHA C. difficile cases** reported in May 2025; national target for 2025/26 set at 67.
- **Trust identified as an outlier** regionally for CDI by ICB and NHSE.
- **Improvement actions:** Participation in system-wide peer review initiative led by Regional IPC Lead to identify and address contributing factors.

Care Hours Per Patient Day (CHPPD)

- **Decreased to 7.6 in May** (from 7.9 in April).
- **Improvement actions:** CHPPD is stabilising following reductions due to agency control measures; quality trends are being monitored alongside red flag incidents and safe staffing oversight.

FFT Recommendation Rate – Trust Wide

- **Current position:** 93.00% in May 2025, slightly above the Trust's target of 92.00% (previous month: 92.00%).
- **Improvement actions:** Divisional patient experience leads continue to monitor FFT returns and address thematic concerns. Work is underway to enhance the use of digital collection tools and increase response rates from underrepresented groups.

Complaints as a Percentage of Admissions

- **Current position:** 0.27% in May 2025, an improvement from 0.40% in April and lower than the internal threshold of 0.50%.
- **Improvement actions:** A revised complaints training programme has been implemented, and lessons learned from upheld complaints are disseminated through Quality & Safety Huddles. The Patient Experience Group tracks Complaint response timeliness and quality.

Authors



Lisa Carroll (Chief Nursing Officer)



Zia Din (Chief Medical Officer)



Care Colleagues
Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary Cont.

Midwife-to-birth ratio

- **Current position:** The current midwife-to-birth ratio at Walsall Healthcare NHS Trust is 25.5:1, which is below the national benchmark set by Birthrate Plus (28:1).
- **Improvement Actions:** Continue to engage with regional maternity networks to address workforce recruitment and retention issues. Monitor compliance and staffing impact through Local Maternity and Neonatal System (LMNS) reporting.

Medication Errors - % causing harm

- **Current position:** 9.09% of errors result in harm, the majority of harm is categorised as low harm. In April 2025, we had one moderate harm (an insulin omission), which is being investigated via the divisional governance process.
- **Improvement Actions:** Themes are identified and actions developed and supported under the Safe Medication Pillar of the Quality Framework 2025-28.

Mental Health Patients Spending Over 24 Hours in ED

- **Current position:** 35 patients spent over 24 hours in the Emergency Department in May 2025, up from 30 patients in April 2025. There is notable deterioration in performance, indicating system-level strain in timely mental health assessments and placements. There is an operational risk posed to patient care and ED flow
- **Underlying Issues:**
 - Ongoing difficulties in securing timely assessments by the Mental Health Liaison Team (MHLT) for adults.
 - Reports of Child and Adolescent Mental Health Services (CAMHS) staff not providing face-to-face assessments, opting for telephone triage only.
 - Extended out-of-hours delays in consultant or middle-grade psychiatric assessments across the Trust.
 - Limited availability of appropriate inpatient mental health beds contributes to prolonged stays.
- **Improvement Actions:**
 - Agreement secured for Responsible Clinician (RC) support within the Trust, enhancing legal capacity to detain under the Mental Health Act (MHA) and escalate patient needs.
 - The Trust Mental Health Team is working in collaboration with external providers, including Black Country Healthcare NHS Foundation Trust, to improve care pathways and share themes and incidents.
 - Pan-Trust training in mental health is delivered to key areas, such as Paediatrics, AMU, and ED, to improve staff confidence and early intervention capability.
 - Ongoing escalation of concerns via the Patient Safety Group and Safeguarding Committee, with oversight from the Executive Nursing and Medical Leads.

Authors



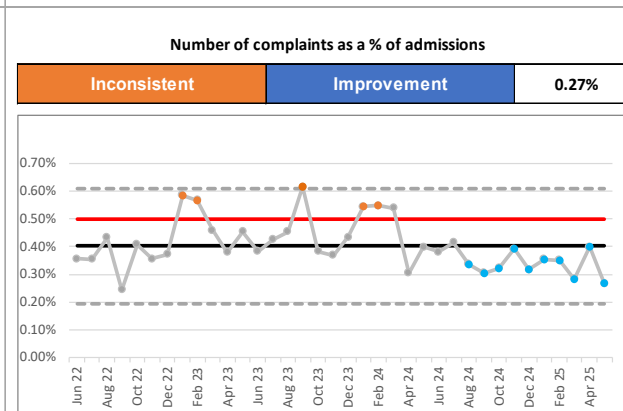
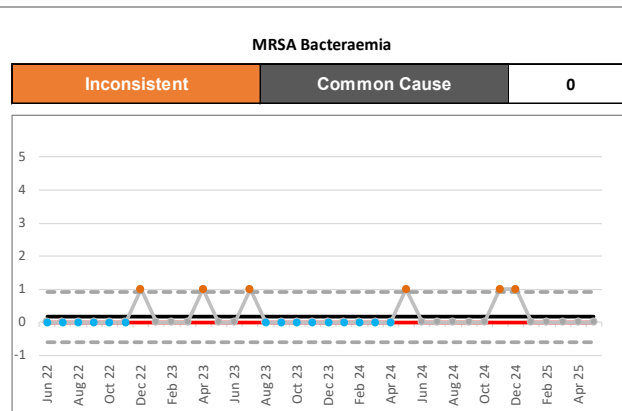
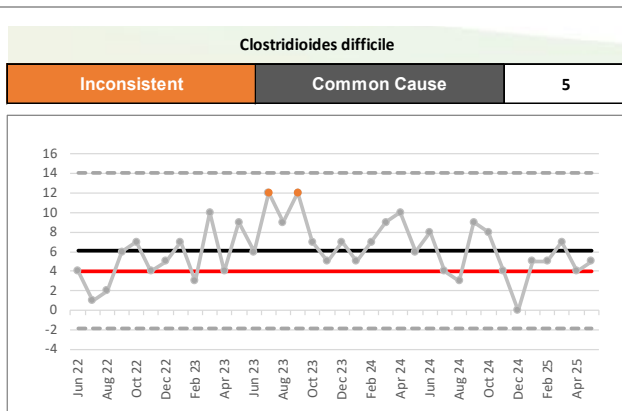
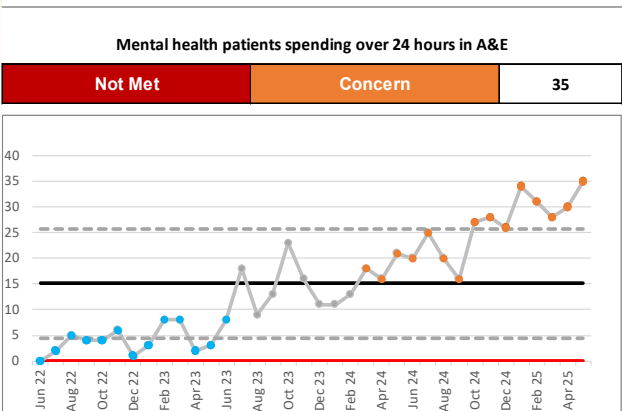
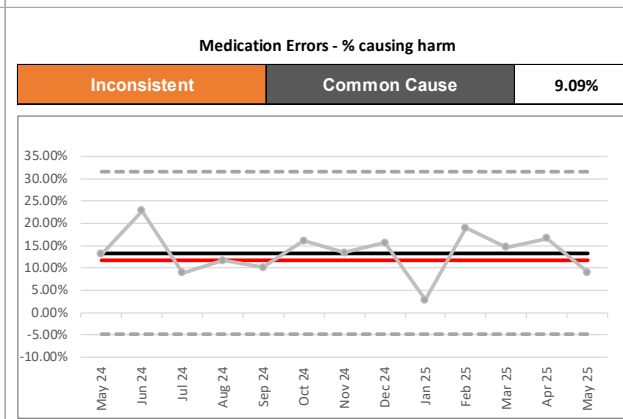
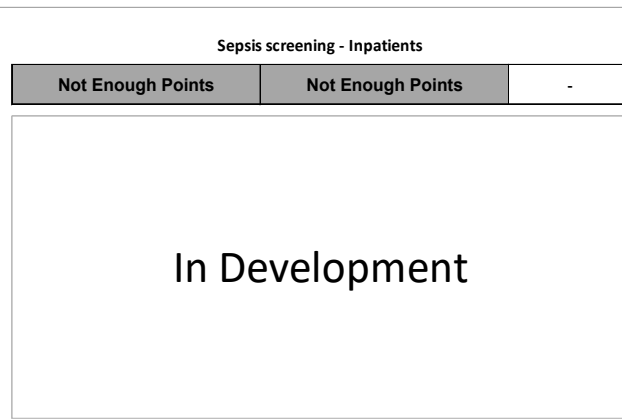
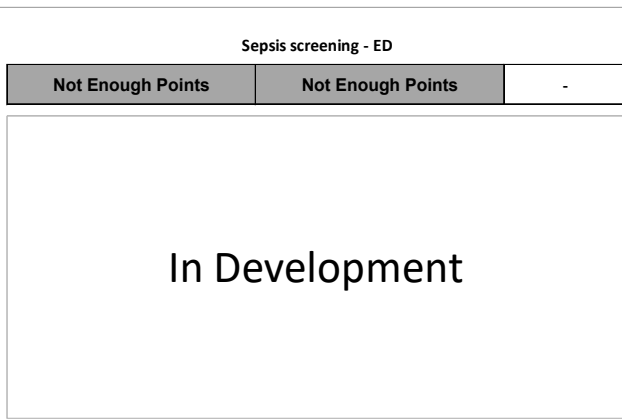
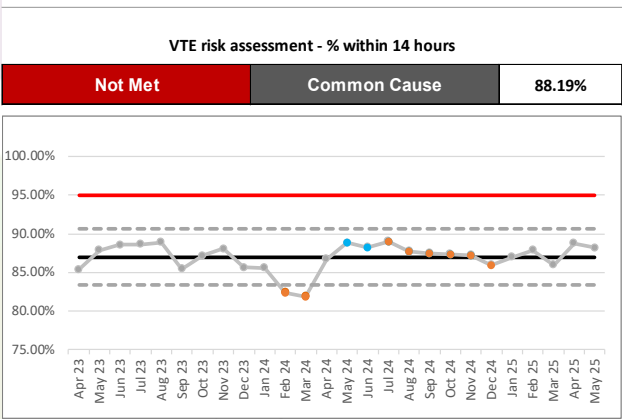
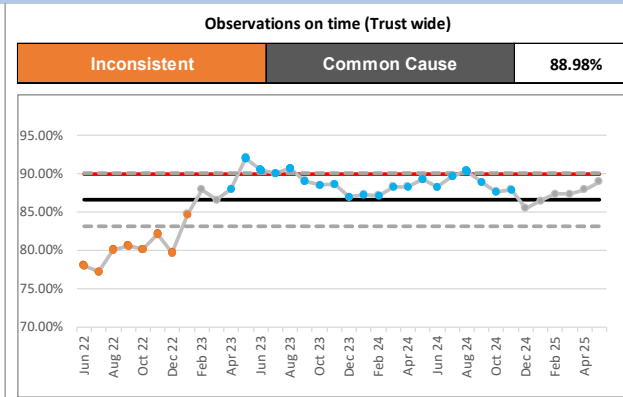
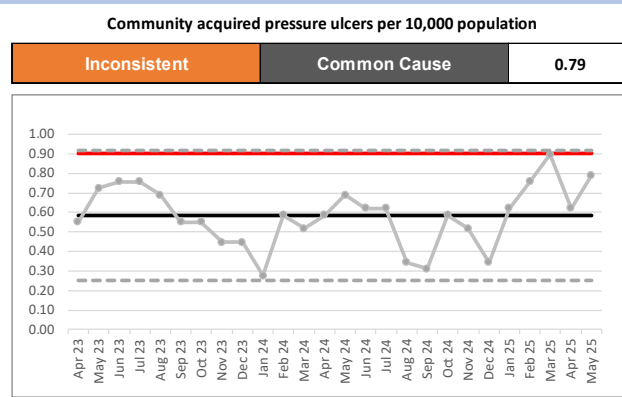
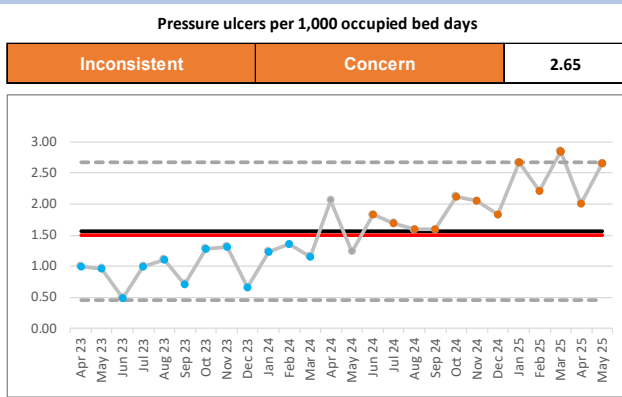
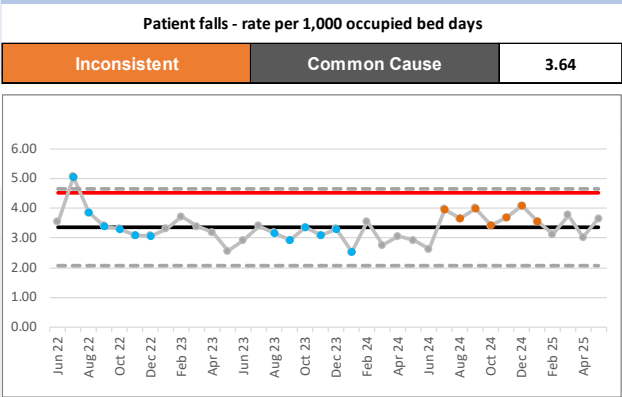
Lisa Carroll (Chief Nursing Officer)



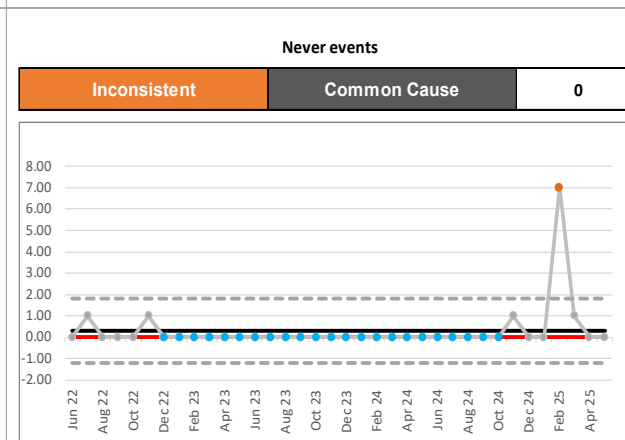
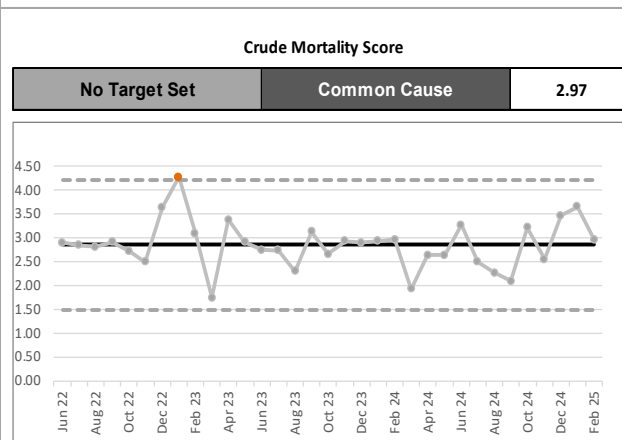
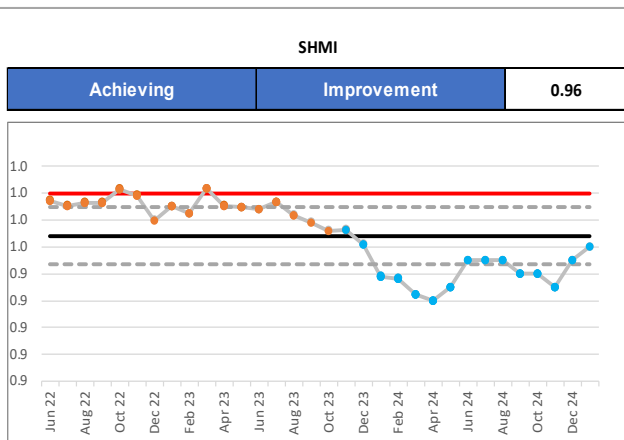
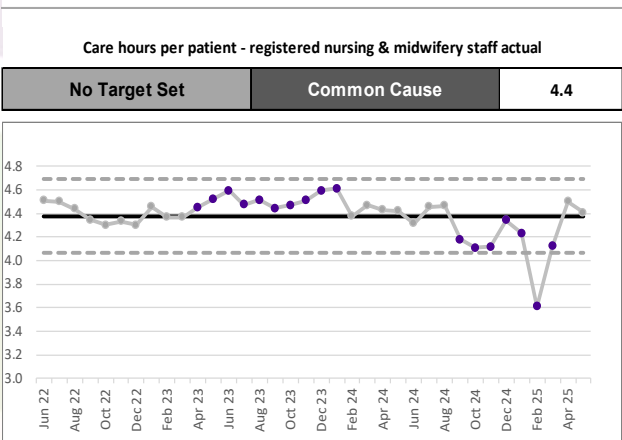
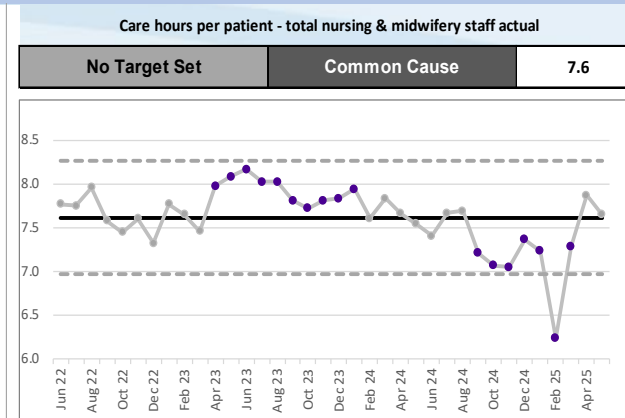
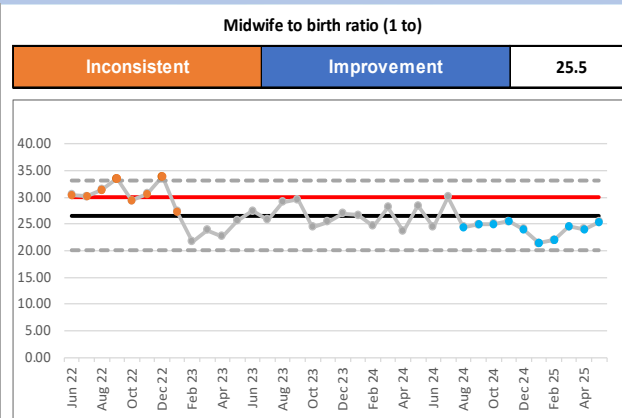
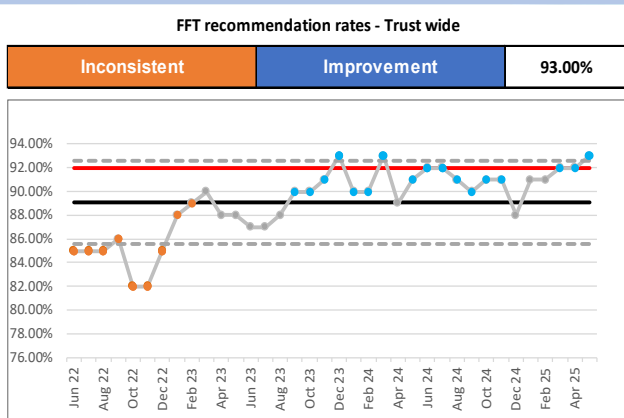
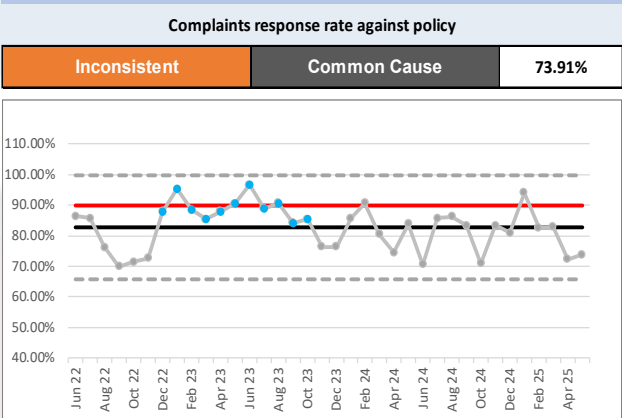
Zia Din (Chief Medical Officer)



Quality, Safety & Patient Experience | Core Metrics



Quality, Safety & Patient Experience | Core Metrics



People | Executive Summary

Performance against Trust 2025/26 Workforce Plan

The workforce reduction achieved in M2 compared to M1 was -22.8 WTE and therefore better than [NHSE] plan comprising of 18.0 WTE substantive staff, 3.1 WTE bank, and 1.7 WTE agency. M12 compared to M2: 109 WTE, comprising 33.0 WTE substantive staff, 63.6 WTE bank, and 12.86 WTE agency.

The 2025/26 workforce plan, submitted to NHSE in March set out a total workforce reduction trajectory of 222 WTE including 92 WTE substantive posts based on schemes identified at the time. To bridge an internal cost improvement gap a further 89 WTE substantive reductions are required and reflected in the Trusts 25/26 financial plan.

Actual performance was a positive variance of -23.09 WTE (better than) plan meaning both the NHSE target and the internal stretch target were achieved.

Performance against Key Workforce Metrics

- The 12-month turnover rate (9.1%) reflects stabilised performance, now achieving the 10% target.
- Despite an increase month on month, assurance can be provided that the 12-month retention rate, currently 92.9%, will meet the 90% target following continued performance trend improvement.
- There is no current assurance of meeting the rolling 12-month sickness absence rate target of 5%, with the rise to 6.8% during May 2025 confirming a worsening performance trend. In Month sickness absence for April and May has been consistent at 5.6% a significant reduction from 6.8% at the end of 24/25.
- The mandatory training compliance rate of 90.6% 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.
- The 3.7% month-on-month reduction in appraisal performance follows the launch of annual appraisal management via MyAcademy in May 2025. Over June and July 2025 appraisal data will be validated to ensure accurate transfer of data from ESR to my academy and with continued compliance against the reviewed exclusion criteria, an 80% compliance rate is targeted by September 2025, increasing to 85% by the end of Q3 and 90% by the end of Q4.

Authors



Alan Duffell
(Group Chief
People Officer)

People | Executive Summary

National

Updated nursing and midwifery job profiles have been released, reflecting feedback from the Royal College of Nursing (RCN) and Royal College of Midwives (RCM) following a 2021 Staff Council request. The updates ensure profiles align with current practice, training, and role development. The CNO team is reviewing band 4 and 5 nursing roles in light of these changes.

The impact of the 2025/26 NHS pay review on immigration thresholds is being assessed. New immigration rules from 9 April 2025 raise the Skilled Worker salary threshold to £25,000/year (£12.82/hour). As a result, entry-level band 3 roles fall below this threshold and are ineligible for international sponsorship.

System

- A system-wide Mutually Agreed Resignation Scheme (MARS) has been agreed by the RWT & WHT Group Board and made available to other system providers. Trust Approval was obtained from NHS England on 7th July 2025 and the scheme launched across the four Acutes within the system on 8th July 2025.
- The ICB EDI Development Programme has been launched across the Black Country with both RWT and WHT enabling access to bookings via My Academy.

Local

- The Health Care Support Worker B2-B3 job description and job banding review process, following a Unison-led ballot, has been completed and accepted by staff. Assimilation and back pay will take place in July.
- A Successful Group long service awards ceremony took place in early June, and across both organisations, over 600 colleagues were recognised for their service at 20 years (WHT only), 25, 30, 40 and 50 years.
- Both Trusts took part in Birmingham Pride 2025.
- Both Trusts are working towards achieving the Menopause Accreditation, with the assessment taking place in July 2025. The work has been led by the Joint Women and Allies network and is supported by OH and Wellbeing.

Authors



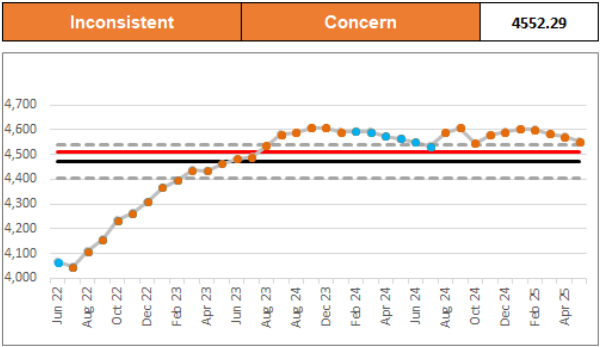
Alan Duffell
(Group Chief
People Officer)



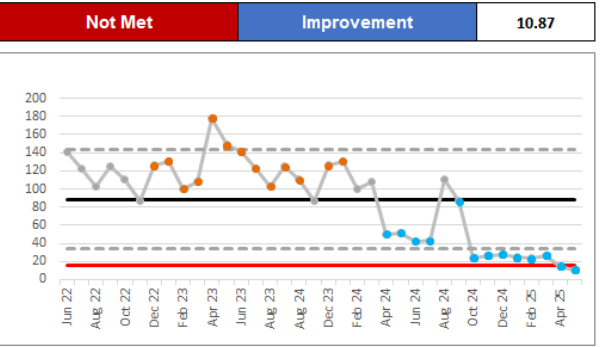
Care Colleagues
Collaboration Communities

People | Core Metrics

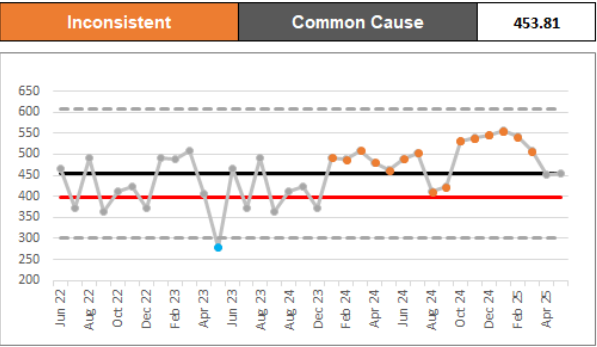
Substantive (WTE) Trust



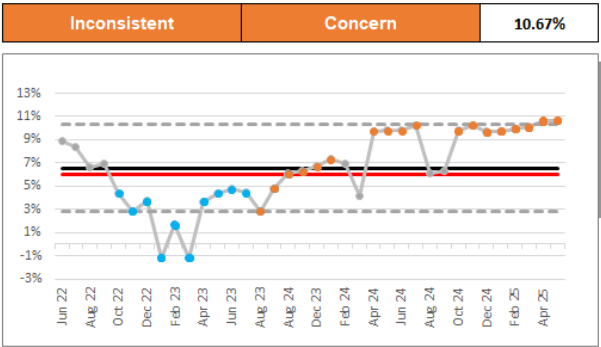
Agency (WTE) Trust



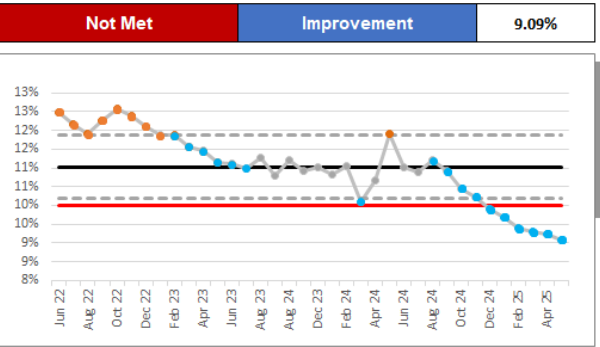
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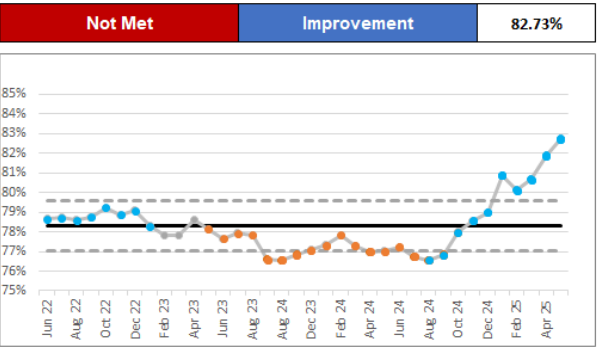
Vacancy Rate



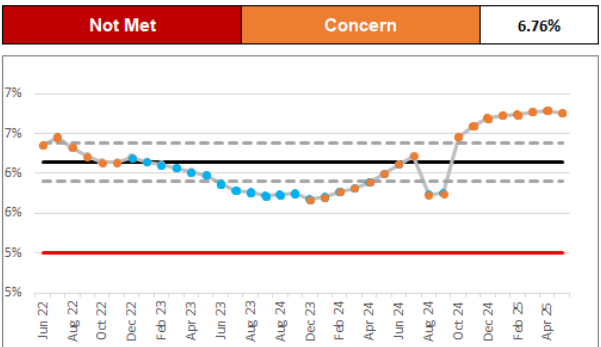
Turnover Rate (12 Months)



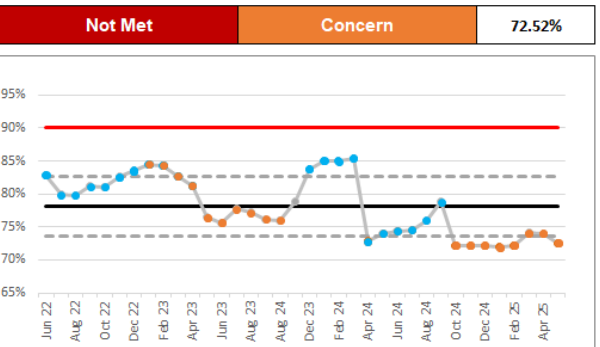
Retention Rate (12 Months)



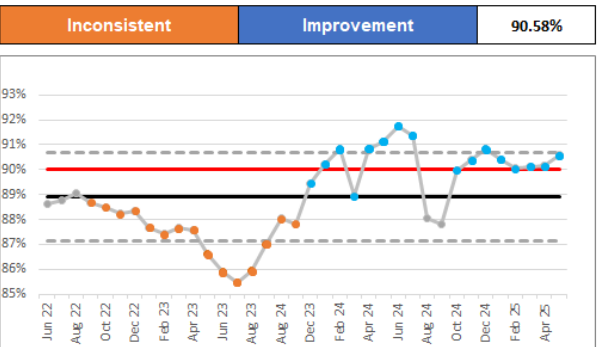
Sickness Absence (Rolling 12 Months)



Appraisals



Statutory & Mandatory Training



Operational Performance | Executive Summary

Urgent & Emergency Care

The Trust has made strong progress in May 2025, seeing 79.5% of patients within the 4-hour Emergency Access Standard, ranking 14th nationally. The Trust also ranked 1st for Ambulance Handover performance within the West Midlands. Statistically significant improvement in virtual ward utilisation also remains.

Cancer Care

Performance remains strong and the Trust is meeting all three constitutional standards for access to treatment for cancer. Statistically significant improvement remains both for access to treatment within 62 days and access to diagnosis within 28 days.

Elective Care

The Trust has now ranked 1st in the Midlands for Referral to Treatment performance for seven consecutive months. The Trust also has the fewest patients waiting more than 52 weeks for treatment.

Diagnostics

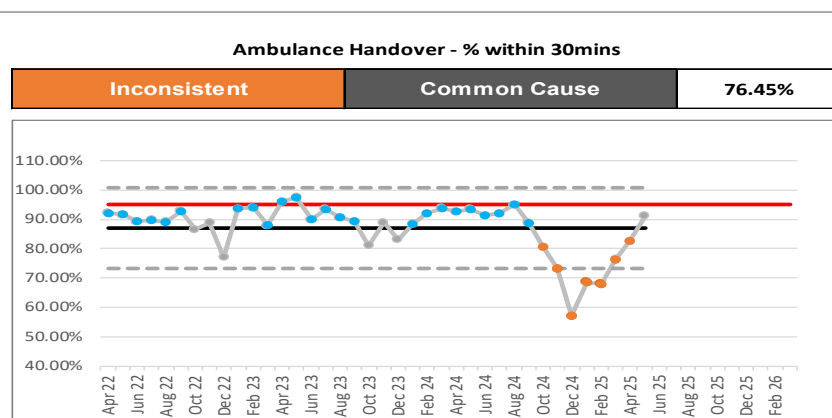
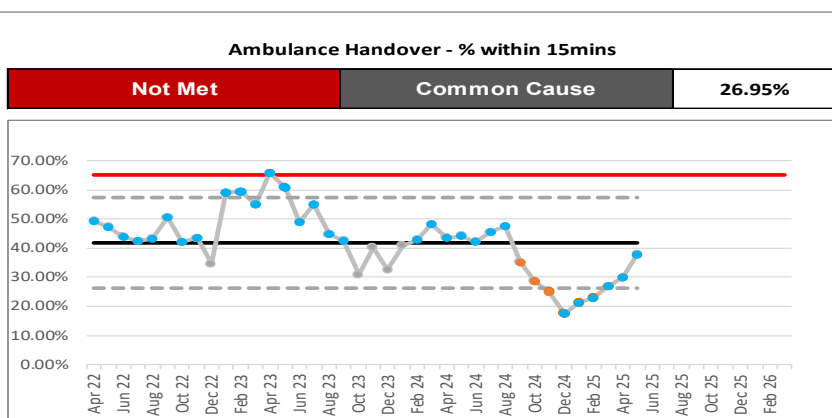
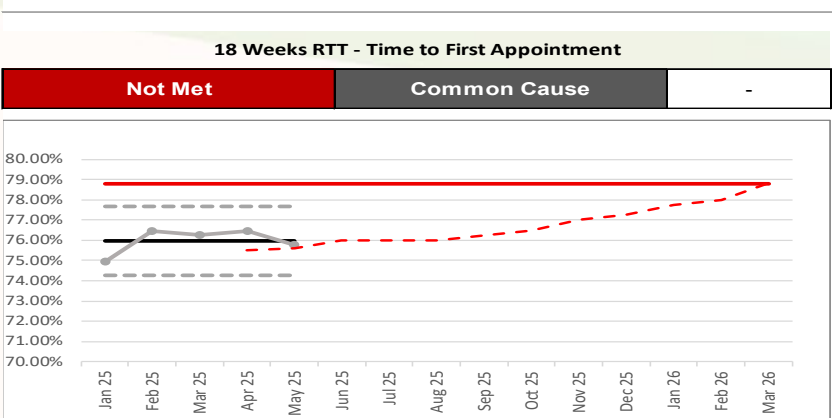
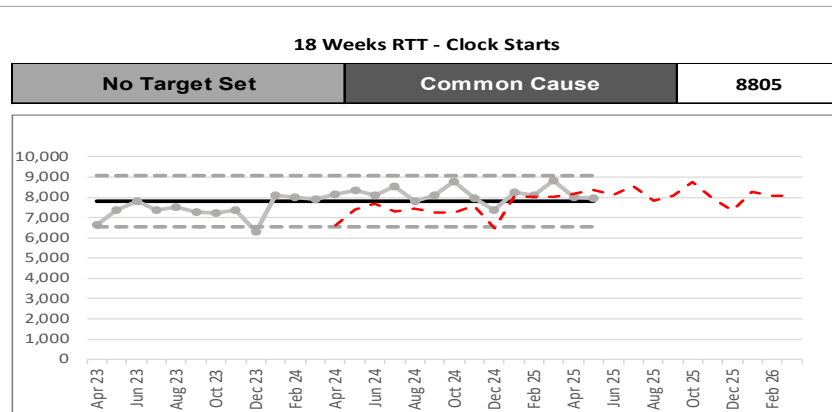
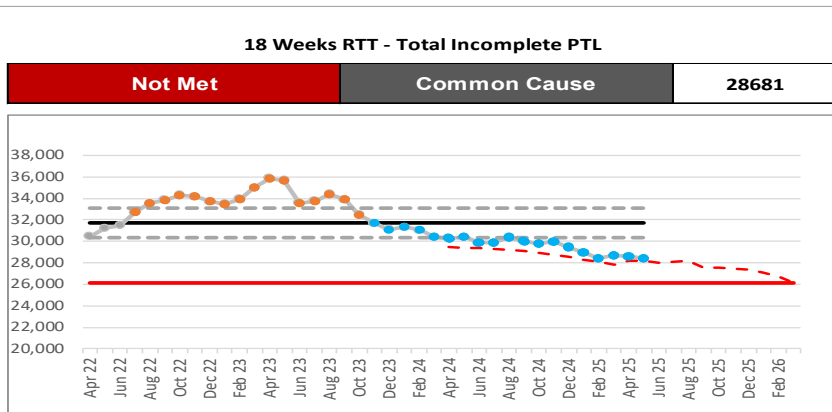
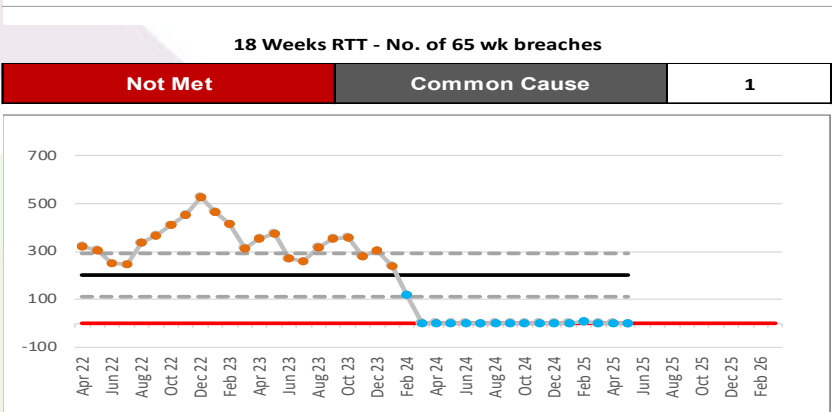
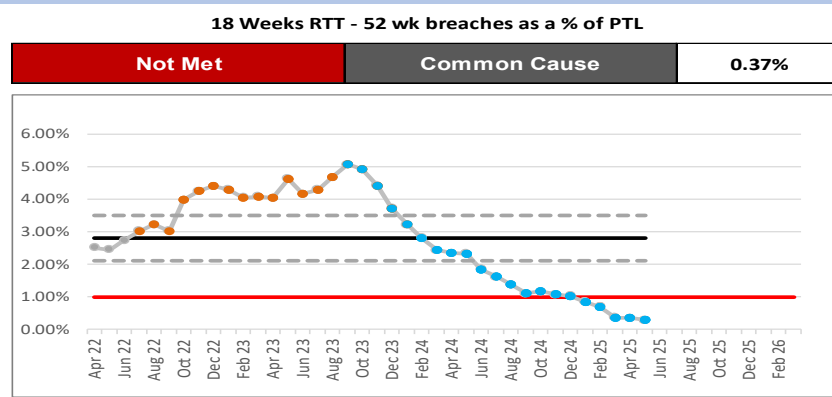
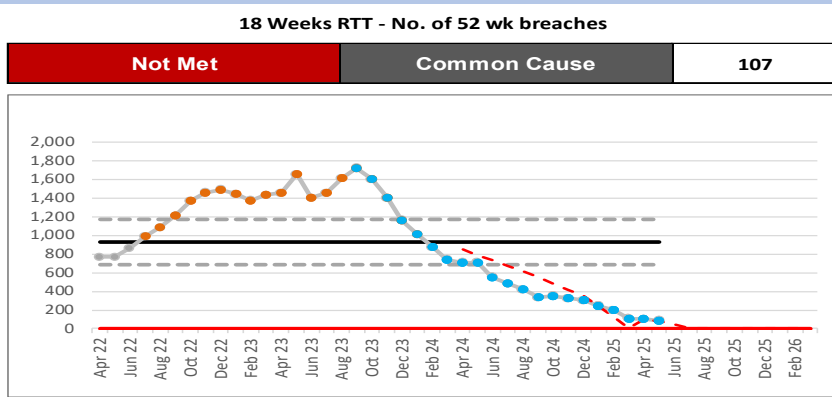
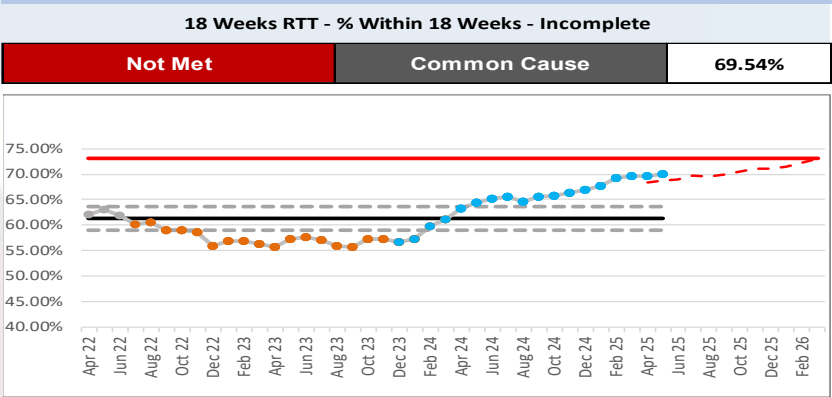
The Trust has seen deterioration in access to diagnostics within 6 weeks. This is being driven through access to audiology, non-obstetric ultrasound and cardiac physiology. Audiology has plans to reduce the number of patients over 6-weeks from 415 in May 2025 to 184 by March 2026; this includes clearance of the surveillance backlog. Recruitment to vacant posts for Sonography and Cardiac Physiology has also been completed.

Authors



Will Roberts
(Chief Operating
Officer)

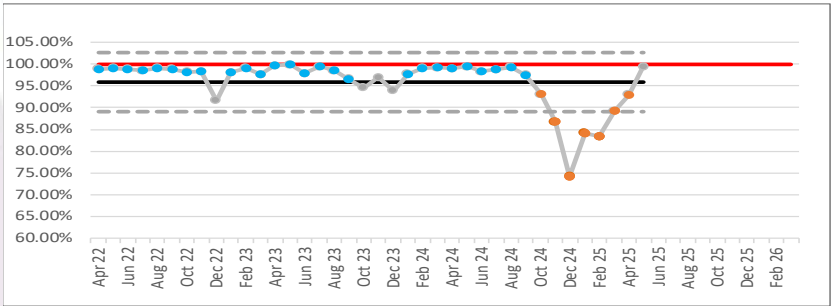
Operational Performance | Core Metrics



Operational Performance | Core Metrics

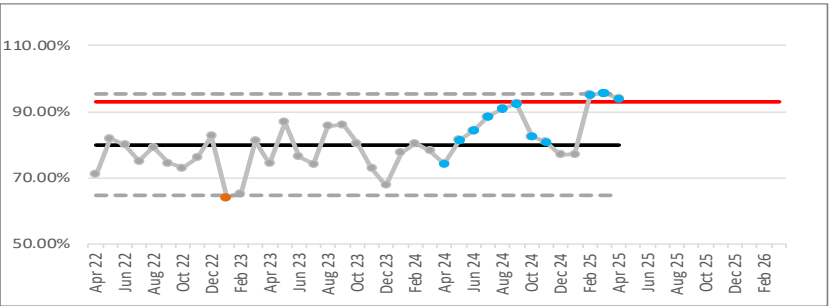
Ambulance Handover - % within 60mins

| | | |
|--------------|--------------|--------|
| Inconsistent | Common Cause | 89.24% |
|--------------|--------------|--------|



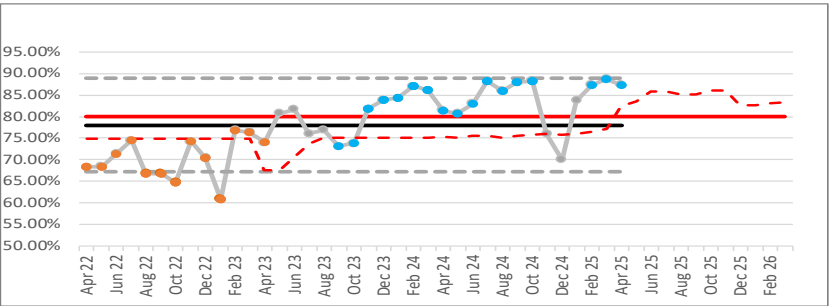
Cancer - 2 Week Wait

| | | |
|--------------|--------------|--------|
| Inconsistent | Common Cause | 95.55% |
|--------------|--------------|--------|



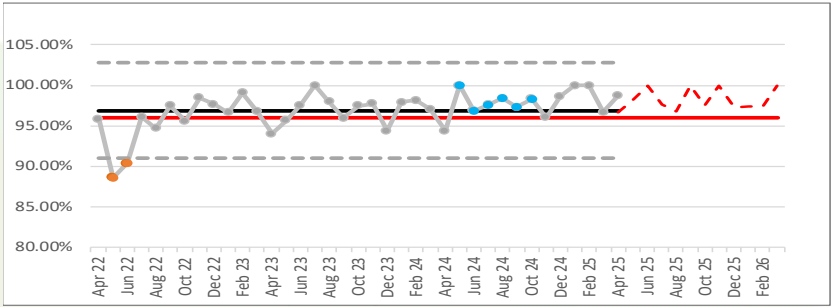
Cancer - 28 Day Faster Diagnosis

| | | |
|--------------|--------------|--------|
| Inconsistent | Common Cause | 88.75% |
|--------------|--------------|--------|



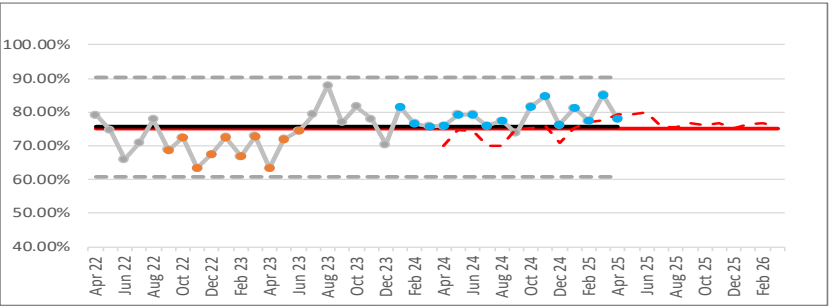
Cancer - 31 Day Treatment

| | | |
|--------------|--------------|--------|
| Inconsistent | Common Cause | 96.70% |
|--------------|--------------|--------|



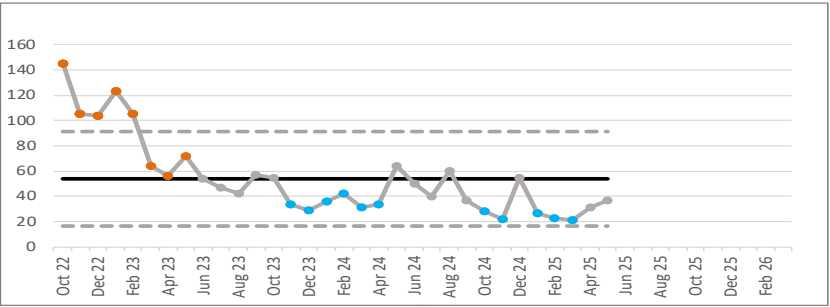
Cancer - 62 Day Referral to Treatment

| | | |
|--------------|--------------|--------|
| Inconsistent | Common Cause | 85.07% |
|--------------|--------------|--------|



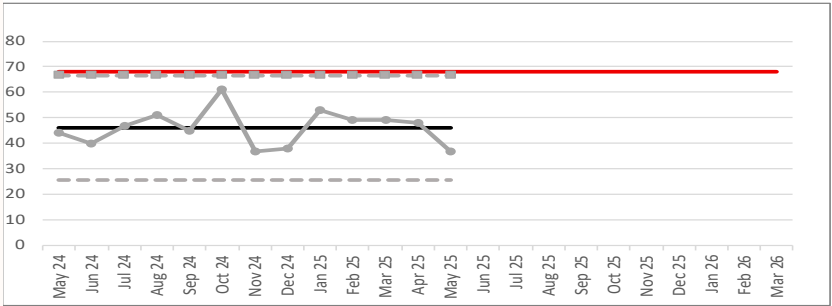
Cancer - No. of patients waiting 63+ Days for treatment

| | | |
|---------------|--------------|----|
| No Target Set | Common Cause | 21 |
|---------------|--------------|----|



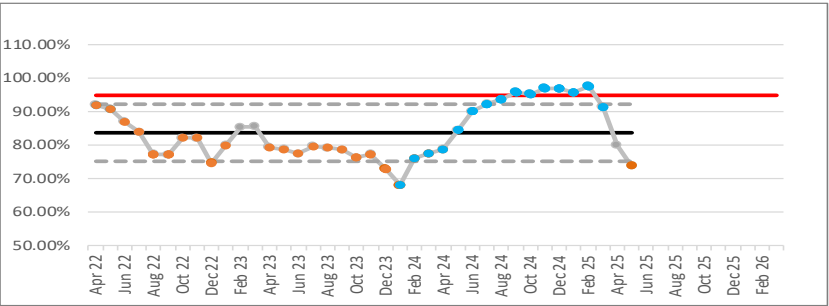
No. of patients no longer meeting the Criteria to Reside

| | | |
|-----------|--------------|----|
| Achieving | Common Cause | 49 |
|-----------|--------------|----|



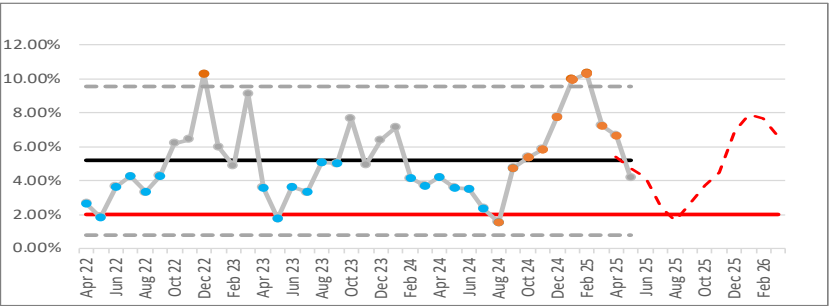
Diagnostics - % within 6 weeks from referral

| | | |
|---------|--------------|--------|
| Not Met | Common Cause | 91.44% |
|---------|--------------|--------|



Total Time Spent in ED - % over 12 Hours

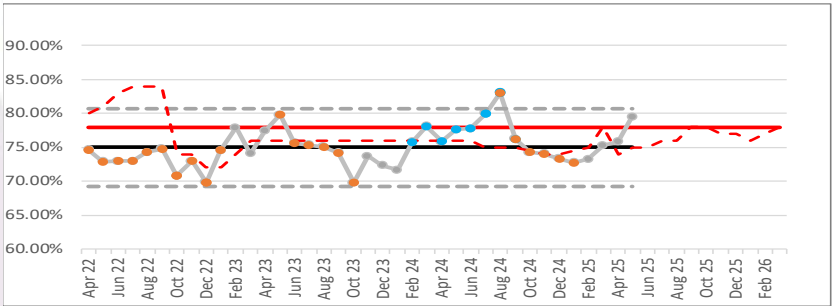
| | | |
|--------------|--------------|-------|
| Inconsistent | Common Cause | 7.25% |
|--------------|--------------|-------|



Operational Performance | Core Metrics

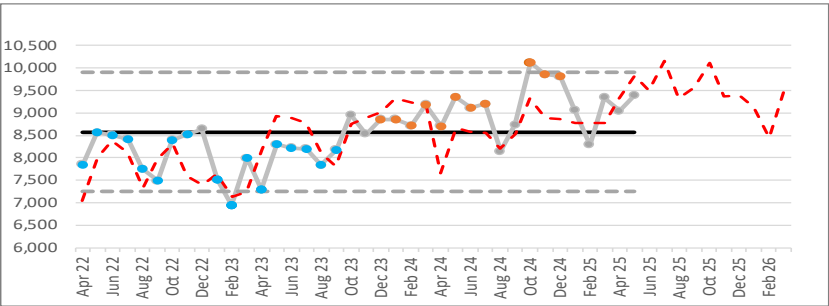
Total Time Spent in ED - % within 4 Hours

| | | |
|--------------|--------------|--------|
| Inconsistent | Common Cause | 75.30% |
|--------------|--------------|--------|



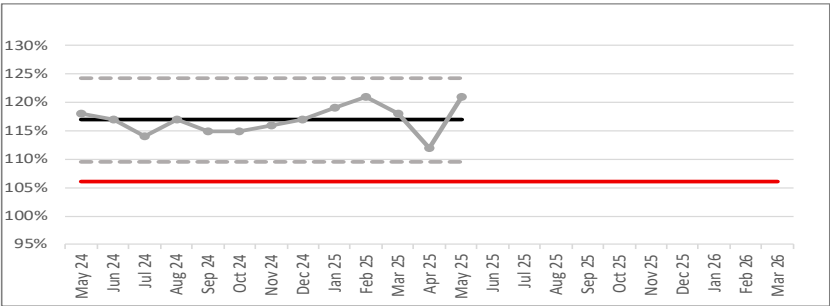
Type 1 ED Attendances

| | | |
|---------------|--------------|------|
| No Target Set | Common Cause | 9339 |
|---------------|--------------|------|



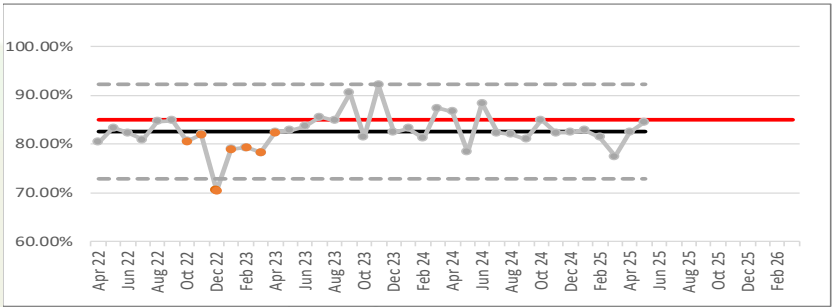
Deliver % of Activity Delivered in 2019/20 (ERF)

| | | |
|-----------|--------------|------|
| Achieving | Common Cause | 118% |
|-----------|--------------|------|



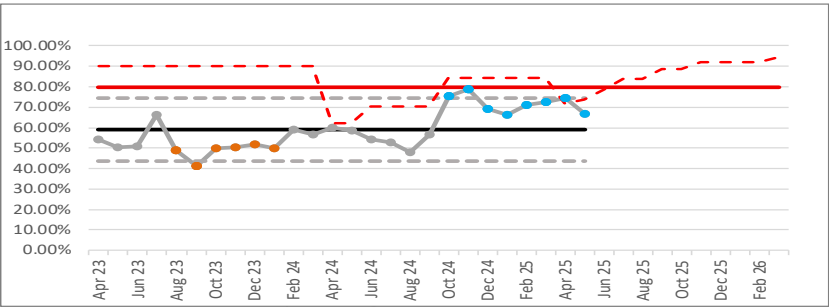
Theatres - Touch Time Utilisation (MH)

| | | |
|--------------|--------------|--------|
| Inconsistent | Common Cause | 77.50% |
|--------------|--------------|--------|



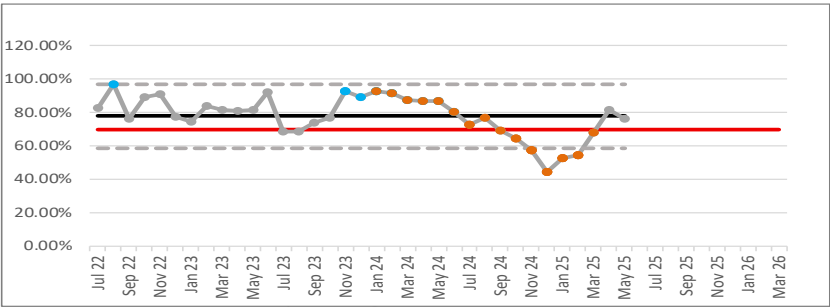
Community - Virtual Ward % Occupancy

| | | |
|---------|--------------|--------|
| Not Met | Common Cause | 72.73% |
|---------|--------------|--------|



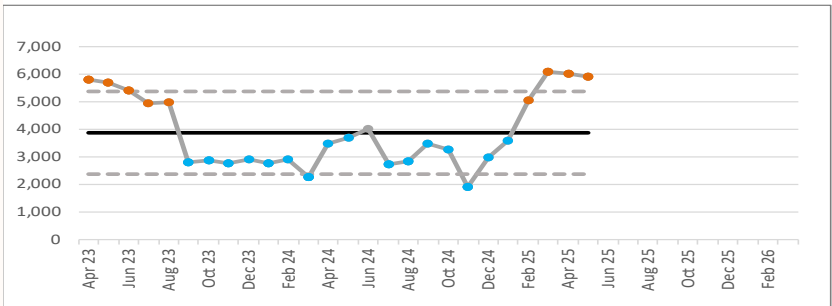
Community - Urgent Care Response (UCR) 2 Hour Response

| | | |
|--------------|--------------|--------|
| Inconsistent | Common Cause | 67.76% |
|--------------|--------------|--------|

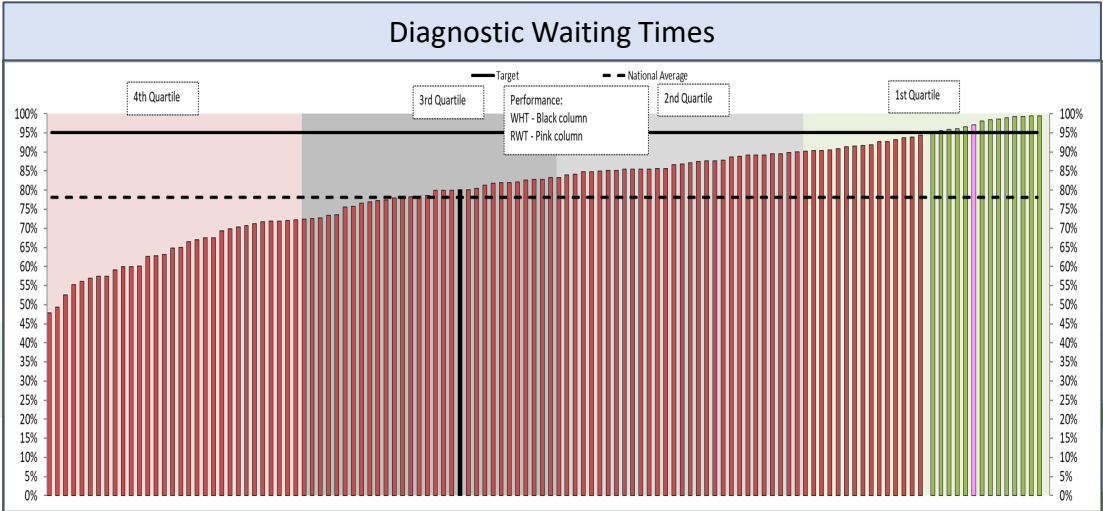
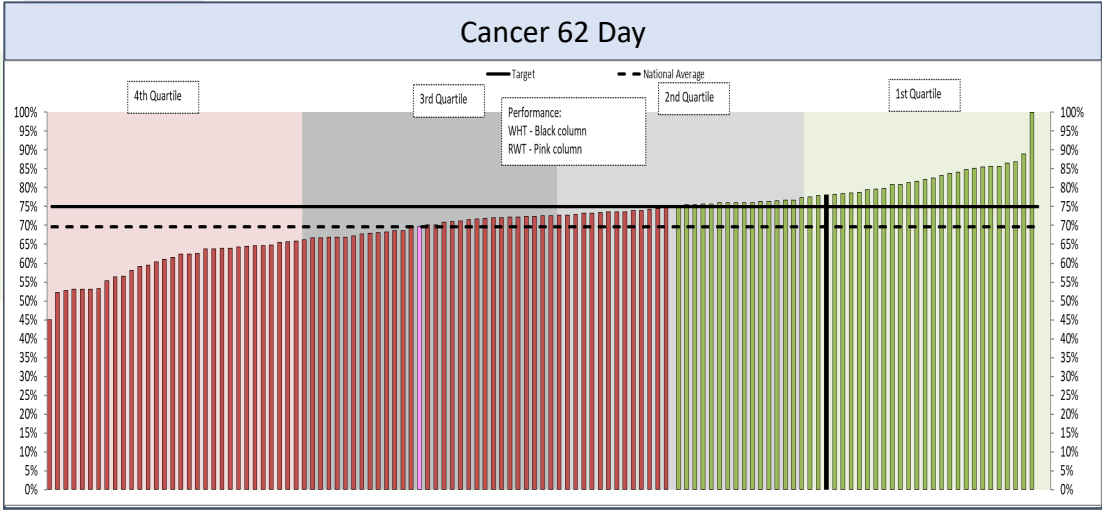
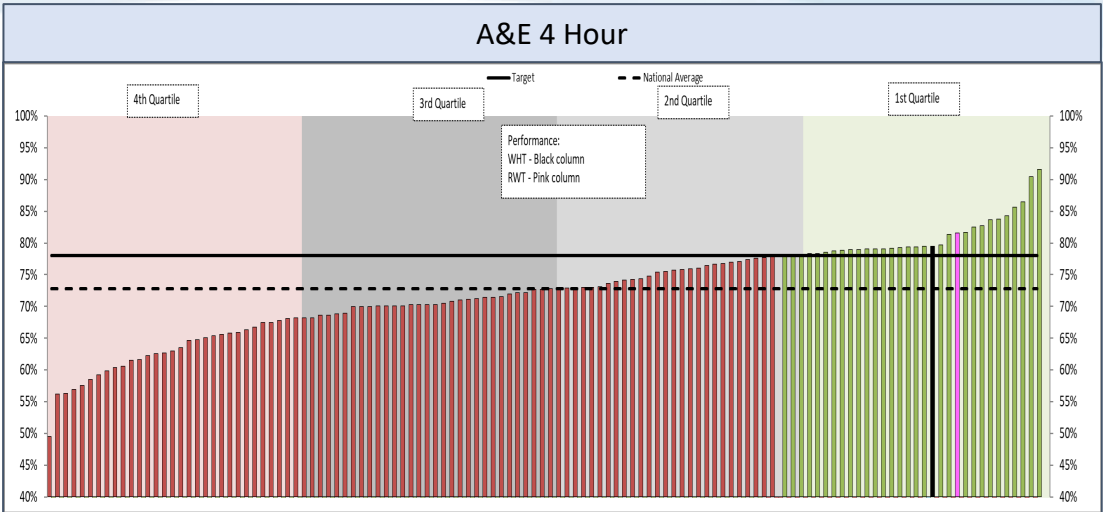
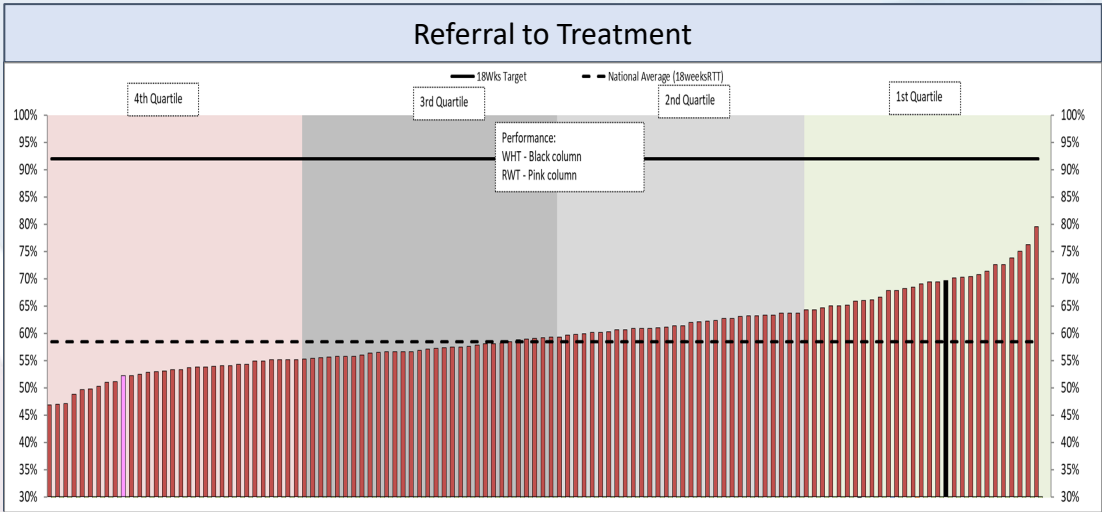


Community - Waiting List - Total

| | | |
|---------------|--------------|------|
| No Target Set | Common Cause | 6089 |
|---------------|--------------|------|



Operational Performance | Benchmarking



Finance | Executive Summary

Overall, the Group position is ahead of plan by £2.5m year-to-date, all of which is at WHT, with RWT being on plan. This has improved by £1.2m in month relating to WHT's pay spend and efficiencies being better than plan.

The RWT annual plan is breakeven following national deficit support of £31.4m and local support funding of £14.5m, totalling £45.9m. The plan requires £57.2m of efficiencies for the year. The adjusted YTD planned deficit at month 2 is £3.4m.

The profile of the plan for the remainder of the year requires an improvement each month, with a surplus from month 7 onwards.

The WHT annual plan is also breakeven following national deficit support funding of £28.2m and local support funding of £17.2m, totalling £45.4m. The plan requires £30.1m of efficiencies for the year. The profile of the plan for the remainder of the year also requires an improvement each month, with a surplus from month 7 onwards.

Capital expenditure year to date is £1.4m (£0.9m RWT and £0.5m WHT), an underspend of £2.4m (£0.7m RWT and £1.7m WHT). Within the spend £0.01m related to PSDS grant funded schemes and donated assets at RWT, there is no PSDS spend at WHT.

Following the receipt of YTD cash backed deficit support to enable a breakeven plan, both organisations have a strong cash balance and do not foresee the need for any cash support for the year. Any under achievement against the efficiency plan will deteriorate the cash balance.

Authors



Kevin Stringer
(Group Chief
Finance Officer)



Care Colleagues
Collaboration Communities

Finance | I&E Summary

| <u>Year-to-date Income & Expenditure</u> | RWT | | | WHT | | | Group position | | |
|--|-----------|-----------|-----------------|-----------|-----------|-----------------|----------------|-----------|-----------------|
| | Plan | Actual | Surplus/ | Plan | Actual | Surplus/ | Plan | Actual | Surplus/ |
| | YTD £m | YTD £m | (Deficit) £m | YTD £m | YTD £m | (Deficit) £m | YTD £m | YTD £m | (Deficit) £m |
| Income | 166.9 | 166.4 | (0.5) | 77.2 | 76.6 | (0.6) | 244.1 | 243.0 | (1.0) |
| Expenditure | | | | | | | | | |
| Pay | 107.3 | 107.4 | (0.1) | 51.5 | 50.3 | 1.2 | 158.9 | 157.8 | 1.1 |
| Non Pay | 41.1 | 40.9 | 0.1 | 11.0 | 10.0 | 1.0 | 52.1 | 50.9 | 1.1 |
| Drugs | 13.8 | 13.8 | 0.0 | 5.1 | 4.9 | 0.2 | 18.9 | 18.7 | 0.2 |
| Other(incl. depreciation) | 8.2 | 7.7 | 0.4 | 13.9 | 13.3 | 0.6 | 22.1 | 21.0 | 1.1 |
| Total Expenditure | 170.3 | 169.8 | 0.5 | 81.6 | 78.6 | 3.0 | 251.9 | 248.4 | 3.5 |
| Net reported surplus/(Deficit) | (3.4) | (3.4) | 0.0 | (4.4) | (2.0) | 2.4 | (7.9) | (5.4) | 2.5 |



Care Colleagues
Collaboration Communities

Finance | ERF Performance

| Point of Delivery | RWT | | | WHT | | | Group | | |
|-------------------------|---------------|---------------|--------------|---------------|---------------|----------------|----------------|----------------|--------------|
| | Plan | Actual | Variance | Plan | Actual | Variance | Plan | Actual | Variance |
| | Activity | Activity | Activity | Activity | Activity | Activity | Activity | Activity | Activity |
| Elective | 1,160 | 1,149 | (11) | 364 | 373 | 9 | 1,524 | 1,522 | (2) |
| Planned Same Day | 7,646 | 7,830 | 184 | 4,565 | 4,370 | (195) | 12,211 | 12,200 | (11) |
| Outpatient Procedures | 26,018 | 28,277 | 2,259 | 8,267 | 8,315 | 48 | 34,285 | 36,592 | 2,308 |
| Procedures Total | 34,825 | 37,256 | 2,432 | 13,196 | 13,058 | (138) | 48,020 | 50,314 | 2,294 |
| Outpatient 1st | 38,205 | 38,533 | 328 | 21,335 | 19,780 | (1,555) | 59,540 | 58,313 | (1,227) |
| Grand Total | 73,030 | 75,790 | 2,760 | 34,531 | 32,838 | (1,693) | 107,560 | 108,628 | 1,068 |

| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
|-------------------------|---------------|---------------|------------|---------------|---------------|--------------|---------------|---------------|-------------|
| Elective | 7,524 | 7,341 | (183) | 1,587 | 1,631 | 44 | 9,112 | 8,972 | (139) |
| Planned Same Day | 8,624 | 8,559 | (65) | 3,639 | 3,785 | 146 | 12,263 | 12,344 | 81 |
| Outpatient Procedures | 4,465 | 4,817 | 352 | 1,689 | 1,688 | (1) | 6,155 | 6,505 | 351 |
| Procedures Total | 20,614 | 20,718 | 104 | 6,915 | 7,104 | 189 | 27,529 | 27,821 | 293 |
| Outpatient 1st | 8,291 | 8,344 | 53 | 4,646 | 4,288 | (358) | 12,937 | 12,632 | (305) |
| Grand Total | 28,905 | 29,061 | 157 | 11,561 | 11,392 | (169) | 40,466 | 40,453 | (12) |



Care Colleagues
Collaboration Communities

Finance | Cost Improvement Plans

| | RWT | | | | WHT | | | | Group position | | | |
|---------------------------------------|-------------|------------|------------|--------------|-------------|------------|------------|--------------|----------------|------------|------------|--------------|
| | Annual | Plan | Actual | Variance | Annual | Plan | Actual | Variance | Annual | Plan | Actual | Variance |
| | Plan | YTD | YTD | | Plan | YTD | YTD | | Plan | YTD | YTD | |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| Key schemes | | | | | | | | | | | | |
| Affordable Urgent Care | 2.2 | 0.0 | 0.0 | 0.0 | 0.5 | 0.0 | 0.0 | 0.0 | 2.7 | 0.0 | 0.0 | 0.0 |
| Bed Reduction | 2.3 | 0.0 | 0.0 | 0.0 | 4.5 | 0.6 | 0.6 | 0.0 | 6.8 | 0.6 | 0.6 | 0.0 |
| Cessation of Unfunded Schemes | 1.0 | 0.0 | 0.0 | 0.0 | 0.7 | 0.0 | 0.0 | 0.0 | 1.7 | 0.0 | 0.0 | 0.0 |
| Clinical Best Practice | 6.0 | 0.7 | 0.3 | (0.4) | 0.3 | 0.0 | 0.0 | 0.0 | 6.3 | 0.7 | 0.3 | (0.4) |
| Counting and Coding | 2.1 | 0.2 | 0.0 | (0.2) | 2.0 | 0.3 | 0.2 | (0.1) | 4.1 | 0.5 | 0.2 | (0.3) |
| Estates Utilisation | 1.0 | 0.1 | 0.0 | (0.1) | 0.1 | 0.0 | 0.0 | 0.0 | 1.1 | 0.1 | 0.0 | (0.1) |
| Non-Pay and Procurement | 14.6 | 2.0 | 5.2 | 3.2 | 6.5 | 0.6 | 0.4 | (0.2) | 21.1 | 2.6 | 5.6 | 3.0 |
| Operational Productivity | 6.0 | 0.4 | 0.0 | (0.4) | 4.4 | 0.5 | 0.8 | 0.3 | 10.4 | 0.9 | 0.8 | (0.1) |
| Workforce | 22.1 | 2.4 | 0.9 | (1.5) | 11.1 | 0.6 | 1.4 | 0.8 | 33.2 | 3.0 | 2.3 | (0.7) |
| Net reported surplus/(Deficit) | 57.3 | 5.7 | 6.4 | 0.7 | 30.1 | 2.6 | 3.4 | 0.8 | 87.4 | 8.3 | 9.8 | 1.5 |



Care Colleagues
Collaboration Communities

Performance Assurance Framework Dashboard

| | Target / Limit | Previous Month | Current Month (Latest Available) | Latest Time Period | 19/20 Same Period | Variation | Assurance |
|---|----------------|----------------|----------------------------------|--------------------|-------------------|-------------------|-------------------|
| % waiting >52 weeks (acute) | - | - | - | - | - | Not Enough Points | Not Enough Points |
| % of urgent referrals diagnosed within 4 weeks | - | - | - | - | - | Not Enough Points | Not Enough Points |
| % treated within 62 days of referral | - | - | - | - | - | Not Enough Points | Not Enough Points |
| % of cancers diagnosed at stage 1 or 2 | - | - | - | - | - | Not Enough Points | Not Enough Points |
| % of ED attendances seen within 4 hours | - | - | - | - | - | Not Enough Points | Not Enough Points |
| % of ED attendances >12 hours | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Summary Hospital-Level Mortality Indicator (SHMI) | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Average days from discharge-ready to actual discharge | - | - | - | - | - | Not Enough Points | Not Enough Points |
| CQC inpatient survey satisfaction rate | - | - | - | - | - | Not Enough Points | Not Enough Points |
| CQC safe inspection score | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Rates of MRSA, C. difficile, E. coli | - | - | - | - | - | Not Enough Points | Not Enough Points |
| NHS Staff Survey – raising concerns sub-score | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Sickness absence rate | - | - | - | - | - | Not Enough Points | Not Enough Points |
| NHS staff survey – engagement theme score | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Planned surplus/deficit | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Variance to financial plan | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Implied productivity level | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Healthy life expectancy | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Talking therapy recovery rates | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Cancer screening rates | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Smoking cessation in pregnancy | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Obesity programme uptake | - | - | - | - | - | Not Enough Points | Not Enough Points |
| MMR vaccine uptake | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Diagnostic wait times | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Deprivation/ethnicity gaps in outcomes | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Annual health checks for LD/autistic patients | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Under-18 elective wait list growth | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Long-stay older inpatients | - | - | - | - | - | Not Enough Points | Not Enough Points |

The Performance Assurance Framework has now been confirmed with the indicators opposite, applicable to the Trust. The Trust has been placed into Segment 3 for Quarter 1 of 2025/26.

The dashboard opposite will be reported routinely going forward.



Care Colleagues
Collaboration Communities

Integrated Performance Report

The Royal Wolverhampton NHS Trust

May 2025 (Month 2)

Report to the RWT/WHT Group Trust Board held in
Public – 15 July 2025

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



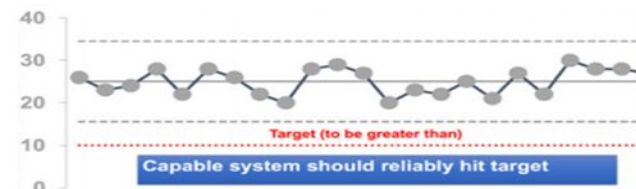
Care Colleagues
Collaboration Communities

How to Interpret SPC (Statistical Process Control) charts

| Variation | | | Assurance | | | | |
|--------------------------------------|---|--|--|---|--|--|---|
| Common Cause | Concern | Improvement | Inconsistent | Achieving | Not Met | No Target | Not Enough Points |
| Common cause - no significant change | Special cause of concerning nature or higher pressure due to Higher or Lower values | Special cause of improving nature or higher pressure due to Higher or Lower values | Variation indicates inconsistently hitting passing and failing short of the target | Variation indicates consistently Passing the target | Variation indicates consistently Falling short of the target | No target has been set for this metric | There are not enough points to generate the Variation & Assurance information |

The position of a target line in relation to the process limits will inform you if your indicator can hit a target or threshold consistently, by random chance, or not at all.

If your target line is in between the process limits be cautious about reacting to success (green) and failure (red) when natural variation may be causing the target to be passed or failed. Remember that approximately 99% of data points should fall within the process limits. These graphs will help guide your action:



Care Colleagues
Collaboration Communities

Managing Director Summary

From a quality and patient safety perspective, our pressure ulcer rate has fallen from its peak last month as a result of the interventions put in place. Our complaints have increased with the discharge process featuring as a significant theme within. A discharge group has been reinstated, including external stakeholders, to identify the ways in which patients experience can be improved.

Our workforce numbers continue to reduce and we are exceeding the trajectories submitted to NHS England for substantive, bank and agency.

Operational performance remains good. RTT is a key area of focus for 2025/26, and our incomplete waiting list has dropped significantly in line with the commencement of the validation sprint with a corresponding increase in RTT performance also being seen. We do have challenges with regards to our 52 week waits however the insourcing due to commence in late July should support a recovery to trajectory towards August. Negotiations continue with the ICB as to how our RTT plan is funded. Urgent and Emergency Care performance continues to be within the top quartile nationally. We missed the 62-day cancer target by 0.4% in April however expect to recover this position in May. Challenges in Urology continue to be the main contributing factor.

From a finance perspective, the Trust reported a £1.8m deficit in month which was in line with plan. This included in month CIP achievement of £3.59m, which is £0.7m above plan but also an underperformance on patient income of £0.4m in month.

Authors



Gwen Nuttall
(Managing
Director)

Balanced Scorecard

| Quality, Safety & Patient Experience | Target / Limit | Previous Month | Current Month (Latest Available) | Latest Time Period | 19/20 Same Period | Variation | Assurance |
|---|----------------|----------------|----------------------------------|--------------------|-------------------|--------------|---------------|
| Patient falls - rate per 1,000 occupied bed days | 4.50 | 3.40 | 3.15 | May-25 | - | Common Cause | Inconsistent |
| Pressure ulcers per 1,000 occupied bed days | 1.50 | 1.96 | 1.35 | May-25 | 1.01 | Common Cause | Inconsistent |
| Community acquired pressure ulcers per 10,000 population | 0.90 | 0.87 | 0.87 | May-25 | - | Concern | Achieving |
| Observations on time (Trust wide) | 90.00% | 86.00% | 88.79% | May-25 | - | Improvement | Not Met |
| VTE risk assessment - % within 14 hours | 95.00% | 90.10% | 89.80% | May-25 | - | Improvement | Inconsistent |
| Sepsis screening - ED | 90.00% | 92.00% | 100.00% | May-25 | - | Common Cause | Inconsistent |
| Sepsis screening - Inpatients | 90.00% | 78.00% | 78.20% | May-25 | - | Concern | Inconsistent |
| Clostridioides difficile | 5 | 5 | 5 | May-25 | 4 | Common Cause | Inconsistent |
| MRSA Bacteraemia | 0 | 1 | 0 | May-25 | - | Common Cause | Inconsistent |
| Number of complaints as a % of admissions | 0.50% | 0.46% | 0.52% | May-25 | - | Concern | Achieving |
| FFT recommendation rates - Trust wide | 92.00% | 86.00% | 88.00% | May-25 | 93.00% | Improvement | Inconsistent |
| Care hours per patient - total nursing & midwifery staff | 7.6 | 7.4 | 7.5 | May-25 | 7.7 | | No Target Set |
| Care hours per patient - registered nursing & midwifery staff | 4.5 | 4.9 | 4.9 | May-25 | - | Common Cause | No Target Set |
| SHMI | 1.00 | 0.98 | 0.98 | May-25 | - | Concern | Achieving |
| Never events | 0 | 0 | 0 | May-25 | - | Improvement | Inconsistent |

| Workforce Performance | Target / Limit | Previous Month | Current Month (Latest Available) | Latest Time Period | Variation | Assurance |
|--------------------------------------|----------------|----------------|----------------------------------|--------------------|--------------|--------------|
| Substantive (WTE) Trust | 10369.16 | 10245.17 | 10198.66 | May-25 | Improvement | Achieving |
| Agency (WTE) Trust | 25.26 | 21.59 | 11.77 | May-25 | Improvement | Inconsistent |
| Bank (WTE) Trust | 602.88 | 546.87 | 535.31 | May-25 | Improvement | Inconsistent |
| Vacancy Rate | 6.00% | 4.02% | 4.48% | May-25 | Common Cause | Inconsistent |
| Turnover Rate (12 Months) | 10.00% | 8.92% | 8.99% | May-25 | Improvement | Inconsistent |
| Retention Rate (12 Months) | 90.00% | 90.91% | 90.99% | May-25 | Improvement | Inconsistent |
| Sickness Absence (Rolling 12 Months) | 5.00% | 5.34% | 5.36% | Apr-25 | Concern | Not Met |
| Appraisals | 90.00% | 81.45% | 81.79% | May-25 | Concern | Not Met |
| Statutory & Mandatory Training | 90.00% | 97.36% | 97.16% | May-25 | Improvement | Achieving |

| Operational Performance | Target / Limit | Previous Month | Current Month (Latest Available) | Latest Time Period | 19/20 Same Period | Variation | Assurance |
|--|----------------|----------------|----------------------------------|--------------------|-------------------|--------------|--------------|
| 18 Weeks RTT - % Within 18 Weeks - Incomplete | 60.00% | 52.14% | 54.30% | May-25 | 87.06% | Concern | Not Met |
| 18 Weeks RTT - 52 wk breaches as a % of PTL | 0.99% | 2.54% | 3.07% | May-25 | - | Improvement | Not Met |
| 18 Weeks RTT - Total Incomplete PTL | 75489 | 86226 | 80339 | May-25 | 39305 | Improvement | Not Met |
| Cancer - 28 Day Faster Diagnosis | 80.00% | 79.97% | 73.12% | May-25 | - | Common Cause | Inconsistent |
| Cancer - 31 Day Treatment | 96.00% | 90.47% | 90.38% | May-25 | 87.61% | Improvement | Not Met |
| Cancer - 62 Day Referral to Treatment | 75.00% | 69.55% | 49.56% | May-25 | 68.45% | Improvement | Not Met |
| No. of patients no longer meeting the Criteria to Reside | 89 | 69 | 90 | May-25 | - | Common Cause | Inconsistent |
| Diagnostics - % within 6 weeks from referral | 95.00% | 97.05% | 95.15% | May-25 | 99.13% | Improvement | Not Met |
| Total Time Spent in ED - % within 4 Hours | 78.00% | 82.62% | 81.52% | May-25 | 89.90% | Improvement | Inconsistent |

| Finance | Target/ Limit | Previous Month | Current Month | Latest Time Period | 19/20 Same Period | Variation | Assurance |
|-------------------------------------|---------------|----------------|---------------|--------------------|-------------------|--------------|--------------|
| Surplus/(Deficit) (£000) - in month | (1,802) | (1,574) | (1,799) | May-25 | 958 | Common Cause | Achieving |
| Surplus/(Deficit) (£000) - YTD | (3,379) | (1,574) | (3,373) | May-25 | 1,007 | Common Cause | Achieving |
| Surplus/(Deficit) (£000) - FOT | 0 | 0 | 0 | May-25 | 240 | Common Cause | Achieving |
| Elective Variable (£000) - in month | 14,631 | 14,649 | 14,412 | May-25 | N/A | Concern | Not Met |
| Elective Variable (£000) - YTD | 28,905 | 14,649 | 29,061 | May-25 | N/A | Common Cause | Achieving |
| Elective Variable (£000) - FOT | 180,585 | 180,585 | 180,585 | May-25 | N/A | Common Cause | Achieving |
| Efficiency (£000) - in month | 2,907 | 2,846 | 3,588 | May-25 | 577 | Improvement | Achieving |
| Efficiency (£000) - YTD | 5,707 | 2,846 | 6,434 | May-25 | 1,122 | Improvement | Achieving |
| Efficiency (£000) - FOT | 57,240 | 57,240 | 57,240 | May-25 | 24,500 | Common Cause | Achieving |
| Capital (£000) - YTD | 1,636 | 449 | 898 | May-25 | 4,705 | Common Cause | Inconsistent |
| Capital (£000) - FOT | 29,350 | 29,350 | 29,350 | May-25 | 35,906 | Common Cause | Achieving |
| Cash (£000) - in month | 48,124 | 53,557 | 52,921 | May-25 | 9,389 | Common Cause | Achieving |
| Cash (£000) - FOT | 26,081 | 26,081 | 26,081 | May-25 | 10,728 | Common Cause | Achieving |

Quality, Safety & Patient Experience | Executive Summary

Pressure Ulcers: A thematic analysis and supporting actions has been coproduced with Divisional leads.

Wards/services with incident clusters were reviewed by the Tissue Viability Steering group in June and those with high category 2 pressure ulcers have targeted intervention plans in place which will be overseen by the group, a correlating decline has been seen since interventions have taken place.

Complaints as a % of admission: This represents an increase of 9 complaints, although general care of patient remains a key theme, discharge also features strongly. The Trust Discharge Group has been reinstated with revised Terms of Reference, stakeholders aside from Trust members include Patient Transport services and the Local Authority to discuss themes and actions moving forward.

C Difficile: There has been a reduction in cases reported for the 3rd consecutive month. Cleaning via the Patient Equipment Cleaning Centre and of ward environments continues to maintain high levels of activity.

Sepsis screening (inpatient): there is a change in reporting methodology following the introduction of Sepsis Inpatient Dashboard in February 2025. It now includes compliance for all inpatient screening episodes as opposed to the previously reported monthly audits that were limited to a random selection of 40 inpatient episodes. The Dashboard incorporates a daily report that is sent every morning to ward managers detailing all sepsis triggers and missed opportunities. Sepsis team continue to support ward managers and staff to identify gaps and improve compliance.

SHMI: Standardised Hospital Mortality Indicator is 0.98, within the expected range and the Trust is proactively managing the Learning from Deaths agenda overseen by the Mortality Review Group.

Authors



Debra Hickman
(Chief Nursing Officer)



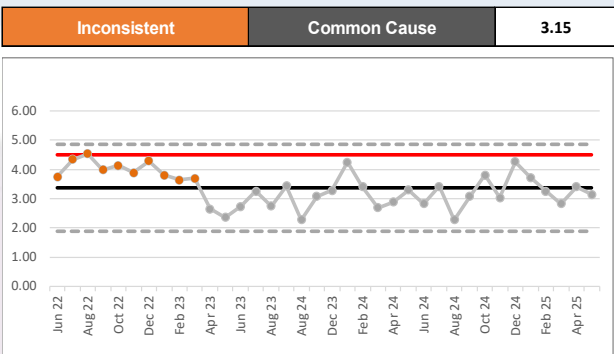
Brian McKaig
(Chief Medical Officer)



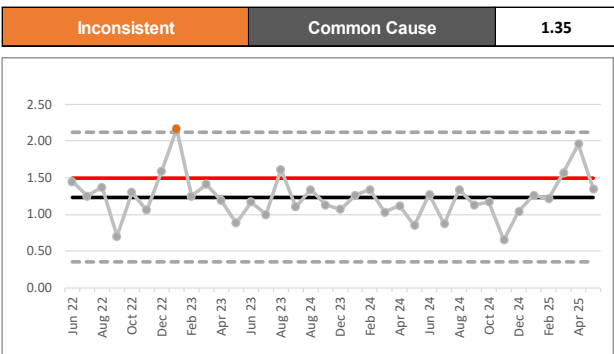
Care Colleagues
Collaboration Communities

Quality, Safety & Patient Experience | Core Metrics

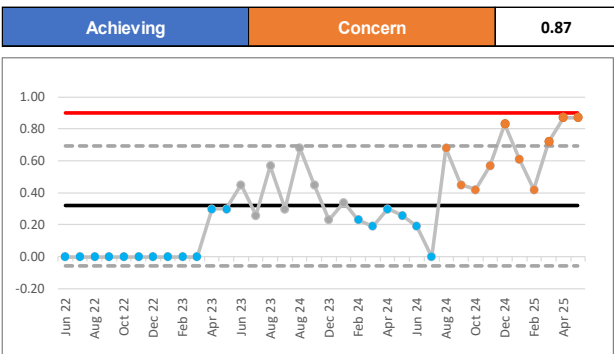
Patient falls - rate per 1,000 occupied bed days



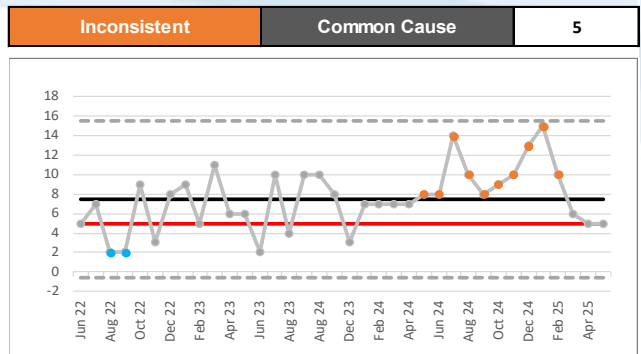
Pressure ulcers per 1,000 occupied bed days



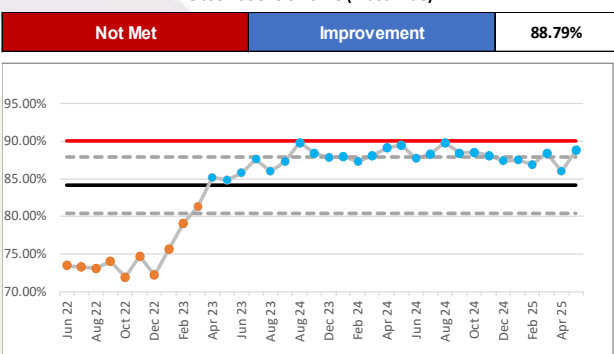
Community acquired pressure ulcers per 10,000 population



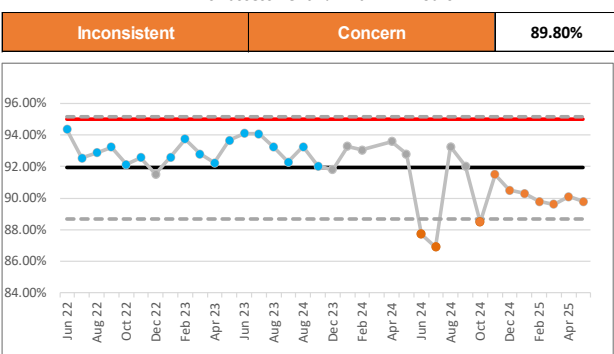
Clostridioides difficile



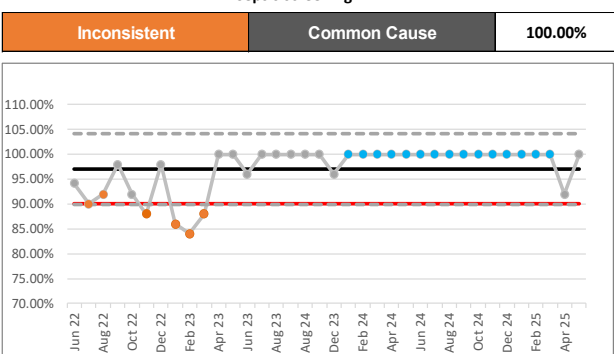
Observations on time (Trust wide)



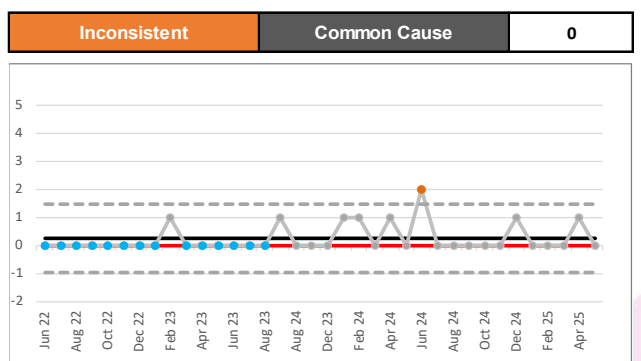
VTE risk assessment - % within 14 hours



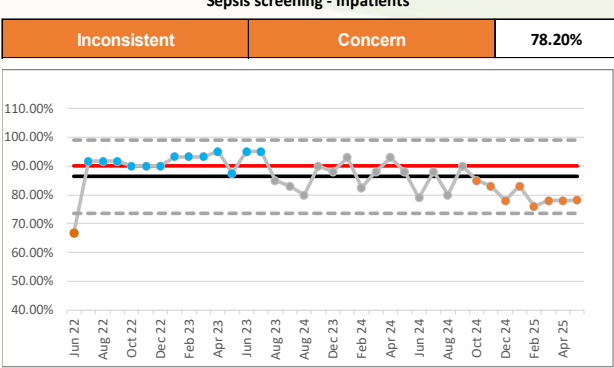
Sepsis screening - ED



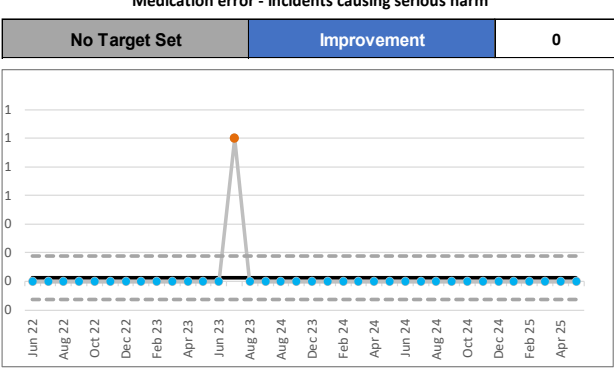
MRSA Bacteraemia



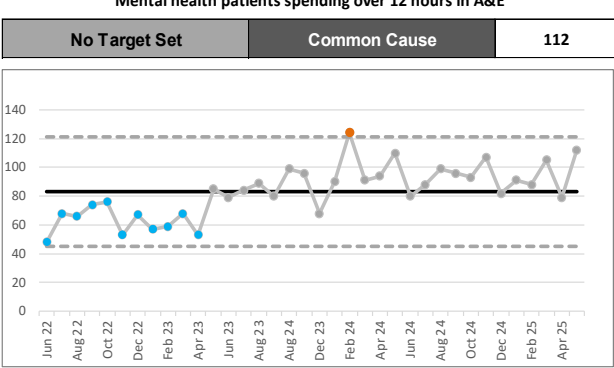
Sepsis screening - Inpatients



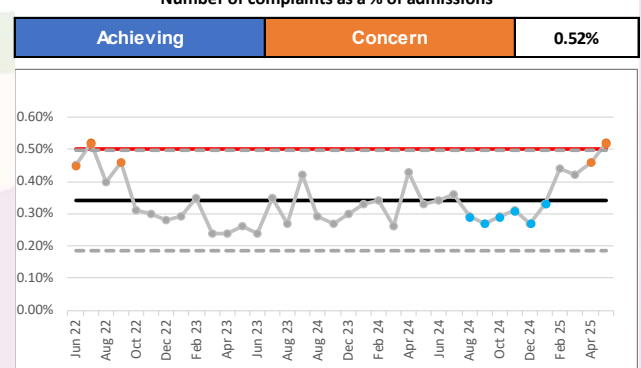
Medication error - incidents causing serious harm



Mental health patients spending over 12 hours in A&E

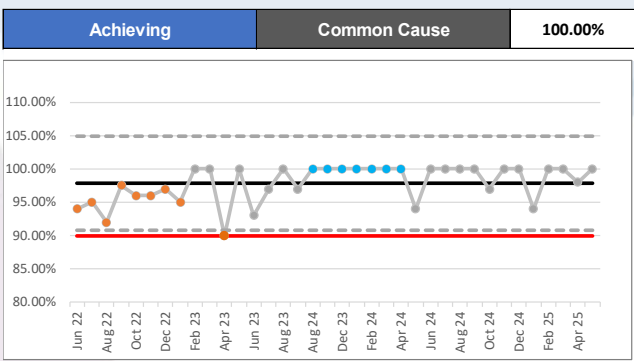


Number of complaints as a % of admissions

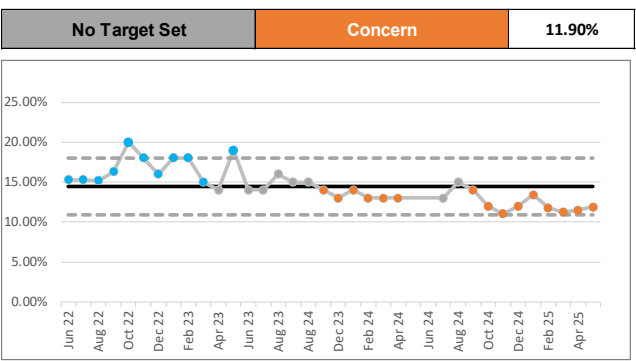


Quality, Safety & Patient Experience | Core Metrics

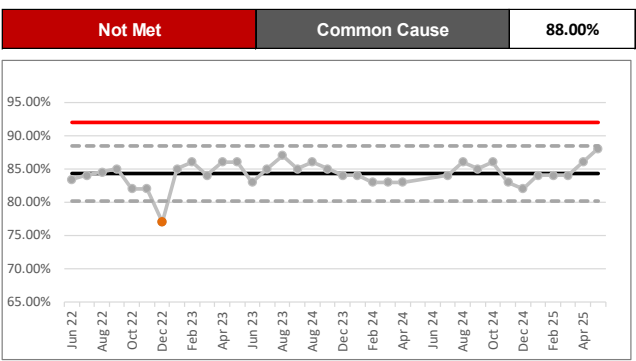
Complaints response rate against policy



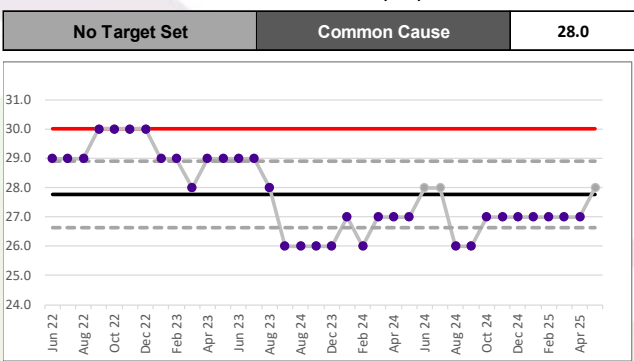
FFT response rates - Trust wide



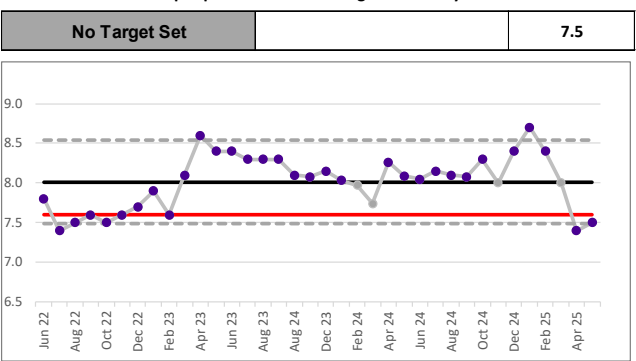
FFT recommendation rates - Trust wide



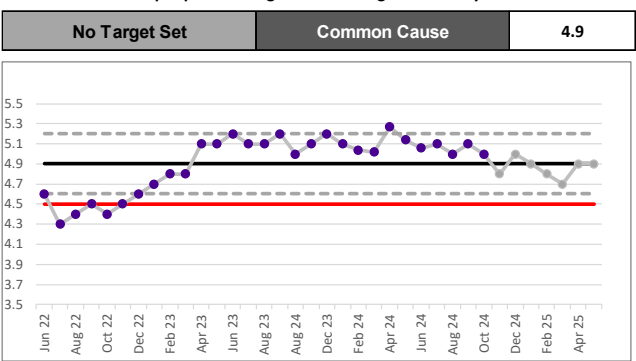
Midwife to birth ratio (1 to)



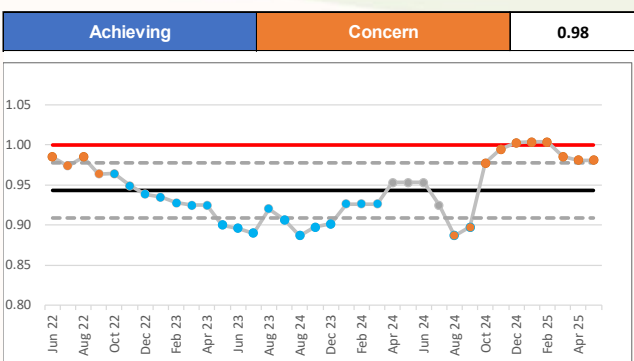
Care hours per patient - total nursing & midwifery staff actual



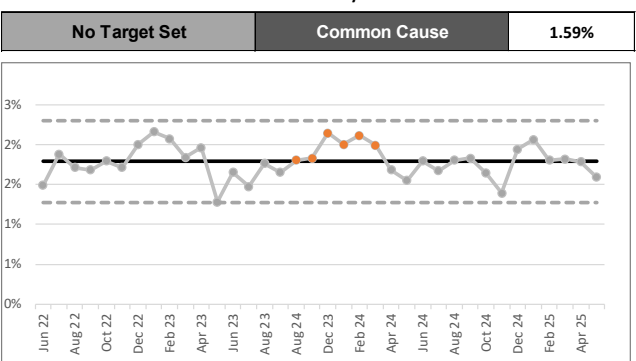
Care hours per patient - registered nursing & midwifery staff actual



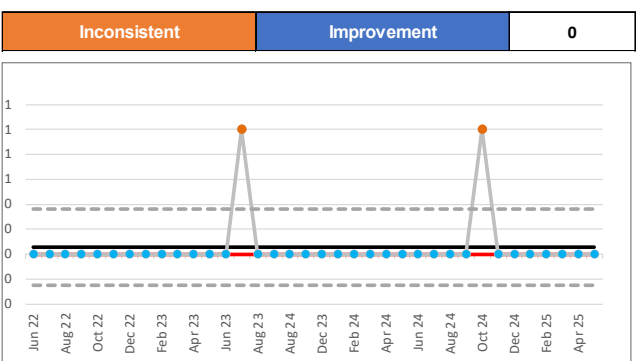
SHMI



Crude Mortality Rate



Never events



Care Colleagues
Collaboration Communities

People | Executive Summary

National

Updated nursing and midwifery job profiles have been released, reflecting feedback from the Royal College of Nursing (RCN) and Royal College of Midwives (RCM) following a 2021 Staff Council request. The updates ensure profiles align with current practice, training, and role development. The CNO team is reviewing band 4 and 5 nursing roles in light of these changes.

The impact of the 2025/26 NHS pay review on immigration thresholds is being assessed. New immigration rules from 9 April 2025 raise the Skilled Worker salary threshold to £25,000/year (£12.82/hour). As a result, entry-level band 3 roles fall below this threshold and are ineligible for international sponsorship.

System

- A system-wide Mutually Agreed Resignation Scheme (MARS) has been agreed by the RWT & WHT Group Board and made available to other system providers. Trust Approval was obtained from NHS England on 7th July 2025 and the scheme launched across the four Acutes within the system on 8th July 2025.
- The ICB EDI Development Programme has been launched across the Black Country with both RWT and WHT enabling access to bookings via My Academy.

Local

- The Health Care Support Worker B2-B3 job description and job banding review process, following a Unison-led ballot, has been completed and accepted by staff. Assimilation and back pay will take place in July.
- A Successful Group long service awards ceremony took place in early June, and across both organisations, over 600 colleagues were recognised for their service at 20 years (WHT only), 25, 30, 40 and 50 years.
- Both Trusts took part in Birmingham Pride 2025.
- Both Trusts are working towards achieving the Menopause Accreditation, with the assessment taking place in July 2025. The work has been led by the Joint Women and Allies network and is supported by OH and Wellbeing.

Authors



Alan Duffell
(Group Chief
People Officer)



Care Colleagues
Collaboration Communities

People | Executive Summary

Performance against Trust 2025/26 Workforce Plan

Between M1 and M2, there was a further workforce reduction of 68 WTE, exceeding the NHSE workforce plan target (comprising 46.5 WTE substantive, 12.6 WTE bank, and 8.9 WTE agency). In Month 2, the Trust outperformed the NHSE workforce plan across all categories (substantive, bank, and agency) resulting in a total workforce position of 251WTE below plan.

The 2025/26 workforce plan, submitted to NHSE in March, set out a reduction trajectory of 353 WTE, including 218 substantive posts, based on schemes identified at that time. To bridge an internal cost improvement gap, the Trust identified the need for a further 157 WTE substantive reductions.

As a result, the revised internal substantive workforce target for M2 was 10,343 WTE. Actual performance was 144 WTE below this target, meaning the internal stretch target for M2 was achieved. At the end of M2 the Trust performed better than plan against both the NHSE 25/26 Workforce Plan and the internal 25/26 Financial Sustainability Plans.

Performance against Key Workforce Metrics

The two areas of concern for the workforce KPIs are Sickness Absence and Appraisals.

Sickness absence has increased from the previous month and is higher than the same period in 24/25 (5% April 2024). A review of absence reporting processes are being undertaken with an aim to improve reporting and maximise ESR functionality. A digital learning module for My Academy is nearing completion and will enable increased accessibility for managers to undertake sickness absence training.

Sickness absence monitoring continues via the Absence Oversight group and discussions have been held at Divisional Performance Reviews to monitor sickness levels within operational teams. A review of the trust sickness absence policy is to be undertaken with an aim to develop an aligned sickness absence management policy across the group.

Last month, appraisal compliance remained stable but did not meet the Trust's target. Since November 2024, compliance has consistently hovered around 82%. Appraisal completion rates by Division and Directorate are shared monthly, accompanied by escalation reports for overdue appraisals. Discussions with operational leads indicate that clinical pressures are contributing to the target not being met.

My Academy has been used for appraisals since August 2024. A review of its impact will be conducted after it has been in place for a full year. Further actions include aligning the RWT and WHT appraisal forms within My Academy, as well as reviewing appraisal guidance and providing training for line managers across the Trust.

Authors



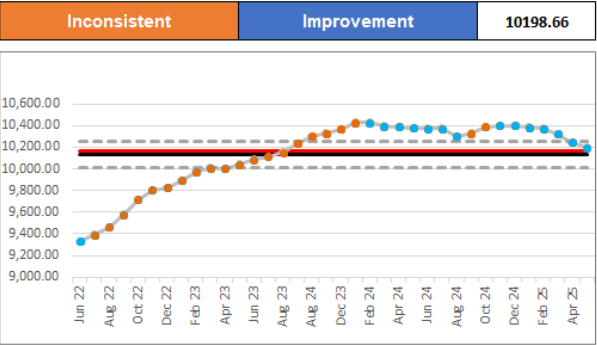
Alan Duffell
(Group Chief
People Officer)



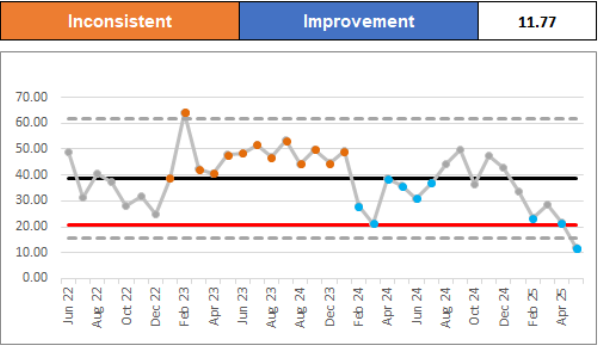
Care Colleagues
Collaboration Communities

People | Core Metrics

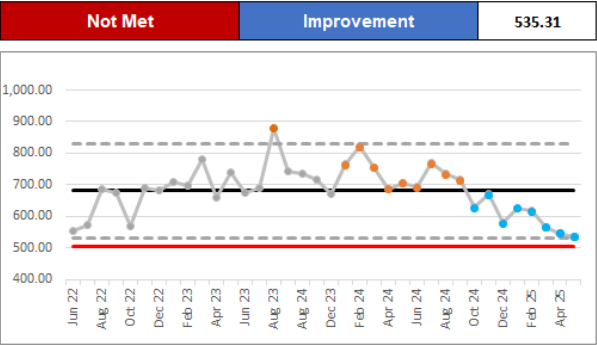
Substantive (WTE) Trust



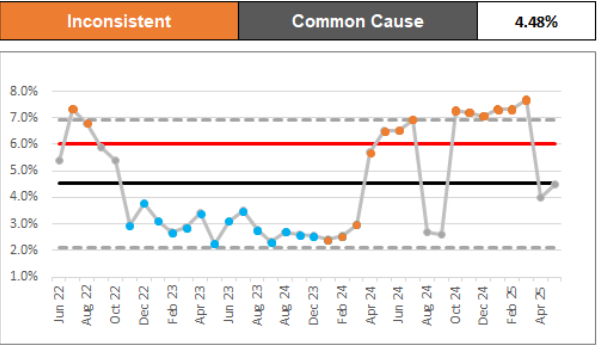
Agency (WTE) Trust



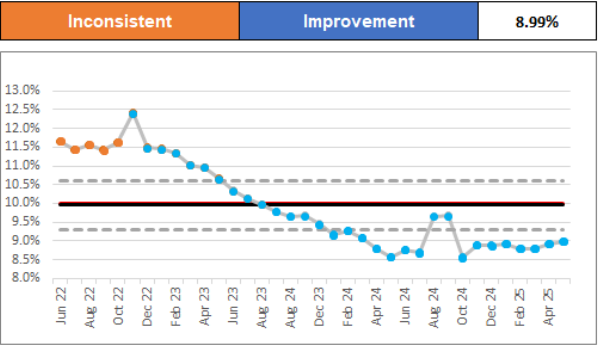
Bank (WTE) Trust



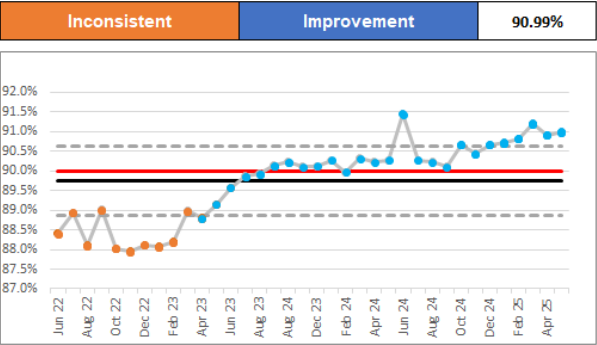
Vacancy Rate



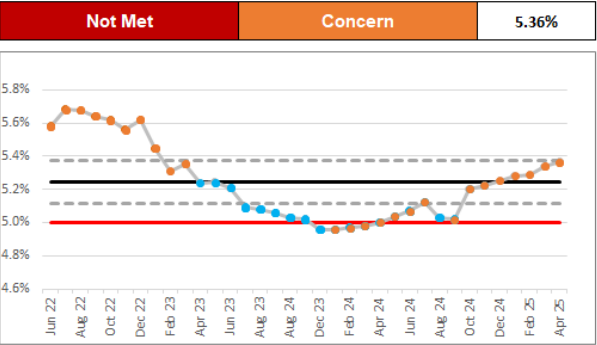
Turnover Rate (12 Months)



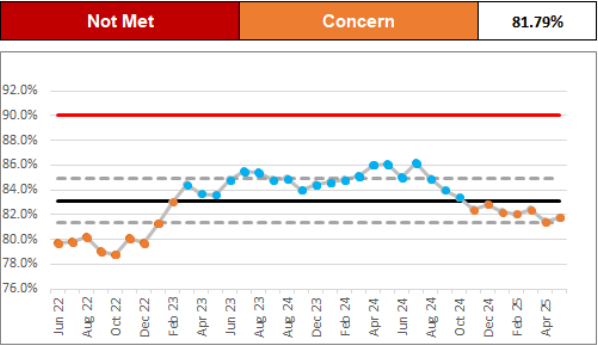
Retention Rate (12 Months)



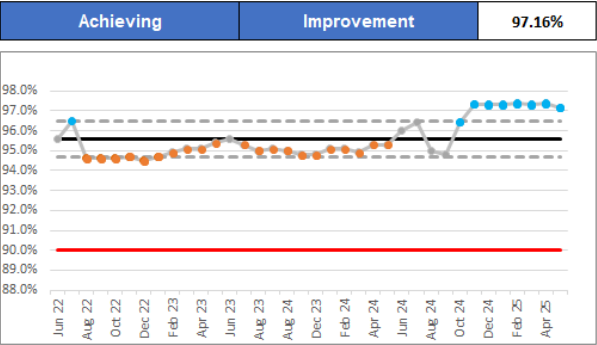
Sickness Absence (Rolling 12 Months)



Appraisals



Statutory & Mandatory Training



Care Colleagues
laborationCommunities

Operational Performance | Executive Summary

- Our incomplete waiting list has dropped considerably (from c88,000 at the start of the year to just over 80,000 at the end of May). This has been driven by the commencement of the validation sprint which has enabled us to increase our validation efforts through the funding of an outsourced provider. At the same time, we have seen an improvement in our RTT performance and are ahead of our planned trajectory. We expect performance to continue to improve in line with the commencement of additional insourcing in late July.
- Our 52-week position remains challenging – staffing challenges in gynaecology in particular are driving our underperformance. The insourcing above will support recovery, combined with locum cover that has been agreed. It is unlikely we will return to trajectory before August, however.
- From an unplanned care perspective, both A&E and ambulance handover performance remain comparatively strong. It is particularly encouraging to see the improvement in 12 hour waits which had been an area of particular challenge. Notwithstanding this, we continue to strive to improve performance further.
- From a cancer perspective, we continue to meet the 28-day faster diagnosis standard. 62-day performance in April fell short of the national target by 0.4% at 69.6% but we expect 62-day performance to improve to plan in May as a result of validation. Urology remains the area of biggest challenge, particularly the diagnostic stage of the pathway however an action plan is in place and the backlog of patients is reducing.

Authors

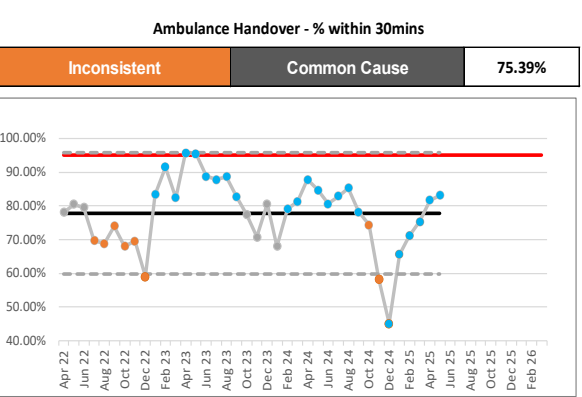
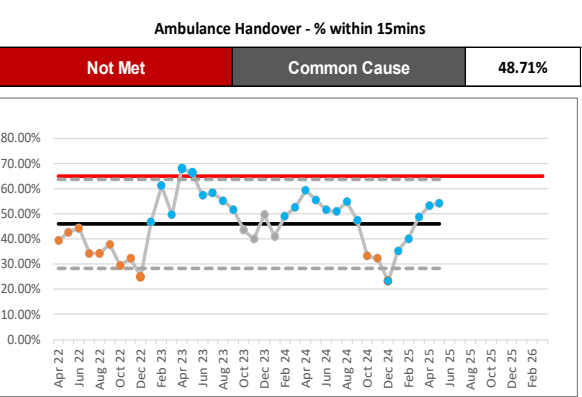
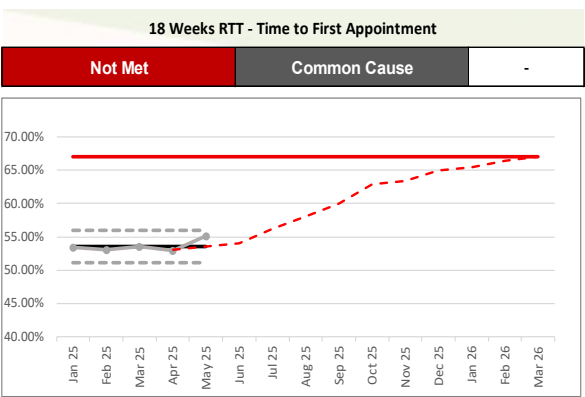
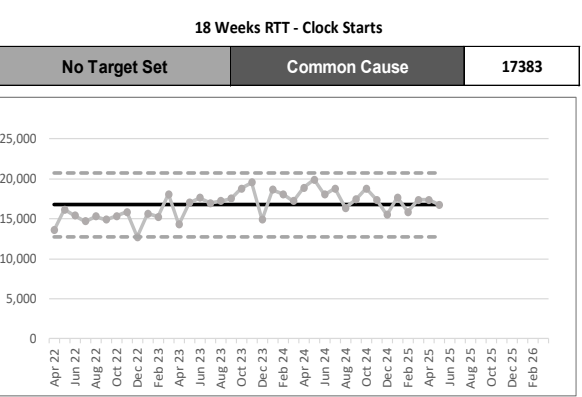
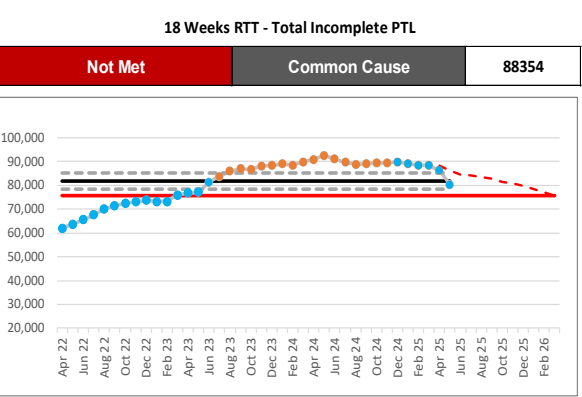
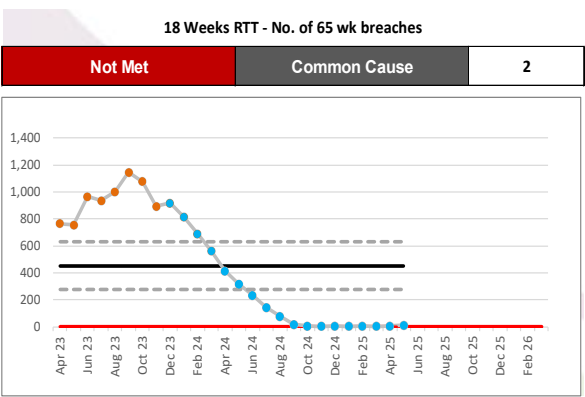
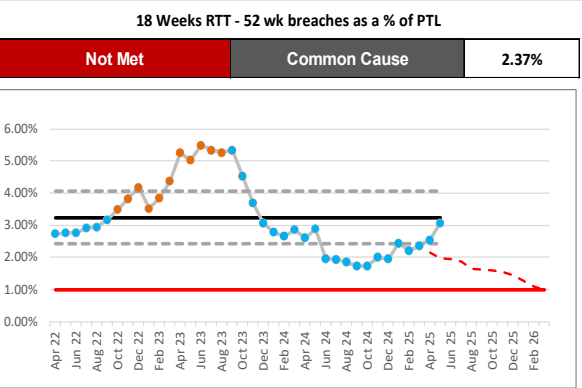
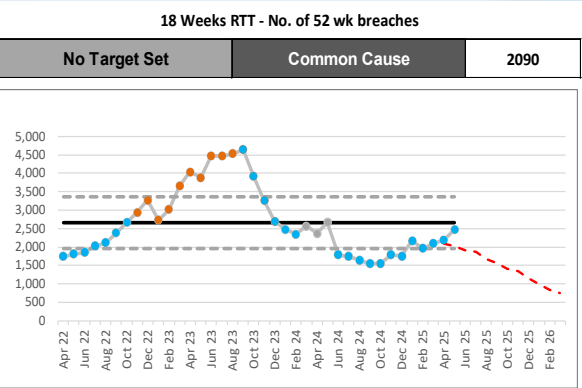
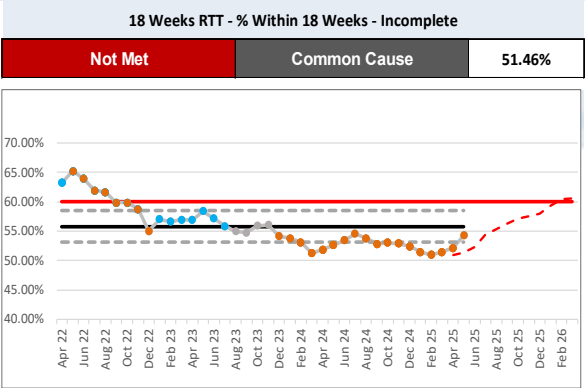


Gwen Nuttall
(Managing
Director)

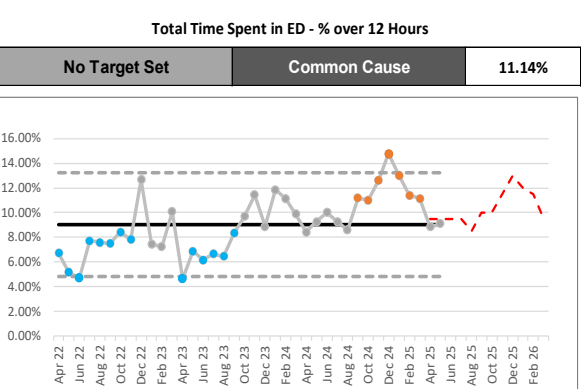
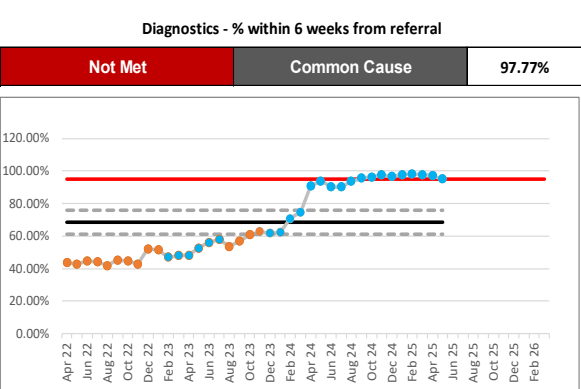
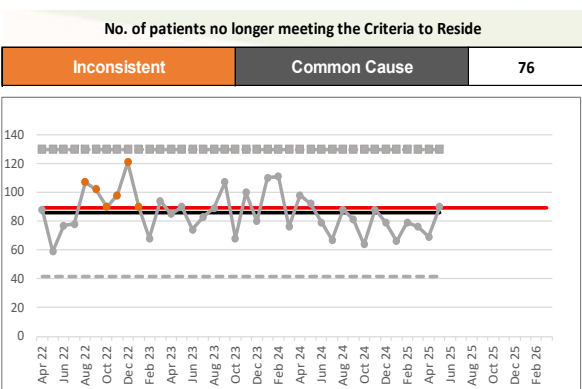
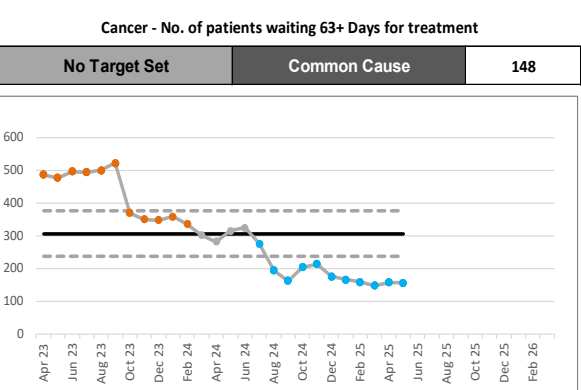
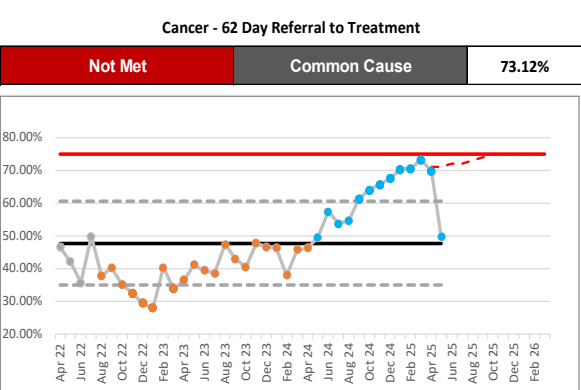
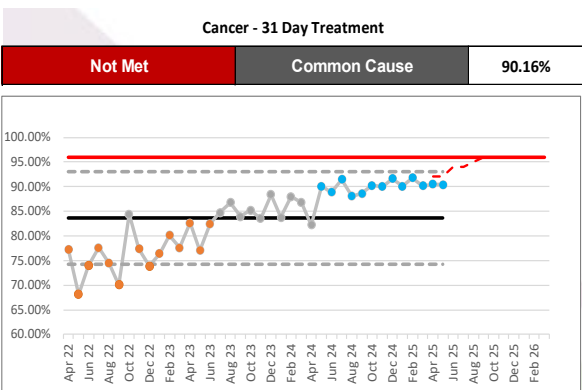
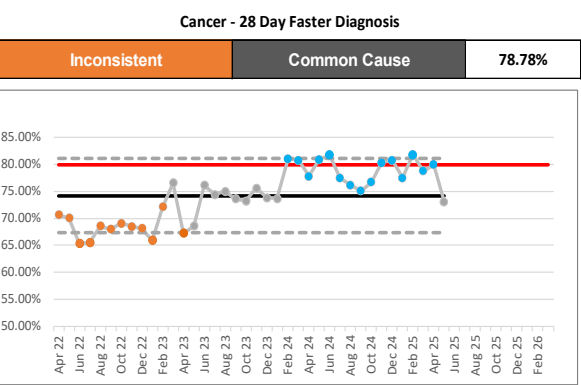
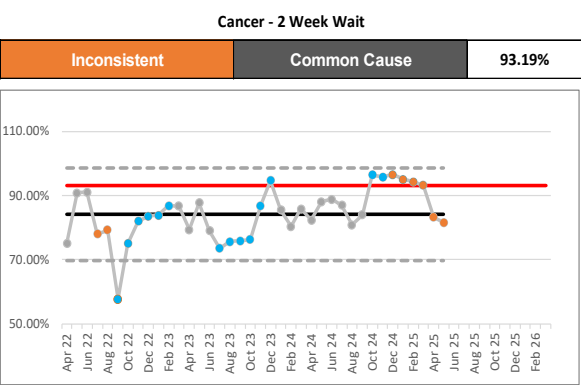
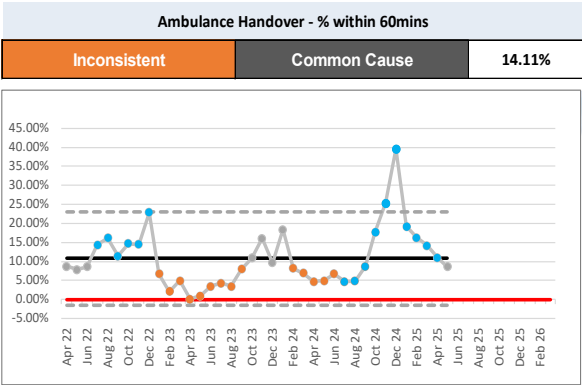


Care Colleagues
Collaboration Communities

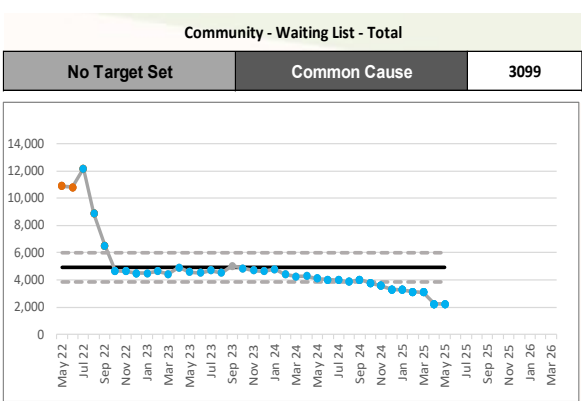
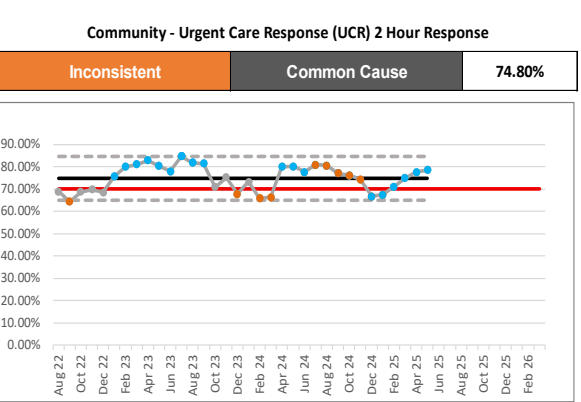
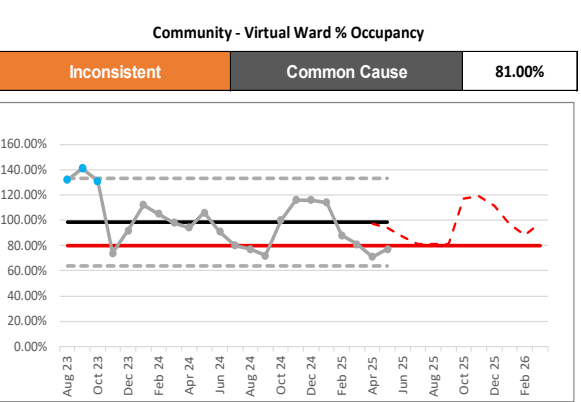
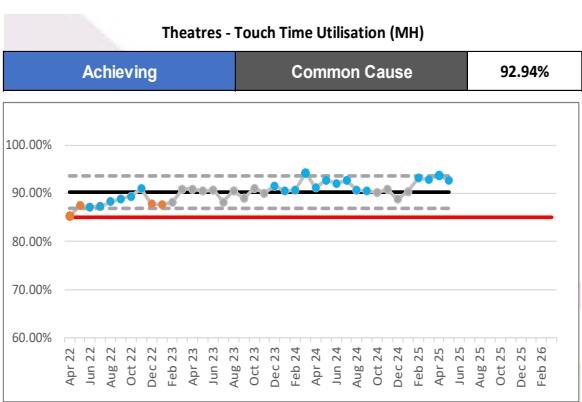
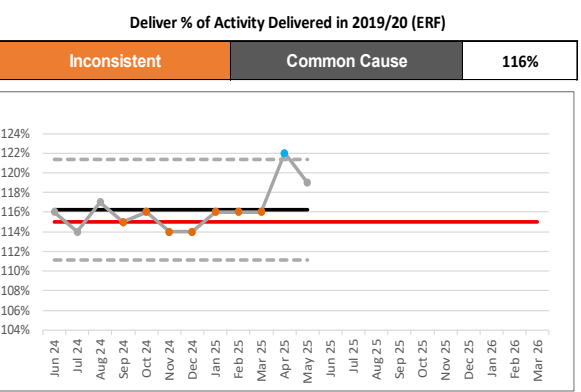
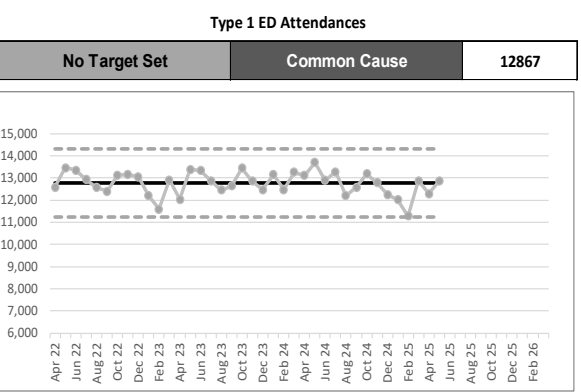
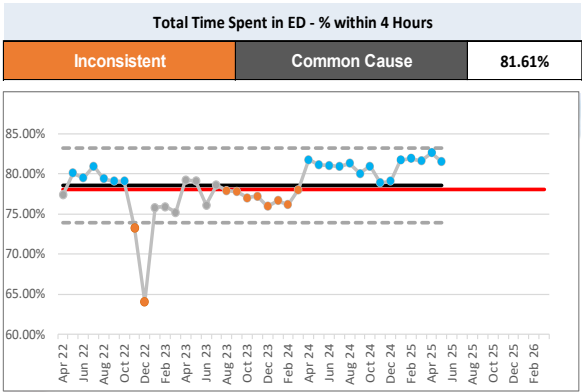
Operational Performance | Core Metrics



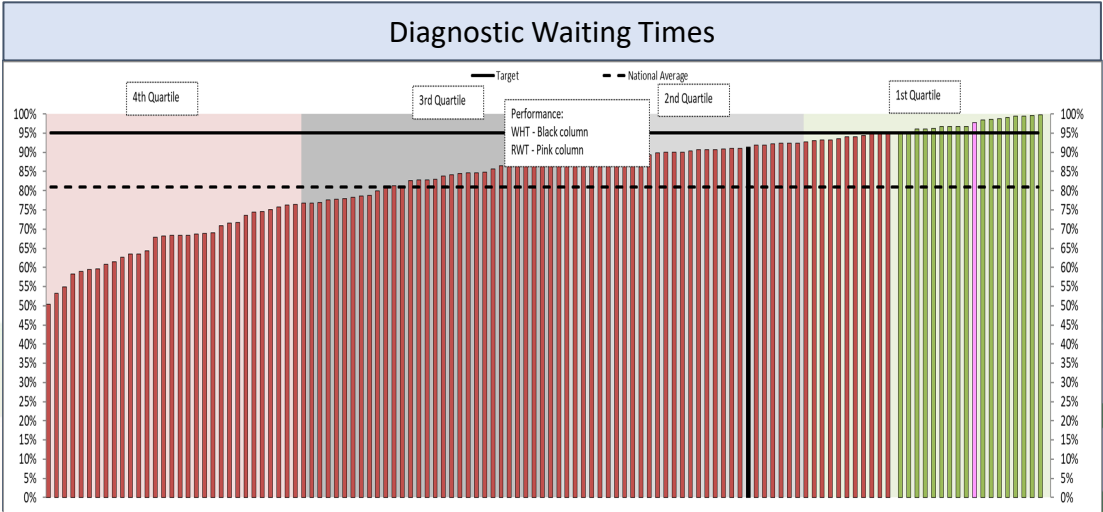
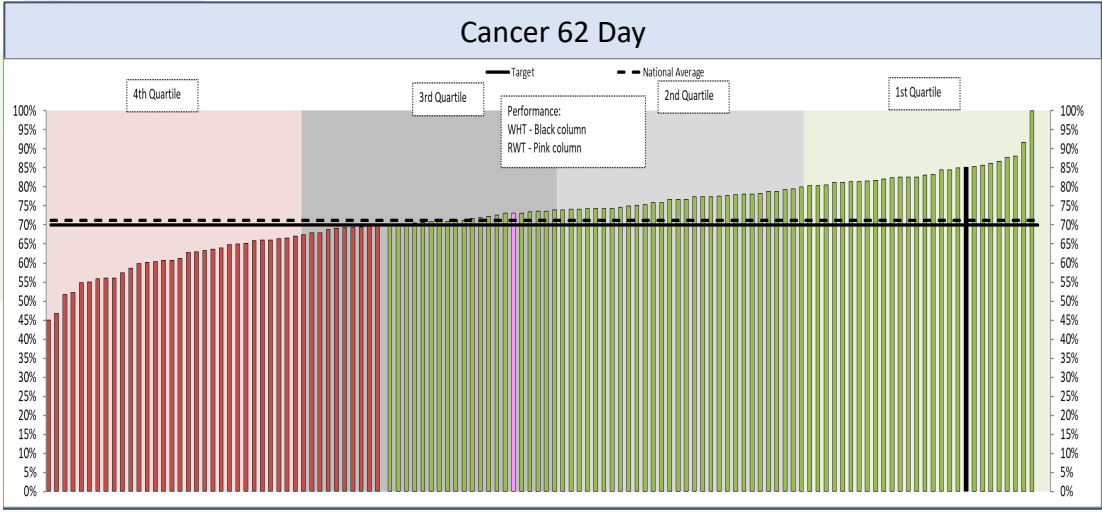
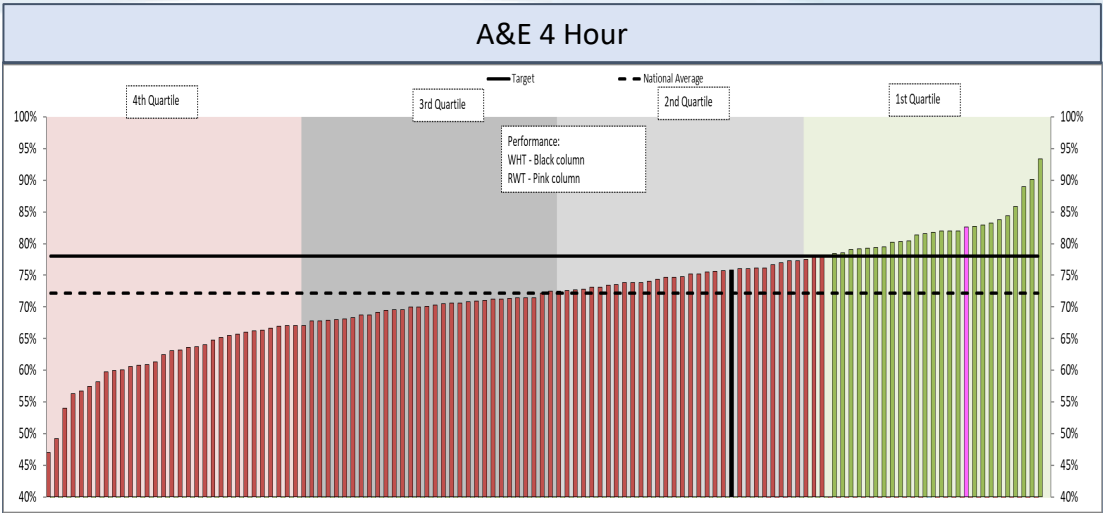
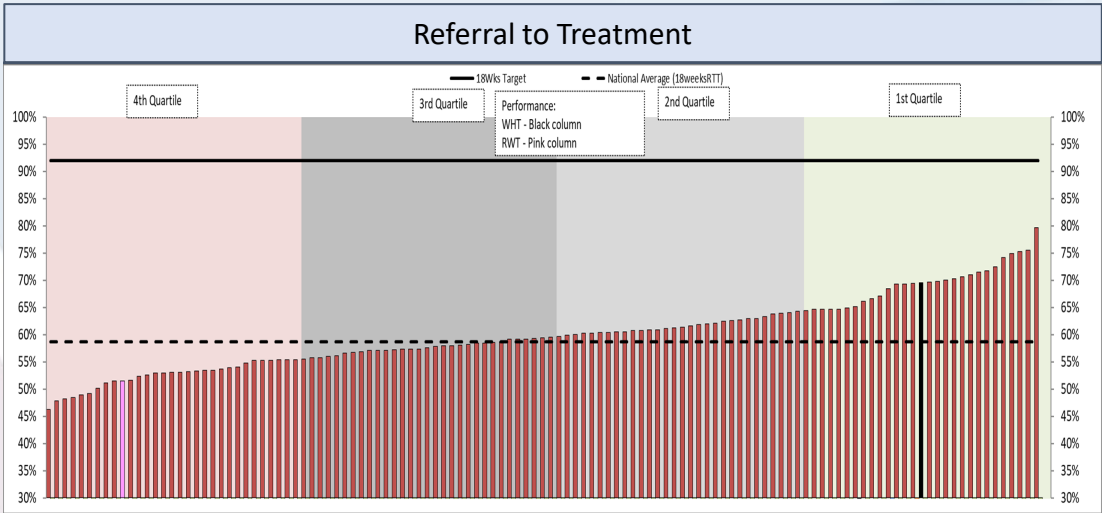
Operational Performance | Core Metrics



Operational Performance | Core Metrics



Operational Performance | Benchmarking



Finance | Executive Summary

Key headlines – Month 2 2025/26

- Deficit of £1.8m in month, which is in line with plan.
- Patient income has underperformed by £0.4m in month, primarily due to elective variable underperformance and lower than planned devices income.
- Income on directorate budgets has under-achieved by £0.3m in month, with £0.1m related to BCPS, which is offset by non-pay underspends. Divisions 1, 3 and E&F are also underspent due to SLA's not yet being inflated for 25/26.
- Pay is underspent by £0.1m in month. Division One is £0.1m underspent in month and has reported a £0.5m reduction in spend since M1. The movements are across many directorates, but most notably Cardiothoracic, General Surgery, Orthopaedics and Critical Care and is across substantive, bank and agency.
- Non-pay is overspent by £0.2m in month. Corporate is overspent by £0.1m due to additional Operating lease costs, additional interpreting costs and IT costs associated with bank booking systems. Division One is also overspent in month due to additional theatre consumables in Orthopaedics and additional activity related costs in Cardiothoracic.
- CIP of £3.59m has been achieved in month, which is £0.7m above plan. 78% of the in-month achievement is non-recurrent, however some of the achievement relates to recurrent schemes that are awaiting approval to be achieved as recurrent savings.

Authors



Kevin Stringer
(Group Chief
Finance Officer)



Finance | I&E Summary

In-Month Income & Expenditure

| | Plan M2 £m | RWT Actual M2 £m | Surplus/ (Deficit) £m |
|--------------------------------|------------------|---------------------------|-----------------------------|
| Income | 8.3 | 82.7 | (0.6) |
| Expenditure | | | |
| Pay | 53.2 | 53.1 | 0.1 |
| Non Pay | 20.6 | 20.8 | (0.2) |
| Drugs | 6.6 | 6.6 | 0.0 |
| Other* | 4.7 | 3.9 | 0.7 |
| Total Expenditure | 85.1 | 84.5 | 0.7 |
| New reported surplus/(Deficit) | (1.8) | (1.8) | 0.0 |

Year-to-date Income & Expenditure

| | Plan YTD £m | RWT Actual YTD £m | Surplus/ (Deficit) £m |
|--------------------------------|-------------------|----------------------------|-----------------------------|
| Income | 166.9 | 166.4 | (0.5) |
| Expenditure | | | |
| Pay | 107.3 | 107.4 | (0.1) |
| Non Pay | 41.1 | 40.9 | 0.1 |
| Drugs | 13.8 | 13.8 | 0.0 |
| Other (incl. depreciation) | 8.2 | 7.7 | 0.4 |
| Total Expenditure | 170.3 | 169.8 | 0.5 |
| New reported surplus/(Deficit) | (3.4) | (3.4) | 0.0 |

The Trust's financial position remains on plan for May with an in-month deficit of £1.8m and YTD deficit of £3.4m.

Income is lower than plan relating to SLAs and is offset by expenditure underspends and efficiency overachievement. Pay is underspent by £0.1m in month, due to vacancies and a reduction in bank, agency and WLI spend. Non pay is overspent by £0.2m in month relating to medical consumables and corporate costs. 'Other' CIP has overachieved by £0.7m in month, due to one off benefits relating to 24/25 being identified, which have been reflected as non-recurrent CIP.

The RWT annual plan is breakeven following national deficit support of £31.4m and local support funding of £14.5m, totalling £45.9m. The plan requires £57.2m of efficiencies for the year.

The profile of the plan for the remainder of the year requires an improvement each month, with a surplus from month 7 onwards.



Care Colleagues
Collaboration Communities

Finance | ERF Performance

| Point of Delivery |
|-------------------------|
| Elective |
| Planned Same Day |
| Outpatient Procedures |
| Procedures Total |
| Outpatient 1st |
| Grand Total |

| RWT | | |
|---------------|---------------|--------------|
| Plan | Actual | Variance |
| Activity | Activity | Activity |
| 1,160 | 1,149 | (11) |
| 7,646 | 7,830 | 184 |
| 26,018 | 28,277 | 2,259 |
| 34,825 | 37,256 | 2,432 |
| 38,205 | 38,533 | 328 |
| 73,030 | 75,790 | 2,760 |

| |
|-------------------------|
| Elective |
| Planned Same Day |
| Outpatient Procedures |
| Procedures Total |
| Outpatient 1st |
| Grand Total |

| £'000 | £'000 | £'000 |
|---------------|---------------|------------|
| 7,524 | 7,341 | (183) |
| 8,624 | 8,559 | (65) |
| 4,465 | 4,817 | 352 |
| 20,614 | 20,718 | 104 |
| 8,291 | 8,344 | 53 |
| 28,905 | 29,061 | 157 |

This table shows the variable elective activity performance against the Trust activity plan without the additional proposed initiatives to achieve the RTT target.

Total activity is £157k above the initial plan YTD with over performance mainly in outpatient procedures in Head & Neck and Oncology, and outpatient attendances in Acute Medicine and Respiratory. The main areas of under-performance are in Gastroenterology, Cardiothoracic surgery and Gynaecology.

In month elective performance was £219k below the Trust plan. The main cause of this was under performance in Division 1 for Cardiothoracic Surgery (£189k).



Care Colleagues
Collaboration Communities

Finance | Cost Improvement Plans

| | Plan approved by Board | YTD recurrent achievement Month 2 | YTD non-rec achievement Month 2 | YTD achievement Month 2 | YTD Plan | YTD Variance Month 2 | FOT assuming all plans achieved |
|-----------------------------------|---------------------------|---|---------------------------------------|-------------------------------|------------|-------------------------|---------------------------------------|
| Efficiencies 2025/26 | £m | £m | £m | £m | | £m | £m |
| Affordable Urgent Care | 2.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.2 |
| Bed Reduction | 2.3 | 0.0 | 0.0 | 0.0 | 0.0 | - | 2.3 |
| Cessation of Unfunded Schemes | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | - | 1.0 |
| Clinical Best Practice | 6.0 | 0.3 | 0.0 | 0.3 | 0.7 | (0.4) | 6.0 |
| Counting and Coding | 2.1 | 0.0 | 0.0 | 0.0 | 0.2 | (0.2) | 2.1 |
| Estates Utilisation | 1.0 | 0.0 | 0.0 | 0.0 | 0.1 | (0.1) | 1.0 |
| Non-Pay and Procurement | 14.6 | 0.8 | 4.5 | 5.2 | 2.0 | 3.2 | 14.6 |
| Operational Productivity | 6.0 | 0.0 | 0.0 | 0.0 | 0.4 | (0.4) | 6.0 |
| Workforce | 22.1 | 0.0 | 0.9 | 0.9 | 2.4 | (1.5) | 22.1 |
| Sub Total - internal plans | 57.2 | 1.1 | 5.4 | 6.4 | 5.7 | 0.7 | 57.2 |
| Total efficiency plan | 57.2 | 1.1 | 5.4 | 6.4 | 5.7 | 0.7 | 57.2 |

In Month Two, the Trust overachieved against its CIP target of £2.87m by £0.7m. The over-achievement is due to one off benefits relating to 24/25 being identified and reported as non-recurrent CIP.

Of the in-month achievement, £2.79m has been achieved non-recurrently (77%). 83% of the YTD achievement is non-recurrent. There are several recurrent schemes which are progressing through governance and QIA processes that have been recognised non-recurrently until the scheme has been formally approved.

There is also a significant element of the non-recurrent savings being achieved through vacancy savings, which will be further reviewed as part of divisional CIP reviews. All non-recurrent savings are being reviewed to understand whether they are genuinely non-recurrent or have arisen as part of a separate recurrent scheme.

Performance Assurance Framework Dashboard

| Operational Performance | Target / Limit | Previous Month | Current Month (Latest Available) | Latest Time Period | 19/20 Same Period | Variation | Assurance |
|---|----------------|----------------|----------------------------------|--------------------|-------------------|-------------------|-------------------|
| % waiting >52 weeks (acute) | - | 51.46% | 52.14% | Apr-25 | 88.06% | Improvement | No Target Set |
| % of urgent referrals diagnosed within 4 weeks | - | - | - | - | - | Not Enough Points | Not Enough Points |
| % treated within 62 days of referral | - | - | - | - | - | Not Enough Points | Not Enough Points |
| % of cancers diagnosed at stage 1 or 2 | - | - | - | - | - | Not Enough Points | Not Enough Points |
| % of ED attendances seen within 4 hours | - | - | - | - | - | Not Enough Points | Not Enough Points |
| % of ED attendances >12 hours | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Summary Hospital-Level Mortality Indicator (SHMI) | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Average days from discharge-ready to actual discharge | - | - | - | - | - | Not Enough Points | Not Enough Points |
| CQC inpatient survey satisfaction rate | - | - | - | - | - | Not Enough Points | Not Enough Points |
| CQC safe inspection score | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Rates of MRSA, C. difficile, E. coli | - | - | - | - | - | Not Enough Points | Not Enough Points |
| NHS Staff Survey – raising concerns sub-score | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Sickness absence rate | - | - | - | - | - | Not Enough Points | Not Enough Points |
| NHS staff survey – engagement theme score | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Planned surplus/deficit | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Variance to financial plan | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Implied productivity level | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Healthy life expectancy | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Talking therapy recovery rates | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Cancer screening rates | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Smoking cessation in pregnancy | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Obesity programme uptake | - | - | - | - | - | Not Enough Points | Not Enough Points |
| MMR vaccine uptake | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Diagnostic wait times | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Deprivation/ethnicity gaps in outcomes | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Annual health checks for LD/autistic patients | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Under-18 elective wait list growth | - | - | - | - | - | Not Enough Points | Not Enough Points |
| Long-stay older inpatients | - | - | - | - | - | Not Enough Points | Not Enough Points |

The Performance Assurance Framework has now been confirmed with the indicators opposite, applicable to the Trust. The Trust has been placed into Segment 4 for Quarter 1 of 2025/26.

The dashboard opposite will be reported routinely going forward.



Care Colleagues
Collaboration Communities

| | |
|------------------------------|---|
| Report title: | Workforce Review – Medical Day Case Unit (MDSU) |
| Sponsoring executive: | Lisa Carroll – Chief Nursing Officer |
| Report author: | Gaynor Farmer |
| Meeting title: | Trust Board – held in Public |
| Date: | 15 July 2025 |

1. Summary of key issues/Assure, Advise, Alert

This report provides an assessment of the workforce establishment, operational demand, and staffing requirements within the Medical Day Case Unit (MDCU) as of May 2025. It evaluates current staffing against service delivery, considers the impact of absence, and makes a practical recommendation to enhance operational sustainability without additional financial burden.

The key issue addressed is the absence of headroom in the MDCU's staffing budget. Although overall sickness and other absence levels remain low and annual leave is well-managed, the lack of flexibility means that any short-term absence has a significant impact on service provision. Furthermore, current staffing does not accommodate protected management time, placing additional strain on the existing team.

Activity levels consistently exceed the unit's daily target of 25 patients, with nurses supporting a diverse range of treatments across multiple specialities, including oncology, gastroenterology, and rheumatology. Nurse-to-patient ratios indicate increasing pressure on registrants, especially in the context of the unit's Monday–Friday 08:00–18:00 operating model. The steady reliance on bank staff to cover for registered nurse leave, although manageable, highlights the impact of this establishment model.

The report examines the possibility of modifying the roster demand template to include a weekly management day (MD) without necessitating additional funding. This small but significant adjustment would recognise the leadership and coordination responsibilities within the unit, supporting clinical governance and workforce wellbeing.

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

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

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

Quality Committee

4. Recommendation(s)/Action(s)

The Group Quality Committee is asked to:

- a) Receive the report.
- b) Accept the recommendation from the CNO to incorporate 1 management day per week in the area's roster (no additional funding required).
- c) Receive assurance that resource use remains optimal and patient care and performance is robust.

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

| | | |
|---|-------------------------------------|--------------------------|
| Group Assurance Framework Risk GBR01 | <input checked="" type="checkbox"/> | Break even |
| Group Assurance Framework Risk GBR02 | <input checked="" type="checkbox"/> | Performance standards |
| Group Assurance Framework Risk GBR03 | <input type="checkbox"/> | Corporate transformation |
| Group Assurance Framework Risk GBR04 | <input checked="" type="checkbox"/> | Workforce transformation |
| Group Assurance Framework Risk GBR05 | <input type="checkbox"/> | Service transformation |
| Corporate Risk Register [Datix Risk Nos] | <input type="checkbox"/> | |
| Is Quality Impact Assessment required if so, add date: | | |
| Is Equality Impact Assessment required if so, add date: | | |

| | |
|----------------------------|---------------|
| Tier 1 - Paper ref: | Enclosure 9.3 |
|----------------------------|---------------|

| | |
|------------------------------|---|
| Report title: | Workforce Review – Theatre Establishment Review |
| Sponsoring executive: | Lisa Carroll – Chief Nursing Officer |
| Report author: | Gaynor Farmer |
| Meeting title: | Trust Board – held in Public |
| Date: | 15 July 2025 |

1. Summary of key issues/Assure, Advise, Alert

This annual Establishment Review examines the current skill mix and staffing model across Walsall Healthcare NHS Trust's Main Theatres, with data drawn from March 2025. The purpose is to ensure that workforce levels remain safe, sustainable, and aligned with national expectations such as those set out by the National Quality Board (2016) and NHS Improvement's Developing Workforce Safeguards (2018). The review includes triangulation of staffing data, professional judgement, and performance outcomes.

Key Issues Identified:

- Some posts are currently held to support Trust-wide financial constraints (whilst theatre demand is reduced during refurbishment), with remaining vacancies under active recruitment.
- There is a shortfall in PDR (appraisal) compliance (39% vs 90% target), primarily due to workforce absences and lack of administrative time to support.
- Sickness absence across theatres exceeds 8% and is compounded by 10 WTE staff on maternity leave.
- Theatres have experienced increased pressure on Band 7 staff, who are covering administrative functions, shifts, and supporting HSDU due to leadership vacancies/gaps.
- Risk issues were noted relating to the dilution of clinical experience following international recruitment, limited ILS training access, administrative gaps, and staff wellbeing.

Performance and Outcomes:

- Theatre quality indicators (e.g. WHO Checklist, swab/instrument audits, medicines management) are stable.
- Mandatory training exceeds 90% compliance.
- Turnaround times have been affected by equipment concerns and changes in patient flow processes.
- Agency usage has increased recently following the end of insourcing support and declining bank uptake.

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

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

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

Quality Committee

4. Recommendation(s)/Action(s)

The Group Quality Committee is asked to:

- a) Receive the findings in this report.
- b) Accept the recommendation from the CNO that no change is necessary to staffing in theatres based on current surgical demand.
- c) Receive assurance that patient care in theatres remains robust.

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

| | | |
|---|-------------------------------------|--------------------------|
| Group Assurance Framework Risk GBR01 | <input checked="" type="checkbox"/> | Break even |
| Group Assurance Framework Risk GBR02 | <input checked="" type="checkbox"/> | Performance standards |
| Group Assurance Framework Risk GBR03 | <input type="checkbox"/> | Corporate transformation |
| Group Assurance Framework Risk GBR04 | <input checked="" type="checkbox"/> | Workforce transformation |
| Group Assurance Framework Risk GBR05 | <input type="checkbox"/> | Service transformation |
| Corporate Risk Register [Datix Risk Nos] | <input type="checkbox"/> | |
| Is Quality Impact Assessment required if so, add date: | | |
| Is Equality Impact Assessment required if so, add date: | | |

Tier 1 - Paper ref: Enclosure 9.3

| | |
|------------------------------|---|
| Report title: | Workforce Review – ED SNCT Nursing Workforce Review |
| Sponsoring executive: | Lisa Carroll – Chief Nursing Officer |
| Report author: | Gaynor Farmer |
| Meeting title: | Trust Board held in Public |
| Date: | 15 July 2025 |

1. Summary of key issues/Assure, Advise, Alert

This report presents the findings of the Emergency Department (ED) skill mix and establishment review, incorporating Safe Nursing Care Tool (SNCT) data from March 2025. The review aims to assess current staffing against patient demand and acuity, using both national and local benchmarks, and inform future workforce planning and assurance processes.

Key Issues and Findings

The SNCT analysis indicates a significant mismatch between current staffing levels and the acuity of patients presenting to ED at Walsall Healthcare NHS Trust (WHT). Acuity profiles demonstrate a higher proportion of complex and high-dependency patients (1a and 1c) compared to the national average, particularly due to high volumes of out-of-area mental health (MH) attendances. These patients necessitate enhanced supervision, largely provided by clinical support workers (CSWs). Additionally, WHT ED handles 58% more attendances than the national ED average in the SNCT model.

Benchmarking against national assumptions (86.2% RN ratio, 27% headroom – Shelford Group Metric and RCEM standard, respectively) recommends a variation of +4.66 WTE RNs and -37.9 WTE CSWs. In contrast, local benchmarking (66% RN ratio, 21% headroom – Trust set) suggests potential over-establishment of -27.24 WTE RNs and -13 WTE CSWs. These conflicting outputs highlight the complexity of interpreting SNCT data in high-variability, unscheduled care environments.

Despite these variances, ED remains compliant with 21 of 27 RCEM standards and maintains strong performance in triage times and sepsis indicators. Notably, staffing acuity modelling excludes the 39% of patients remaining in the department >4 hours, thereby underestimating the actual clinical burden.

Actions

- Maintain current establishment pending a third round of SNCT data and external QA assurance, aligning with Shelford Group recommendations for triangulated reviews before decision-making.
- Commission a detailed time/task review to explore the efficiency and skill distribution of CSWs and RNs in high-impact areas (e.g., Resus, RATS, Paediatrics).
- Continue targeted recruitment and role enhancement strategies to sustain performance amidst demographic challenges, mental health demand, and flow pressures related to bed capacity elsewhere in the system.

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

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

| 4. Recommendation(s)/Action(s) |
|---|
| The Group Quality Committee is asked to: |
| a) Receive the findings in this report. |
| b) Accept the recommendation from the CNO regarding further work (audit acuity, audit staff tasking, QIA) and data collection in September 2025 |
| c) Receive assurance that patient care in ED remains robust. |

| 5. Impact <small>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</small> | | |
|--|-------------------------------------|--------------------------|
| Group Assurance Framework Risk GBR01 | <input checked="" type="checkbox"/> | Break even |
| Group Assurance Framework Risk GBR02 | <input checked="" type="checkbox"/> | Performance standards |
| Group Assurance Framework Risk GBR03 | <input type="checkbox"/> | Corporate transformation |
| Group Assurance Framework Risk GBR04 | <input checked="" type="checkbox"/> | Workforce transformation |
| Group Assurance Framework Risk GBR05 | <input type="checkbox"/> | Service transformation |
| Corporate Risk Register [Datix Risk Nos] | <input type="checkbox"/> | |
| Is Quality Impact Assessment required if so, add date: | | |
| Is Equality Impact Assessment required if so, add date: | | |

| | | | |
|--|--|--|---|
| Title of Report | Exception Report from Chair of Committee | | Enc No: 10 |
| Author: | Name and Position: Professor Martin Levermore | | |
| Presenter: | Name and Position: Professor Martin Levermore | | |
| Date(s) of Committee Meetings since last Board meeting: | 13 th June 2025 | | |
| Action Required | | | |
| Decision | Approval | Discussion | Received/Noted/For Information |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| MATTERS OF CONCERN OR KEY RISKS TO ESCALATE | MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY |
|---|--|
| <ul style="list-style-type: none"> Impact of geopolitical developments on investment markets – ROI will suffer with continued global conflicts and USA Tariffs | <ul style="list-style-type: none"> Governance and alignment across Wolverhampton and Walsall charities to affect better communication and cross-working relationships. |
| POSITIVE ASSURANCES TO PROVIDE | DECISIONS MADE |
| <ul style="list-style-type: none"> Financial position remains sound Investment in portfolios remains solid considering the geopolitical challenges. | <ul style="list-style-type: none"> Need to optimize use Patrons and Ambassadors to promote the Charity Need to strengthen Executive and NED engagement with Charity Activities – Charity needed to communicate in advance with board if it required board engagement of representation to increase profile/donor Strategic Direction and use of Charitable funds – it was agreed that Chair to offer some time to assist Fund Raisers to scope forward Strategy plan of the Charity and how to improve the utilization of Charitable to achieve high impact to beneficiaries. |