

**The Royal Wolverhampton NHS Trust (RWT)
& Walsall Healthcare NHS Trust (WHT)**
Tuesday 20 January 2026 @ 12:30-15:30

At MLCC Walsall Manor Hospital

Group Board of Directors Meeting - to be held in PUBLIC

| Agenda Ref | DESCRIPTION | PAPER REF | LEAD | PURPOSE | TIME |
|------------|--|----------------|--|--------------------|--------------|
| 1 | Chair's Welcome, Apologies and Confirmation of Quorum | Verbal | Sir David | To inform & assure | 12:30 |
| 2 | Patient Story- Amie Burden - Familial Hypercholesterolaemia (FH) | 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 Board of Directors Meeting held in Public on 18 November 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 | 12:51 |
| 5 | Chair's Report – Verbal | Verbal | Sir David | To inform & assure | 12:53 |
| 6 | Group Chief Executive's Report | Enclosure 6 | J Chadwick-Bell | To inform & assure | 13:00 |
| 7 | Integrated Committee Chairs Report - Quality, Finance & Productivity, Transformation and Partnerships and People | Enclosure 7 | J Dunn/ P Assinder/ L Toner/ D Brathwaite/ L Sadler-Todd | To inform & assure | 13:08 |
| 7.1 | RWT & WHT Charitable Funds Committee Chair's Reports | Enclosure 7.1 | M Levermore | To inform & assure | 13:18 |
| 7.2 | RWT & WHT Audit Committee Chair's Reports | Enclosure 7.2 | J Jones M Martin | To inform & Assure | 13:26 |
| 8 | Group Finance Plan and Workforce Report | Enclosure 8 | K Stringer | To inform & assure | 13:36 |
| 9 | COMFORT BREAK (10 MINS) | | | | 13:46 |
| 10 | Strategy (Section Heading) | | | | |
| 10.1 | Group Chief Community and Partnerships Officer Report Work Programme for One Wolverhampton and Walsall Together | Enclosure 10.1 | S Cartwright | To inform & assure | 13:56 |
| 10.2 | Proposed Transformation Model for Stroke Rehabilitation across Walsall and Wolverhampton | Enclosure 10.2 | S Cartwright | To approve | 14:04 |

| Trust Integrated Quality & Performance Reports (Section Heading) | | | | | |
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| 11.1 | Integrated Performance Report - Walsall Healthcare NHS Trust (WHT) - Quality, People, Access Standards, Finance and Productivity | Enclosure 11.1 | A Godson | To inform & assure | 14:12 |
| 11.2 | Integrated Performance Report - The Royal Wolverhampton NHS Trust (RWT) - Quality, People, Access Standards, Finance and Productivity | Enclosure 11.2 | G Nuttall | To discuss, inform & assure | 14:24 |
| 12 | Antimicrobial Resistance Report | Enclosure 12 | B McKaig Z Din | To inform | 14:36 |
| 13 | Questions Received from the Public | Verbal | Sir David | To inform | 14:44 |
| 14 | Any Other Business | Verbal | Sir David | To inform | 14:54 |
| 15 | Resolution to close meeting | Verbal | Sir David | To inform | 14:59 |
| 16 | Date of Next Meeting: Tuesday 17 March 2026 at MLCC Walsall Healthcare NHS Trust | Verbal | Sir David | To inform | 15:01 |
| MEETING CLOSE | | | | | |

MEETING OF THE RWT/WHT GROUP BOARD OF DIRECTORS MEETING held in Public
TUESDAY 18th NOVEMBER 2025
MLCC, Room 9, Walsall Healthcare NHS Trust

PRESENT

Members (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 Officer |
| Mr S Evans | Deputy Group Chief Executive Officer & Chief Strategy Officer |
| Ms D Hickman | Chief Nursing Officer, RWT |
| Ms L Carroll | Chief Nursing Officer, WHT |
| Ms S Cartwright | Group Chief Community and Partnerships Officer |
| Ms L Sadler-Todd | Group Non-Executive Director |
| Mr A Duffell | Group Chief People Officer |
| Mr J Dunn | Deputy Chair/Non-Executive Director, RWT |
| Ms J Jones | Non-Executive Director, RWT |
| Dr B McKaig | Chief Medical Officer, RWT |
| Dr Z Din | Chief Medical Officer, WHT |
| Ms G Nuttal | Managing Director, RWT |
| Mr K Stringer | Group Chief Financial Officer |
| Prof L Toner | Group Non-Executive Director |
| Ms M Martin | Non-Executive Director, WHT |
| Lord P Carter | Specialist Advisor to the Board, RWT |
| Ms D Brathwaite | Group Non-Executive Director |
| Mr P Assinder | Deputy Chair/Non-Executive Director, WHT |
| Prof M Levermore | Group Non-Executive Director |
| Mr K Bostock | Group Director of Assurance |

In Attendance

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| Ms E Stokes | Senior Administrator (Minutes) |
| Ms J Toor | Senior Operational Coordinator |
| Ms P Boyle | Group Director for Research and Development in attendance for items 100/25 and 109/25 |
| Prof T Veenith | Clinical Director of Research, RWT in attendance for item 109/25 |
| Ms J Wright | Director of Midwifery, WHT in attendance for item 113/25 |

Members of Staff and Public in attendance

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| Dr J Tinsa | Member of the Public |
| Ms A Downward | Communications Lead RWT/WHT |
| Mr C Ward | Deputy Chief Nursing Officer, WHT |
| Ms E Howden | OD/HR Graduate Trainee, RWT |
| Mr A Taylor | Clinical Charge Nurse, Community East Locality, WHT |

Apologies

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| Dr U Daraz | Group Associate Non-Executive Director |
| Ms A Heseltine | Group Non-Executive Director |

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| 099/25 | Chair's Welcome, Apologies and Confirmation of Quorum |
| | Sir David welcomed everyone to the meeting and apologies were received and noted. Sir David confirmed the meeting as quorate. Resolved: that the RWT/WHT Group Board of Directors Meeting held in public be confirmed as quorate. |
| 100/25 | Patient Story (Royal Wolverhampton NHS Trust) – Clare's Story |
| | Sir David Nicholson welcomed Ms Pauline Boyle, Group Director of Research and Development to the meeting. Dr McKaig introduced Patient Clare and her story which was available on Youtube 'Clare's story' where she spoke about the opportunities that had been offered to her for her illness, through the Research and Development (R&D) department at RWT. He said R&D offered patients innovative new therapies, increase in productivity and improvement in healthcare populations. |

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The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

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| | <p>Ms Boyle advised that Clare had been recruited onto the Daisy Study which reviewed efficacy and safety of monoclonal antibodies that were used with cancer patients and patients with systemic sclerosis. She said systemic sclerosis was an autoimmune disease that affected the thickening of the hands, legs, arms, face and organs. Ms Boyle explained that the Daisy Study was a double-blind placebo control study which meant that neither the patient nor the clinical team knew if the patient was on the active drug. She said the patient would undergo one year of having an injection weekly and then after the year had concluded move to the active drug.</p> <p>Ms Boyle advised that the Daisy Study would only recruit 306 patients globally due to the rare nature of the condition. She said that Clare had been a fit individual who had been training for an Iron Man Competition but following her diagnosis she had begun to have complications with her oesophagus and hands.</p> <p>Ms Boyle advised that any side effects that develop due to the drug are recorded and investigated. She said Clare was in frequent contact with the research team and could call a member of the team whenever required. She said that Cannock Chase Hospital (CCH) had been proud to have been able to offer the opportunity for Clare to receive the new treatment.</p> <p>Ms Sadler-Todd asked how RWT could further raise the profile of clinical trials that were available to patients. Ms Boyle advised that patients are checked for eligibility for clinical trials and that wherever possible they should be offering their patients the opportunity for these. She said the Trust could further explore to help raise the R&D profile and these would continue to be worked through. She said that consultants continued to offer patients the opportunity to participate in clinical studies where appropriate.</p> <p>Sir David thanks Ms Boyle and said it was important to recognise that research active organisations achieved better patient outcomes.</p> <p>Resolved: that the Patient Story (Royal Wolverhampton NHS Trust) –Clare’s Story be received for information.</p> |
| 101/25 | <p>Register of Declarations of Interest</p> <p>Sir David confirmed that no further declarations of interest had been received pertaining to any items on the agenda that were not already included within the register of interests.</p> <p>Resolved: that the Register of Declarations of Interest be received and noted that there were no further declarations of interest declared that were not already included within the Register of Interests.</p> |
| 102/25 | <p>Minutes of the Previous RWT/WHT Group Trust Board Meeting held in Public on 16 September 2025</p> <p>Mr Bostock reported that he had attended the last meeting but had not been included on the attendance list of the previous meeting Group Board of Directors Meeting held in Public in September 2025.</p> <p>Ms Godson advised that there was a numerical error on her update provided against agenda item RWT & WHT Winter Plan 2025/26 inc. Board Assurance Statements. She said she had emailed the correct figures to meeting administrator and the required changes would be made to the minutes.</p> <p>Sir David approved the minutes of the Group Trust Board Meeting held on 16 September 25 as an accurate record pending the above amendments.</p> <p>Resolved: that the minutes of the previous meeting held 16 September 25 be received and APPROVED pending the amendments noted.</p> |
| 103/25 | <p>Group Board Action Log and Matters Arising</p> <p>Sir David received the Group Board Action Log and updates were received as below...</p> <p>Action 3019 - Ms Chadwick-Bell advised a self-assessment was to be undertaken on capability of the Board, and as an Organisation. She said this would be led by Mr Bostock and presented at the next Public Board Meeting. Mr Bostock advised that The Provider Capability Self-Assessment had been completed and approved by all Board Members and submitted to NHS England (NHSE) on the 22 October 25 and once feedback was received from NHSE the Board would be advised (Extract taken from iBabs). It was agreed that this action be closed.</p> <p>Action 3020 – Ms Chadwick-Bell to ensure communication of the potential workforce changes. Ms Chadwick-Bell advised that conversations had been taken offline and asked that the action be closed. It was agreed that this action be closed.</p> |

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| | <p>Action 3021 - Ms Barber asked if it would be beneficial to include patient feedback and complaints within the Integrated Performance Report for information purposes as it was not reported into the Board Meeting, she was aware it was reported by Group Quality Committee. Ms Hickman reported that further narrative regarding patient feedback and complaints had been added to the Integrated Performance Report. It was agreed that this action be closed.</p> <p>Sir David confirmed that there were no outstanding matters arising.</p> <p>Resolved: that any updates to the Group Action Log and Matters Arising be received and noted.</p> |
| 104/25 | <p>Chair's Report – Verbal</p> <p>Sir David advised that his Chair's reports going forward would remain as verbal reports to the Board to ensure the most up to date and accurate information was being made available and discussed.</p> <p>Sir David reported that The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) had received a 'Request for action on racism including antisemitism' from NHSE Chief Executive Officer Sir Jim Mackey and Ms Jo Lenaghan, Director of Workforce Strategy and Planning. He said he recognised that staff were experiencing hostile working environments at work and within the communities and that it was important to ensure that staff and the communities felt supported.</p> <p>Mr Duffell reported that the Trusts had been sharing regular communications with staff and cultural conversations had also taken place across RWT and WHT to engage with staff and understand issues and concerns of staff. He said there were several health and wellbeing initiatives that were available for staff to access and would be reviewed continuously to ensure they reflected the support that staff required.</p> <p>Sir David said that more staff were finding it difficult to work in these hostile environments and it was important that the Trusts stand with them and support them.</p> <p>Resolved: that the Chair's report be received for information and assurance.</p> |
| 105/25 | <p>Group Chief Executive's Report</p> <p>Ms Chadwick-Bell asked that her Chief Executive's report be received and provided a summary of key points. She advised that the National Health Service (NHS) was currently navigating through a difficult environment and that focus would remain on delivering great service to patients, good access to care and supporting roles within the Community. She thanked the Group Board and wider colleagues across RWT and WHT for continuing to provide excellent patient experience and delivery of care.</p> <p>Ms Chadwick-Bell advised that RWT and WHT had celebrated the Caring for All 2025 Awards in November 25. She said there had been 17 award categories with winners across WHT and RWT and congratulated all staff who had been nominated.</p> <p>Ms Chadwick-Bell reported that Mr Duffell, Group Chief People Officer would be retiring in December 25 and thanked Mr Duffell for his hard work and dedication and wished him well in his retirement. She said that Dr Claire Radley had been appointed as the Group Chief of People, Engagement and Improvement across RWT and WHT and would commence her role on 30 March 26.</p> <p>Ms Chadwick-Bell advised that Dr Radley would be joining RWT and WHT from Gloucestershire Hospitals NHS Foundation Trust where she was the current Director for People and Organisational Development (OD).</p> <p>Ms Chadwick-Bell reported on the changes to Integrated Care Boards (ICB) and NHS England (NHSE) and said that they would be reviewing their leadership teams and reducing costs.</p> <p>Ms Chadwick-Bell advised that the Medium-Term Planning Framework for 2026/27 to 2028/29 had been published on 24 October 25 and was the beginning of a new way of working in the NHS.</p> <p>Ms Chadwick-Bell reported that RWT had received a fire enforcement notice active against Block 32 Maternity and Neonatal Services. She said she had met with the Deputy Chief Fire Officer for West Midlands Fire Service (WMFS) at the end of September 25 alongside Ms Nuttall and Mr Bostock. Ms Chadwick-Bell advised that RWT had been in breach of the enforcement notice but had undertaken significant amounts of work to progress towards a resolution and some timelines had been extended.</p> <p>Ms Chadwick-Bell advised that the Group Board had approved the first Self-assessment of Provider Capability that had required submission to NHSE under the NHS Oversight Framework for RWT and WHT on 22 October</p> |

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| | <p>25. She said NHSE had confirmed that feedback on the Self-Assessment would be expected by early to mid-December 25.</p> <p>Ms Chadwick-Bell reported that discussions for the corporate services transformation continued across the Black Country and Trusts were working together to develop a new model for corporate services. She said where appropriate Trusts would seek to digitise and improve the offer to staff ensuring optimised resources were available.</p> <p>Ms Chadwick-Bell advised that staff and members of the public were encouraged to receive their flu vaccination to continue to protect patients and the community.</p> <p>Resolved: that the Group Chief Executive's Report be received for information and assurance.</p> |
| 106/25 | <p>Integrated Committee Chairs Report - Quality, Finance & Productivity, Transformation and Partnerships, People and Audit</p> <p>Mr Assinder reported that RWT and WHT continued to perform well against an increase in the number of patients self-referring to hospital and referrals received from local general practitioners. He said RWT and WHT were making good progress against the Covid-19 elective recovery exercise and were delivering impressive levels of efficiency and productivity.</p> <p>Mr Assinder said that there were 7 main areas of concern that had been highlighted across RWT and WHT Committees of the Board and advised that these were:</p> <ol style="list-style-type: none"> 1. Finance – The Group (RWT and WHT) were currently forecasting a £15.5m variance from plan. Mitigations were being worked through. 2. Emergency & Urgent Care - The Group were seeing increased pressures with increasing numbers waiting over 12 hours at RWT. Mr Assinder reported that positive assurance had been provided from the Executive team regarding the quality of care provided to patients waiting long periods of time. 3. Fire Precautions - Fire Safety Notices in relation to Maternity at RWT, Block 5 RWT and Cannock Chase Hospital (CCH). Mr Assinder advised that Ms Chadwick-Bell had agreed a series of actions with the Fire Service. 4. Safety Notices - Safety notices relating to Boston Scientific Pacemakers & Entonox exposure were being actively addressed by the Group. 5. Workforce - The Group remains off plan (106.6 adverse at Month 6). Staff sickness rates were increasing and were higher than peers (average 25 days WHT & 22 at RWT). Management of change Plans remain unfunded in part. Mr Assinder reported that a sickness absence recovery plan had been developed and was being implemented across the Group. 6. Communications - Communications to Staff & Stakeholders - Clinical senate on Stroke care were critical communications that had required relation to staff and stakeholders. 7. Automation of paper records - The Group remain reliant upon paper- based records in some areas and effective electronic communications remain an aspiration. Mr Assinder reported that a Digital Estates and Infrastructure Committee had been established to mitigate the concerns. <p>Resolved: that the Integrated Committee Chairs Report - Quality, Finance & Productivity, Transformation and Partnerships and People be received for information and assurance.</p> |
| 107/25 | <p>RWT Charitable Funds Committee – Chair's Report – Verbal Update</p> <p>Prof Levermore advised that the volunteers and managers of the RWT Charity continued to provide an excellent service to stakeholders.</p> <p>Resolved: that the RWT Charitable Funds Committee – Chair's Report be received for information and assurance.</p> |
| 108/25 | <p>Group Finance Plan and Workforce Report</p> <p>Mr Stringer advised that at the end of September 25 RWT and WHT were £5.3m ahead of plan year-to-date with £5.2m at WHT and £0.1m at RWT.</p> <p>Mr Stringer reported that Variable Elective Activity was £0.6m behind plan, with WHT being £1.6m ahead of plan and RWT £2.2m behind plan and that there was no variance to the contract values assumed for this performance.</p> <p>Mr Stringer advised that the efficiency position was key to the delivery of the financial plan and said the position for September 25 illustrated that the Group had delivered £35m against a plan of £27m.</p> |

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| | <p>Mr Stringer reported that capital expenditure was £12.2m year-to-date and was £8.5m below plan. He said all capital was expected to be spent by the end of the financial year 2025/26.</p> <p>Mr Stringer advised that the cash position for RWT and WHT was positive at £28m for RWT and £25m for WHT.</p> <p>Mr Stringer reported that at Month 6 there had been an assessment undertaken by NHSE and the Quarter 3 recovery and stoke deficit support had been approved. He said Quarter 4 deficit funding would be assessed at the end of Month 9.</p> <p>Mr Duffell advised that WHT had performed well against the reduction of temporary staffing and continued to work to meet the reduction requirements for substantive staffing. He said RWT were on plan with the reduction of substantive staffing but were off plan regarding the reduction of temporary staffing.</p> <p>Mr Duffell reported that WHT were forecast to be 69 Whole Time Equivalents (WTE) to plan and RWT 67 WTE adverse to plan.</p> <p>Mr Duffell advised that the Trusts would continue to maintain focus on minimising the use of temporary staffing and bank and agency staffing. He said intense scrutiny of recruitment panels at a site-based level would remain to ensure only required posts were being recruited to.</p> <p>Resolved: that the Group Finance Plan and Workforce Report be received for information and assurance.</p> |
| | <p>Governance (Section Heading)</p> |
| 109/25 | <p>Group Annual Research & Development Report</p> <p>Ms Boyle reported that The Group had delivered a strong and financially sustainable year in research with both RWT and WHT achieving record recruitment figures and national firsts clinical trials. She said that research activity across both Trusts had reached a position of financial independence underpinned by a diverse and resilient portfolio of income streams. She said with strategic external capital investment infrastructure had been expanded and funding secured to develop a patient facing research centre at RWT and a purpose-built Radiosterometric Analysis (RSA) laboratory for orthopaedic innovations at WHT.</p> <p>Ms Boyle reported that partnerships with the University of Wolverhampton and international collaborations had strengthened academic leadership and visibility. She said following a meeting with Indian Ministers a formal Memorandum of Understanding (MoU) had been signed with leading Indian institutions that would enable global knowledge exchange and cross border research opportunities.</p> <p>Ms Boyle advised that workforce development remained a key focus with the appointment of a junior doctor at RWT and Research Nursing Associates at WHT. She said the Group aimed to support PhD students to build long-term research leadership.</p> <p>Ms Boyle reported that patient and public engagement remained central to the Group's research culture and reported on the launch of the Patient and Lived Experiences Advisory Team (PLEAT) in participation with NHS DigiTrials. She said WHT had undertaken local analysis to ensure the correct demographics of the population served.</p> <p>Ms Boyle advised that research sponsorship had grown significantly with over £4.1m received at RWT in awarded funding and a further £5.7m pending.</p> <p>Ms Boyle reported that RWT led the West Midlands in academic recruitment and WHT had achieved its highest ever commercial recruitment which demonstrated strong delivery in industry trials at RWT and WHT. Ms Boyle advised that RWT consistently performed at a high level across a broad range of specialties, including Gastroenterology, Cardiology, Rheumatology, Haematology, Obstetrics and Gynaecology, Emergency Medicine, and Laboratory Medicine. She said WHT performed well within Dermatology, Cardiology, and Orthopaedics.</p> <p>She said that conversations with Wolverhampton University were ongoing regarding the development of a clinical support unit and a business case had been submitted for approval.</p> <p>Ms Boyle reported on discussions regarding the potential implementation of a Black Country Research office to allow the Group to show commercial companies and academic institutions a diverse population.</p> |

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| | <p>Ms Boyle asked that the Group Board receive the Regional Research Delivery Network (RRDN) West Midlands 2024/25 performance report and said that RWT were the host of the RRDN until 2030.</p> <p>Ms Boyle advised that NHSE had asked that performance reports on the medium term Planning Framework 2026/27 to 2028/29 be received 6 monthly.</p> <p>Sir David confirmed that the Group Board had received the RRDN performance report.</p> <p>Ms Chadwick-Bell asked how research could be more heavily promoted across RWT and WHT. Ms Boyle advised that research needed to be a part of all staff priorities and be known as business as usual. She said RWT and WHT needed to continue to promote the benefits of research to the wider workforce and engage in more studies that looked at the wider population.</p> <p>Dr McKaig welcomed Prof Veenith, Clinical Lead for Research and Development at RWT and advised that Dr Veenith had a phenomenal research record. He said the Trusts would look for those individuals who had interest in the areas of specific need and provide them with the protected time to undertake the research required. Prof Veenith thanked the Board for inviting him and reported that RWT and WHT would continue to make research everybody's business as investment into research made economic sense and said that the Trust had started a clinical clients unit with Wolverhampton University. He said they would be looking to utilise the data that they collect completely.</p> <p>Dr McKaig said that it was an exciting opportunity to link in with Public Health to look at population health. Ms Sadler-Todd asked how the Department could strategically identify areas where there were possible research opportunities. Ms Boyle reported that research teams would continue to engage with interested individuals and areas where research opportunities were available and where there was need.</p> <p>Dr McKaig reported that the Group continued to align with the NHS 10-Year Plan to create financially sustainable, research-active organisations that improved care through innovation.</p> <p>Sir David asked if the Primary Care Network had taken part in research studies. Ms Boyle reported that the vertically integrated care practices were undertaking their first commercial study. Prof Veenith reported that research improved care provided to patients and could reduce mortality rates by 20% and complaints received.</p> <p>Prof Veenith advised that national funders wanted to reduce inequality and deprivation and RWT and WHT were within an area known for economic poverty and deprivation. He said this would provide the Group with opportunities.</p> <p>Sir David thanked Ms Boyle and Dr Veenith for their excellent report and apologised that due to the Group Board meeting running ahead of time, Dr Faheed, Clinical Lead for Research at Walsall, had not been able to attend. He thanked the Research and Development teams for all the work that they do and said that it was important that the Trusts build this into the work of their strategic direction.</p> <p><i>Ms Boyle and Dr Veenith left the meeting.</i></p> <p>Resolved: that the Group Annual Research & Development Report be received for information and assurance.</p> |
| 110/25 | <p>Group Board Assurance Framework</p> <p>Mr Bostock reported that Executive Directors, as responsible, had reviewed and assessed the Group Board Assurance Framework in October 25 following which the Committees of the Board had received and approved any changes to the Board Assurance Framework (BAF).</p> <p>Mr Bostock advised that the strategic objectives 1-4 had remained static. He said that strategic objective 5 (Clinical Service Transformation) and its impact on maintaining and improving quality and safety had decreased from 16 to 12 based on positive assurances and additional controls that had been identified.</p> <p>Ms Chadwick-Bell asked that GBR2 be reworded to include the full scope of the requirements of the Group's constitutional standards. Ms Nuttal advised that she and Ms Godson would re-review GBR2 and incorporate the changes required. She said the various subcommittees would approve the updates made before being presented back to the Group Board in January 26.</p> |

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| | <p>ACTION: Ms Nuttall and Ms Godson to ensure the statement for GBR2 be revised to include the full scope of risk if the Group wider than the requirements of the constitutional standards.</p> <p>Ms Chadwick-Bell asked that GBR5 be reworded to ensure that it was clear which plan the BAF risk related to. She said it was unclear if GBR5 related to the Corporate Transformation Plan. Mr Evans advised that GBR5 had related to the transformation programme and the name of the plan would need to be re-reviewed and confirmed.</p> <p>Resolved: that the Group Board Assurance Framework be received for information and assurance.</p> |
| | <p>Strategy (Section Heading)</p> |
| 111/25 | <p>Group Chief Community and Partnerships Officer's Work Programme for One Wolverhampton and Walsall Together</p> <p>Ms Cartwright reported that Walsall Together was a part of the National Neighbourhood Health Implementation Programme and One Wolverhampton was a part of the National Frailty Collaborative.</p> <p>Ms Cartwright advised that discussions continued across the partnerships in relation to the development of neighbourhood health plans and responding to the recently published Medium Term Planning Guidance. She said the neighbourhood health plans would be overseen by the Health and Well-being Board and would capture the work of the place-based partnerships including GP access, non-electives and modernising outpatients. She said that the timescales for the neighbourhood health plans were set for sign off by the Health and Wellbeing Board in March 25.</p> <p>Ms Cartwright advised that work was underway against the medium-term planning guidance and the Birmingham, Black Country & Solihull Integrated Care Board (ICB) was a part of the financial flows national workstream, starting with high priority segments where there would be the biggest impacts on hospital activity.</p> <p>Ms Cartwright reported that further guidance on Primary Care Network (PCN) configurations was expected imminently as well as further guidance regarding the steps for Trusts to become holders of Integrated Health Organisation Contracts.</p> <p>Ms Cartwright advised that Walsall Together and One Wolverhampton would focus heavily on the development of integrated neighbourhood teams and RWT had identified the neighbourhood team configurations which were had not been based on the PCN configurations as they were not geographical within Wolverhampton.</p> <p>Ms Cartwright reported that public engagement was taking place to understand what the neighbourhood teams meant to them and their expectations from neighbourhood healthcare.</p> <p>Ms Cartwright advised that funding had been identified through the Better Care Fund in Wolverhampton to support the development of the neighbourhood teams. She said the 4 GP Clinical Lead roles had been advertised which would lead the neighbourhood team over the coming 12 months to help establish and develop focus moving forward.</p> <p>Ms Cartwright reported that In line with national expectations RWT was trialling Bundle 3 – Hospital Discharge (Home First) and Bundle 6 – Acute Hospital (Front Door Frailty) of the National Frailty Collaborative.</p> <p>Ms Cartwright advised that RWT had combined Urgent and Emergency Care (UEC) with the Care Closer to Home Groups and this had since been renamed to Home First. She said the Home First group from a place perspective was working closely with the Trust transformation agenda for Community First and ensuring that the work streams were connected. Ms Cartwright reported that there was potential for the development of a model similar to the Jean Bishop Model which had reviewed the opportunity of bringing multidisciplinary teams together.</p> <p>Ms Cartwright reported the Birmingham, Black Country and Solihull ICB had appointed a new chair, Ms Danielle Oum, who had attended October 2025 Walsall Together Meeting as subcommittee of WHT</p> <p>Ms Cartwright advised that the Group had established all the integrated neighbourhood teams and they were geographical within the PCN and being led by PCN people directors, partners from social care and mental health, community nursing and the voluntary sector.</p> |

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| | <p>Ms Cartwright reported that 'Feel Good' Friday Clinics had commenced on 17 October 25 which provided multidisciplinary support for older adults living with severe frailty, those at risk of falls, and individuals managing long-term conditions. She said the service provided complex geriatric assessment, using a multi-disciplinary team, as a pilot on behalf of the North Neighbourhood Team. Ms Cartwright advised that Early feedback had been overwhelmingly positive, with service users and carers reporting that they felt valued, listened to, and more confident in managing their care.</p> <p>Ms Cartwright advised the West Midlands and Combined Authority Mayor would be visiting WHT on 13 January 26.</p> <p>Sir David asked if One Wolverhampton and Walsall Together continued to ensure a data driven approach. Ms Cartwright reported that both partnerships were data driven and continued to review population health data to decide on the most suitable cohort of patients.</p> <p>Sir David advised that a change to hospital utilisation would help enable the Group to become sustainable.</p> <p>Resolved: that the Group Chief Community and Partnerships Officer's Work Programme for One Wolverhampton and Walsall Together be received for information and assurance.</p> |
| 112/25 | <p>Outline Planning Framework</p> <p>Mr Evans reported that the recently published Planning Framework from NHSE had set out a requirement for the Group to submit a three-year numerical plan covering activity, performance, workforce and finance, four-year capital plan and a five-year narrative plan detailing the Group's longer-term strategy.</p> <p>Mr Evans advised that a first draft of the numerical submissions was due on 17 December 25 followed by the narrative submission in early February 26. He said the Group had not yet received guidance on the required narrative for the five-year narrative plan and had been required to make a set of assumptions.</p> <p>Mr Evans reported that the planning approach had been split into 3 phases which he detailed as:</p> <ul style="list-style-type: none"> • Phase 1 – Development of divisional operational plans, led by the Divisional Management Teams with support from the Group Planning Oversight Group which would cover a three-year period as opposed to one. • Phase 2 – Modelling of longer-term strategic initiatives such as Community First led by the Group Planning Oversight Group to overlay to divisional operational plans. • Phase 3 – Collation of the above into a plan that demonstrates delivery of the planning ambitions. <p>Mr Evans reported that a progress update on the Outline Planning Framework would be presented to the Group Finance and Productivity Committee on 25 November 25 and the Group Board Development Session on 16 December 25 for comment ahead of the first draft submission 17 December 25. He said following submission, NHSE would review and provide feedback to allow the Group to alter and submit for final submission due in February 26. He said that a Group Planning Oversight Group had been established to lead on the development of plans and oversee progress.</p> <p>Mr Dunn asked when the Outline Planning Framework would be presented to the Group Board for final sign off. Mr Evans reported that final submission was not required until February 26 and a final draft of the Outline Planning Framework would be presented to the Group Board on 20 January 26 for final sign off.</p> <p>Ms Martin reported that the planning submission checklist required that the Group submit detailed plans on workforce targets and new initiatives. She said this included figures and a narrative for 30% reduction in agency spending and a minimum 10% reduction in bank spending during 2026/27 working towards zero agency spend by 2029/30. She asked how it would be possible for the Group to have zero agency spend as staff sickness or open vacancies could not be predicted. Mr Evans advised that the Group would work through what could be realistically delivered. Mr Duffell advised that the Group would work to have zero agency staff but not zero bank staff as this would help flexibility.</p> <p>Ms Sadler-Todd asked if the Group had the required available data to forecast what the population would look like in 3 years' time and how many cancer patients the Group would be reviewing. Ms Nuttall reported that there was good modelling work being undertaken nationally against cancer forecasts by tumour site and this was part of the cancer strategy. She said the local population health metrics across the Group continued to be reviewed to ensure accuracy.</p> <p>Resolved: that the Outline Planning Framework be received and APPROVED.</p> <p>The Board Convened for a 10-minute break at 14:04PM.</p> |

| RWT & WHT Trust Integrated Quality and Performance Reports (Section Heading) | |
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| 113/25 | Integrated Performance Report - Walsall Healthcare NHS Trust (WHT) - Quality, People, Access Standards, Finance and Productivity |
| | <p>Ms Godson reported that WHT had ranked 1st in the West Midlands for Referral to Treatment (RTT) performance for eleven consecutive months. She advised that there had been a 9% increase in elective referrals year to date (YTD) and the Trust was working alongside the ICB as WHT had achieved more than the planned activity for the year. Ms Godson reported that WHT's total waiting list had increased as result and was recorded at 3,000 patients above plan at month 6.</p> <p>Ms Godson reported that cancer performance remained strong and WHT was meeting all three constitutional standards for access to treatment for cancer.</p> <p>Ms Godson advised that WHT had seen an increase in the number of emergency patients and attendances compared to 2024. She said this had resulted in a slight decrease in performance against the 4-hour Emergency Access Standard from 78% to 75% in September 25 ranking 44th nationally.</p> <p>Ms Godson reported that WHT had seen an increase in the number of ambulances that were intelligently conveyed from surrounding Trusts.</p> <p>Ms Godson advised that WHT had endured challenges with industrial action and had recorded 80% of resident doctors striking on 18 November 25. She said operational teams had worked hard to ensure 97% of activity had been maintained throughout the strike period.</p> <p>Ms Godson reported that WHT had seen improvement in Diagnostic Waiting Times and Activity (DM01) performance to 76%.</p> <p>Ms Godson advised that WHT had received preliminary feedback from the ICB and NHSE that the Trusts Emergency preparedness, resilience and response Core Standards (EPRR) had met 92% of core standards.</p> <p>Ms Godson reported that WHT Staff Survey compliance results had been recorded at 43%.</p> <p>Ms Carroll advised that falls and pressure ulcer data had remained stable with 1 severe harm reported that resulted in a fractured neck of the femur. She said the patient had since made an uneventful recovery and an appropriate risk assessment had been undertaken.</p> <p>Ms Carroll reported that Prolonged Emergency Department waits (over 7 hours) had increased the risk of skin damage and an observational audit had been planned to identify support measures.</p> <p>Ms Carroll advised that The Temporary Escalation Space (TES) was in use for a total of 280.2 hours across 5 operational days during September 25.</p> <p>Ms Carroll reported that the complaints position, as a percentage of admissions in September 25, had been 0.46% which was a slight improvement from 0.49% in August 25 but remained lower than the internal threshold of 0.50%. She said an updated complaints training programme had been implemented with learning from upheld cases shared through Quality & Safety Huddles.</p> <p>Ms Carroll reported that staffing shortages within both Speech and Language Therapy (SLT) and Dietetics were affecting the Trust's ability to maintain safe and timely nutritional care across general wards, the Neonatal Unit (NNU), and the Intensive Care Unit (ICU). She said due to the current capacity constraints SLT had been unable to meet the 48-hour response standard for new adult patient assessments.</p> <p>Ms Carroll advised that the issue would be escalated through the Group Quality and Safety Committee (GQC) and monitored through the Trust Risk Register until sustainable service resilience had been achieved.</p> <p>Ms Carroll reported that WHT had recruited to some of the vacancies and staff were undergoing the onboarding process. She said WHT were looking to train current nurses in SLT.</p> <p>Ms Carroll advised that the midwife-to-birth ratio at WHT had risen to 29.66% in September 25 compared with 21.4 in August 25. She said work continued to monitor staffing levels and align resources to maintain safe and</p> |

Enclosure 4

effective care with the ratio expected to improve as Newly Qualified Midwives were onboarded over the next few months.

Ms Carroll reported that Trusts had received a letter from NHSE on 16 October 25 with actions to improve care for women, babies and families: next steps and advised that this was a follow up from the announcement of a rapid independent investigation in June 25.

Ms Carroll advised that the letter outlined the next steps in 4 areas to support Trusts to go further and faster to improve maternity and neonatal care. She outlined the 4 required areas as :

1. Perinatal Equity and Anti-Discrimination Programme
2. Submit a Perinatal Event Notification service
3. Maternity and Neonatal Performance Dashboard
4. Maternity and Neonatal Improvement Support Team

Ms Carroll reported that the first iteration of the national set of metrics and definitions had been issued with the letter and that said the Directors of Midwifery would review the metrics against what was reported at the Group Quality Committee and in the Integrated Quality Performance Report (IQPR) with future reports reflecting the national dataset.

Ms Carroll advised that WHT had been shortlisted as finalists in 3 categories at the Nursing Times Awards but unfortunately had not won on the night.

Dr Din reported that Venous thromboembolism (VTE) compliance for September 25 remained static at 88.89% compared to 89.29% in August 25. He said VTE compliance remained below the national target and focus remained on Urgent and Emergency Care (UEC) pathway.

Dr Din advised that there had been a consistent 6-month improvement achieved in elective pathways.

Dr Din reported that April 25 data for Summary Hospital level Mortality Indicator (SHMI) had been recorded at 0.93 an improvement from 0.94 in March 25 and that the Learning from Deaths process continued to be embedded with the Mortality Surveillance Group reviewing structured judgment reviews.

Dr Din advised that 8.84% of medication errors had resulted in harm with most harm having been categorised as low harm. He said in September 25 there had been 1 moderate harm incident with themes identified and actions developed and supported under the Safe Medication Pillar of the Quality Framework 2025-28.

Dr Din reported that 16 patients requiring mental health assessments had spent over 24 hours in the Emergency Department in September 25. He said the Trust was continuing to work with Partners and said system level pressures persisted alongside the timely completion of mental health assessments and securing appropriate placements. He said there were plans for joint team workshops between WHT and the Mental Health Team to develop solutions and that the lack of mental health beds was a national issue.

Ms Sadler-Todd asked if patients requiring mental health beds were being kept in emergency department beds longer before being found an appropriate placement or whether they were admitted to ward beds for longer period of time until appropriate placements were found. Dr Din reported both, however most critical cases were the patients attending A&E with predominant mental health issues. Ms Godson said that wherever appropriate, patients would be transferred to ward areas but this was not always possible due to individual requirements and some patients requiring additional staff support which was easier to accommodate within an ED cubicle.

Ms Godson advised that WHT Mental Health Team continued to work closely with external partners including the Black Country Healthcare NHS Foundation Trust to strengthen care pathways and share learning from incidents. She said the number of patients waiting over 24 hours had seen a reduction.

Dr Din advised that the Annual Revalidation Report had gone through the Group People Committee and had been approved. He said 99% of doctors had received their appraisal, 93% had a revalidation recommendation and 7% had valid reasons to defer.

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| | <p>Mr Duffell reported that the vacancy rate of 9.3% remained above the 6% target and was reflective of the workforce plan.</p> <p>Mr Duffell advised that appraisal compliance had decreased to 72.44% from 74.48%. He said validation of data to support the transition of recording from Electronic Staff Record (ESR) to My Academy had concluded in August 25. He reported that senior leaders had been contacted to ensure they were aware of directorate positions and to develop improvement plans and trajectories.</p> <p>Mr Duffell reported that in September 25 sickness absence had decreased from 6.45% to 6.08% driven by a reduction in long term sickness absence. He said short term sickness has increased from 26.49% to 32.57% and that a sickness absence plan had been established to monitor improvement which would be tracked closely by the Group People Committee.</p> <p>Ms Chadwick-Bell said that the Productivity Dashboard should incorporate further narrative on productivity and opportunities that could be addressed and that she would raise this with the Executive team and wider teams.</p> <p>Lord Carter praised the Integrated Performance Report and all the data that had been provided. He thanked the Executive Team for all the work that had been undertaken to produce the report.</p> <p>Resolved: that the Integrated Performance Report - Walsall Healthcare NHS Trust (WHT) - Quality, People, Access Standards, Finance and Productivity be received for information and assurance.</p> |
| 114/25 | <p>Integrated Performance Report - The Royal Wolverhampton NHS Trust (RWT) - Quality, People, Access Standards, Finance and Productivity</p> <p>Ms Nuttall reported that RWT went live with the BluePrint Electronic Patient Record (EPR) Programme over the weekend of 27-28 September 25 with a full launch implemented on Monday 29 September 25. She said it had been a successful launch and there had been no incidents of harm reported during the launch.</p> <p>Ms Nuttall advised that there had been a forecast reduction in activity for 2 weeks whilst the programme had been embedded into the Trust. She said it had been expected to impact activity, performance and income with plans in place to ensure full recovery and achieve RTT and Elective Recovery Fund (ERF) trajectories over the financial year.</p> <p>Ms Nuttall reported that RWT had submitted the self-assessment regarding achievement of the core standards for Emergency Preparedness, Resilience and Response (EPPR) in August 25 and reported an improved rating from 2024 (partial) to substantially compliant (90%) following external review and assessment.</p> <p>Ms Nuttall advised that there had been an overall reduction in the number of people on the waiting list at RWT of over 12,000 since April 25. She said 75,000 patients remained on the waiting list.</p> <p>Ms Nuttall reported that there had been an improvement in the number of patients waiting over 18 weeks regarding RTT performance. She said the RTT objective for end of March 26 was 60% and RWT were just below 55%.</p> <p>Ms Nuttall advised that RWT was within the top quartile for diagnostics with performance over 95% and was within the top 20 nationally. She said RWT continued to provide mutual aid to other organisations such as Cannock Chase Hospital (CCH).</p> <p>Ms Nuttall reported that RWT continued to achieve the 4-hour metric for UEC performance with performance highlighted at over 80%. She said there had been deterioration in ambulance handover times and the length of patients waiting within ED. Ms Nuttall advised that RWT would continue to review organisational flow across the Trust as 11% of patients were waiting up to 12 hours for transfer. He said an immediate plan had been implemented and was linked with the winter plan.</p> <p>Ms Nuttall advised that RWT were achieving all cancer metrics but were slightly below the trajectory for 62-day performance.</p> <p>Ms Hickman reported that RWT had showcased stable performance surrounding pressure ulcers and falls.</p> |

Enclosure 4

Ms Hickman advised that RWT had undergone its first review with NHSE regarding the HCAI reportable metrics that featured as part of the segmentation. She said RWT recognised that this was a 12-month rolling period that would shift as prevalence altered. She reported that NHSE had noted that there was nothing missing from RWT's action plan following scrutiny of activity and data.

Ms Hickman reported that there had been an increase in the number of complaints received at RWT. She said a multidisciplinary group and multiagency group had been set up to review discharge related concerns.

Ms Hickman advised that from a Maternity rapid independent review communication RWT were in a strong position regarding activity and actions required.

Ms Hickman reported that RWT BirthRate Plus requirements were minimal and would be fed through the Group Quality Committee for endorsement.

Ms Hickman advised that the RWT had been shortlisted for 2 awards, Renal Team regarding ileostomy patients and kidney health and the Transnasal Oesophagoscopy (TNO) team had also been shortlisted for an award but both teams unfortunately did not win.

Ms Hickman reported that Maternity Clinical Negligence Scheme for Trusts (CNST) sign off would be delegated to the Group Quality Committee due to the timings of submission of data.

Dr McKaig advised that between 55-60% of resident doctors had been recorded as having taken industrial action during November 25. He said RWT had undertaken over 98% of activity and the main impact had been identified within outpatient services with planned recovery in place. He reported that there had been no specific safety issues raised as a result of the strike action.

Dr McKaig advised that RWT had received a positive National Quality Assurance Visit to the Cervical Screening Programme. He said no immediate actions had been raised following the quality assurance visit.

Dr McKaig reported that the Boston Accolade pacemaker field notice had indicated that a subset of devices could experience malfunction due to high battery impedance and potentially lead to safety mode activation. He said there were 1,000 patients at RWT who would be affected by the faulty devices. He advised that to mitigate the risk, the faulty devices would need to be replaced and he was involved in discussions with NHSE to help mitigate the risk at a system level.

Sir David queried the risks for patients who may have a malfunctioning device. Dr McKaig reported that the battery life on the devices should last for 10-years but it had been noted that when devices had reached 6-years old, the battery life had become unpredictable and had switched to safety mode. He said that if patients required the pacemaker to keep their heart stable this could result in the death of the patient.

Dr McKaig reported that the mitigation in place was to remap the pacemakers so that they could be monitored effectively by patients in their own homes using specialist equipment. He said the patient would then be expected to flag any problems to local services. He advised that RWT were identifying and contacting all relevant patients and implementing the mitigations that had been offered by Boston Accolade. He said those patients at high risk were being prioritised for replacements.

Lord Carter asked what the financial liabilities of the Boston Accolade pacemaker field notice would be. Dr McKaig reported that Boston Scientific had approached RWT regarding compensation for procedures that were required to be undertaken but it had not been confirmed if this would be on the scale that was required. Mr Duffell reported that RWT M6 overall workforce position as 40.38 WTE above target, substantive staffing was 28.56 WTE below plan with in-month position driven by temporary workforce. He said bank was above plan by +54.31 WTE and agency +14.64 WTE.

Mr Duffell advised that appraisals and sickness absence had not met the planned targets.

Mr Duffell reported that staff survey engagement remained challenged with the overall response rate at 24.51%. He said engagement remained low and required continued focus to improve participation.

Sir David asked what RWT could do to better performance. Ms Nuttall advised that RTT performance

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| | <p>continued to be an area of improvement for RWT and progress had been noted. She said RWT had come out of cancer metrics segmentation following improvement from 35% to 70%.</p> <p>Lord Carter asked where RWT would rank if the financial performance position was removed from the equation. Mr Evans advised that without the financial performance included RWT would remain within segmentation 3.</p> <p>Ms Chadwick-Bell advised that RWT would continue to develop staff to ensure they had the skills required to work in current post covid-19 environments.</p> <p>Resolved: that the Integrated Performance Report - The Royal Wolverhampton NHS Trust (RWT) - Quality, People, Access Standards, Finance and Productivity be received for information and assurance.</p> |
| 115/25 | <p>Resident Doctor 10 Point Plan for RWT & WHT</p> <p>Dr McKaig reported that the Resident Doctor 10-Point plan had been issued by NHSE in August 25 to improve Resident Doctors' working lives and improve local facilities and processes. He said Resident Doctors faced unique challenges due to their rotational roles and this required targeted action.</p> <p>Dr McKaig advised that a 10-Point Plan Task & Finish Group and 10-Point Plan Oversight Group had been established across RWT and WHT to ensure compliance and track improvements.</p> <p>Ms Chadwick-Bell asked how Resident Doctors would be informed of progress made against the 10-Point Plan and any actions undertaken. Dr McKaig reported that RWT and WHT had appointed resident doctor leads who were developing initial surveys and communication platforms with wider resident doctors.</p> <p>Dr McKaig reported that any solutions that were implemented across RWT and WHT would be for all staff and not just resident doctors.</p> <p>Sir David thanked all staff for the work that had been undertaken to ensure the smooth running of RWT and WHT during the November 25 industrial action.</p> <p>Resolved: that the Resident Doctor 10 Point Plan for RWT & WHT be received for information and assurance.</p> |
| 116/25 | <p>Health Inequalities</p> <p>Ms Cartwright reported on the progress made against the Delivery Plan of the Joint Health Inequalities Strategy 2024-27. She said The Group continued to hold 5 themed Steering Group meetings annually that aligned with the key domains in the plan. She said the Group required a wider more strategic focus on how RWT and WHT were prioritising waiting lists and health inequalities.</p> <p>Ms Cartwright advised that there had been improvements to ethnicity recording across WHT and conversations continued with performance and information colleagues and population health unity team to drive health inequalities focus.</p> <p>Ms Cartwright reported that following national work led by the Nuffield Trust highlighting inequalities in Emergency Care Population Health Unit had conducted a local equity audit of Emergency Department attendances. She said the Group had used data from 2022-25 to look at the demographics of those attending RWT and WHT and how long people had spent in ED from arrival to transfer or discharge.</p> <p>Ms Cartwright advised that there had been no difference in waiting times recorded from an ethnicity perspective and that longer waiting times for patients suffering from mental health and substance abuse issues had been recorded.</p> <p>Ms Cartwright reported that work was underway to ensure that health inequalities was embedded within day-to-day running of the Trusts and continued monitoring of population health data within both Trusts data dashboards.</p> <p>Ms Cartwright advised that the Health Inequalities work would continue to expand across RWT and WHT led by Dr Kate Warren, Consultant in Public Health.</p> <p>Ms Cartwright reported that the Trusts had completed a self-assessment tool for good practice, and the results were being collated which she requested to be presented at a future Group Board Development Session.</p> |

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| | <p>ACTION: Ms Cartwright asked that the results of the self-assessment be shared at a future Group Trust Board Development Session and Dr Warren be invited to provide further information and assurance.</p> <p>Prof Levermore asked if work had been undertaken with the Armed Forces Cabinet to prioritise military families. Mr Duffell reported that the Trusts had taken part in the Armed Forces Recognition scheme that was linked with the Armed Forces Cabinet. He said this work would require further promotion within the community setting.</p> <p>Ms Sadler-Todd asked how the Trusts could identify patients at greater risk of delay of treatment and the impact it would have on households rather than individuals. Dr Din advised that this would be difficult to enact as the Trusts were marked on performance against RTT performance in the first instance.</p> <p>Sir David reported that the Trusts needed to continue to reduce waiting lists so that no patient would wait long periods of time for treatment.</p> <p>Resolved: that the Health Inequalities Report be received for information and assurance.</p> |
| 117/25 | <p>Birthrate Plus - WHT - Business Case</p> <p>Ms Carroll reported that the WHT Birthrate Plus maternity staffing assessment had been completed in 2024 and the assessment had shown the requirement for an additional 11.90WTE midwives for the current 3581 births per annum. She said if births rose to 3800 per annum the requirement would rise by a further 5.47 WTE to a total requirement of 17.37 WTE midwives.</p> <p>Ms Carroll advised that there were 4 options within the report that had been provided to Group Board for consideration and approval. She said option 3 was the preferred option which would invest in midwifery workforce to implement Birthrate Plus® recommendations as a phased approach.</p> <p>Ms Carroll reported that it was a requirement of Clinical Negligence Scheme for Trusts (CNST) for WHT to have an approved Birthrate Plus plan by 30 November 25 to achieve CNST requirements. She said non-compliance with Birthrate Plus recommendations presented a patient safety issue as there would be insufficient staff to deliver care requirements and risk reputational damage.</p> <p>Ms Carroll advised that CNST income for year 6 was £488,000.00k and the financial benefit of the CNST premium was included in the 2025/26 financial position.</p> <p>Ms Carroll reported that the request to approve recruitment of 6.0 WTE newly qualified midwives, 1.00 WTE backfill to support midwifery sonography training, 2.0 WTE Band 4 and 1.73 Band 3 MSWs to stabilise the service supporting the antenatal postnatal ward, maternity triage service and antenatal outpatient services would begin in April 2026.</p> <p>Resolved: that the Birthrate Plus - WHT - Business Case be received for information and APPROVE OPTION 3 as the preferred option.</p> |
| 118/25 | <p>EPR Implementation Update</p> <p>Ms Nuttall reported that the RWT Blueprint EPR Programme had seen a successful Go Live of Phase 1 launched as planned on Monday 29 September 25. She outlined the modules that had been launched as part of Phase 1 as:</p> <ul style="list-style-type: none"> • Careflow PAS (including inpatients, outpatients and community modules) • Careflow ED (to be used by ED, Ophthalmology, ERU, Medical SDEC and Frailty SDEC) • Integrated BlueSpier Theatres information system <p>Ms Nuttall advised that all emergency modules had also been replaced within RWT. She said that over 70million items of data had been successfully transferred from existing systems to the new Careflow systems.</p> <p>Ms Nuttall advised that phase 2 had been scheduled to go live early 2027 and would include a phased role out of the RWT's full Electronic Patient Record.</p> <p>Ms Nuttall reported that whilst there had been challenges post implementation no patient safety concerns had been identified. She said a Command-and-Control structure between operational and IT teams had been implemented and functioned effectively.</p> <p>Mr Dunn thanked Ms Nuttall and all staff involved in the EPR implementation for the considerable amount of</p> |

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| | work that had been undertaken. Resolved: that the EPR Implementation Update be received for information and assurance. |
| 119/25 | RWT Charitable Funds Annual Accounts 2024/25 and Representation Letter Prof Levermore reported that the Group Board were asked to approve the 2024/25 Annual Report and Accounts for the Royal Wolverhampton NHS Trust Charity and note the Audit findings from WR Partners that supported the 2024/25 accounts process. He requested however that due to an error within the accounts that the approval be delegated to the Charitable Funds Committee pending the amendment. Resolved: that the RWT Charitable Funds Annual Accounts 2024/25 and Representation Letter be received and APPROVAL be delegated to the RWT Charitable Funds Committee pending the amendment of an error within the accounts. |
| 120/25 | RWT & WHT Use of the Trust Seal Mr Bostock provided the the RWT & WHT Use of the Trust Seal reportfor information and assurance. Resolved: that the RWT & WHT Use of Trust Seal Report be received for information and assurance. |
| 121/25 | Questions Received from the Public Sir David advised that the Group Trust Board had received questions from Dr Tinsa, Member of the Public. It was noted that Dr Tinsa had submitted the questions below to the Group Board ahead of the meeting. It was advised that some of the questions raised by Dr Tinsa would be responded to via email outside of the meeting. <ul style="list-style-type: none"> • <i>How many times have ambulances been diverted from RWT in the last two months and particularly in the last month? Is this in part due to poor management in the ED and also due to ED consultants wanting to do the bare minimum? Is there a policy that deals with preparedness in this matter and also a policy pathway that leads to the turnaway of ambulances? How often is this decision reviewed prior to the reacceptance of ambulances? After each decision to turn away ambulances, is each episode reviewed by management and doctors?</i> <p><i>This question was responded to within the meeting:</i></p> <p>Ms Nuttall reported that RWT were responsible for patients and anybody waiting on the back of an ambulance as soon as they arrived at RWT. She said there were clear defined protocols for expected handover times and if there were delays to ambulance handovers a clinical protocol was enacted by ED.</p> <p>Ms Nuttall advised that the ED team would ensure any patients waiting over 45 minutes on the back of an ambulance would receive a clinical review. She said there was a standard operating procedure for the immediate handover of any alerts and there had been no delays for any alerts at RWT within 2025. She reported that there was a formal process for diverts and was agreed by executive to executive on any particular site. She said diverts in September 25 to RWT that had been formally agreed were 4 and diverts away were 1. Ms Nuttall advised that diverts in October 25 to RWT were 19 and diverts away were 13.</p> <p>Ms Nuttall advised that most of the divert requests were within the Black Country and that there was a protocol enacted by West Midlands Ambulance Service (WMAS) that was called Intelligent Conveyancing and this did not require formal executive approval. She said this protocol would be enacted if WMAS had observed hospital sites experiencing pressures and was operating across the Black Country. She advised that there is a national and regional oversight framework which monitors performance with providers against established standards.</p> <p>Question: Why does the Chairman provide a verbal report when everyone, including the Group Chief Executive, provides a written one? Is it because the Chairman does not want to be held accountable on retrospective reports or to prevent receiving questions from the public? This question was also responded to by the Chairman within his Chair's report at the start of the meeting.</p> <p>Answer: The Chairman is responsible to lead the Board of Directors. There is no requirement for the Chairman to provide a report in a specific format, in terms of public access to retrospective data, content of the discussion at the Board is captured in the minutes of the meeting which are subsequently published and available in the public domain thereafter.</p> <p><u>The following questions were responded to as below, outside of the meeting:</u></p> |

- **Question:** Rather than giving a politician's answer, can RWT tell us when Martha's Rule will be implemented? At the last meeting, this question went unanswered.

Answer: Martha's Rule has already been implemented, this link explains how to access the 'Call for Concern' service [Martha's Rule - The Royal Wolverhampton NHS Trust](#)
- **Question:** Why is the PALS data concerning the number of complaints, and whether they are being responded to within the statutory time limits no longer being considered at the Board Meetings held in public? This suggests that RWT does not care about the public making complaints, nor ensuring that this is a good and satisfactory service. Together with the exclusion of the Chief Medical Nursing Officers Reports. This also suggests there is no time to include these reports when the Board Meetings are being held every 2 months rather than monthly as occurred pre-covid. Thus, the bi-monthly public trust board meetings need to revert back to monthly meetings, otherwise I will apply to the High Court and commence judicial review proceedings.

Answer: Recent changes to the style of Board Reports mean that the complaints performance data and relevant performance reporting from the Chief Medical and Nursing Officers is now included in the Integrated Performance Report as a matter of course. Where reports from any Chief Officer that are required to be provided as a stand alone report they are presented accordingly. Under the Public Bodies (Admission to Meetings) Act 1960, NHS Trust board meetings are legally required to be open to the public. While many Trusts choose to meet more frequently (e.g., bi-monthly or monthly) in public, the only specific minimum frequency requirement set out in statutory regulations is that an annual public meeting must be held. The RW Trust is compliant with this requirement.
- **Question:** This question was not answered at the last meeting and therefore I shall repeat it again. Why is there no manned reception area when patients arrive at the hospital, which is usually at the East Wing entrance. Most hospitals that I have visited have a dedicated reception area, and they are usually visible volunteers to assist the public. Does RWT have intention to introduce a dedicated reception area in the East Wing entrance. Recently, seats have been removed in the foyer adjacent to the ED waiting room, and this would be a great place to have such a reception area. Is such a lack of the above consideration due to RWT not concerned with the interest of the patients and the public.

Answer: There are numerous entrances to the hospital where patients arrive, there is clear signposting and staff in circulation. Not all hospitals have the same estate configuration and number of entrance points. Patient feedback and service user group feedback is monitored for themes and trends, and this is not a matter that has been identified as a problem that requires additional resource applied. Your feedback is appreciated and noted, the interest of patients and public is always a focus for the trust. At this time there is no plan to introduce a dedicated reception at the east wing entrance.

Resolved: that Questions from the public be received for information.

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| 122/25 | Any Other Business Sir David advised that Mr Duffell, Group Chief People Officer (CPO) was set to retire in December 25 and thanked him for long service to the NHS and all he had contributed to RWT and WHT during his time as CPO. He said Mr Duffell had worked through many challenging climates during his tenure and had continued to provide a remarkable service to the Group Board. Sir David remarked that Mr Duffell's good humour and kindness would be missed and on behalf of the Group Board and both Trusts he wished him well in his retirement. Resolved: that Any Other Business be received for information. |
| 123/25 | Date and Time of Next Meeting – Tuesday 20th January 2026 Sir David confirmed the date and time of the next meeting as Tuesday 20 th January 2026 and resolved that the Group Board of Directors meeting held in public as closed. |

Enc 4.1 : List of action items

| Agenda item | Assigned to | Deadline | Status |
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| RWT/WHT Group Trust Board Meeting - to be held in Public 18/11/2025 9.2 Group Board Assurance Framework (GBAF) | | | |
| 331 0. ACTION: Ms Nuttall and Ms Godson to ensure the statement for GBR2 be revised to include the full scope of risk if the Group wider than the requirements of the constitutional standards. | <ul style="list-style-type: none"> ● Godson, Amelia ● Nuttall, Gwen | 17/03/2026 |  Pending |
| RWT/WHT Group Trust Board Meeting - to be held in Public 18/11/2025 12.4 Health Inequalities | | | |
| 331 1. ACTION: Ms Cartwright asked that the results of the self-assessment be shared at a future Group Trust Board Development Session and Dr Warren be invited to provide further information and assurance. | <ul style="list-style-type: none"> ● Cartwright, Stephanie | 20/01/2026 |  Completed |
| <i>Explanation action item</i> 9/1/26 - Health Inequalities has been programmed for a future Group Board Development Session. | | | |

Tier 1 - Paper ref: 6. Public/Jan 26

| | |
|------------------------------|--|
| 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 |
| Date: | 20 January 2026 |

1. Summary of key issue

Firstly, Happy New Year, it has now been 12 months since I started in post and with a new year and such a significant milestone comes some reflections, achievements and importantly considerations about the coming calendar year.

I have been made to feel very welcome by all of the teams, although I have a way to go to meet the 15,000 people who work across our two organisations and feel honoured to be the Chief Executive across the two trusts.

We have two great organisations which should be proud of the services it delivers to patients, however we will need to do more work this year to help people recognise the good work they do and to ensure where there are opportunities to improve people feel able to own and drive the changes at service delivery level.

We must remember that our core aim is to deliver safe and effective care to our patients and community, for staff to feel proud, recognised and engaged, but we must do that within the resources we have available to us.

We have made great strides at reducing the number of long waiting patients, although there is a way to go to reduce these further through the re-design of pathways and better utilisation of our capacity.

We have drafted our new group strategy, based on feedback from colleagues and in line with the NHS 10-year plan, which we are starting to engage colleagues and external stakeholders so that we have a final version by the middle of March. It will show where we will be in 3-5 years, and outline the key milestones to show how we will get there. We are working with clinicians to build a clinical strategy which builds on clinical best practice and makes best use of our resources.

We have started to make the shift of services from hospital- based care into the community and our 'Community First' programme is well underway.

We have some great examples of digital innovation and have implemented a new EPR (electronic patient record) but realise this is just the start of our journey and have a new approach in development to speed up some of our manual processes and ensure we benefit from new, and existing technologies.

We have made great strides in improving our finances, but we are still in receipt of national support funding and are working through our 3-year business plan which shows how we will improve access to care (reducing waiting times), re-design our workforce and deliver financial balance. The final business plan will come to board on 10 February.

In summary our aim as we continue through this planning year and into next is to:

- Ensure patient safety and effectiveness remain our key objectives and core to everything we do and this includes reducing waiting times for patients
- Ensure colleagues have the autonomy and skills to continue to improve and develop their services and help people to feel proud of what they deliver
- Ensure we have a clear strategy to take us forward over the next 3 years
- Have a clear plan to maximise the opportunity of digital solutions and new technology
- Maximise use of resources and deliver our financial plan

We have made some changes within the Executive Team since I started and moved to a model with Group Directors focusing on strategy and Managing Directors and their teams focusing on delivery. We have established 3 executive committees:

- Group Management Committee with oversight of delivery of our key objectives, managing key risks and business planning and business cases
- Transforming Care Together Committee with oversight of the trust's strategy and transformation programmes, as well as our delivery plans with partners across the Black Country and through neighbourhood health
- Executive Team Committee focusing on keeping people updated on key issues, outside of the above, manage any short-term priorities and agree where the 'go, see, leadership visits' should be focused in line with our approach to rolling out our new approach to an improvement system

Executive Update

Given some of the recent changes within the Executive and Corporate Governance Teams, I have established a Chief Safety and Assurance Officer role, which builds on the role Kevin Bostock has been undertaking and this will report directly to myself and be part of the core Executive Team, this is not an additional role within the senior leadership team.

Winter pressures

I would like to acknowledge the winter pressures that both Trusts have been dealing with across recent months and continue to do so; with the prolonged cold period which affects patients increasingly with heart and lung conditions and the increased admissions in relation to covid and increasingly flu. The plans that had been put in place and continue to be utilised and adapted to suit the situation have resulted in safe discharges thus allowing for patient flow throughout the hospitals and care pathway. We couldn't have done this without the support of our local stakeholders such as the Local Councils and GPs along with Pharmacists, but I would like to highlight the tireless hard work of our staff to ensure patients and each other are cared for over these extremely busy periods.

Flu vaccinations

As part of the winter plans I wanted to assure the Board that we have improved on our flu vaccination targets for both RWT and WHT and as at the end of December 2025 the uptake of the flu vaccine stood at for RWT 32.62% (frontline staff 34.13%) and WHT 23% compared to the previous year of RWT 24.62% (frontline staff 24.32%) and WHT 20.3% thereby surpassing our previous and planned targets. I would like to advise that an increase in patient attendees due to flu has been seen through all emergency service areas and I would still like to encourage staff to take up the opportunity to have their flu vaccination to both protect themselves and their patients.

Industrial action – resident doctors

Planned resident doctors industrial action took place on 14 – 19 November 2025 and 17 – 22 December 2025, throughout both periods the NHS met its ambitious goal to maintain 95% of planned activity while still maintaining critical services, including maternity services and urgent cancer care. I would like to thank all frontline and behind the scenes staff for all their efforts to ensure services can continue, especially where it has meant a change to their plans over the festive period. As part of this industrial action NHSE issued a reminder on the ‘Principles for providing corridor care’, I can assure the Board that throughout both periods corridor care was undertaken on a minimal basis and with extreme due diligence in the provision of oversight by clinical and nursing staff. I know I have said this throughout my report, but once again my sincere thanks to staff for working together as a team across the Group to ensure our hospital, GPs and community services have run proficiently throughout this period.

Care Quality Commission (CQC) inspection of Urgent and Emergency Care - New Cross Hospital

Whilst we manage many of our services well, we also recognise there are areas for improvement and in November we had an unannounced inspection of urgent and emergency care at New Cross. The detail will be covered in more detail in some other reports, but it is fair to say the observations by the CQC team were disappointing and as such a number of actions have been put in place. I wanted to thank staff for their hard work and support assisting the CQC during the inspection process and in collation of data requested post inspection. A formal report is yet to be received and will be presented to the Trust Board and subsequently be published in due course.

Fire Enforcement Notice

The Royal Wolverhampton Trust have received a new fire enforcement notice for block 32 requiring some significant estates works over the next 2 years. The outstanding 5 actions are included within the new notice, but 8 key actions from the prior enforcement notices have been closed following a review by the West Midlands Fire and Rescue Service.

The trust will be seeking additional capital funding via NHSE given the scale of the work, which will not be able to be delivered within the usual capital arrangements and a set of options will be worked up and taken through the executive team and the relevant board committee, the board will continue to receive progress reports moving forward.

7 key actions have been summarised as schemes below:

- Lift upgrades and protecting the central core – already underway

- Mitigating Excessive Single Direction Travel Distances – requires major works with suggestion of sprinkler system being put in place for the higher risk clinical areas as a minimum
- Fire Dampers – already underway
- Lobby Approaches to Staircase Enclosures – already underway
- Fire Alarm – already underway
- Updates to Evacuation Strategy – has been updated, but on-going as building changes happen
- Wall Linings – already underway

Actions to prevent Sexual Misconduct in the NHS

In October 2025, the Group Management Committee (GMC) reviewed actions required under NHSE's Sexual Safety Charter (letter dated 20 August 2025). Following media reports of historic sexual assault allegations, NHSE issued further guidance on 5 December 2025, which will be considered by the Group Management Committee in January 2026, to:

- Provide support to affected staff and patients.
- Nominate two people professionals for national investigation training (March 2026).
- Ensure specialist training for investigators and build trained pools.
- Review chaperoning policies and establish review groups.
- Comply with DBS referral duties and coordinate with police investigations.
- Complete a sexual misconduct audit by 2 February 2026.

NHS England Utilities Review Programme – Wave 1

I am pleased to announce that the Trust (RWT) has been selected by NHSE to take part in Wave 1 of the NHS England Utilities Review Programme. By taking part in this programme, we will be contributing to a broader NHS-wide effort to drive commercial efficiency and as more Trusts participate, the insights generated from our participation will be shared across the system thereby accelerating recoveries, highlighting systemic issues, and amplifying benefits for all. This is a collective opportunity to recover money already spent, reduce waste, and improve financial resilience at both local and national level.

Gold Award, under the Defence Employer Recognition Scheme

I am delighted to advise that following a revalidation exercise we have been re-awarded the Gold standard for the Defence Employer Recognition scheme. Through the Employer Recognition Scheme, the Ministry of Defence publicly recognises the ongoing commitment and support that organisations demonstrate through being an exemplar employer and acting as advocates for the people in the Armed Forces community. A truly important initiative that I whole-heartedly support for people who have served our country.

Site visits across Walsall and Wolverhampton

Over the festive period I have visited many sites across WHT and RWT; the team working I saw demonstrated was truly remarkable both in looking after the welfare of the patients but also for each other. I will be undertaking these as I have done previously on a weekly basis and look forward to meeting with as many staff as is possible, my sincere thanks to you all for the excellent work you undertake on a daily basis, it is very much appreciated.

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"/> | 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: | | |

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Tier 1 - Paper ref:

Enclosure 7

| | |
|------------------------------|--|
| Report title: | Group Assurance Report |
| Sponsoring executive: | Kevin Bostock on behalf of Joe Chadwick-Bell |
| Report author: | Paul Assinder – Deputy Chair, WHT |
| Meeting title: | Group Board of Directors Meeting - in Public |
| Date of Meeting: | 20 January 2026 |

1. Summary of Key Issues/Assure, Advise, Alert

The Committees of the Board Chairs' Report comprises a joint summary of the Group Committees of the Board:

- Group Finance & Productivity Committee (F&PC)
- Group Quality Committee (QC)
- Group People Committee (PC)
- Group 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 (eg. Internal Audit work impacting on the work of a Committee) then those linkages will be highlighted in the Report.

The attention of the Board is required to the key themes and areas of discussion.

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 Committees of the Board

4. Recommendation(s)/Action(s)

The Board is asked to review, consider and discuss:

- The themes identified in the Alert Section 1
- The summary Committee of the Board reports in Sections 2.1, 2.2 and 2.3
- Seek any necessary action and/or evidence for assurance required

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: | | |

Joint Group Committees of the Board Chairs' Assurance Report

Meetings held in November and December 2025

Summary

The Committees of the Board Chairs' Report will comprise a joint summary of the four Group Committees of the Board:

- Group Finance & Productivity Committee (F&PC)
- Group Quality Committee (QC)
- Group People Committee (PC)
- Group 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 (eg. 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 the Group Board Assurance Framework (BAF) Risks
- Part 2 – 1. Assure, 2. Advise, 3. Alert by Committee, 2 months combined where appropriate

1. Common themes and areas of discussion

| Theme/Issue | Board Lead | Notes / Mitigations |
|--|------------|--|
| 1. Finance The FRP at the end of September showed a forecast of £20m, which has now improved to £14.3m. High level mitigations equate to £21m, low level mitigations equate to £2.75m RWT and £1.05m WHT. | CFO | Further F&P meetings are planned prior to the Group Board Meeting at which a further update will be provided. |
| 2. Emergency & Urgent Care Both Trusts are seeing increased pressures with increasing numbers waiting over 12 hours at RWT and increase in ED attendances by 4.38% YTD on last year. Winter and Emergency mental health support in ED remains an issue. | CNOs | A new post – Head of Mental Health, Safeguarding, LD and complex vulnerable adults is being recruited to, bringing together the previous Head of Safeguarding and a Head of Mental Health post. |
| 3. Workforce Early indications suggest that the M9 Group substantive position represents a reduction from an adverse position of 259 at M8 position. Sickness absence remains a challenge | CPO | A sickness absence recovery plan has been developed and is currently being implemented. The Group Chief of People, Engagement and Improvement Officer will commence in post on 30 March 2026. |
| 4. Fire Precautions Fire Safety Notices in relation to i) Maternity at New Cross; ii) Block 55 New cross; iii) Cannock Chase | CEO | Actions being agreed with Fire Service authorities but a theme of estates compliance and utilisation is emerging across Committees. |
| 5. Safety Notices Safety notices relating to Boston Scientific Pacemakers & Entonox exposure | CEO | Safety is being actively addressed by both Trusts |

2.1 Alert – matters of concern for escalation

| Finance & Productivity Committee | Quality Committee |
|---|--|
| <p>Performance</p> <ul style="list-style-type: none"> RWT – The percentage of patients waiting under 18 weeks has remained below trajectory during October – additional insourcing has commenced along with the commencement of the validation sprint focused on 18 week plus patients alone. | <ul style="list-style-type: none"> The CQC undertook an unannounced visit in November 2025 to the ED at New Cross Hospital, including Same Day Emergency Care (SDEC). Initial feedback was provided by the CQC during and at the end of the visit. An Action Plan is in place with feedback being |

2.1 Alert – matters of concern for escalation

| Finance & Productivity Committee | Quality Committee |
|---|--|
| <ul style="list-style-type: none"> RWT – Ambulance handover times for <15 and <30 minutes have shown deterioration during October 25 and remain below target. WHT Type 1 ED attendances 4.38% up YTD on last year. WHT DM01 performance improved to 81.35% (improved rank to 72nd (from 80th) out 121 trust September's performance). There is a significant risk to continued improvement in performance due to the seasonal capacity gap within MRI which will result in a worsening DM01 position if not resolved. WHT had 16 Patients > 52 weeks at the end of October. No patients waited > 65 weeks. <p>Finance</p> <ul style="list-style-type: none"> Overall, the Group position is ahead of plan by £4.4m year-to-date, £4.3m of which is at WHT and £0.1m at RWT. This has deteriorated by £0.9m in month relating to unachieved CIP. The FRP at the end of September showed a forecast of £20m, which has now improved to £14.3m. Proposals to bridge the gap were discussed. High level mitigations equate to £21m, low level mitigations equate to £2.75m RWT and £1.05m WHT. | <p>provided to the CQC on an ongoing basis. The report of the visit is awaited.</p> <ul style="list-style-type: none"> It was confirmed by West Midlands Fire Service (WMFS) that 8 of the 13 actions that had been required under the Fire Safety Enforcement Notice issued by them in September 2025 re fire safety works needed in Block 32 – Maternity Services at New Cross Hospital had been completed. A further Fire Safety Enforcement Notice has been issued to cover the 5 remaining works that are needed with a 2 year timeframe given for completion. A Fire Safety Enforcement Notice by Staffordshire Fire and Rescue Service is in place regarding Cannock Chase Hospital. Whilst a range of actions have been taken, not all of the required work will have been completed by the stated deadline. Work is continuing to achieve compliance and Staffordshire Fire and Rescue Service has been contacted with the aim of securing additional time to complete the required work; a response to this request is awaited. A WMFS Fire Safety Enforcement Notice remains in place relating to the Nucleus Theatres in Block 55 at New Cross Hospital. The required work is underway and it is expected that the Trust will meet the stated deadline date of the 27th of May 2026. A National Patient Safety Alert has been received in respect of harms arising in patients due to the incorrect recoding of penicillin allergy as penicillamine allergy. All affected patients have been identified and a plan to correct patient records is in place. A National Patient Safety Alert has been received in respect of the required annual retinal screening of patients who have |

2.1 Alert – matters of concern for escalation

| Finance & Productivity Committee | Quality Committee |
|----------------------------------|--|
| | <p>been taking prescribed Hydroxychloroquine for 5 or more years. All patients have been identified and referred to Ophthalmology. There has been no known patient harm identified.</p> <ul style="list-style-type: none"> Following visits by the H&SE, undertaken on different occasions, in relation to Entonox exposure levels, in the Delivery Suites at both RWT and WHT, monitoring of staff levels of exposure has been continuing. A small number of staff (3) in WHT were shown to have higher levels of exposure and as a result, Entonox will not be used in 3 of the delivery rooms with high exposure and mobile destruction units have been purchased for use in the unit. In respect of RWT testing of staff exposure has not identified the need for any further mitigations over and above what has already been taken. However, monitoring and staff testing will be ongoing. The Human Tissue Authority License Inspection took place in December 2025. The initial feedback was positive and they did not identify and crucial issues. The report of the visit is awaited. WHT with Walsall Partners was part of a CQC and Ofsted Assessment of Services for Children and Young People with Special Educational Needs and/or Disabilities (SEND) in December 2025. All data requests have been submitted and the report of the visit is awaited. The Trust has now received and reviewed the CQC report of the visit that took place in January 2025 to WHT related to Assessment of the Medicines Service. The report is available on the CQC web site. |

2.1 Alert – matters of concern for escalation

| People Committee | Partnerships & Transformation Committee |
|---|---|
| <ul style="list-style-type: none"> The workforce position at M8 is an area of concern as the group is above plan. The total WTE deployed across M8 was 259 WTE adverse to the stretch plan, with increases in substantive and agency. There is currently no assurance of meeting the stretched target. Early indications suggest that the M9 Group substantive position represents a reduction from the M8 position. The temporary position is still being finalised. Sickness absence remains a challenge across both trusts. The committee welcomed the more detailed divisional breakdowns that were presented, which provided greater insight into patterns of absence. Monitoring progress in reducing sickness absence will continue to be a key priority for the committee. | |

2.2 Assure

| Finance & Productivity Committee | Quality Committee |
|--|--|
| <ul style="list-style-type: none"> Deep Dive into ED Workflow outside of the Committee Meeting. A Board Development Session re Productivity Packs and to clarify utilisation opportunities for each Trust. Extra-ordinary Meeting scheduled to take place in December re revised FRP. A post implementation review has been completed for the trailblazing Solar Farm Project. The Trust received an award for Best Sustainability Project 2025 from the Government Commercial Function National Award and has received national recognition. Following the implementation the Trust has received enquiries from Local Authorities and other Trusts. | <ul style="list-style-type: none"> The Royal Wolverhampton Trust is declaring full compliance with the Maternity Incentive Scheme Year 7 to be presented to Trust Board in January 2026 for sign off and onward submission. Walsall Healthcare Trust is declaring compliance in 9 of the 10 safety actions for the Maternity Incentive Scheme Year 7 to be presented to Trust Board in January 2026 for sign off and onward submission. The one area of noncompliance relates to a potentially late Embrace Case. The Trust sought advice and have been advised to submit and that this would be considered as part of the verification process. The Birth Rate Plus business case considered at Trust Board in November 2025 was approved for WHT. |

2.2 Assure

| People Committee | Partnerships & Transformation Committee |
|--|--|
| <p>The Committee received update reports on:</p> <ul style="list-style-type: none"> • EDI Action Plan • Recruiting and Retaining the Workforce of Today and for the Future • Organisational Development • Employee Relations • Employee Voice Group • Board Assurance Framework • Developing Workforce Safeguards Review – Nursing, Midwifery & AHPs <p>The committee was advised that the Group Organisational and Workforce Change Policy has been agreed and implemented with effect from 1 January 2026. Leadership consultations will be prioritised, with the intention to commence consultations later this month.</p> | <ul style="list-style-type: none"> • Committee Effectiveness Survey completed and feedback shared • Transforming Care Together update provided and committee supportive of approach and next steps • Neighbourhood Health Implementation programme updates provided • Outpatient transformation digital innovations and patient engagement levels demonstrating positive progress and future potential • CDC plans are progressing • Update provided regarding Community First Delivery Partner progress and future phases and committee supportive of approach • Stroke Transformation Programme has been supported by Walsall Health Overview Scrutiny Committee and Black Country ICB. The output of the Clinical Senate review will be published by the end of January, and an internal learning review has been arranged to inform future transformation programmes. |

2.3 Advise

| Finance & Productivity Committee | Quality Committee |
|---|---|
| <p>Performance</p> <ul style="list-style-type: none"> • WHT – Community waiting list has seen a further increase in the total number of patients waiting, however the total waiting over 52 weeks reduced to 5.89% (from 6.95%) (as a percentage of total waiting list). • RWT – RTT 65 weeks was above trajectory at the end of October 25. • RWT – RTT 52 weeks was 144 patients above the new revised trajectory for October 25. The | <ul style="list-style-type: none"> • RWT's Cancer performance for 28 days is forecast to achieve the required metric. • 31 day performance at RWT is static and an action plan is in place to improve this. • RWT's 62 day waits are below trajectory at 71.43% so more work is required to achieve the 75% national target by the end of March 2026. Two Consultants have been appointed in Gynaecology and work is progressing with Russells Hall Hospital in respect of patients with |

2.3 Advise

| Finance & Productivity Committee | Quality Committee |
|--|--|
| <p>3rd validation sprint is now underway with external validators looking at 14,000 pathways during November and December 25.</p> <p><u>Contract Awards</u></p> <ul style="list-style-type: none"> • <u>REAF 5488 Teletracking (Contract Renewal 1/1/26)</u> – Committed approved. • <u>REAF 5494 Drug Stents & Balloon Catheters (Contract Renewal 2/1/26)</u> – Committee approved. • <u>REAF 5500 Interpreting & Translation (Contract Renewal 1/4/26)</u> – Endorsed to Trust Board. • <u>REAF 5487 Black Country Pathology Service (BCPS) Contract for Managed Equipment Services Microbiology Automation, Identification and Sensitivities, Blood Cultures and Low Volume Serology (Renewal 1/2/31)</u> – Deferred as more information required. | <p>Renal Cancer requiring surgery. Mutual aid continues to be available for patients with Prostate Cancer through Northampton.</p> <ul style="list-style-type: none"> • WHT is meeting the 28 and 31 day cancer standards. However, , the 62 day wait was 71.33% against 75% target, mainly due to challenges in Oncology and the ability of UHB to deliver agreed clinical sessions, as a result of their own workforce challenges. Improvements are anticipated from January 2026 onwards. • Diagnostics performance at WHT remains below target but is improving. However, this could be impacted if the seasonal capacity gap in MRI is not resolved. • Histopathology turnaround times, whilst not meeting the required benchmark, have improved to just below 70%. • The process of Intelligently Conveying ambulances will cease during January 2026 across the Black Country. • The ED delivered a presentation in November 2025 regarding Extended Lengths of Stay and Care Challenges in ED at RWT and the actions from this will form part of the actions following the CQC visit to RWT in November 2025. • NHSE have advised that the term Temporary Escalation Space is no longer to be used but replaced with the term Corridor Care. • At WHT the new guidance has been reviewed against the existing SOP to ensure it fully reflects the new requirements. Ongoing monitoring will be continued. There is an increased reliance on Corridor Care in ED with its use almost daily in November for 4.5 hours which had increased further in December due to volume and acuity of patients. At RWT similar action has been taken but in addition work is being undertaken to also review the impact of the Push Model. • There were 3 medicines management severe harms identified at WHT where the patients |

2.3 Advise

| Finance & Productivity Committee | Quality Committee |
|----------------------------------|---|
| | <p>allergy to the medication that was prescribed and given was documented. A range of actions are in place to reduce the risk of these errors occurring. The availability of EPMA would assist with this.</p> <ul style="list-style-type: none"> • The Trust is non-compliant with the required Systemic Anti-Cancer Therapy dataset. The phased return to work of the Hematology Clinical Nurse Specialist post will help this situation. Venous Thromboembolism (VTE) continues to be a challenge at WHT. A task and finish group has commenced with a focus on improvement with staff allocated to support and challenge staff as required. The initial feedback is promising but it was acknowledged that there is still a way to go. The use of paper records that are not then entered electronically remains a challenge to be resolved. • The incidence of Pressure Ulcers at WHT remains elevated and is being closely monitored with 4 category ulcers identified in month. and a further review is taking place. • At RWT there has been a continued increase in community acquired category 3 pressure ulcers and a slight decrease in hospital acquired ulcers. The trust is undertaking a triangulation of data in respect of patients who had a long wait in ED and their incidence of pressure ulcers and, so far, this has not been identified as a key causal factor. • Assurance was sought and given re the monitoring of pressure relieving equipment in the community across RWT and WHT. • Challenges continue with the timeliness of securing the required clinical support for the volume of patients with Mental Health issues attending ED in both Trusts. A new post – Head of Mental Health, Safeguarding, LD and |

2.3 Advise

| Finance & Productivity Committee | Quality Committee |
|----------------------------------|--|
| | <p>complex vulnerable adults is being recruited to bringing together the previous Head of Safeguarding and a Head of Mental Health post. This post will play a key role in developing, enhancing and sustaining relationships with external stakeholders, especially the Black Country Mental Health Services. A further meeting has been arranged with the Mental Health Services with a view to securing more timely support.</p> <ul style="list-style-type: none"> • The Birthrate Plus review of Staffing within Maternity and Neonatal Services at RWT was approved with the report going to Trust Board for formal approval in January 2026 Following the publication of the Prevention of Future Deaths Report, NHSE has requested all trusts urgently review the Quality and Safety of its homebirth service. This has been undertaken by both Trusts and assurance provided that the services at both Trusts have been reviewed and actions are in place where required. • Perinatal mortality has seen a slight rise this month at WHT and ongoing work has identified the 20-24 week period is where most occur with a high level of congenital abnormalities. Discussions are taking place with Public Health colleagues re the rate of congenital abnormalities in Walsall and to consider any preconception actions that could be implemented. • Obstetric ultrasound at WHT is being reviewed given the need for more substantive as opposed to temporary staffing to meet service needs. • There were no material changes to the BAF and no additional issues identified to add to the watchlist. It was confirmed that the BAF will be reviewed and presented differently from April 2026. |

2.3 Advise

| Finance & Productivity Committee | Quality Committee |
|----------------------------------|--|
| | <ul style="list-style-type: none"> Following a positive report by NHSE regarding Pre- Registration Midwifery Students at WHT, the Trust has moved from Intensive Support Framework (ISF) Category 2 to ISF category 1 and is no longer part of NHSE's Quality Improvement Register. Maternity leave at RWT has increased significantly with 200FTE's on leave. In partnership with The Ladder for the Black Country, RWT won the Black Country Apprenticeship Awards - Large Employer for 2025. The RWT Annual self- assessment report against the NHSI Developing Workforce Standards– Nursing and Allied Health Care Professional's (AHP's) Report identified compliance in all but one area which was deemed to have partial compliance as has been reported in previous years. This is due to the absence of an externally validated tool for AHP's staffing. An action plan is in place and the Trust has developed a tool for use with AHP's that has been piloted and is being shared with NHSI. A business case was submitted to the ICB and approved in principle relating to resources required to manage patients who require Non Invasive Ventilation (NIV). However, due to there being no funding to enable the business case to be progressed the situation remains a challenge with the volume and acuity of patient impacting on the use of ITU beds and support from the Critical Care Outreach team. Education and training packages have been developed to improve the knowledge and skills of staff to reduce the need for ITU and Outreach support. A revised business case has been submitted. |

2.3 Advise

| Finance & Productivity Committee | Quality Committee |
|----------------------------------|--|
| | <ul style="list-style-type: none"> Virtual ward usage at WHT is 58% - operating below the level of available "beds." The Trust is working with PA consulting to maximise usage. |

2.3 Advise

| People Committee | Partnerships & Transformation Committee |
|---|--|
| <ul style="list-style-type: none"> The committee discussed the workforce position of the group and the current workforce planning. It was agreed to bring an update to a future meeting once submitted. RWT end of year appraisal review Review of workforce key metrics and thresholds B2/B3 Final Report – will go to Group Management Committee in February 2026 and then to GPC in March 2026. Sickness Absence Reduction Report RWT and WHT Freedom to Speak Up Guardians will be providing a report at the next GPC and to the Trust Board in March 2026. RWT and WHT Guardians of Safe Working will be providing a report at the February GPC and to the Trust Board in March 2026. | <ul style="list-style-type: none"> Funding allocations for Place are still not confirmed, the committee will monitor any impacts of partnership delivery and/or financial impact for the Group. |

| | | | |
|---|---|---|---|
| Title of Report | Exception Report from Charity Committee | | Enc 7.1 |
| Author: | Professor Martin Levermore | | |
| Presenter: | Professor Martin Levermore | | |
| Date(s) of Committee Meetings since last Board meeting: | 10 th October 2025 | | |
| Action Required | | | |
| Decision | Approval | Discussion | Received/Noted/For Information |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 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"> Timing of cashflow remains key risks to the Charity | | <ul style="list-style-type: none"> Charity hub under review and management to bring back definitive plan with costs, Footfall analysis to be undertaken to determine location and this needs to be aligned with capital works of the Trust Board request for options for financial recovery remains outstanding, a review of legacy pots and dormant funds that are closed may be utilized by RWT likewise exploring consolidation of smaller charities under RWT umbrella | |
| POSITIVE ASSURANCES TO PROVIDE | | DECISIONS MADE | |
| <ul style="list-style-type: none"> Both short- and long-term investment portfolio remains healthy and produces moderate returns for the Charity Audit outcome provided clean audit opinion with no significant issues. Accounts are in good shape, strong financial controls and compliance. Charity meets all regulatory compliance. | | <ul style="list-style-type: none"> Support of attendance at Awards events Committee recommends subject to ethical consideration. Annual review completed to consider to be an Independent Charity committee agreed to remain under corporate trustee model. QNRG+ Indirect Calorimetry Business Case cost: - £20,900 approved subject to clinical governance assurance. | |

| | | | | |
|--|---|---|--|---|
| Title of Report | Exception Report from Charity Committee | | | |
| Author: | Professor Martin Levermore | | | |
| Presenter: | Professor Martin Levermore | | | |
| Date(s) of Committee Meetings since last Board meeting: | 12 th December 2025 | | | |
| Action Required | Decision | Approval | Discussion | Received/Noted/For Information |
| | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | 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"> Finance Recharge for Charity Support- important for the charity to cover these costs to avoid the risk of releasing staff due to financial pressures. Reserve Utilisation and Compliance with Charity Commission Guidance, the charity currently holds a substantial surplus that recharge costs should be clearly identified and paid for to demonstrate compliance and avoid excessive accumulation of reserves. | <ul style="list-style-type: none"> Mortuary refurbishment project cost estimates to be obtained and brought back to the Committee for approval. Arrange a workshop with stakeholders to ensure Charity strategic alignment to shape future ongoing Fundraising Strategy. Work is on the way to exploring formalizing relationships with prominent Trust Charity supporters. |
| POSITIVE ASSURANCES TO PROVIDE | DECISIONS MADE |
| <ul style="list-style-type: none"> Investment portfolio is in a strong position. with an improvement of £32K in the latest quarter and a further £22K projected. Annual Effectiveness Self-Assessment Survey has been undertaken, and output is being evaluated to identify areas for improvement against the 'well-led' agenda. | <ul style="list-style-type: none"> Expenditure requests from £5,000.00 to £99,999 paper were reviewed and approved. Approve the annual accounts. Reissue the effectiveness survey for all to complete due to low completion numbers originally received back. |

| | | | | |
|--|--|--|--|---|
| Title of Report | Exception Report from Audit Committee | | | |
| 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: | 9 December 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"> None | <ul style="list-style-type: none"> It was agreed to move the tracking of internal audit recommendations to a software package supplied by internal auditors, BDO, in the hope that it will allow easier recommendation tracking and monitoring. In view of a requested write-off of £96k of debts relating to Welsh patients that Betsi Cadwaladr University LHB and Aneurin Bevan LHB are refusing to pay, a report was requested for the February committee meeting on how this issue will be addressed and policy strengthened. |
| POSITIVE ASSURANCES TO PROVIDE | DECISIONS MADE |
| <ul style="list-style-type: none"> External audit provided a progress report, noting their plan to review the transition of ledgers to the new finance system. Internal audit report 2526: report on Nurse Rostering gave substantial assurance. An update was received on the business continuity plan and Emergency Preparedness, Resilience and Response core standards. | <ul style="list-style-type: none"> Recommend approval of losses and special payments write offs to Board. |

| Title of Report | Exception Report from Audit Committee | | |
|--|--|--|---|
| Author: | Mary Martin, Non-Executive Director | | |
| Presenter: | Mary Martin, Chair Audit Committee | | |
| Date(s) of Committee Meetings since last Board meeting: | 6 November 2025 1 December 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"> In November the Internal Audit report covering Medical Records was received and it had a Partial Assurance opinion with 1 high, 2 medium and 2 low actions agreed. The high recommendation is concerned with loose filing of paper medical records on wards. In November the Internal Audit report covering Compliance with Pay Rates and Enhancements was received and it had a Minimal Assurance opinion with 3 high and 4 medium actions agreed. The high recommendations all related to Waiting List Initiatives, their approval and effectiveness. The WLI policy was due for approval later in the month and actions are all due to be completed by 31 March 2025. RSM to revisit nearer the end of the year to see if the opinion can be upgraded. | <ul style="list-style-type: none"> The review of updated SO and SFI have been deferred again. 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 March 2026 Board after going through Group Management Committee and Audit Committee. RSM to revisit the Internal Audit report on Compliance with Pay Rates and enhancements nearer the end of the year to see if the opinion can be upgraded. Dr Chand to attend the next committee meeting to give an update on actions taken to identify solutions to the large number of write offs within pharmacy. |
| POSITIVE ASSURANCES TO PROVIDE | DECISIONS MADE |
| <ul style="list-style-type: none"> In November the Internal Audit report covering Medical Staffing was received and it had a Reasonable Assurance opinion with 3 medium and 1 low action agreed. All of these were due to be implemented by 31 December 2025. | <ul style="list-style-type: none"> . |

- | | |
|--|--|
| <ul style="list-style-type: none">• Counter Fraud services reported that 1 investigation has resulted in a successful prosecution. They are working with the Trust to use this case study as a deterrent.• The External Audit plan is on target.• The latest moderation of the Trust's Emergency Preparedness, Resilience and Response (EPRR) shows 92% substantial compliance, up from 79% and full compliance is expected in 2026. | |
|--|--|

Tier 1 - Paper ref: Enc 8

| | |
|------------------------------|--|
| Report title: | Group Finance Report |
| Sponsoring executive: | Kevin Stringer, Group Chief Finance Officer |
| Report author: | James Green, Director of Operational Finance Dan Mortiboys, Director of Operational Finance |
| Meeting title: | Group Trust Board |
| Date: | 20th January 2026 |

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

This report presents the financial performance of the Group for the period April 2025 to November 2025, with the notable points being:

- Overall, the Group position is ahead of plan by £2.4m year-to-date, WHT is £3.2m ahead of plan, and RWT is £0.8m behind plan. This has deteriorated by £2.0m in month mainly relating to industrial action.
- Variable elective activity is behind the Group plan by £6m YTD, with WHT ahead of plan by £2.2m and RWT behind plan by £8.2m. For RWT month 7&8 activity is £6.1m behind plan and has been impacted by data capture issues related to the new EPR. No variance to the contract values is assumed for this performance.
- The total efficiency challenge in 2025/26 for the group is £87m; RWT £57m, WHT £30m. The in-month plan was £9.2m.
- In month 8 WHT underperformed by £1.2m against a plan of £3.8m, RWT overperformed by £2.5m against a plan of £5.4m.
- Capital expenditure is £19.5m YTD, being £7.8m below plan. Capital spend has been re-profiled and the expectation is that both Trusts will achieve their Capital Resource Limit.
- The cash position for both Trusts is positive at £49m for RWT, and £38m for WHT.
- Workforce has increased at both Trusts in month, 52.13 WTE at RWT and 63.4 WTE at WHT. Both Trusts workforce are above the financial sustainability stretch target trajectory.

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?]

N/A - No Finance & Performance Committee meeting in December

4. Recommendation(s)/Action(s)

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

- Note the contents of the report

4. Recommendation(s)/Action(s)

- b) Receive the report for assurance

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 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 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: | | |

Group Financial Performance

for the month of November 2025

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

I&E Summary

| In-Month Income & Expenditure | RWT | | | WHT | | | Group position | | |
|---------------------------------------|-------------------|---------------------|-----------------------------|-------------------|---------------------|-----------------------------|-------------------|---------------------|-----------------------------|
| | Plan M8 £m | Actual M8 £m | Surplus/ (Deficit) £m | Plan M8 £m | Actual M8 £m | Surplus/ (Deficit) £m | Plan M8 £m | Actual M8 £m | Surplus/ (Deficit) £m |
| Income | 89.3 | 88.4 | (0.9) | 39.3 | 40.8 | 1.5 | 128.6 | 129.3 | 0.7 |
| Expenditure | | | | | | | | | |
| Pay | 52.2 | 52.5 | (0.3) | 24.4 | 25.6 | (1.1) | 76.6 | 78.1 | (1.5) |
| Non Pay | 25.4 | 25.8 | (0.4) | 9.2 | 10.7 | (1.5) | 34.6 | 36.5 | (1.9) |
| Drugs | 6.7 | 6.2 | 0.5 | 2.1 | 2.1 | (0.0) | 8.8 | 8.3 | 0.5 |
| Other* | 4.1 | 3.9 | 0.2 | 2.5 | 2.5 | 0.0 | 6.6 | 6.4 | 0.2 |
| Total Expenditure | 88.4 | 88.4 | 0.0 | 38.2 | 40.9 | (2.6) | 126.6 | 129.3 | (2.6) |
| Net reported surplus/(Deficit) | 0.9 | 0.0 | (0.9) | 1.1 | (0.0) | (1.1) | 2.0 | 0.0 | (2.0) |
| Year-to-date Income & Expenditure | WHT | | | Group position | | | | | |
| | Plan YTD £m | Actual YTD £m | Surplus/ (Deficit) £m | Plan YTD £m | Actual YTD £m | Surplus/ (Deficit) £m | Plan YTD £m | Actual YTD £m | Surplus/ (Deficit) £m |
| Income | 675.1 | 675.4 | 0.3 | 316.6 | 318.8 | 2.2 | 991.7 | 994.2 | 2.5 |
| Expenditure | | | | | | | | | |
| Pay | 424.3 | 432.9 | (8.6) | 209.0 | 204.2 | 4.8 | 633.3 | 637.1 | (3.7) |
| Non Pay | 169.2 | 163.0 | 6.2 | 73.1 | 76.2 | (3.1) | 242.3 | 239.2 | 3.1 |
| Drugs | 55.8 | 54.8 | 1.0 | 19.7 | 19.8 | (0.0) | 75.5 | 74.6 | 0.9 |
| Other(incl. depreciation) | 31.1 | 30.8 | 0.3 | 21.1 | 21.9 | (0.7) | 52.3 | 52.7 | (0.4) |
| Total Expenditure | 680.4 | 681.5 | (1.1) | 323.0 | 322.1 | 1.0 | 1,003.4 | 1,003.6 | (0.1) |
| Net reported surplus/(Deficit) | (5.3) | (6.1) | (0.8) | (6.4) | (3.2) | 3.2 | (11.7) | (9.3) | 2.4 |

Other* Includes depreciation, other non operating expenditure and adjustments to NHSE Reported Performance

Key Headlines:

- Total YTD deficit of £9.3m,
- Performance in month 8 is £2.0m behind plan; RWT £0.9m behind plan and WHT £1.1m behind plan, mainly related to November industrial action.
- Year to date performance is £2.4m better than plan; RWT £0.8m behind plan and WHT £3.2m better than plan.
- CIP overachieved in month by £1.3m, bringing the YTD overperformance to £6.5m; RWT over performance of £1.3m and WHT over performance of £5.2m.
- Variable elective activity is behind the Group plan by £6m YTD, with WHT above plan by £2.2m and RWT below plan by £8.2m. For RWT month 7&8 activity is £6.1m behind plan and has been impacted by data capture issues related to the new EPR by c£3m-£4m. Only income variance associated with industrial action in November has been recognised, all other contract income is forecast to be received in line with the plan for the year.

Capital

- Capital expenditure year to date is £19.5m (£10.4m RWT and £9.1m WHT), an underspend of £7.8m (£5.2m RWT and £2.6m WHT). Within the spend, £2.5m related to PSDS grant funded schemes and donated assets of which £1.9m was at WHT and £0.6m at RWT.
- The capital plan is being closely monitored and revised where necessary to account to changes to timescales, risks and priorities, notably the theatres refurbishment and IT at WHT and Fire Service inspection works at RWT. The expectation is that both Trusts will achieve their Capital Resource Limit.
- The group has received an additional capital allowance for the year of £2.4m, £1.8m RWT and £0.6m WHT. RWT has also received an additional £1.6m from NHS England to support the BCPS Histopathology Automation project (PDC); and £0.2m for CDC Pathways (PDC).

Cash

- Following the receipt of YTD cash backed deficit support to enable a breakeven plan, both organisations have a good 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.

Better Payment Practice Code

- The Trust has a national target to reach 95% of invoices, in value and volume, to be paid within 30 days of receipt. Both organisations have been impacted by working capital management; the move to SBS and a new finance ledger and are below the target YTD.

| BPPC Performance | RWT | | WHT | |
|---------------------|----------|-----|----------|-----|
| | In-Month | YTD | In-Month | YTD |
| Value | 83% | 93% | 73% | 84% |
| Volume | 59% | 88% | 26% | 77% |



Care Colleagues
Collaboration Communities

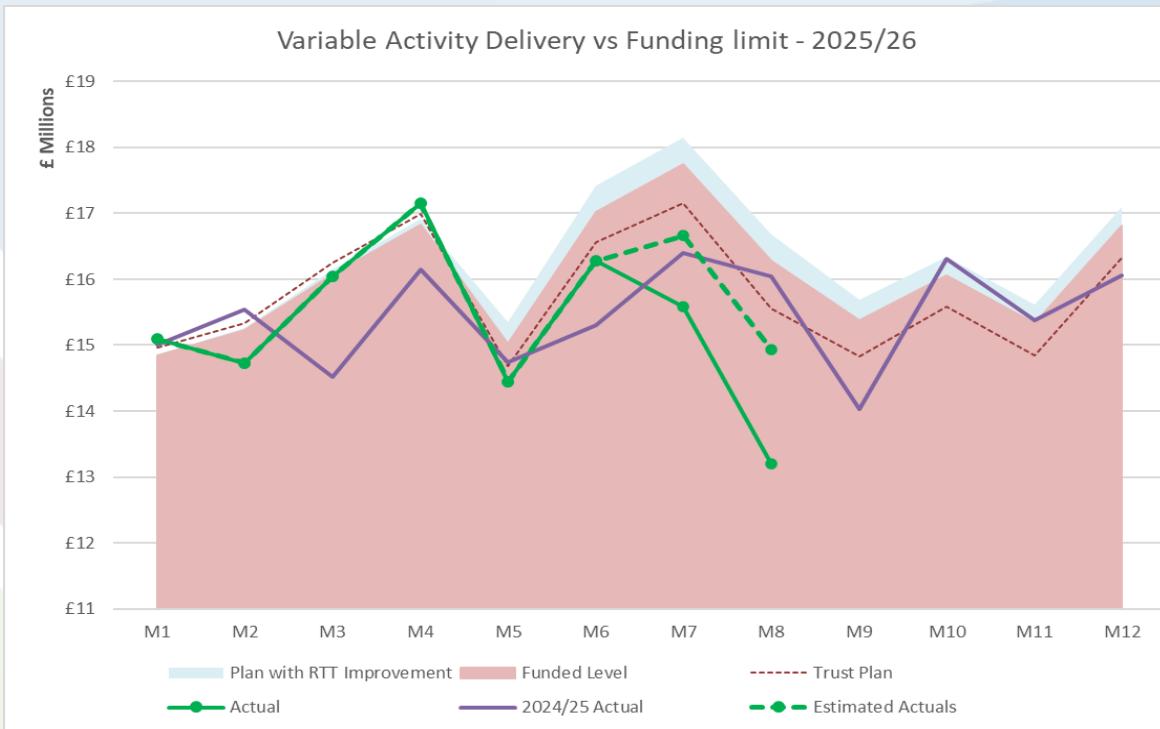
Key Month Items Within the Position

These include:

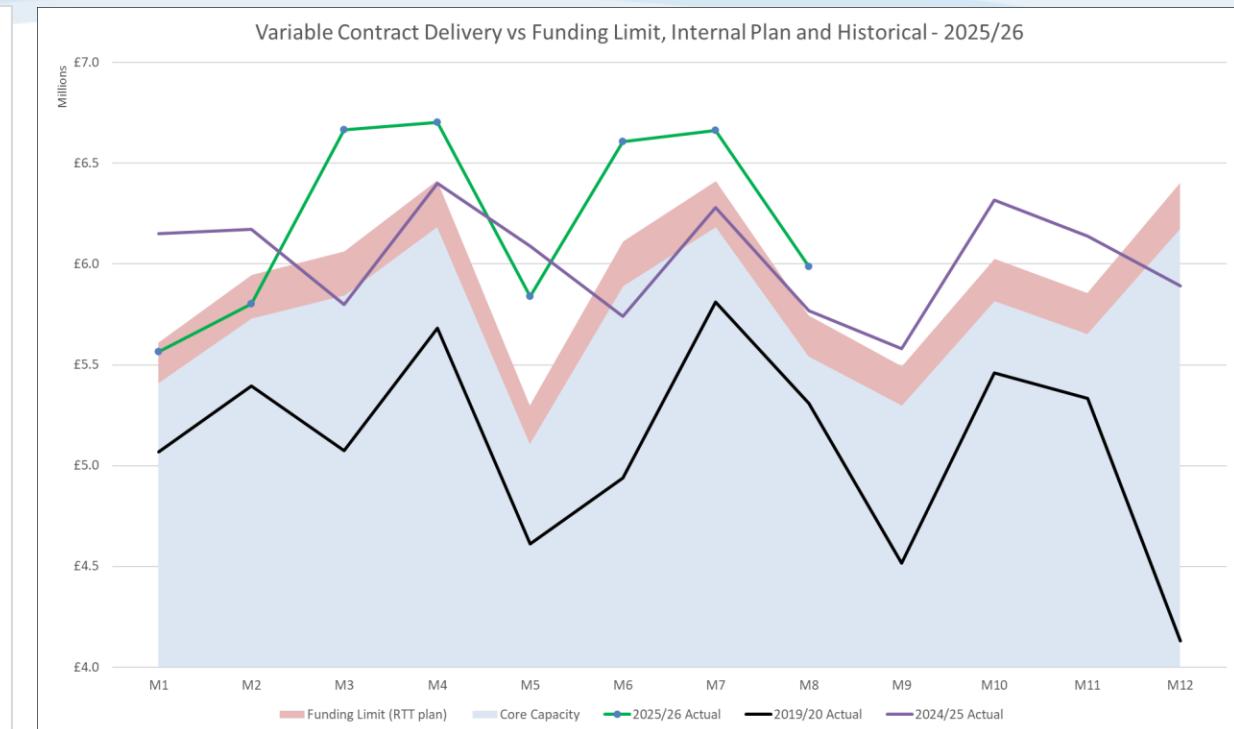
- **Income** overperformed against plan by £0.7m in month. RWT is £0.9m behind of plan to due a correction on Education & Training income to bring the YTD position to plan. WHT is £1.5m ahead of plan in month, related to education and training income and recharges offset by expenditure. Year to date there is overperformance on income of £2.5m, RWT is on £0.3m ahead of plan YTD, WHT is £2.2m ahead of plan YTD due to PSDS income, E&T and recharges.
- **Pay** is £1.5m worse than plan in month and £3.7m worse than plan YTD. The in-month overspend for both Trusts is due to industrial action as well as MARS and redundancy at RWT. YTD RWT is £8.6m worse than plan, of which £7.5m is due to unmet CIP. WHT is £4.8m better than plan, the main driver for this is lower than planned headcount and reduced temporary expenditure.
- **Non-Pay** is £1.9m behind plan in month and £3.1m better than plan YTD, with a RWT being £6.2m better than plan - mainly related to non-recurrent CIP overperformance of £6.2m. WHT is £3.1m worse than plan due SLA costs offset by income, increased purchases of healthcare and IT costs.
- **Drugs** spend is £0.5m better than plan in month and £0.9m better than plan YTD.
- **Efficiency** performance is £1.3m favourable to plan in month and £6.5m favourable YTD, £5.2m at WHT and £1.3m at RWT. WHT overperformance is mainly due to the headcount reducing faster than planned M1-6.

Variable Activity Performance – 2025/26 M8

RWT



WHT



RWT has experienced data capture issues since month 7 following EPR implementation. Year to date the impact of missing uncashed outpatient activity is estimated to be £2m-3m, an addition, a backlog of clinical coding for inpatients is causing a variance estimated to be £1m.

RWT Variable activity (adjusting for the estimated impact of EPR above) is estimated to be £4m-5m under plan. Full payment of contract value less the impact of industrial action from November onwards is forecast. There is a risk of income clawback for non-achievement of the commissioned activity plan to meet the RTT target. RWT is funded at £2.9m less than the plan required to meet the RTT performance target for the year.

WHT's RTT plan is in line with the contract funding level. WLIs required to bridge between the core divisional capacity (internal plan) and Funding Limit. Although WLIs have been reduced to 25% to support delivery of the FRP the Trust continues to overperform the contract and receives no additional funding.

Variable Performance YTD – 2025/26 M8

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

| RWT | | |
|--------------------|----------------|----------------|
| Plan | Actual | Variance |
| Activity | Activity | Activity |
| 5,254 | 5,044 | (210) |
| 37,173 | 35,048 | (2,125) |
| 110,979 | 107,470 | (3,510) |
| 153,406 | 147,562 | (5,844) |
| Outpatient 1st | | |
| 151,529 | 141,587 | (9,942) |
| Diagnostic Imaging | | |
| 60,225 | 55,577 | (4,648) |
| Chemotherapy | | |
| 9,510 | 9,377 | (133) |
| Grand Total | 365,160 | 344,725 |
| | | (20,568) |

| WHT | | |
|--------------------|----------------|----------------|
| Plan | Actual | Variance |
| Activity | Activity | Activity |
| 1,558 | 1,747 | 189 |
| 20,851 | 20,200 | (651) |
| 27,356 | 28,318 | 962 |
| 49,765 | 50,265 | 500 |
| Outpatient 1st | | |
| 68,929 | 74,303 | 5,374 |
| Diagnostic Imaging | | |
| 67,946 | 69,247 | 1,301 |
| Chemotherapy | | |
| 4,072 | 4,445 | 373 |
| Grand Total | 190,712 | 198,260 |
| | | 7,548 |

| Group | | |
|--------------------|----------------|----------------|
| Plan | Actual | Variance |
| Activity | Activity | Activity |
| 6,812 | 6,791 | (21) |
| 58,024 | 55,248 | (2,776) |
| 138,335 | 135,788 | (2,547) |
| 203,171 | 197,827 | (5,344) |
| Outpatient 1st | | |
| 220,458 | 215,890 | (4,568) |
| Diagnostic Imaging | | |
| 128,171 | 124,824 | (3,347) |
| Chemotherapy | | |
| Grand Total | 555,872 | 542,985 |
| | | (12,887) |

| | £'000 | £'000 | £'000 |
|-------------------------|----------------|----------------|----------------|
| Elective | 33,551 | 31,263 | (2,288) |
| Planned Same Day | 39,937 | 36,601 | (3,336) |
| Outpatient Procedures | 18,794 | 18,320 | (474) |
| Procedures Total | 92,282 | 86,184 | (6,098) |
| Outpatient 1st | 28,803 | 27,111 | (1,692) |
| Diagnostic Imaging | 6,499 | 6,051 | (448) |
| Chemotherapy | 3,193 | 3,182 | (11) |
| Grand Total | 130,776 | 122,528 | (8,248) |

| | £'000 | £'000 | £'000 |
|-------------------------|---------------|---------------|--------------|
| Elective | 6,837 | 7,769 | 932 |
| Planned Same Day | 16,645 | 16,040 | (605) |
| Outpatient Procedures | 5,224 | 5,522 | 297 |
| Procedures Total | 28,706 | 29,330 | 624 |
| Outpatient 1st | 12,082 | 13,334 | 1,252 |
| Diagnostic Imaging | 5,479 | 5,714 | 235 |
| Chemotherapy | 1,333 | 1,458 | 125 |
| Grand Total | 47,599 | 49,836 | 2,237 |

| | £'000 | £'000 | £'000 |
|-------------------------|----------------|----------------|----------------|
| Elective | 40,388 | 39,032 | (1,356) |
| Planned Same Day | 56,582 | 52,641 | (3,941) |
| Outpatient Procedures | 24,018 | 23,842 | (177) |
| Procedures Total | 120,988 | 115,514 | (5,474) |
| Outpatient 1st | 40,885 | 40,445 | (440) |
| Diagnostic Imaging | 11,978 | 11,765 | (213) |
| Chemotherapy | 4,526 | 4,640 | 114 |
| Grand Total | 178,375 | 172,364 | (6,011) |

The group is £6m behind the commissioned activity plan YTD; with RWT underperforming by £8.2m, of which £6.1m related to month 7&8 which is impacted by missing activity and coding as a result of EPR migration. WHT overperforming by at £2.2m.

At WHT WLI's in T&O Elective Inpatients and WLIs in general are the key drivers of performance above contract YTD. Although WLIs have been reduced to 25% to support delivery of the FRP the Trust continues to overperform the contract and receives no additional funding.

CIP Performance YTD

| | In Month | | | YTD | | |
|--------------|------------|-------------|------------|-------------|-------------|------------|
| | Plan | Actual | Variance | Plan | Actual | Variance |
| WHT | 3.8 | 2.6 | (1.2) | 12.2 | 17.4 | 5.2 |
| RWT | 5.4 | 7.9 | 2.5 | 32.4 | 33.6 | 1.3 |
| Group | 9.2 | 10.5 | 1.3 | 44.6 | 51.0 | 6.5 |

The total efficiency challenge in 2025/26 for the group is £87m; RWT £57m, WHT £30m. The in-month plan was £8.7m.

In month 8 WHT underperformed by £1.2m against a plan of £3.8m. Though in month performance of £2.6m is an improvement over M7 delivery (£2.4m), YTD performance remains ahead of plan.

RWT overperformed by £1.3m in month against a plan of £5.4m. Overperformance to due to release of identified mitigation as part of the financial recovery plan.

Year to date the total overperformance against plan is £6.5m; £5.2m at WHT and £1.3m at RWT.

Statement of Financial Position

| STATEMENT OF FINANCIAL POSITION | | | RWT | | | WHT | | |
|--|------------------|------------------|-----------------|------------------|------------------|-----------------|----------|------|
| Statement of Financial Position for the month ending November 2025 | November | | Mar 2025 | November | | Mar 2025 | November | |
| | Actual | 2025 | Movement | Actual | 2025 | Movement | Actual | 2025 |
| NON CURRENT ASSETS | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Property,Plant and Equipment - Tangible Assets | 539,624 | 526,306 | (13,318) | 250,913 | 251,002 | 89 | | |
| Intangible Assets | 9,351 | 10,171 | 820 | 8,021 | 7,142 | (879) | | |
| Other Investments/Financial Assets | 16 | 15 | (1) | 0 | 0 | 0 | | |
| Trade and Other Receivables Non Current | 1,138 | 1,156 | 18 | 1,164 | 1,385 | 221 | | |
| PFI Deferred Non Current Asset | 1,935 | 1,920 | (15) | 0 | 0 | 0 | | |
| TOTAL NON CURRENT ASSETS | 552,064 | 539,568 | (12,496) | 260,098 | 259,529 | (569) | | |
| CURRENT ASSETS | | | | | | | | |
| Inventories | 9,766 | 9,681 | (85) | 3,182 | 5,920 | 2,738 | | |
| Trade and Other Receivables | 38,389 | 46,134 | 7,745 | 20,665 | 42,111 | 21,446 | | |
| Cash and cash equivalents | 50,886 | 49,346 | (1,540) | 36,745 | 38,259 | 1,514 | | |
| TOTAL CURRENT ASSETS | 99,041 | 105,161 | 6,120 | 60,592 | 86,290 | 25,698 | | |
| TOTAL ASSETS | 651,106 | 644,729 | (6,377) | 320,690 | 345,819 | 25,129 | | |
| CURRENT LIABILITIES | | | | | | | | |
| Trade & Other Payables | (104,725) | (109,561) | (4,836) | (54,359) | (82,472) | (28,113) | | |
| Liabilities arising from PFI's / Finance Leases | (8,731) | (8,731) | 0 | (10,047) | (12,736) | (2,689) | | |
| Provisions for Liabilities and Charges | (8,072) | (1,764) | 6,308 | (135) | (135) | 0 | | |
| Other Financial Liabilities | (12,138) | (18,783) | (6,645) | (2,610) | (2,852) | (242) | | |
| TOTAL CURRENT LIABILITIES | (133,666) | (138,839) | (5,173) | (67,151) | (98,195) | (31,044) | | |
| NET CURRENT ASSETS / (LIABILITIES) | (34,625) | (33,678) | 947 | (6,559) | (11,905) | (5,346) | | |
| TOTAL ASSETS LESS CURRENT LIABILITIES | 517,439 | 505,890 | (11,549) | 253,539 | 247,624 | (5,915) | | |
| NON CURRENT LIABILITIES | | | | | | | | |
| Trade & Other Payables | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Other Liabilities | (31,567) | (25,832) | 5,735 | (178,875) | (173,167) | 5,708 | | |
| Provision for Liabilities and Charges | (1,980) | (1,981) | (1) | (271) | (271) | 0 | | |
| TOTAL NON CURRENT LIABILITIES | (33,547) | (27,813) | 5,734 | (179,146) | (173,438) | 5,708 | | |
| TOTAL ASSETS EMPLOYED | 483,892 | 478,077 | (5,815) | 74,393 | 74,186 | (207) | | |
| FINANCED BY TAXPAYERS EQUITY | | | | | | | | |
| Public Dividend Capital | 337,782 | 337,783 | 1 | 276,052 | 276,052 | 0 | | |
| Retained Earnings | 26,691 | 20,878 | (5,813) | (272,120) | (272,327) | (207) | | |
| Revaluation Reserve | 120,643 | 120,641 | (2) | 70,461 | 70,461 | 0 | | |
| Financial assets at FV through OCI reserve | (1,414) | (1,415) | (1) | 0 | 0 | 0 | | |
| Other Reserves | 190 | 190 | 0 | 0 | 0 | 0 | | |
| TOTAL TAXPAYERS EQUITY | 483,892 | 478,077 | (5,815) | 74,393 | 74,186 | (207) | | |

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

- RWT – Trade & Other Receivables: £7.7m increase with balances including prepayments, and accrued income. Trade & Other Payables: £4.8m increase with the balance representing other Managed Service Contracts; Pharmacy Stocks, and Electricity Credits to be re-invoiced. Most of the movement in Other Financial Liabilities relates to deferred income non recurrent projects such as PASEMR. Other Liabilities of £5.7m decrease due to movement in PFI/IFRS 16.
- WHT - Trade receivables are high YTD due to LA, ERF, SDF and variable diagnostics performance. Trade payables/accruals have increased from March 25 relating to the payment of invoices and release of balance sheet provisions within the plan. This is also reflective of the current cash balance movements.

Cashflow as at 30th November

| | RWT | WHT | Combined |
|--|------------------------|------------------------|------------------------|
| | Nov-25 Actual £'000 | Nov-25 Actual £'000 | Nov-25 Actual £'000 |
| OPERATING ACTIVITIES | | | |
| Total Operating Surplus/(Deficit) (gross of control total adjustments) | 2,816 | 8,648 | 11,464 |
| Depreciation | 22,533 | 9,865 | 32,398 |
| Fixed Asset Impairments | 0 | 0 | 0 |
| Transfer from Donated Asset Reserve | 0 | 0 | 0 |
| Capital Donation Income | (609) | (1,846) | (2,455) |
| Interest Paid | (1,256) | (5,267) | (6,523) |
| Dividends Paid | (6,470) | (883) | (7,353) |
| Release of PFI /Deferred Credit | 0 | 0 | 0 |
| (Increase)/Decrease in Inventories | 85 | (2,740) | (2,655) |
| (Increase)/Decrease in Trade Receivables | (7,925) | (21,667) | (29,592) |
| Increase/(Decrease) in Trade Payables | 18,044 | 29,588 | 47,632 |
| Increase/(Decrease) in Other liabilities | 6,607 | 242 | 6,849 |
| Increase/(Decrease) in Provisions | (6,308) | (1,436) | (7,744) |
| Increase/(Decrease) in Provisions Unwind Discount | 0 | 0 | 0 |
| NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITES | 27,517 | 14,504 | 42,021 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Interest Received | 1,886 | 1,113 | 2,999 |
| Payment for Property, Plant and Equipment | (23,734) | (9,903) | (33,637) |
| Payment for Intangible Assets | (1,690) | 0 | (1,690) |
| Receipt of cash donations to purchase capital assets | 609 | 1,846 | 2,455 |
| Proceeds from sales of Tangible Assets | 0 | 0 | 0 |
| Proceeds from Disposals | 0 | 0 | 0 |
| NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES | (22,929) | (6,944) | (29,873) |
| NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING | 4,588 | 7,560 | 12,148 |
| FINANCING | | | |
| New Public Dividend Capital Received | 0 | 0 | 0 |
| Capital Element of Finance Lease and PFI | (6,128) | (6,046) | (12,174) |
| NET CASH INFLOW/(OUTFLOW) FROM FINANCING | (6,128) | (6,046) | (12,174) |
| INCREASE/(DECREASE) IN CASH | (1,540) | 1,514 | (26) |
| CASH BALANCES | | | |
| Opening Balance at 1st April 2025 | 50,886 | 36,745 | 87,631 |
| Closing Balance at 30th November 2025 | 49,346 | 38,259 | 87,605 |

Summary:

The cash balance is £81.8m, £49.3m at RWT and £34.6m at WHT. This is an increase from last month of £5.8m (of which £2.2m is RWT, however this is only £23.1m ahead of Plan due to a reduction of payment runs due to new finance system, however, there has been an improvement during month 8 for the payment runs so anticipating to catch up in the next couple of months).

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



Care Colleagues
Collaboration Communities

Capital RWT

The Trust has spent £10.4m of Capital YTD to 30th November 2025, which is an underspend of £5.2m against planned YTD capital of £15.2m. The Trust is forecasting to meet its CRL and CDEL target for the financial year and has submitted a rephasing of the capital programme to the ICS.

- CRL recorded a spend of £4.1m for the financial year to date which was £3.4m lower than plan (this is an improvement from M7). The Trust identified its original capital plan to support investment in backlog maintenance and medical equipment purchases. Expenditure against the original plan is lower than profiled but in line with the reforecast.
- PDC expenditure with a spend of £5.4m was £0.3m ahead of plan, but in line with the forecast profile.
- IFRS 16 (or renewed leases) CRL with a YTD spend of £0.0m was underspent by £2.1m due to ongoing commercial negotiations. However, the Trust is forecasting to spend its IFRS 16 allocation and a rephased profile has been submitted.
- IFRIC 12 related capital spend is £0.0m YTD which is in line with plan.

In addition to the items above monitored by NHSE, the Trust also receives grant funding:

- Grant Funding for the PSDS programme was ahead of plan YTD, with spend of £0.6m.

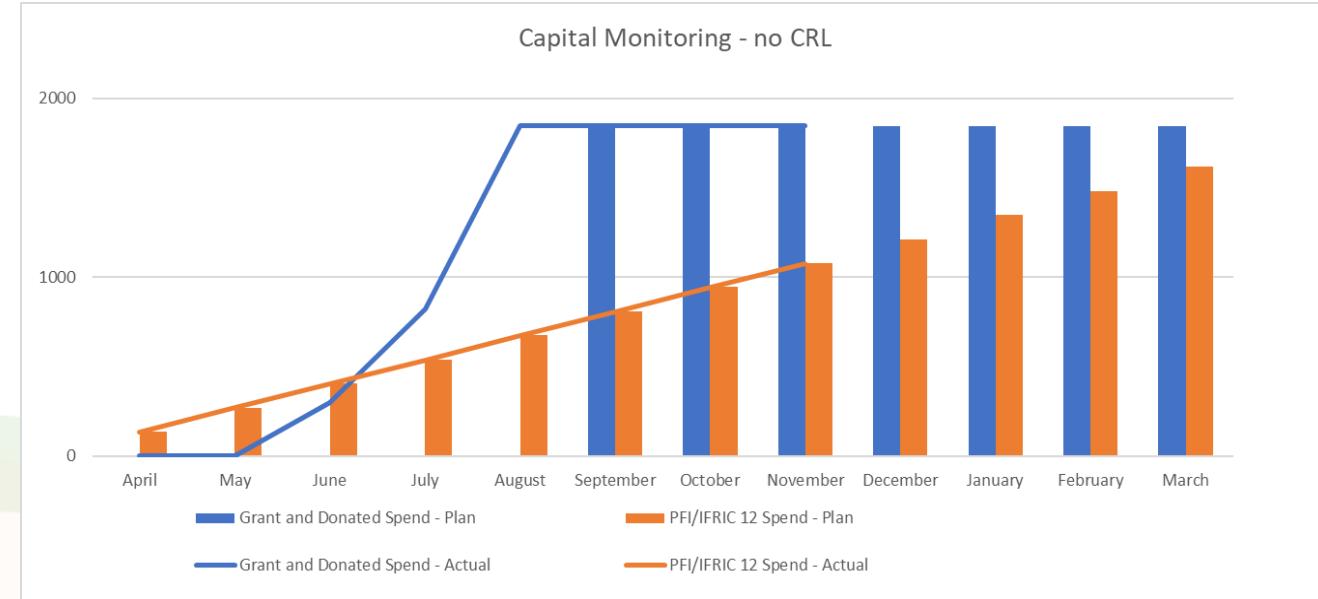
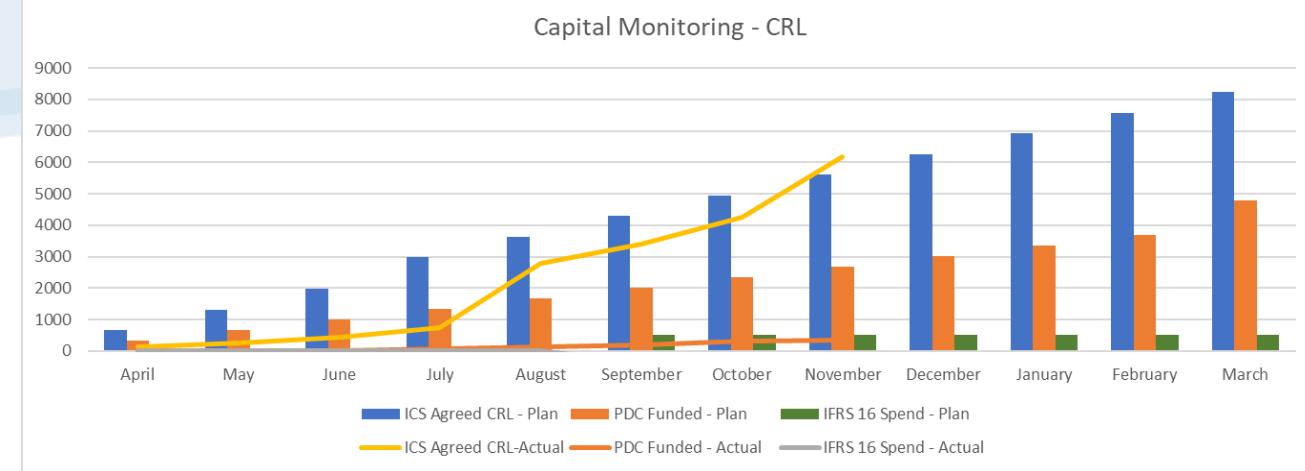


Capital WHT

The trust has spent £9.08m of Capital & IFRS16 YTD to 30th November 2025 against planned YTD Capital of £11.7m. Of the £9.08m YTD Spend:

- £5.8m YTD Capital spend including IFRS16 relates to CRL the trust is measured against vs YTD budget of £6.1m with a variance of £0.3m vs budget; and £0.4m YTD spend on PDC as the orders are in progress, with a variance of £2.3m vs budget. The trust has received additional PDC allocation for GB Energy NHS Solar project of £0.75m. The trust plans to achieve the CRL of £13.5m at the end of the year.
- The balance of the YTD Capital spend of £2.9m relates to PFI/IFRIC 12 capital of £1.0m on plan and PSDS grant spend of £1.8m.

| Scheme | M8 YTD Budget | M8 YTD Spend |
|--|---------------|--------------|
| | £'000s | £'000s |
| Estates: | | |
| PFI Lifecycle: | 1,079 | 1,077 |
| Theatres 1-4 Refurb | 3,422 | 2,333 |
| Estates Lifecycle | 687 | 993 |
| MMUH (UECC works) | 800 | 1,104 |
| Aseptic Suite | 13 | 13 |
| Backlog maintenance to support PSDS | 533 | 1,063 |
| New Build-Non Clinical (PSDS Match Funding) | 1,847 | 1,847 |
| Estates Total | 8,381 | 8,430 |
| Medical Equipment: | | |
| Medical Equipment | 152 | 134 |
| Donated Medical Equipment | - | - |
| Medical Equipment Total | 152 | 134 |
| Information Management & Technology: | | |
| IT Equipment | - | 530 |
| Information Management & Technology Total | - | 530 |
| PDC Funding | | |
| IM&T PDC Funding | 1,912 | 358 |
| Theatres 1-4 Estates Safety PDC Funding | 782 | - |
| PDC Funding Total | 2,694 | 358 |
| IFRS16 | | |
| Total IFRS16 | 510 | - |
| Grand Total | 11,737 | 9,077 |



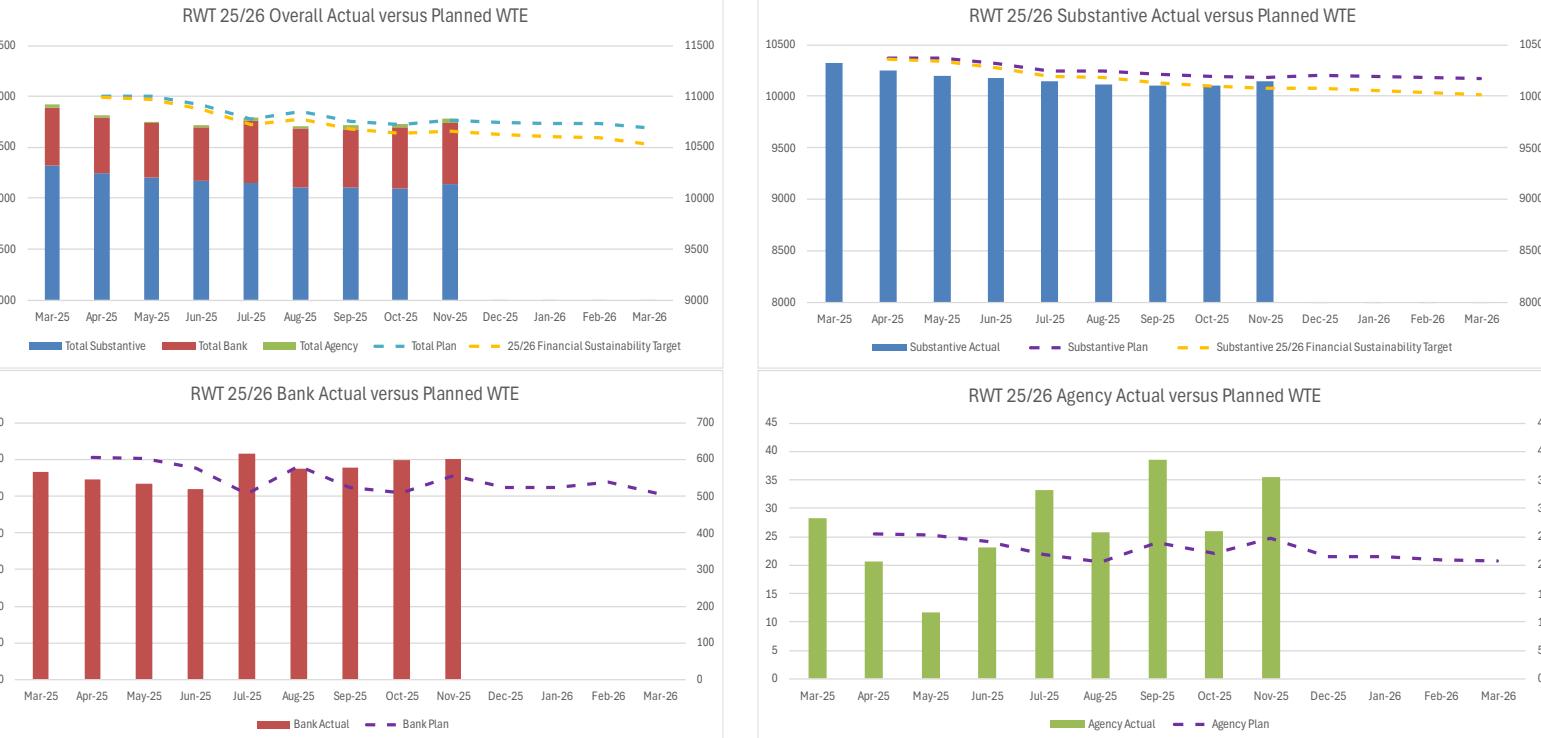
Workforce WTE Trends - RWT

RWT's overall workforce increased during M8, reflecting a 40.0 WTE (0.4%) increase in substantive staff, a 2.54 WTE (0.4%) rise in bank usage, and a 9.59 WTE (36.9%) increase in agency reliance. The RWT overall workforce is 115.5 WTE (1.1%) above the financial sustainability (stretch) target trajectory.

Actual WTE (Sep 25 - Nov 25)

| | Sep-25 | Oct-25 | Nov-25 |
|---|----------|----------|----------|
| ACTUAL TOTAL WORKFORCE BY STAFF GROUP (WTE) | | | |
| Registered Nursing, Midwifery and Health Visiting Staff | 10718.06 | 10725.64 | 10777.77 |
| Allied Health Professionals | 3020.01 | 3043.29 | 3083.79 |
| Registered Scientific, Therapeutic and Technical Staff | 613.97 | 621.97 | 621.34 |
| Healthcare Scientists | 246.35 | 242.11 | 239.41 |
| Support to Clinical Staff | 511.40 | 506.92 | 511.48 |
| NHS Infrastructure Support | 2189.50 | 2137.08 | 2143.09 |
| Medical and Dental | 2834.57 | 2865.13 | 2867.62 |
| | 1302.26 | 1309.14 | 1311.05 |
| ACTUAL SUBSTANTIVE STAFF BY STAFF GROUP (WTE) | | | |
| Registered Nursing, Midwifery and Health Visiting Staff | 10102.80 | 10100.74 | 10140.74 |
| Allied Health Professionals | 2914.81 | 2924.86 | 2938.83 |
| Registered Scientific, Therapeutic and Technical Staff | 611.21 | 619.24 | 619.77 |
| Healthcare Scientists | 238.75 | 236.22 | 234.46 |
| Support to Clinical Staff | 506.34 | 504.50 | 510.64 |
| NHS Infrastructure Support | 2005.88 | 1988.88 | 1987.24 |
| Medical and Dental | 2622.24 | 2617.79 | 2622.70 |
| | 1203.57 | 1209.25 | 1227.11 |
| ACTUAL BANK STAFF BY STAFF GROUP (WTE) | | | |
| Registered Nursing, Midwifery and Health Visiting Staff | 576.61 | 598.91 | 601.45 |
| Allied Health Professionals | 99.46 | 118.43 | 144.96 |
| Registered Scientific, Therapeutic and Technical Staff | 1.83 | 2.52 | 1.57 |
| Healthcare Scientists | 6.80 | 4.74 | 3.29 |
| Support to Clinical Staff | 4.32 | 0.34 | 0.18 |
| NHS Infrastructure Support | 171.83 | 142.72 | 134.92 |
| Medical and Dental | 212.33 | 247.34 | 244.92 |
| | 80.04 | 82.82 | 71.61 |
| ACTUAL AGENCY STAFF BY STAFF GROUP (WTE) | | | |
| Registered Nursing, Midwifery and Health Visiting Staff | 38.65 | 25.99 | 35.58 |
| Allied Health Professionals | 5.74 | 0.00 | 0.00 |
| Registered Scientific, Therapeutic and Technical Staff | 0.93 | 0.21 | 0.00 |
| Healthcare Scientists | 0.80 | 1.15 | 1.66 |
| Support to Clinical Staff | 0.74 | 2.08 | 0.66 |
| NHS Infrastructure Support | 11.79 | 5.48 | 20.93 |
| Medical and Dental | 0.00 | 0.00 | 0.00 |
| | 18.65 | 17.07 | 12.33 |

2025/26 Actuals vs Planned



During M8 25/26, external substantive starters (91 WTE) exceeded external substantive leavers (59 WTE). Triangulated against assignment changes, such as adjustments to contracted hours, this contributed to a 40 WTE increase in the substantive workforce. A 16 WTE rise in substantive RN&M deployment and a 17 WTE rise in substantive M&D colleagues were the dominant drivers for this change. Temporary staffing increases reflect vacancies, sickness absence and high acuity as the leading booking reasons during November 2025. RN&M vacancies increased during M8 25/26, contributing to greater reliance on bank usage. M&D temporary staffing usage fell, despite industrial action accounting for one in ten cover shifts.

Workforce WTE Trends - WHT

WHT's overall workforce increased by 63.4 WTE during M8 from M7 comprised of; an increase of 12.28 substantive WTE, increased deployment of bank by 46.08 WTE, and an increase in agency usage by 5.04 WTE . The WHT overall workforce is 143.5 WTE (2.9%) above the financial sustainability (stretch) target trajectory.

Actual WTE (Sep 25 - Nov 25)

| | Sep-25 | Oct-25 | Nov-25 |
|---|---------|---------|---------|
| ACTUAL TOTAL WORKFORCE BY STAFF GROUP | | | |
| Registered Nursing, Midwifery and Health Visiting Staff | 1742.48 | 1759.85 | 1797.39 |
| Allied Health Professionals | 323.34 | 337.73 | 333.59 |
| Registered Scientific, Therapeutic and Technical Staff | 104.06 | 121.05 | 127.13 |
| Healthcare Scientists | 43.45 | 43.45 | 44.45 |
| Support to Clinical Staff | 1005.43 | 989.58 | 1002.76 |
| NHS Infrastructure Support | 1192.85 | 1172.10 | 1165.65 |
| Medical and Dental | 613.32 | 624.01 | 640.20 |
| ACTUAL SUBSTANTIVE STAFF BY STAFF GROUP | | | |
| Registered Nursing, Midwifery and Health Visiting Staff | 1629.70 | 1640.39 | 1652.06 |
| Allied Health Professionals | 321.30 | 323.29 | 318.02 |
| Registered Scientific, Therapeutic and Technical Staff | 104.06 | 105.06 | 114.12 |
| Healthcare Scientists | 43.45 | 43.45 | 44.45 |
| Support to Clinical Staff | 840.62 | 840.47 | 833.87 |
| NHS Infrastructure Support | 1057.20 | 1047.87 | 1042.52 |
| Medical and Dental | 574.71 | 581.44 | 589.22 |
| ACTUAL BANK STAFF BY STAFF GROUP | | | |
| Registered Nursing, Midwifery and Health Visiting Staff | 107.16 | 110.68 | 133.28 |
| Allied Health Professionals | 0.00 | 11.79 | 11.57 |
| Registered Scientific, Therapeutic and Technical Staff | 0.00 | 15.99 | 13.01 |
| Healthcare Scientists | 0.00 | 0.00 | 0.00 |
| Support to Clinical Staff | 164.80 | 149.10 | 168.10 |
| NHS Infrastructure Support | 132.05 | 120.63 | 119.53 |
| Medical and Dental | 37.85 | 42.05 | 50.83 |
| ACTUAL AGENCY STAFF BY STAFF GROUP | | | |
| Registered Nursing, Midwifery and Health Visiting Staff | 5.63 | 8.78 | 12.06 |
| Allied Health Professionals | 2.04 | 2.65 | 4.00 |
| Registered Scientific, Therapeutic and Technical Staff | 0.00 | 0.00 | 0.00 |
| Healthcare Scientists | 0.00 | 0.00 | 0.00 |
| Support to Clinical Staff | 0.00 | 0.00 | 0.79 |
| NHS Infrastructure Support | 3.60 | 3.60 | 3.60 |
| Medical and Dental | 0.75 | 0.52 | 0.15 |

2025/26 Actuals vs Planned



The substantive RN increase is associated with the onboarding of new student nurses that qualified in September. The increase in medical bank is a response to industrial action. Despite more RN/CSW redeployment hours in M8 (2938 compared to 2817 in M7) nurse bank deployment has increased to mitigate increased acuity, additional capacity and increased sickness. In terms of acuity, for M8 10,945 hours of CSW cover was requested , equivalent to 72 WTE, however only 6,999 hours / 46 WTE were authorised. High levels of ED attendance requiring temporary escalation space and an overall increase in bed occupancy from 93.52% in M7 to 94.1% in M8 have contributed to increased deployment of temporary staffing.

Item 9 - COMFORT BREAK - 10 MINUTES

Tier 1 - Paper ref:

10.1 Public/Jan 26

| | |
|------------------------------|--|
| 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 of Place Development & Transformation, Walsall Together & OneWolverhampton Matthew Wood, Head of the Programme and Transformation Office, OneWolverhampton |
| Meeting title: | Group Trust Board |
| Date: | 20 th January 2026 |

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

This report provides an overview of developments within the Walsall Together and OneWolverhampton partnerships and associated neighbourhood health developments.

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 – November 2025 (no board meeting in December 2025)
Walsall Together Partnership Board – November 2025 (development session held in December 2025)

4. Recommendation(s)/Action(s)

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

- Acknowledge the progress being made towards the delivery of integrated care and neighbourhood health models.
- Take assurance on the progress being made by the place partnerships in improving the health and wellbeing of our communities.
- Take assurance on the progress being made as part of the National Neighbourhood Health Implementation Programme

| 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 |
| 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 20th January 2026

1. Executive summary

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

We have 2 well-established place partnerships: OneWolverhampton and Walsall Together. The partnerships, ambition and infrastructure already exist that will enable delivery of this agenda and maximise the intended benefits. The place partnerships drive integrated care, address health inequalities and deliver care closer to home.

Our place partnerships are embracing the opportunities that the recently published NHS Plan offers including the development of neighbourhood health and further integrated care. Discussions are also taking place across the partnerships in relation to the development of neighbourhood health plans.

Walsall Together is one of sites leading neighbourhood health development as part of the National Neighbourhood Health Implementation Programme (NNHIP). OneWolverhampton is part of the National Frailty Collaborative and has recently joined the INT Community of Practice co-ordinated by NHS Providers and supported by Newton.

2. National Guidance and Policy

- 2.1.1 As reported at the previous Trust Board meeting, additional national policy and guidance around neighbourhoods is now starting to be published with more expected in the coming weeks. The Medium-Term Planning Guidance was published and reported on at the November Partnership Board meetings. We are waiting for the Model Neighbourhood

Framework, guidance on Neighbourhood Health Plans (NHPs), guidance on Neighbourhood Health Centres and a system architecture framework that will outline future contractual opportunities. Publication has been purposefully delayed by the national team to allow providers to focus on operational pressures over the festive period.

2.2 Neighbourhood Health Plans

2.2.1 Both partnerships are progressing the development of NHPs whilst we await the national guidance. We anticipate the content to reflect the 6 components of Neighbourhood Health (see below), connecting these to the broader health and wellbeing needs of our neighbourhoods and communities.

| Component | Description |
|---|--|
| 1. Population Health Management | Data-driven risk stratification using integrated datasets. |
| 2. Modern General Practice | Enhanced access, continuity, personalised care. |
| 3. Standardised Community Health Services | Consistent, locally tailored community services. |
| 4. Neighbourhood Multidisciplinary Teams (MDTs) / Integrated Neighbourhood Teams (INTs) | Collaborative teams across health, social care, voluntary sectors. |
| 5. Integrated Intermediate Care (“Home First”) | Short-term, community-based recovery support to avoid hospital admissions. |
| 6. Urgent Neighbourhood Services | Rapid local response to urgent health needs. |

2.2.2 The timeline for development:

- End of January – draft plan completed and shared for initial informal review
- February – formal review by partnership and partner governance groups
- March – final draft submitted for endorsement/approval by Partnership Boards, Group Trust Board, and the Health & Wellbeing Board

2.2.3 It is expected that Health and Wellbeing Boards will take on formal accountability for ensuring delivery of the plan and for holding partners to account for progress against agreed actions. This governance arrangement will be confirmed in forthcoming guidance, but it represents a significant opportunity to strengthen local oversight and collaboration. In Walsall and Wolverhampton, the Place Integrated Commissioning Committee is an officer committee of the Health & Wellbeing Board, which presents an opportunity to fully align the NHP to the future commissioning of Neighbourhood Health services.

2.2.4 This approach will provide greater democratic accountability for the performance of health and care services across Wolverhampton and Walsall. By embedding responsibility within a partnership board that includes elected representatives and community voices, we can ensure that the delivery of health and care priorities is transparent, inclusive, and responsive to the needs of local people.

3. OneWolverhampton Progress

3.1 Integrated Neighbourhood Teams (INTs): Model of Care

- 3.1.1 A Model of Care is being developed that will form the foundation of a neighbourhood health approach. This work is central to embedding community-first principles and delivering the acute-to-community shift that is critical for improving outcomes and sustainability. A key feature of the model will be the integration of a 'think families' approach, building on the success of this principle within the Family Hubs programme. This ethos will ensure that services consider the needs of the whole family, not just individuals, and will be a cornerstone of the neighbourhood health plan. A significant milestone in the development of INTs has now been achieved with the appointment of fixed term INT Clinical Leads in each of the four INTs to support the development of the teams given the non-geographical nature of the Primary Care Networks in Wolverhampton.
- 3.1.2 To provide a structured and nationally recognised framework, the Model of Care will be aligned to the Thrive model. This approach organises support according to increasing levels of need, ranging from 'getting advice' and 'getting help' through to 'getting more help' and 'getting risk support'. By adopting this model, we will ensure that care is proportionate, person-centred, and responsive to complexity, while maintaining a clear pathway for escalation and support.

3.2 Outcomes Framework

- 3.2.1 Alongside the Model of Care, we are developing an outcomes framework for the partnership. A number of options are being considered, including the Walsall Wellbeing Outcomes Framework, to ensure that the work we do is meaningful to residents. This framework will be co-produced with local communities so that resident voice and need are embedded in the work of the partnership. This will help us to measure success in a way that reflects what matters most to people in Wolverhampton.

3.3 National Community of Practice

- 3.3.1 To support with the development of our Integrated Neighbourhood Teams (INTs), OneWolverhampton has joined a national community of practice (CoP) following a competitive application process. The CoP is being delivered by NHS Providers, Partners in Care and Health, and Newton in Europe. This will allow us access to understand and implement best practice from other places, but also raise Wolverhampton's profile and share our own successes. Sandwell and Dudley were also successful in their approaches,

demonstrating the strength of place-based partnerships in the Black Country, but also providing opportunity for the sharing of good practice across the Black Country system - along with learning from Walsall's experience of the National Neighbourhood Health Implementation Programme (NNHIP).

3.4 Demonstrating Our Impact

- 3.4.1 Wolverhampton experiences a number of challenges that neighbourhood health plans will need to address. Deprivation is significant (ranked 24th out of 314 English Local Authorities) and approximately 30% of the city's population falls within the 10% most deprived nationally. Additionally, 31.6% of children live in poverty compared to a national average of 19%. Life expectancy, and healthy life expectancy, are also lower in the city for both men and women. Healthy life expectancy is four years lower for men and five years lower for women.
- 3.4.2 It is crucial that the partnership's work accounts for and influences these challenges, but also that we can demonstrate our effectiveness and the impact our work is having. We have had a number of successes forged by working in partnership. While often these have been on pilot basis, we are now looking to expand the reach and scope of these programmes and how they can be embedded as part of the neighbourhood health plan, given their potential to influence population health across the city and across the life course. Successes include:
- Being chosen as one of three areas to pilot the Families First for Children programme and influencing national reforms to children's social care.
 - Development of the PRADA tool that increased the end-of-life register by 20% between February and June 2025, led to 100% of patients dying in their preferred place of death, and 97% avoiding hospital admission.
 - Development of primary care led lifestyle programmes where 115 participants lost a total of 226.4kg.
 - Increased uptake of physical health checks from 58% to 67%, exceeding the national target, through a co-production approach led by the Adult Mental Health Strategic Working group.
 - Developed a dietitian-led falls pilot that resulted in a 30% reduction in falls, 33% fewer ambulance callouts, and a 24% reduction in UTI-related admissions.
 - Increased MMR vaccine uptake by 34% in those who had missed their first dose.
 - Mobilised an Acute Respiratory Infection (ARI) hub that for 2024/25 resulted in just 2% of patients seen at the hub subsequently attending A&E within 24 hours.
- 3.4.3 To support the development of our evidence base, a measurement framework is being developed for each of the partnership's Strategic Working Group priorities (including anticipated delivery timelines) and is currently being finalised by the Strategic Working Groups (see Appendix 1). This framework will provide transparency around performance and outcomes, enabling the partnership to evidence progress and impact. However, it is important to note that there is currently no dedicated data analyst capacity aligned to the partnership. A request will shortly be issued to partners to provide resource in kind to meet

the data requirements. This will include compiling data, transforming it into accessible dashboards to support monitoring and reporting, and supporting the partnership's ability to demonstrate long-term impact on population health.

4. Walsall Together Update

4.1 Walsall Together Partnership Board

- 4.1.1 The Walsall Together Partnership Board is a sub-committee of Walsall Healthcare NHS Trust Board. The following items were discussed in the committee meeting during November (note that a Board development session was held in December and there was no formal meeting). In November, Walsall's national coach for the National Neighbourhood Health Implementation Programme (NNHIP), Emma Goddard, joined the Board and will continue to do so whilst supporting Walsall through the programme.
- 4.1.2 Each meeting begins with a user or staff story to allow Board members to actively listen to real experiences and to learn how problems in care provision affect and impact upon people. In November, we held a review of our approach to capturing the citizen voice. The partnership agreed to continue to ring-fence a small proportion of the central non-pay budget, and to utilise the existing wide-ranging roles across partner organisations that have proven to reach our most vulnerable groups and communities. Moving forward, this section of the agenda will focus on examples of integration work from across the partnership, ensuring we showcase how we highlight the voice of our residents in our work.
- 4.1.3 Monthly integrated commissioning and transformation highlights have focussed on
- Following commencement of the pilot of Feel Good Friday clinics, offering complex geriatric assessments in the community in the North of the Borough, we have confirmed that the service will operate to the end of March, with full evaluation being completed in February.
 - The communities workstream is exploring the potential to establish a VCFSE brokerage framework across all commissioning spend
 - The adolescents needs assessment and practice model have been drafted and shared with partners
 - A series of workshops have been held across the 4 localities looking at how social prescribing can connect neighbourhood teams and family hubs
 - The mental wellbeing strategy has been presented to the Health & Wellbeing Board and CAMHS board
- 4.1.4 The Board reflected on learning from the regional event, which several members of the partnership attended in Leicester as part of the NNIHP. In addition to the learning from other areas, we welcomed new partners to our programme including a colleague from a local domiciliary care provider and a citizen voice representative. The Board also discussed the requirements of a Neighbourhood Health Plan, which is outlined in section 2 above.

- 4.1.5 The Board received a focussed update on intermediate care, noting how an increase in demand and costs have made the service unsustainable. A recent review has identified opportunities to make savings to improve financial stability, future proof the service and make the relevant connections to the neighbourhood health agenda and align it to national intermediate care guidance. Walsall's service is nationally recognised with performance statistics at a good level despite the challenges to delivery. The current work to improve the service includes investment into staffing and reviewing the community reablement model. The Place Integrated Commissioning Committee has approved recurrent investment in the staffing of the Intermediate Care Service through the Better Care Fund.
- 4.1.6 The partnership board reflected on several conversations across the governance groups in the partnership relating to financial transparency and the future direction of the partnership and have established a Finance Group to support this work.
- 4.1.7 The Board receives a monthly assurance report on the partnership risk register, which is hosted within the Trust's risk management system. Financial constraints, sustainability and the impact of national reforms are themes across the risk register.

4.2 Demonstrating Our Impact

- 4.2.1 The Walsall Together partnership aims to improve the health and wellbeing of Walsall residents through integration in line with our Model of Health, Care & Wellbeing. We measure impact against the Walsall Wellbeing Outcomes Framework. Our strategy, Collaborating for Happier Communities and associated Integrated Commissioning & Transformation Plan, confirms our priorities and commitments for delivery during 2025-28. This section presents an overview of our impact in the current reporting period.

4.2.2 Neighbourhood Teams/NNHIP:

| | |
|-----------------------|--|
| Strategic Commitments | <ul style="list-style-type: none"> Develop integrated neighbourhood care teams, using population health management and risk stratification tools to ensure citizens are seen by the right person at the right time Establish multidisciplinary teams and active case management through integrated working, including data sharing across general practice, community health, mental health, social care, housing and wider services |
| Progress | <p>Establishing weekly formal MDT meetings for high intensity users across our 7 neighbourhood teams (NTs)</p> <ul style="list-style-type: none"> cohorts have been agreed in 5/7 MDTs operational in West 1&2 (virtual MDT) and North (Feel Good Fridays) <p>Risk Stratification</p> <ul style="list-style-type: none"> tools are being tested – Early, PRADA, Graphnet |
| Priorities | <ul style="list-style-type: none"> Agreement on which services will be integrated and at what level of integration (utilising our spectrum of integrated delivery) |

| | |
|--------|--|
| | <ul style="list-style-type: none"> Operational blueprint for wider integrated working across community health services, community mental health, general practice and adult social care |
| Impact | <ul style="list-style-type: none"> National measurement guide and template logic model have been released Outcomes Framework completed with measurable outcomes identified at population, system, service and individual level Impact as a result of Feel Good Friday clinics is included below An Expression of Interest process has concluded to appoint a Citizen Voice lead, with specific objectives to capture the voice of marginalised and vulnerable population cohorts |

4.2.3 Intermediate Care:

| | |
|-----------------------|---|
| Strategic Commitments | <ul style="list-style-type: none"> Review and further enhance the intermediate care service model to ensure it is sustainable, continuing to facilitate safe and timely discharges, promoting and optimising independence, and enabling people to live independently in their own homes or community settings |
| Progress | <ul style="list-style-type: none"> Non-recurrent investment in therapy staffing approved in August In December, the Place Integrated Commissioning Committee approved recurrent investment to allow permanent recruitment of the additional therapy workforce Pilot with a local care provider to look at whether an enhanced bed-based rehab model can improve outcomes and reduce length of stay |
| Priorities | <ul style="list-style-type: none"> Review bed-based rehabilitation pilot aligned with Community First transformation programme Pilot of Technology Enabled Care (WM5G), supporting people with digital interventions on hospital discharge as opposed to packages of care (aim to reduce number of people on pathway 1) |
| Impact | <ul style="list-style-type: none"> Pathway 1 service users receiving therapy within 72 hours post-discharge experienced a reduction in length of stay by 7 days Some individuals were able to exit services at 72-hours, avoiding prolonged stays and reducing dependency Home Pathway average reduction in length of stay of 3.73 days Overall budget savings - indicating a reduction in forecast overspend |

4.2.4 Feel Good Fridays/Falls & Frailty:

| | |
|-----------------------|---|
| Strategic Commitments | <ul style="list-style-type: none"> Implement a falls and frailty pathway including secondary prevention and reablement for those with moderate frailty |
|-----------------------|---|

| | |
|------------|--|
| Progress | <ul style="list-style-type: none"> Falls and frailty model of care approved, aligned to national NICE guidance and wider work across the Group and system (Dr Simon Harlin is joint SRO for the partnership alongside the Director of Public Health) Commencement of the Feel-Good Friday Clinics pilot at the Stan Ball Centre (part of the North neighbourhood team) Tender process commenced (Walsall Council) to commission a falls exercise programme within the VCFSE sector |
| Priorities | <ul style="list-style-type: none"> Evaluation of Feel-Good Friday clinics to establish the service from April onwards and roll out across the Borough Implementation and evaluation of the falls exercise provider Establishment of pathways across NTs, falls exercise, FGF clinics and home hazard assessments |
| Impact | <ul style="list-style-type: none"> 21 elderly people have attended for Comprehensive Geriatric Assessment (average age 86 years) 70% of people had a Clinical Frailty Score (CFS) of <4 and 30% had a score of >5 41% of people had a FRAX score indicating high or very high risk 65% people received medication changes 53% people had medications stopped 52% people have received home hazard assessments and/or the provision of aids and adaptations to help prevent falls 57% people have been connected to wider community services such as smoking cessation, weight management, and strength and balance activities 4 Hospital admissions were avoided post clinic with calls made directly to the Care Navigation Centre avoiding calls to GPs or 999 Early feedback from service users and providers is overwhelmingly positive |

5. Recommendations

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

- Be assured on the development of the place-based partnerships in Wolverhampton and Walsall and the alignment with the ambitions outlined in the 10 Year Health Plan.
- Acknowledge the progress being made towards the delivery of integrated care and neighbourhood health models.
- Take assurance on the progress being made by the place partnerships in improving the health and wellbeing of our communities.
- Take assurance on the progress being made as part of the National Neighbourhood Health Implementation Programme

| | |
|------------------------------|--|
| Tier 1 - Paper ref: | 10.2 Public/Jan 26 |
| Report title: | Proposed Transformation Model for Stroke Rehabilitation across Walsall and Wolverhampton |
| Sponsoring executive: | Stephanie Cartwright, Group Chief Communities and Partnerships Officer |
| Report author: | Stephanie Cartwright, Group Chief Community and Partnerships Officer |
| Meeting title: | Group Public Trust Board |
| Date: | 20 th January 2026 |

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

The proposed move of the Walsall Stroke Inpatient Rehabilitation service from Hollybank House to West Park Hospital presents an opportunity to invest in the community first model, by increasing the number of patients who will be able to receive rehabilitation in their home setting. By investing in the community model more patients will be discharged home or to an alternative community setting (e.g. care home), as soon as their ongoing needs can be safely met in the community supported by the Integrated Community Stroke Service (ICSS). The ICSS model ensures that all discharged stroke patients are seen in a timely way by an integrated multidisciplinary team (MDT) which is inclusive of all key professions in stroke care and accessible 7 days a week. The ICSS model is a national model which is evidence-based and is considered to be best-practice for patient outcomes. It also supports the national agenda of the hospital to community model described within the NHS Ten Year Plan.

Trust Board considered the proposal in September 2025 and supported the presentation of the proposal to the Health Overview Scrutiny Committee. The Health Overview Scrutiny Committee considered the proposal on 25th September 2025 and again on 4th December 2025 after a period of consultation. The model was supported by the Health Overview Scrutiny Committee with the following recommendations:

1. *That the Walsall Healthcare Trust assess the two alternative sites proposed in the meeting, namely the Sadlers Centre and the former Walsall Walk-In Centre to determine their variability to host stroke rehabilitation service within the Borough of Walsall. This information to be reported back to the Committee at a future date.*

This has been completed by the Trust Estates team and feedback provided through Walsall Council Executive Director of Social Care to explain that neither are appropriate for inpatient care.

2. *That Walsall Healthcare NHS Trust and Black Country Integrated Care Board ensure that the staff, patients, public and the Committee are kept informed and communicated with in regard to the process and outcomes of the proposed changes to the Stroke Rehabilitation Service.*

This is being progressed with verbal feedback to Scrutiny Committees and a formal update in six months time, ongoing public and patient engagement led by the Associate Director of Patient Experience and staff engagement meetings supported by the Executive team. Staff from Hollybank have also been undertaking visits to West Park to meet the team and gain a better understanding of the working environment.

3. *That the Walsall Healthcare Trust along with the Black Country Integrated Care Board and local partners consider how transport arrangements can be enhanced and better promoted, including the potential costs for both patients and carers using the Stroke Rehabilitation Service.*

This work is underway and is being led by the Associate Director of Patient Experience and his team.

4. *That Walsall Healthcare Trust attend a meeting of the Committee in six months to present a report on the impact of the changes to Stroke Rehabilitation Services for Walsall residents.*

This is diarised in the Scrutiny Committee planner in six months' time.

5. *That Walsall Healthcare Trust maintain a facility that would aid the rehabilitation of stroke patient within the Borough of Walsall, for example the gym situated near Hollybank House.*

This has been identified as Short Health Clinic which is next door to Hollybank House. A charitable funds application is being made to improve and expand the gym equipment available.

6. *That the Portfolio Holder for Culture, Health and Wellbeing explore how a Local Recovery/Support Hubs supporting their local communities could be established within the Borough alongside Walsall Healthcare NHS Trust and local health partners.*

Action: A meeting to take this forward has been diarised in January 2026.

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?]

Following necessary evacuation of Hollybank in February 2024, a report was considered by the Trust Board on 17th April 2024 setting out the options for alternative accommodation.

After considerable work, the proposal to consolidate the bed-based rehabilitation services for Walsall and Wolverhampton in West Park Rehabilitation Hospital in Wolverhampton was considered by Trust Board in September 2025.

The work associated with the proposals has been regular discussed at the Community First Programme Board and Partnerships and Transformation Committee.

The West Midlands Clinical Senate reviewed the proposal on 12th September 2025 and the output of this was discussed with Board members at the Trust Board meeting in September 2025. The Walsall Health Overview and Scrutiny Committee reviewed the proposal on 25th September 2025 and on 4th December 2025.

The Integrated Care Board reviewed the service change proposal at their Strategic Commissioning Committee on 18th December 2025.

4. Recommendation(s)/Action(s)

The Group Public Trust Board is asked to support the proposed transformation of stroke services across Walsall and Wolverhampton.

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 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 Group Trust Board

Proposed Model for Stroke Rehabilitation Across Walsall and Wolverhampton

1. Executive Summary

The proposed transformation model for stroke services across Walsall and Wolverhampton presents an opportunity to invest in the community services and increase the number of patients who are able to receive rehabilitation support in their own home setting.

By investing in the community offer patients will be discharged home or to alternative community setting (e.g. care home) as soon as their ongoing needs can be safely met in the community setting supported by the Integrated Community Stroke Service (ICSS). The ICSS model ensures that all discharged stroke patients are seen in a timely way by an integrated multidisciplinary team (MDT) which is inclusive of all key professions in stroke care and accessible 7 days a week. The ICSS model is a national model which is evidence-based and is considered to be best-practice for patient outcomes. It also supports the national agenda of the home and community first model.

In order to implement the model, an investment into the expansion of roles and capacity within the multi-disciplinary teams in both Walsall and Wolverhampton Community Stroke Teams would need to be made. An analysis of the funding currently deployed has indicated that there is sufficient funding to provide the investment required in the community teams.

The creation of an ICSS, would bring the following benefits:

- A significant reduction in the number of rehabilitation beds needed (from 20 to 12 in Wolverhampton and 12 to 8 for Walsall) due to an increase in service users being able to access the required level of rehabilitation in the community
- A reduction in the number of rehabilitation beds needed due to being able to support discharge at weekends
- A reduction in the length of stay improving flow through the rehabilitation beds
- Patients can be discharged from the hyper acute and rehab bedded unit 7 days a week which will support flow and timely discharges
- Access to a complete interdisciplinary team with all relevant professions in the community, thus optimising outcomes and an MDT approach to rehab
- Access rehabilitation beds more quickly due to interventions delivered at West Park which currently aren't offered at Hollybank i.e. IVs, oxygen therapy
- Reduction in delayed discharges due to integration of a social worker in the team thus reducing length of stay and improving flow through the beds
- Improvement in psychological well-being of patient and their family unit due to being discharged home more quickly
- Improved access to the community service, particularly for those who have returned to work, due to 7-day working

2. Progress to date:

Following discussion at the Trust Board in September 2025, a number of developments have taken place in relation to this service transformation proposal. These are detailed below:

2.1 Clinical Senate Review on 12th September 2025

The West Midlands Clinical Senate reviewed the proposal during an all-day face to face review meeting held at West Park Hospital. The feedback from the Clinical Senate was that the proposed transformation for stroke rehabilitation across Walsall and Wolverhampton should be applauded and was consistent with the expectations of the NHS Plan published in July 2025. The senate made a number of recommendations in regard to implementation which included:

➤ **Improved level of staff engagement and involvement**

A number of staff engagement events and interactions have been undertaken and led by the Group Chief Community and Partnerships Office and the Chief Nursing Officers from both Wolverhampton and Walsall Trusts. This engagement continues with a further meeting planned to take place on 22nd January 2026. Staff have had the opportunity to visit West Park and have also been offered shadow shifts to get greater understanding of the working environment. This is in addition to one to ones with all staff, a frequently asked questions live document and two concerns books where staff can write any concern or question they have to be answered at the next staff engagement meeting.

➤ **A public and patient engagement exercise to understand impact on local residents**

A six-week public and patient engagement exercise had been led by the Associate Director of Patient Experience across the Group and presented to the Health Overview and Scrutiny Committee on 4th December 2025. Details are provided below.

➤ **A review of the workforce, finance and bed models**

A thorough review of the workforce, finance and bed model has been undertaken by Chief Nursing Officers, the divisional leadership and Trust finance teams. The outputs of each of the reviews have received assurance from the Trust Executive Team.

2.2 Health Overview and Scrutiny Committees held on 25th September 2025 and 4th December 2025

The proposal was presented to the Scrutiny Committee in September and support was provided to engage in a public and patient engagement exercise, and a staff engagement exercise on the impact of the proposed transformation model on both patients and staff. The Scrutiny Committee asked that the outputs of this were reported to the next Scrutiny Committee on 4th December 2025.

A thorough public and patient engagement exercise was undertaken and the outcome was that the majority of people would prefer to be rehabilitated in their home environment assuming it was safe to do so. Concerns were raised with regards to the impact on members of the public who rely on public transport to visit stroke rehabilitation patients. Assurance was provided with regards to the range of bus routes available and also in relation to support that can be provided for transport costs. Assurance was also requested on the commitment from the Trusts to implement the model of transformation as it was described with the appropriate staffing in place to deliver the model.

In relation to staff engagement, a number of meetings have been held with staff supported by various members of the Executive Team, and particularly diarised to co-incide with the reviews by various bodies described within this paper. Staff engagement has also included an opportunity provided to members of staff to meet with members of the Partnership and Transformation Committee when the committee meeting was held at Hollybank House in October

2025. A further meeting supported by members of the Executive Team is also diarised for 22nd January 2026.

The outputs of the public, patient and staff engagement were reviewed by Scrutiny Committee on 4th December 2025 and a number of recommendations were made. The recommendations and associated progress are detailed below:

7. That the Walsall Healthcare Trust assess the two alternative sites proposed in the meeting, namely the Sadlers Centre and the former Walsall Walk-In Centre to determine their variability to host stroke rehabilitation service within the Borough of Walsall. This information to be reported back to the Committee at a future date.

Action: This has been completed by the Trust Estates team and feedback provided through Walsall Council Executive Director of Social Care to explain that neither are appropriate for inpatient care.

8. That Walsall Healthcare NHS Trust and Black Country Integrated Care Board ensure that the staff, patients, public and the Committee are kept informed and communicated with in regard to the process and outcomes of the proposed changes to the Stroke Rehabilitation Service.

Action: This is being progressed with verbal feedback to Scrutiny Committees and a formal update in six months time, ongoing public and patient engagement led by the Associate Director of Patient Experience and staff engagement meetings supported by the Executive team. Staff from Hollybank have also been undertaking visits to West Park to meet the team and gain a better understanding of the working environment.

9. That the Walsall Healthcare Trust along with the Black Country Integrated Care Board and local partners consider how transport arrangements can be enhanced and better promoted, including the potential costs for both patients and carers using the Stroke Rehabilitation Service.

Action: This work is underway and is being led by the Associate Director of Patient Experience and his team.

10. That Walsall Healthcare Trust attend a meeting of the Committee in six months to present a report on the impact of the changes to Stroke Rehabilitation Services for Walsall residents.

Action: This is diarised in the Scrutiny Committee planner in six months' time.

11. That Walsall Healthcare Trust maintain a facility that would aid the rehabilitation of stroke patient within the Borough of Walsall, for example the gym situated near Hollybank House.

Action: This has been identified as Short Health Clinic which is next door to Hollybank House. A charitable funds application is being made to improve and expand the gym equipment available.

12. That the Portfolio Holder for Culture, Health and Wellbeing explore how a Local Recovery/Support Hubs supporting their local communities could be established within the Borough alongside Walsall Healthcare NHS Trust and local health partners.

Action: A meeting to take this forward has been diarised in January 2026.

2.4 Black Country Integrated Care Board Service Review Group and Strategic Commissioning Committee.

The ICB Service Review Group reviewed the proposal in May 2025 and recommended engagement with the Health Overview Scrutiny Committee which was undertaken as described above.

Following the review and associated recommendations from the Scrutiny Committee, the Black Country ICB Strategic Commissioning Committee approved the stroke rehabilitation service change proposal on 18th December 2025.

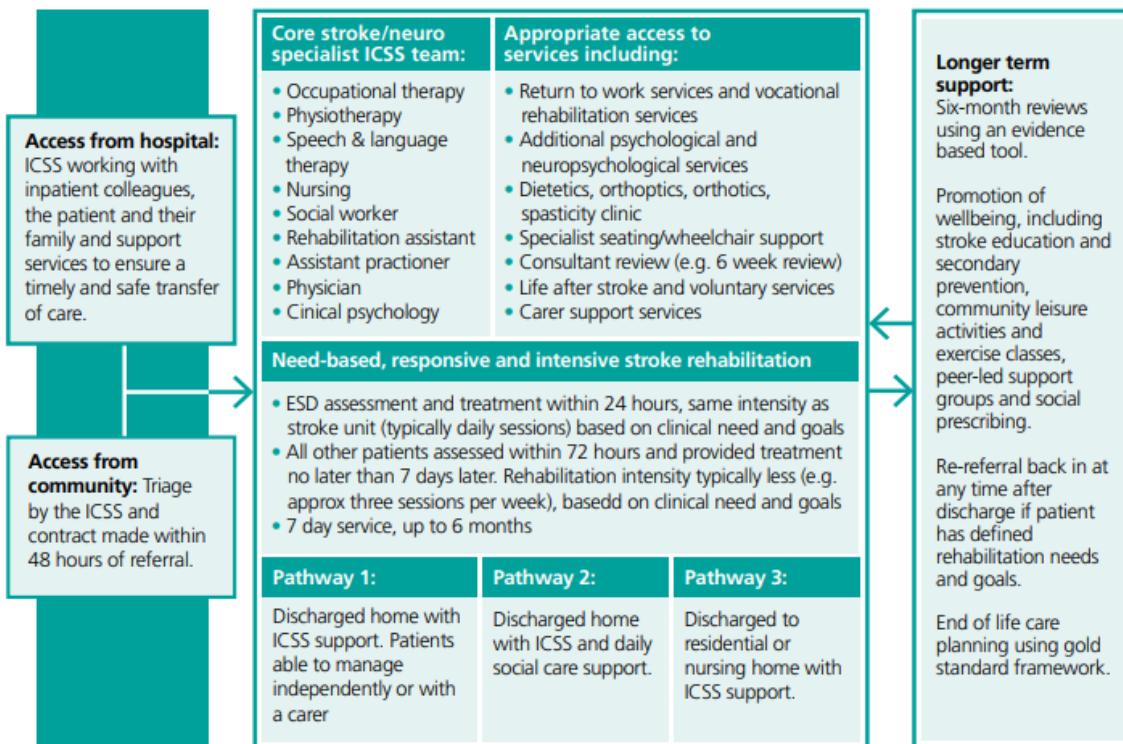
Summary:

A thorough engagement exercise on the proposed stroke transformation model for Walsall and Wolverhampton has been undertaken over the last 3.5 months which is described in this paper. All recommendations provided by both the West Midlands Clinical Senate and the Health Overview and Scrutiny Committee have been undertaken, and the revised modelling from a workforce, bed and finance perspective have been supported by the Executive Team.

3. Recommendation:

The Group Trust Board is asked to support the proposed transformation of stroke services across Walsall and Wolverhampton.

Appendix One - Proposed ICSS Model



Integrated Performance Report

Walsall Healthcare NHS Trust

November 2025 (Month 8)

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



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:

| SPC Key | | | | | |
|------------------|----------------------|--------|------------|--|--|
| Performance | Mean | LCL | UCL | | |
| Point of Concern | Point of Improvement | Target | Trajectory | | |



Care Colleagues
Collaboration Communities

Managing Director Summary

Walsall Healthcare NHS Trust is ahead of plan by £3.2m at month 8, which is an improvement from £4.3m the previous month. The plan assumed unidentified CIP at the start of the financial year would be achieved in the 2nd half of the financial year. As a result, the plan has a deficit of c£8.9m in the first half of the financial year and then a surplus of c£8.9m in the second half of the year. YTD the Trust has achieved c£2.2m of variable elective performance over contract which is currently unfunded and therefore has not been included in the position. The Trust has increased WLI controls to control spend.

Author



Amelia Godson
(Managing
Director)

Quality and safety continues to be our priority. There was a decrease increase of falls and slight increase in pressure ulcer rates. There was one fall with severe harm reported in November. The patient was self- mobilising with a walking frame and resulted in surgery for a fractured neck of femur. CHPPD and fill rates for RNs and CSWs remained stable in M8. The midwife-to-birth ratio at Walsall Healthcare NHS Trust has further improved to 24.91 in November, compared with 27.94 in October. This is now above the Birthrate Plus national benchmark of 28:1 and the service maintained 1:1 care in 100% of deliveries. This shows a positive improvement work continues to maintain safe and effective care, despite ongoing workforce pressures in maternity services due to maternity leave and vacancies. The number of mental health patients spending >12 hours in the emergency department has reduced in M8 to 16 compared to 19 the previous month, and this work is ongoing with the mental health trust.

The Trust has been ranked 1st in the Midlands for Referral to Treatment performance for thirteen consecutive months. There has been a 9% increase in elective referrals YTD and a corresponding increase in total waiting list size. The Trust met two of the three constitutional standards for cancer. Performance against the 62-day standard has been impacted by a reduction in capacity in oncology, with the Trust achieving 71.3% performance against the 75% national target. The Oncology capacity due to workforce changes which are being addressed through a service development plan. The Trust has seen a decrease in performance against the 4-hour Emergency Access Standard, moving from 74.47% in October to 72.08% in November, ranking 40th nationally. Work continues to mitigate winter pressures and associated increased demand. DM01 performance has improved to 81.75%.

The Quarter 2 Oversight Framework scores have been published which shows a slight reduction in Walsall's league ranking from 36 to 40, on account of the Trusts average metric score falling from 1.97 to 2.08. As a result of the Trust's financial plan, it remains in Segment 3.



Care Colleagues
Collaboration Communities

Balanced Scorecard

| Quality and Patient Safety | | Target / Limit | Previous Month | Current Month | Latest Time Period | 19/20 Same Period | Variation | Assurance | Operational Performance | | 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 | 3.91 | 3.27 | Nov-25 | 3.92 | Common Cause | Inconsistent | | 18 Weeks RTT - % Within 18 Weeks - Incomplete | 73.04% | 70.83% | 70.17% | Nov-25 | 83.93% | Improvement | Not Met | |
| Pressure ulcers per 1,000 occupied bed days | 1.50 | 2.68 | 3.68 | Nov-25 | - | Concern | Inconsistent | | 18 Weeks RTT - 52 wk breaches as a % of PTL | 1.00% | 0.05% | 0.04% | Nov-25 | 0.00% | Improvement | Not Met | |
| Community acquired pressure ulcers per 10,000 population | 0.90 | 0.86 | 0.62 | Nov-25 | - | Common Cause | Inconsistent | | 18 Weeks RTT - Total Incomplete PTL | 26155 | 30390 | 30411 | Nov-25 | 14852 | Improvement | Not Met | |
| Observations on time (Trust wide) | 90.00% | 86.50% | 86.18% | Nov-25 | - | Common Cause | Inconsistent | | Cancer - 28 Day Faster Diagnosis | 80.00% | 86.05% | 81.10% | Oct-25 | - | Improvement | Inconsistent | |
| VTE risk assessment - % within 14 hours | 95.00% | 87.56% | 88.62% | Nov-25 | - | Improvement | Not Met | | Cancer - 31 Day Treatment | 96.00% | 96.72% | 96.97% | Oct-25 | 100.00% | Common Cause | Inconsistent | |
| Sepsis screening - ED | 90.00% | - | - | - | - | Not Enough Points | Not Enough Points | | Cancer - 62 Day Referral to Treatment | 75.00% | 76.19% | 71.33% | Oct-25 | 82.72% | Common Cause | Inconsistent | |
| Sepsis screening - Inpatients | 90.00% | - | - | - | - | Not Enough Points | Not Enough Points | | No. of patients no longer meeting the Criteria to Reside | 68 | 47 | 22 | Nov-25 | - | Common Cause | Inconsistent | |
| Mental health patients spending over 24 hours in A&E | 0 | 19 | 16 | Nov-25 | 0 | Common Cause | Not Met | | Diagnostics - % within 6 weeks from referral | 95.00% | 81.35% | 81.75% | Nov-25 | 97.57% | Concern | Not Met | |
| Clostridioides difficile | 4 | 4 | 2 | Nov-25 | 3 | Common Cause | Inconsistent | | Total Time Spent in ED - % over 12 Hours | 2.00% | 6.83% | 10.04% | Nov-25 | 2.69% | Concern | Inconsistent | |
| MRSA Bacteraemia | 0 | 0 | 0 | Nov-25 | 0 | Common Cause | Inconsistent | | Total Time Spent in ED - % within 4 Hours | 78.00% | 74.54% | 72.08% | Nov-25 | 77.49% | Common Cause | Inconsistent | |
| Number of complaints as a % of admissions | 0.50% | 0.59% | 0.62% | Nov-25 | - | Concern | Inconsistent | | Finance | | Target | Previous Month | Current Month | 19/20 Same Period | Variation | Assurance | |
| FFT recommendation rates - Trust wide | 92.00% | 89.00% | 90.00% | Nov-25 | - | Common Cause | Inconsistent | | Surplus/(Deficit) (£'000) - in month | 1,091 | 519 | (39) | (326) | Concern | Not Met | | |
| Care hours per patient - total nursing & midwifery staff actual | - | 7.5 | 7.5 | Nov-25 | - | Common Cause | No Target Set | | Surplus/(Deficit) (£'000) - YTD | (6,393) | (3,204) | (3,243) | 10 | Deterioration | Achieving | | |
| Care hours per patient - registered nursing & midwifery staff actual | - | 4.3 | 4.3 | Nov-25 | - | Common Cause | No Target Set | | Surplus/(Deficit) (£'000) - FOT | 0 | 0 | 0 | 50 | - | Achieving | | |
| SHMI | 1.00 | 0.92 | 0.92 | Jul-25 | 1.10 | Improvement | Achieving | | ERF (£'000) - in month | 5,744 | 6,665 | 5,987 | N/A | Deterioration | Achieving | | |
| Never events | 0 | 0 | 0 | Nov-25 | 0 | Improvement | Inconsistent | | ERF (£'000) - YTD | 47,599 | 43,848 | 49,836 | N/A | Improvement | Achieving | | |
| Workforce Performance | Target / Limit | Previous Month | Current Month | Latest Time Period | 19/20 Same Period | Variation | Assurance | | ERF (£'000) - FOT | | | | N/A | | | | |
| Substantive (WTE) Trust | 4469.79 | 4581.98 | 4594.26 | Nov-25 | - | Concern | Inconsistent | | Efficiency (£'000) - in month | 3,816 | 2,416 | 2,621 | 547 | Concern | Not Met | | |
| Agency (WTE) Trust | 13.33 | 15.56 | 20.60 | Nov-25 | - | Improvement | Not Met | | Efficiency (£'000) - YTD | 12,220 | 14,803 | 17,424 | 4,763 | Improvement | Achieving | | |
| Bank (WTE) Trust | 484.54 | 450.24 | 496.32 | Nov-25 | - | Common Cause | Inconsistent | | Efficiency (£'000) - FOT | 30,076 | 25,865 | 26,881 | 8,515 | Concern | Not Met | | |
| Vacancy Rate | 6.00% | 10.56% | 9.95% | Nov-25 | - | Concern | Inconsistent | | Capital (£'000) - YTD | 10,540 | 6,990 | 9,077 | 8,751 | Concern | Not Met | | |
| Turnover Rate (12 Months) | 10.00% | 7.32% | 6.95% | Nov-25 | - | Improvement | Inconsistent | | Capital (£'000) - FOT | 15,055 | 17,002 | 17,002 | 19,882 | - | Achieving | | |
| Retention Rate (12 Months) | 90.00% | 94.39% | 94.40% | Nov-25 | - | Improvement | Achieving | | Cash (£'000) - in month | 7,555 | 36,745 | 38,259 | 4,020 | Improvement | Achieving | | |
| Sickness Absence (Rolling 12 Months) | 5.00% | 6.62% | 6.48% | Nov-25 | - | Improvement | Not Met | | Cash (£'000) - FOT | 6,652 | 6,652 | 28,152 | 9,056 | Improvement | Achieving | | |
| Appraisals | 90.00% | 72.55% | 73.56% | Nov-25 | - | Concern | Not Met | | | | | | | | | | |
| Statutory & Mandatory Training | 90.00% | 91.49% | 91.77% | Nov-25 | - | Improvement | Inconsistent | | | | | | | | | | |



Care Colleagues
Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary

Falls per 1,000 Bed Days

- November 2025 rate: 3.27 (↓ from 3.91 in October 2025), below the national mean of 6.1 (Royal College of Physicians).
- There has been one severe fall, which resulted in a fractured neck of femur. The patient fell from the edge of the bed after mobilising to the toilet.

Pressure Ulcers per 1,000 Bed Days

- Overall, there has been an increase in incidents (both hospital and community), along with a rise in the 1000-bed-day ratio to 3.68.
- Comprehensive actions to enhance care metrics are detailed in the CNO report presented to Group Quality Committee, including both global initiatives and specific departmental efforts.

Observations on Time

- November 2025 compliance:
 - 86.18% including ED (↓ from 86.50%)
 - 90.84% excluding ED (↑ from 90.10%)
- Improvement Actions: Ongoing review of observation frequency led by the Head of Nursing for Quality, Digital Nursing, and ED teams.

VTE Risk Assessment

- November 2025 compliance shows improvement: 88.62% (↑ 87.56% in October 2025), still below the national target. Focus on the UEC pathway
- Consistency in improvement achieved in the elective pathway
- Improvement Actions: Divisional performance is reviewed on a monthly basis. Reporting is maintained at the 14-hour threshold, and we are awaiting benchmarking data.

SHMI (Summary Hospital-level Mortality Indicator)

- Latest data available: In July 2025, the SHMI recorded a value of 0.92, which remained unchanged from June 2025, also at 0.92.
- 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.

Infection Control

- 1 HOHA and 1 COHA. C. difficile cases reported in November 2025; national target for 2025/26 set at 65.
- Improvement actions: Ensure prompt sampling and appropriate use of antibiotics.

Authors



Lisa Carroll (Chief Nursing Officer)



Zia Din (Chief Medical Officer)

Quality, Safety & Patient Experience | Executive Summary Cont.

Sepsis Screening

- Adult Inpatients: 81.05% compliance (↓ from 83.78%)
- ED Patients: 83.26% compliance (↓ from 85.53%)
- Paediatrics: 96.5%;
- Improvement Actions: Enhanced completion of documentation and improved accuracy is prioritised. Inpatient screening remains a key focus in identifying deteriorating patients.

Authors



Lisa Carroll (Chief Nursing Officer)

Care Hours Per Patient Day (CHPPD)

- 7.5 in November 2025 (no change from 7.5 in October 2025).
- Overall fill rate combined (RN + CSW): November 2025 96.58% (October 96.15%)
- Improvement actions: CHPPD levels have stabilised, but open staffing red flags have continued to remain an issue with concern of a correlation to patient harm. Therefore, clinical governance investigations and reviews have been requested to include a review of red flags.



Zia Din (Chief Medical Officer)

FFT Recommendation Rate – Trust Wide

- Current position: 90% in November 2025 (↑from October 2025), but below the Trust's target of 92%
- Improvement actions: Divisional leads for patient experience continuously monitor FFT returns, address thematic concerns, and report to the Patient Experience Group.

Complaints as a Percentage of Admissions

- Current position: 0.62% in November 2025, a deterioration from 0.59% in October, and higher than the internal threshold of 0.50%.
- Improvement actions: An updated training program for handling complaints is now in place, with insights from upheld cases shared during Quality & Safety Huddles. The Patient Experience Group continues to monitor both response timeliness and quality.



Care Colleagues
Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary Cont.

Midwife-to-birth ratio

- Current position: The midwife-to-birth ratio at Walsall Healthcare NHS Trust has improved to 24.91 in November, compared with 27.94 in October. This is slightly above the Birthrate Plus national benchmark of 28:1, reflecting ongoing workforce pressures in maternity services due to maternity leave and vacancies. The service still achieved 1:1 care in 100% of deliveries. Work continues to monitor staffing levels and align resources to maintain safe and effective care. As previously noted, we expect the ratio to improve as Newly Qualified Midwives are onboarded over the next few months.
- Improvement Actions: Birthrate Plus Business Case was supported by the Trust Board in November, supporting the plan to recruit to the BirthRate+ recommendations over a two year period starting with phase one in April 2026 . We continue to collaborate with regional maternity networks to tackle recruitment and retention challenges, while monitoring staffing levels and compliance through Local Maternity and Neonatal System (LMNS) reporting.

Authors



Lisa Carroll (Chief Nursing Officer)

Medication Errors - % causing harm

- In October, it was noted that 12.70% of medication errors resulted in harm, with most incidents classified as low harm. In September 2025, there were three severe incidents and two moderate-harm incidents reported. Overall, the number of reported medication error incidents decreased from 147 to 124.

Improvement Actions: The themes have been identified, and actions have been 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: In November 2025, 16 patients spent more than 24 hours in the Emergency Department, compared to 19 patients in October. System-level pressures continue to pose challenges, particularly in completing mental health assessments promptly and securing suitable placements. These issues pose ongoing operational risks to patient care and the flow of the Emergency Department.
- Challenges: Timely mental health assessments continue to be a challenge, with delays occurring in both adult and Child and Adolescent Mental Health Services (CAMHS). CAMHS staff frequently rely on telephone triage instead of conducting face-to-face evaluations. Additionally, there is limited availability of consultant or middle-grade psychiatric cover outside of regular hours. Ongoing shortages of appropriate inpatient mental health beds further prolong patient stays and disrupt the flow of care.
- Improvement Actions: Escalations between CEOs have occurred, with joint team workshops planned to develop solutions. The Trust's Mental Health Team is actively collaborating with external partners, including Black Country Healthcare NHS Foundation Trust, to enhance pathways and share insights from incidents. We are implementing pan-Trust mental health training across key areas, including Paediatrics, the Acute Medical Unit (AMU), and the Emergency Department (ED), to boost staff confidence and promote early intervention. Oversight and escalation will be managed through the Patient Safety Group and the Safeguarding Committee, with support from Executive Nursing and Medical Leads.



Zia Din (Chief Medical Officer)



Quality, Safety & Patient Experience | Executive Summary Cont.

ED Corridor Care

- The NHSE released updated guidance on corridor care on 11th December. The Trust is actively reviewing its current protocol to ensure it aligns with the new guidance, demonstrating our confidence in its effectiveness.
- The guidance defines "corridor care" as care delivered in non-designated, unplanned clinical spaces, replacing the term "temporary escalation space." The Trust, in line with NHS England, considers corridor care unacceptable and insists it should occur only in exceptional circumstances, for the shortest possible duration, while maintaining patient dignity and safety. Any implementation of corridor care must be transparent, with clear clinical accountability and oversight from senior staff and the Board regarding risks and mitigation strategies. If corridor care is necessary, it will involve a risk assessment, adherence to infection control measures, adequate staffing, and access to essential resources. There will also be a focus on incident reporting and a de-escalation plan to eliminate corridor care, which must not be used for high-risk patients and requires individual assessment.
- The ED Corridor continues to be utilised to support patient flow during periods of increased operational pressure. Data from November indicates increased use, but controlled use aligned with policy and operational needs.
- The ED Corridor was used in November to manage patient flow and support ambulance offload, with an average stay of 4.5 hours per patient cared for in the area.
- All activations fully adhered to the operational policy criteria, including appropriate staffing, patient selection, and escalation governance. No incidents or patient safety concerns were reported during this period.

Improvement Actions: The ED Corridor is continuously monitored by the Site Management Team to ensure that the admission and discharge processes are safe. Additionally, we will continue our monthly monitoring of the usage of non-clinical areas to ensure that these measures remain a temporary solution rather than a long-term capacity extension.

Sexual Health Services

- Concerns were raised by the WCCSS Divisional Leadership Team in October regarding the potential risk of positive test results not being acted upon, which could lead to a risk of non-treatment. A retrospective audit of 250 records over 12 months (November 2024 – November 2025) was conducted. The records were sampled from the beginning, middle, and end of the period to ensure a comprehensive review over time. The audit confirmed that all positive results examined had been appropriately addressed, providing assurance regarding follow-up and treatment.

Improvement Actions: Several areas for improvement were identified, including process, documentation, and culture. A detailed report outlining the raised concerns, audit findings, improvement areas, and recommended actions was reviewed at the QSOG.

Authors



Lisa Carroll (Chief Nursing Officer)

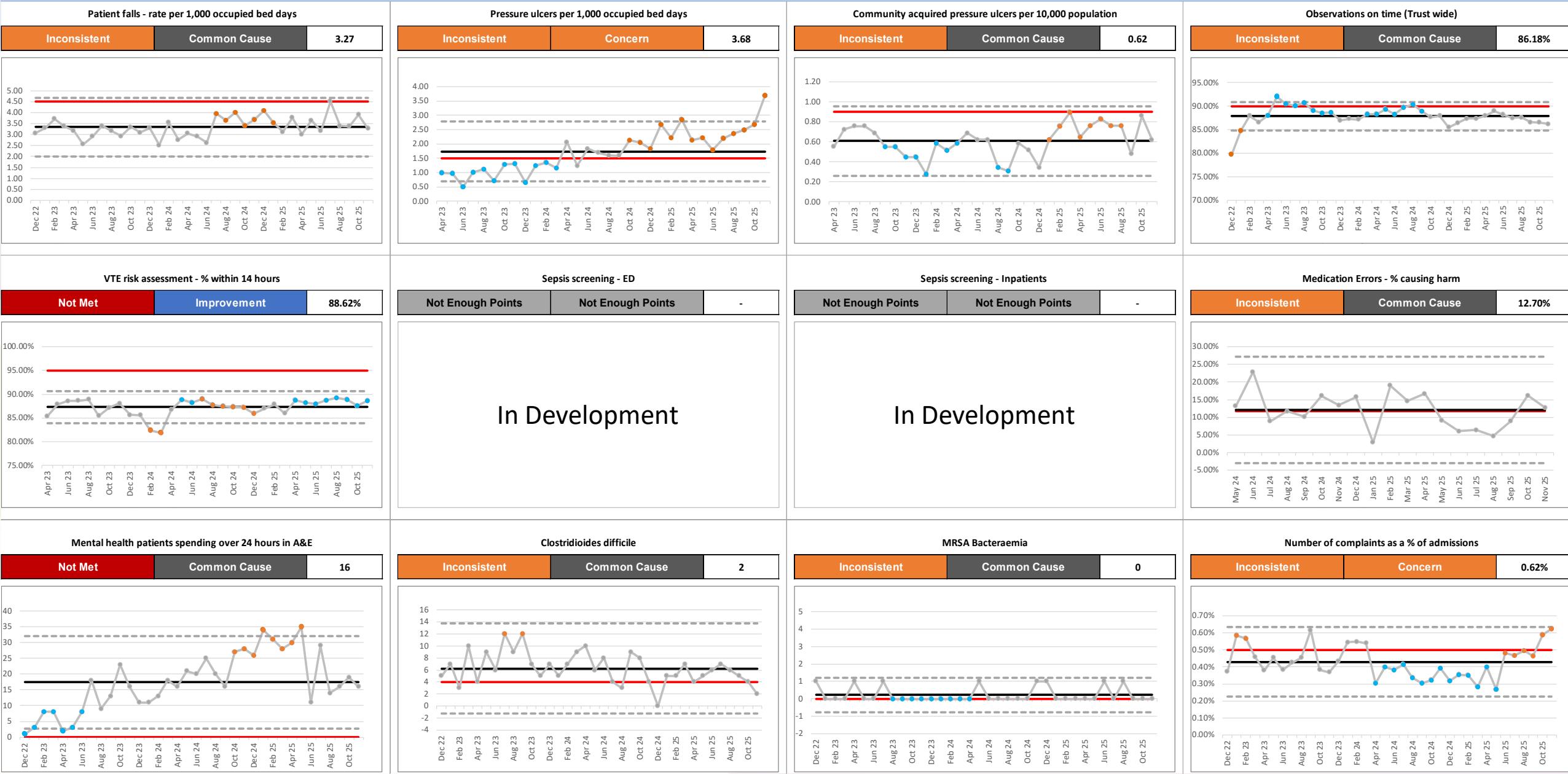


Zia Din (Chief Medical Officer)

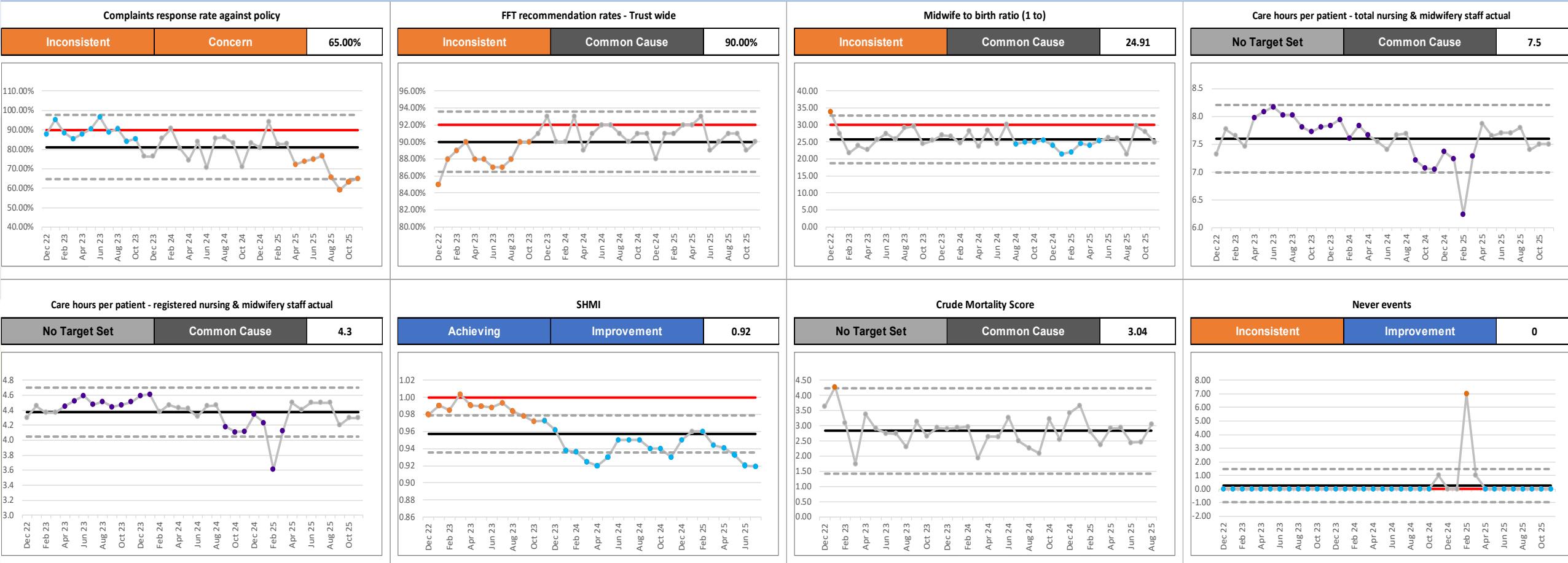


Care Colleagues
Collaboration Communities

Quality, Safety & Patient Experience | Core Metrics



Quality, Safety & Patient Experience | Core Metrics



Care Colleagues
Collaboration Communities

Quality, Safety & Patient Experience | Maternity

Perinatal Quality Oversight Model (PQSM) Dashboard 2025/26 Walsall Healthcare NHS Trust

| CQC Maternity Inspection 2021 | Safe | Effective | Caring | Well-Led | Responsive |
|-------------------------------|--|----------------------|--------|----------------------|----------------------|
| | Requires Improvement | Requires Improvement | Good | Requires Improvement | Requires Improvement |
| CNST Year Six | Full compliance with all 10 safety actions | | | | |

Elements of the PQSM are items in the monthly Group Quality Committee reports presented in detail by Director of Midwifery

| | June | | July | | August | | September | | October | | November | |
|---|--|-----|--------------------|-----|----------------------|-----|----------------|-----|---------------|-----|--|-----|
| PMRT Reviews | 2 | | 5 | | 3 | | 3 | | 3 | | 3 | |
| Grade | N | M | N | M | N | M | N | M | N | M | N | M |
| N = neonatal | A 2 | A 0 | A 2 | A 2 | A 0 | A 1 | A 0 | A 1 | A 0 | A 2 | A 1 | A 2 |
| M = Maternal | B 0 | B 5 | B 0 | B 3 | B 1 | B 0 | B 1 | B 0 | B 0 | B 1 | B 0 | B 3 |
| | C 0 | C 2 | C 0 | C 0 | C 0 | C 0 | C 0 | C 0 | C 0 | C 0 | C 0 | C 0 |
| | D 0 | D 0 | D 0 | D 0 | D 0 | D 0 | D 0 | D 0 | D 0 | D 0 | D 0 | D 0 |
| MNSI | 0 | | 1 Stillbirth 39/40 | | 0 | | 0 | | 0 | | 0 | |
| Incidents Moderate & Above | 6 | | 5 | | 6 | | 3 | | 3 | | 3 | |
| Service feedback FFT recommendation | 88% | | 89% | | 91% | | 93% | | 88.5% | | 92% | |
| Service user & Staff Feedback to Board Level Safety Champions Walk & Bi-Monthly meeting | Ante/Postnatal ward Bi-Monthly | | Antenatal Clinic | | Community Bi-Monthly | | Delivery Suite | | Neonatal Unit | | Antenatal Clinic & Fetal Assessment Unit | |
| Coroner Reg 28 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| Midwives Agree/ Strongly agree place to work/ receive treatment reported annually | Recommend as a place to work 60.6% Recommend to family & friends 64.4% <i>NHS Staff Survey</i> | | | | | | | | | | | |
| Obstetrics/ Gynaecology Trainees Quality of Clinical Supervision reported annually | Quality of Supervision 90% <i>GMC national trainee survey</i> | | | | | | | | | | | |

*Themes are detailed on page 2

| Safety Action | Red | Amber | Green | Blue | Total Requirements |
|---------------|-----|-------|-------|------|--------------------|
| 1 | 0 | 1 | 1 | 5 | 7 |
| 2 | 0 | 0 | 0 | 2 | 2 |
| 3 | 0 | 0 | 1 | 3 | 4 |
| 4 | 0 | 0 | 1 | 12 | 13 |
| 5 | 0 | 2 | 0 | 10 | 12 |
| 6 | 0 | 0 | 0 | 8 | 8 |
| 7 | 0 | 0 | 0 | 1 | 1 |
| 8 | 0 | 0 | 0 | 20 | 20 |
| 9 | 0 | 0 | 1 | 7 | 8 |
| 10 | 0 | 0 | 0 | 6 | 6 |
| Total | 0 | 3 | 4 | 74 | 81 |

CNST: 9 out of 10 Safety Actions are fully compliant

There are three amber items partially achieved. SA 1, two MBRAACE cases not reported within 7 days. Reported to MIS, action plan in place will undergo MIS verification process to ascertain if this action can be declared compliant. SA 5, two items partially compliant this does not affect compliance with CNST as Birthrate Plus staffing recommendations accepted by the board. There are four green items which are awaiting evidence in the form of safety champion minutes

| Professional Group | NLS | PROMPT | FEATAL MONITORING |
|-----------------------|--------|--------|-------------------|
| Neonatal Nurse & ANPs | 100% | NA | NA |
| Neonatal Consultants | 93.34% | NA | NA |
| Neonatal Residents | 96.16% | NA | NA |
| Anaesthetists | 94.5% | 94.5% | NA |
| MSWs | 90% | 90% | NA |
| Midwives | 94.77% | 94.77% | 95.30% |
| Obstetric Consultants | 94.42% | 94.42% | 94.12% |
| Obstetric Residents | 93.75% | 93.73% | 100% |

Quality, Safety & Patient Experience | Maternity

| Perinatal staffing | | | | | | | | | | | | | | | | | | |
|--|--|---------|--------|-----------|---------|----------|-------|-------|-------|-------|-------|-------|--|--|--|--|--|--|
| Staff Group | June | July | August | September | October | November | | | | | | | | | | | | |
| Midwives Birth to midwifery ratio Planned/ Actual | 22.20 | 22.19 | 20.47 | 21.40 | 23.75 | 27.94 | 23.75 | 27.94 | 20.47 | 21.40 | 24.54 | 29.66 | | | | | | |
| Obstetrics RCOG Compliant on delivery suite | YES | YES | Yes | Yes | Yes | Yes | | | | | | | | | | | | |
| Neonatal Nurses BAPM Compliant | Yes | Partial | No | No | No | Yes | | | | | | | | | | | | |
| Neonatal Doctors BAPM compliant | Partial | Partial | Yes | Yes | Yes | Yes | | | | | | | | | | | | |
| Midwives Birth to midwifery ratio planned/ actual | Ratios based on 2020 not 2024 Birthrate Plus® recommendations therefore partially compliant. Birthrate Plus® safe staffing level in September 6% on ward and 65% Delivery suite against a target of 85%. Staffing monitored daily to maintain safety. Birthrate plus business approved at Trust Board November 2025. Safe staffing maintained via daily management and clinical mitigations. Staffing monitored and escalated via Division, Group Quality Committee and Local Maternity and Neonatal system. Twelve student midwives which includes six fixed term posts have been recruited to support 19.10 WTE maternity leave. Enhanced bank rate extended to 31 st January 2025 as authorised by the Trust executive team to support safe staffing. No Adverse incidents have been reported due to deficits in staffing. | | | | | | | | | | | | | | | | | |
| Obstetrics RCOG Compliant on delivery suite | No actions required | | | | | | | | | | | | | | | | | |
| Neonatal Nurses BAPM Compliant | Neonatal nurse staffing partially met BAPM standards no adverse safety incidents were identified. Medical Staffing BAPM compliant. The overarching neonatal staffing action plan continues and neonatal staffing business case awaiting completion. | | | | | | | | | | | | | | | | | |
| Neonatal Doctors BAPM compliant | | | | | | | | | | | | | | | | | | |

| Item | Themes | Action |
|----------------------------|---|---|
| PMRT | <ul style="list-style-type: none"> Escalation to senior doctors prior to discharge from triage Referral for glucose tolerance testing (GTT) when a woman develops risk factors during her pregnancy Access of Maternity records for woman attending OOA trusts where BadgerNet is not used <p>Good practice</p> <ul style="list-style-type: none"> Use of the MBRRACE PMRT parent engagement forms Positive feedback from parents for bereavement support Recruitment of a Preterm Midwife | <ul style="list-style-type: none"> Feedback given to lead obstetrician to disseminate learning to all doctor and midwives to escalate all woman who present to triage must be discussed with senior doctor prior to discharge. Recent update of the diabetes guideline when referring woman who develop risk factors for GDM during pregnancy For case to be presented at the LMNS new events highlights meeting Confirmation from OOA trust, they will be implementing BadgerNet access to review patient record with read only access to encourage information sharing. |
| MNSI | <ul style="list-style-type: none"> Nil cases reported to MNSI in October or November Report received in November for neonatal death which occurred in February | <ul style="list-style-type: none"> Trust to provide a lead obstetrician for the diabetic service (Completed). Reviews the system to ensure a referral occurs to the fetal medicine. (Completed) Abnormal ultrasound scans are reviewed on the same day by a member of the obstetric team (Complete) Establish clear timeframe for mothers to attend triage, this will be an LMNS action Implement a robust system for providing emergency blood during neonatal resuscitation |
| Incident &/or PSIRF themes | <ul style="list-style-type: none"> Perinatal mortality | <ul style="list-style-type: none"> 24/40 presentation to triage history of reduced fetal movement on arrival intrauterine death (IUD) diagnosed. 31/40 Placental abruption at home arrived via ambulance IUD diagnosed 23/40 Spontaneous labour, neonatal death prematurity |
| Service user feedback | <ul style="list-style-type: none"> CQC maternity survey, Walsall Healthcare NHS Trust is overall about the same as other Trusts in terms of patient experience in all areas | <ul style="list-style-type: none"> Areas of focus Would you have liked to have seen/spoken to a midwife? Information about mental health changes after birth Out-of-hours feeding support Triage Waiting times Area Trust is performing better than national average Discharge process |
| Safety Champions feedback | <ul style="list-style-type: none"> Postnatal ward Antenatal Clinic and FAU | <ul style="list-style-type: none"> Very positive feedback from staff, students and service users in postnatal area, the general estate was a cause for conversation and actions are being taken to improve this. Flooring recently completed. Antenatal Clinic & FAU concerns regarding scanning capacity, sonography machine and where the funding goes from pictures. Excellent practice noted around fetal medicine with group model pathway. |

People | Executive Summary

Performance against Trust 2025/26 Workforce Plan

The total workforce WTE deployed in M8 was overall 63 WTE more than in M7. Total reductions YTD are 26.17 WTE more than M12 24/25. Performance YTD is 143.51 WTE adverse to the M8 stretch plan. Within month there been a slight increase in substantive WTE by 12.28 WTE. driven by the onboarding of 12 newly qualified nurses with a further 9 due to be onboarded by the end of M10. Bank deployment has increased in month by 46.08 WTE is above planned deployment. Agency deployment has increased further by 5.04WTE, following on from a 4.54 WTE in M7. There were more external starters (52.43 WTE) than external leavers (-37.13 WTE).

The Trust is 137.17 WTE adverse than the M12 forecast outturn position aligned to the financial recovery plan based on M6 actuals presented to the Committee in November.

Authors



Clair Bond
(People Director)

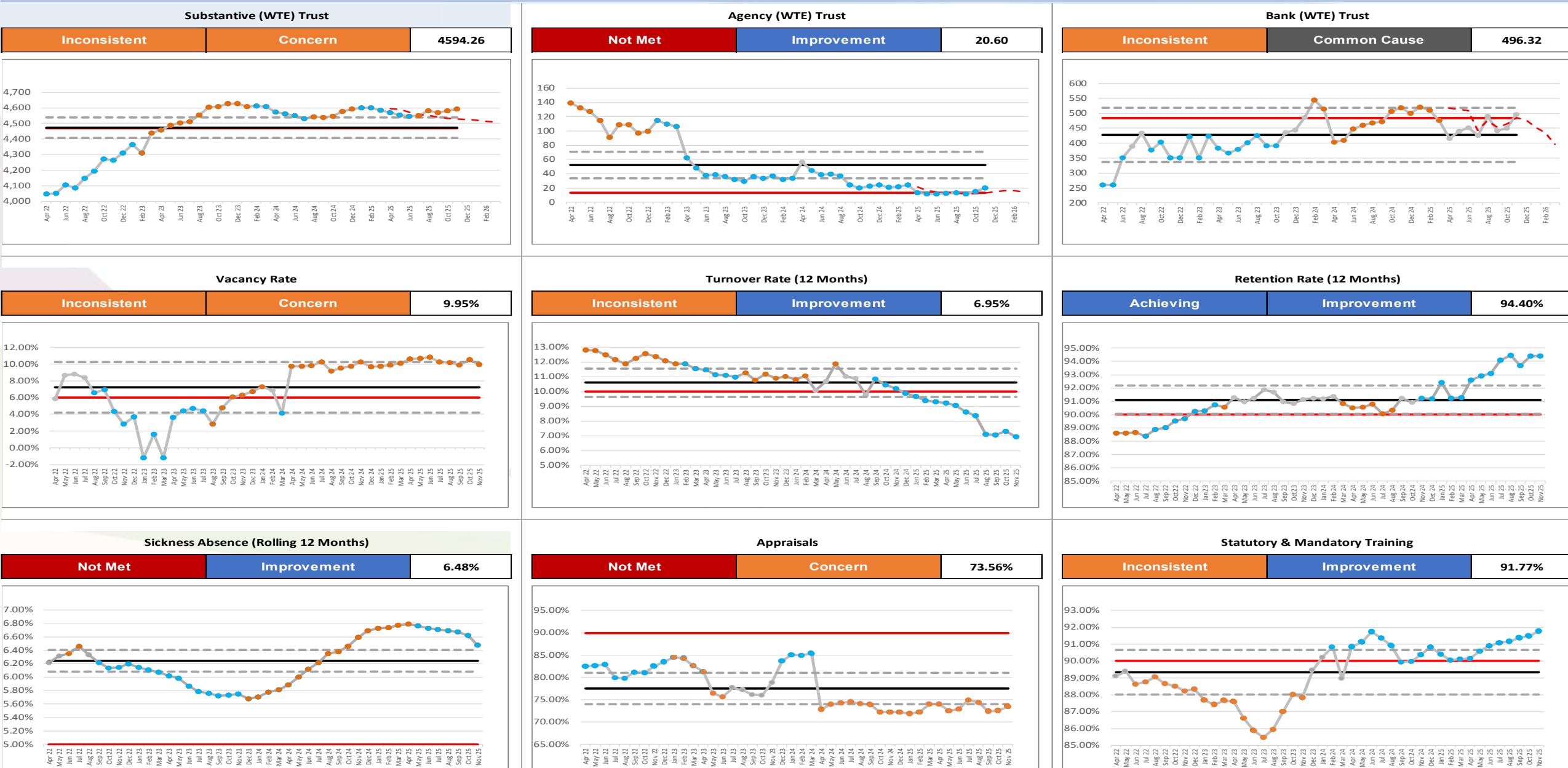
Performance against Key Workforce Metrics

- During November 2025, three of the six workforce indicators; mandatory training, 12-month turnover, and 12-month retention met the agreed-upon targets/ thresholds. Rolling 12-month sickness absence, vacancy rates and appraisal compliance are rated red.
- The 12-month turnover rate (6.95%) continues to reflect a long-term improvement trajectory, with performance maintained below the 10% target.
- There is now long-term assurance that the 12-month retention rate, currently at 94.4%, will meet the 90% target if the current improvement trend is sustained.
- The 9.95% vacancy rate provides limited assurance, over a 24-month period, that the 6% target will be consistently met, with the long-term performance trend continuing to worsen amid strategic workforce reduction initiatives.
- The improved performance trend in lower sickness absence rates has continued
- The mandatory training compliance rate of 91.8% provides limited assurance, in the context of a 24-month trend, that the 90% target will be consistently met and that the long-term improvement trend will be maintained.
- Despite a month-on-month improvement, there is no assurance that appraisal compliance, currently at 73.6%, will consistently achieve the 90% target, given a long-term trend of worsening performance.



Care Colleagues
Collaboration Communities

People | Core Metrics



Operational Performance | Executive Summary

Urgent & Emergency Care

The Trust has seen a decrease in performance against the 4-hour Emergency Access Standard (EAS), moving from 74.47% in October to 72.08% in November, which is below our trajectory of 77%. EAS is ranking 56th nationally and 8th in the region. Type 1 ED attendances in November 2025 totalled 9,967, compared with 9,855 in November 2024, representing a 1.13% increase. November continues to show special cause concern, with sustained increased demand across the last nine data points.

Authors



Demetri Wade
(Chief Operating Officer)

Cancer Care

Performance remains positive and the Trust is meeting two of the three constitutional standards for access to treatment for cancer. Statistically significant improvement remains access to diagnosis within 28 days, with the Trust ranking 35th nationally. Performance against the 62-day standard has been impacted by a reduction in capacity in oncology, with the Trust achieving 71.3% performance against the 75% national target. The Oncology capacity due to workforce changes which are being addressed through a service development plan.

Elective Care

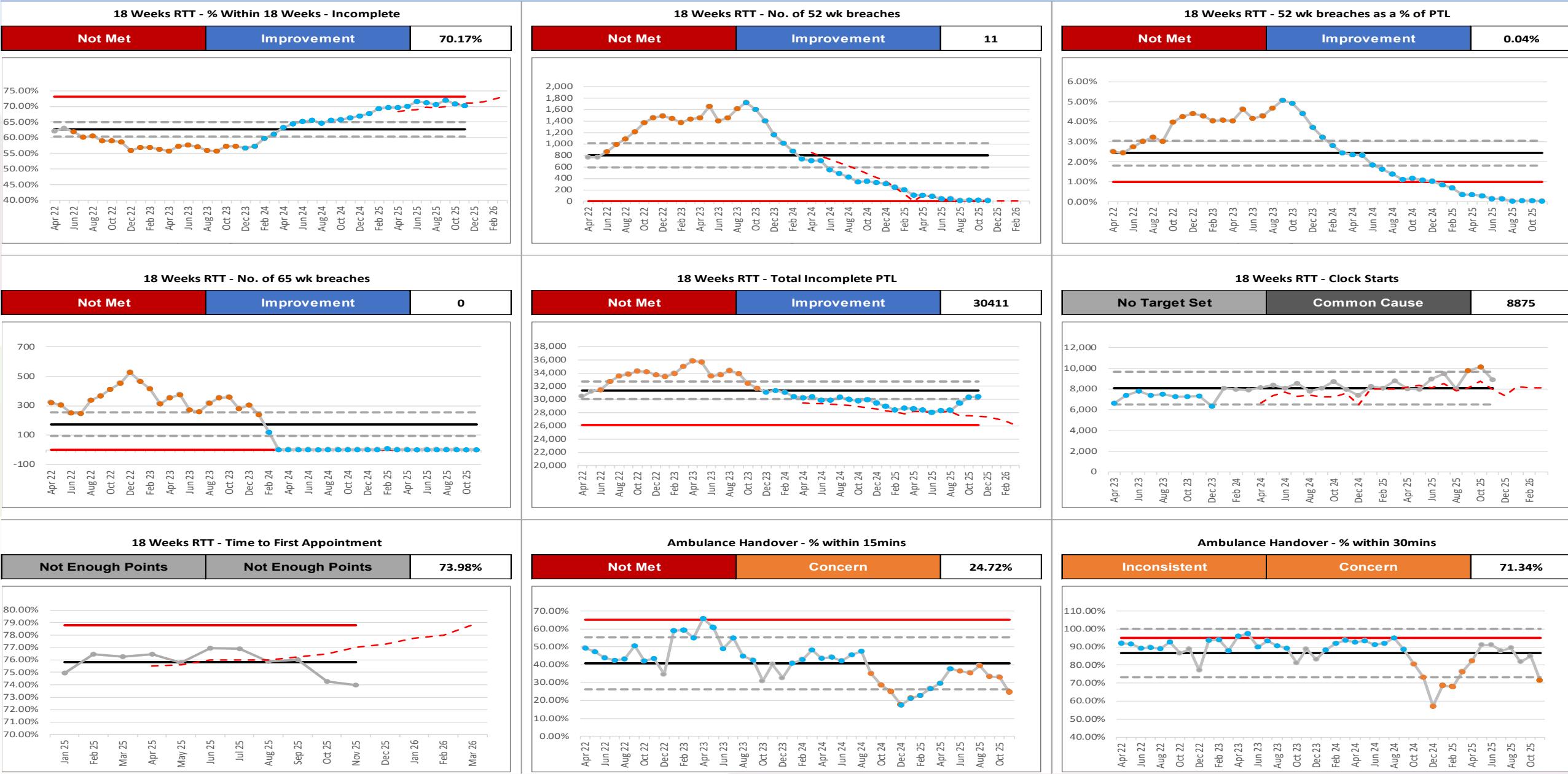
The Trust has now ranked 1st in the Midlands for Referral to Treatment performance for thirteen consecutive months, ranking 10th nationally. There has been an increase in the Patient Tracking List (PTL) size to 30,411 above the plan of 27,450 for M8. Plans are in place with services to reduce this with increases in capacity.

Diagnostics

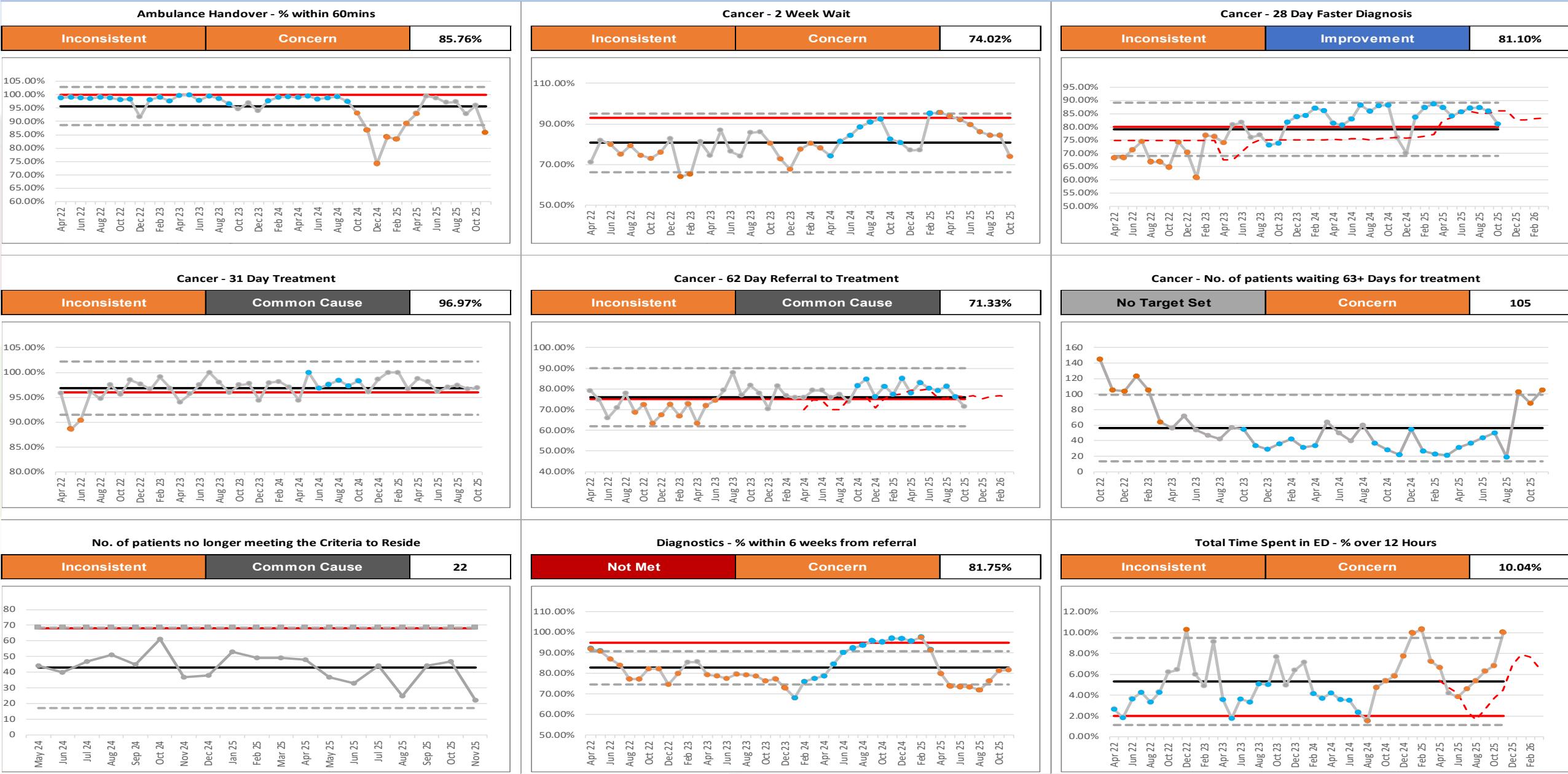
DM01 performance improved to 81.75%. The Trust ranks 64th nationally and 9th in the region. Challenged modalities are Magnetic Resonance Imaging (MRI), Audiology, Cardiac Physiology and Neurophysiology. Capacity is being increased through recruitment to vacancies with new post holders starting and mutual aid for MRI continues to be explored.



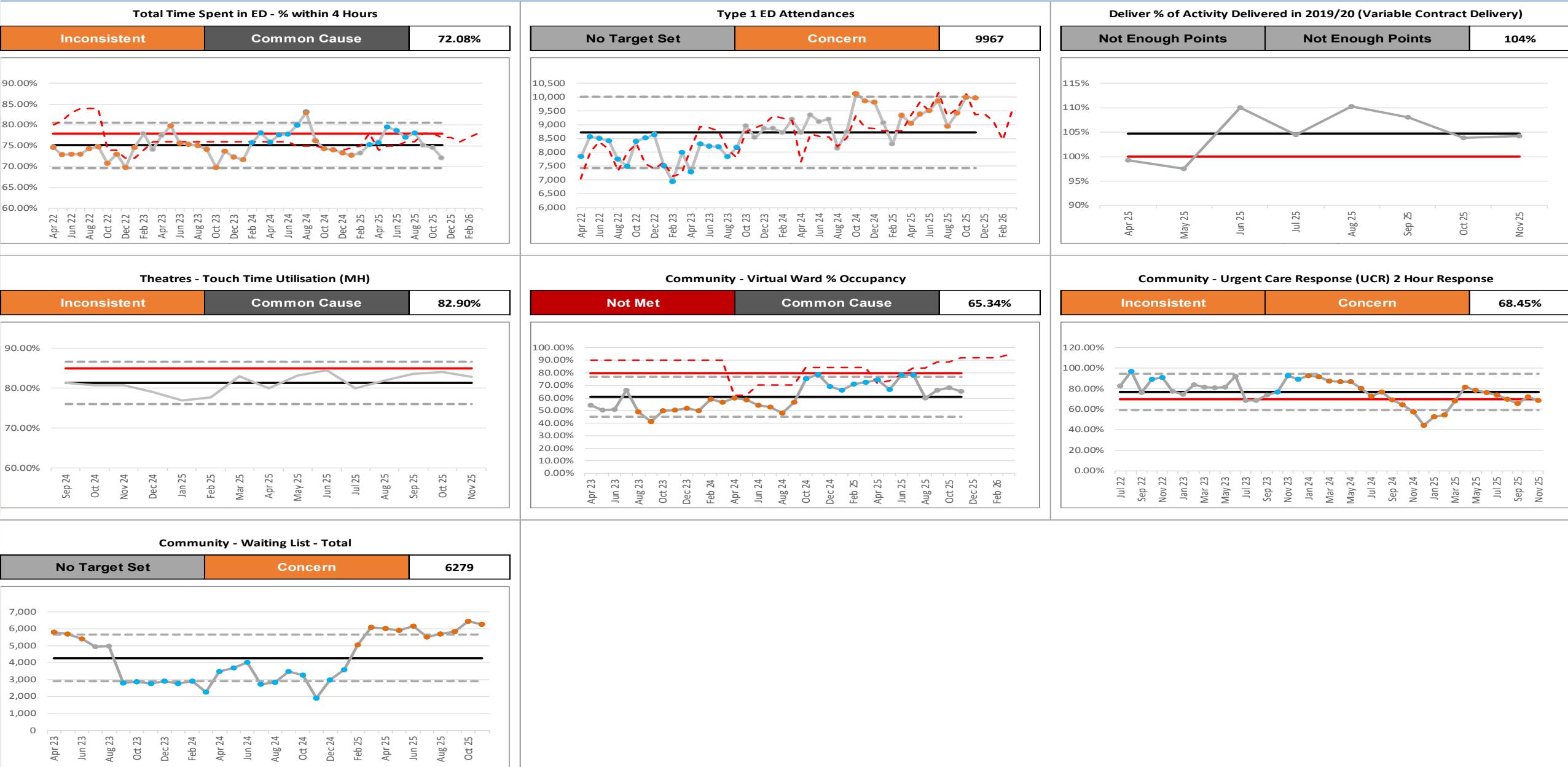
Operational Performance | Core Metrics



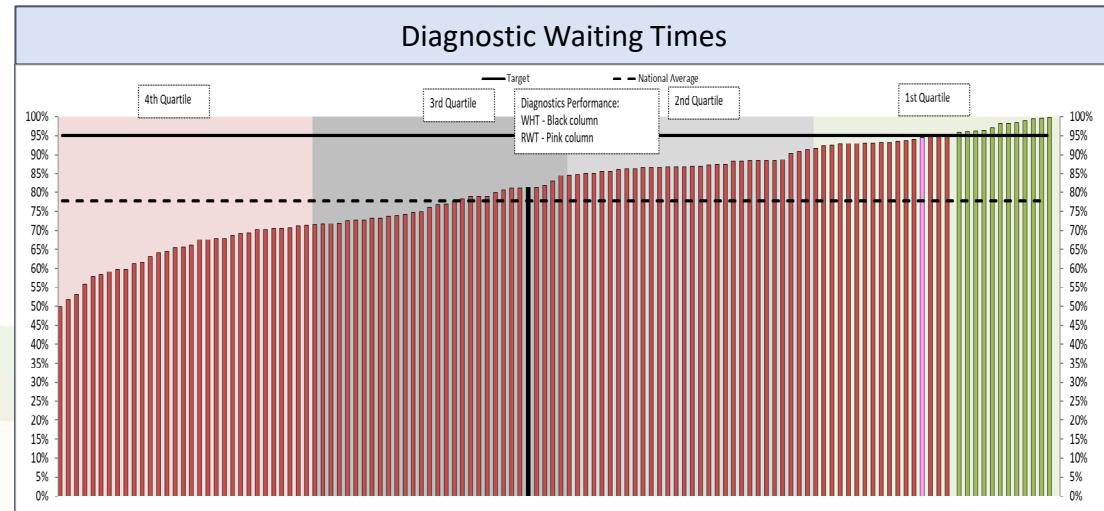
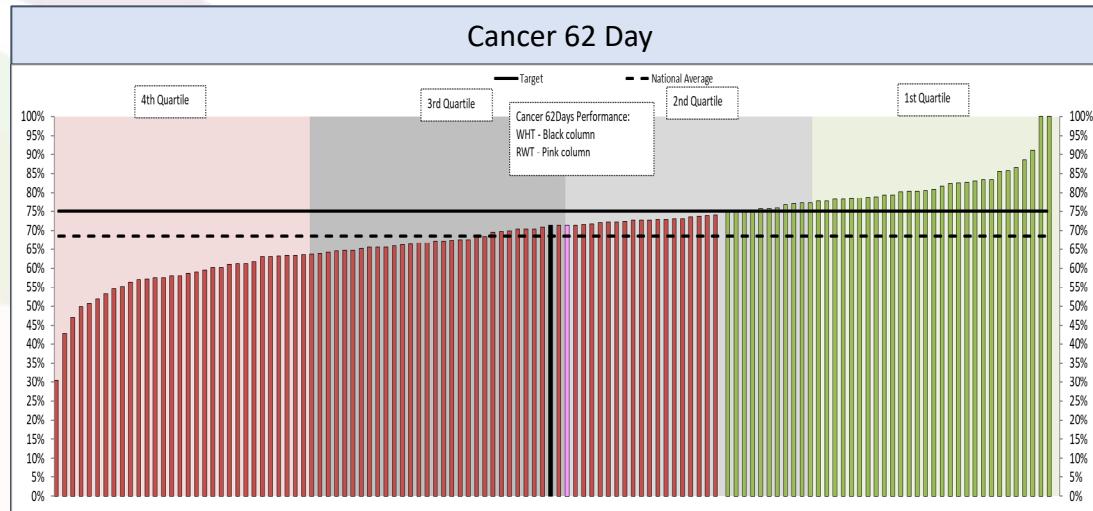
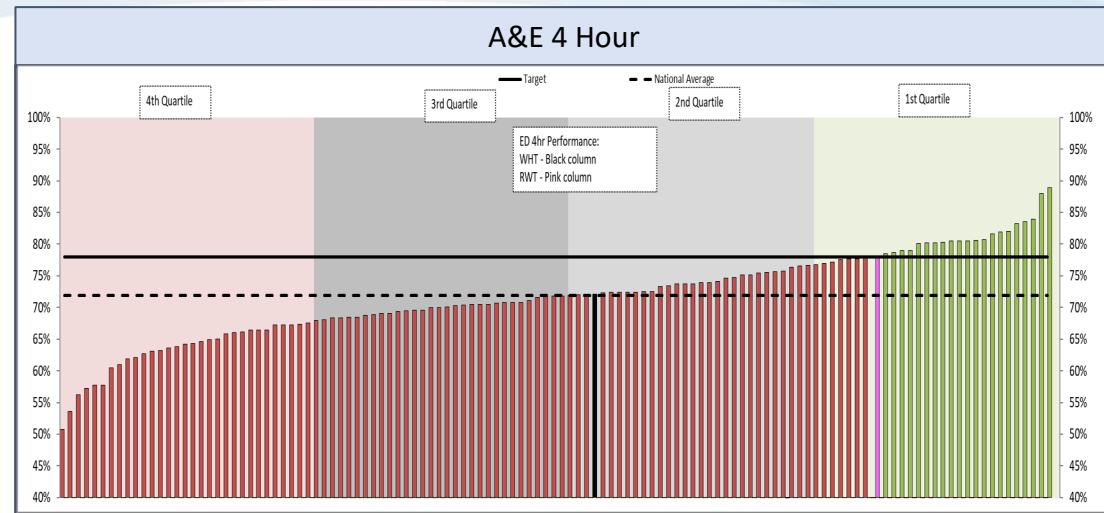
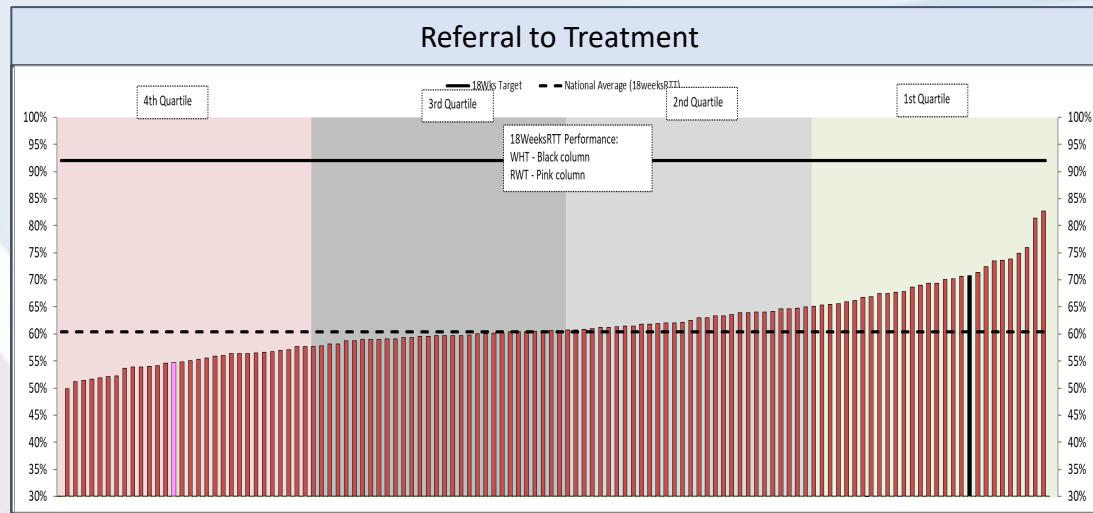
Operational Performance | Core Metrics



Operational Performance | Core Metrics



Operational Performance | Benchmarking



Finance | Executive Summary

Revenue

- WHT is ahead of plan by £3.2m at month 8. Earlier than planned CIP performance has been the driver for this improvement.
- The WHT plan assumed that unidentified CIP at the start of the financial year would be achieved in the 2nd half of the financial year. As a result, the plan has a deficit of c£8.9m in the first half of the financial year and then a surplus of c£8.9m in the second half of the year. With performance being better than plan early in the year this will 'smooth' the improvement trajectory, the I&E performance chart on the following slide demonstrates this.
- YTD the Trust has achieved c£2.2m of variable elective performance over contract. There is currently no pathway for this to be funded and at Month 8 this income has not been included in the position. The Trust has allowed a limited amount of funding for WLIs within the financial plan. The Trust has increased WLI controls. The Q4 Outpatient Sprint Plan may provide additional funding direct from NHSE to increase capacity at the year end.
- CIP is £17.4m versus a plan of c£12.2m, so a YTD positive variance of £5.2m

Authors



Kevin Stringer
(Group Chief
Finance Officer)

Capital

- Year to date capital expenditure at Month 8 is £9.077m, including £1.847m on PSDS.
- The Theatres refurbishment and reconfiguration project remains the main part of the 25/26 capital programme. The project has suffered numerous delays and is now expected to complete in quarter 4 of 25/26. However, there remains risk to completion. Discussions with contractors imply there may be increased cost pressure, however discussions are ongoing.
- The Trust has received notification of increased capital allowances for 25/26, (c£0.6m). Further discussion on the allocation of this allowance is in progress with a number of areas of pressure (Theatres, IT, Medical equipment). The Trust is the beneficiary of circa £0.7m of solar panel funding for 25/26.

Cash

- The Trust cash position at end of Month 8 is £38.3m. Cash is currently higher than plan due to reduced payments in October and November following the movement to SBS. This is forecasted to reduce throughout the rest of the year with movements in working balances and Capital Expenditure. The current forecasts indicate the Trust will not need cash support.

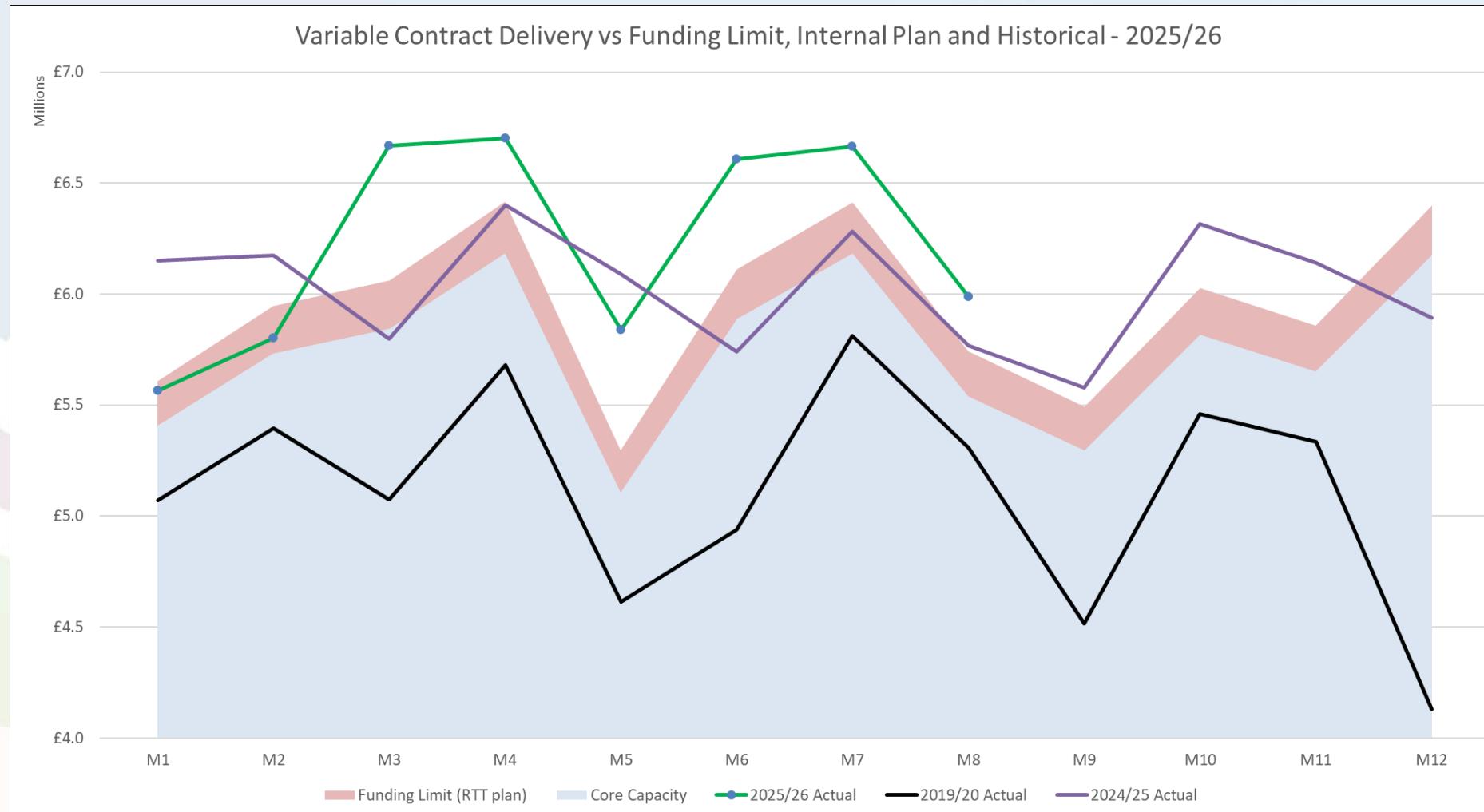


Finance | I&E Summary

| <u>In-Month Income & Expenditure</u> | Plan M8 £m | WHT Actual M8 £m | Surplus/ (Deficit) £m |
|--|-------------------|----------------------------|-----------------------------|
| Income | 39.3 | 40.8 | 1.5 |
| Expenditure | | | |
| Pay | 24.4 | 25.6 | (1.1) |
| Non Pay | 9.1 | 10.7 | (1.5) |
| Drugs | 2.1 | 2.1 | (0.0) |
| Other* | 2.5 | 2.5 | 0.0 |
| Total Expenditure | 38.2 | 40.9 | (2.7) |
| Net reported surplus/(Deficit) | 1.1 | (0.0) | (1.1) |
| <u>Year-to-date Income & Expenditure</u> | Plan YTD £m | WHT Actual YTD £m | Surplus/ (Deficit) £m |
| Income | 316.6 | 318.8 | 2.2 |
| Expenditure | | | |
| Pay | 209.0 | 204.2 | 4.8 |
| Non Pay | 73.1 | 76.2 | (3.1) |
| Drugs | 19.7 | 19.8 | (0.0) |
| Other(incl. depreciation) | 21.1 | 21.9 | (0.7) |
| Total Expenditure | 323.0 | 322.1 | 1.0 |
| Net reported surplus/(Deficit) | (6.4) | (3.2) | 3.2 |

- Performance in month 8 is £1.1m adverse to plan, but £3.2m better than plan YTD
- Total YTD deficit £3.2m
- ERF is above the contract by £2.2m however this income is not recognised in the position due to a performance cap. This is restricted due to commissioner affordability so has been removed from the position.
- Education & Training income is ahead of plan following the receipt of the updated LDA schedule and Other Income is ahead of plan due to Staff Benefits and R&D income being ahead of plan.
- Pay overspend of £1.1m in month is largely due to the categorisation of CIP as pay. The in-month underperformance on CIP is £1.2m bringing the YTD overperformance to £5.2m – further detail in later slides
- Staffing Expenditure is overspent by £0.15m with key pressures within Medical Staffing (Including Industrial Action)
- Non-Pay is overspent due to pressures in Services and Recharges from Other Trusts, some of this is offset by vacancies within the pay position (e.g. recharges for staff from RWT). There are also overspends in the premises budget related largely to software and licences.

Variable Elective Contract Performance – 2025/26 YTD M8



Performance

- At Month 8 WHT are £2.2m above contract/funding limit and 122% of 2019/20
- The internal plan is delivered with core divisional budgets
- The gap between internal plan and funding limit is planned to be delivered with WLIs, count/code and productivity



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Collaboration Communities

CIP Performance YTD

| In Month | | | YTD | | |
|----------|--------|----------|------|--------|----------|
| Plan | Actual | Variance | Plan | Actual | Variance |
| 3.8 | 2.6 | (1.2) | 12.2 | 17.4 | 5.2 |

The total efficiency challenge in 2025/26 for WHT is £30m. The in-month plan was £3.8m an increase of £0.2m from last month's target.

In month 8 the Trust underperformed against the CIP plan by £1.2m, however savings run rate improved by £0.2m.

Year to date the total overperformance against plan is £5.2m.

WHT: CIP Performance Overview

Executive Summary

- As of M8, WHT has delivered CIP of £17.4M against a target of £12.2M (a positive variance of £5.2M). For M8, the Trust delivered £2.6M vs a target of £3.8M (negative variance of £1.0M).
- WHT has a FOT of £28.8M against a full year target of £30.1M a negative position of £1.3M.
- Delivery Status of Schemes shows an increase in "Green" from £19.7M to £22.2m, and a decrease in "Red" from £1.6M to £1.0M
- Note that some Divisions are not forecasting to meet their targets however all are YTD overachieving against their CIP targets.

Headline Figures (£M)

| WHT | | | | | | | |
|----------------------------------|-----------|-----------|-------|---------|-------|-------|-------|
| | Community | Corporate | DoS | Estates | MLTC | WCCSS | Total |
| Total CIP Target | 4.04 | 3.68 | 6.06 | 2.14 | 6.97 | 7.18 | 30.08 |
| Plan (baseline May) | 3.73 | 6.59 | 5.13 | 1.25 | 7.73 | 5.65 | 30.08 |
| Forecast Outturn (FOT) | 3.11 | 8.12 | 5.21 | 1.67 | 5.86 | 4.80 | 28.78 |
| Variance (Target to FOT) | 0.93 | -4.44 | 0.84 | 0.47 | 1.11 | 2.39 | 1.30 |
| YTD CIP Target | 1.64 | 1.50 | 2.46 | 0.87 | 2.83 | 2.92 | 12.22 |
| YTD Actuals | 1.39 | 4.03 | 3.18 | 1.35 | 3.72 | 3.76 | 17.42 |
| YTD Variance (Target to Actuals) | 0.25 | -2.53 | -0.72 | -0.48 | -0.88 | -0.84 | -5.20 |

Actual and Forecast Outturn Delivery Against Plan and Target (£M)

| Month | Plan (baseline May) | Actuals | Cumulative Plan | Cumulative Actuals | Cumulative Forecast Outturn | Cumulative Target |
|--------|---------------------|---------|-----------------|--------------------|-----------------------------|-------------------|
| Apr-25 | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 | 0.52 |
| May-25 | 0.50 | 0.50 | 0.50 | 0.50 | 0.50 | 0.50 |
| Jun-25 | 1.73 | 1.73 | 1.73 | 1.73 | 1.73 | 1.73 |
| Jul-25 | 1.84 | 1.84 | 1.84 | 1.84 | 1.84 | 1.84 |
| Aug-25 | 2.04 | 2.04 | 2.04 | 2.04 | 2.04 | 2.04 |
| Sep-25 | 2.82 | 2.82 | 2.82 | 2.82 | 2.82 | 2.82 |
| Oct-25 | 3.63 | 3.63 | 3.63 | 3.63 | 3.63 | 3.63 |
| Nov-25 | 3.82 | 3.82 | 3.82 | 3.82 | 3.82 | 3.82 |
| Dec-25 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00 |
| Jan-26 | 4.19 | 4.19 | 4.19 | 4.19 | 4.19 | 4.19 |
| Feb-26 | 4.38 | 4.38 | 4.38 | 4.38 | 4.38 | 4.38 |
| Mar-26 | 5.29 | 5.29 | 5.29 | 5.29 | 5.29 | 5.29 |

Development Status of Schemes (£M FOT)

Legend: Fully Developed (Green), Plans in Progress (Orange), Opportunity (Red), Unidentified (Hatched)

| Division | Previous Report | Current Report |
|-----------|-----------------|----------------|
| Community | 3.5M | 3.8M |
| Corporate | 3.8M | 12.5M |
| DoS | 3.5M | 3.5M |
| Estates | 1.5M | 1.5M |
| MLTC | 4.5M | 4.8M |
| WCCSS | 3.5M | 3.8M |

Delivery Status of Schemes (£M FOT)

Legend: Blue (Blue), Red (Red), Green (Green), Grey (Not Fully Developed), Orange (Amber), Hatched (Unidentified)

| Division | Previous Report | Current Report |
|-----------|-----------------|----------------|
| Community | 3.5M | 4.5M |
| Corporate | 4.5M | 8.0M |
| DoS | 3.5M | 6.0M |
| Estates | 1.5M | 2.0M |
| MLTC | 4.5M | 5.5M |
| WCCSS | 3.5M | 7.0M |

Figures by Month (£M)

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|---------------------------------|-------|-------|-------|-------|-------|-------|------|------|------|------|------|------|-------|
| In Month Target | 0.52 | 0.50 | 0.50 | 1.08 | 0.83 | 1.34 | 3.63 | 3.82 | 4.00 | 4.19 | 4.38 | 5.29 | 30.08 |
| In Month Plan (baseline May) | 1.73 | 1.77 | 1.84 | 2.04 | 1.85 | 1.89 | 2.82 | 2.89 | 2.90 | 3.42 | 3.44 | 3.49 | 30.08 |
| In Month Actual | 1.73 | 1.68 | 1.63 | 2.19 | 2.92 | 2.25 | 2.42 | 2.62 | 0.00 | 0.00 | 0.00 | 0.00 | 17.42 |
| In Month Forecast Outturn (FOT) | 1.73 | 1.68 | 1.63 | 2.19 | 2.92 | 2.25 | 2.42 | 2.35 | 2.36 | 2.38 | 2.37 | 4.51 | 28.78 |
| Variance (Target to FOT) | -1.21 | -1.17 | -1.13 | -1.11 | -2.08 | -0.91 | 1.22 | 1.46 | 1.64 | 1.82 | 2.00 | 0.78 | 1.30 |

National Oversight Assurance Framework Dashboard

| National Oversight Framework - WHT | | | | Q2 25/26 | | |
|------------------------------------|---|--|--------|-----------|-------|---------|
| Code | Metric | Time Period Reported | Target | Published | | |
| | | | | Perf | Score | Rank |
| OF0023 | 18 Weeks RTT - % Within 18 Weeks - Incomplete | Latest month in the period | | 71.93% | 1.28 | 13/131 |
| OF0003 | 18 Weeks RTT - 52 wk breaches as a % of PTL | Latest month in the period | 1% | 0.05% | 1.00 | 7/131 |
| OF0106 | Difference between actual and planned 18 week elective performance | Latest month in the period | 0% | 2.04% | 1.00 | 31/131 |
| OF0005 | Percentage of patients waiting over 52 weeks for community services | End of period | | 6.95% | 3.29 | 61/79 |
| OF0010 | Cancer - 28 Day Faster Diagnosis | Aggregated quarterly position | 80% | 86.87% | 1.00 | 1/118 |
| OF0011 | Cancer - 62 Day Referral to Treatment | Aggregated quarterly position | 75% | 78.57% | 1.00 | 20/118 |
| OF0013 | Total Time Spent in ED - % within 4 Hours | Aggregated quarterly position | 78% | 76.70% | 2.26 | 55/123 |
| OF0014 | Total Time Spent in ED - % over 12 Hours | Aggregated quarterly position | | 5.47% | 1.84 | 34/119 |
| OF0079 | Planned Surplus / Deficit | Annual plan | 0 | -6.31 | 4.00 | 117/134 |
| OF0081 | Year to date variation from plan | Year to date | | 2.20 | 1.00 | 1/134 |
| OF0085 | Implied level of productivity | In-year figure to latest month vs same period in previous year | | 6.50 | 1.36 | 17/134 |
| OF1069 | CQC inpatient survey satisfaction rate | Annual | | | 2.00 | |
| OF0061 | Staff survey - raising concerns sub-score | Annual | | 6.34 | 2.85 | 83/134 |
| OF1067 | CQC safe inspection score | Periodic inspection | | | | |
| OF0088 | Rate of C-Difficle infections (Rolling 12 Months) | 12-month rolling | 1 | 0.95 | 1.00 | 1/134 |
| OF0020 | Number of MRSA infections (Rolling 12 Months) | 12-month rolling | 0 | 4.00 | 2.89 | 71/134 |
| OF0048 | Rate of E-Coli infections (Rolling 12 Months) | 12-month rolling | 1 | 1.77 | 3.96 | 131/134 |
| OF0025 | Average number of days between planned and actual discharge date | Latest month in the period | | 0.31 | 1.44 | 19/125 |
| OF1046 | Summary Hospital Level Mortality Indicator (Rolling 12 Months) | 12 month rolling | | | 2.00 | |
| OF0057 | Community - Urgent Care Response (UCR) 2 Hour Response | Quarterly aggregated figure | 70% | 67.06% | 4.00 | 49/51 |
| OF0084 | Staff survey engagement theme score | Annual | | 6.80 | 2.89 | 85/134 |
| OF0082 | Staff Sickness Rate | Quarterly-aggregated monthly figures | | 6.08 | 3.66 | 130/134 |

| Internal Oct-25 | Internal Nov-25 | Model Health System |
|--|-----------------|---|
| 70.83% | 70.17% | NHS Oversight Framework Summary |
| 0.05% | 0.04% | Overall Domain and Segment Scores |
| 0.35% | -0.96% | Latest Published Data |
| 5.89% | 5.80% | Q2 25/26 |
| 81.10% | | NOF Score |
| 71.33% | | Headlines |
| 74.54% | 72.08% | Oversight Framework Segment Latest Distribution |
| 6.83% | 10.04% | 3 |
| 519 | 39 | Average Metrics Score |
| -3204 | -3243 | 2 |
| | | Pre-Adjusted Segment |
| | | Is this segment down graded due to financial deficit |
| | | Yes |
| | | Is the Organisation in the Provider Improvement Programme |
| | | No |
| The Performance Assurance Framework has now been confirmed with the indicators applicable to the Trust. The Trust has been placed into Segment 3 for Quarter 2 of 2025/26. | | |



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National Oversight Assurance Framework Dashboard

WHT - Comparison

| Domain | Metric | Data Period | WHT | | |
|---|---|--|-------------|-------------|--------------|
| | | | Qtr 1 | Qtr 2 | Var |
| Access to Services | % of patients waiting <18 weeks | End of period | 1.4 | 1.28 | -0.12 |
| Access to Services | % waiting >52 weeks (acute) | End of period | 1.28 | 1 | -0.28 |
| Access to Services | Difference between planned and actual 18 week performance | Monthly | 1 | 1 | 0.00 |
| Access to Services | % waiting >52 weeks (community) | End of period | 3.05 | 3.29 | 0.24 |
| Access to Services | % of urgent referrals diagnosed within 4 weeks | Rolling 12-month | 1 | 1 | 0.00 |
| Access to Services | % treated within 62 days of referral | Rolling 12-month | 1 | 1 | 0.00 |
| Access to Services | % of ED attendances seen within 4 hours | Rolling 3-month | 1 | 2.26 | 1.26 |
| Access to Services | % of ED attendances >12 hours | In month | 1.86 | 1.84 | -0.02 |
| Access to Services Sub-Total | | | 1.4 | 1.58 | 0.18 |
| Effectiveness and Experience of Care | Summary Hospital-Level Mortality Indicator (SHMI) | Rolling 12-month | 2 | 2 | 0.00 |
| Effectiveness and Experience of Care | Average days from discharge-ready to actual discharge | In month | 1.5 | 1.44 | -0.06 |
| Effectiveness and Experience of Care | CQC inpatient survey satisfaction rate | Annual | 2 | 2 | 0.00 |
| Effectiveness and Experience of Care | Urgent community response 2-hour performance | In month | 2.82 | 4 | 1.18 |
| Effectiveness and Experience of Care Sub-Total | | | 2.08 | 2.36 | 0.28 |
| Patient Safety | NHS Staff Survey – raising concerns sub-score | Annual | 2.85 | 2.85 | 0.00 |
| Patient Safety | 12 month rolling count of MRSA cases | Rolling 12-month | 2.63 | 2.89 | 0.26 |
| Patient Safety | 12 month rolling count of C. difficile cases as a proportion of trust threshold | Rolling 12-month | 1 | 1 | 0.00 |
| Patient Safety | 12 month rolling count of E. coli cases as a proportion of trust threshold | Rolling 12-month | 3.96 | 3.96 | 0.00 |
| Patient Safety Sub-Total | | | 2.69 | 2.73 | 0.04 |
| People and Workforce | Sickness absence rate | Rolling 12-month | 3.78 | 3.66 | -0.12 |
| People and Workforce | NHS staff survey – engagement theme score | Annual | 2.89 | 2.89 | 0.00 |
| People and Workforce Sub-Total | | | 3.34 | 3.28 | -0.06 |
| Finance and Productivity | Planned surplus/deficit | Annual plan | 4 | 4 | 0.00 |
| Finance and Productivity | Variance to financial plan | Year to date | 1 | 1 | 0.00 |
| Finance and Productivity | Implied productivity level | In-year figure to latest month vs same period in previous year | 1.95 | 1.36 | -0.59 |
| Finance and Productivity | Combined finance score | Annual | 2 | 2 | 0.00 |
| Finance and Productivity Sub-Total | | | 1.97 | 1.68 | -0.29 |
| Overall Average Metric Score | | | 1.97 | 2.08 | 0.11 |



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National Oversight Assurance Framework Dashboard

WHT

- Quarter 2 Oversight Framework scores have been published which show a slight reduction in Walsall's league ranking from **36** to **40**, on account of the Trusts average metric score falling from **1.97** to **2.08**. As a result of the Trust's financial plan, it remains in **Segment 3**.
- As was the case in Quarter 1, scoring related to Access to Services remains very good, particularly for 18 weeks and cancer. A&E performance has deteriorated from Quarter 1 however and 52 week waits within the community remain comparatively poor and having deteriorated further in Quarter 2.
- Response times for urgent community care were already poor in Quarter 1 and have deteriorated further in Quarter 2 bringing the scoring for Patient Experience down to 2.36.
- As was the case in Quarter 1, the Trusts ranking is brought down by Patient Safety and Workforce scores, specifically related to infection control and staff sickness. This is not surprising given the metrics are generally based on a rolling 12 month period so although infection control performance is generally improving, it will take some time before this impacts on the oversight framework scoring.
- Finally our finance score has improved, driven by a material improvement in our Implied Productivity Rate. Further work is required to understand the reason for this.



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Productivity

The productivity dashboard overleaf shows the Trust's performance against the metrics used by NHS England to define a providers productivity. The single overriding measure of a Trusts productivity is its Implied Productivity Growth – a calculation that essentially compares inputs to outputs, compared to last year. For the latest published data on Model Health System (July 2025) the Trust is 5.8% increase in productivity (compared to last year), the Trust remains in the top quartile of Trusts nationally.

There are a range of underpinning metrics covering operational and productivity (that focus on the utilisation of assets in the main) as well as workforce productivity. The Trust benchmarks well (i.e. within the top 2 quartiles) for the proportion of procedures completed as a day case or outpatient procedure and for its in-session theatre utilisation.

Outpatient services offer an opportunity for productivity improvements with the DNA, PIFU utilisation rate and Specialist Advice rates all performing worse than the national average. An amount of follow up is also still taking place without being remunerated – this is by virtue of follow up income being fixed at 2019/20 levels.

Implied Workforce productivity is ranked quartile 3 (2nd best), non-elective admissions per clinical WTE remains above national average whilst electives have dropped below the national average. There continues to be generally less outpatient attendances taking place per consultant WTE than in other Trusts however more A&E attendances per emergency medicine consultant (2nd highest quartile.) Temporary staff spend as a proportion of total spend continues to be higher than the national value.

Productivity Dashboard

| Ref no. | Theme and KPI | Definition | Source | Target | | 2025/26 | | | | | | | |
|--|--|---|---------------------|------------------------------|--------|---------|--------|--------|--------|--------|--------|--------|--------|
| | | | | Baseline | Target | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov |
| 1 | Implied Productivity Growth (year to date compared to last year) | Output growth (cost-weighted activity) divided by input growth (workforce) compared to the same in last years period. | Model Health System | Top quartile | 4.30% | 7.9% | 6.5% | 6.5% | 5.8% | | | | |
| Operational and Clinical Productivity / Best Practice | | | | | | | | | | | | | |
| 2 | Average LOS for elective admissions (excluding daycases) | Average length of stay for all elective patients (excluding those with a COVID diagnosis and those with zero-day lengths of stay) admitted | Model Health System | N/A | N/A | 2.70 | 3.40 | 2.90 | 2.80 | 3.20 | 3.60 | 3.30 | 2.40 |
| 3 | Average LOS for non-elective admissions | Average length of stay for all patients (excluding those with a COVID diagnosis and those with zero-day lengths of stay) admitted | Model Health System | N/A | N/A | 8.70 | 8.10 | 8.10 | 7.70 | 7.90 | 8.20 | 8.20 | 8.00 |
| 4 | Bed Occupancy | Number of occupied beds divided by total number of available beds | National planning | annual | 92.00% | 94.00% | 94.44% | 93.03% | 93.33% | 93.05% | 94.31% | 93.52% | 94.09% |
| 5 | Bed Occupancy classed as clinically ready for discharge (% of acute) | The average number of patients across the month who do not meet the criteria to reside (Question 2), divided by the total number of patients in hospital or discharged by 23:59 each day (sum of Question 3a and 3b). | Model Health System | Quartile 1 (lowest provider) | 22.20% | 23.49% | 22.22% | 21.52% | 21.85% | 19.66% | 21.32% | 22.38% | 19.75% |
| Theatre Utilisation | | | | | | | | | | | | | |
| 6 | Capped elective theatre utilisation | Total capped touch time within valid elective sessions as a proportion of total planned theatre session duration | Model Health System | NHSE | 85.00% | 80.00% | 83.20% | 84.50% | 80.00% | 82.00% | 83.60% | 84.10% | 82.90% |
| 7 | Average number of cases completed per theatre list | Total number of cases completed divided by total number of sessions utilised | Model Health System | Quartile 3 (lowest provider) | 2.3 | 1.78 | 1.89 | 1.83 | 1.96 | 1.93 | 1.97 | 1.96 | 1.96 |
| 8 | % of theatre sessions utilised | Total number of theatre sessions utilised divided by total number of sessions funded | Model Health System | | 93% | 93.27% | 90.45% | 95.83% | 90.93% | 93.19% | 95.89% | 95.62% | 93.04% |
| 9 | CT, MRI & ultrasound utilisation | | National planning | annual | 95% | | | | | | | | |
| Outpatients | | | | | | | | | | | | | |
| 10 | Outpatient slot utilisation | Number of slots booked into divided by total number of slots on clinical template | Careflow | Trust Internal | 95.00% | 78.40% | 78.50% | 79.91% | 79.11% | 77.98% | 79.99% | 80.50% | 80.61% |
| 11 | DNA Rate | Number of outpatient missed outpatient appointments divided by total outpatient appointments | Careflow | Trust Internal | 8.00% | 7.99% | 8.02% | 8.34% | 8.91% | 8.18% | 8.05% | 7.94% | 8.14% |
| 12 | PIFU Utilisation Rate | The number of episodes moved or discharged to a PIFU pathway divided by total outpatient activity. | National planning | annual | 5.00% | 4.42% | 5.13% | 5.41% | 4.77% | 4.42% | 5.02% | 4.80% | 4.85% |
| 13 | Specialist Advice Utilisation Rate | Number of processed specialist advice requests (pre or post referral) divided by total number of outpatient first attendances | National planning | NHSE | 13.00% | 8.76% | 8.55% | 9.08% | 6.44% | 6.31% | 11.07% | 11.75% | 10.34% |
| 14 | Number of FUs taking place unfunded (by virtue of exceeding cap) | Number of follow ups taking place over and above 2019/20 amount | | | 0 | 0 | 0 | 986 | 0 | 0 | 1,000 | 0 | 0 |

Productivity Dashboard

Integrated Performance Report

The Royal Wolverhampton NHS Trust

November 2025 (Month 8)

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



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:



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Managing Director Summary

- The CQC undertook an unannounced visit to RWT Urgent and Emergency Care Service (UEC) on the evening of 24th November 25 and subsequent two days, 25th-26th November 25. During this visit, they observed all services across the main emergency department (ED) and the same day emergency centre (SDEC) . There were specific reviews of mental health and paediatric services. Staff and patients/carers were involved in the review.
- The trust has not yet received the final report from the CQC (expected end of January 26), however, feedback on some areas of concern were provided to the Trust at the end of the two days of inspection.
- The Trust received a follow up letter after the visit asking for further detail on some specific area's that the CQC identified where it was felt the Trust needed to review and implement actions. These were:-
 - Oversight of the main waiting room by clinician staff.
 - Flow of patients to the SDEC.
 - Oversight of patients awaiting mental health assessment.
 - Length of time to triage and first assessment, including clinical pathway oversight.
- Following the visit immediate actions to the area's above (and others) were taken in conjunction with the Division and Directorate. The feedback from the CQC was shared across divisions, recognising that responsibility for flow in particular across the Trust is the responsibility of many to improve.
- The issues raised were discussed at an extraordinary Quality Committee in December 25.
- An action log to track all the area's raised in feedback or subsequent letter has been developed. Executives meet with the Division weekly to review progress. This has also been shared with the Group Quality Committee at the end of December 25.
- West Midlands Fire Service issued a revised fire enforcement notice on the 17th December 25 for Block 55, Maternity at New Cross Hospital. This notice will require significant amount of work to ensure compliance and the detailed plan of options are under development and will be presented to a future Trust Board for agreement. The expected amount of capital money required is significant and has already been raised with NHSE.
- The Trust will complete the works required against the enforcement notice for Block 55 by the expected deadline
- The Trust is in discussion with Staffordshire Fire and Rescue Service regarding the enforcement notice at Cannock Chase. Work is well underway against this notice, however, will not be completed by the end of the current enforcement notice.

Authors



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(Managing
Director)



Care Colleagues
Collaboration Communities

Managing Director Summary continued.....

- Whilst the deployment of the EPR was generally successful, there have been some challenges with regard to activity recording and in particular recording the outcome of patient activities. There is no risk of harm to patients, however, there is the potential for impact on income to the Trust. A detailed recovery plan is in place across all the operational teams. The finance section covers this element off.
- The Trust successfully maintained over 95% of elective activity during two strikes undertaken by resident doctors in November and December 25. Safe clinical services were maintained during these two periods, with no adverse incidents reported. The numbers of doctors who chose to strike was higher than has been reported previously for RWT, with a range of 42%-58% of residents on strike across the two periods. There has been a financial impact to the Trust as a result of all the strikes undertaken during July, November and December 25. Note, that funding for pay costs incurred as a result of the Nov/Dec strikes have been received. This is not at a breakeven level for RWT.
- As detailed in the performance section, there are challenges across UEC and Elective performance. November 25 performance was demonstrating a consistent improvement, however, there has been a deterioration in RTT performance in December 25. This is being validated against EPR changes, and a number of patients (6) did breach 65 weeks at the end of December 25. All these patients have a treatment plan for completion of their pathway in January 26.
- To assist in supporting all Trust manage their UEC pathways, the Black Country Trusts have agreed that the process known as intelligent conveyancing (IC) of ambulances will cease on the 12th January 26. This is expected to have minimal impact on RWT in terms of ambulance volume.
- Work with PA Consulting continues against UEC pathways, with rapid improvement event held in December 25 to support frailty pathways. As expected, there are opportunities to improve patient experience and care, aligned with the left shift intention of providing care where needed in the community.
- The productivity metrics at the end of the pack indicate that bed occupancy increased in November 25, mainly as a result of an increase in elective length of stay. It's too early to confirm if this is a one off or a change in activity. There remain opportunities across outpatients to increase patient initiated follow up, which is showing small improvements. Plans are available to deliver productivity improvement across outpatients and theatres.

Authors



Gwen Nuttal
(Managing
Director)



Care Colleagues
Collaboration Communities

Balanced Scorecard

| Quality, Safety & Patient Experience | Target / Limit | Previous Month | Current Month (Latest Available) | Latest Time Period | 19/20 Same Period | Variation | Assurance | Operational Performance | 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 | 3.10 | 2.92 | Nov-25 | - | Common Cause | Inconsistent | 18 Weeks RTT - % Within 18 Weeks - Incomplete | 60.00% | 54.77% | 55.00% | Nov-25 | 82.13% | Concern | Not Met | | | | | | | | |
| Pressure ulcers per 1,000 occupied bed days | 1.50 | 1.64 | 1.26 | Nov-25 | 0.89 | Common Cause | Inconsistent | 18 Weeks RTT - 52 wk breaches as a % of PTL | 0.99% | 2.50% | 2.75% | Nov-25 | - | Improvement | Not Met | | | | | | | | |
| Community acquired pressure ulcers per 10,000 population | 0.90 | 0.64 | 0.83 | Nov-25 | - | Concern | Achieving | 18 Weeks RTT - Total Incomplete PTL | 75489 | 76871 | 76803 | Nov-25 | 39142 | Improvement | Not Met | | | | | | | | |
| Observations on time (Trust wide) | 90.00% | 87.10% | 87.30% | Nov-25 | - | Improvement | Not Met | Cancer - 28 Day Faster Diagnosis | 80.00% | 80.01% | 76.34% | Nov-25 | - | Improvement | Inconsistent | | | | | | | | |
| VTE risk assessment - % within 14 hours | 95.00% | 90.50% | 89.00% | Sep-25 | - | Concern | Not Met | Cancer - 31 Day Treatment | 96.00% | 92.32% | 87.16% | Nov-25 | 89.05% | Improvement | Not Met | | | | | | | | |
| Sepsis screening - ED | 90.00% | 96.00% | 96.00% | Nov-25 | - | Common Cause | Achieving | Cancer - 62 Day Referral to Treatment | 75.00% | 71.43% | 40.35% | Nov-25 | 56.85% | Common Cause | Not Met | | | | | | | | |
| Sepsis screening - Inpatients | 90.00% | 83.00% | 92.30% | Nov-25 | - | Common Cause | Inconsistent | No. of patients no longer meeting the Criteria to Reside | 89 | 92 | 77 | Sep-25 | - | Common Cause | Inconsistent | | | | | | | | |
| Clostridioides difficile | 5 | 16 | 6 | Nov-25 | 1 | Common Cause | Inconsistent | Diagnostics - % within 6 weeks from referral | 95.00% | 94.53% | 97.59% | Nov-25 | 84.70% | Improvement | Not Met | | | | | | | | |
| MRSA Bacteraemia | 0 | 0 | 0 | Nov-25 | - | Common Cause | Inconsistent | Total Time Spent in ED - % over 12 Hours | - | 15.82% | 14.41% | Nov-25 | - | Concern | No Target Set | | | | | | | | |
| Number of complaints as a % of admissions | 0.50% | 0.64% | 0.60% | Nov-25 | - | Concern | Inconsistent | Total Time Spent in ED - % within 4 Hours | 78.00% | 76.68% | 78.06% | Nov-25 | 81.83% | Common Cause | Inconsistent | | | | | | | | |
| FFT recommendation rates - Trust wide | 92.00% | 82.00% | - | Nov-25 | 91.00% | Common Cause | Not Met | Finance | Target / Limit | Previous Month | Current Month (Latest Available) | Latest Time Period | 19/20 Same Period | Variation | Assurance | | | | | | | | |
| Care hours per patient - total nursing & midwifery staff actu | 7.6 | 7.4 | 7.7 | Nov-25 | 7.8 | | No Target Set | | | | | | | | | | | | | | | | |
| Care hours per patient - registered nursing & midwifery staf | 4.5 | 4.9 | 4.9 | Nov-25 | - | | No Target Set | | | | | | | | | | | | | | | | |
| SHMI | 1.00 | 0.96 | 0.96 | Nov-25 | - | Concern | Achieving | | | | | | | | | | | | | | | | |
| Never events | 0 | 0 | 0 | Nov-25 | - | Improvement | Inconsistent | | | | | | | | | | | | | | | | |
| Workforce Performance | Target / Limit | Previous Month | Current Month | Latest Time Period | 19/20 Same Period | Variation | Assurance | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Surplus/(Deficit) (£000) - in month | -1802 | 75 | 42 | Nov-25 | - | Common Cause | Inconsistent | | | | | | | | | |
| | | | | | | | Surplus/(Deficit) (£000) - YTD | -3379 | 6141 | 6099 | Nov-25 | - | Improvement | Inconsistent | | | | | | | | | |
| | | | | | | | Surplus/(Deficit) (£000) - FOT | - | 0 | 0 | Nov-25 | - | Improvement | No Target Set | | | | | | | | | |
| | | | | | | | Elective Variable (£000) - in month | 14631 | 14296 | 14472 | Nov-25 | - | Common Cause | Inconsistent | | | | | | | | | |
| | | | | | | | Elective Variable (£000) - YTD | 28905 | 108056 | 122528 | Nov-25 | - | Concern | Inconsistent | | | | | | | | | |
| | | | | | | | Elective Variable (£000) - FOT | 180585 | 186238 | 186238 | Nov-25 | - | Improvement | Inconsistent | | | | | | | | | |
| | | | | | | | Efficiency (£000) - in month | 2907 | 3578 | 7273 | Nov-25 | - | Common Cause | Inconsistent | | | | | | | | | |
| | | | | | | | Efficiency (£000) - YTD | 5707 | 26343 | 33616 | Nov-25 | - | Concern | Inconsistent | | | | | | | | | |
| | | | | | | | Efficiency (£000) - FOT | 57240 | 57240 | 57836 | Nov-25 | - | Improvement | Inconsistent | | | | | | | | | |
| | | | | | | | Capital (£000) - YTD | 1636 | 8503 | 10040 | Nov-25 | - | Improvement | Inconsistent | | | | | | | | | |
| | | | | | | | Capital (£000) - FOT | 29350 | 35014 | 35014 | Nov-25 | - | | Inconsistent | | | | | | | | | |
| | | | | | | | Cash (£000) - in month | 48124 | 47139 | 49346 | Nov-25 | - | Common Cause | Inconsistent | | | | | | | | | |
| | | | | | | | Cash (£000) - FOT | 26081 | 31729 | 32370 | Nov-25 | - | Common Cause | Inconsistent | | | | | | | | | |
| Statutory & Mandatory Training | 90.00% | 94.40% | 93.53% | Nov-25 | - | Concern | Achieving | | | | | | | | | | | | | | | | |

Quality, Safety & Patient Experience | Executive Summary

- Falls per 1,000 occupied bed days have reduced in month and are within tolerance. As part of the Eat Drink Dress Move to Improve (EDDMI) initiative Bathroom sensor alarms are now in use on both Ward 1 at West Park Hospital and AMU. Initial feedback is positive, and nursing staff are finding them useful for their high-risk patients who wish for privacy in the toilet/bathrooms.
- Pressure ulcers per 1,000 occupied bed days have reduced in month; however, they have increased in month in community with themes of frailty, end of life and patient choice against advice.
- There is a significant reduction in *Clostridioides Difficile* (C-diff) in month to 6 cases. This follows the return of high use commode cleaning activity in the Patient Equipment Cleaning Centre (PECC) after a dip in inactivity due to PECC capacity which has now been resolved.
- Nursing and Midwifery vacancies remain stable; however, Maternity leave has increased in month from 4.5% to 4.8% which equates to 200 WTE registrants.
- There has been a decrease in complaints this month with themes of general care, communication and delays in Emergency portals. These are fed back to directorates and in addition, bespoke questionnaire feedback is being canvassed from the Emergency Department (ED)
- Regular ED quality audits are being completed for triage, chest pain pathway and documentation for care rounds and ongoing Directorate/Division and Executive oversight of required actions is in place. To improve oversight in the waiting room a Health Care Support worker is now rostered to provide 24-hour oversight with escalation mechanism in place.

Authors



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(Chief Nursing Officer)



Brian McKaig
(Chief Medical Officer)



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Quality, Safety & Patient Experience | Executive Summary

- **Mask wearing** The Trust has implemented universal masking for staff in all emergency portals aligned to the NHSE decision tool. A co-ordinated staff vaccination programme continues to be offered with current uptake at 32%.
- **Mortality:** The Standardised Hospital Mortality Indicator is 0.96; within the expected range. Individual diagnostic groups with higher-than-expected SHMI values are reviewed via clinical pathway meetings and the Trust is proactively managing the Learning from Deaths agenda overseen by the Mortality Review Group.

Authors



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Quality, Safety & Patient Experience | Executive Summary

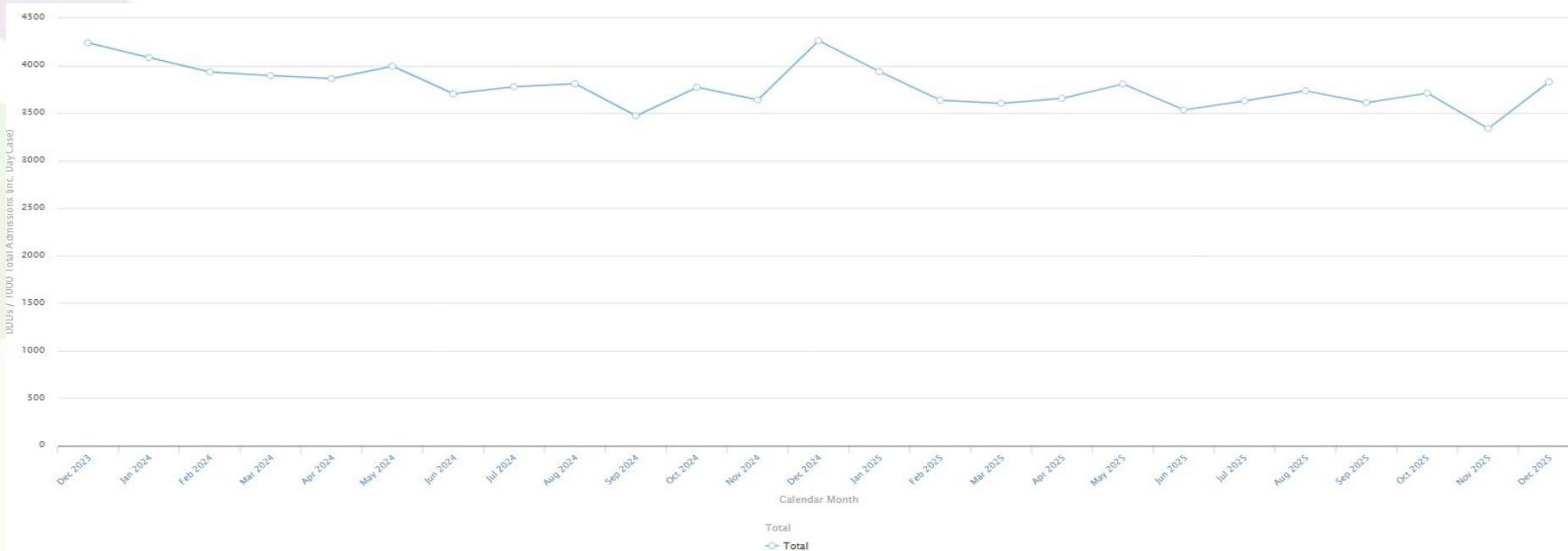
AMS: Total antibiotic consumption and the use of 'watch and reserve' antibiotics in December 2025 is 10%. RWT remains much lower than the average for England. The AMS team has launched a new method for auditing inpatient compliance with antimicrobial guidelines with a plan to reaudit in the first quarter of 2026.

Figure 1: Total antibiotic consumption December 2023 – December 2025 adjusted for DDD's/1000 admissions.

December 2023 – 4,239

December 2024 – 4,262

December 2025 – 3,830



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Perinatal Service | Executive Summary

- Further to the recent report covering Pre-Registration Midwifery learners at The Royal Wolverhampton NHS Trust, based on the positive findings and the key areas of improvement identified, this item has been reduced from Intensive Support Framework (ISF) Category 2 to ISF Category 1, and removed from the NHSE Quality Improvement Register.

Safety Champion Feedback

- The Royal Wolverhampton NHS Trust is declaring full compliance with all 10 safety actions for year 7 of the Maternity and Neonatal Incentive scheme.
- Band 7 oversight out of hours is being piloted on the Maternity Triage Unit following ongoing cultural work and staff feedback sessions.
- The National Quality Improvement Programme *Saving Babies Lives Care Bundle v3.2* audit data demonstrates sustained positive progress with the 6 elements with overall compliance of 99%.

Authors



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Saving Babies Lives Care Bundle Compliance

Implementation Progress

| Intervention Elements | Description | Element Progress Status (Self assessment) | % of Interventions Fully Implemented (Self assessment) | Element Progress Status (LMNS Validated) | % of Interventions Fully Implemented (LMNS Validated) |
|-----------------------|----------------------------|---|--|--|---|
| Element 1 | Smoking in pregnancy | Fully implemented | 100% | | 0% |
| Element 2 | Fetal growth restriction | Partially implemented | 95% | | 0% |
| Element 3 | Reduced fetal movements | Fully implemented | 100% | | 0% |
| Element 4 | Fetal monitoring in labour | Fully implemented | 100% | | 0% |
| Element 5 | Preterm birth | Fully implemented | 100% | | 0% |
| Element 6 | Diabetes | Fully implemented | 100% | | 0% |
| All Elements | TOTAL | Partially implemented | 99% | | 0% |



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Perinatal Quality Oversight Model (PQOM) Dashboard

Elements of the PQOM are items in the monthly Group Quality Committee reports presented in detail by Directors of Midwifery

| | June | July | August | Sept | Oct | Nov | Dec |
|--|----------------------------------|----------------------------------|----------------------------------|------------------------------------|---|---|-----|
| PMRT Reviews (including babies > 28days old or not born at RWT) | 7 | 5 | 5 | 6 | 5 | 6 | |
| Grades Maternity/neonatal | A = 0 B = 5 C = 2 D = 0 | A = 2 B = 3 C = 0 D = 0 | A = 1 B = 3 C = 1 D = 0 | A-1 B-3 C-2 D-0 | A2 B2 C1 D0 | A1 A2 B5 B1 C0 C1 D0 DQ | |
| Final MNSI Reports Received | 2 | 0 | 0 | 1 | 3 | 0 | |
| Incidents Moderate & Above (all new MNSI cases and those assigned PMRT C and D, and those assigned moderate harm on datix) | 4 | 2 | 0 | 2 | 1 | 1 | |
| Service user & Staff Feedback to Board Level Safety Champions | Ante/Postnatal ward | Antenatal Clinic | Triage and induction unit | 15 Steps event attended by NED BSC | Service user feedback positive experience on NNU Staff engagement event took place with Leaders re: Triage. | Co-production of Patient Ex. Survey in Progress With MNVP | |
| Coroner Reg 28 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Obstetrics/ Gynaecology Trainees Quality of Clinical Supervision reported annually | | | | | | | |

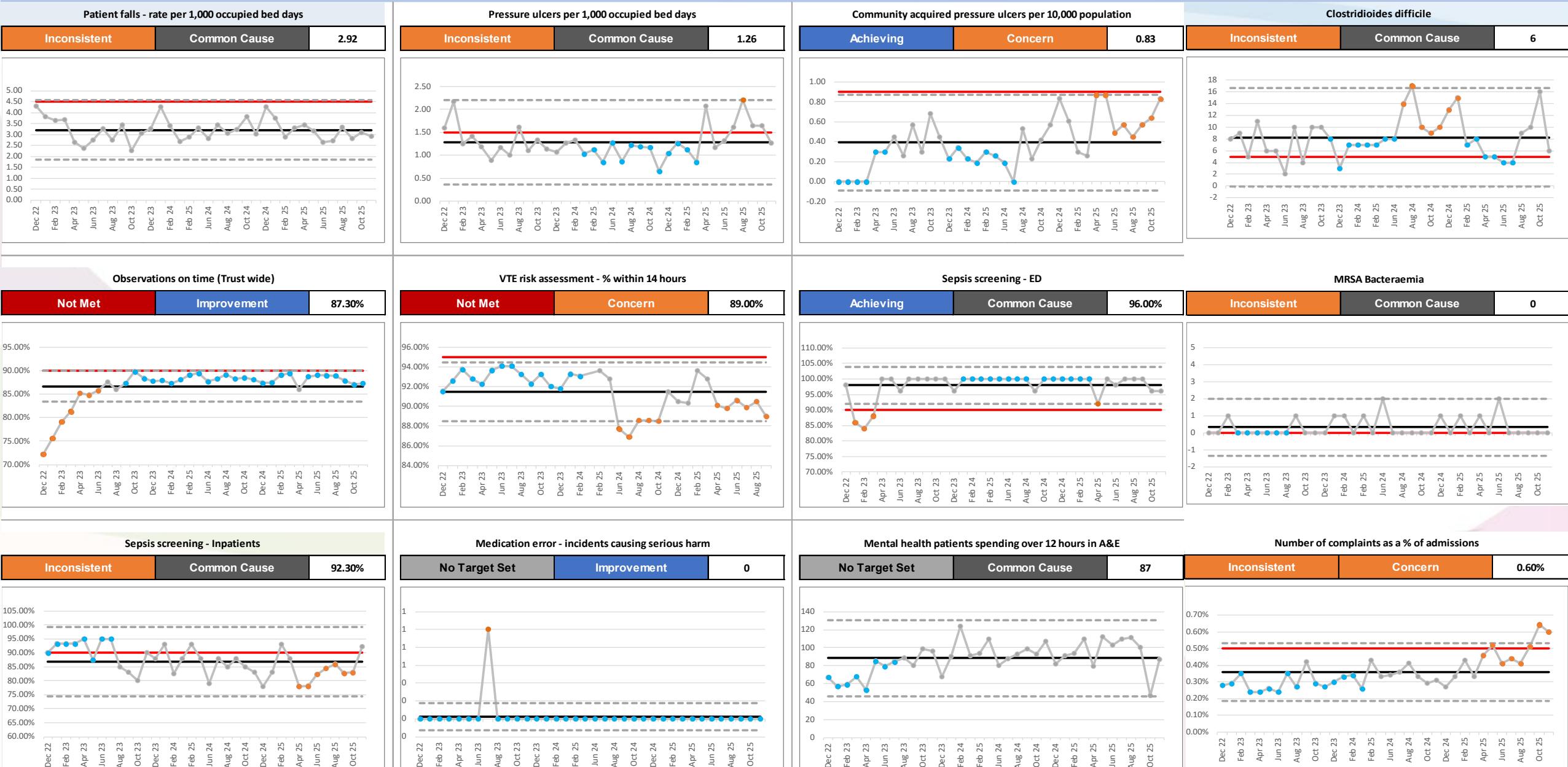
| CNST & Training Position 30 11 2025 | | | |
|-------------------------------------|--------|------------------|------|
| Staff Group | PROMPT | Fetal monitoring | NLS |
| Obstetricians | 90% | 90% | 90% |
| Midwives | 90% | 98% | 90% |
| Support Staff | 78% | NA | NA |
| Anaesthetists | 90% | NA | NA |
| Neonatal Doctors | NA | NA | 100% |
| Neonatal Nurses | NA | NA | 90% |

Full compliance with Maternity Incentive Scheme Year 7 training requirements.

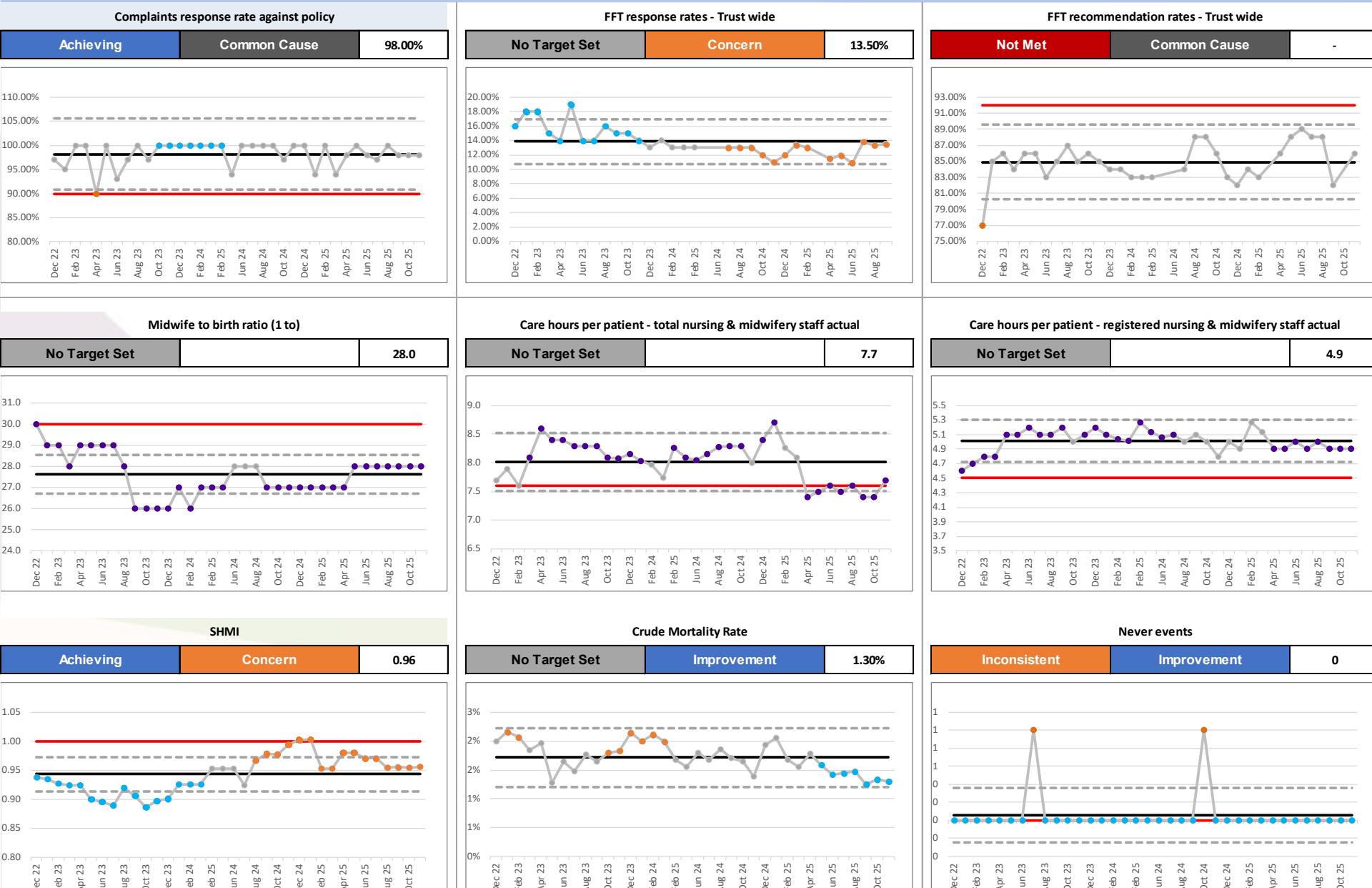


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Quality, Safety & Patient Experience | Core Metrics



Quality, Safety & Patient Experience | Core Metrics



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People | Executive Summary

Month 8 saw an overall increase in total workforce compared to month 7 by 52.13 WTE, driven by increases across both the substantive and temporary workforce. The substantive workforce increased in-month by 40 WTE, with Bank increasing by 2.54 WTE and Agency by 9.59 WTE. YTD performance at month 8 is an overall reduction of -141 WTE. The month 8 position is therefore 159 WTE adverse to the month 12 forecast position of 10,619 WTE produced at month6.

Pay expenditure for month 8 was £52.5m and £589K overspent in-month. This includes expenditure relating to MARS and strike costs; however, the remaining Band 2-3 provision has been released in full in month.

The workforce metrics that remain the most challenged and are currently missing target are sickness absence and appraisal compliance. In-month sickness absence has increased from 5.38% to 5.99%. Appraisal compliance has decreased by 0.5% in-month, falling from 81.34% to 80.84%.

Targeted sickness absence interventions will be implemented within Division 1 (6.77%) and Division 2 (6.39%), as these divisions have sickness levels above the overall Trust position. An analysis of appraisal compliance is currently underway; at present, Corporate services have the lowest appraisal compliance rate at 73.82%.

The Staff Survey closed on 28th November 25, results will be published in March 2026. The Trust response rate was 28.30%, the lowest among Acute and Community Trusts, representing a reduction of almost 4.5% from 2024.

Compared to 2024 survey levels:

BCPS: ↓14%, Corporate Services: ↓9%, Division 1: ↓3%, Division 2: ↓ 1%, Division 3: ↓7% Estates & Facilities: ↓ 1%

Authors

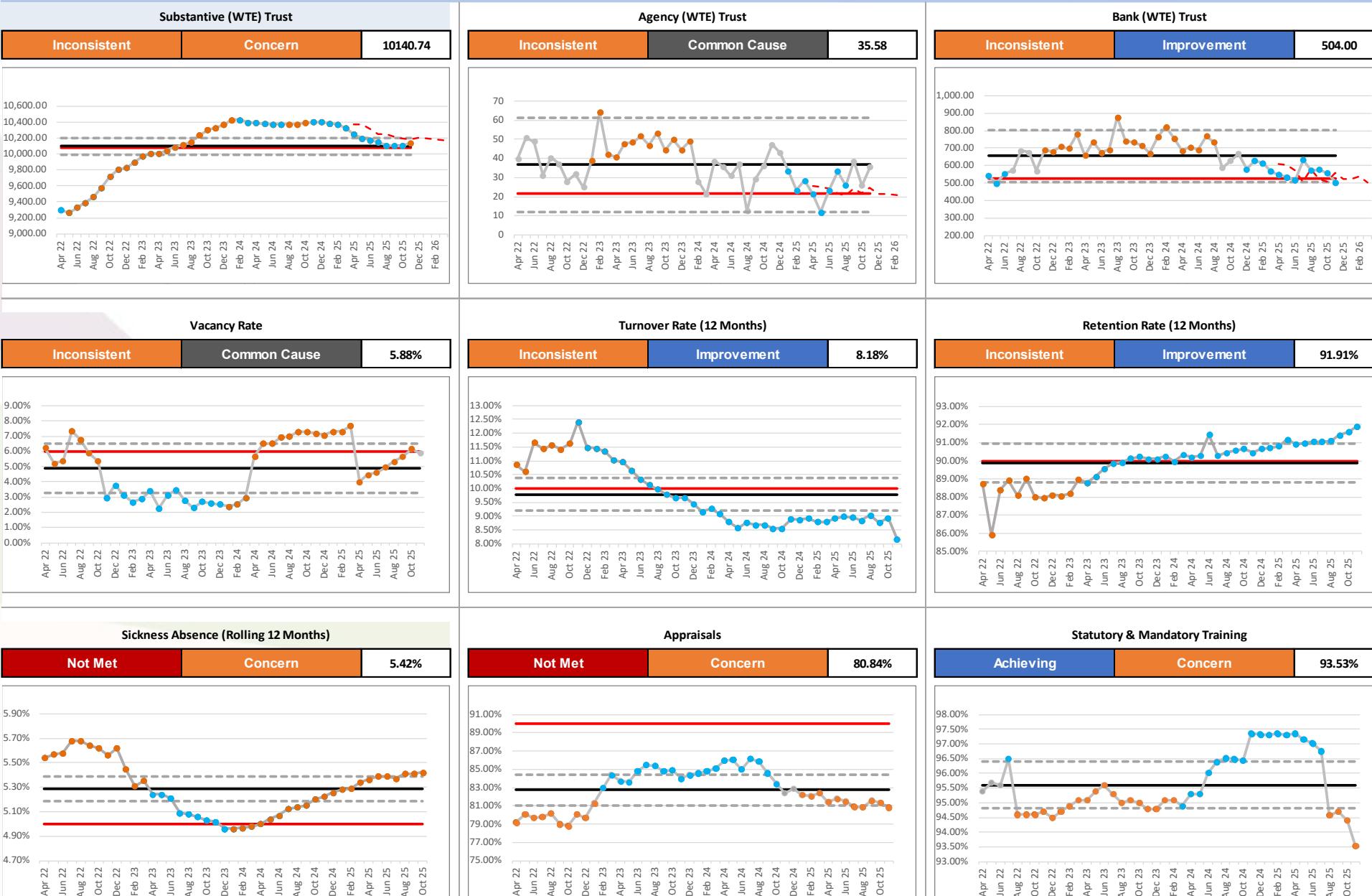


Emma
Ballinger
(People
Director)



**Care Colleagues
Collaboration Communities**

People | Core Metrics



Operational Performance | Executive Summary

Performance against the constitutional standards was inconsistent throughout November 25, with the impact of the new EPR system continuing to impact on all operational teams. In line with all organisations that have implemented a new EPR/PAS system, this impact is expected to continue albeit reducing month on month as issues are resolved.

Authors

Kate Shaw
(Chief Operating Officer)

RTT performance improved marginally in November 25 to 55% from (54.77%). The total waiting list reduced by 68 patients leaving 76,803 patients on an incomplete pathway. Trajectories and action plans are in place although these are under review as part of an organisational reset. Gynaecology, Urology and Head and Neck Services continue to be the specialities with the greatest challenge to recover. Insourcing support is in place for Gynaecology and Urology. The Quarter 4 outpatient sprint is expected to deliver an additional 9,682 new outpatient slots with 3,300 additional clock stops resulting in achievement of 60.6% RTT by the end of March. The Trust declared 26 patients at over 65weeks at the end of November 25. These patients all have plans to be resolved by the end of December 25. Patient level monitoring is in place to ensure there will be zero over 65-week waits from January 26.

UEC – the 4hr and 12hr performance standard both improved slightly in November 25 with 78.06% of patients seen and discharged/transferred from the Emergency Department (ED) within this time frame. 12-hour performance remains an area of concern with 14.41% of patients waiting over 12-hours. Challenges with operational flow, bed capacity and internal Emergency Department processes continue to impact on this standard. A detailed action plan is in place in response to the unannounced CQC Inspection of the Emergency Department that took place from 24th to 26th November 25. As with RTT, a reset for UEC has commenced with associated structures and governance in place.

Cancer – following final validation for November 25 the position for 28-day FDS was 80.4%, 31day was 94.1% and 62day was 71.1%. There has been an increase in the 62-day backlog for the organisation and the clearance of this remains the focus of the improvement work.



Care Colleagues
Collaboration Communities

Operational Performance | Executive Summary

DM01 – diagnostic performance remains some of the highest in the Midlands at 97.59% with no areas of concern.

Authors

Community – performance across the Trust's community services is variable. Virtual Ward occupancy remains positive at over 120% whilst performance against the 2-hour UCR response deteriorated in November 25 to 66.20%.

The number of patients designated as No Criteria to Reside improved from 92 in October 25 to 77 in November 25. Multi-disciplinary patient level

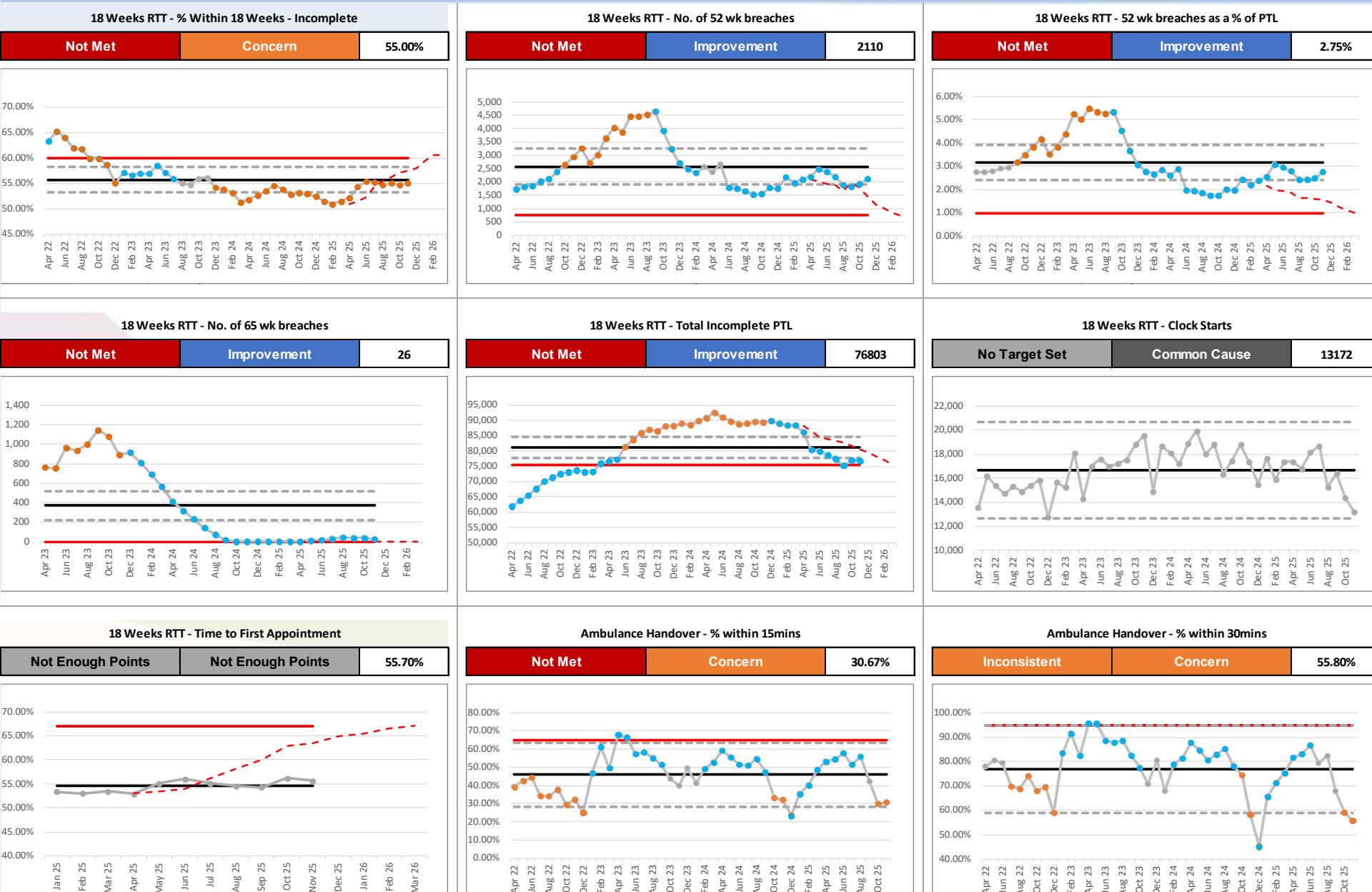
Census took place across all Medical Wards in December 25 and is being undertaken again in January 26 with the aim of maintaining this position.

Kate Shaw
(Chief Operating Officer)

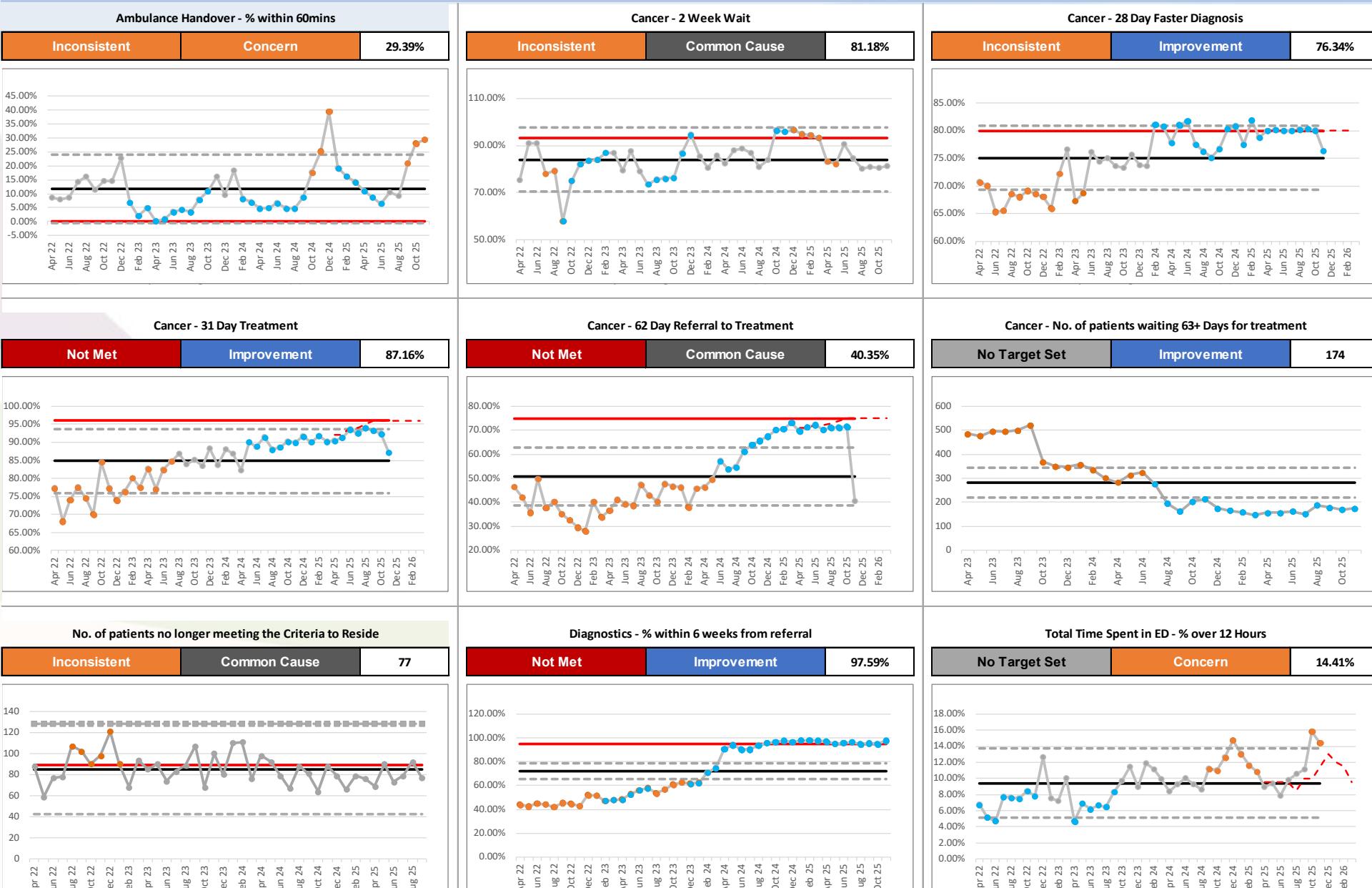


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Operational Performance | Core Metrics

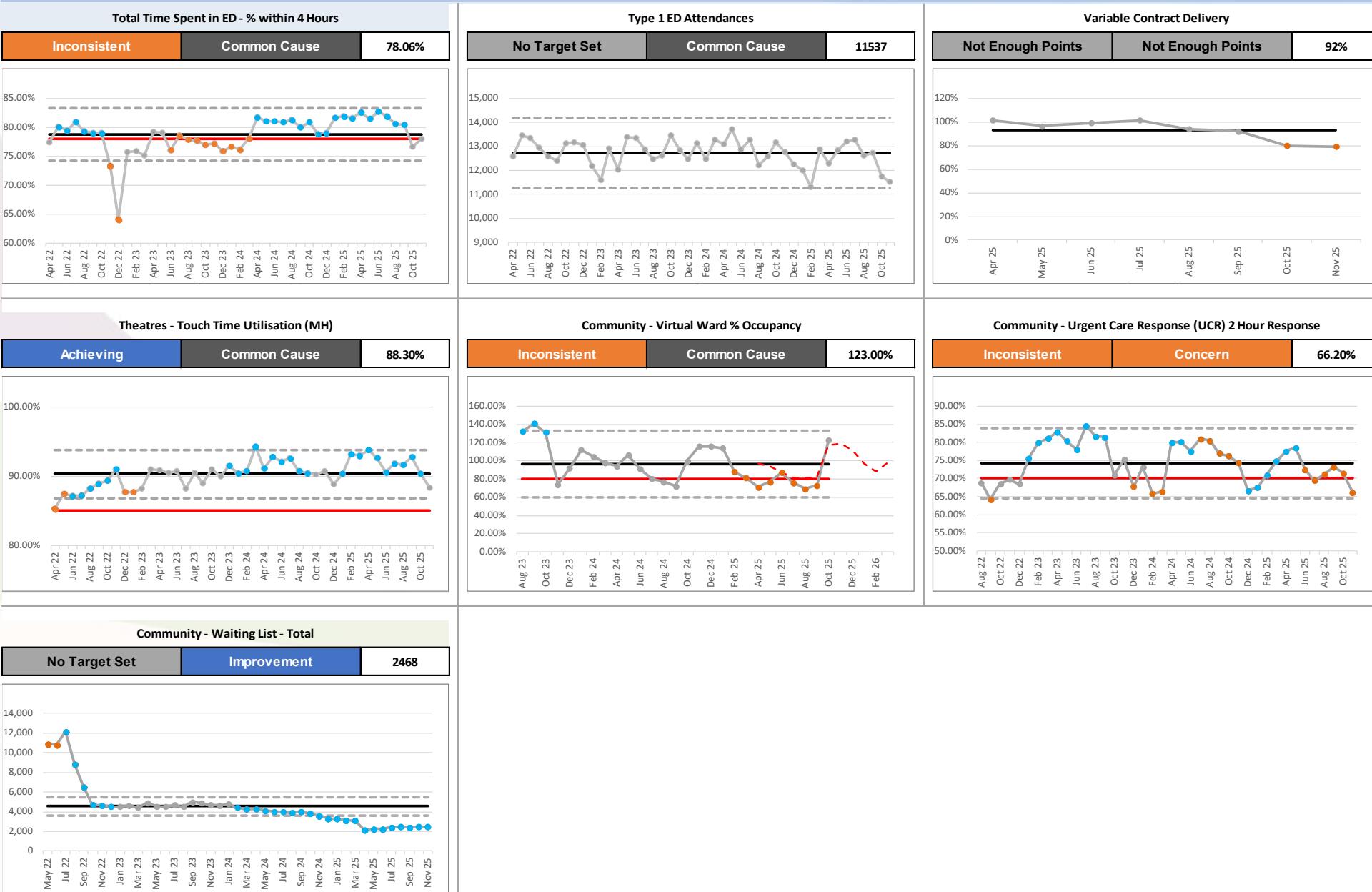


Operational Performance | Core Metrics

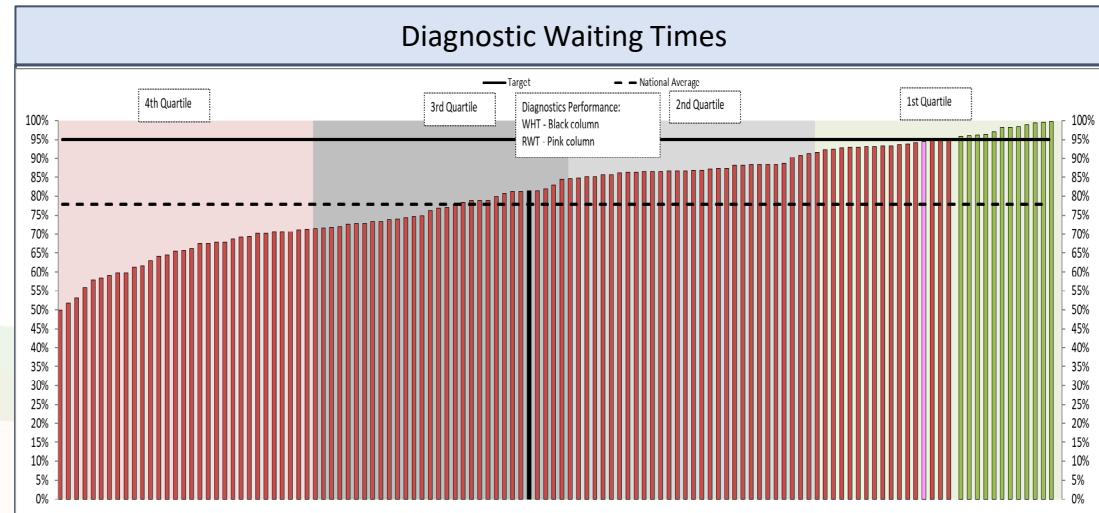
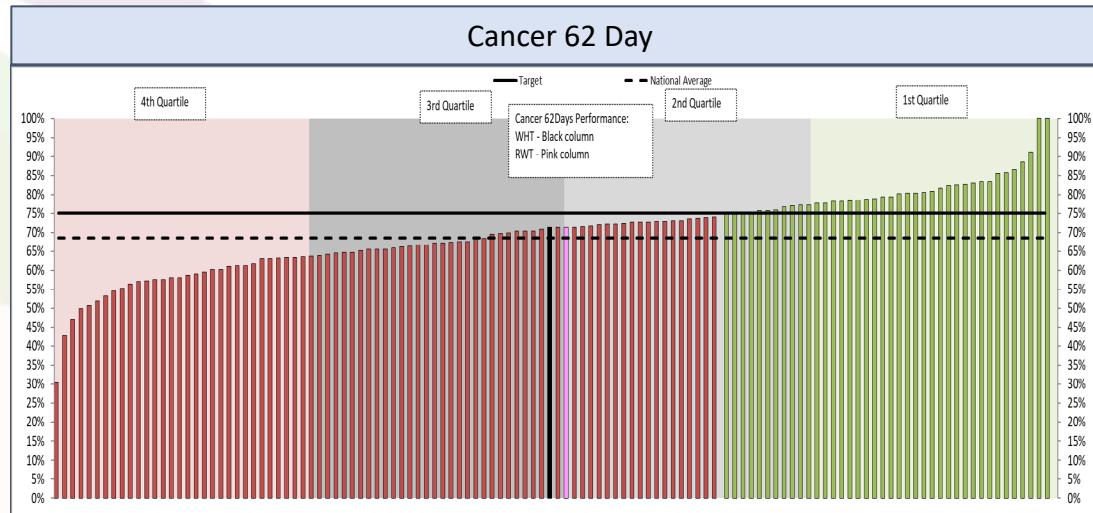
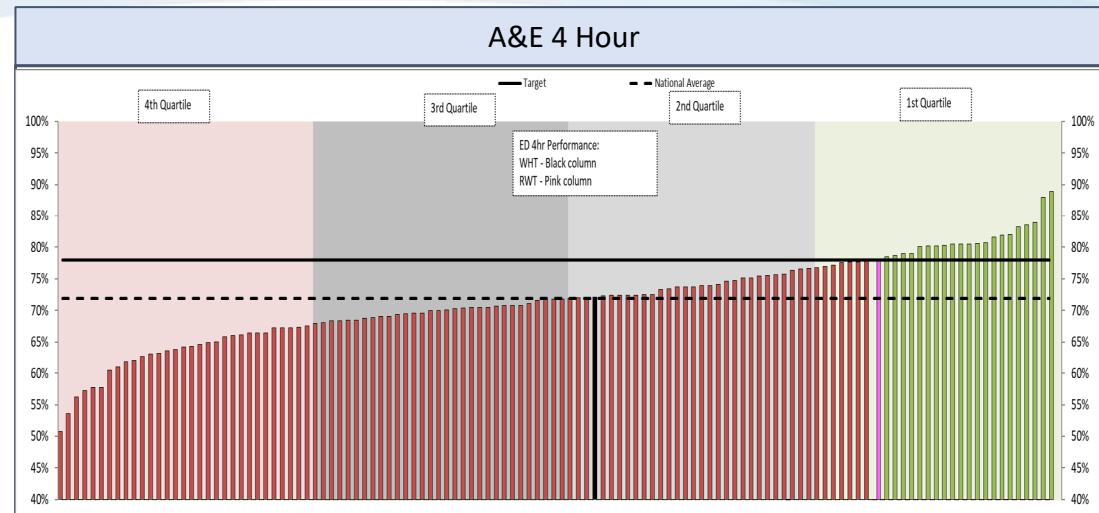
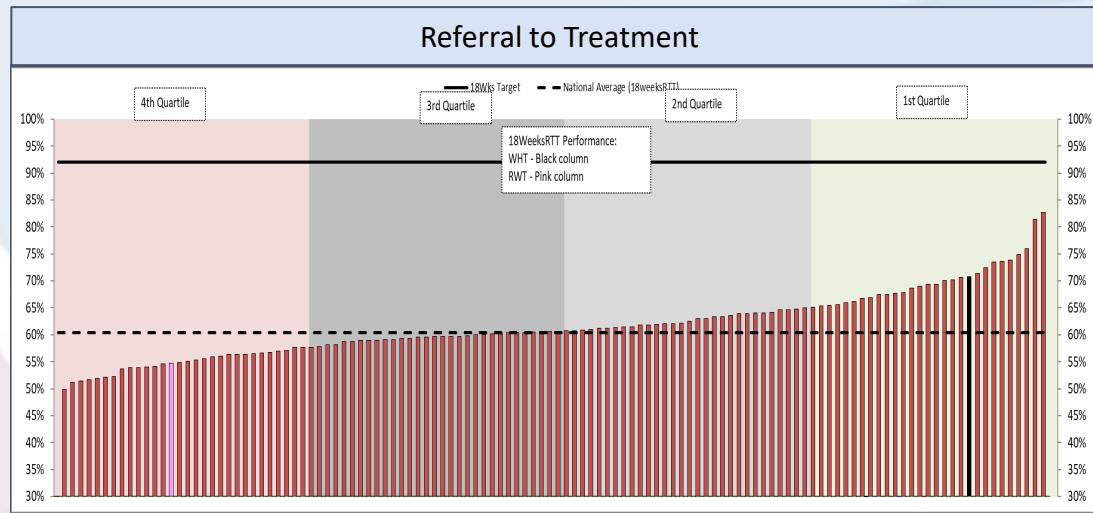


Care Colleagues
Collaboration Communities

Operational Performance | Core Metrics



Operational Performance | Benchmarking



Finance | Executive Summary

Key Headlines – Month 8 2025/26

In month surplus of £42k, which is £898k below the plan of £940k surplus. Year to date there is an adverse variance to plan of £798k.

- Patient income has overperformed in month due to release of prior year provisions.
- Education and Training income has under-achieved in month due to a YTD correction on Trading Accounts. This is break-even YTD.
- Pay is overspent in month relating to redundancy, MARS and strike costs however the remaining Band 2-3 provision has been released in full in month (£2.6m).
- Non-pay is overspent in month due to a catch up of orders following the new Finance system. CIP on non-pay has over-delivered due to the release of non-recurrent accruals.
- Drugs has underspent in month, with a reduction in the run rate, which is being investigated by Pharmacy.

Authors



Kevin Stringer
(Group Chief
Finance Officer)



Care Colleagues
Collaboration Communities

Finance | I&E Summary

In-Month Income & Expenditure

| | Plan M8 £m | Actual M8 £m | RWT Surplus/ (Deficit) £m |
|--|------------------|--------------------|------------------------------------|
| | 89.3 | 88.4 | (0.9) |

Income

Expenditure

Pay

Non Pay

Drugs

Other*

Total Expenditure

Net reported surplus/(Deficit)

Performance in month 8 is £898k worse than plan, and £798k worse than plan YTD

The estimated impact of November 25 Industrial Action has been incorporated into the M8 position:

- Lost income opportunity - £400k
- Additional costs of cover - £450k

The M7 low expenditure level risk reported in October 25 (related to the new financial ledger implementation) has materialised in M8. Estimated at c£1.2m 'catch-up'.

Total YTD deficit £6.099m.

Year-to-date Income & Expenditure

| | Plan YTD £m | Actual YTD £m | RWT Surplus/ (Deficit) £m |
|--|-------------------|---------------------|------------------------------------|
| | 675.1 | 675.4 | 0.3 |

Income

Expenditure

Pay

Non Pay

Drugs

Other (incl. depreciation)

Total Expenditure

Net reported surplus/(Deficit)

The unused provision related to the Band 2 – Band 3 challenge has been released in month to offset the catch-up spike of expenditure.

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.



Other* Includes depreciation, other non operating expenditure and adjustments to NHSE Reported Performance

Finance | ERF Performance

| Point of Delivery | RWT | | |
|-------------------------|----------------|----------------|-----------------|
| Point of Delivery | Plan | Actual | Variance |
| Activity | Activity | Activity | |
| Elective | 5,254 | 5,044 | (210) |
| Planned Same Day | 37,173 | 35,048 | (2,125) |
| Outpatient Procedures | 110,979 | 107,470 | (3,510) |
| Procedures Total | 153,406 | 147,562 | (5,844) |
| Outpatient 1st | 151,529 | 141,587 | (9,942) |
| Diagnostic Imaging | 60,225 | 55,577 | (4,648) |
| Chemotherapy | 9,510 | 9,377 | (133) |
| Grand Total | 365,160 | 344,725 | (20,568) |

| | £'000 | £'000 | £'000 |
|-------------------------|----------------|----------------|----------------|
| Elective | 33,551 | 31,263 | (2,288) |
| Planned Same Day | 39,937 | 36,601 | (3,336) |
| Outpatient Procedures | 18,794 | 18,320 | (474) |
| Procedures Total | 92,282 | 86,184 | (6,098) |
| Outpatient 1st | 28,803 | 27,111 | (1,692) |
| Diagnostic Imaging | 6,499 | 6,051 | (448) |
| Chemotherapy | 3,193 | 3,182 | (11) |
| Grand Total | 130,776 | 122,528 | (8,248) |

The table shows the variable activity performance against the Trust activity plan including the additional activity to meet the required RTT improvement, which represents £8.0m full year.

- Total activity is £8.25m below the plan, of which £6.1m relates to months seven and eight which are impacted by missing activity and coding as a result of EPR migration. Therefore, the estimated underlying variance excluding this is £4.7m, shown on the next slide:
 - The uncashed outpatient activity has been estimated at £2m-£2.5m.
 - Low coding completeness is impacting on the inpatient value and is estimated at £1m.
 - The remainder of the variance is due to activity lower than the required RTT improvement plan.



Care Colleagues
Collaboration Communities

Finance | Cost Improvement Plans

| Efficiencies 2025/26 | Plan approved by Board | YTD recurrent achievement Month 8 | | YTD non-rec achievement Month 8 | | YTD achievement Month 8 | | YTD Plan Month 8 | YTD Variance Month 8 |
|-----------------------------------|------------------------|-----------------------------------|------------|---------------------------------|-------------|-------------------------|------------|------------------|----------------------|
| | | £m | £m | £m | £m | £m | £m | | |
| Affordable Urgent Care | 4.5 | | 0.7 | 0.0 | 0.7 | 2.0 | (1.3) | | |
| Cessation of Unfunded Schemes | 1.0 | | 0.0 | 0.2 | 0.2 | 0.5 | (0.2) | | |
| Counting and Coding | 2.1 | | 0.3 | 0.1 | 0.4 | 1.0 | (0.6) | | |
| Estates Utilisation | 1.0 | | (0.5) | 2.1 | 1.6 | 0.5 | 1.1 | | |
| Non-Pay and Procurement | 14.6 | | 8.2 | 11.1 | 19.3 | 9.4 | 9.9 | | |
| Operational Productivity | 11.9 | | 0.5 | 0.7 | 1.2 | 6.2 | (5.0) | | |
| Workforce | 22.1 | | 0.7 | 9.5 | 10.3 | 12.8 | (2.6) | | |
| Sub Total - internal plans | 57.2 | | 9.8 | 23.8 | 33.6 | 32.4 | 1.2 | | |
| Total efficiency plan | 57.2 | | 9.8 | 23.8 | 33.6 | 32.4 | 1.2 | | |

Note: there has been a change to the workstreams, where Bed Reduction has been added into the Affordable Urgent Care workstream and Clinical Best Practice has been added into the Operational Productivity workstream. The targets for the ceased workstreams have been added into the additional workstreams.

In Month 8 the Trust over-achieved against its plan by £1.2m.

Of the in-month savings 73% have been delivered non-recurrently. This is in part due to Band 2-3 provision release being realised as non-recurrent CIP (£2.6m) and non-pay underspends of £1.0m that are being reported non-recurrently.

Of the YTD achievement, 71% has been achieved non-recurrently. This is largely to non-recurrent one-off gains that have been identified as CIP in the year, and vacancies or underspends against non-pay and drugs budgets that are only being achieved non-recurrently. These schemes are being reviewed to ensure they can be achieved recurrently.

National Oversight Framework

Quarter 2 Oversight Framework scores have been published which show a slight reduction in Wolverhampton's league ranking from **79** to **84**, on account of the Trusts average metric score falling from **2.45** to **2.49**. As a result of the Trust's financial plan, it remains in **Segment 3**.

As was the case in Quarter 1, scoring related to Access to Services remains relatively good, particularly for cancer and urgent care. The Trusts RTT performance is the exception with scoring impacted by our relatively poor percentage performance; number of 52 week waits and the distance from our submitted plan.

Effectiveness scoring remains strong with an improvement in accuracy of discharge recording.

As was the case in Quarter 1, the Trusts ranking is brought down by Patient Safety and Workforce scores, specifically related to infection control and staff sickness. This is not surprising given the metrics are generally based on a rolling 12-month period so although infection control performance is generally improving, it will take some time before this impacts on the oversight framework scoring.

Finally, our finance score has improved, driven by a material improvement in our Implied Productivity Rate. Further work is required to understand the reason for this.

National Oversight Framework Dashboard

National Oversight Framework - RWT

| Code | Metric | Time Period Reported | Target |
|--------|---|---|--------|
| OF0023 | 18 Weeks RTT - % Within 18 Weeks - Incomplete | Latest month in the period | |
| OF0003 | 18 Weeks RTT - 52 wk breaches as a % of PTL | Latest month in the period | 1 |
| OF0106 | Difference between actual and planned 18 week elective performance | Latest month in the period | 0 |
| OF0005 | Percentage of patients waiting over 52 weeks for community services | End of period | |
| OF0010 | Cancer - 28 Day Faster Diagnosis | Aggregated quarterly position | 80 |
| OF0011 | Cancer - 62 Day Referral to Treatment | Aggregated quarterly position | 75 |
| OF0013 | Total Time Spent in ED - % within 4 Hours | Aggregated quarterly position | 78 |
| OF0014 | Total Time Spent in ED - % over 12 Hours | Aggregated quarterly position | |
| OF0079 | Planned Surplus / Deficit | Annual plan | 0 |
| OF0081 | Year to date variation from plan | Year to date | |
| OF0085 | Implied level of productivity | In-year figure to latest month vs same period in previous | |
| OF1069 | OQCinpatient survey satisfaction rate | Annual | |
| OF0061 | Staff survey - raising concerns sub-score | Annual | |
| OF1067 | OQC safe inspection score | Periodic inspection | |
| OF0088 | Rate of C-Difficle infections (Rolling 12 Months) | 12-month rolling | 1 |
| OF0020 | Number of MRSA infections (Rolling 12 Months) | 12-month rolling | 0 |
| OF0048 | Rate of E-Coli infections (Rolling 12 Months) | 12-month rolling | 1 |
| OF0025 | Average number of days between planned and actual discharge date | Latest month in the period | |
| OF1046 | Summary Hospital Level Mortality Indicator (Rolling 12 Months) | 12 month rolling | |
| OF0057 | Community - Urgent Care Response (UCR) 2 Hour Response | Quarterly aggregated figure | 70 |
| OF0084 | Staff survey engagement theme score | Annual | |
| OF0082 | Staff Sickness Rate | Quarterly – aggregated monthly figures | |

| Q1 25/26 | | | Q2 25/26 | | |
|-----------|-------|---------|-----------|-------|---------|
| Published | | | Published | | |
| Perf | Score | Rank | Perf | Score | Rank |
| 55.46 | 3.54 | 111/131 | 54.97 | 3.61 | 114/131 |
| 2.98 | 3.21 | 91/131 | 2.44 | 2.77 | 76/131 |
| 3.16 | 1.00 | 32/131 | -1.34 | 2.90 | 91/131 |
| 1.41 | 2.68 | 45/80 | 0.63 | 2.56 | 23/80 |
| 80.03 | 1.00 | 27/118 | 80.14 | 1.00 | 20/118 |
| 71.02 | 2.64 | 60/118 | 70.72 | 2.40 | 53/118 |
| 82.30 | 1.00 | 16/123 | 81.20 | 1.00 | 21/123 |
| 8.34 | 2.48 | 61/123 | 10.04 | 2.68 | 67/123 |
| -3.26 | 4.00 | 92/134 | -3.26 | 4.00 | 92/134 |
| 0.02 | 1.00 | 29/134 | 0.02 | 1.00 | 29/134 |
| -0.58 | 3.53 | 113/134 | 0.60 | 2.87 | 84/134 |
| | 2.00 | | | 2.00 | |
| 6.26 | 3.19 | 98/134 | 6.26 | 3.19 | 98/134 |
| | | | | | |
| 1.46 | 3.57 | 108/134 | 1.23 | 3.02 | 83/134 |
| 4.00 | 3.01 | 77/134 | 4.00 | 2.89 | 71/134 |
| 1.36 | 3.60 | 112/134 | 1.27 | 3.31 | 95/134 |
| 0.50 | 1.74 | 32/126 | 0.45 | 1.73 | 31/126 |
| | 2.00 | | | 2.00 | |
| 76.50 | 2.77 | 40/51 | 70.48 | 3.00 | 43/51 |
| 6.73 | 3.21 | 99/134 | 6.73 | 3.21 | 99/134 |
| 5.49 | 2.71 | 88/134 | 5.14 | 2.90 | 88/134 |

| Internal |
|----------|----------|----------|----------|----------|----------|----------|----------|
| Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 |
| 52.41 | 54.30 | 55.46 | 55.17 | 54.69 | 54.99 | 54.77 | 55.00 |
| 2.54 | 3.07 | 2.97 | 2.80 | 2.43 | 2.44 | 2.50 | 2.75 |
| 0.91 | 2.74 | 3.37 | 1.94 | 2.52 | 2.63 | 9.42 | 4.21 |
| 0.30 | 2.36 | 1.47 | 1.41 | 1.18 | 1.21 | 1.41 | 1.54 |
| 79.97 | 80.06 | 80.03 | 79.98 | 80.07 | 80.14 | 80.01 | 78.27 |
| 69.55 | 70.43 | 71.01 | 70.20 | 70.55 | 70.73 | 71.43 | 54.00 |
| 82.26 | 81.91 | 82.29 | 81.90 | 81.78 | 80.99 | 76.68 | 77.36 |
| 8.93 | 9.15 | 8.69 | 8.99 | 9.40 | 10.51 | 15.82 | 15.12 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 153.09 | 149.38 | 145.68 | 133.33 | 123.46 | 123.46 | 132.10 | 127.16 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 293.46 | 288.79 | 296.26 | 288.79 | 287.85 | 284.11 | 292.52 | 277.90 |
| 4.5 | 5.1 | 5.4 | 5.5 | 6.1 | 4.8 | | |
| 0.9807 | 0.9807 | 0.9707 | 0.9707 | 0.955 | 0.9559 | 0.955 | 0.956 |
| 77.73 | 78.18 | 76.35 | 73.41 | 70.94 | 70.87 | 71.54 | 69.65 |
| | | | | | | | |
| 5.36 | 5.39 | 5.39 | 5.37 | 5.41 | 5.41 | 5.42 | |



Colleagues Communities

Productivity Dashboard

The productivity dashboard overleaf shows the Trust's performance against the metrics used by NHS England to define a providers productivity. The single overriding measure of a Trusts productivity is its Implied Productivity Growth – a calculation that essentially compares inputs to outputs, compared to last year. A 2.1% increase in productivity (compared to last year) puts the Trust within the second quartile of Trusts nationally, 0.1% below the median point.

There are a range of underpinning metrics covering operational and productivity (that focus on the utilisation of assets in the main) as well as workforce productivity. The Trust benchmarks well (i.e. within the top quartile) for the proportion of procedures completed as a day case or outpatient procedure and also for its in-session theatre utilisation. Whilst the number of cases completed per list is higher than Walsall, the utilisation of lists is considerably lower.

Outpatient services offer an opportunity for significant productivity improvements with the DNA, PIFU utilisation rate and Specialist Advice rates all performing worse than the national average. Equally, a significant amount of follow up is still taking place without being remunerated – this is by virtue of follow up income being fixed at 2019/20 levels.

Workforce productivity has improved by 2.4% in the year with non-elective and elective admissions per clinical WTE in line with the national average. There are generally less outpatient attendances taking place per consultant WTE than in order Trusts. Temporary staff spend as a proportion of total spend is lower than the national value although this does not include waiting list initiative expenditure which remains considerable.

NHS England have advised that productivity packs are soon to be circulated to Trusts to assist with the planning submission – details will be incorporated into this productivity dashboard once received.



**Care Colleagues
Collaboration Communities**

Productivity Dashboard

| Ref no. | Theme and KPI | Definition | Target | Basis of Target | 2025/26 | | | | | | | | | | | | |
|--|--|---|--------|--|---|--------|--------|-------|-------|-------|-------|-------|-----|-----|-----|-----|--|
| | | | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | |
| 1 | Implied Productivity Growth (year to date compared to last year) | Output growth (cost-weighted activity) divided by input growth (workforce) compared to the same in last years period. | 4.3% | Achievement required to improve to next quartile (top) | -14.5% | -12.1% | -10.6% | -9.7% | | | | | | | | | |
| Operational and Clinical Productivity / Best Practice | | | | | | | | | | | | | | | | | |
| 2 | Average LOS for elective admissions (excluding daycases) | Average length of stay for all elective patients (excluding those with a COVID diagnosis and those with zero-day lengths of stay) admitted | 2.8% | Achievement required to improve to next quartile (second) | 3.82 | 3.55 | 3.58 | 3.90 | 3.80 | 3.50 | 3.20 | 4.20 | | | | | |
| 3 | Average LOS for non-elective admissions | Average length of stay for all patients (excluding those with a COVID diagnosis and those with zero-day lengths of stay) admitted | 9.6% | Achievement required to improve to next quartile (top) | 6.08 | 5.96 | 5.89 | 5.79 | 5.60 | 5.70 | 6.10 | 5.60 | | | | | |
| 4 | Bed Occupancy | Number of occupied beds divided by total number of available beds | 92% | Nationally set | 94.3% | 95.1% | 94.3% | 93.9% | 91.9% | 94.7% | 95.8% | 96.5% | | | | | |
| 5 | Bed Occupancy classed as clinically ready for discharge (% of acute) | The average number of patients across the month who do not meet the criteria to reside (Question 2), divided by the total number of patients in hospital or discharged by 23:59 each day (sum of Question 3a and 3b). | 22.2% | Achievement required to maintain top quartile performance | 17.5% | 17.7% | 18.8% | 17.7% | 18.3% | 18.2% | 16.8% | 16.3% | | | | | |
| Theatre Utilisation | | | | | | | | | | | | | | | | | |
| 6 | Capped elective theatre utilisation | Total capped touch time within valid elective sessions as a proportion of total planned theatre session duration | 85% | Nationally set | 85% | 83% | 84% | 83% | 81% | 82% | 80% | 79% | | | | | |
| 7 | Average number of cases completed per theatre list | Total number of cases completed divided by total number of sessions utilised | 2.3 | Achievement required to improve to next quartile (top) | 2.15 | 2.18 | 2.13 | 2.18 | 2.15 | 2.05 | 2.01 | 2.04 | | | | | |
| 8 | % of theatre sessions utilised | Total number of theatre sessions utilised divided by total number of sessions funded | 93% | Achievement required to equal best performing Trust in Group | 84% | 86% | 87% | 79% | 77% | 81% | 83% | 85% | | | | | |
| 9 | CT, MRI & ultrasound utilisation | | 95% | Local planning target agreed | To follow next month | | | | | | | | | | | | |
| Outpatients | | | | | | | | | | | | | | | | | |
| 10 | Outpatient slot utilisation | Number of slots booked into divided by total number of slots on clinical template | 95% | Local planning target agreed | Currently unable to report until introduction of new PAS system | | | | | | | | | | | | |
| 11 | DNA Rate | Number of outpatient missed outpatient appointments divided by total outpatient appointments | 6% | Local planning target agreed | 8.4% | 8.7% | 9.0% | 8.6% | 8.7% | 8.8% | 9.7% | 10.1% | | | | | |
| 12 | PIFU Utilisation Rate | The number of episodes moved or discharged to a PIFU pathway divided by total outpatient activity. | 5% | Local planning target agreed | 2.9% | 2.6% | 2.8% | 2.7% | 2.5% | 3.9% | 3.0% | 3.9% | | | | | |
| 13 | Specialist Advice Utilisation Rate | Number of processed specialist advice requests (pre or post referral) divided by total number of outpatient first attendances | 13% | Local planning target agreed | 5.8% | 6.3% | 6.5% | 7.3% | 7.8% | 11.0% | 6.8% | | | | | | |
| 14 | Number of FUs taking place unfunded (by virtue of exceeding cap) | Number of follow ups taking place over and above 2019/20 amount | 0 | Nationally set | 1185 | 0 | 3153 | 1214 | 0 | 1640 | 0 | 0 | | | | | |

Productivity Dashboard

Tier 1 - Paper ref: 12 Public/Jan 26

| | |
|------------------------------|--|
| Report title: | Antimicrobial Resistance (AMR): call to action |
| Sponsoring executive: | Dr Zia Din/Dr Brian McKaig |
| Report author: | Dr Bhatt, Consultant Microbiologist WHT and Dr French, Consultant Microbiologist RWT |
| Meeting title: | Trust Board – Public |
| Date: | 20 th January 2026 |

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

Alert

'Act now: protect our present, secure our future' - is an initiative by NHS England in response to UK government adding AMR to national risk register. All Trusts were written to with a **call to action** – to work with prescribers and clinical leads to make the changes required to meet the targets in the national action plan for AMR.

We have been asked to take the following actions by the end of Q1 (April)2026

- 1) Board-Level Review & Executive oversight of current state, key concerns and immediate actions if required.
- 2) Risk and Capability Assessment - Complete the following assessments to i) Evaluate current performance and compliance ii) Identify gaps in leadership, workforce capability, and resource allocation and iii) Inform risk registers and strategic planning
- 3) Agree and publish three priority areas for AMR improvement. For each priority:
 - Define specific, measurable objectives.
 - Assign executive-level accountability.
 - Establish timelines and reporting mechanisms. Progress should be reviewed quarterly, with a formal update to the board at least annually.

Advise

A group wide meeting consisting of representatives from Antimicrobial and Infection prevention teams was held in response to the letter and reviewed our current state.

Structures are in place across the two Trusts to meet their obligations to provide robust antimicrobial stewardship.

Assure

Both Walsall and Wolverhampton perform better than the national average on all reported AMS metrics as reported by UKHSA and evidenced in the paper.

We note despite worse than average antimicrobial resistance rates.

Group wide AMR call to Action strategic group is being established to provide oversight in setting the three Priorities for the group and Delivery of Improvement.

Progress will be reported through the Quality committee and to the board

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?]*

Group Management Committee 10th December 2025

Group Quality Committee 31st December 2025

4. Recommendation(s)/Action(s)

The Trust Board is asked to:

- a) Note the letter call to action on Antimicrobial Resistance
- b) Accept the recommendations in the paper

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 |
| 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 Trust Board (Public) – on 20th January 2026

Antimicrobial Resistance – Call to Action

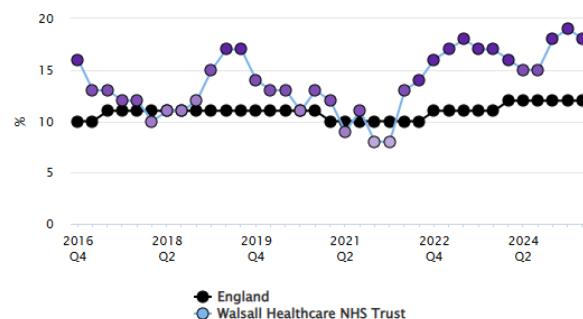
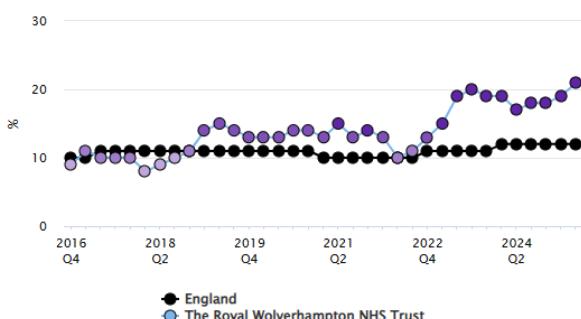
1. Executive summary

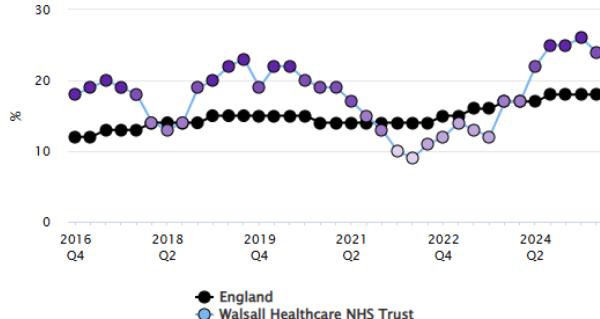
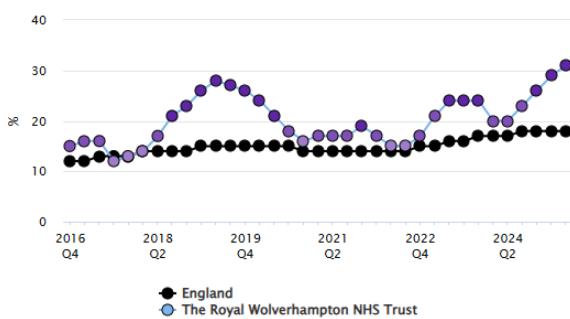
The World Health Organisation has declared antimicrobial resistance (AMR) as one of the top global public health and development threats, and AMR is listed on the UK government's National Risk Register. A call to action was sent to all trusts – to work with prescribers and clinical leads to make the changes required to meet the targets in the national action plan for AMR. Nationally the aim is to reduce total antibiotic use in human populations by 5% from the 2019 baseline and to achieve 70% of total use of antibiotics from the Access category (new UK category) Both Wolverhampton and Walsall Trusts have been engaged in meeting the National AMS targets and have done well lowering our yearly consumption of antibiotics in comparison to national average.

2. Current State

Antimicrobial Resistance in Wolverhampton and Walsall

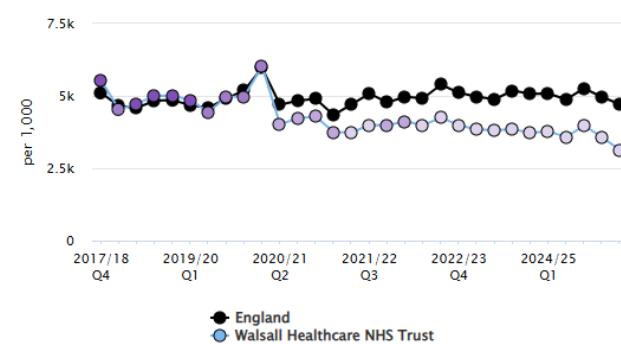
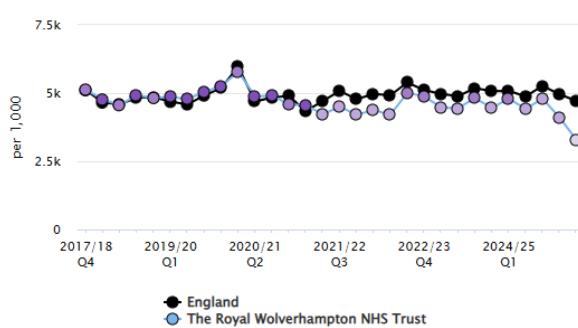
Both geographical areas have antimicrobial resistance (AMR) rates above the national average. This is a result of our local demographics. Graphs below demonstrate the levels of Gentamicin resistance and Cephalosporin resistance in out E. coli isolates compared to national averages.



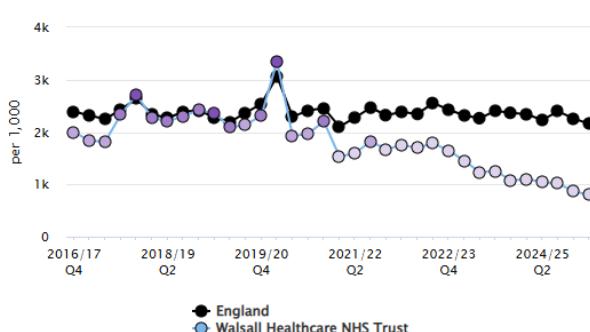
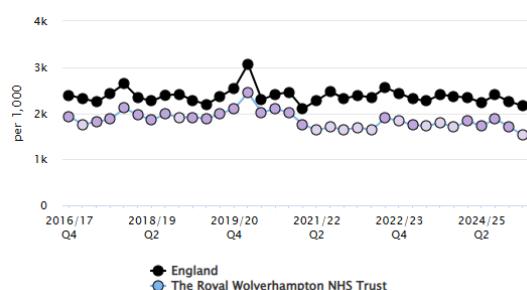


Total Antibiotic prescribing DDDs per 1000 admissions

Despite high resistance rates, total antibiotic prescribing is amongst the lowest in the country. Total Non-teaching Trusts 86 -RWT ranks 6th lowest. Walsall ranks 4th lowest

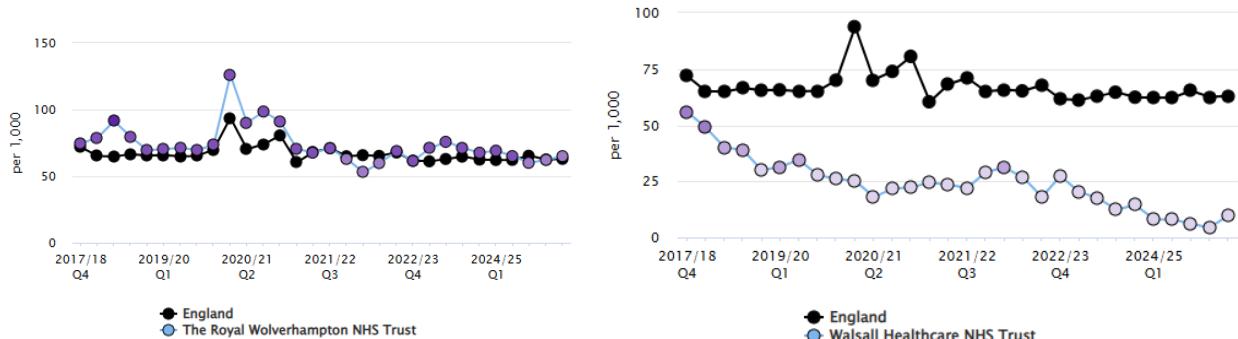


Antibiotic prescribing from Watch and Reserve per 1000 admissions



Total Non-teaching Trusts 86 -RWT ranks 16th lowest. Walsall ranks lowest

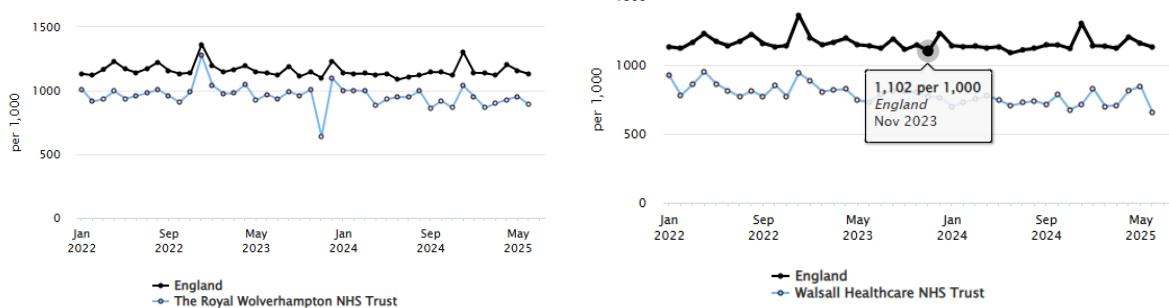
Antibiotic prescribing Carbapenems per 1000 admissions



Total Non-teaching Trusts 86 - RWT ranks middle of the pack. Walsall ranks 2nd lowest

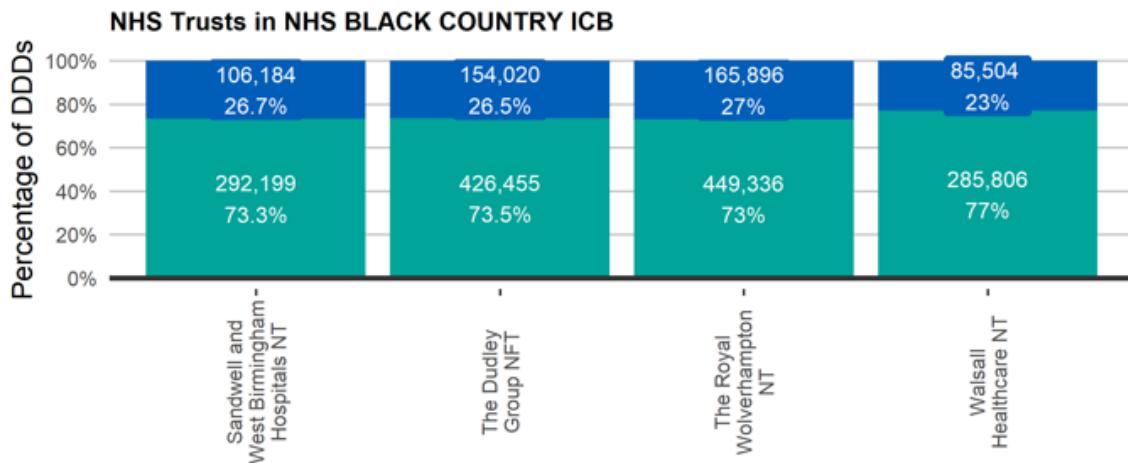
Overall consumption of Co-amoxiclav and Quinolones has reduced across both trusts. This has been achieved through regular guideline updates and stewardship ward rounds. The guidelines updates are evidence based.

IV Antibiotic prescribing per 1000 admissions



Both trust are below national average.

Antibacterial IV to oral ratio (DDD%) (Secondary Care) in the 12 months ending August 2025.



Blood culture average volumes data

BCPS Microbiology Performance Data – November 2025



There are a significant number of samples that are underfilled or overfilled. Both situations will lead to risk of missing infections. We see better results at Wolverhampton given better phlebotomy service. An action plan has been developed but we remain an outlier.

AMS resources and organisation

RWT

AMS Lead Consultant – Dr K French Consultant Microbiologist (1 PA weekly)

AMS Principal Pharmacist – Lydia Harper-Hodgins (1 WTE)

AMS pharmacist – Dafni Othonaious (0.6 WTE)

WHT

AMS Lead consultant – Dr Bhatt, Consultant Microbiologist (1 PA weekly)

AMS principal Pharmacist – Kitty Dhingra (0.6 WTE)

Current AMS workstreams

WHT

Timeout ward rounds, Board rounds

Weekly C difficile ward rounds with IPC nurse and Pharmacist

Evidence based **Updating clinical guidelines** – Weekly journal club

Teaching and training – Formalised junior doctor teaching, Formalised ANP, ANC and nurse teaching. Daily informal case-based teaching during clinical ward rounds. WMH

Weekly OPAT MDT

QIP and audits in place to monitor and improve AMS practice

RWT

Antimicrobial Surveillance- Monitoring use and identifying trends and areas of concern, antibiotic incidents including allergy incidents

Clinical guidelines - Review and updating including liaising with other hospital teams

Ward based direct AMS interventions - Once weekly AMS in person ward round with a Consultant Microbiologist, weekly *C. difficile* ward rounds

Teaching and Training- Refreshed antimicrobial prescribing mandatory training module. Regular training slots in pharmacy, resident doctor induction, IMT and Paediatric teaching schedules

OPAT MDT

Immediate concerns to highlight are

AMR diagnostics around the blood culture sampling.

Staff resilience given dependency on limited staff both microbiologists and pharmacists.



3. Recommendations:

The Trust Board is asked to:

Note the letter

Acknowledge that overall, the two trusts are performing well against national averages.

Both trusts to work in collaboration to ensure antimicrobial stewardship is implemented well to combat AMR aligned to the national action plan.

Establishment of the Group wide AMR call to Action strategic group to provide oversight of the Risk and Capability Assessment and Setting of the three Priorities and Deliver Improvement

Progress to be monitored through the Quality Committee and Annual reporting to the Board.

Annex 1: Act now: protect our present, secure our future letter

To: • Trusts and integrated care boards:
○ chairs
○ chief executive officers

cc. • Chief nurses
• Medical directors
• Chief pharmacists

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

November 2025

Dear colleagues,

Act now: protect our present, secure our future

The World Health Organisation has declared antimicrobial resistance (AMR) as one of the top global public health and development threats, and AMR is listed on the UK government's National Risk Register.

As a senior NHS leader, your commitment is critical to tackling AMR and protecting patient safety.

We are writing to you with a **call to action** – to work with your prescribers and your clinical leads to make the changes required to meet the targets in the [national action plan](#) for AMR.

Why Action Is Urgent

Antimicrobial resistance is not a future challenge – it's happening now.

While overall antibiotic prescribing is decreasing, prescribing in secondary care is rising. Rates of Gram-negative bloodstream infections are increasing and already exceed the 2028/29 targets in most areas.

In the UK, AMR is associated with **twice as many deaths annually as breast cancer**. It makes infections harder or sometimes impossible to treat, prolonging illness and increasing the risk of harm or death. AMR also drives up healthcare costs and threatens the delivery of safe and effective care across the NHS.

Actions Required by Q1 2026

The [national action plan](#) for AMR sets ambitious targets. Meeting them will require coordinated, sustained action across all levels of the NHS.

To ensure your organisation is on track to meet AMR targets, we ask that you take the following actions **by the end of Q1 2026**:

Board-Level Review & Executive oversight

1. Schedule a joint presentation to your board from IPC and AMS teams covering:

- Current performance against national AMR targets
- Benchmarking using the latest English surveillance programme for antimicrobial utilisation and resistance ([ESPAUR report](#)) and AMR information found on [Model Health System](#), together with the thresholds for each trust to reduce exposure to antibiotics, announced in the Medium Term Planning Framework¹, and shortly to be issued.
- Key concerns and immediate actions required

Risk and Capability Assessment

2. Complete the following assessments to i) Evaluate current performance and compliance ii) Identify gaps in leadership, workforce capability, and resource allocation and iii) Inform risk registers and strategic planning.

- The national infection prevention and control [board assurance framework](#)
- The ICB Antimicrobial Stewardship [Self-Assessment Toolkit](#)

Set Priorities and Deliver Improvement

3. By April 2026, agree and publish three priority areas for AMR improvement within your organisation. For each priority:

- Define specific, measurable objectives.
- Assign executive-level accountability.
- Establish timelines and reporting mechanisms.

Progress should be reviewed quarterly, with a formal update to the board at least annually.

Thank you for your continued leadership in confronting this growing threat to patient safety and public health.

Yours sincerely,



Dr Claire Fuller
National Medical Director
and AMR Senior
Responsible Officer
NHS England



Duncan Burton
Chief Nursing Officer
for England



Dr Shona Arora
Interim Chief Medical Advisor
UK Health Security Agency

¹ [Medium term planning framework - delivering change together 2026/27 to 2028/29](#) p17