The Royal Wolverhampton NHS Trust (RWT) &
Walsall Healthcare NHS Trust (WHT)

Tuesday 19 May 2026 @ 12:45-16:00

Group Board of Directors Meeting - to be held in PUBLIC

Meeting Room 8, WMI, The Royal Wolverhampton NHS Trust

AGENDA ITEM	DESCRIPTION	REPORT REF	LEAD	PURPOSE	TIME
1	Chair's Welcome, Apologies and Confirmation of Quorum	Verbal	Sir David	To inform & assure	12:45
2	Patient Story	Verbal	D Hickman	To inform & assure	12:47
3	Register of Declarations of Interest	Verbal	Sir David	To inform & assure	13:02
4	Minutes of the Previous RWT/WHT Group Board of Directors Meeting held in Public on 17 March 2026	Enclosure 4	Sir David	To approve	13:04
4.1	Group Board Action Log and Matters Arising	Enclosure 4.1	Sir David	To inform & assure	13:07
5	Chair's Report – Verbal	Verbal	Sir David	To inform & assure	13:12
6	Group Chief Executive's Report – including • Trust Priorities	Enclosure 6	J Chadwick-Bell	To inform & assure	13:17
6.1	Black Country Acute Trusts - Future Group Structure Arrangements	Enclosure 6.1	J Chadwick-Bell	To approve	13:25
7	Integrated Committee Chairs Report – Quality Committee, Finance & Productivity Committee, People Committee and Transformation and Partnerships Committee, Digital and Estates Strategy Committee	Enclosure 7	P Assinder L Toner D Brathwaite L Sadler-Todd R Barber	To inform & assure	13:35
7.1	Group Board Assurance Framework	Enclosure 7.1	P Assinder D Brathwaite L Sadler-Todd	To inform & assure	13:50
8	NHS National Staff Survey Results	Enclosure 8	C Radley	To inform	13:58
9	Strategy (Section Heading)				
9.1	Final Review & Progress Update of the 2022-2027 Group Strategy	Enclosure 9.1	S Evans	To inform & approve	14:08
10	**COMFORT BREAK (10 MINS)**				14:16
11	Integrated Quality and Performance Reports (Section Heading)				
11.1	Group Finance Plan and Workforce Report	Enclosure 11.1	K Stringer	To inform & assure	14:26

AGENDA ITEM	DESCRIPTION	REPORT REF	LEAD	PURPOSE	TIME
11.2	Integrated Performance Report - Walsall Healthcare NHS Trust (WHT) – including RWT/WHT Group Report on Community Waits	Enclosure 11.2	A Godson	To inform & assure	14:34
11.3	Integrated Performance Report - The Royal Wolverhampton NHS Trust (RWT)	Enclosure 11.3	B McKaig	To inform & assure	14:54
11.4	Special Educational Needs and Disabilities (SEND) Reform Plan	Enclosure 11.4	L Carroll D Hickman	To approve	15:14
12	Governance (Section Heading)				
12.1	RWT/WHT Bi-Annual Skill Mix Review	Enclosure 12.1	L Carroll D Hickman	To approve	15:24
12.2	RWT & WHT Audit Committee Chair Reports	Enclosure 12.2	J Jones M Martin	To inform & assure	15:32
12.3	WHT Charitable Funds Committee Chair's Report	Enclosure 12.3	M Levermore	To inform & assure	15:40
12.4	Delegation of Partner Trusts to the Joint Provider Committee (JPC) for the agreed 2026/27 BCPC priorities	Enclosure 12.4	P Assinder	To approve	15:45
13	Questions Received from the Public	Verbal	Sir David	To inform	15:50
14	Any Other Business	Verbal	Sir David	To inform	15:50
15	Date of Next Meeting: Tuesday 21 July 2026 – MLCC, Walsall Manor Hospital	Verbal	Sir David	To inform	15:53
16	Resolution to close meeting	Verbal	Sir David	To inform	15:54

ENCLOSURE 4

MEETING OF THE GROUP BOARD OF DIRECTORS MEETING HELD IN PUBLIC
TUESDAY 17 MARCH 2026 AT 12:30pm
Meeting Room 9, MLCC, 3rd Floor, Walsall Healthcare NHS Trust

PRESENT

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

Sir D Nicholson	Group Chair
Ms J Chadwick-Bell	Group Chief Executive Officer
Ms R Barber	Joint Associate Non-Executive Director
Ms D Hickman	Chief Nursing Officer, RWT
Ms S Cartwright	Group Chief Community and Partnerships Officer
Ms L Sadler-Todd	Joint Non-Executive Director
Mr S Evans	Deputy Group Chief Executive Officer & Chief Strategy Officer
Ms J Jones	Non-Executive Director, RWT
Dr B McKaig	Chief Medical Officer, RWT
Dr Z Din	Chief Medical Officer, WHT
Ms G Nuttall	Managing Director, RWT
Mr K Stringer	Group Chief Financial Officer
Prof L Toner	Joint Non-Executive Director
Ms M Martin	Non-Executive Director, WHT
Lord Carter	Specialist Advisor to the Board, RWT
Ms D Brathwaite	Joint Non-Executive Director
Prof M Levermore	Joint Non-Executive Director
Ms A Godson	Managing Director, WHT
Ms L Carroll	Chief Nursing Officer, WHT
Ms A Heseltine	Joint Associate Non-Executive Director
Mr P Assinder	Group Vice Chair
Ms L Hughes	Joint Associate Non-Executive Director
Mr K Bostock	Group Chief Safety & Assurance Officer

In Attendance

Ms J Toor	Group Trust Board Secretary
Ms A Boden	Deputy Chief Nursing Officer (shadowing)
Ms S Raza	Freedom to Speak Up Guardian (WHT) – for item 149/25
Ms G Padmore-Payne	Freedom to Speak Up Guardian (RWT) – for item 149/25
Dr M Sirakova	Guardian for Safe Working (WHT) – for item 157/25
Ms S Reynolds	Guardian for Safe Working (RWT) – for item 157/25
Dr M Matonhodze	Consultant Physician (RWT) – for item 158/25

Apologies

Dr U Daraz	Joint Associate Non-Executive Director, RWT and WHT

143/25	**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 Group Trust Board Meeting held in public be confirmed as quorate.**
144/25	**Register of Declarations of Interest**
	Sir David confirmed that no further declarations of interest had been received that were not already included within the register of interests. **Resolved: that the Register of Declarations of Interest be received and noted that there were no further declarations of interest declared that were not already included within the Register of Interests.**
145/25	**Minutes of the Previous RWT/WHT Group Trust Board Meeting held in Public on 15 July 2025**
	Resolved: that the minutes of the previous meeting held on 15th July 2025 be received and APPROVED.
146/25	**Group Board Action Log and Matters Arising**
	Action item 1: 3361 - RWT/WHT Group Trust Board Meeting - to be held in Public 20/01/2026 **8 Group Finance Plan and Workforce Report** *'Mr Stringer to speak with the procurement team to report local supplier spend and employment impact in February 2026.'* **Prof Levermore requested assurance on spend with local companies to evidence anchor institution impact and for Procurement to provide Group and trust level analyses, including national contracts with local branches and local employment.**

	Mr Stringer said Professor Levermore had requested local information on organisational spending, and Procurement had completed an initial analysis based on purchase orders and the postcodes of local organisations and this analysis had been shared with Professor Levermore, though it was noted that further investigation would likely be required, particularly where national suppliers operated through local branches, as this reduced the accuracy of the data. He reported that the Trust had spent approximately £20 million in the previous year, according to the first stage of analysis, and spending to month 11 of the current year appeared comparable. He said local spend was estimated to vary between 3% and 5% of overall non-pay expenditure, which was not considered significant and proposed that work continue with Professor Levermore and colleagues and that quarterly updates be provided to the Finance and Productivity Committee through the approval report, enabling more detailed analysis and discussion of the balance between achieving best value and supporting local supply, as well as wider considerations such as carbon impact. **Action item 2: 3363 - RWT/WHT Group Trust Board Meeting - to be held in Public 20/01/2026 11.1 Integrated Performance Report - Walsall Healthcare NHS Trust (WHT) - Quality, People, Access Standards, Finance and Productivity** *'Ms Godson and Ms Carroll to bring a corridor care reduction plan with metrics to the February 2026 Quality Committee alongside an Elective variability analysis and plan to the Group Finance & Productivity Committee in February 2026.'* Ms Carroll reported that a paper was scheduled to go to the Policy Committee in the coming months, and work had been undertaken to collect information on care, including the use of corridor care. She noted that staff were pleased to confirm that this work would be completed in March 2026. **Action item 3: 3310 - RWT/WHT Group Trust Board Meeting - to be held in Public 18/11/2025 9.2 Group Board Assurance Framework (GBAF)** *'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.'* **Ms Nuttall and Ms Godson have revised the statement for GBR2. This has been shared with Committees of the Board prior to BAF submission to Board in March 2026.** **Resolved: This action was agreed to be closed.** **Action item 4: 3362 - RWT/WHT Group Trust Board Meeting - to be held in Public 20/01/2026 10.1 Group Chief Community and Partnerships Officer Report Work Programme for One Wolverhampton and Walsall Together** *'Neighbourhood health plans (NHP) for One Wolverhampton and Walsall Together to return to March 2026 RWT/WHT Group Trust Board – to be held in Public for approval.'* **NHPs will be taken to Trust Board on 17th March 2026** **Resolved: this action was agreed to be closed**
147/25	**Chair's Report – Verbal**
	Sir David reflected on the work undertaken over the past year and the intentions for the period ahead, noting the significant scale of activity required. He reported that most commitments across the organisation had been delivered and that the Trusts had broadly operated within its available resources, despite the challenges involved. He observed that although substantial progress had been made, the organisation now faced an even greater set of challenges, reinforcing the need for openness, constructive self-criticism, and collective responsibility at Board level. He advised that a broad organisational strategy had been developed, providing a clear direction and outlining the steps required to progress this work. Sir David confirmed the Trusts' commitment to a community-first approach, ensuring that responses to emerging issues were grounded in community needs. He highlighted developments, including the emerging NHS 10-year plan, emphasised neighbourhood health, and the Trusts integrated model encompassing hospital, community and some primary care services. He acknowledged that extensive organisational change had affected staff experience, as reflected in the staff survey. He emphasised the importance of organisational development, performance improvement, and meaningful staff engagement in supporting future change. He confirmed that staff feedback had been heard and that action would be taken collaboratively to strengthen the organisation as a place to work. **Resolved: that the Chair's Report be received for information and assurance.**
148/25	**Group Chief Executive's Report**
	Ms Chadwick-Bell highlighted the winter period had remained the most challenging time of year for NHS staff, particularly those working at the front door and in community services. She thanked all staff for their

	resilience and commitment in maintaining patient safety. She confirmed that Dr Claire Radley would be joining the organisation on 30 March as the Group Chief of People Engagement and Improvement, and the Executive Team had been considering how best to take the organisation forward into the next year. She said work continued on the organisational strategy for the next three to five years, alongside efforts to simplify this into three clear priorities that all staff could align with. She emphasised that meaningful change required collective ownership across the organisation and outlined the need to clarify leadership, team-level and individual responsibilities in this process. Ms Chadwick-Bell advised that the full results of the staff survey had not yet been released, though early indications showed the outcomes were not where the organisation wished them to be. She said the priority remained ensuring staff felt safe, able to be themselves and proud of the work they carried out. She advised that a report on the staff survey would be itemed at the April RWT/WHT Group Board Development meeting. Ms Chadwick-Bell advised that in July 2024, the Trust had been under enforcement action under the Health Social Care Act 2012 due to their financial position. She confirmed that NHSE regional support group had reviewed the Trusts progress against the requirements of the enforcement undertakings and agreed that the Undertakings had been addressed and a compliance certificate had now been issued. Ms Chadwick-Bell reported on the New NHS Excellence Awards submissions and advised that 18 applications had been submitted by the Trusts. She reported on the improvement in flu vaccination uptake, which attributed in part to proactive engagement with staff. She said strong collaborative work continued with partners across the Black Country and Birmingham, particularly around clinical transformation and managing said clinical services at scale. She reflected on recent visits across the organisation, emphasising their value in comparing operational data with real-world experience and encouraging open, honest conversations. She said staff concerns around staffing levels were highlighted as an example of the importance of asking clarifying questions to distinguish between perception and operational evidence, recognising that pressures varied significantly between areas such as theatres and wards. Ms Barber acknowledged the staff survey, and that plans were being developed in response and said it was important to ensure effective communication and engagement was in place across such a sizeable and complex organisation. She suggested that future consideration be given to how the organisation could better reach all staff, improve survey uptake, and strengthen wider engagement, including identifying measures that could support more consistent and comprehensive communication. Ms Chadwick-Bell agreed that improving communication and engagement across the organisation was essential. She noted that several mechanisms were already in place, including meetings with clinical leaders at RWT, which had facilitated open and honest conversations. She said a recent session, attended face-to-face by more than half of consultants, had provided valuable insights into staff experiences, support needs and areas of mistrust that required attention. She said that whilst tools for engagement, such as the Team Brief, were in use, it was recognised that many staff did not regularly access email or digital platforms, meaning no single method would reach all employees. She acknowledged that messages delivered by leaders did not always reach the frontline in the manner intended, and alternative approaches would be needed. She said work had begun on strengthening existing channels, including ensuring “Management Matters” sessions were embedded across sites and that leaders would attend these regularly to support clearer and more consistent communication. She emphasised the importance of leadership development, engagement and organisational development. **Resolved: that the Group Chief Executive’s Report be received for information and assurance.**
149/25	**Freedom to Speak Up Guardians Report Q1 & Q2**
	Ms Chadwick-Bell welcomed Ms Raza and Ms Padmore-Payne the Walsall and Wolverhampton Freedom to Speak Up Guardians. She highlighted that their work formed an important part of understanding how staff felt within the organisation, particularly around issues they did not feel confident raising with line managers and the themes emerging from those concerns. She explained that Speak Up occurred ideally through line managers, where staff would feel confident, receive timely responses and experience no detriment and through alternative mechanisms when those conditions were not met. Ms Padmore-Payne, the Lead Guardian at the Royal Wolverhampton, reported that staff engagement continued across all MDTs, with steady year-on-year figures which indicated an ongoing need for staff to raise concerns. She said 181 concerns had been reported to date in this year, and an increase in identified reporting suggested improved psychological safety and growing confidence among staff. She said the organisation

continued to employ two full-time guardians to meet staff and manage cases, and training compliance remained high at over 90% across MDTs. She advised that the most prominent themes continued to relate to attitudes and behaviours, including alleged bullying and harassment, as well as staffing concerns. She said the team had worked closely with colleagues to provide feedback and assurance to staff, noting seasonal peaks in pressure-related concerns, particularly in August and December 2025. She said 21 discrimination-related concerns had been raised regarding protected characteristics, and staff had been supported through impartial signposting and involvement from relevant teams, including Equality, Diversity and Inclusion (EDI) and senior management. She said the Guardians continued to work collaboratively with assurance teams, health and safety, divisional leadership and medical colleagues to triangulate data and share insights. She explained they had recently joined the quality accreditation team to engage directly with staff on wards and departments. She reported that visibility, accessibility and trust in the service remained strong across both sites, and concerns were escalated to the Chief Executive where necessary. She said looking ahead, the team requested continued executive support for walk-around sessions and cultural improvement work and looked forward to working with the incoming transformational lead and Ms Radley. She identified the need for an agreed feedback timescale to help close the loop for staff and sought support for a new shared database to ensure consistent data collection and reporting across sites. She concluded by sharing positive news that their Champion Network had been selected for national recognition and upcoming publication, and expressed thanks to the Chief Executive, Board members, Executives and senior colleagues for their continued support.

Ms Raza reported that utilisation of the Speak Up service continued to increase. She said the Walsall Healthcare had 11 Speak Up Champions from a range of professional backgrounds, helping to address barriers faced by different staff groups across both community and acute settings. She highlighted the strong engagement from the Board, including a recent walk-around with the Chair, Executives and Directors, which had been positively received by staff and demonstrated visible senior-level support. She explained positive internal survey feedback, but concerns remained about how best to engage line managers to ensure they actively listen to concerns, demonstrate their commitment and provide visible outcomes, as the “closing the loop” process was not always apparent to staff despite action plans being in place. She said attitudes and behaviours continued to be a prominent theme mirroring trends at the Royal Wolverhampton and across the region alongside quality and safety issues linked to high acuity and staffing pressures. She said a significant volume of undisclosed reporting persisted, prompting work to understand whether fear of detriment was a contributing factor. She mentioned the team was therefore exploring detriment policies and considering ways to strengthen exit interviews to capture data more effectively and better understand staff experiences.

Sir David thanked colleagues for the update and noted the wide range of issues raised. He noted the interpretation of reporting levels, questioning whether a high number of Speak Up reports should be viewed positively, as it may indicate confidence in the process, or negatively, as it may signal underlying concerns. He said that the proportion of undisclosed reports appeared significantly higher in Walsall than in Wolverhampton, where more positive engagement had been seen. He asked for views on what might explain this difference, aside from the fact that Walsall was a smaller organisation where staff were more likely to know one another, which might contribute to hesitancy in being identified.

Ms Raza said that most of the feedback from staff related to a fear of detriment and of being identified as the person raising a concern. She said this remained the primary reason for undisclosed reporting. It was noted that some staff preferred to see the outcome of an issue before feeling confident to identify themselves in future.

Mr Assinder thanked Ms Brathwaite for her strong advocacy and effective work in supporting the Speak Up service. He congratulated the team on achieving over 90% training compliance, noting this as an excellent outcome and an indication of highly effective engagement. He suggested that such success could help inform approaches to other mandatory training areas. He recognised that key messages for the Board to take away included the importance of senior leaders being visibly present in departments and the need to provide clear feedback on delivery, ensuring that when actions were agreed, staff received updates on progress and outcomes.

Ms Padmore-Payne confirmed that these were indeed key messages, and it was reported that staff had expressed a desire for more opportunities to meet members of the Executive Team and were consistently pleased when walk-arounds took place across both sites, as these provided visibility and direct engagement with senior leaders.

	Ms Brathwaite noted that the Freedom to Speak Up team required reach into all areas of the organisation to listen, gather concerns and provide feedback, while operating with limited resources, particularly at Walsall where only one Lead Guardian was currently in post. She said this created pressure on the team's capacity and affected the timeliness of responses. She highlighted good practice in closing the feedback loop, using a clear "You said, we did" approach to show that staff concerns had been heard and acted upon. She said this approach was not only recognised within the Freedom to Speak Up process but also in relation to staff survey feedback and wider organisational engagement activity. Mr Levermore expressed thanks to the Freedom to Speak Up colleagues for their work over the past 12 months in strengthening staff trust and engagement. He queried the impact of the loss of national Freedom to Speak Up capacity and how that would impact on the service across the Group, and whether additional support or development would be required to ensure the service remained effective and resilient in light of these national changes. Ms Padmore-Payne reported that network meetings had taken place and early indications suggested that NHS England would provide some guidance, but that responsibility for the ongoing operation of Freedom to Speak Up services would ultimately fall to individual trusts. She said the team therefore sought assurance of continued support from the Board, including opportunities for increased joint working across the Group. She emphasised the importance of aligning services more closely once the national body ceased to operate, particularly in relation to shared databases, data collection and reporting and that a more coordinated Group approach was identified as the preferred model moving forward to ensure consistency, mutual support and strengthened provision across all sites. Sir David thanked Ms Padmore-Payne and Ms Raza for their reports. **Resolved: that the Freedom to Speak Up Guardians Report Q1 & Q2 to be received for Information and Assurance**
150/25	**Group Finance Plan and Workforce Report**
	Mr Stringer reported that financial position continued to show a deficit. He reported on Month 11 figures which indicated steady performance, with a combined Group position of £2.7m, illustrating improvements in Wolverhampton, and a slight deterioration against plan in Walsall. He said both organisations were reporting a break-even position in month 11 which had been supported by financial assistance from the Integrated Care Board (ICB), who had offered approx £8m to help the Group reach year-end balance, alongside detailed discussions regarding Referral to Treatment (RTT) activity and ongoing Electronic Patient Record (EPR) related data challenges. He said Cost Improvement Performance (CIP) was highlighted as significant, with £87m delivered across the Group and both Trusts achieving 93–94% of their targets, though it was acknowledged that a large proportion of this was non-recurring, posing a challenge for the new financial year. Mr Stringer reported that capital performance remained strong, with efforts underway to bring forward next year's spend into the current year, supported by additional late-year allocations from NHS England. He expressed both organisations were on track to deliver the Capital Resource Limit and that the compliance plan for the next financial year, approved by the Board on 10 February 2026, had been positively received by NHS England, with expectations of further support. He said the plan carried challenges, including a productivity and cost-improvement requirement of over 6% for both organisations. Sir David noted that the financial plan for the year had originally included a risk reserve held by the ICB across the system which had been subsequently withdrawn earlier in the year, and a proportion of the funding had now been returned to the Trusts. **Resolved: that the Group Finance Plan and Workforce Report be received for information and assurance.**
151/25	**Integrated Committee Chairs Report - Quality, Finance & Productivity, People and Partnerships & Transformation**
	Mr Assinder provided the Committee Chairs' Assurance report and advised that the Committees of the Board served as the primary forums for overseeing organisational performance and governance and were where the strongest levels of assurance were obtained. He highlighted the recent CQC visit to the Emergency Department at New Cross in November 2025, for which the detailed report remained subject to factual accuracy checks. He said the Quality Committee was already reviewing the associated action plans and mitigation work, and it was confirmed that the Royal Wolverhampton Trust had started work on the actions. Mr Assinder advised that the Group People Committee had expressed significant concern regarding sickness absence levels, which were notably higher than those seen in neighbouring trusts. He reported on fire safety, with assurance received regarding notices in place for the maternity and theatre blocks at New Cross and at Cannock Chase Hospital.

	Mr Assinder said that the Committees had collectively raised concerns about digital capability across the Trust, noting its impact on both service quality and internal communication. He acknowledged that the organisation remained behind the wider NHS and other sectors in digital maturity and said that the Digital and Infrastructure Committee was welcomed as an important step in accelerating progress, and work was underway to prepare a specification for sourcing a digital partner. He highlighted increasing waiting times within community services and said that while winter pressures were recognised, demand had also risen due to the expansion of service access, creating challenges in meeting the growing need. Sir David queried sickness absence and asked what plan was in place to address the current levels of absence. Ms Carroll reported that sickness absence was being closely monitored by Human Resource colleagues to ensure policies were followed, reviews were completed and individual cases were appropriately managed. She said the Trust had already seen a significant reduction in short-term sickness in several areas due to increased oversight, although some areas of concern remained. She mentioned a call-back system had also been introduced to ensure staff were contacted during periods of absence, enabling supportive conversations about their wellbeing and facilitating an appropriate and timely return to work. Ms Hickman said that HR colleagues were also supporting a review of the sickness policy, with work underway to align existing arrangements into a single joint policy. She said this updated approach was expected to provide a more consistent and measured framework for managing sickness in line with current performance requirements. She acknowledged that differences between the previous policies had created challenges, and the revised policy aimed to address these through a more coherent and standardised process across the organisation. Ms Brathwaite said that a sickness targets plan for the next year had been requested and was currently under development which would enable the People Committee to monitor sickness figures more effectively, understand their implications for overall outcomes, and track progress against expected improvements. She said the intention was for the detailed targets to support clearer oversight and performance management throughout the year. Sir David queried the preventative measures within the sickness management plan, noting that many absences related to mental health and musculoskeletal issues. He sought clarification on what preventative work was planned or underway to address these underlying causes and whether such interventions would be incorporated into developing the sickness reduction plan. Ms Nuttall noted that a comprehensive response was not yet available, and from the Royal Wolverhampton perspective, staff wellbeing clinics, including musculoskeletal support, had continued to be accessible. She said challenges remained regarding referral waiting times for Occupational Health, though this was being actively managed to maintain staff access. She said preventative work formed a key element of the developing plan, and discussions with Ms Emma Ballinger, HR Director at RWT had highlighted the need for a broader, more responsive approach than currently existed. She acknowledged that further development was required to strengthen preventative measures across the organisation. Sir David noted that wellbeing and preventative initiatives were not utilised by staff, raising questions about whether the right offers were in place, whether they were being communicated effectively and whether they were being delivered in the most accessible way. He suggested, potentially as the 2nd phase of the development of the sickness management plan, that the Trusts include a comprehensive preventative plan to address these issues and ensure that wellbeing and prevention formed a structured and intentional element of the overall approach. Ms Brathwaite noted that wellbeing was discussed frequently and that regular messaging about available wellbeing support continued to be shared with staff. She acknowledged that the point raised about uptake was valid. **Resolved: that the Integrated Committee Chairs Report - Quality, Finance & Productivity, People and Partnerships & Transformation be received for information and assurance.**
Strategy (Section Heading)	
152/25	**Neighbourhood Health Plans and Update on Walsall Together**
	Ms Cartwright noted that neighbourhood health and wellbeing remained central to the organisation's approach, and the Neighbourhood Health Plans (NHP) demonstrated how the Trust was working collaboratively with partners rather than operating in isolation. She said these plans set out a joint approach to improving population health, wellbeing and outcomes and that the work undertaken to develop the plans

	was commended. She emphasised that, although not yet nationally mandated, both Places had agreed that producing the NHPs at this stage was an important step in demonstrating progress and future commitment. She said the neighbourhood health and care plans were to be overseen and assured by the Health and Wellbeing Boards, with both Wolverhampton and Walsall Boards receiving the draft plans during the month and formal national guidance was expected shortly, with final approval anticipated in September or October 2026. Ms Cartwright advised that the NHPs comprised two main sections: a strategic plan outlining the role of the Health and Wellbeing Board, relevant national guidance and local vision and objectives and an operational plan aligned to NHS medium-term planning guidance, incorporating learning from Walsall's role in the national neighbourhood health implementation programme. She explained that each plan set out neighbourhood groupings, current progress and alignment with the national neighbourhood towns framework and that both areas were actively progressing the implementation of integrated neighbourhood teams, including identifying the population cohorts that these teams would focus on in future. Ms Cartwright provided an update on the Chair arrangements for the Walsall Together Partnership Board and advised that Walsall Together was formally hosted by the Trust. She explained that a recent change in chairing arrangements had prompted a nomination process, as previously advised at a previous meeting of the Board, and that the existing membership had felt that the Partnership Board had reached sufficient maturity for one of its members to assume the chair role. She clarified that the role would be as chair of the Partnership Board, with the expectation that, as delegation arrangements evolved over the coming months, the role would transition to chairing the wider Partnership. She said five nominations were initially received, including herself, however two of the nominees had withdrawn due to capacity constraints and that from the remaining candidates, it had subsequently been agreed that it would not be appropriate for her nomination as WHT were the host organisation. She said this had resulted in Greg Bloom, Managing Partner at Umbrella Medical and a primary care representative for Walsall, being identified as the sole remaining nominee. She said he would therefore assume the position of Chair of the Walsall Together Partnership Board, with herself taking on the role of Vice Chair in support. **Resolved: that the Neighbourhood Health Plans and Update on Walsall Together for information and assurance.**
153/25	**RWT & WHT Report on Supporting National Ambitions for Life Sciences Research and the 150 Day Target on Set-up of Clinical Trials**
	Dr McKaig reported that this update had been requested in October 2025 following Department of Health guidance requiring all clinical trials to begin within 150 days, a standard adopted by the Research Delivery Network from 1 December 2025. He said the data presented covered the period from 1 January 2025 and largely pre-dated the national directive and associated RTN data requirements. He advised the report demonstrated that both organisations operated under a single Research and Development (R&D) structure, with a deliberate and appropriate focus on commercial studies to support income generation and growth. He reported performance against the 150-day standard in 2025 was 65% at RWT and 100% at Walsall, noting that study volumes differed between sites. He explained that the 150-day timeline included 60 external days and 90 internal days, and that processes had significantly improved over the past two years, reducing setup times from over 365 days to within the new standard. He said non-commercial studies, particularly at RWT where volumes were higher, had received less focus to date, resulting in lower compliance and to address this, the R&Dteam planned to shorten the approval stage, identified as the main delay, by introducing an AI-driven tool to accelerate governance processes from several months to several hours. He said benchmarking indicated strong regional and national performance, and further expansion of commercial activity was planned across both sites. He confirmed that compliance with the 150-day requirement was essential to remain attractive to commercial partners, and the Trust aimed to meet this standard consistently as data in the coming year better reflected current performance. Ms Jones queried how the absolute numbers of commercial and non-commercial studies at the two Trusts compared with national figures. Dr McKaig reported that, as a Group, the organisations ranked second in the Midlands, after University Hospitals Birmingham, in both commercial and non-commercial research activity, and by a significant margin ahead of other regional organisations. He noted that the Group outperformed several large university trusts in overall levels of commercial and non-commercial research activity. Ms Hughes queried which AI software was being used to support the expedited R&D approval process. She

	suggested that, if appropriate, it would be beneficial for all Black Country research teams to adopt the same system rather than each organisation developing its own separate solution. Dr McKaig noted that the specific AI software in use was not yet confirmed but as part of the ongoing work within the Black Country Provider Collaborative, a dedicated R&D workstream had been established to align research processes across the four centres. He said it was expected that any AI solution adopted would be implemented consistently across the Black Country, ensuring shared capability and avoiding the development of separate systems within individual organisations. **Resolved: that the RWT & WHT Report on Supporting National Ambitions for Life Sciences Research and the 150 Day Target on Set-up of Clinical Trials received for information and assurance**
154/25	**Transforming Care Together (TCT)**
	Ms Chadwick-Bell reported that the organisational strategy plan had set out the direction for the next three to five years and had been reviewed at several development days prior to being presented to the Board for approval. She noted that the organisational plan would remain iterative rather than final, with ongoing engagement informing updates and a formal review to take place annually with Committees testing and providing assurance as it continued to develop. She said staff had been actively involved in shaping both the content and the proposed actions, and each strategic area had an assigned Executive Senior Responsible Officer (SRO) to support delivery. She said the plan outlined the organisation's intended trajectory, the approach to achieving sustainability and its commitment to delivering high-quality patient care while ensuring the Trust remained a great place to work. Mr Evans noted that the Transforming Care Together strategy had already been reviewed through various Board development sessions and previous meetings, and the final version was now presented for approval ahead of its launch. He said staff engagement sessions and feedback had been instrumental in refining the document, including repositioning culture and improvement to the top of the strategic wheel to reflect the central importance of staff in delivering the organisation's ambitions. He said the Board emphasised the need for the strategy to be actively communicated and embedded across all meetings and teams so that every member of staff understood their role in its delivery. He highlighted that the next phase involved translating the strategy into practical expectations for individuals, supported through team-based discussions and breakthrough objectives, with regular updates provided to the Board through the agreed governance framework, with Executive SROs accountable for each segment of the strategy. **Resolved: that the Transforming Care Together (TCT) be received for information and assurance**
Integrated Quality and Performance Reports (Section Heading)	
155/25	**Integrated Performance Report - Walsall Healthcare NHS Trust (WHT) - Quality, People, Access Standards, Finance and Productivity**
	Ms Godson reported that quality remained a top priority for the Trust, and in January 2026 there had been four falls resulting in harm, an increase from three in December, and that these were under review. She advised that corridor care had been used on 22 of 31 days in January 2026, with usage increasing in February, however, no corridor care had been used in March. She said all patients cared for in corridors had been clinically assessed, prioritised, regularly checked and provided with food, refreshments and additional staffing support. Ms Godson reported on the Human Tissue Authority inspection in October 2025 which had identified five major and seven minor shortfalls, all of which were required to be closed by the end of March 2026 and said that work was ongoing. She advised on the outcome of a joint Special Educational Needs and Disabilities (SEND) and Care Quality Commission (CQC) inspection was also received, and a system-wide action plan was being developed. Ms Godson reported that national supply issues affecting bone cement for orthopaedic operations had required limited rescheduling, though all affected patients were rebooked within two weeks and no 52-week or 65-week targets were breached. She said a supplier cyber incident had caused supply chain disruption nationally and regionally, however there had been no impact on patient care. She advised that the Trust had been ranked first in the Midlands for referral-to-treatment for 15 consecutive months and 13th nationally. She said the patient waiting list fell from 29,500 in January 2026 by a further 1,000 in February, with continued progress expected. She said cancer performance met one of three constitutional standards, with improvements in diagnostics (meeting the 28-day target and ranking 15th nationally) and recovery in the 62-day standard to 74.15%, close to the 75% target. She reported that further improvements were noted in breast two-week waits and oncology pathways through external support and mitigation plans. She said community waiting lists showed some improvement through use of bank staff, though demand continued to outstrip capacity, funding had been secured for five additional posts through the ICB as part of the Community

First programme. She reported emergency access performance had dipped in January to 69.97% against a 76% trajectory, with rising attendances and corridor care pressures. She said performance had significantly improved through February and March following operational changes, cessation of inter-trust intelligent conveyances, and participation in the National UEC Sprint. She advised that four-hour performance had risen to 83.39% and 30-minute ambulance handovers to 91.45%, reflecting a 10% improvement year-on-year. She said the Trust anticipated securing up to £2 million from the national sprint programme.

Ms Godson reported that the new ED observation unit with 11 spaces had opened, further supporting safe and efficient patient flow. She said challenges in MRI capacity remained, and work continued with Wolverhampton to increase scanning access. She said productivity performance was positive, with a 10% improvement placing the organisation in the top quartile nationally, supported by efficiency gains including the equivalent of a 10% reduction in bed base. Further productivity work was planned focusing on outpatients, elective throughput and workforce sustainability.

Ms Carroll advised, as referenced in the January 2026 update, the Walsall Healthcare Trust had submitted its January Ockenden return and further work had continued throughout February to address the identified actions. She said significant progress had been made within maternity services, with improvements reported in staffing levels, reduced agency and locum usage, and a fall in vacancy rates, but acknowledged that a short period of heightened acuity was expected over the coming months. She said monthly Maternity Safety Champions meetings continued to take place with Professor Toner, Lead NED Champion to monitor progress and provide oversight. It was also confirmed that no new notifications had been received.

It was noted that VTE assessment compliance stood at 86%, below the 90% target with work ongoing to improve performance, with challenges continuing particularly within non-elective pathways, and that future implementation of Electronic Prescribing and Medicines Administration (EPMA) could support improvements in this area. Assurance had been received that prescribing was taking place appropriately, however, the main issue related to the accurate and timely recording of those assessments.

Dr Din advised that workflow improvements expected from EPMA at WHT would make a significant difference when implemented next year and was scheduled to go live in 2027. Sir David queried whether improvements could be made ahead of the planned EPMA go-live date next year and sought clarification on what actions could be taken in the interim period to strengthen performance and address documentation challenges before the full system implementation in 2027.

Dr Din said that improvements would continue to be made ahead of the EPMA implementation. He said audit findings consistently showed prescribing compliance at or near 100%, however, the main issue remained the reporting and documentation of assessments, which would be strengthened once EPMA was in place. He mentioned work to improve non-elective pathway processes was ongoing, with efforts focused on enhancing documentation workflow and tightening internal reporting mechanisms.

Ms Carroll reported that manual audits continued to demonstrate that prescribing for VTE prophylaxis was being completed appropriately. She said the difficulty lay in the reporting process, which relied on a legacy system that was not mandatory and therefore did not reliably capture all activity. She said the recorded data did not fully reflect the prescribing that had taken place, even though audits confirmed compliance.

Mr Bostock queried whether, given that manual audits clearly evidenced that prescribing was being completed, this audit data could be used in place of the current reporting system, which did not accurately capture activity. He agreed that this should be reviewed to determine whether audit findings could be incorporated more effectively into reported performance and whether this would provide a more accurate reflection of compliance.

Ms Martin queried the mental health first-day response within 24 hours. She said although this issue had been referenced in the report, it was noted that the Trust continued to fall short of meeting the required standard. She said further clarification and action were requested to understand how this issue would be addressed going forward. Ms Godson reported that the number of mental health patients spending more than 12 hours in the Emergency Department had increased compared with the previous month and regular meetings continued to take place with the Mental Health Trust through the UEC.

Sir David asked for an update on meningitis and queried whether there were any emerging issues for the

	Trusts, local impact and actions being taken in response to media reports. Ms Carroll reported that the recent meningitis B outbreak, was being fully managed by the UK Health Security Agency (UKHSA), including all contact tracing and the distribution of antibiotics to those affected. She said there were no actions being undertaken locally by the Trusts. She noted that meningitis B was a childhood vaccination and was not a vaccine offered to staff. She emphasised the importance of promoting general vaccine awareness noting the wider national decline in vaccination uptake. Dr McKaig noted that local public health bodies had contacted healthcare professionals across primary and secondary care to reinforce the importance of encouraging vaccination uptake during the first year of life. He said as the Trust provided some primary care services, assurance was given that this information was being actioned and actively promoted. He recognised that the recent meningitis B outbreak, while unfortunate, provided an opportunity to highlight the importance of routine vaccinations and to support efforts to improve uptake, which continued to be a national and local challenge. Sir David asked if the Trust was assured that a local plan was in place to address this and to improve the system's ability to respond proactively rather than reactively going forward. Ms Carroll noted that the organisation had applied learning from previous public health incidents, including measles and had followed established, tried and tested processes and the team were working closely with partners to ensure an appropriate and coordinated response. **Resolved: that the Integrated Performance Report - Walsall Healthcare NHS Trust (WHT) - Quality, People, Access Standards, Finance and Productivity be received for information and assurance**
156/25	**Integrated Performance Report - The Royal Wolverhampton NHS Trust (RWT) - Quality, People, Access Standards, Finance and Productivity**
	Ms Nuttall reported that the referral-to-treatment (RTT) performance remained on plan, with the Trust anticipating achievement of 60.6% by the end of March 2026, compared with the current position of 55.8%. She acknowledged that the introduction of the new EPR system had affected data quality and assurance was given that the additional activity commissioned through the Sprint, with work underway to validate and sign off this activity before the beginning of April. She said a paper detailing the actions required was being refined through the EPR Steering Group and would be reported to the Digital Group for further assurance. She mentioned Urgent and Emergency Care continued to present significant pressures, though improvements had been seen throughout March. She noted while the Royal Wolverhampton had not utilised corridor care, ambulance handover delays had occurred. She said a 45-minute handover target was implemented, resulting in marked improvement and progress toward trajectory for month-end and year-end. She said the worst delays, previously exceeding 18%, had been reduced to single figures. She referred to the national bone cement supply issue, which had resulted in two patients being rescheduled within 10 working days. She noted the Trust continued to monitor potential impacts arising from the supplier cyber incident, though no cancellations had occurred. Ms Nuttall reported that all ten Maternity Incentive Scheme standards had been signed off and submitted. She advised of four CDiff cases in January 2026 which had contributed to a trajectory of 65 against a year-end target of 81. She said a pathology testing platform issue had been resolved with notification to relevant bodies. She mentioned pressure ulcers per occupied bed day showed an increase, linked in part to rising length of stay, with a new theme emerging regarding heel-related ulcers; improvement work and the introduction of 450 new beds under the capital replacement programme. She mentioned complaints had risen, with a theme relating to staff attitude noted. She said targeted improvement work was being led through the Patient Experience Steering Group. She reported that Martha's Rule Task and Finish Group had brought forward the Trust's rollout of the patient wellness document, with implementation planned for 30 March. Ms Chadwick-Bell noted that sickness absence had shown a significant improvement at Wolverhampton. She said the figure had not yet reached the 5% target, the 12-month rolling average had reduced to 2.6%, marking a substantial drop over recent months. Ms Hickman noted that skill-mix reviews for inpatient areas were underway, building on previous work undertaken in Bank. She mentioned national requirements relating to competency and workforce configuration were being incorporated to ensure robust oversight and readiness as the organisation moved forward. **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**

ENCLOSURE 4

157/25	RWT & WHT Guardians of Safe Working Report
	Dr Din introduced and welcomed the Trusts' two Guardians of Safe Working, Dr Sirakova for WHT and Ms Reynolds for RWT. Ms Reynolds highlighted that resident doctors were working within the safe hours defined by their national contract, which applied specifically to doctors in postgraduate training programmes. She confirmed that the majority of doctors remained within these limits, and that a clear process existed for reporting and addressing any breaches. She mentioned the report also outlined updates to the contract (version 13), which primarily related to changes in exception reporting. She said there was a 7% vacancy rate and these vacancies were allocated by the postgraduate deanery rather than arising from Trust recruitment. She said a small number of reports related to patient safety concerns had been submitted, all of which were promptly acted upon. She highlighted that contract changes now anonymised short 2-hour exception reports to reduce fear of detriment and encourage openness, with safeguards in place for escalation if concerning patterns emerged. She mentioned updates were also provided on Guardian fines, including new penalties where confidentiality was breached or access to reporting systems was not available. She assured that e-rostering implementation would ensure access across both sites. Mr Bostock queried the exception-reporting table, noting that Walsall's numerator and denominator figures were significantly higher than those for Wolverhampton. He asked whether there were any insights into the reasons for this difference and what actions might be required to address it. Ms Reynolds explained that there were peaks in reporting often seen in the month of August when new doctors commenced posts, or within specific specialties, with accompanying narrative comments from supervisors indicating that some reports related to expectations around handover. She said these patterns typically resulted in short-term increases followed by reductions and said that the new anonymised reporting approach should provide greater assurance that staff were not discouraged, formally or informally, from submitting reports, thereby giving a more accurate reflection of working-hours pressures. She highlighted that reporting remained dependent on individual doctors choosing to submit exceptions, as the system replaced the former contractual rota-monitoring exercises that directly measured start and finish times. Mr Bostock asked whether this carried any financial implications to the full implementation version 13. Ms Reynolds reported that the financial implications associated with the full implementation of version 13 of the Terms and Conditions of Service were based on estimates drawn from early-adopter organisations participating in NHS Employers' who had generally seen either stable levels of exception reporting or increases of up to 100%. She advised using this as a basis, and assuming doctors chose payment rather than time off, maintaining anonymity, the estimated cost of a 200% increase in reporting, calculated using each specialty's peak month, was approximately £60,000 per organisation but these costs could vary significantly over time, citing as an example, during clock-change periods, exception reporting typically generated one or two reports per shift, but on one occasion, following active promotion among trainees, eight reports were submitted. She highlighted that human factors, such as trainee engagement, morale and local cultural influences, could also lead to sudden fluctuations in reporting volumes. Ms Heseltine queried the fines referenced in the contract changes and whether these constituted real monetary fines and how such funds were used. Ms Reynolds confirmed that the fines referenced were real monetary fines, paid into the Guardian Fund, in accordance with the junior doctor contract. She noted this fund could only be used for the benefit of resident doctors, with spending agreed through the Doctors' Forum and restricted to items not ordinarily funded by the organisation. She said additional contract changes introduced two further categories of fines: £250 per episode between now and August and £500 per episode, thereafter, applied where a doctor lacked access to the exception-reporting system or where a breach of confidentiality occurred in relation to an exception report. Sir David queried how the junior doctor safe-working arrangements aligned with the national 10-Point Plan, noting that CQC inspections placed significant focus on the experiences of resident doctors. Dr McKaig said that the approach aligned well with the national 10-Point Plan, particularly in areas relating to medical rostering and workforce establishment, where effective planning should reduce the need for exception reporting and minimise staffing gaps that lead to excess hours. He emphasised that the cultural aspects were equally important, as the medical profession had experienced a shift away from traditional professional flexibility, with resident doctors increasingly viewing additional hours differently than in the past. He discussed the importance of fostering a positive culture in which resident doctors felt supported, valued and able to recognise when additional time spent with patients contributed meaningfully to their training and

	development. He suggested that reinstating this balance, where additional effort was acknowledged and reciprocated, such as through time off, would help improve morale and reduce unnecessary exception reporting. Ms Reynolds noted that exception reporting formed part of Point 8 of the national 10-Point Plan, introduced following the resolution of the July 2024 industrial action. She explained that while the system continued to provide valuable narrative, some reports related to cultural issues within departments, whereas others were used primarily for documentation. She said that the timing of these contractual changes coincided with Wolverhampton's move to e-rostering, which could make the process even more useful and if used appropriately, exception reporting could support professional practice. She said over time, the data would provide an important indicator to support workforce planning, helping to ensure staffing levels and deployment were aligned with service needs. Sir David thanked Dr Sirakova and Ms Reynolds for their report. **Resolved: that the RWT & WHT Guardians of Safe Working Report be received for information and assurance**
COMFORT BREAK (10 MINS)	
158/25	**Patient Story - Debbie's Story**
	Dr Din introduced noted the patient story (Debbie's story) video and how it demonstrated the high standard of care provided. He highlighted the significant benefits of asthma biologics, which had transformed the lives of many patients responding to treatment. He introduced Mr Max Matanhodze to share a few words about the service and the positive impact it had made on patients' quality of life. Dr Matonhodze expressed his appreciation for being able to share part of the asthma service story. He explained that he had worked in the Trust since June 2002, initially appointed as a consultant lead at a time when there were only two chest physicians in each of the local trusts. He described how his longstanding passion for asthma had shaped the development of the service, which expanded gradually as consultant numbers increased—reaching six in 2021. He said that although he briefly retired that year, he returned to complete the work of establishing a dedicated asthma service, which formally commenced in 2023. He outlined the evolution of asthma biologic therapies, noting that only one biologic was available in 2006, increasing to four by 2023. He said the first patient was started on a biologic treatment on 28 March 2024, and since then more than 115 patients had received biologics with transformational results. He paid tribute to the Trust for providing the necessary resources—consultants, specialist nurses and administrative support—which made the service possible. He shared several examples of the life-changing impact on patients, including individuals who could now travel abroad, return to physically demanding work and resume normal daily activities previously limited by severe asthma. He highlighted that biologics had significantly reduced hospital admissions, ambulance callouts, GP attendances and clinic visits, benefitting both patients and the wider health system. He concluded by expressing his gratitude for the opportunity to lead the development of the service, describing it as a humbling and deeply meaningful achievement that had transformed many lives. Ms Brathwaite commented on how inspiring it was to hear about the service and to see, through Debbie's story, the transformative impact it had on patients' lives. She considered the development of services over the next five to ten years, including opportunities to establish centres of excellence. She asked whether the Trust was already regarded as a specialist centre in respiratory or asthma care and if this was an area in which the organisation could develop greater focus and differentiation compared with neighbouring providers. Dr Matonhodze said that significant development had taken place over the past four to five years, particularly within the asthma service, although further expansion was still required as patient numbers continued to increase. He noted that additional nursing and administrative support would likely be needed to sustain growth. He said the respiratory service had also advanced considerably. He stated that the domiciliary NIV service, where early investment in 2005 demonstrated substantial reductions in hospital admissions and costs, had prompted the Clinical Commissioning Group (CCG) to reimburse the Trust for the initial equipment. He acknowledged that further development of the NIV service remained a key opportunity for Walsall and that progress had been made across several specialist areas, including pleural services, cancer pathways, EBUS, and sleep services. He assured that, with continued resource support, the respiratory service had made strong advances and was moving in the right direction, though further work. Ms Cartwright expressed thanks and commendation for the excellent work delivered, noting how powerfully the patient video demonstrated the impact of compassionate, high-quality care and how strongly the patient's

	experience reflected the way she was made to feel through her interactions with the clinician and the team. She said in addition to the significant reduction in hospital admissions and time spent in care, it was acknowledged that the improvements extended beyond symptom control to wider determinants of health, confidence and quality of life. Sir David queried the scale of need for asthma biologic treatment, seeking an indication of how many patients within the local population could potentially benefit and how many were currently receiving the therapy. Dr Matonhodze reported that approximately 10% of the Walsall population had some form of asthma and 1–2% were estimated to have severe asthma, making them potential candidates for biologic treatment. He advised that asthma patients tended to be much younger than those with Chronic Obstructive Pulmonary Disease (COPD), meaning those started on biologics would likely require long-term treatment, further emphasising the importance of early identification. He noted work was ongoing with GPs to improve recognition and referral of severe asthma patients, although the current national incentive schemes did not encourage practices to prioritise this group. He said the National Asthma Mortality review highlighted that many patients who died from asthma had not been under specialist care and half had not been reviewed in primary care in the month prior to death and that Walsall Trust was therefore focusing on strengthening pathways between primary and secondary care, improving the identification of high-risk patients and ensuring they were referred for specialist assessment. He noted that previous community training programmes for asthma practice nurses had been effective but were no longer funded, and reinstating this capacity would significantly improve early detection and management. Dr McKaig noted that the issues raised aligned directly with the work underway through the Clinical Roadmap discussions. He said the team was scheduled to meet the following week as part of the panel process, where specialties were being asked to identify opportunities for using digital technology such as health informatics and prescribing data to proactively identify patients rather than relying solely on GP referral. He said that a key focus of the roadmap was understanding how services could shift activity from acute to community settings, and what workforce and resource would be required to support biologic therapy and ongoing asthma management in the community. He said these considerations formed part of the wider development of the clinical strategy across all services. Ms Chadwick-Bell noted that national commissioning arrangements created challenges, with community services funded through block contracts and acute services funded separately, limiting flexibility. She said that the Integrated Care Board (ICB) intended to move toward programme-budgeting approaches, whereby a single budget would be allocated for a whole pathway, allowing the Trust to determine how best to deploy resources across acute and community settings. She said the organisation would need to establish its own economic case for shifting activity and then work with the ICB to ensure funding moved between contracts accordingly. She acknowledged that closer collaboration with primary care would also be essential, and that developing a whole-system programme budget could support more effective and sustainable models of care. Ms Sadler-Todd reflected the powerful impact of hearing patient stories such as Debbie's story and emphasised that real-life accounts of individuals whose lives had been transformed by trying a new treatment were often far more persuasive for patients than clinical explanations alone. She observed that many people living with long-term conditions were understandably hesitant to try new interventions after previous unsuccessful experiences, and that patient-led storytelling could play an important role in supporting behaviour change. She discussed how such testimony could be used more widely to reassure patients about the safety and benefits of new treatments, and to encourage greater confidence in alternative approaches that could significantly improve quality of life and reduce hospital attendance. Sir David thanked Dr Matonhodze. **Resolved: that the Patient Story - Debbie's Story be received for information and assurance** ***Professor Levermore left the meeting***
Corporate Governance (Section Heading)	
159/25	**RWT & WHT Audit Committee Chair Reports**
	Ms Jones reported that the RWT Audit Committee had reviewed several internal audit reports, some of which had received less positive opinions than expected. She said a key area of concern related to the Authorised Engineers Review, which covered statutory checks across the estate and the processes for ensuring that any issues identified were appropriately recorded on risk registers. She said that while no statutory checks had been missed, the audit highlighted the need for improvements in the procedure to ensure more robust

	oversight and an action plan had been developed with a follow up audit expected shortly. She said the Committee also noted the need for greater pace in finalising outstanding internal audit reports and agreed to work with Executive colleagues through the next planning cycle to ensure that reports were completed more promptly, enabling timely implementation of recommendations rather than delays caused by operational pressures. Ms Martin noted that both Trusts had been adversely affected by the transfer of financial systems to Shared Business Services (SBS), with significant concerns raised about the accuracy of transferred supplier and customer balances, an issue identified as a high-priority recommendation by both internal and external audit. She said the WHT Audit Committee had sought assurance that these matters would be resolved before the financial year end. She advised that ongoing delays in completing interim audit recommendations were also noted, with repeated requests for extensions, and Executive colleagues were asked to ensure outstanding actions were completed promptly. She said the Committee was pleased to report that the internal audit plan for 2027 had been finalised, approved and work had already commenced. **Resolved: that the RWT & WHT Audit Committee Chair Reports be received for information and assurance**
	RWT Charitable Funds Committee - Chair's Report
	Ms Jones presented the RWT Charitable Funds Committee Chair's report on behalf of Professor Levermore. She said the key matter of concern for the Committee was the need to avoid disturbing long-term investments, and ensuring that they continued to operate as intended while maintaining sufficient incoming cash from donations to fund departmental expenditure generated through charitable fundraising. She advised that since the Committee last met, members had been informed that the Trust had been the beneficiary of a substantial bequest. She said final arrangements were being completed, as part of the bequest comprised cash and part comprised shares in a private company requiring sale or other appropriate action. She mentioned the total value was confirmed to be a seven-figure sum, representing an exceptional and generous contribution and work was underway to determine how best to use the funds in a meaningful way that honoured the wishes of the donor. Ms Chadwick-Bell noted that, outside of the meeting, formal thanks had been extended to the individual and their family for the exceptionally generous bequest, which would be put to meaningful use. She reported that the Charity Committee had been asked to develop a proposal outlining how the sum should be managed and allocated, with recommendations to be brought forward to the Board in its role as Trustee. She said this approach would ensure the bequest received the appropriate level of oversight and that decisions were made in line with the donor's intentions. **Resolved: that the RWT Charitable Funds Committee - Chair's Report be received for information and assurance**
	Group Board Assurance Framework
	Mr Bostock noted that the Board Assurance Framework (BAF) had been reviewed since the previous meeting by the relevant Executive Directors and the associated Tier 1 Board Committees. He said no risk scores had changed during the period, and all controls, assurances, negative assurances and identified gaps had been updated accordingly. He advised that, from April 2026, the BAF would be presented in a simpler and more traditional format, replacing the current complex graphical version. He highlighted that several emerging risks had been reviewed, and it was suggested that Executive Directors, Non-Executive Directors and Committee Chairs consider whether any of these should now be escalated and incorporated into the BAF, given their materialisation over recent weeks. **Resolved: that the Group Board Assurance Framework be received for information and assurance**
160/25	**Questions Received from the Public**
	Sir David said that several questions had been raised by a member of the public and that 1 of the questions would be responded to within the meeting and the rest would be responded to via email to the member of the public. Sir David referred the questions to Dr McKaig to respond to. *Q: How many full time ED consultants are employed by RWT? Would you please mind explaining the ED consultant rota, as there only appears to be one consultant on the floor at any one time. Sometimes, there are no consultants on the floor at all. Most of the time the nurses are not aware of the consultant that is on call for any particular shift.* Dr McKaig reported that RWT employed 27 Emergency Department (ED) consultants in total, comprising 19 adult ED consultants, seven paediatric ED consultants, and one consultant dedicated to clinical governance. In

	the adult ED, consultant presence on the shop floor was maintained from 7:00 a.m. until 2:00 a.m. daily. Three consultants were rostered during these hours—one assigned to the main ED, one to the ambulance receiving centre and one to ESTEC—and were physically present and working closely with nursing teams. A fourth consultant provided additional support in the main ED and resuscitation area, and this position was expected to become permanent following the recent appointment of four additional consultants to fill establishment gaps. Consultants worked a pattern of morning and evening shifts beginning at 3:00 p.m., 4:00 p.m. and 8:00 p.m., with cover until 2:00 a.m. After this time, the on-call consultant was non-resident, but a senior decision-maker remained present in the department at all times. At weekends, staffing was slightly reduced, with three consultants on duty during the day and a fourth covering 6:00 p.m. to 2:00 a.m. followed by overnight on-call. Across all areas, consultants remained immediately available to nursing staff throughout their rostered hours. The following questions received and which were responded to via email: *Q: I understand that the Royal College of Physicians carried out a review of the stroke services a few months ago. Will you be publishing this review?* A: RWT has published a summary of the report (as is the expectation and requirement of the Royal College invited review process). Updates to the ongoing work are discussed at Group Quality Committee. *Q:There are currently 8 stroke consultants working in the stroke unit. Can you please clarify how many are employed in substantive post, and how many are working as locums?* A: 6 are substantively, 1 consultant is currently employed as an agency locum consultant. In addition, we have 3 consultants supporting the service through bank work. The service is actively working to increase substantive consultant numbers which are nationally in short supply. *Q: when is the next review of stroke services due to take place?* A: Through the RCP review process, we provide an update to the RCP with evidence. Updates have been presented to the Group Quality Committee in March 2026 and further positive update was sent to the RCP in March 2026. This has shown excellent progress against the action plan with reduction in Standardised Hospital Mortality index (no longer an outlier) and improvement in SSNAP metrics. At present there are no further planned external reviews of the stroke service. *Q:In ED are registrars part of the senior on call consultant rota?* A: No *Q: Has a cause been found for the excess stroke deaths yet? If not, then surely the police should be asked to investigate the excess deaths.* A: As is often the case when mortality index rises, there is no single specific cause identified. It is likely that the raised SHMI has been due to a multitude of factors. The RCP review and work of the stroke team has significantly impacted positively on both mortality and audit outcomes for the stoke service. This work is ongoing and is monitored through the Group Quality Committee. *Q: Have all stroke deaths been investigated on each individual biases? If so, could some of these deaths have been prevented.* A: All deaths (not just those in stroke) are subject to the Trust robust mortality process. All deaths are assessed by a trained medical examiner and if the care of death is deemed to poor then a detailed investigation of that case is then undertaken. RWT has also had external reviews of stroke deaths, most recent begin through the RCP review and these reviews have contributed to the action plan now developed and being delivered. *Q: Is Dr McBride, the stroke lead, being held responsible for the excess deaths? One of the reasons for the excess deaths seems to be his dislike of MDT meetings. Is he being held responsible for the excess deaths due to his poor leadership?* A: As mentioned above the increased SHMI observed in stroke is multifactorial and due to one induvial or one particular issue. Dr McBride is absolutely not being held responsible for the raised SHMI in stroke.
161/25	**Any Other Business**
	There was no other business recorded.
162/25	**Date and Time of Next Meeting – Tuesday 19 May 2026 – venue to be confirmed**
	Sir David confirmed the date and time of the next meeting as Tuesday 19 May 2026

Tier 1 - Paper ref:	Enclosure 6

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:	19 May 2026

1. Summary of key issue

I wanted to reflect on the end of the year's achievements and both trusts have made significant improvements in terms of financial delivery and operational performance alongside key safety indicators, despite on-going periods of industrial action and winter. It has been an extraordinary year, and I want to thank each and every member of our staff, for without their dedication, compassion, and professionalism that underpins everything we do, we would not have achieved these important milestones.

Looking forward we need to make further substantial changes to ensure we deliver safe and sustainable services, deliver our elements of the 10 year plan and improve our ratings in relation to the National Oversight Framework (NOF).

RWT has moved to NOF 4, largely due to phasing of our financial plan, despite the forecast of a break even position, although the successful year end will rectify that for Q4.

WHT continues on NOF 3 due to the financial over-ride whereby until the deficit support funding has reduced to zero the trust will not improve the ratings.

There is a new oversight framework due imminently, which will be less reliant on rankings and therefore able better prediction based on specific parameters for each measure. More will be shared once the final version is published.

Medium-term plan for 2026/27 2028/29 and your five-year Integrated Delivery Plan,
NHS England (Midlands) has reviewed The Royal Wolverhampton NHS Trust's (RWT) and Walsall Healthcare NHS Trust (WHT) medium term plan (2026–2029) to deliver our services and assessed it as 'Compliant with Conditions' due to non-compliance with a small number of activity standards. The trusts will now shift focus from planning to delivery of long term transformation, including restoring constitutional standards, strengthening community care, and advancing prevention and digital change.

The non-compliant activity standards referred to are:

- ambulance handovers at RWT (within 15 minutes) – which are planned to reduce significantly across the planning period but not eliminated by the end of 2026/27 (the national target)
- ambulance handovers at RWT (within 45 minutes) – again these are planned to reduce significantly in 2026/27 but have not been eliminated by the end of 2025/26 (the national target)

- community waits (both Trusts) – whilst improvement is forecast in 2026/27 and 2027/28, it is expected to remain below the national target for 2026/27 and 2027/28 before reaching compliance by the end of 2028/29.

As part of this submission, the trusts submitted a balanced financial plan, supported by £16.7M deficit funding for RWT and £20M for WHT.

New policy and guidance released

Key national policies that have been released in the last two months are as follows:

- **Neighbourhood Health framework**: which sets out a system-wide transformation to move care closer to home, focusing on prevention, early intervention and community-based services
- NHS rolls out rapid one minute immunotherapy injection for multiple cancers - 'one minute' is the time it takes for the jab to be administered
- **Treatment for prevention pathway:** launched with the utilisation of a pathway toolkit to aid prevention measures
- **Additional actions to virtually eliminate corridor care:** Sir Jim Mackey wrote to all Chief Executives setting out a new target for the elimination of corridor care - the current 45-minute threshold for corridor care has been revised down for all NHS trusts to 30 minutes in 2027/28

National priorities for 2026/27

To support the next set of "big leaps", such as a full reset of outpatient care and bringing scheduling and appointments into urgent care. The following eight key areas are where, collectively, we can make a big difference this year and beyond:

1. *Outpatient transformation* – shifting away from traditional outpatient models through a major expansion of Advice and Guidance and a reduction in unnecessary follow-ups.

For assurance this is being delivered through the Transforming Care Together (TCT) Out-patients workstream with assurance though the Partnerships and Transformation Committee

2. *A step-change in reducing hospital bed-days for highest-risk cohorts* – with neighbourhoods playing a central role in implementing proactive care models for high-risk groups.

For assurance this is being delivered through the Community First Programme with governance as above

3. *Scheduling and access reform for urgent care* – making it easier for patients to book urgent care appointments in GP practices, urgent treatment centres, or other appropriate settings, reducing avoidable ED attendances.

For assurance this is being delivered through the Chief Operating Officers, with assurance through Finance and Performance Committee (but for consideration if this should be included within Community First)

4. *Technology-enabled productivity improvements* – expanding the deployment of Ambient Voice Technology and a suite of tools to improve theatre utilisation, discharge flow, RTT validation, community waiting lists, Advice and Guidance, electronic prescribing in all trusts, and crisis response.

For assurance this is being delivered through the Digital worksteam in TCT for assurance through the Estates and Digital Committee.

Committee Chairs are asked that terms of reference and agendas reflect these priorities.

Nationally, the NHS will be taking action to support these and related improvement efforts, including:

- **The NHS App** – accelerating efforts to expand the role of the App as the digital front door into the NHS, supporting more convenient and effective triage and navigation for patients.
- **Payment reform** – realigning the payment system to the service changes you are seeking to deliver, including new payment models for urgent and emergency care.
- **Quality** – putting quality back at the heart of everything we do, including the publication of a new quality strategy, the development of modern service frameworks focused on cardiovascular disease, sepsis, serious mental illness, frailty and dementia, children and young people, and palliative and end-of-life care, and testing new delivery models for secondary prevention to tackle variations in the uptake of high-impact CVD and diabetes interventions.
- **Capability building and a focus on our people** – launching the new Leadership College, which will be the most radical change to leadership development and talent management that the NHS has seen in over a decade.

Group priorities 2026/27

The board approved the Transforming Care Together Strategy in March, recognising it would evolve as we work with internal and external stakeholders to deliver the transformation plans.

Within the plan, we have agreed three the breakthrough objectives for 2026/27, which we are asking everyone across the group to understand their leadership; team or personal contributions:

- **We want our colleagues to feel cared about**

This reflects the changes we want to see within the future culture of the two trusts, feedback from the staff survey and the impacts as seen within some of the workforce metrics. We also recognise that when staff feel cared about this impacts on the quality of care patients experience

- **We want to improve safety by reducing the time patients wait**

We recognise that evidence suggests that patients who wait longer for care have poorer outcomes, despite significant improvements, we want to improve further for urgent and planned care

- **We want to deliver our services efficiently**

We want to demonstrate that we use our available resources well, that we can evidence clinical best practice, value for money in how we spend our non-pay and improve productivity

Capital investment

The Group has been successful in its bid to secure additional capital investment from NHS England over the next four years. This national capital programme is focussed on developing NHS Estate along with investment into equipment that supports the achievement of Constitutional Standards in addition to the transfer of care into a Community setting, bringing care closer to our patients.

Investment of £43.71m has been approved to support the development of:

- Bilston Community Diagnostics Centre (joint Wolverhampton & Walsall) - £23.15m
- Co-located Urgent Treatment Centre (UTC) with an Emergency Department (Wolverhampton) - £8.11m
- Cardiac Cath Lab (Wolverhampton) - £6.0m
- Community Hub (Wolverhampton) - £3.20m
- Community Hub (Walsall) - £3.25m

The investment will directly support our Group Community First transformation programme enabling necessary capacity growth over the next four years and facilitate the 'Left Shift' of care. Plans will now be finalised to enable the schemes to be progressed.

Industrial action – resident doctors

Planned resident doctors industrial action took place on 7 – 12 April 2026. Throughout this period the NHS once again met its ambitious goal to maintain planned activity while still maintaining critical services, including maternity services and urgent cancer care. I would once again like to thank all frontline and behind the scenes staff for all their efforts to ensure services could continue throughout this period.

NHS Excellence awards – Little Voices at WHT

I am pleased to announce that 'Little Voices' a project run by the Patient Relations and Experience Team at WHT, which invited pupils from Pelsall Village School into the hospital to share their ideas and experiences, helping staff understand how clinical areas can feel safer, calmer, and more welcoming for children has been shortlisted for an NHS Excellence awards. Regional champions will now progress to the national stage and on 10 June 2026, this year's winners will be announced. I wish Walsall the best of luck!

Transplant surgery in the Black Country at RWT

During late March 2026, I was delighted to learn that the orthopaedic team had performed its fifth knee meniscal cartilage transplant surgery of which we are one of very few trusts in Central England able to provide such a service and the only one in the Black Country. What a great service model for improving patients' mobility and walking ability.

Site visits across Walsall and Wolverhampton

Over March and April, I have visited many sites across WHT and RWT; from ward areas to departmental areas; the impact you all make to keep services running from finance to the urgent and emergency care centres is truly amazing, my sincere thanks for all your hard work I am most grateful.

I also attended the newly developed trusts management matters meetings; these leadership forums will be used to discuss current matters for both trusts along with future transformation plans with a purpose of making joint decisions about the provision of services across both trusts.

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

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

4. Recommendation(s)/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	☒	*Break even*
Group Assurance Framework Risk GBR02	☒	*Performance standards*
Group Assurance Framework Risk GBR03	☒	*Corporate transformation*
Group Assurance Framework Risk GBR04	☒	*Workforce transformation*
Group Assurance Framework Risk GBR05	☒	*Service transformation*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Tier 1 - Paper ref:	Enclosure 6.1

Report title:	Black Country Acute Trusts - Future Group Structure Arrangements
Sponsoring executive:	Joe Chadwick-Bell, Group Chief Executive
Report author:	Simon Evans, Group Chief Strategy Officer/Deputy Chief Executive
Meeting title:	Group Trust Board Meeting -to be held in Public
Date:	19 May 2026

1. Summary of key issues

The four Black Country acute trusts have, over recent years, developed increasingly mature collaborative arrangements through both the Black Country Provider Collaborative and the evolution of formal Group operating models. This has resulted in the establishment of two distinct and operationally mature Groups: The Royal Wolverhampton NHS Trust and the Walsall Healthcare NHS Trust; The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust. Alongside these developments, a Black Country-wide collaboration has continued to strengthen through the Provider Collaborative, supporting joint working across clinical, operational, workforce, digital and financial programmes.

This paper seeks agreement from the four Boards to formally recognise and continue the current operating structure of two Group models supported by the wider Black Country Provider Collaborative framework. The proposal does not alter the sovereign status or statutory accountability of any organisation, but instead reflects the maturity of the current arrangements and the benefits already being realised through closer collaboration, aligned leadership, shared strategic delivery, and system-wide partnership working.

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

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

N/a

4. Recommendation(s)/Action(s)

The Group Trust Board in Public is asked to:

a) **Note** and formally recognise the maturity and establishment of the two existing Group operating models across:
- Wolverhampton and Walsall
- Dudley and Sandwell

b) **Approve** the continuation of the current operating structure comprising:
- Two distinct Group models
- Supported by the Black Country Provider Collaborative framework

c) **Note** that sovereign organisational accountability and statutory Board responsibilities remain unchanged.

d) **Support** the continued development of collaborative arrangements both within each Group model and across the wider Black Country system.

e) **Approve** submission of the agreed future operating arrangements to NHS England following approval by the four sovereign Boards as part of ongoing regional engagement regarding provider collaboration and Group operating models across the Black Country.

5. Impact		
Group Assurance Framework Risk GBR01	☒	*Break even*
Group Assurance Framework Risk GBR02	☒	*Performance standards*
Group Assurance Framework Risk GBR03	☒	*Corporate transformation*
Group Assurance Framework Risk GBR04	☒	*Workforce transformation*
Group Assurance Framework Risk GBR05	☒	*Service transformation*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Report to the Group Trust Board Meeting to be held in Public
19 May 2026

Black Country Acute Trusts – Future Group Structure Arrangements

1. Executive summary

1.1 The four Black Country acute trusts have, over recent years, developed increasingly mature collaborative arrangements through both the Black Country Provider Collaborative and the evolution of formal Group operating models.

1.2 Since 2023, a single shared Chair arrangement has supported closer partnership working across the four organisations, enabling greater strategic alignment, stability, and collaboration during a period of significant system transformation.

1.3 During this period, two distinct and increasingly mature Group models have emerged:

- The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust
- The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust

1.4 Both Group arrangements have now evolved beyond early collaboration into more mature operating models with established shared leadership structures, aligned governance arrangements, joint strategic programmes, and increasingly integrated approaches to operational delivery.

1.5 Alongside this, the Black Country Provider Collaborative has continued to mature as the overarching partnership framework across the wider Black Country system, enabling collaborative delivery at scale across a population of approximately 1.3 million people.

1.6 The proposed operating approach reflects a deliberate and evidence-based evolution of provider collaboration across the Black Country. In considering future organisational form, the four organisations have recognised that the current model of two mature Group arrangements, operating within a wider Black Country Provider Collaborative framework, provides the optimal balance between scale, operational effectiveness, local responsiveness, governance assurance and delivery pace.

1.7 The approach avoids the risks associated with fragmentation across four entirely separate organisations, whilst also avoiding the complexity, scale and potential dilution of operational focus associated with establishing a single Black Country-wide Group model across all four trusts.

1.8 The current arrangements therefore represent a pragmatic and proportionate organisational model that is aligned to the operational realities, leadership maturity and service integration patterns that have developed organically across the Black Country acute sector.

1.9 The purpose of this paper is therefore to seek agreement from all four Boards to formally recognise and continue the current strategic operating structure comprising:

- Two distinct Group models:
  - Wolverhampton and Walsall Group
  - Dudley and Sandwell Group

Supported by continued collaboration through the Black Country Provider Collaborative framework

1.10 This paper does not propose organisational merger or changes to statutory accountability arrangements. Sovereign Boards and organisational accountabilities would remain fully intact.

1.11 The proposed approach reflects the operational and strategic maturity now evident across both Group models whilst preserving the wider collaborative benefits already established across the Black Country.

2. Introduction or background

Black Country Collaboration

2.1 The Black Country acute trusts have a longstanding history of collaborative working through the Black Country Provider Collaborative, established to improve the sustainability, resilience and quality of services across the region.

2.2 The collaborative has enabled joint working across a broad range of clinical and non-clinical programmes including:

- Clinical pathway transformation
- Workforce and recruitment initiatives
- Mutual operational support
- Digital and data transformation
- Shared governance approaches
- Elective recovery and urgent care improvement
- Finance and productivity programmes

2.3 This collaboration has strengthened considerably in recent years in response to:

- Increasing operational pressures
- Workforce challenges
- Financial sustainability requirements
- National policy direction supporting provider collaboration
- The development of Integrated Care Systems

3. Development of Group Models

Wolverhampton and Walsall Group

3.1 In April 2024, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust agreed to implement a formal Group operating model at Board level. The Trusts were already working collaboratively with a shared Executive Team. This was then further strengthened by a formal Board Collaboration being agreed in April 2024. The first Group Board of Directors meeting was held in July 2024. The Trusts are operating with a single Chair across both Trusts, Vice-Chair, CEO and both Non-Executive Directors and Executive Directors, with the exception of site Managing Directors, CNO, CMO and Non-Executive Directors for Audit and Charitable Funds Committees.

3.2 The Group established a clear joint vision centred around:

- Care
- Colleagues
- Communities
- Collaboration

3.2 The partnership has enabled increasing alignment across operational delivery, workforce strategy, governance, digital transformation and service improvement.

3.3 The Group Board arrangements were implemented in July 2024 whilst preserving the sovereignty and statutory accountability of both organisations.

3.4 The Group model intends to continue to:

- Improve consistency of care and outcomes
- Reduce unwarranted variation
- Strengthen strategic leadership
- Improve operational resilience
- Reduce duplication
- Enable shared learning and capability development
- Preserve strong place-based leadership arrangement

Governance Spine Development

3.5 Alongside the operational development of the Group model, significant work has been undertaken to establish a strengthened “governance spine” across the Wolverhampton and Walsall Group arrangements. This has included the development of aligned governance frameworks, joint committee structures, consistent assurance processes, shared standards of Board reporting, and clearer escalation and decision-making arrangements across the Group.

3.6 The governance spine work has been designed to provide greater organisational consistency whilst preserving sovereign accountability within each Trust. The approach supports improved oversight, more consistent assurance, clearer strategic alignment, and enhanced organisational resilience across the Group model.

3.7 The development of these arrangements has also enabled the organisations to strengthen collective leadership capability, embed shared governance standards, and improve organisational readiness for future regulatory and inspection activity.

Dudley and Sandwell Group

3.1 During 2024 and 2025, The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust undertook extensive work to explore and implement a formal Group operating model.

3.2 This work recognised the significant opportunities associated with:

- Geographical proximity
- Complementary clinical services
- Shared population health challenges
- Opportunities arising from the opening of Midland Metropolitan University Hospital
- Shared workforce and operational pressures

3.3 A phased implementation programme has subsequently culminated in the establishment of a formal Group Board arrangement from 1 April 2026, whilst preserving the sovereignty and statutory accountability of both organisations.

3.4 The Group model is intended to:

- Improve consistency of care and outcomes
- Reduce unwarranted variation
- Strengthen strategic leadership
- Improve operational resilience
- Reduce duplication
- Enable shared learning and capability development
- Preserve strong place-based leadership arrangements

Governance Spine Development

3.5 Alongside the operational development of the Group model, significant work has been undertaken to establish a strengthened “governance spine” across the Dudley and Sandwell Group arrangements. This has included the development of aligned governance frameworks, joint committee structures, consistent assurance processes, shared standards of Board reporting, and clearer escalation and decision-making arrangements across the Group.

3.6 The governance spine work has been designed to provide greater organisational consistency whilst preserving sovereign accountability within each Trust. The approach supports improved oversight, more consistent assurance, clearer strategic alignment, and enhanced organisational resilience across the Group model.

3.7 The development of these arrangements has also enabled the organisations to strengthen collective leadership capability, embed shared governance standards, and improve organisational readiness for future regulatory and inspection activity.

4. Consideration of Alternative Operating Models

4.1 In determining the proposed future operating arrangements, consideration has been given to a range of alternative organisational models across the Black Country acute sector.

4.2 These included:

- Continuation of four largely autonomous organisations with limited collaboration
- A single Black Country-wide Group model across all four trusts
- The continuation and further maturation of two distinct Group models supported by the Black Country Provider Collaborative

Four Standalone Organisations

4.4 A return to a model based primarily on four independent organisations is not considered optimal given the increasing operational, workforce and financial pressures facing the NHS.

4.5 Such an approach would risk:

- Reduced resilience and mutual support arrangements
- Duplication of leadership and corporate infrastructure
- Greater unwarranted variation in governance and operational delivery
- Slower pace of transformation
- Reduced ability to standardise pathways and clinical models
- Reduced leverage in workforce, digital and procurement programmes
- Fragmentation of strategic planning across the Black Country

4.6 The current collaborative and Group arrangements have already demonstrated measurable benefits through shared leadership, improved organisational stability, aligned governance, operational support and accelerated improvement activity.

Single Black Country-wide Group Model

4.7 Consideration should also be given to the potential establishment of a single Black Country-wide Group operating model across all four trusts.

4.8 Whilst this model could theoretically provide greater scale, it is not considered proportionate or operationally advantageous at this stage of organisational maturity and system development.

4.9 A single Group structure across four large acute organisations serving a population of approximately 1.3 million people would introduce significant complexity across:

- Governance and decision-making
- Executive span of control
- Organisational culture and leadership visibility
- Place-based responsiveness
- Operational prioritisation
- Service configuration
- Regulatory oversight

4.10 There is also a significant risk that a single large Group model could dilute local accountability, reduce agility, and create overly complex governance arrangements which may hinder rather than accelerate operational improvement and transformation delivery.

4.11 The current model of two mature Groups supported by a strong Provider Collaborative is considered to provide a more proportionate balance between:

- Local autonomy and system collaboration
- Strategic scale and operational grip
- Standardisation and place sensitivity
- Organisational identity and collective delivery

4.12 Importantly, the Provider Collaborative framework already enables Black Country-wide collaboration where scale adds value, without necessitating a single overarching statutory or Group structure.

Current Position

4.13 The Black Country acute sector now operates through two mature Group models, each with distinct strategic priorities, leadership arrangements, and organisational development trajectories.

4.14 At the same time, the Black Country Provider Collaborative continues to provide the overarching system-wide framework for collaboration across all four trusts.

4.14 The current structure has enabled:

- Greater organisational stability
- More focused operational leadership
- Improved strategic alignment
- Enhanced collaboration at scale
- Continued preservation of sovereign organisational accountability
- Stronger partnership working across the wider system

4.15 The maturity of Wolverhampton and Walsall Group Board is evidenced through:

- The successful consolidation of the individual Board Assurance Frameworks (BAFs) into an integrated model. This shift has been recognized for moving the partnership from simple transactional alignment to sophisticated shared corporate risk monitoring and collective risk tolerances.
- System-Wide Workforce Approvals: Demonstrating unified governance maturity, the Group Board designed and executed a cross-trust Mutually Agreed Resignation Scheme (MARS). This required formal, single-entity approval from NHS England, which was secured to deploy the scheme efficiently across the footprint.
- NHS Oversight Framework Adaptation: The Group Board has demonstrated maturity by jointly managing the transition to the NHS Oversight Framework, shifting board reporting from isolated, target-driven metrics toward the unified national priority areas.
- Black Country ICB Operating Model Alignment: The Integrated Care Board (ICB) has increasingly treated the RWT/WHT Group as a matured, single strategic provider block. The group's leadership team has actively negotiated the ICB's new operating model to handle strategic commissioning and provider collaborative workloads as a unified front.
- Joint Clinical and Patient Experience Governance: Regulatory transparency has been evidenced through combined clinical exceptions reporting—such as aligned, multi-site Midwifery and Chief Medical Officer assurance reviews directly to the single board. They have also advanced the Neighbourhood Health Plan model to anchor localized community care under one executive direction.

4.16 The learning, governance arrangements, and organisational development arising from the Wolverhampton and Walsall Group Model have provided significant benefits:

- The Group Model launched a refreshed shared strategy called Transforming Care Together, building on the 'Four Cs' – creating the vision for revised delivery models, integrated planning framework, resource allocation and workforce redesign across both Trusts
- Workforce stability – the Group Model helped build strong visible clinical and operational leadership which has resulted in greater consistency and sustainability
- The Group Model directly enabled Walsall to move out of quality special measures
- Inspection readiness – development of joint approach and preparation for regulatory assessment

4.17 The continued development of aligned governance, assurance and improvement approaches across the Group models is expected to strengthen consistency, organisational learning and system resilience whilst supporting delivery of high-quality, sustainable services across the Black Country.

4.18 The current arrangements have matured organically and now reflect the practical operational reality across the Black Country acute sector.

5. Proposal

5.1 It is proposed that the four Boards formally agree to continue the current strategic operating structure comprising:

Two Distinct Group Models

5.2 Wolverhampton and Walsall Group

- The Royal Wolverhampton NHS Trust
- Walsall Healthcare NHS Trust

5.3 Dudley and Sandwell Group

- The Dudley Group NHS Foundation Trust
- Sandwell and West Birmingham NHS Trust

5.4 Supported by:

- Continued Black Country-wide collaboration through the Black Country Provider Collaborative

6. Strategic Rationale

6.1 The proposed approach reflects the maturity and evolution of the current arrangements and provides the opportunity to:

- Maintain strategic cohesion across the Black Country
- Enable focused Group-level leadership and delivery
- Strengthen operational and clinical integration within each Group
- Continue collaborative delivery where scale adds value
- Preserve sovereign organisational accountability
- Reduce duplication and governance complexity

- Support sustainable workforce and service models
- Retain strong place-based leadership and identity
- Align organisational arrangements with operational reality
- Support the continued development of the Group governance spine and aligned assurance arrangements
- Strengthen organisational readiness and resilience for future regulatory inspections and oversight activity
- Enable the spread of organisational learning and best practice across Group partners
- Take the learning from positive Well-Led foundations established within Sandwell and West Birmingham NHS Trust
- Improve consistency of governance, leadership and assurance processes across the Group models
- Provide an organisational scale that remains operationally manageable and clinically connected
- Maintain stronger executive visibility and organisational grip than would likely be achievable within a single large-scale Black Country Group model
- Enable faster operational decision-making and implementation
- Support stronger place-based partnerships with local authorities, primary care and community partners
- Preserve organisational culture, identity and staff engagement within manageable organisational footprints
- Reduce the risk of excessive governance complexity associated with a single large-scale Group arrangement
- Allow collaboration to operate at the most appropriate level — Group-level where operational integration adds value and Black Country-wide where scale and standardisation are beneficial
- Create a more resilient and sustainable leadership model through shared executive capability whilst maintaining proximity to operational delivery
- Support clearer accountability and assurance arrangements through more focused governance structures
- Avoid destabilisation and organisational distraction associated with large-scale structural reorganisation

6.2 The approach also remains consistent with the broader national direction of travel supporting provider collaboration, Group operating models and system partnership working.

6.3 Collectively, the proposed arrangements are considered to represent the most proportionate, operationally effective and strategically sustainable organisational model currently available to the Black Country acute sector. The model enables collaboration and scale where beneficial, whilst preserving sufficient organisational focus, agility and place-based leadership to support effective operational delivery and continued improvement.

7. Governance Implications

7.1 Under the proposed arrangements, all four trusts would remain sovereign statutory organisations, each retaining its own Board, statutory responsibilities, and organisational accountabilities. The proposal does not seek to alter the legal status of any organisation, nor does it represent a merger or transfer of statutory functions.

7.2 The existing governance arrangements already established within the Wolverhampton and Walsall Group and Dudley and Sandwell Group would continue to operate in support of their respective strategic and operational priorities. This includes the continuation of Group-level leadership, joint working arrangements, aligned committee structures, and shared governance processes where these support improved delivery, consistency, organisational resilience and stronger collective oversight.

7.3 As part of the continued maturation of the Group model arrangements, significant work has been undertaken to develop a strengthened governance spine across the organisations. This has included the alignment of governance frameworks, committee structures, reporting arrangements, assurance processes, escalation routes, and strategic oversight mechanisms designed to support clearer accountability and more consistent organisational governance across the Groups.

7.4 The maturity of these arrangements has been positively reflected through recent regulatory assurance activity, including the achievement of a positive Well-Led assessment at Sandwell and West Birmingham NHS Trust. The governance and leadership learning arising from this work is expected to provide wider benefit across the Group arrangements and support ongoing organisational development and inspection readiness across the partner organisations, including forthcoming inspections.

7.5 Alongside the continued development of the two Group models, Black Country-wide collaboration would remain a central component of the wider strategic approach through the established Black Country Provider Collaborative framework. This would ensure that opportunities for collaboration at scale, pathway transformation, shared learning, workforce development, and system-wide improvement continue to be progressed collectively across the region.

7.6 The proposed model also provides stronger governance assurance than either a fully fragmented or wholly consolidated organisational approach. The existence of two mature Group arrangements enables:

- More manageable governance structures and committee oversight
- Clearer lines of accountability and escalation
- Greater executive and non-executive oversight capacity
- Stronger operational visibility and performance management
- More effective organisational risk management
- Greater consistency of governance standards across paired organisations
- Improved organisational responsiveness to regulatory oversight and inspection activity

7.8 The development of aligned governance spines within each Group arrangement provides a scalable and resilient governance architecture which supports both sovereign accountability and collaborative delivery.

7.9 Subject to approval by the four sovereign Boards, the proposed arrangements and future operating approach would also be shared with NHS England for approval as part of ongoing regional engagement and oversight discussions relating to provider collaboration, Group operating models, and system governance arrangements across the Black Country.

7.7 Importantly, any future changes to governance structures, leadership arrangements, or organisational form would remain subject to formal consideration and approval by the relevant sovereign Boards and, where required, completion of the appropriate statutory and regulatory processes.

8. Risks

8.1 Potential risks associated with the proposed approach include:

- Risk of divergence between Group priorities and wider Black Country objectives
- Potential duplication between Group and collaborative governance structures
- Requirement for continued clarity regarding decision-making accountabilities
- Maintaining equitable focus across place-based populations

8.2 These risks are considered manageable and materially lower than the risks associated with either organisational fragmentation across four standalone trusts or the creation of a single large-scale Group arrangement across all four organisations.

8.2 The proposed approach benefits from:

- Existing operational maturity
- Established leadership relationships
- Embedded collaborative behaviours
- Proven governance arrangements
- Existing regulatory assurance
- Incremental rather than disruptive organisational change

8.3 The continuation of the current arrangements therefore represents a lower-risk and more deliverable organisational model than undertaking major structural reorganisation at this stage of system maturity.

9 Recommendations

9.1. The proposed model reflects the principle that collaboration should occur at the most appropriate level: locally where operational proximity and place leadership are critical, at Group level where deeper integration improves delivery and resilience, and across the wider Black Country where scale and standardisation add greatest value.

9.2 The Group Trust Board held in Public, is asked to:

a) **Formally** recognise the maturity and establishment of the two existing Group operating models across:
   - **Wolverhampton and Walsall**
   - **Dudley and Sandwell**

b) **Approve** the continuation of the current operating structure comprising:
   - Two distinct Group models
   - Supported by the Black Country Provider Collaborative framework

c) **Note** that sovereign organisational accountability and statutory Board responsibilities remain unchanged.

d) **Support** the continued development of collaborative arrangements both within each Group model and across the wider Black Country system.

e) **Approve** submission of the agreed future operating arrangements to NHS England following approval by the four sovereign Boards as part of ongoing regional engagement regarding provider collaboration and Group operating models across the Black Country.

Simon Evans, Group Chief Strategy Officer/Deputy Chief Executive
May 2026

Tier 1 - Paper ref:	Enclosure 7

Report title:	Report of Escalation from Tier 1 Committee Chairs
Sponsoring executive:	Non-Executive Directors
Report author:	Paul Assinder – Group Vice Chair
Meeting title:	Group Board of Directors Meeting - in Public
Date of Meeting:	19 May 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)
- Digital & Estates Strategy Committee (DESC)

In addition, the Audit Committee Reports and the Charitable Funds Committee 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**	☒
Colleagues	- Support our **Colleagues**	☒
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☒

3. Previous Consideration *(at which meeting(s) has this paper/matter been previously discussed?)*

All Committees of the Board

4. Recommendation(s)/Action(s)

The Board is asked to review, consider and discuss:

a) The themes identified in the Alert Section 1

b) The summary Committee of the Board reports in Sections 2.1, 2.2 and 2.3

c) 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	☒	*Break even*
Group Assurance Framework Risk GBR02	☒	*Performance standards*
Group Assurance Framework Risk GBR03	☒	*Corporate transformation*
Group Assurance Framework Risk GBR04	☒	*Workforce transformation*
Group Assurance Framework Risk GBR05	☒	*Service transformation*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Joint Group Committees of the Board
Chairs' Assurance Report

Meetings held in March and April 2026

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)
- Group Digital & Estates Strategy Committee (DESC)

In addition, the Audit Committee Chairs Reports and the Charitable Funds Committee 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 of Escalation and Assurance
- 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

Escalation	Board Lead	Notes/Mitigation
Ophthalmology harms	CMO (RWT)	This follows ongoing monitoring given the identification of challenges with PAS integration within Ophthalmology resulting in cancelled appointments and a backlog for patients. A visit to Ophthalmology is being scheduled and an invite to meet with the Quality Committee will be discussed at that time. Discussions are ongoing with the ICB re alternative pathways to follow up Glaucoma patients.

2026/27 Savings Plans - The total gap vs target is currently £23.5m and £20.6m of schemes currently sit within red for delivery risk.	CFO	Work continues to progress on the pipeline. The schemes increase in planned yield after month 4 for RWT and month 7 for WHT and there is significant delivery risk.
WHT – Community waiting list has increased.	MD (WHT)	Improvement work has commenced across 4 initial pathways: MSK, Dietetics, SaLT & CNRT. Community Pediatrics . Short and long term options being scoped.
WHT – Diagnostic DM01 performance has deteriorated to 70% with latest bench marking placing the Trust 84th (out of 120 reporting general acute Trusts) and 14th regionally for DM01 performance. This is driven by a deterioration in MRI , NOUS, Audiology and Neuro.	MD (WHT)	Audiology is progressing with the recovery plan. Neurophysiology interim recovery actions are being progressed. Nous has been impacted by sickness and annual leave.
Transformation Planning for the move into Community – workforce implications, communication and resourcing change remain of concern.	SC	Hospital savings are underpinned by investment in a greater reliance on community-based care. We are concerned that plans for transitions are still in development.
Communications and Engagement Plan	CPEI	Requirement for clear public and internal engagement plan to ensure that transformational activity is understood and new approaches are effective
Assurance	**Board Lead**	**Notes / Mitigations**
Digital Partner	CFO	NHSE have supported the procurement route. 16 expressions of interest have been received.
Estate Conditions	CFO	A review of estate conditions will be undertaken every 4 years. Procurement details are being finalised.
Trusts Financial Position	CFO	Both Trusts achieved their end of year financial position
Improving Working lives – the ten point plan. Both Trusts have seen an improvement between the initial self-assessment in September and the second self-assessment in December 2025.	CPEI/CMOs	In the absence of a confirmed further NHSE self-assessment requirement, both Trusts would complete an internal self-assessment at the end of Q1. Significant progress has been made to enable reimbursement of study fees at the time the costs are incurred.
Both Trusts have received confirmation of their achievement of their Maternity Incentive Scheme 7 (MIS).	CNOs	Guidance has been received regarding the requirements for MIS year 8.

2.1 Alert – matters of concern for escalation

Finance & Productivity Committee

Performance

- Audiology is progressing with the recovery plan. Neurophysiology interim recovery actions are being progressed with agency support being scoped
- WHT – Community waiting list increased to 10,099 with 66.21% waiting 18 weeks or less. The trust ranks in the worst quartile nationally for over 52 week waits. Improvement work has commenced across 4 initial pathways: MSK, Dietetics, SaLT & CNRT. Community Paediatrics short and long term options being scoped.
- RWT – Ambulance handover times for all targets saw some improvement during February and March 2026, however, remain below target.
- WHT – Diagnostic DM01 performance deteriorated to 70% with latest bench marking placing the Trust 84th (out of 120 reporting general acute Trusts) and 14th regionally for DM01 performance. This is driven by a deterioration in MRI , NOUS, Audiology and Neuro.
- 13 week+ breaches totalled to 713.
- There is a significant risk to improvement in performance due to the capacity gap within MRI which will result in a worsening DM01 position if not resolved. Audiology is progressing with the recovery plan. Neurophysiology interim recovery actions are being progressed. Nous has been impacted by sickness and annual leave.

Finance (CIP)

- At Business Planning Meetings the Divisions have worked up schemes to the value of £57.8m (RWT - £40.2m, WHT, £17.6m). The total gap vs target is currently £23.5m and £20.6m of schemes currently sit within red for delivery risk. Work continues to progress on the pipeline. The schemes increase after month 4 for RWT and month 7 for WHT at the moment and there is significant delivery risk.

Quality Committee

- Opthalmology - 9 patients with Glaucoma where harm has been identified have been reported.
- The CQC report of their unannounced visit to the Emergency Department at New Cross Hospital, including SDEC, in November 2025, has now been published. The Action Plan remains in place with ongoing close monitoring in place. Mock inspections have been taking place, which have identified both positive improvements e.g. faster triage, ECG recordings, completion of nursing documentation and clinical assessments with areas for further development. A bid for investment in ED has been supported to the value of £8 million pounds.
- The Coroner has requested a medical review of the care provided for a frail patient admitted to RWT in November 2025 and transferred to Westpark for rehabilitation and whilst awaiting discharge their condition deteriorated rapidly and died of suspected sepsis due to a deep pressure injury.
- Following further discussions with West Midlands Fire Service (WMFS) re safety works needed in Block 32 – Maternity Services at New Cross Hospital, the Fire Safety Enforcement Notice issued remains in force with discussions ongoing with WMFS and NHSE.
- Discussions are ongoing with Staffordshire Fire and Rescue Service regarding outstanding works to be completed at Cannock Chase Hospital that are subject to a Fire Safety Enforcement Notice.
- The WMFS Fire Safety Enforcement Notice remains in place relating to the Nucleus Theatres in Block 55 at New Cross Hospital. It is anticipated that the Trust will meet the stated deadline date of the 27th of May 2026 for completion of the works.
- Following the Notice of Contravention issued by the Health and Safety Executive in August 2025, as a result of Entonox exposure levels, in the Delivery Suites at both RWT and WHT, further testing of staff has taken place. Mobile destruction units are in use at WHT; however, further discussions are taking place at RWT to secure an appropriate

2.1 Alert – matters of concern for escalation

Finance & Productivity Committee	Quality Committee
	solution. • The required Corrective and Preventative Action plan, accepted by the Human Tissue Authority following their inspection visit in December 2025, remains on track for completion by the end of May.

2.1 Alert – matters of concern for escalation

People Committee	Partnerships & Transformation Committee
• The Committee received both the M12 figures and the year end reporting. Workforce figures continue to fall below targets and the use of bank staff is an area of concern. • Across both Trusts the use of bank staff increased in Month 12 (RWT:+70.27 and WHT +15.54 compared to Month 11) driven by additional workforce needed for Q4 sprint, the need to support rapid improvement events and at RWT the need for extra support in ED following CQC inspection. • Across the 12 months to April 2026, the Group position was 543.73 adverse to the internal stretched plan, with WHT 248.31 adverse and RWT 295.35 adverse to plan. Substantive WTE decreased by 242.76, with RWT delivering 210.66 reduction and WHT 32.10. However bank across the group was 152.96 over plan with the greater proportion at RWT +116.70. Agency at RWT was +5.71 WTE and WHT has delivered a decrease of -7.56WTE. • Sickness absence and appraisal compliance across both trusts remain challenged. Use of Resources workforce workstream is closely monitoring sickness. • The committee received the Transforming Care Together (TCT) Workforce Redesign PID noting the committee's role seeking assurance against planned actions. The Committee noted (i) the PID would need to evolve to ensure workforce activity aligns to other TCT transformation programmes and (ii) the PID relating to Staff Culture, Involvement and Improvement will be received by the Committee at a future date and would need to complement the Workforce Design PID.	

2.2 Assure

Finance & Productivity Committee

Performance

- UEC 4-hour performance; both Trusts are above the national average and exceeded the 78% national target for March, ranking of 29th (RWT) and 6th (WHT) both upper quartile.
- Ambulance handover within 30 mins, out of 14 Trusts in the West Midlands the Trusts are ranked 2nd (WHT) and 9th (RWT).
- RWT remains in the upper quartile for DM01 diagnostics performance, above national average and exceeding the national 95% target.
- WHT RTT – achieved the stretched target with performance of 73.19% and remains 1st quartile for RTT 18 weeks, above national and regional average. 1st in the region 17 consecutive months and the percentage of 52-week breaches remains well below national threshold of 1%. The trust also exceeded the stretch target for time to 1st appointment within 18 weeks.
- RWT – RTT 65-weeks achieved zero in March 26.
- Latest performance both Trust's exceeded the 80% target for 28-day FDS cancer standard, WHT ranked 5th and RWT ranked 61st. WHT achieved all 3 cancer standards in February 26.

Finance

- Both Trusts achieved their forecast year-end trajectory.
- The Group delivered against its breakeven target following additional support agreed with commissioners and received over Q4. During late March the group was allocated a further £8.2m additional income from NHS England, NHS England specified that this additional funding must be reported as a surplus.
- Variable elective activity ended behind the Group plan by £4.2m for the year, with WHT above plan by £4.3m and RWT below plan by £8.5m. Year-end settlements with commissioners resulted in the full plan being paid and therefore this performance did not impact on the financial position.
- The total efficiency challenge in 2025/26 for the group is £87m; RWT £57m, WHT £30m. The in-month plan was £11.9m. In month 12 WHT underperformed by £1.4m against a plan of £5.3m. RWT underperformed by £2.3m in month against a plan of £6.6m.

Quality Committee

- C Difficile has been below the stated national trajectory for 2025-2026 in both Trusts.
- Following the successful implementation of Martha's rule the Wellness round, a key component of Martha's rule, has been rolled out across both Trusts.
- RWT achieved CHKS cancer pathway Accreditation.
- The NETS Survey results for WHT have shown continued improvement in the student experience with more students completing the survey. There is more of a mixed picture at RWT, however a range of actions are in place to improve the position.
- BCPS have maintained UKAS accreditation for all but Andrology services.
- The contract for Cervical Screening at RWT has been extended to March 2029.
- WHT has re-earned its level 3 Baby Friendly Accreditation with an action plan in place to address areas for further improvement.
- Both Trusts have received confirmation of their achievement of MIS year 7. Additionally, guidance has been received regarding the requirements for MIS year 8.
- The quarterly Maternity and Neonatal Safety meeting took place with RWT in March 2026 with positive assurance provided that the Trusts systems and processes are compliant and consistently applied in respect of any MNSI reviews.
- Research Report findings from the University of Staffordshire appraised maternity governance and investigation processes across 3 NHS Trusts and identified that the use of PSIRF is well embedded in the service at RWT.
- WHT has been awarded 2 additional HDU cots.

2.2 Assure

Finance & Productivity Committee	Quality Committee
• Capital expenditure for the year was £53.6m (£31.9m RWT and £21.7m WHT), an underspend of £1.16m (£1.3m RWT and -£0.14 WHT). • The cash position for both Trusts is positive at £42.7m for RWT, and £52.2m for WHT. <u>Workforce</u> • Overall RWT has a 1.5% reduction on total workforce, 0.1% at WHT, equates to 170 WTEs being deployed less at end of month 10 v month 12. There has been an overall reduction in Corporate workforce by 105 WTEs.	

2.2 Assure

People Committee	Partnerships & Transformation Committee
• The new BAF template was welcomed by the Committee, however it was noted further work on the content, connections to corporate risks and a review of the risk appetite towards workforce needed further development. The Committee received and discussed GBR4 which had been reviewed by the Executive and approved the recommendation of no change to the current score of 16. The Committee received update reports on: • Progress against the short-term EDI Delivery plan aimed at achieving a consistent governance framework to support Group and Trust specific inclusion work. • Results of the 2025 Staff Survey for both Trusts were discussed in detail. It was noted that a wider cultural development programme is required with detail being provided at the Board Development session on the 21 April 2026. • The Biannual Skills Mix Review for WHT • The Physician Associate Programme following the Leng Review. A previous report was received in September 2025. The Committee noted the number of PA's employed across the Trust and were assured of progress against the 8 recommendations made by the national review. • The committee were assured of progress against the NHSE/BMA programme to Improve Working Lives of Resident Doctors – the ten point plan. The	• Outpatient transformation update provided and discussion regarding areas of progress. Agreed to redesign report to focus more on transformational journey than detailed metrics to prevent repetition of F&P responsibilities. • Effective utilisation of Go See visits and integration into committee agenda and discussions • Community First agenda item increased confidence in approach and progression.

2.2 Assure

People Committee	Partnerships & Transformation Committee
committee were assured of the level of engagement and progress against the national plan and thanked the two Resident Doctors leads for each Trust for their report and leadership in the work. The Committee noted that both Trusts had seen an improvement between the initial self-assessment in September 2025 (RWT 58% & WHT 66%) and the second self-assessment in December 2025 (RWT 78% and WHT 76%). The Committee noted that most recently significant progress had been made to enable reimbursement of study fees at the time the costs are incurred. The Committee were assured that in the absence of a confirmed further NHSE self-assessment requirement, both Trusts would complete an internal self-assessment at the end of Q1. • The Committee received the GPC Effectiveness Survey for assurance.	

2.3 Advise

Finance & Productivity Committee	Quality Committee
• REAF 5738 Health Roster (Renewal Date: 01/04/26) – Endorsed to Trust Board. • REAF 5716 Continence (Renewal Date: 10/04/26) – Endorsed to Trust Board. • WHPC00441 Health Roster (Renewal Date 30/4/26) – Endorsed to Trust Board. • WHT0028 Continence Products and Home Delivery Service (Renewal Date 1/4/26) – Endorsed to Trust Board. • BAF Risks – Were reviewed, GBR 2 scoring is being re-examined due to modality split, GBR 3 is being re-worded. G Nuttall to liaise with K Bostock re corporate strategic risks for RWT Maternity Building and WHT Back Log Maintenance. • REAF 5752: Linen & Laundry Services (Contract Renewal Date: 1/9/26) – Endorsed to Trust Board • REAF: 5935 Addition of FIT Testing into Lot 1 Managed Service Contract for Clinical Chemistry (CRD: 1/5/26) – Committee Approved. • REAF: 5865 3-year Maintenance Contract Covering Various BCPS Owned Waters Limited Equipment (CRD: 1/4/26) – Noted as retrospective. • WHT0013: Linen & Laundry Services (CRD: 1/9/26) –	• A CQC engagement meeting took place at WHT on the 14th of March 2026 which included visits to the Emergency Department, Frailty Unit, Wards 2 and 10 and focus groups with nurses and doctors. • As a result of 3 reported incidents in February 2026, a CQC Ionising Radiation Regulations inspection of the Radiology Department took place on 22nd April 2026. Updated procedures have been forwarded to the CQC with expected ratification by 28th April. A review of the version control process for procedures is underway within the department. • The report of the visit by CQC and Ofsted re the Assessment of Services for Children and Young People with Special Educational Needs and/or Disabilities (SEND) in December 2025 with WHT with Walsall Partners has been received with actions for the Trust being undertaken. • As anticipated, the Andrology service at RWT no longer has UKAS accreditation. Discussions taking place with the ICB re HB who have capacity.

2.3 Advise

Finance & Productivity Committee	Quality Committee
Endorsed to Trust Board. • REAF: 5940 HPV Screening and Cytology Testing Equipment + Consumables Managed Service – 21 Month Contract (CRD: 1/7/26) – Endorsed to Trust Board. • Group 4 Year Capital Review – Endorsed to Trust Board. • RWT PFI Contract Variation – Endorsed to Trust Board. • Validation Services – Committee Approved.	• WHT remains SACT non-compliant with pharmacy and nursing sign off in place, however, consultant validation and sign off is outstanding with a June 2026 deadline for the trust to confirm compliance. Actions are in place to resolve this situation. • Duty of Candour compliance within the surgical division at WHT has fallen to 20% and complaints response at 36% as a result of awaiting medical statements. This is being followed up within the Trust. • Patient sensitive indicators, particularly falls and pressure ulcers, across both Trusts vary with some months showing improvement whilst other months deterioration but within tolerance levels. Actions are ongoing to reduce falls and pressure ulcers with some improvements evident and good collaborative working across the group. The promotion of both the Bathroom First initiative and Eat, Drink, Dress and Move to improve continues. Malnutrition Universal Screening Tool (Must) compliance is improving; however, neurological observations continue to be below policy guidance. A bespoke education and training package has been developed to improve compliance. • 2 week cancer waits are monitored internally. At RWT 79.82% and at WHT 72.06% of patients were seen within 2 weeks. RWT has seen an increase in Colorectal, Haematology and upper GI referrals. WHT's Breast service has now recovered. • Both Trusts continue to exceed the 80% target in respect of the 28 day Faster Diagnosis Cancer Standard. • For 31 days RWT's performance has improved but is below the 96% standard. WHT achieved 100% performance in February. • RWT's 62 day waits are below trajectory at 72.75% against the 75% national target by the end of March 2026. Gynae, Renal and Urology remain the most challenged areas together with the additional patients from Sandwell and West Birmingham and Walsall as a result of the ongoing workforce issue within Neurology at

2.3 Advise

Finance & Productivity Committee	Quality Committee
	University Hospitals Birmingham. WHT achieved the standard at 79.05%. • Diagnostics performance (DM01) at WHT remains below target at 70% as a result of challenges within MRI, Non Obstetric Ultrasound, Audiology and Neurophysiology. Two mobile scanners are on site and extra capacity is in place via the Nuffield hospital all operating at full capacity. • Ambulance handover times across both Trusts for 15, 30 and 60 mins improved during March. Both trusts achieve the 4 hour target in March. • At RWT 14.93% of patients exceeded a 12 hour wait in ED very slightly up from February's performance. At WHT 3.43% of patients exceeded the 12 hour wait. • Corridor Care is now subject to external reporting with WHT confirming that the Corridor has not been used in March or April. In respect of RWT use of the "Push" model will be part of the reporting. • Ongoing challenges remain in securing the required timely clinical support for the volume of patients with Mental Health issues attending ED mainly at WHT. The new role - Head of Mental Health and Safeguarding now has an individual in post and the Penn unit has now reopened for Adult admissions both of which should help in improving the situation. • WHT has been identified as an outlier nationally (second highest for Level1/2 units) for preterm births – a multiprofessional Quality Improvement Project is underway to understand the underlying causes. • Both Trusts are performing well as identified in the Regional Heatmap scoring 15 (WHT and 16 RWT against the regional average of 23.5. • Following the Trust Boards support for the Birthrate plus staffing recommendations for WHT, staff are not, as yet, in place for Phase one of the recommendations. This is impacting on the Triage service and the postnatal ward and given the expected increase in births the staffing has now been approved as a cost pressure for the division. • Work is being progressed across RWT and WHT to

2.3 Advise	
Finance & Productivity Committee	**Quality Committee**
	secure a digital solution to facilitate the use of the required National Maternity Early Warning System. • Following an increase in 3rd degree tears during delivery, a thematic review has been undertaken and actions in place to address the situation. • Ongoing challenges in respect of decontamination within Endoscopy could impact on the Trust retaining its Joint Advisory Group on Gastrointestinal Endoscopy (JAG_ accreditation. The accreditation visit has been delayed given the introduction of the EPR. • Ongoing Aseptic Unit risks continue leading to reduced expiry dates and outsourcing of TPN. Delays to chemotherapy have also occurred. • Following a never event at WHT in 2023 related to a Nasogastric tube an audit has identified that not all safety actions put in place are being adhered. Actions are in place to improve compliance. • A new more simplified BAF tool was presented which showed no change to the BAF scores. A number of proposals, for consideration by the appropriate Committees, have been made together with changes to how Horizon scanning will operate moving forward. The Trust risk registers were also presented.

2.3 Advise	
People Committee	**Partnerships & Transformation Committee**
• A detailed overview of the workforce plans to deliver against the 26/27 operational / financial plan to be received at the May Committee. • Review of targets and thresholds for 26/27 financial year, to include methodology. • Detail on the implementation of the National Management and Leadership Framework once a publication date has been confirmed • Guardian of safe working paper to be received quarterly at Group People Committee. The committee felt that assurance was required regarding the welfare implications of the exception reporting.	• Funding allocations for Place are not confirmed, the committee will monitor any impacts of partnership delivery and/or financial impact for the Group.

Tier 1 - Paper ref:	Enc 7.1

Report title:	Committee Chair's Report on Group Board Assurance Framework
Sponsoring executive:	Kevin Bostock, Group Chief Safety & Assurance Officer
Report author:	Cody Long, Group Deputy Director of Assurance
Meeting title:	RWT/WHT Group Trust Board Meeting to be held in Public
Date:	19 May 2026

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

To assure the Group Board, that the Executive Directors reviewed and assessed the Group Board Assurance Framework in April 2026 ahead of their presentation at the Committees of the Board for approval.

The Board is advised that following the review by the Executive and the Committees of the Board, the following risk scores remain unchanged for the following BAFS:

GBR1 – **3-year path to break even** (Group Finance and Productivity Committee)
4 likelihood x 4 consequence = 16 (no change)
GBR2 – Meeting or exceeding constitutional standards (Group Finance and Productivity Committee)
3 likelihood x 4 consequence =12 (no change)
GBR3 – Right-size Corporate Structure (Group Finance and Productivity Committee)
3 likelihood x 4 consequence = 12 (no change)
GBR4 – Workforce Transformation (Group People Committee)
4 likelihood x 4 consequence = 16 (no change)
GBR5 – Service Transformation (Group Partnerships and Transformation Committee)
3 likelihood x 4 consequence = 12 (no change)

The Board is alerted that following the review of GBR1, GBR2 and GBR3 by the Executive leads, it was recommended that these be considered as Site BAFs. The Group Finance & Productivity Committee received these recommendations and noted that discussions were still ongoing which would be presented to a future Committee for approval.

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

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

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

Review and discussions undertaken in April 2026 by Executive and Committees of the Board.

4. Recommendation(s)/Action(s)

The RWT/WHT Group Trust Board to receive for information and assurance

a) the evidence received to date relating to any BAF Group Risks by the relevant Committees of the Board and lead Executives

b) the Committees of the Board received and discussed any Corporate Risk Register Risks associated with the BAF Risk.

c) the Risk Score assessment received and approved by the Committees of the Board

4. Recommendation(s)/Action(s)
d) There were no risk levels to escalate which exceed the Risk Tolerance score
e) There were no emerging potential risks included on or for inclusion on the summary 'Watch List' (see Annex 1).

5. Impact *[indicate with an **'X'** which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
Group Assurance Framework Risk GBR01	☒	*Break even*
Group Assurance Framework Risk GBR02	☒	*Performance standards*
Group Assurance Framework Risk GBR03	☒	*Corporate transformation*
Group Assurance Framework Risk GBR04	☒	*Workforce transformation*
Group Assurance Framework Risk GBR05	☒	*Service transformation*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Board Assurance Framework

1. Executive summary

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

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

It provides an update from the responsible Executives, for review by the Committee of the Board to approve and include any potential emerging risks on a new Watch List.

Contents

2. Future Considerations – Horizon Scanning and Watch List

2.1 An initial example of the Horizon Scanning information was made available as part of the initial preparation of the new BAF (see Annex 1). However, the Trust lacks the resource to maintain this centrally so each Committee will be charged with its own Horizon Scanning supported by executives.

2.2 The 'Summary Watch List' has been established (see later in this document). It is important that this is maintained as a forward-looking list, focussing only on significant future potential risks to the Trusts and/or Group strategic objectives over the next 3-5 years. Short-term or immediate Risks must be placed on the Corporate Risk register, unless they are an Issue, in which case they must be differentiated from Risks.

3. Recommendations

3.1 The RWT/WHT Group Board is asked to receive for information and assurance:

- the evidence received to date relating to any BAF Group Risks by the relevant Committees of the Board and lead Executives
- the Committees of the Board received and discussed any Corporate Risk Register Risks associated with the BAF Risk
- the Risk Score assessment received and approved by the Committees of the Board
- There were no risk levels to escalate which exceed the Risk Tolerance score
- There were no emerging potential risks included on or for inclusion on the summary 'Watch List' (see Annex 1).

ANZ Risk Scoring Matrix

What is the likelihood of occurrence?

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

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

Assign a grade

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

Assign severity

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

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

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

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

TCT Priority	Strategic Aim & Objective	ID	Group BAF Risk	BAF Risk Score	Movement since last period	Risk Appetite Description	Committee of the Board	Lead
Productivity and Financial Sustainability	1) Excel in the delivery of care	GBR1	**3-year path to break-even** If the Trusts in the Group are individually and collectively unable to achieve financial break-even by year end 2027/28 then the Trusts and the system will be non-compliant with NHSE/DH+ NHS Provider License requirements resulting in special measures regime imposition and reputational damage and vulnerability as non-financially viable organisations.	**Current** (L) 4 x (C) 4 = 16 Initial (L) 5 x (C) 4 =20 Target (L) 2 x (C) 4 = 8	⟷	(3) Cautious: We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor Risk Tolerance – 4x5= 20	Finance and Performance	Group Chief Financial Officer
To delivery exceptional care together to improve the heath and well being of our communities	1) Excel in the delivery of care	GBR 2	**Meeting or exceeding constitutional standards** **If** the Trusts in the Group are individually and collectively unable to recover and meet future access (constitutional) standards over the next 3-5 years (e.g. RTT) **then** the Trusts individually and/or collectively will be non-compliant with future contract requirements **resulting in** special measures regime imposition and reputational damage and vulnerability as non-financially viable organisations.	**Current** (L) 3 x (C) 4 = 12 Initial (L) 4 x (C) 4 =16 Target (L) 1 x (C) 4 = 4	⟷	**(4) Open:** Willing to consider all potential delivery options and choose while also providing an acceptable level of reward Risk Tolerance – 3x5=15	Finance and Performance	Managing Directors
Workforce Redesign	4) Effective Collaboration	GBR 3	**Right-size Corporate Structure** **If** the Group Trusts are unable to optimise the Group Structure (from the Corporate Services Review) (including potential use of a Subsidiary vehicle) including the scale of efficiencies and cost-reduction required whilst maintaining or improving standards and performance **then** the Trusts/Group would be unable to meet its future corporate governance needs, financial and staff reduction requirements **resulting in** inability to achieve financial recovery, special measures regime imposition, reputational damage and vulnerability as non-financially viable organisations.	**Current** (L) 3 x (C) 4 = 12 Initial (L) 4 x (C) 4 =16 Target (L) 1 x (C) 4 = 4	⟷	**(4) Open:** We are willing to consider all potential delivery options and choose the ones most likely to result in successful delivery while also providing an acceptable level of reward Risk Tolerance – 3x4=12	Finance and Performance	Group Chief Strategy Officer
Workforce Redesign	2) Support our Colleagues	GBR 4	**Workforce Transformation** **If** the Trusts/Group workforce transformation plan (reduced staffing, use of new technology, culture & behaviour) is not achieved **then** there may be a disconnect between the corporate aspirations, targets and requirements **resulting in** an increasingly disengaged and disenfranchised workforce (staff survey) (and regulatory expectations/requirements e.g. CQC safe staffing) that slows, halts or reverses the transformation programme including greater efficiencies and service change.	**Current** (L) 4 x (C) 4 = 16 Initial (L) 5 x (C) 4 = 20 Target (L) 2 x (C) 4 = 8	⟷	**(4) Open:** We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff. Risk Tolerance – 5x4=20	People Committee	Group Chief People Committee
Community First	3) Improve Health of Communities	GBR 5	**Service transformation** **If** the Trusts/Group clinical service transformation plan is unable to achieve its aims and objectives &/or maintain or improve quality & safety **then** quality and safety standards may fall and/or become compromised **resulting in** increased claims, low staff morale (staff survey), declining reputation (F&FT) and increased scrutiny/inspection and/or declining ratings (CQC et al).	**Current** (L) 3 x (C) 4 = 12 Initial (L) 5 x (C) 4 =20 Target (L) 2 x (C) 4 = 8	⟷	**(5) Seek:** We are eager to be innovative and to choose options offering potentially higher rewards despite greater inherent risk Risk Tolerance – 4x5=20	Partnerships and Transformation Committee	Group Chief Strategy Officer

Strategic Aim & Objective Excel in the delivery of care	**Risk Title: GBR1 - 3-year path to break-even** **If** the Trusts in the Group are individually and collectively unable to achieve financial break-even by year end 2027/28 **then** the Trusts and the system will be non-compliant with NHSE/DH+ NHS Provider License requirements **resulting in** special measures regime imposition and reputational damage and vulnerability as non-financially viable organisations.				
Risk Tolerance 4x5 = 20 **Risk Appetite 2-4 (0, 1, 2, 6, 9)** **Primary RA Statement 1 – 3**	**Risk Appetite:** (3) Cautious: We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor				
Risk Owner:	**Board Committee:**	**Linked Risks on the Corporate Risk Register**			
Group Chief Financial Officer Kevin Stringer	Finance and Productivity	**228, 230, 421, 424, 425, 426, 428, 435, 438, 440**			
Opened Date:	**Initial Score** with no controls applied	**Current Score** with controls in place	**Target Score** after actions are completed	**Score History – Movement from last period**	
April 2025	(L) 5 x (C) 4 = 20	(L) 4 x (C) 4 = 16	(L) 2 x (C) 4 = 8	⟺	
April 2026	**June 2026**	**August 2026**	**October 2026**	**December 2026**	**February 2027**
(L) 4 x (C) 4 = 16					

Controls	Assurances	Gaps in Controls	Negative Assurances	Actions for Committee Consideration
• Reporting on Plan at each meeting. • Control measures remain in place for temporary manpower, vacancy review panels. • Non-pay/discretionary spend controls continue in place. • Training in budget management – adherence to Monthly budget @ both. • New financial system implemented. • Step-up in CiP from UoR Plan WiP esp Clinical productivity • Turnaround director to support delivery of financial plan but too early to tell yet • Delivery actions for the FRP– submission to November 25 board. • 3/2/2026 - Use of Resources	• Draft Head of IA and EA opinions give significant assurances. • Increased controls now part of BAU. • CFS Prosecutions – follow-through on Fraud – culture change. • New financial system approved now live. • Increase in Theatre productivity in IQPR. • 3/2/2026 - Discussions with the ICB have secured additional financial support • Continuous updates of the Group Recovery Financial Plan which is shared at F&P and Board	• Not a fully identified CIP plan. • A proportion of the CIP plan relies non-recurring projects.	• Strike action and pay awards • Termination costs funding • Severance costs • ICS -not paying for ERF over activity plan • 3/2/2026 - Winter pressures • Scale of CIP required • Likelihood of further tariff and payment rules in 2027/28	• **Move to a site based BAF risk. KS and Chair of F&P**

Strategic Aim & Objective Excel in the delivery of care	**Risk Title: GBR2 – Meeting or exceeding constitutional standards** **If** the Trusts in the Group are individually and/or collectively unable to recover and meet future access (constitutional standards over the next 3-5 years (e.g. RTT) **then** the Trusts individually and/or collectively will be non-compliant with future contract requirements **resulting in** special measures regime imposition and reputational damage and vulnerability as non-financially viable organisations
Risk Tolerance 3x5=15 **Risk Appetite 2-4 (2, 4, 5, 6)** **Primary RA Statement 0-4**	**Risk Appetite:** (4) Open: Willing to consider all potential delivery options and choose while also providing an acceptable level of reward

Risk Owner:	**Board Committee:**	**Linked Risks on the Corporate Risk Register**
Managing Director (Gwen Nuttal - RWT Amelia Godson - WHT)	Finance and Productivity	**85, 144, 226, 227, 231**

Opened Date:	**Initial Score** with no controls applied	**Current Score** with controls in place	**Target Score** after actions are completed	**Score History – Movement from last period**
April 2025	(L) 4 x (C) 4 = 16	(L) 3 x (C) 4 = 12	(L) 1 x (C) 4 = 4	⟺

April 2026	**June 2026**	**August 2026**	**October 2026**	**December 2026**	**February 2027**
(L) 3 x (C) 4 = 12					

Controls	**Assurances**	**Gaps in Controls**	**Negative Assurances**	**Actions for Committee Consideration**
IQPR pack to F&PC monthly reporting compliance against trajectories agreed as part of organisations planning return. Routine corporate assurance meetings in place across both Trusts with escalation meetings on an extraordinary basis according to need, e.g. CEO meeting at RWT on RTT. Corporate meetings above are underpinned by governance structure at Divisional level. Participation in planned care and UEC sprints.	WHT is not tiered for either UEC or electives. RWT is not tiered for UEC IQPR pack to F&P and Trust Board. WHT in segment 2 of the National Oversight Framework for access to services RWT in segment 3 of the National Oversight Framework for access to services	Achieving RTT requires confirmation of sufficient ERF. (CRR) subject to contract confirmation. Changes in referral practices from Sandwell for emergency care increasing at WHT. RWT - NOF moved to tier 4.	Growth in back-log for follow up not covered by RTT standard e.g. monitoring as part of condition, or treatment as follow up to known or suspected cancer - WHT. RWT is in Tier 2 for Elective performance. Clear impact of EPR implementation at RWT impacting on activity recording, UEC and RTT performance	• **Move to a site based BAF risk. AG / GN and Chair of F&P**

Strategic Aim & Objective Excel in the delivery of care	**Risk Title: GBR3 – Right-size Corporate Structure** **If** the Group Trusts are unable to optimise the Group Structure (from the Corporate Services Review) (including potential use of a Subsidiary vehicle) including the scale of efficiencies and cost-reduction required whilst maintaining or improving standards and performance **then** the Trusts/Group would be unable to meet its future corporate governance needs, financial and staff reduction requirements **resulting in** inability to achieve financial recovery, special measures regime imposition, reputational damage and vulnerability as non-financially viable organisations.
Risk Tolerance 3x4 = 12 **Risk Appetite 2-5 (0, 1, 7, 8, 10)** **Primary RA Statement 8 - 4**	**Risk Appetite:** (4) Open: Willing to consider all potential delivery options and choose while also providing an acceptable level of reward

Risk Owner:	**Board Committee:**	**Linked Risks on the Corporate Risk Register**		
Group Chief Strategy Officer Simon Evans	Finance and Productivity	**421**		
Opened Date:	**Initial Score** with no controls applied	**Current Score** with controls in place	**Target Score** after actions are completed	**Score History – Movement from last period**
April 2025	(L) 4 x (C) 4 = 16	(L) 3 x (C) 4 = 12	(L) 1 x (C) 4 = 4	⟺

April 2026	**June 2026**	**August 2026**	**October 2026**	**December 2026**	**February 2027**
(L) 3 x (C) 4 = 12					

Controls	**Assurances**	**Gaps in Controls**	**Negative Assurances**	**Actions for Committee Consideration**
Deloitte work with individual executives in May/June. Outputs of Deloitte to PC (Headcount) and Use of resources (at F&PC) based on Workforce figures. ToR for Use of Resources Group - formal reporting to GMC Regular meetings with GCEO occur. Monthly BCPC CSTP board discussions. Plan in place for delivering the corporate services 'to be' structure. The Bain work completed and presented to corporate services transformation group, DW and JCB as Group CEOs across the collaborative. A proposal paper has been drafted with recommendations for the following function, finance, people, digital and technology, estates and facilities and procurement to go to the next JPC 26 February 2026.	Use of resources update report includes CIP Programme and position. Minutes from April 25 – Deloitte Impact update including Corporate Services review work. Use of resources/CIP Update (KS) – includes elements of CIP programme. Progress of UoResources at function level. Reported to F&P committee. Corporate Service programme progress covered by GCPO at Board BCPC – Specified Bank, Recruitment, R&D, Communications – services improvements – not necessarily headcount or CiP. CEO met SRO for BCPC, agreed to progress collaborative bank and recruitment team across the system. JPC report to Board Commissioned Bain to complete a diagnostic assessment of the options across all 4 trusts. All corporate services have completed their proposed structures based on group model.	Funding still to be identified to deliver final 'to be' structure across corporate services.		• **Consideration of closure by committee. Simon Evans – F&P**

Strategic Aim & Objective Excel in the delivery of care	**Risk Title: GBR4 – Workforce Transformation** **If** the Trusts/Group workforce transformation plan (reduced staffing, use of new technology, culture & behaviour) is not achieved **then** there may be a disconnect between the corporate aspirations, targets and requirements **resulting in** an increasingly disengaged and disenfranchised workforce (staff survey) (and regulatory expectations/requirements e.g. CQC safe staffing) that slows, halts or reverses the transformation programme including greater efficiencies and service change.
Risk Tolerance 5x4=20 **Risk Appetite 2-5 (0, 2, 3, 4, 5, 7,9)** **Primary RA Statement 7 - 4**	**Risk Appetite:** (4) Open: Willing to consider all potential delivery options and choose while also providing an acceptable level of reward

Risk Owner:	**Board Committee:**	**Linked Risks on the Corporate Risk Register**		
Group Chief People Officer **Claire Radley**	People Committee	**84**		
Opened Date:	**Initial Score** with no controls applied	**Current Score** with controls in place	**Target Score** after actions are completed	**Score History – Movement from last period**
April 2025	(L) 5 x (C) 4 = 20	(L) 4 x (C) 4 = 16	(L) 2 x (C) 4 = 8	⟺

April 2026	**June 2026**	**August 2026**	**October 2026**	**December 2026**	**February 2027**
(L) 4 x (C) 4 = 16					

Controls	**Assurances**	**Gaps in Controls**	**Negative Assurances**	**Actions for Committee Consideration**
Sickness Absence Reduction Plan Yr 2 People Strategy evidence Freedom to Speak up Service Equality Impact Assessment Process in Place Executive Vacancy / Recruitment review panels. Workforce trajectory plan to PC on a monthly basis. Team briefs Go Look See (Executive Walkabouts)	Sickness absence measurement Measurement of performance against Strategy Freedom to Speak Up Quarterly Report provided to People Committee and Bi-Annually to Board Cultural conversations taking place with staff and Chief Officers. Performance against plan Staff Survey feedback Patient and Staff Feedback Surveys	-rostering implementation - ongoing Clear-note/Heidi systems – O.P. transformation group Not at a Group level, but some at service/directorate Awaiting clinical service strategy and Digital Programme strategy defining the future workforce requirements. Equality Impact Assessment for workforce transformation in progress Cultural conversations to be formalised – mechanism to be agreed.	Divisional workstreams to support the workforce plan are not fully developed – unidentified workforce CIP Workforce reduction plan – linked to the financial recovery plan, outputs currently unknown. Patient and Staff Feedback Surveys	**None**

Strategic Aim & Objective Excel in the delivery of care	**Risk Title: GBR5 – Service transformation** **If** the Trusts/Group clinical service transformation plan is unable to achieve its aims and objectives &/or maintain or improve quality & safety **then** quality and safety standards may fall and/or become compromised **resulting in**. increased claims, low staff morale (staff survey), declining reputation (F&FT) and increased scrutiny/inspection and/or declining ratings (CQC et al).
Risk Tolerance 4x5=20 **Risk Appetite 3-5 (0, 2, 3, 4, 5, 7, 10)** **Primary RA Statement**	**Risk Appetite:** (5) Seek: We are eager to be innovative and to choose options offering potentially higher rewards despite greater inherent risk

Risk Owner:	**Board Committee:**	**Linked Risks on the Corporate Risk Register**		
Group Chief Strategy Officer Simon Evans	Partnership and Transformation Committee	**84**		
Opened Date:	**Initial Score** with no controls applied	**Current Score** with controls in place	**Target Score** after actions are completed	**Score History – Movement from last period**
April 2025	(L) 5 x (C) 4 = 20	(L) 3 x (C) 4 = 12	(L) 2 x (C) 4 = 8	⟺

April 2026	**June 2026**	**August 2026**	**October 2026**	**December 2026**	**February 2027**
(L) 3 x (C) 4 = 12					

Controls	**Assurances**	**Gaps in Controls**	**Negative Assurances**	**Actions for Committee Consideration**
Plan to Board. Monthly updates to P&TC. New Clinical Strategy. Agreement reached at on Exec awayday in August 25 on community first programme. Presentation delivered at the Board development session in September 25. Commissioned external support through PA consulting to deliver the community first transformation plan 26/27. Business case approval from ICB and NHSE to proceed with PA Consultancy (community first programme). Monthly meetings with PA taking place to review progress with an output report for the 6 month pilot due end March 2026.	Deloitte contract – increased controls impact. Routine reporting to partnerships committee on the community first proposal. PA Consulting commenced work on 1/10/2025, workshops held at WHT 12/10/25 and RWT 16/10/25. Detailed project proposals developed for all themes within the transformation plan. Rapid improvement events RIE have been held across both trusts. This has identified opportunities to improve pathways of care and revised operating procedures. Currently being monitored to determine in the changes are delivering the improvements at the desired pace and scale. Draft proposals presented to Private Trust Board March 2026.		10-year Plan impact. Changing NHS Operating Model post-ICB and ACO.	**None**

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

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

Trust Strategic Objectives

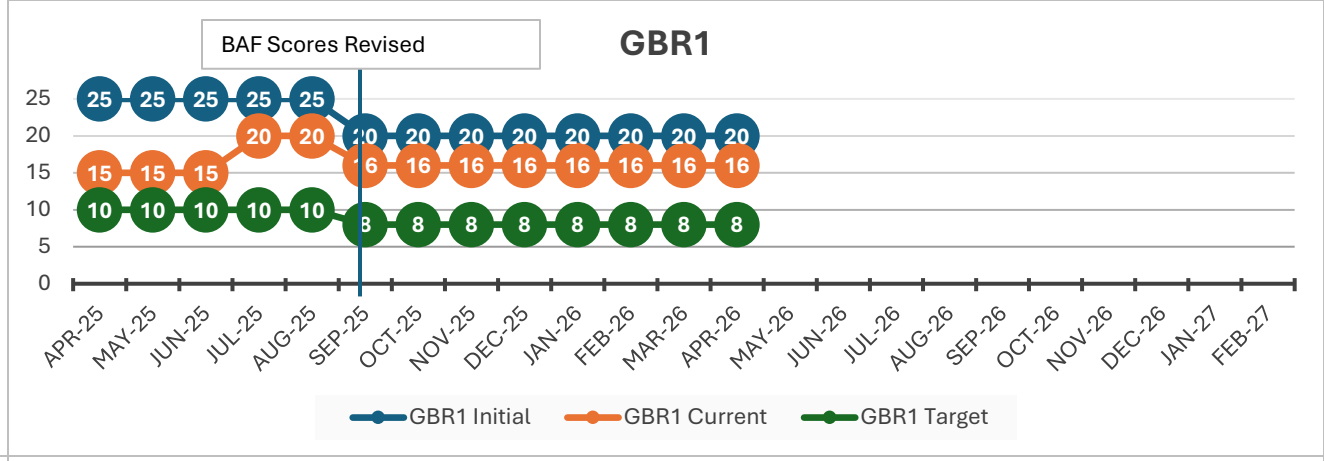
Summary of Board Assurance Framework entries as of February 2025

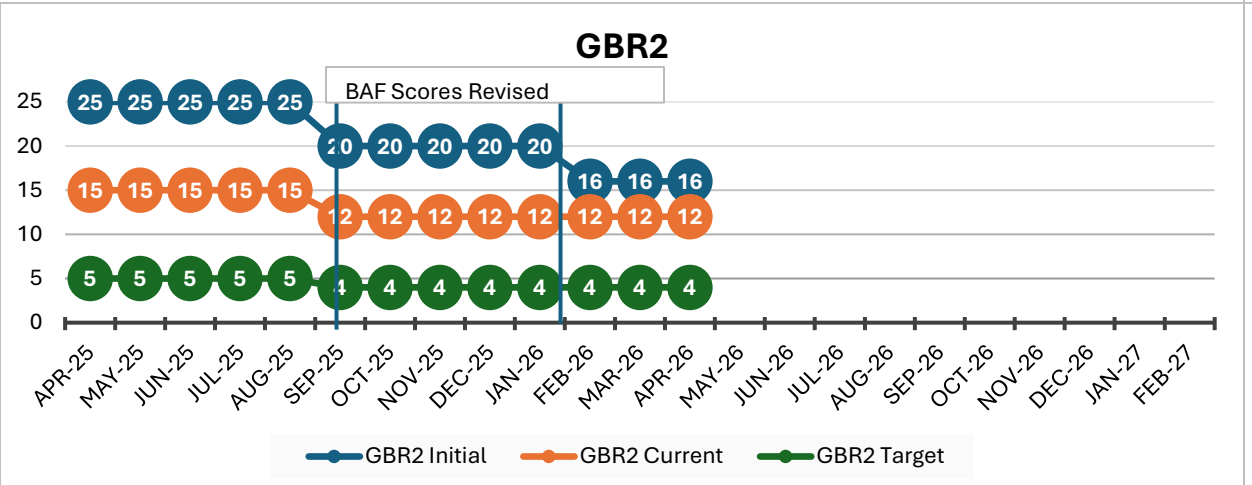
Strategic Aim	Associated Strategic Objectives
1. Excel in the delivery of Care *We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.*	a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations
2. Support our Colleagues *We will be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations.*	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standard
3. Improve the Health of our Communities *We will positively contribute to the health and wellbeing of the communities we serve.*	a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1st April 2025 c) Deliver improvements at PLACE in the health of our communities
4. Effective Collaboration *We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.*	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care

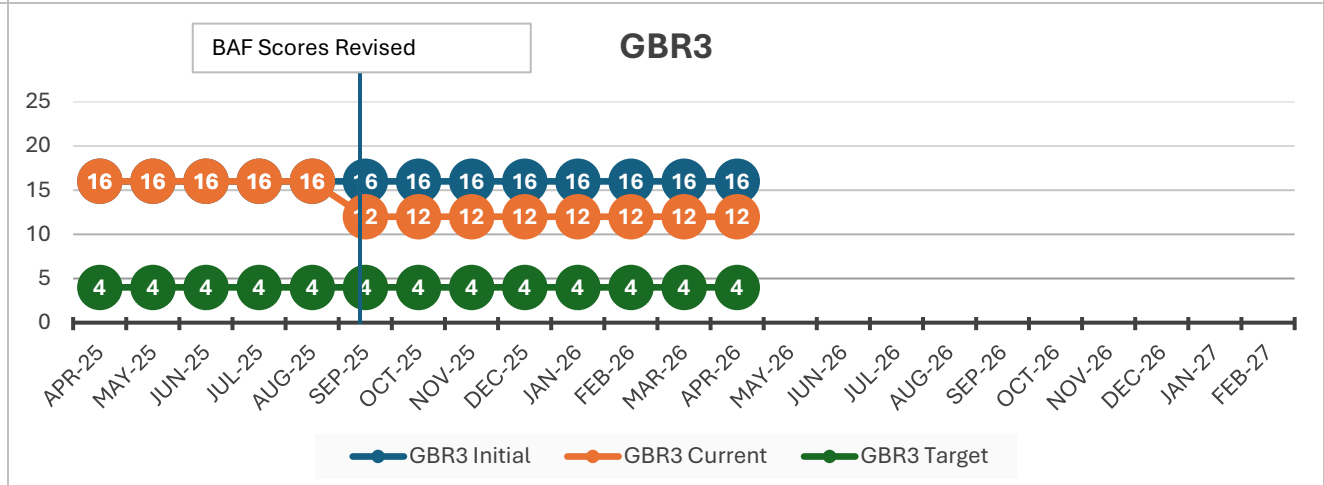
BAF Risk Trajectory

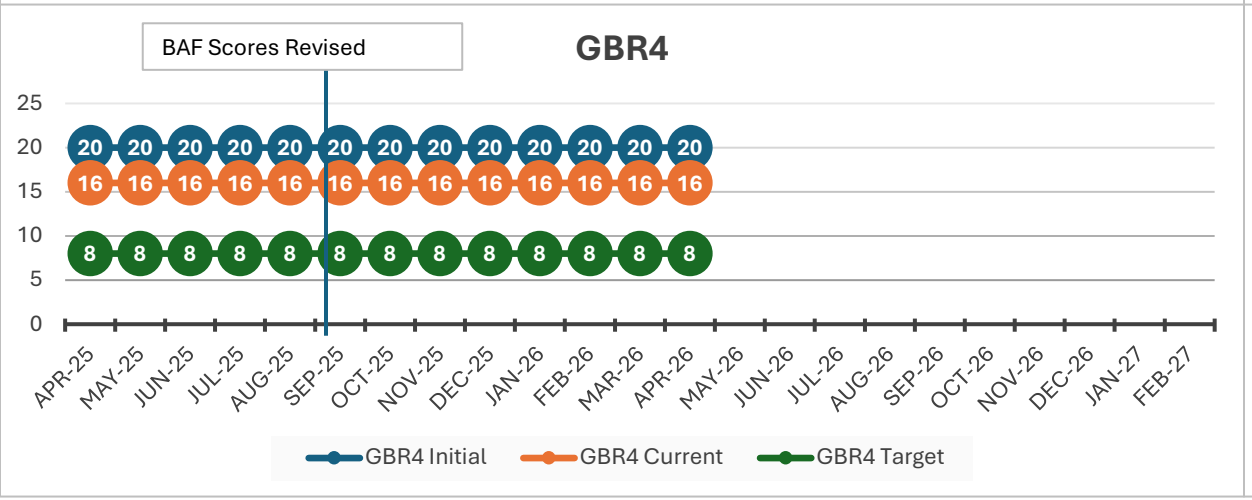
Commentary:

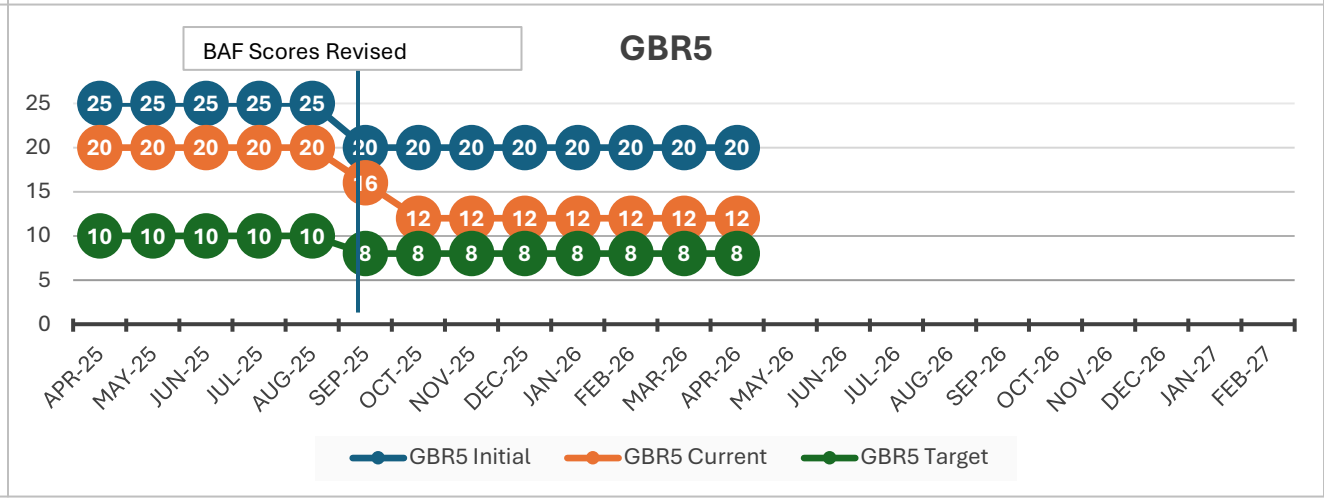
No changes to the BAF scores April 2026











Enclosure 8

Report title:	2025 NHS Staff Survey Results for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT)
Sponsoring executive:	Dr Claire Radley, Group Chief People, Culture and Improvement Officer
Report author:	Karen Bendall, Saff Engagement and Organisational Development Lead. Email: k.bendall1@nhs.net Amy Sykes, Head of Organisational Development and Workforce Transformation. Email: amy.sykes1@nhs.net
Meeting title:	Group Trust Board Meeting held in Public
Date:	19 May 2026

1. Summary of key issues

The National Staff Survey results were published on 12 March 2026. This report outlines the key results for both Trusts and provides a set of next steps to address areas for improvement.

Both Trusts have seen a decline in response rate for the survey and both trusts have declined on all the 7 People Promise indicators and the themes of Staff Engagement and Morale. All scores for both Trusts are below the sector national average. Most sub-scores have declined and fall below the national average. The advocacy sub score is used as part the NHS Oversight Framework and has reduced for both organisations as well as nationally.

Assurance will be provided to staff through ongoing communication that feedback from the survey has been received and at Trust, divisional and team level, time will be taken to understand the extent to which the feedback reflects experience through a series of engagement and listening events. The outcome of these events will inform the identification of appropriate actions which must be checked with colleagues to ensure they are relevant and meaningful.

A cultural development plan will outline steps to address deep-rooted culture, behaviour and leadership issues and to create the conditions for effective cultural change, although given the complexity of the work this is unlikely to impact the 2026 staff survey results.

A 'breakthrough' priority relating to the Transforming Care Together strategic initiative of staff experience, involvement and culture – 'we want our colleagues to feel cared about' – is also in development, at Trust and Group level.

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

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

An initial discussion took place at the Group Executive Meeting on 4 March 2026, during which it was acknowledged that both Trusts need to adopt a different approach to better understand and improve staff experience in the workplace. Key observations included:

- Staff engagement should not be limited to responses arising from the annual Staff Survey; instead, it should form part of a continuous and proactive approach.
- The ongoing development of the Transforming Care Together (TCT) strategy presents an opportunity to explore staff feedback in greater depth and align actions with the TCT breakthrough priority: Colleagues feel cared about.
- Leaders at all levels play a critical role in triangulating Staff Survey results with other key sources of information, engaging with staff to understand how the data resonates, determining whether proposed actions are appropriate, identifying priority actions that can be taken immediately, and shaping longer-term improvements.
- Time should be taken to reflect, consider, and agree the next steps, informed by meaningful listening and engagement activities with staff.

The Report was received and discussed in detail at the Group People Committee on the 30 March 2026. A more in depth Board development session took place on the 21 April 2026, which set out cultural change principles and an approach to cultural and behavioural change. This will be used as the foundation for the Cultural Development Plan, which will be shared with Group People Committee during Quarter 3.

4. Recommendation(s)
The Group Board is asked to :
Receive the report for information and assurance regarding the NHS Staff Survey results for RWT and WHT.

5. Impact *[indicate with an **'X'** which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
Group Assurance Framework Risk GBR01	☐	*Break even*
Group Assurance Framework Risk GBR02	☐	*Performance standards*
Group Assurance Framework Risk GBR03	☐	*Corporate transformation*
Group Assurance Framework Risk GBR04	☒	*Workforce transformation*
Group Assurance Framework Risk GBR05	☐	*Service transformation*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Enclosure 8

2025 NHS Staff Survey Results

The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT)

1. Introduction

1.1 The 2025 NHS Staff Survey ran from the 17 September to the 28 November 2025 for the Royal Wolverhampton NHS Trust (RWT) and for Walsall Healthcare Trust (WHT). The results were published on 12th March 2026.

1.2 A total of 117 questions were asked in the 2025 survey, 103 of which relate to the NHS People Promise and two themes of Staff Engagement and Morale.

1.3 Both Trusts saw a decline in response rates, with RWT declining from 34% in 2024 to 30% in 2025. WHT declined from its highest-ever response rate of 54% in 2024 to 45% in 2025. The national median response rate was 47%

1.4 Both Trusts have declined on all nine People Promise indicators including the staff engagement and staff morale since 2024. All results for 2025 for both Trusts are below the national average.

1.5 The NHS Oversight Framework (NOF) incorporate staff survey results relating to advocacy which forms part of the overall staff engagement indicator, across the three advocacy questions, both Trusts have seen a significant decline (section 4.4).

2. Background

The People Promise sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

In addition, the two themes of Staff Engagement and Morale are reported on and there are sub-scores for each of the elements and themes.

The survey is operated independently and confidentially by an external provider Picker Institute which is also used by the three other Black Country provider organisations.

3. Response Rate

Both surveys were conducted as a full census, inviting all eligible staff employed as of 31 August 2025 to participate in the survey through a mixed paper and online approach.

- At RWT the majority of surveys were administered online (85%) providing a 30% response rate (3385), which has declined by 4% since 2024
- At WHT the distribution was 60% online and 40% paper. The response rate for WHT was 45% (2,324), which declined from 54% in 2024.

Compared with the response rate for other Acute and Acute Community Trusts RWT saw the lowest response.

Enclosure 8

4. Results

4.1 Group overview

Appendix A and B provide an overview of the performance of each Trust at organisational level between 2021 and 2025 and results at a divisional level for 2024 and 2025. The table below sets out the 2025 results for each Trust and the national benchmark average against the nine indicators for ease of comparison.

Overall, across the national benchmark average there has been a decline in 7/9 indicators. Both Trusts have seen a decline across all nine of the indicators and have fallen below the national average. The average decrease across indicators nationally, shows a -0.63% decrease. For RWT, the average % decrease is -4.50% and for WHT the average % decrease is -2.95%, therefore both trust scores are declining at a greater rate compared with other Acute and Acute & Community Trusts.

	National Average		RWT		WHT	
	2025	2024	2025	2024	2025	2024
We are compassionate and inclusive	7.28	7.21	6.97	7.1	7.08	7.2
We are recognised and rewarded	5.87	5.92	5.60	5.9	5.79	5.9
We each have a voice that counts	6.60	6.67	6.33	6.6	6.44	6.7
We are safe and healthy	6.07	6.09	5.89	6.2	5.88	5.9
We are always learning	5.57	5.64	5.25	5.5	5.35	5.7
We work flexibly	6.22	6.24	6.00	6.3	6.13	6.3
We are a team	6.75	6.74	6.39	6.6	6.67	6.8
Staff engagement	6.74	6.84	6.40	6.8	6.54	6.8
Morale	5.84	5.93	5.54	5.9	5.65	5.9

Compared to national average

Key:
- 10.0
- >0.4 ppt above
- <0.4 ppt below
- In between

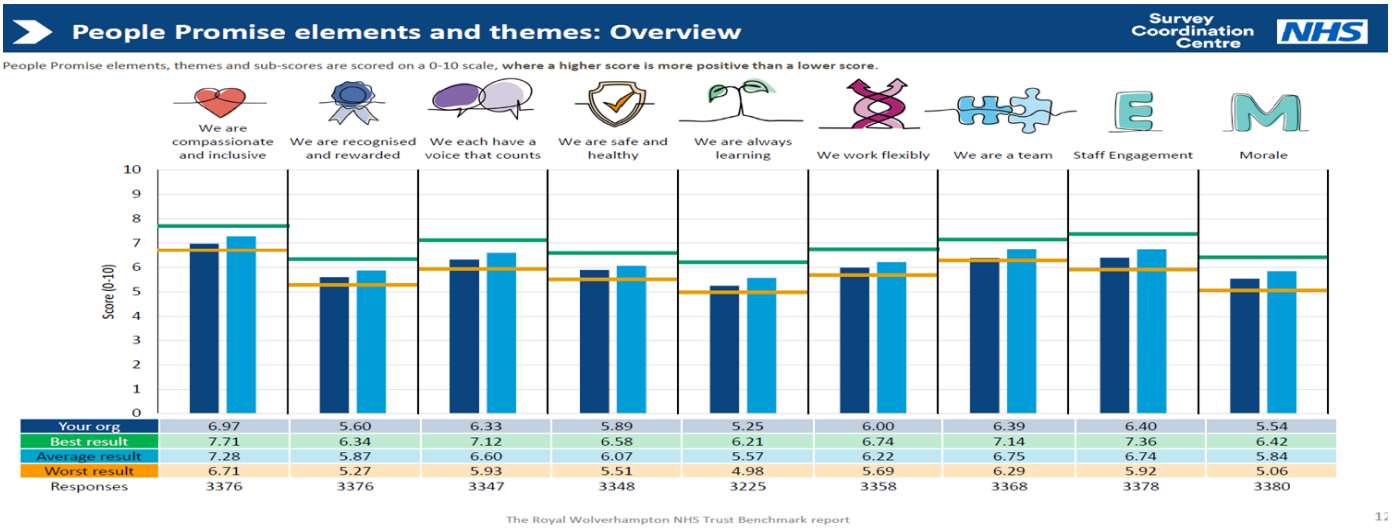
Compared to 2024

Red indicates decline

Green indicates improvement

4.2 RWT Summary

The scores for the People Promise indicators are shown in the table below.



The Trust is below the national average and has declined since 2024 for all 9/9 indicators and 21/21 sub-scores. Please see Appendix C for further detail on the RWT People Promise sub-scores.

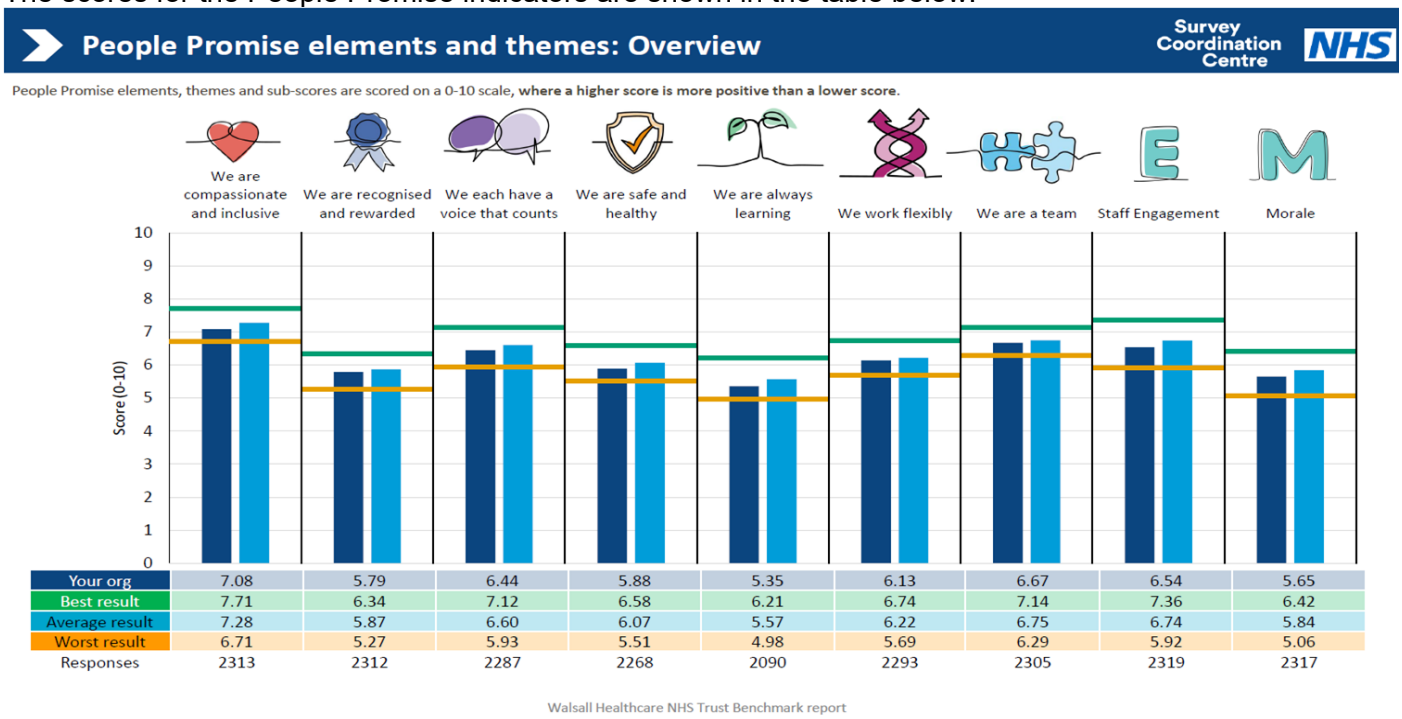
In relation to the *we are safe and healthy* score, there has been a steady decline in staff saying the organisation takes positive action on their health and wellbeing, dropping from 57.07% to 48.78% in 2025.

Diversity and Equality sub-scores and Inclusion sub-scores continue to decline. Staff experiencing discrimination is above the national average for all protected characteristics other than ethnicity. There is a decline in staff saying they would report issues of bullying and harassment compared with last year, although

this remains slightly above the national average. Experiences of physical violence from managers has increased and is worse than national average and experienced of physical violence from colleagues has reduced slightly but remains higher than the national average. Unwanted sexual behaviour from patients has increased but is slightly below the national average and unwanted sexual behaviour from staff, colleagues or managers has stayed the same since 2024 although higher than the national average.

4.3 WHT Summary

The scores for the People Promise indicators are shown in the table below.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.08	5.79	6.44	5.88	5.35	6.13	6.67	6.54	5.65
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06
Responses	2313	2312	2287	2268	2090	2293	2305	2319	2317

Walsall Healthcare NHS Trust Benchmark report

The Trust has declined on all nine indicators since 2024 and is below the national average. Although the Trust has improved in 2 of the 21 sub score indicators, performance remains below the national average across these measures. Please see Appendix D for further details on the WHT People Promise sub-scores.

Within the *we are safe and healthy* indicator, there has been a decline across two of the three sub-scores. While there was a slight improvement in staff experiencing negative experiences, all three sub-scores Health and Safety climate, Burnout and Negative experiences, remain significantly below the national average.

Survey feedback shows a decline in staff confidence that the Trust takes positive action on health and well-being, with only 51.74% agreeing this is down notably from 57.05% in 2024. The result is also below the national average 53.16%, which itself has fallen significantly since 2024.

There has been a significant decline in the indicators *we are compassionate and inclusive* since 2024, and a decline in Diversity & Equality for a fourth consecutive year.

There has been an increase in the number of staff reporting experiencing discrimination at work from managers /team leader/colleagues, instances of discrimination are higher at 11.00% compared to the national average benchmark of 8.69% with high levels of discrimination reported against all protected characteristics (Q16c)

There has been an increase in staff reporting unwanted sexual behaviour from members of the public in contrast, reports of unwanted behaviour from staff or colleagues have improved slightly, reducing from 3.38% in 2024 to 3.28%. which is also better than the national average of 3.53%.

Enclosure 8

4.4 Staff Engagement

The Staff Engagement score is measured through questions relating to three sub-scores: *motivation*, *involvement* and *advocacy*.

Nationally there has been a decline from 6.84 to 6.74 representing a decrease of 1.5 in percentage teams following a 1 percent decrease in 2024. The 2025 results reflect that both WHT and RWT have seen a steeper decline in staff engagement:

- **At WHT** the 2025 engagement score has decreased from 6.80 to **6.54** representing a decrease of 3.8 in percentage terms following a 0.5 percentage decrease in 2024.
- **At RWT** the 2025 engagement score has decreased from 6.8 to **6.4** representing a decrease of 5.8 in percentage terms following a 3 percentage decrease in 2024.

The extent to which colleagues will advocate for their organization is a core measurement of engagement and is assessed by the responses to three questions in the survey. The table below summarises the advocacy responses in 2025 to 2024 for both Trusts and compared with the national average. This information is highlighted specifically as metrics applied within the NHS Oversight Framework. Both Trusts have seen a markable decline across all three questions and below the national average.

Staff engagement: Advocacy

	National Average		RWT		WHT	
	2024	2025	2024	2025	2024	2025
Q25a Care of patients / service users is my organisation's top priority.	74.42%	71.63%	71.69%	62.68%	71.61%	66.43%
Q25c I would recommend my organisation as a place to work.	60.89%	57.77%	60.15%	49.82%	55.78%	50.79%
Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	61.55%	60.83%	60.82%	54.46%	54.02%	52.02%

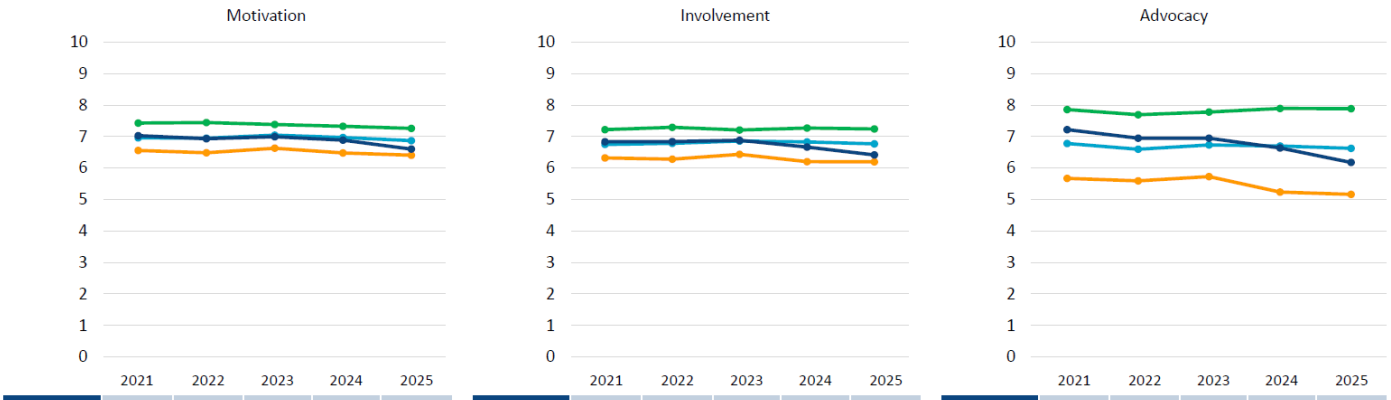
RWT

For RWT, the reduction in our Staff Engagement score is greater than the national decline and the score has fallen below the national average for the last two years. At RWT all three engagement indicators have declined, however, more significantly for staff advocating for the Trust.

Enclosure 8

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff Engagement



	Motivation				
	2021	2022	2023	2024	2025
Your org	7.03	6.93	6.99	6.89	6.60
Best result	7.43	7.45	7.39	7.33	7.26
Average result	6.96	6.95	7.05	6.98	6.87
Worst result	6.56	6.48	6.63	6.48	6.41
Responses	3863	3576	2994	3900	3350

	Involvement				
	2021	2022	2023	2024	2025
Your org	6.84	6.84	6.88	6.67	6.42
Best result	7.22	7.30	7.21	7.27	7.24
Average result	6.75	6.78	6.86	6.83	6.77
Worst result	6.32	6.28	6.44	6.20	6.20
Responses	3921	3618	3019	3938	3376

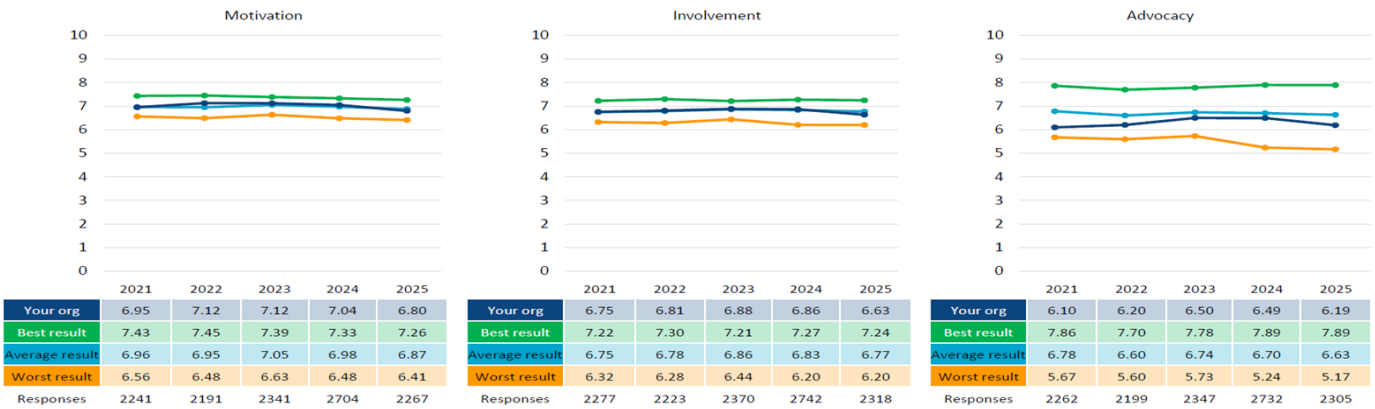
	Advocacy				
	2021	2022	2023	2024	2025
Your org	7.22	6.95	6.95	6.64	6.18
Best result	7.86	7.70	7.78	7.89	7.89
Average result	6.78	6.60	6.74	6.70	6.63
Worst result	5.67	5.60	5.73	5.24	5.17
Responses	3903	3591	3010	3912	3367

Medical and Dental staff have seen a significant improvement across all advocacy questions and are higher than average. AHP's have deteriorated for the advocacy questions compared with other staff groups. Staff advocating that patient care is the Trust's top priority has declined since 2021 from 79.82% to 62.68%, with the most significant decline being seen between 2024 and 2025 (over 9%). This has been below the national average for last two years. Staff recommending RWT as a place to work continues to decline with the most significant drop since 2021. Only 49.82% of staff recommend the organisation as a place to work, and 54.46% recommend RWT as a place to receive care. Both scores are significantly lower than the national average. Similarly, the Trust has seen a decline in the organisation being recommended as a place to receive care, dropping from 73.01% in 2021cto 54.46% in 2025, which is again below the national average.

WHT

There has been a reduction in the overall staff engagement score at Trust level, falling from 6.80 in 2024 to 6.54 in 2025 (-0.26). A decline is also seen at national level, where the score decreased from 6.84 in 2024 to 6.74 in 2025. Advocacy shows the largest decline, dropping from 6.49 in 2024 to 6.19 in 2025, representing a significant reduction. Staff advocating for patient care has decreased from 54.02% in 2024 to 52.02% in 2025. Staff recommending the organisation as a place to work has declined significantly from 55.78% in 2024 to 50.79% in 2025, which is the lowest score recorded since 2021.

Theme: Staff Engagement



	Motivation				
	2021	2022	2023	2024	2025
Your org	6.95	7.12	7.12	7.04	6.80
Best result	7.43	7.45	7.39	7.33	7.26
Average result	6.96	6.95	7.05	6.98	6.87
Worst result	6.56	6.48	6.63	6.48	6.41
Responses	2241	2191	2341	2704	2267

	Involvement				
	2021	2022	2023	2024	2025
Your org	6.75	6.81	6.88	6.86	6.63
Best result	7.22	7.30	7.21	7.27	7.24
Average result	6.75	6.78	6.86	6.83	6.77
Worst result	6.32	6.28	6.44	6.20	6.20
Responses	2277	2223	2370	2742	2318

	Advocacy				
	2021	2022	2023	2024	2025
Your org	6.10	6.20	6.50	6.49	6.19
Best result	7.86	7.70	7.78	7.89	7.89
Average result	6.78	6.60	6.74	6.70	6.63
Worst result	5.67	5.60	5.73	5.24	5.17
Responses	2262	2199	2347	2732	2305

3.5 Staff Morale

Enclosure 8

Morale scores improved nationally in 2023, but saw a decline in 2024, although the decline is driven by staff thinking of leaving their organisation, as the sub-scores for work pressure have improved nationally, and the sub-score of stressors has remained stable.

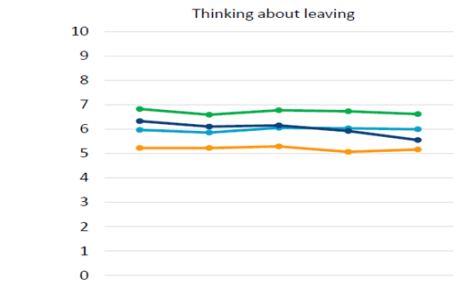
RWT

For RWT, a similar improvement to the national picture was seen in 2023, however, the scores for 2024 and 2025 have declined and fall below the national average across all three indicators. The rate of decline for the work pressure sub-score is the most significant, as this has reduced by over 0.4.

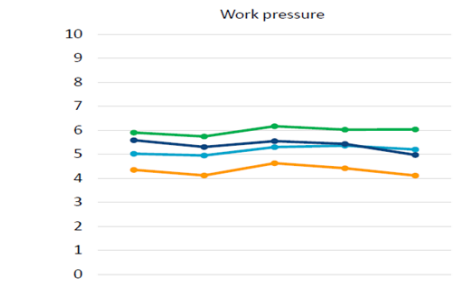
Fewer medical and dental staff, estates staff and healthcare scientists are thinking of leaving. AHP's and colleagues working in registered nursing and midwifery roles are indicating they are more likely to leave the organisation than other staff groups.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score.**

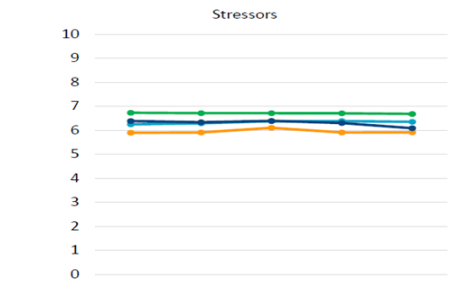
Theme: Morale



	2021	2022	2023	2024	2025
Your org	6.33	6.10	6.16	5.93	5.55
Best result	6.83	6.59	6.78	6.73	6.62
Average result	5.97	5.86	6.06	6.04	6.00
Worst result	5.23	5.23	5.29	5.07	5.17
Responses	3907	3594	3010	3908	3362



	2021	2022	2023	2024	2025
Your org	5.58	5.31	5.55	5.43	4.97
Best result	5.90	5.74	6.17	6.03	6.03
Average result	5.02	4.95	5.30	5.36	5.20
Worst result	4.35	4.12	4.63	4.42	4.11
Responses	3914	3617	3018	3935	3376

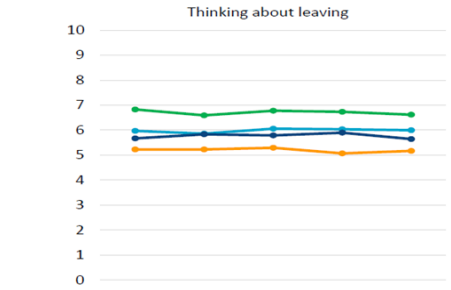


	2021	2022	2023	2024	2025
Your org	6.39	6.34	6.39	6.30	6.09
Best result	6.73	6.71	6.71	6.70	6.68
Average result	6.25	6.29	6.38	6.38	6.35
Worst result	5.90	5.91	6.10	5.91	5.91
Responses	3907	3616	3021	3932	3379

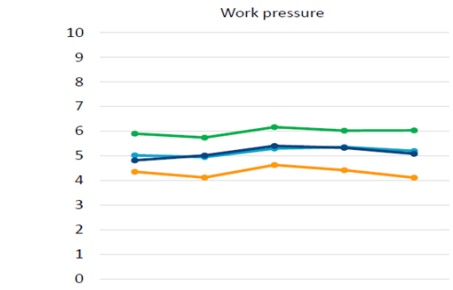
WHT

The overall Morale score has declined from 5.87 in 2024 to 5.65 in 2025, representing the lowest level since 2022. At a local level, there has been an increase in reported work pressure, alongside a decline in the proportion of staff who feel there are enough people in the organisation to do their job properly. Additionally, more staff are considering leaving the organisation, 31.76% compared to 28.92% in 2024.

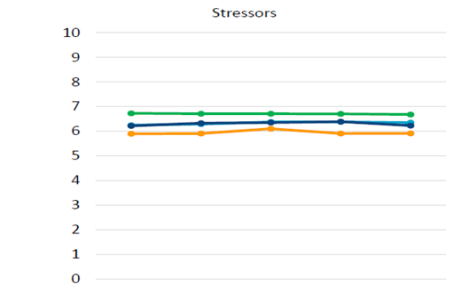
Theme: Morale



	2021	2022	2023	2024	2025
Your org	5.67	5.83	5.79	5.90	5.64
Best result	6.83	6.59	6.78	6.73	6.62
Average result	5.97	5.86	6.06	6.04	6.00
Worst result	5.23	5.23	5.29	5.07	5.17
Responses	2267	2198	2345	2730	2299



	2021	2022	2023	2024	2025
Your org	4.82	5.02	5.41	5.32	5.08
Best result	5.90	5.74	6.17	6.03	6.03
Average result	5.02	4.95	5.30	5.36	5.20
Worst result	4.35	4.12	4.63	4.42	4.11
Responses	2278	2220	2369	2741	2315



	2021	2022	2023	2024	2025
Your org	6.22	6.33	6.35	6.39	6.23
Best result	6.73	6.71	6.71	6.70	6.68
Average result	6.25	6.29	6.38	6.38	6.35
Worst result	5.90	5.91	6.10	5.91	5.91
Responses	2270	2211	2366	2737	2312

Enclosure 8

5. Workforce Equality Standards

Workforce Race Equality Standard (WRES) Feedback

Workforce Race Equality Standard (WRES) indicators inform us how staff who are from other ethnic groups are experiencing work. The results of the staff survey contribute towards 4 of the 9 WRES indicators.

- At RWT 2/4 WRES indicators have improved since last year and are better than the national average (bullying/ harassment from patients and % of staff believing there are equal opportunities for career progression). The remaining two WRES indicators have declined and are below the national average (bullying/ harassment from colleagues and % of staff experiencing discrimination).
- At WHT 1/4 WRES indicators hve improved from 2024, with less BAME colleagues advising they have experienced bullying, harassment and abuse from staff over the last 12 months, however despite the improvements, the results remain adversely higher than the national average.

Workforce Disability Equality Standard (WDES) Feedback

Workforce Disability Equality Standard (WDES) scores reflect how staff with a disability or long-term condition are experiencing work. Of the 12 measures that contribute to the WDES indicators, 9 are taken from the staff survey results.

- RWT have declined across 6/9 indicators, with declines seen in staff feeling pressure from their manager to attend work/ perform, in managers making reasonable adjustments and for engagement. RWT are below the national average for 7/9 indicators.
- WHT have improved across 5/9 indicators, with 1 remaining static and 3 declining. WHT are below the national average for 7/9 indicators.

6. Next Steps

6.1 It is important to demonstrate that feedback from the survey has been received and at Trust, divisional and team level, time is taken to understand the extent to which the feedback reflects experience. This will inform the identification of appropriate actions which must be checked with colleagues to ensure they are relevant and meaningful. There is also an opportunity to ensure strategic actions identified at Trust and Group level align the Transforming Care Together Strategy TCT) and 'break through' priorities.

6.2 The staff survey results will be shared with all staff both organisationally and locally, communicated across both organisations via; Team Brief, WoW, Daily Dose, staff network groups, JNCC, LNC, managers briefings, Trust Management Committee and Divisional Boards. Updates will also be provided to the Group Management Committee and Group People Committee.

6.3 Both Trusts will continue to review staff survey results with senior leaders through the Trust based monthly meetings; WHT, the Colleague Engagement and Experience Oversight group and RWT the Staff Survey Working Group. A key focus for both groups will be to review the information from the staff survey in the context with other relevant workforce and quality indicators to provide a rounded understanding of staff experience at divisional level. A cultural heatmap is in development as the mechanism for this.

6.4 Each division / directorate will be required to communicate local results across teams and undertake active engagement and listening activities with staff to triangulate divisional and team feedback with the experience of staff.

6.5 Each division / directorate will be asked to agree their approach to listening / engagement across their teams by the middle of May 2026 with a full and detailed update provided to Group People Committee in May 2026.

6.6 Further work is underway to transition to a broader approach to cultural development, requiring a re-focus on the role of leadership as the key to achieve improvements.

7. Recommendation

The Board are asked to note the contents of the report and intended next steps.

Appendix A. RWT Divisional Comparator

										BCPS		Corporate		E&F		Division 1		Division 2		Division 3	
People Promise Themes	Lowest score	Highest score	National Average	Unweighted RWT 2025	RWT 2024	RWT 2023	RWT 2022	RWT 2021	RWT 2020	BCPS 2024	BCPS 2025	Corporate 2024	Corporate 2025	Estates & Facilities 2024	Estates & Facilities 2025	Division 1 2024	Division 1 2025	Division 2 2024	Division 2 2025	Division 3 2024	Division 3 2025
Responses	29.52%	73.97%	48.21%	3385 (30%)	3948 (33.76%)	3034 (27%)	3642 (34%)	3,945 (39%)	3,291 (34%)	383 (47.90%)	271 (34.2%)	788 (54.90%)	538 (46.1%)	378 (37.50%)	342 (34.8%)	863 (25.60%)	769 (23.2%)	537 (22.70%)	558 (24%)	999 (36.70%)	810 (30.2%)
We are compassionate and inclusive	6.71	7.71	7.28	6.99	7.11	7.22	7.2	7.3	9.1	6.83	6.66	7.41	7.17	7.02	7.15	7.01	6.86	6.84	6.73	7.24	7.13
We are recognised and rewarded	5.27	6.34	5.87	5.63	5.87	5.95	5.8	6.0	6.4	5.44	5.14	6.29	5.89	5.88	5.97	5.73	5.33	5.58	5.35	5.96	5.81
We each have a voice that counts	5.93	7.12	6.60	6.35	6.57	6.75	6.8	6.9	7.0	6.42	6.23	6.77	6.44	6.67	6.67	6.44	6.15	6.42	6.23	6.61	6.41
We are safe and healthy	5.51	6.58	6.07	5.97	6.17	6.19	6.1	6.2	7.8	6.13	6.02	6.57	6.16	6.85	6.91	5.85	5.6	5.57	5.52	6.21	5.97
We are always learning	4.98	6.21	5.57	5.24	5.53	5.62	5.4	5.5	8.2	5.32	5.03	5.64	5.33	5.28	5.33	5.41	4.98	5.62	5.21	5.65	5.47
We work flexibly	5.69	6.74	6.22	6.03	6.27	6.36	6.2	6.2	9.6	5.75	5.36	6.86	6.54	6.45	6.66	5.92	5.55	5.85	5.64	6.46	6.14
We are a team	6.29	7.14	6.75	6.38	6.59	6.63	6.6	6.7	6.9	6.21	5.78	7.05	6.64	6.44	6.4	6.46	6.26	6.34	6.17	6.69	6.55
Staff Engagement	5.92	7.36	6.74	6.41	6.73	6.94	6.9	7.0	7.2	6.51	6.15	6.86	6.42	6.76	6.7	6.75	6.27	6.58	6.33	6.77	6.47
Morale	5.06	6.42	5.84	5.58	5.93	6.03	5.9	6.1	6.5	5.66	5.40	6.10	5.55	6.40	6.45	5.78	5.35	5.58	5.29	6.03	5.62
No. of Themes worse than the national average & worse than RWT											8		1		0		9		9		0

	Better than/same as national average and Trust
	Better than/same as national average and worse thanTrust
	Worse than national average and better/same as Trust
	Worse than national average and worse than Trust

Appendix B. WHT Divisional Comparator

Response Rate %	National Average	Lowest Score	Highest Score	Trust 2025	Trust 2024	Trust 2023	Trust 2022	Trust 2021	Community	MLTC	Surgery	WCCSS	Estates & Facilities	Chief Exec	Digital Services	Finance	Medical Directorate	Nurse Directorate	Operations	People & Culture	Transformation & Strategy
	47%	29.52%	73.97%	45%	54%	46%	47%	53%	38.90%	53.50%	29.20%	44.10%	40.80%	94.70%	40.10%	84.10%	59.30%	76.30%	65.70%	80.00%	66.70%
									399	**668**	**296**	**454**	**124**	**18**	**57**	**53**	**67**	**74**	**23**	**68**	**6**
We are Compassionate & Inclusive	7.28	6.71	7.71	7.08	7.16	7.14	7.1	7	7.50	7.05	6.91	7.11	6.42	6.95	6.11	7.51	7.45	7.48	7.6	7.15	*
We are recognised and rewarded	5.87	5.27	6.34	5.79	5.94	5.97	5.8	5.7	6.25	5.70	5.71	5.61	5.19	5.68	4.45	6.71	6.72	6.45	6.65	6.11	*
We each have a voice that counts	6.6	5.93	7.12	6.44	6.67	6.63	6.6	6.5	6.58	6.70	6.25	6.43	5.90	6.77	5.18	6.48	6.91	6.87	6.79	6.25	*
We are safe and healthy	6.07	5.51	6.58	5.88	5.95	5.98	5.9	5.8	5.96	5.55	5.82	5.86	6.05	6.44	5.46	6.62	6.61	6.67	6.19	6.08	*
We are always learning	5.57	4.98	6.21	5.35	5.69	5.55	5.5	5.2	5.48	5.88	5.51	5.24	3.96	4.40	3.14	5.06	6.19	5.64	6.3	5.3	*
We work flexibly	6.22	5.69	6.74	6.13	6.28	6.21	6.1	6	6.27	6.19	6.00	5.98	5.19	6.99	5.17	7.00	7.03	6.72	7.01	7.22	*
We are a team	6.75	6.29	7.14	6.67	6.82	6.78	6.8	6.6	7.14	6.72	6.52	6.47	5.64	6.17	5.57	7.28	7.48	7.29	8.00	7.04	*
Staff Engagement	6.74	5.92	7.36	6.54	6.8	6.83	6.8	6.6	6.67	6.80	6.47	6.57	5.82	6.85	5.13	6.54	7.00	6.68	6.84	6.21	*
Morale	8.84	5.06	6.42	5.65	5.87	5.85	5.8	5.6	5.65	5.75	5.69	5.67	5.51	5.76	4.13	5.89	6.15	6.22	6.34	5.41	*
No of themes better than national average and better than Trust									4	3	0	0	0	3	0	5	8	7	6	4	*
No of themes worse than national average and worse thanTrust									1	3	7	8	8	4	9	1	0	0	0	4	*

	Better than/same as national average and Trust
	Better than/same as national average and worse thanTrust
	Worse than national average and better/same as Trust
	Worse than national average and worse than Trust

Appendix C: RWT People Promise Indicators and Sub Scores

		2025AV	2025	2024	2023	2022	2021
We are compassionate and inclusive	Compassionate culture	6.97	6.58	6.96	7.18	7.19	7.40
	Compassionate leadership	6.99	6.70	6.89	6.89	6.84	6.91
	Diversity and equality	8.37	8.23	8.31	8.41	8.43	8.51
	Inclusion	6.80	6.40	6.56	6.65	6.67	6.77
	We are compassionate and inclusive	**7.28**	**6.97**	**7.18**	**7.28**	**7.28**	**7.40**
We are recognised and rewarded	**We are recognised and rewarded**	**5.87**	**5.60**	**5.84**	**5.95**	**5.80**	**6.01**
We each have a voice that counts	Autonomy and control	6.92	6.61	6.83	7.01	6.99	6.98
	Raising concerns	6.30	6.04	6.27	6.50	6.61	6.82
	We each have a voice that counts	**6.60**	**6.33**	**6.55**	**6.75**	**6.80**	**6.90**
We are safe and healthy	Health and safety climate	5.39	5.21	5.60	5.68	5.49	5.67
	Burnout	4.94	4.73	5.00	5.04	4.93	5.01
	Negative experiences	7.90	7.76	7.81	7.92	7.82	7.88
	We are safe and healthy	**6.07**	**5.89**	**6.13**	**6.23**	**6.08**	**6.18**
We are always learning	Development	6.29	6.06	6.38	6.54	6.48	6.50
	Appraisals	4.89	4.42	4.71	4.68	4.31	4.46
	We are always learning	**5.57**	**5.25**	**5.55**	**5.62**	**5.40**	**5.49**
We work flexibly	Support for work-life balance	6.28	6.08	6.34	6.42	6.24	6.25
	Flexible working	6.15	5.92	6.17	6.30	6.17	6.12
	We work flexibly	**6.22**	**6.00**	**6.25**	**6.36**	**6.20**	**6.18**
We are a team	Team working	6.64	6.26	6.48	6.55	6.56	6.61
	Line management	6.82	6.51	6.70	6.72	6.64	6.72
	We are a team	**6.75**	**6.39**	**6.59**	**6.63**	**6.60**	**6.67**
Staff Engagement	Motivation	6.87	6.60	6.89	6.99	6.93	7.03
	Involvement	6.77	6.42	6.67	6.88	6.84	6.84
	Advocacy	6.63	6.18	6.64	6.95	6.95	7.22
	Staff Engagement	**6.74**	**6.40**	**6.73**	**6.94**	**6.91**	**7.03**
Morale	Thinking about leaving	6.00	5.55	5.93	6.16	6.10	6.33
	Work pressure	5.20	4.97	5.43	5.55	5.31	5.58
	Stressors	6.35	6.09	6.30	6.39	6.34	6.39
	Morale	**5.84**	**5.54**	**5.89**	**6.03**	**5.92**	**6.10**

Appendix D: WHT People Promise Indicators and Sub Scores

		2025 Av	2025	2024	2023	2022	2021
We are compassionate and inclusive	Compassionate culture	6.97	6.64	6.93	6.89	6.67	6.58
	Compassionate leadership	6.99	6.96	7.10	7.03	7.05	6.87
	Diversity and equality	8.37	8.00	7.92	7.95	8.00	7.81
	Inclusion	6.80	6.65	6.70	6.69	6.79	6.62
	We are compassionate and inclusive	**7.28**	**7.08**	**7.16**	**7.14**	**7.13**	**6.97**
We are recognised and rewarded	**We are recognised and rewarded**	**5.87**	**5.79**	**5.94**	**5.97**	**5.82**	**5.74**
We each have a voice that counts	Autonomy and control	6.92	6.80	6.99	6.98	6.94	6.89
	Raising concerns	6.30	6.07	6.34	6.29	6.28	6.12
	We each have a voice that counts	**6.60**	**6.44**	**6.67**	**6.63**	**6.61**	**6.51**
We are safe and healthy	Health and safety climate	5.39	5.29	5.48	5.56	5.28	5.08
	Burnout	4.94	4.65	4.78	4.85	4.82	4.65
	Negative experiences	7.90	7.73	7.58	7.68	7.65	7.48
	We are safe and healthy	**6.07**	**5.88**	**5.95**	**6.04**	**5.91**	**5.74**
We are always learning	Development	6.29	6.10	6.34	6.38	6.30	6.07
	Appraisals	4.89	4.47	5.00	4.72	4.57	4.31
	We are always learning	**5.57**	**5.35**	**5.69**	**5.56**	**5.43**	**5.20**
We work flexibly	Support for work-life balance	6.28	6.23	6.37	6.30	6.21	6.01
	Flexible working	6.15	6.03	6.18	6.13	6.00	5.90
	We work flexibly	**6.22**	**6.13**	**6.28**	**6.21**	**6.10**	**5.96**
We are a team	Team working	6.64	6.54	6.68	6.62	6.59	6.49
	Line management	6.82	6.80	6.97	6.94	6.88	6.69
	We are a team	**6.75**	**6.67**	**6.82**	**6.78**	**6.74**	**6.59**
Staff Engagement	Motivation	6.87	6.80	7.04	7.12	7.13	6.95
	Involvement	6.77	6.63	6.87	6.88	6.81	6.75
	Advocacy	6.63	6.19	6.49	6.50	6.20	6.10
	Staff Engagement	**6.74**	**6.54**	**6.80**	**6.84**	**6.71**	**6.60**
Morale	Thinking about leaving	6.00	5.64	5.90	5.79	5.83	5.67
	Work pressure	5.20	5.08	5.33	5.41	5.02	4.82
	Stressors	6.35	6.23	6.39	6.35	6.33	6.22
	Morale	**5.84**	**5.65**	**5.87**	**5.85**	**5.73**	**5.57**

Tier 1 - Paper ref:	Enclosure 9.1

Report title:	Final Evaluation of the Group's 2022-2027 Strategy
Sponsoring executive:	Simon Evans, Group Deputy Chief Executive & Chief Strategy Officer
Report author:	Kate Salmon – Deputy Chief Strategy Officer Roseanne Crossey Strategy and Transformation Programme Manager
Meeting title:	Group Trust Board to be held in Public
Date:	19 May 2026

1. Summary of key issues

The purpose of this paper is to formally evaluate delivery against the strategic objectives within the Group's previous strategy.

The report provides a high-level summary of delivery, impact, and learning across the strategy period which planned to run from 2022 to 2027. It also provides an opportunity for reflection and learning as we transition forward to the delivery of *Transforming Care Together* – our new group strategy for 2026-31.

This document was intended to run between 2022-2027. However, since its publication there have been significant changes in the national policy including a change of government in 2024 and the subsequent publication of the NHS 10-year Health Plan for England in July 2025. This sets a new strategic direction for the NHS. In light of this, the Group engaged with stakeholders to develop a new strategy, *Transforming Care Together (TCT),* which was approved by the Group's Joint Board in 2026, and will run to 2031.

Ensuring that we build on the good work to date, whilst reflecting and learning from the areas we still need to improve, will help us direct our energy as we progress with the implementation of TCT.

The Paper captures the following elements:

- The key areas of delivery across each strategic aim
- Indicative evidence of progress and direction of travel
- The learning that should inform progress towards the objectives of our Transforming Care Together Strategy 2026-2031.

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

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

Key elements of the strategy delivery have been presented to the relevant committee across the year. This is the final evaluation of the Strategy in its entirety as part of the closedown and launch of the new strategy – Transforming Care Together.

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note the delivery and progress made against *Our Strategy 2022-2027.*
b) Approve the closedown of the Strategy and recognise the identified learning and future areas for development to be addressed through Transforming Care Together

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
Group Assurance Framework Risk GBR01	☒	*Break even*
Group Assurance Framework Risk GBR02	☒	*Performance standards*
Group Assurance Framework Risk GBR03	☒	*Corporate transformation*
Group Assurance Framework Risk GBR04	☒	*Workforce transformation*
Group Assurance Framework Risk GBR05	☒	*Service transformation*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Report to the RWT/WHT Group Trust Board Meeting to be held in Public on the evaluation of the Group's 2022-2027 Strategy.

1. Executive Summary

Purpose:
The purpose of this paper is to provide a final evaluation against the Group's previous strategy and to provide a high-level summary of delivery against our strategic aims across the strategy period which ran from 2022 to 2027. This recognises the delivery to date, highlights the lessons learnt and recognises the opportunities as the group transitions forward to the delivery of *Transforming Care Together (TCT).*

The paper captures:

- The key areas of delivery across each strategic aim
- Evidence of progress and direction of travel
- The learning and development that can be brought forward as part of TCT.

2. Strategic Context

Our Strategy, set out an ambition "to deliver exceptional care together to improve the health and wellbeing of our communities", supported by four core strategic aims known as "The Four Cs"

Delivery against these aims has been progressed through divisional, corporate, and system-level activity over the strategy period.

This report provides a high-level overview of the key achievements against the strategic objectives established under each of the strategic aims – known as the 'Fours C's'.

In total, there were 17 objectives within the Strategy, split across each of the four strategic aims. A synopsis of the delivery against each of those can be found below. For a more comprehensive view of delivery please refer to appendix 1.

The report also recognises the learning within each domain and has drawn out possible future areas for development. This will be reflected in the priorities now identified within our new Strategy – Transforming Care Together.

3 Delivery

3.1 Aim: Excel in the Delivery of CARE

Biggest Achievements

- Quality Improvement embedded at scale Over 1,000 staff trained in QSIR across the Group, with a "*QI Community with over 300 members*" and national award-winning projects
- Cancer performance significantly strengthened, RWT improved from "*bottom quartile… to around the national average*"; WHT achieved the 62-day target and local trajectory
- Urgent & Emergency Care improvements delivered at both Trusts who are now within the top quartile for performance
- Elective recovery delivered Both Trusts met their RTT improvement plans for March 2026
- Major capital investment delivered New UEC Centre, Acute medical ward, diagnostics expansion, and theatre refurbishment programme underway

Areas to consider for *Transforming Care Together 2026-31*

- Need to systematise QI through a full Quality Management System to focus improvement efforts
- Consistent delivery of access standards

- Further development of out-of-hospital pathways required to reduce ED pressure
- Digital opportunities for waiting list validation not yet fully realised

Excel in the Delivery of CARE - Overall assessment
The Group has made meaningful progress, but delivery is uneven and not yet fully realised. The spread of QSIR training, the growth of a 300-strong improvement community, and the visible celebration of improvement work show the beginnings of a cultural shift. Cancer performance has improved - particularly at RWT, which has moved from the bottom quartile to around the national average—and urgent and emergency care performance remains strong by national comparison. Elective care targets have been met, long waits have been eliminated, with both Trusts reducing their waiting lists.
However, these achievements sit alongside persistent challenges. The CQC's findings on urgent and emergency care remind us that performance metrics alone do not guarantee consistently safe care. Ambulance handovers and 12-hour breaches remain stubborn issues. RWT's elective performance still lags behind peers, and the EPR rollout has exposed issues that are currently being managed. The organisation has laid the groundwork for good performance, but the absence of a systematised Quality Management System means improvement remains too dependent on key individuals and interventions than organisational routines.

3.2 Aim: Support our COLLEAGUES

Biggest Achievements

- Vacancy and turnover levels broadly aligned with national benchmarks
- Improvements in selected Workforce Race Equality Standard (WRES) indicators at both Trusts, including reduced bullying/harassment from patients at RWT and reduced abuse reported by BAME staff at WHT
- WHT improved in 5 of 9 Workforce Disability Equality Standard (WDES) indicators

Areas to consider for *Transforming Care Together 2026-31*

- Staff wellbeing scores have declined at both Trusts: WHT 51.7% and RWT 48.78% (both down from 2024)
- Staff engagement has fallen significantly at both organisations
- Persistent challenges in WRES and WDES performance, with both Trusts below national averages in multiple indicators
- Need to address concerns around managerial pressure, reasonable adjustments, and representation at senior level

Support our COLLEAGUES - Overall assessment
The ambition was to be an inclusive employer of choice. The reality is more mixed. While turnover and vacancy levels are broadly in line with national trends, staff experience indicators have deteriorated. Both Trusts saw declines in wellbeing scores and engagement for the second consecutive year. WRES and WDES results show that colleagues from minority ethnic backgrounds and those with disabilities continue to experience poorer outcomes than the national average.

There are bright spots—some WRES indicators have improved, and the organisation has a clear workforce transformation agenda aligned to national strategy. But the lived experience of staff, as reflected in survey data, tells us that colleagues do not yet feel the benefits of this ambition. The planned focus on culture, psychological safety, and high-quality appraisal is necessary. There is an opportunity to take the learning from this into the TCT programme and it is important to recognise that the priority for year 1 is about ensuring our colleagues feel cared about.

3.3 Aim: Improve the Health of our COMMUNITIES

Biggest Achievements

- Delivery of a Joint Health Inequalities Strategy (2024–27) with annual reporting and tangible initiatives, including equity audits of ED and waiting *lists* and hostel outreach clinics
- Strong carbon reduction performance:
  - RWT: 15.6% reduction in total emissions since 2019/20
  - WHT: 97% fall in desflurane use and 79% reduction in nitrous oxide emissions
- National recognition of Place-based partnerships: Walsall Together selected for the National Neighbourhood Health Implementation Programme; OneWolverhampton leading national frailty work

Areas to consider for *Transforming Care Together 2026-31*

- Need to expand clinical sustainability champions and behavioural change programmes
- Delivery of fleet and heating system changes at WHT dependent on national capital funding
- Continued embedding of HI strategy into core operational delivery
- Opportunities to develop the left-shift into community and provide the most appropriate care setting for patients

Improve the Health of our COMMUNITIES - Overall assessment
The organisation has made tangible progress in addressing health inequalities. A joint strategy is in place, supported by a delivery plan and annual reporting. Practical initiatives—equity audits, outreach clinics, community engagement, and targeted support for high-risk groups—demonstrate that this work is not theoretical but operational.

Environmental sustainability is another area of success. Both Trusts have delivered substantial reductions in carbon emissions, including dramatic reductions in desflurane and nitrous oxide use. Digital pathways have further reduced travel-related emissions.

Place-based partnerships are mature, nationally recognised, and delivering integrated neighbourhood teams and new models of care. This is a significant achievement for both Places and bodes well for future challenges.

There is more to do—particularly around and securing capital for fleet and heating upgrades—but the direction of travel is strong and credible.

3.4 Aim: Effective COLLABORATION

Biggest Achievements

- Effective contribution to the Black Country Provider Collaborative, helping to deliver:
  - Additional robotic surgery capacity
  - New MOHs service (skin cancer)
  - Agreement for local DIEP flap reconstruction (breast surgery)
  - Identification of Centres of excellence across a number of specialties
- Digital transformation progressing well, with ambient voice technology pilots, risk stratification tools, and virtual ward expansion
- Joint working between WHT and RWT delivering integrated Stroke and Urology services and full group model for corporate functions
- Research function strengthened, with faster study setup, increased recruitment, and hosting of major regional/national research networks

Areas to consider for *Transforming Care Together 2026-31*

- BCPC programme was too broad, requiring a narrower focus to maintain momentum
- Need to prioritise key digital projects to ensure full benefit realisation
- Opportunity to extend the group model into more clinical areas
- Need for clearer funding routes and efficiency cases for new technologies

Effective COLLABORATION - Overall assessment

We have delivered in many areas, but the full potential of collaboration is still emerging. The organisation has been an active and influential partner in the Black Country Provider Collaborative, contributing to new specialist services, robotic capacity, and developing centres of excellence, whilst providing mutual aid which has supported elective recovery.

Joint working between Wolverhampton and Walsall is also maturing. Corporate services now operate as a group model, and clinical integration is advancing in stroke, urology, and diagnostics. Digital transformation is progressing with a clear roadmap and successful pilots run across the Group for AVT.

However, the breadth of the BCPC programme has diluted momentum, and a sharper focus on fewer priorities is now required. Digital innovation also needs more disciplined prioritisation and clearer benefits realisation. Clinical integration remains at an early stage compared with corporate integration.

4. Conclusions

Across the four aims, the organisation has delivered substantial progress, particularly in RTT recovery, urgent care delivery, sustainability, and collaborative working. Care quality and operational performance have improved in many areas, though not consistently. The most significant gap is in colleague experience, where the organisation has not yet delivered the improvements it aspired to.

This strategy has built a strong platform. This gives us an excellent starting point to launch Transforming Care Together which has identified a clear plan to address some of the issues flagged. The first stage of which is to embed improvement, strengthening culture, and accelerating the areas where progress has been slower.

5. Recommendations

5.1 The Public Trust Board is asked to:

a. Note the delivery and progress made against *Our Strategy 2022-2027.*
b. Approve the closedown of the Strategy and recognise the identified learning and future areas for development to be addressed through Transforming Care Together

Simon Evans
Group Deputy Chief Executive & Chief Strategy Officer
May 2026

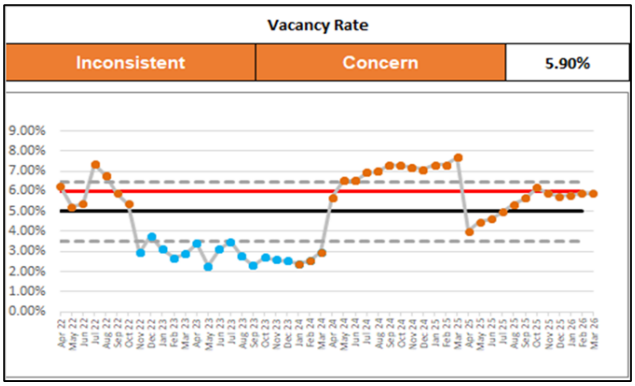
Appendix 1

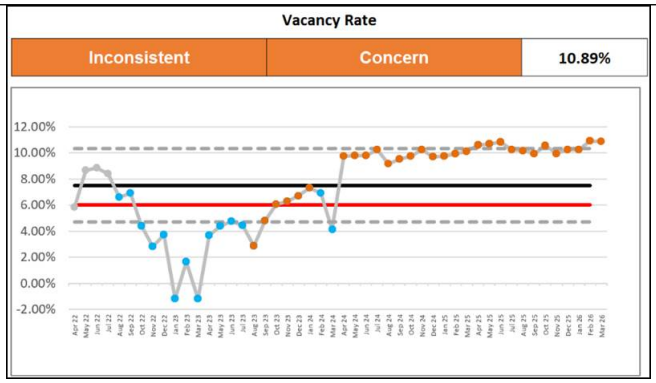
Summary of Delivery Against the Strategic Aims

The table below provides a high-level summary of what was delivered and our overall direction of travel.

Aim: Excel in the delivery of CARE	
We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement	
Objective	**High level achievements**
We will embed a culture of learning and continuous improvement at all levels of the organisations.	Quality Service and Improvement Redesign (QSIR) has been adopted by both trusts is an accredited improvement training programme delivered by our experienced and qualified Quality Improvement team. We have held annual Quality Improvement Awards where we recognise and celebrate staff and teams successes and where they have the opportunity to showcase their work. Winning national awards in the process. We have established a bi-monthly 'Spotlight on Improvement' forum – again providing the opportunity for staff to share their learning across the organisations and celebrating their successes. We have increased the use of our Quality Improvement huddle boards across both trusts, with over 25 in situ across various clinical and non-clinical areas. We have appointed QI Patient champions who received QSIR training and support our QI projects. And we have established a QI Community with over 300 members. To date: WHT 564 Staff trained (those who remain in employment at WHT) = 10.7% (5,278 substantive staff) RWT 444 staff trained (those who remain in employment at RWT) = 4% (10,635 substantive staff) **Learning:** A strong foundation and understanding of QI exists across the Group. To benefit further, this needs to be systematised through the implementation of a Quality management System (QMS). This will enable greater focus on fewer priorities and a change towards a querying/coaching approach to problem solving.
We will prioritise the treatment of cancer patients, focussed on improving the outcomes of those diagnosed with the disease.	Having historically sat within the bottom quartile of Trusts nationally, RWT's 62 day cancer performance has improved significantly and is now in line with the national average. That said, this performance remains just below the national target of 75% for this year and also the local trajectory for the Trust. Walsall have met both the national target for this year and the local trajectory of the Trust with performance better than the national average. The 28-day standard has been achieved across both Trusts **Learning:** Performance at body site level shows the urgent need for capacity and demand modelling to be able to drive sustained improvements in performance and meet the increasing targets in the years to come. Opportunities also exist from the potential to tighten the relationship in clinical services across RWT & WHT.

We will deliver safe and responsive urgent and emergency care in the community and in hospital.	Performance against the 4 hour standard at RWT remains within the upper quartile of Trusts nationally despite a deterioration in performance being seen since EPR go live. Challenges remain in ambulance handover performance however and the proportion of 12-hour breaches which have been variable throughout the year, particularly during winter months. The CQC inspection findings did draw attention to shortfalls in the care we provide for our patients, the detail of which has been discussed with the Board. Performance against the 4 hour standard in Walsall is also within the upper quartile of Trusts nationally with a significant improvement in performance over March 2026 (a 10% improvement in performance compared with the same month of the previous year and the biggest rise in admitted performance nationally. We have been trialling an Emergency Community Response Team in WHT which has had a positive impact in averting ED attendances and admissions, allowing patients to remain in their home, or receive treatment in the right place, the first time. **Learning:** Development of out of hospital pathways and the developing community first agenda creates opportunities for the most appropriate pathways for patients and reduced pressure in ED. The improvement in performance at Walsall offers some opportunities for group learning but has also underlined the challenges associated with intelligent conveyances.
We will deliver the priorities within the national Elective Care Strategy.	Both Trusts delivered the primary RTT objective for 2025/26 – their Trust specific RTT targets of 60.6% (RWT) and 73.1% (WHT). RTT performance at Walsall is the best in the Midlands region (and upper quartile nationally) whilst RTT performance at RWT remains within the bottom quartile of Trusts nationally. Both Trusts have eliminated the longest waiting patients (i.e. those over 65 weeks) – whilst RWT continue to face challenges in reducing 52 week waits, these have now been eliminated at Walsall. Both Trusts have reduced their total waiting list size over the period the strategy covered. **Learning:** • The introduction of the new EPR has led to considerable learning in how to administer the new system. Whilst some of this learning has been realised, new learning opportunities are still being uncovered. • The introduction of the new EPR has exposed a lack of knowledge of RTT rules – work is underway to roll out this training across the Trust. • Significant validation opportunity exists to improve RTT performance with digital solutions offering the potential to achieve this. • The approach of NHS England to impose provider specific targets has limited the opportunity to offer mutual aid across the group.
We will deliver financial sustainability by focussing on investment on the areas that will have the biggest impact on our communities and populations.	The Trusts produce a long-term financial plan covering 3-5 years, and each year develop a more detailed operational financial plan. The financial plans align with organisational strategy with investment targeted to support the delivery of constitutional standards, address demand growth, and ensure sustainable services are available to our patients. Each year the Trusts have delivered significant levels of efficiency savings in excess of 5%, as resources across the NHS have become constrained following the pandemic. However, investments have remained a priority with notable examples being: • A new Urgent and Emergency Care Centre at WHT opened in 2023 which provided additional cubicle spaces, a large Resus area, a

	simulation suite (for training), designated waiting areas and a purpose-designed Paediatric Assessment Unit. • New Acute Medical Ward with updated technology for all staff, and additional diagnostic capacity. • A grant funded solar farm at New Cross delivering clean energy as well as returning significant savings which were reinvested into patient care • A new Radiopharmacy & Aseptics suite at New Cross, providing much needed high-quality replacement Revenue financial targets for RWT were achieved in 2024/25 and 2025/26, and for WHT in 2025/26. Capital resource limits were achieved in both years for both Trusts. **Learning:** • Ensuring the identification of efficiency savings ahead of the financial year and implementing schemes early has been key to performance • Developing a robust detailed financial plan incorporating both efficiencies and investments has been key to strengthening performance • Ensuring that strong controls operate across non pay expenditure, staff recruitment, and clinical supplies has demonstrably minimised unplanned levels of expenditure growth. • Strong governance and ownership at Executive level ensured delivery of financial performance
Aim: Support our COLLEAGUES	
We will be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations	
Objective	**High level achievements**
Be in the top quartile for vacancy levels across the organisations, recruiting and retaining staff	Benchmarking intelligence sourced from NHS Digital, effective December 2025, indicates the national vacancy level is 6.7% of the substantive workforce. Within the Midlands, this figure is 6.9%. Measured against these benchmarks, the average turnover across 25/26 for RWT was 8.4% and for WHT was 9.1%. 

	 **Learning:** Based on our experiences so far, the Group will be taking a more transformation approach to workforce redesign over the next 3-5 years in line with Transforming Care Together and the NHS Workforce Plan focusing on Community First, digital transformation and Corporate Service Transformation. This will include the development of new roles and skills development of existing staff to support integrated ways of working. An improvement focus on staff experience through the 26/27 break through priority of "*we want colleagues to feel cared about*" will seek to ensure the impact of staff inclusion networks are elevated and that a strategic focus on healthy attendance at work and high-quality appraisal conversations will support high performance team working.
Deliver year on year improvements in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing	Q11a My organisation takes positive action on health and well-being. National Average in 2025 53.2% reduced from 56.02% in 2024. • WHT 2025 51.7% reduced from 57.05% in 2024 • RWT 2025 48.78% reduced from 57.09% in 2024 | | National Average | | WHT | | RWT | | | | 2025 | 2024 | 2025 | 2024 | 2025 | 2024 | | We are safe and healthy | 6.07 | 6.09 | 5.88 | 5.9 | 5.89 | 6.2 | **Learning:** The improvement focusses on staff experience through the 26/27 break through priority of "*we want colleagues to feel cared about*" will provide a strategic focus on healthy attendance at work and a framework within which colleagues and leaders can work collaboratively to identify actions that can be taken to enhance local recognition and involvement to improve team culture.
Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged	**At WHT** the 2025 engagement score has decreased from 6.80 to **6.54** representing a decrease of 3.8 in percentage terms following a 0.5 percentage decrease in 2024. **At RWT** the 2025 engagement score has decreased from 6.8 to **6.4** representing a decrease of 5.8 in percentage teams following a 3 percentage decrease in 2024. | | National Average | | WHT | | RWT | | | | 2025 | 2024 | 2025 | 2024 | 2025 | 2024 | | Staff engagement | 6.74 | 6.84 | 6.54 | 6.8 | 6.40 | 6.8 | **Learning:** There is a national deteriorating trend for staff engagement, which reflects the challenging operational and financial context, this requires a greater focus and new approach to culture and improvement. The focus on staff involvement, culture, and improvement through the transformation programme Transforming Care Together will be achieved through the design of culture development programme informed by key workforce indicators in addition to NSS including turnover, sickness, appraisal rates, F2SU and incidents data. The

	introduction of an Improvement System, commencing autumn 2026 will provide a new framework for delivery.
Deliver year on year improvements in Workforce Equality Standard performance	**WRES:** Workforce Race Equality Standard (WRES) indicators inform us how staff who are from other ethnic groups are experiencing work. The results of the staff survey contribute towards 4 of the 9 WRES indicators. • At RWT 2/4 WRES indicators have improved since last year and are better than the national average (bullying/ harassment from patients and % of staff believing there are equal opportunities for career progression). The remaining two WRES indicators have declined and are below the national average (bullying/ harassment from colleagues and % of staff experiencing discrimination). • At WHT 1/4 WRES indicators has improved from 2024, with less BAME colleagues advising they have experienced bullying, harassment and abuse from staff over the last 12 months, however despite the improvements, the results remain adversely higher than the national average. **WDES:** Workforce Disability Equality Standard (WDES) scores reflect how staff with a disability or long-term condition are experiencing work. Of the 12 measures that contribute to the WDES indicators, 9 are taken from the staff survey results. • RWT have declined across 6/9 indicators, with declines seen in staff feeling pressure from their manager to attend work/ perform, in managers making reasonable adjustments and for engagement. RWT are below the national average for 7/9 indicators. • WHT have improved across 5/9 indicators, with 1 remaining static and 3 declining. WHT are below the national average for 7/9 indicators. **Learning:** A strategic intention of enhancing staff involvement and culture through an improvement approach will be cultivating a just and learning culture providing a staff and patient centred approach to psychological safety. This will align to the inclusion and engagement aspects of the TCT programme and with the support of internal stakeholders and external subject experts will seek to improve the experience of colleagues with protected characteristics across the Group and local communities. The revised EDI strategic delivery plan will focus activity and deliver greater local ownership.
Aim: Improve the health of our COMMUNITIES	
We will positively contribute to the health and wellbeing of the communities we serve	
Objective	**High level achievements**
Develop a strategy to understand and deliver action on health inequalities	A Joint Health Inequalities (HI) Enabling Strategy is in place for 2024-27. The Strategy is supported by a supporting Delivery Plan which is overseen by the Joint Health Inequalities Steering Group, chaired by the Executive lead and now across Walsall and Wolverhampton Trusts. Progress is reported annually in health inequality supplements to the Trust Annual Reports. The supplements include updates on the following example service developments and initiatives: • To increase number of smokers and high-risk drinkers identified and offered support • To increase participation in research from Asian communities • E-learning module launch • Equity audits of Emergency Department attendances and Trust waiting lists

	• Pilot and evaluation of hostel outreach clinic • Community engagement on women's health • Partnership working with our Place-based partnerships (eg pilot of support for patients with complex socioeconomic needs in ED) **Learning:** The learning has included the benefits of taking a Group approach to reducing health inequalities across our services alongside data-driven local projects. This has led to our Consultant in Public Health now working across both Trusts and supporting the work of both places.
Achieve an agreed, Trust-specific reduction in the carbon footprint of clinical services by 1st April 2025	Both Trusts delivered on their objectives to reduce their carbon footprint over the period. RWT achieved major clinical emissions reductions through the elimination of desflurane, Trust-wide reductions in nitrous oxide losses, and the adoption of reusable theatre products and lower-carbon alternatives to ethyl chloride. These changes form a significant component of the Trust's overall 15.6% reduction in total emissions since 2019/20, with Scopes 1 and 2 down 22.2% and Scope 3 down 13.9%. Digital pathway changes—virtual outpatient appointments, PIFU and remote monitoring—have further reduced travel-related clinical emissions. Medicines-related emissions have increased and remain a priority for continued action. WHT delivered substantial reductions in clinically driven emissions, including a 97% fall in desflurane use (saving 416 tCO_2e) and a 79% reduction in nitrous oxide emissions (688 to 146 tCO_2e). Additional reductions have been achieved through reusable clinical products and a 9.01% fall in electricity-related emissions supported by renewable electricity procurement. These outcomes align with national progress in reducing emissions from anaesthetic gases and inhalers. **Learning:** Developing clinical champions who identify opportunities and drive through behavioural change remains the key critical factor. Expansion of sustainability briefings and identifying service level champions will be expanded across all areas to ensure further success. Bids for national funding will be required in order to deliver objectives around fleet changeover and heating systems for the WHT site.
Work together with PLACE based partners to deliver improvements to the health of our immediate communities	Both Walsall Together and OneWolverhampton are well established partnerships with Trust Executive either co-charing or Vice chairing partnership boards. OneWolverhampton has set Board level priorities that complement the three national shifts (integrated neighbourhood teams, technology enabled care and population health priorities) alongside place workstreams including children and family, mental health, prevention and primary care development. Walsall Together refreshed its Strategy in the summer of 2024. Both place partnerships continue to make a difference in terms of co-ordinating services and have developed services such as frailty initiatives, implementing and expanding family hubs and integrating services at the point of delivery. Both places have also agreed their neighbourhood geographies and are implementing their integrated neighbourhood teams. Walsall Together is recognised for its place work by being selected as one of 43 areas across the country to implement the National Neighbourhood Health Implementation Programme and OneWolverhampton has been recognised for its

	work in frailty by being one of seven areas across the country leading the National Frailty Collaborative work. **Learning:** It is clear that partnership working takes time to build trust and relationships and improvements in health outcomes for our local populations, this cannot be achieved by working in silos.
Aim: Effective COLLABORATION	
We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.	
Objective	**High level achievements**
Work as part of the provider collaborative to improve population health outcomes **Improve clinical services sustainability by implementing new models of care through the provider collaborative**	Both Trusts have played a key role in the development of the BCPC. A number of clinicians have key roles as clinical leads, and many are contributing to pathway developments. Since the programme has been established we have seen: • Additional robotic capacity across the system with procurement of two new robots • Developments of a MOHs (Skin cancer) service • Agreement to establish a DIEP Flap (Breast reconstruction) service so that patients no longer have to travel outside of the Black Country • Creation of agreed centres of excellence in Urology, Renal and Pelvic cancer • Increased patient access via the expansion of the Glaucoma Referral Refinement Scheme (GERS) across the whole Black Country There have also been multiple examples of mutual aid and support for both diagnostics and elective which has helped all organisations to achieve the 65 week waiter trajectory. **Learning:** The BCPC developed a comprehensive clinical transformation programme that covered many service areas. However, it has been difficult to maintain the momentum across such a wide programme of work and the BCPC has now agreed to narrow the focus down to a smaller set of key priorities to ensure increased deliverability.
Implement technological solutions that improve a patient's experience by preventing admission or reducing time in hospital	The digital roadmap has been developed and is now fully operational which is helping to integrate a range of digital developments across the organisation. This includes: the nationally published risk stratification for end of life and complex care patient tool, ambient voice technology for ED, outpatients and pre-assessment pilots. Further digital trials are underway in pathology and the Group has now signed a contract to secure the full roll-out of AVT. Our 'Virtual ward' offers support to both acute step-down (when patients leave hospital) and step up (to keep patients at home) when requiring acute care in their home. The additional use of elastomeric devices (technological device) to help support patients with long term administration of IV medications are in place. **Learning:** The need to pilot new technology and prove value for money is critical. Many products offer solutions but require a funding route or efficiency gain to make the proposition viable. It is better to maintain an absolute focus on fewer projects and implement these well and extract total benefit. Having a pipeline of projects based on need is more valuable than a spread of projects trustwide.
Progress joint working across Wolverhampton and Walsall that leads to	The greatest focus has been on non-clinical areas to date. All support functions are now part of a group model with the expectation of a consistent service offer across both sites whilst delivering increased efficiency.

demonstrable improvements in service outcomes	Stroke is a fully integrated service, with a Hyper Acute Stroke Unit (HASU) in place at the New Cross site and rehabilitation provided across sites. Urology has also come together as a single service, with complex procedures undertaken at the New Cross site, with access to robotic procedures and high volume activity completed at Walsall Manor site. WHT have provided mutual aid to RWT in Gynaecology and RWT provide some diagnostics at Cannock for WHT (CT, US and previously MRI). **Learning:** Corporate areas have demonstrated that additional efficiency can be gained by operating as a group model. The same approach could be adopted across clinical areas, the development of the clinical services roadmap paves the way for the Trusts to consider additional areas of joint working.
Facilitate research that establishes new knowledge and improves the quality of care of patients	During the strategy period, the research function delivered significant improvements in capability, efficiency, and impact. Study set-up times were reduced, recruitment increased, and the breadth of supported studies expanded, enabling more patients to access high-quality research opportunities. The number of successful grant applications grew, contributing to the service becoming financially viable and independent. The organisation strengthened its regional and national presence by successfully hosting the West Midlands Regional Research Delivery Network and the National Malignant Haematology Group. Research visibility and engagement across the organisation improved markedly, supported by enhanced communication and stronger clinical involvement. Academic and commercial collaborations increased, broadening the research portfolio and raising the organisation's profile as a partner of choice. Collectively, these achievements have advanced the generation of new knowledge, supported evidence-based practice, and improved the quality of care offered to patients.

Tier 1 - Paper ref:	Enclosure 11.1

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 Meeting held in Public
Date:	19 May 2026

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

This report presents the financial performance of the Group for the period April 2025 to March 2026 and outlines the agreed medium-term revenue and capital plans, with the notable points being:

- The Group and each Trust delivered against the required financial targets for 2025/26.

Revenue Position.

- The Group and each Trust achieved their respective breakeven targets following support agreed with commissioners. In addition, during late March the Group was allocated a further £8.2m additional income from NHS England as part of the distribution of unearned National Deficit Support Funding. In order to qualify for the distribution a number of criteria had to be achieved and NHS England specified that this additional funding must improve the revenue position by the same value. This helped the Groups liquidity position and allows the Group to deliver a surplus of £8.2m.

Capital Position.

- The Group and each Trust delivered its Capital Resource Limit. The capital expenditure for the year was £53.6m (£31.9m RWT and £21.7m WHT).

Other

- Variable elective activity ended behind the Group plan by £4.2m for the year, with WHT above plan by £4.3m and RWT below plan by £8.5m. Year-end settlements with commissioners resulted in the full elective plan being paid and therefore this performance did not impact on the financial position. Further work on outpatient attendances backlog on the new patient record system continues at RWT.
- The total efficiency challenge in 2025/26 for the group was £87m; RWT £57m, WHT £30m. The in-month plan was £11.9m. In month 12 WHT underperformed by £1.4m against a plan of £5.3m. RWT underperformed by £2.3m in month against a plan of £6.6m. Nevertheless the Group achieved 89% of the plan (RWT 88% WHT 92%) for the year.
- The cash position for both Trusts is positive at £42.7m for RWT and £52.2m for WHT.
- Workforce has increased overall for the Group in month, increasing by 79 WTE at RWT and decreasing by 0.8 WTE at WHT. Both Trust workforces are above the financial sustainability stretch target trajectory.

- The Group's revenue financial plan for 2026/27 is shown at slide 14, showing before deficit support funding to breakeven a £36.6m deficit, moving to a £3.4m deficit in 2028/29. This has been approved at Extraordinary Trust Board and both plans have been declared compliant by NHS England.
- The Capital plan for the Group is shown at slide 15 and shows investment increasing from £37.3m in 2026/27 to £39.5m in 2029/30 excluding separate PDC bids. There is a further £45m of schemes across the Group to be taken forward once business cases have been approved by internal Governance and NHS England processes. The plans have been approved by Trust TMCs, Group Management Committee and Group FPC.

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

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*
Finance & Performance Committee meeting on 5th May 2026

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
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	☒	*Break even*
Group Assurance Framework Risk GBR02	☐	*Performance standards*
Group Assurance Framework Risk GBR03	☐	*Corporate transformation*
Group Assurance Framework Risk GBR04	☐	*Workforce transformation*
Group Assurance Framework Risk GBR05	☐	*Service transformation*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Group Financial Performance

for the month of March 2026

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

Care Colleagues
Collaboration Communities

I&E Summary

In-Month Income & Expenditure	RWT Plan M12 £m	RWT Actual M12 £m	RWT Surplus/ (Deficit) £m	WHT Plan M12 £m	WHT Actual M12 £m	WHT Surplus/ (Deficit) £m	Group position Plan M12 £m	Group position Actual M12 £m	Group position Surplus/ (Deficit) £m
Income	**129.5**	**144.7**	**15.2**	**40.1**	**44.0**	**3.9**	**169.6**	**188.7**	**19.1**
Expenditure									
Pay	90.7	94.9	(4.3)	21.8	25.5	(3.7)	112.4	120.4	(8.0)
Non Pay	26.4	28.2	(1.8)	10.7	12.3	(1.7)	37.0	40.5	(3.5)
Drugs	7.3	6.8	0.4	2.2	2.6	(0.4)	9.5	9.5	0.0
Other*	3.3	4.0	(0.7)	2.5	(1.4)	3.9	5.9	2.6	3.2
Total Expenditure	**127.6**	**134.0**	**(6.4)**	**37.2**	**39.0**	**(1.8)**	**164.8**	**173.0**	**(8.2)**
Net reported surplus/(Deficit)	**1.9**	**10.7**	**8.8**	**2.9**	**5.0**	**2.1**	**4.8**	**15.7**	**10.9**

Year-to-date Income & Expenditure	WHT Plan YTD £m	WHT Actual YTD £m	WHT Surplus/ (Deficit) £m	Group position Plan YTD £m	Group position Actual YTD £m	Group position Surplus/ (Deficit) £m
Income	**1,060.6**	**1,078.9**	**18.3**	**477.6**	**485.9**	**8.3**	**1,538.2**	**1,564.8**	**26.6**
Expenditure									
Pay	669.7	691.9	(22.2)	304.7	307.3	(2.6)	974.4	999.2	(24.8)
Non Pay	259.9	253.7	6.2	112.5	117.4	(4.9)	372.3	371.1	1.2
Drugs	84.5	81.9	2.6	29.1	29.7	(0.6)	113.7	111.6	2.0
Other(incl. depreciation)	46.5	46.5	0.1	31.3	28.2	3.0	77.8	74.7	3.1
Total Expenditure	**1,060.6**	**1,073.9**	**(13.3)**	**477.6**	**482.6**	**(5.0)**	**1,538.2**	**1,556.5**	**(18.4)**
Net reported surplus/(Deficit)	**0.0**	**4.9**	**4.9**	**0.0**	**3.3**	**3.3**	**0.0**	**8.2**	**8.2**

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

Key Headlines:

- The Group delivered against it's break even target following additional support agreed with commissioners and received over Q4.
- During late March, NHSE offered additional resources to Provider organisations which had delivered their 2025/26 plan and also had submitted a compliant plan for 2026/27. The Group has met these conditions and was allocated a further £8.2m additional income, however NHS England specified that this additional funding must be reported as a surplus.
- The total reported full year surplus is therefore £8.2m; RWT £4.9m and WHT £3.3m
- Performance in month 12 is £10.9m better than plan; RWT is £8.8m, WHT is £2.1m. Both Trusts also received additional income from BCICB to support the position non recurrently.
- CIP underachieved in month by £3.8m, bringing the full year underperformance to £9.6m; with RWT £7.2m and WHT £2.4m.
- Variable elective activity is behind the Group plan by £4.2m YTD, with WHT above plan by £4.3m and RWT below plan by £8.5m - year-end settlements with all commissioners resulted in the full plan being paid.

Capital

- Capital expenditure year to date is £53.6m (£31.9m RWT and £21.7m WHT), which was on plan. Within the spend, £2.86m related to PSDS grant funded schemes and donated assets of which £1.96m was at WHT and £0.9m at RWT.
- The capital plan for both Trusts was delivered, including transfer from of £2.0m to WHT which has been agreed by ICS. This will be repaid back in £1.0m instalments in 26/27 and 27/28 as included in the Plan submission to NHSE.
- RWT received £2.7m of additional PDC during FY2526 compared to Plan. WHT has received additional PDC allocation of total £3.235m during the FY2526.

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	82%	90%	56%	69%
Volume	66%	88%	91%	86%

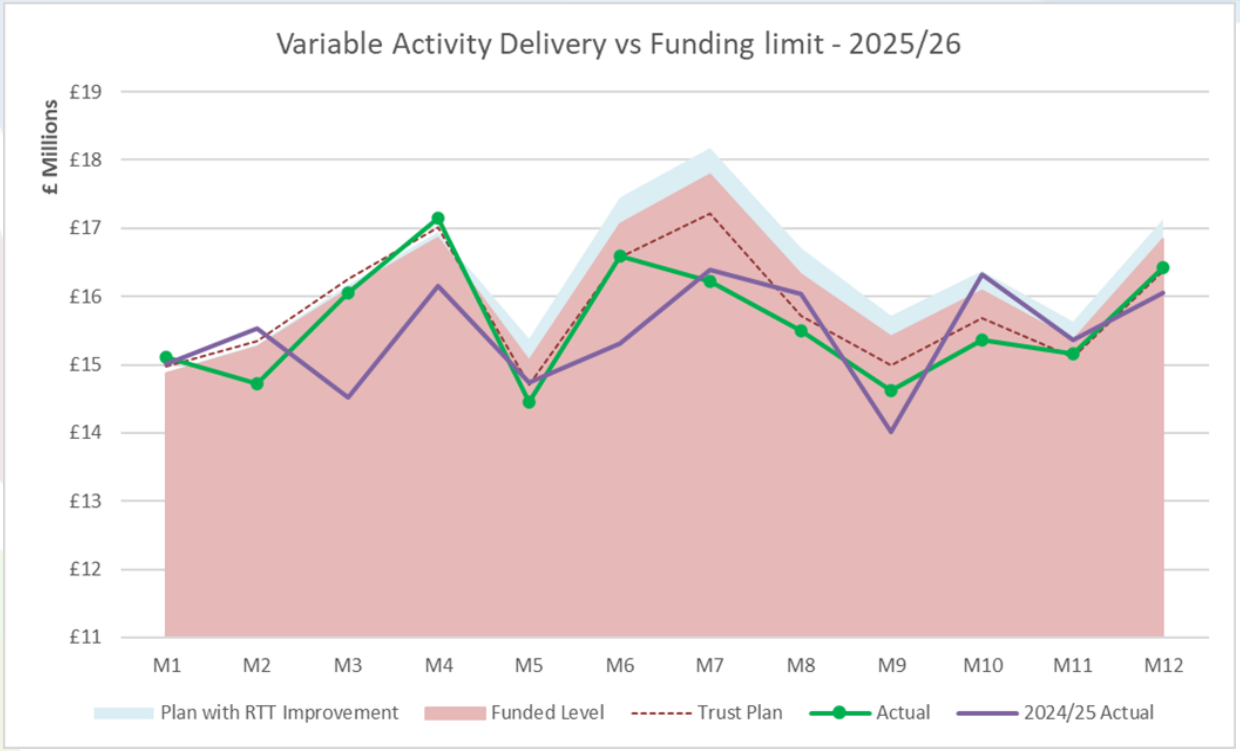
Key Month Items Within the Position

These include:

- **Income** overperformed against plan by £19.1m in month. Year to date there is overperformance on income of £26.6m, RWT finished the year £18.3m ahead of plan due to additional national deficit support funding and additional support and year-end settlements from BCICB, WHT finished the year £8.3m ahead of plan YTD due to additional deficit support, system support and Q4 sprint.
- **Pay** is £8m worse than plan in month and £24.8m worse than plan for the year. The in-month overspend of £4.3m at RWT is due to unachieved CIP target (£3.4m) and increased bank and WLI spend. The in-month overspend of £3.7m at WHT is due to unachieved CIP target . Full year RWT is £22.2m worse than plan, of which £19.0m is due to unmet CIP. WHT is £2.6m worse than plan YTD, the main driver also being unmet CIP.
- **Non-Pay** is £3.5m worse than plan in month and £1.2m better than plan full year, with a RWT being £6.2m better than plan related to non-recurrent CIP overperformance of £8.0m, partially offset by higher spend on consultancy and consumables. WHT is £4.9m worse than plan due to SLA costs offset by income, increased purchases of healthcare, IT costs and clinical consumables.
- **Drugs** spend is on plan in month and £2.0m better than plan YTD. RWT has an underspend of £2.6m YTD, mainly due to efficiency savings in Division 2.
- **Efficiency** performance is £3.8m adverse to plan in month and £9.6m adverse YTD - £2.4m adverse at WHT and £7.2m adverse at RWT.

Variable Activity Performance – 2025/26 M12

RWT

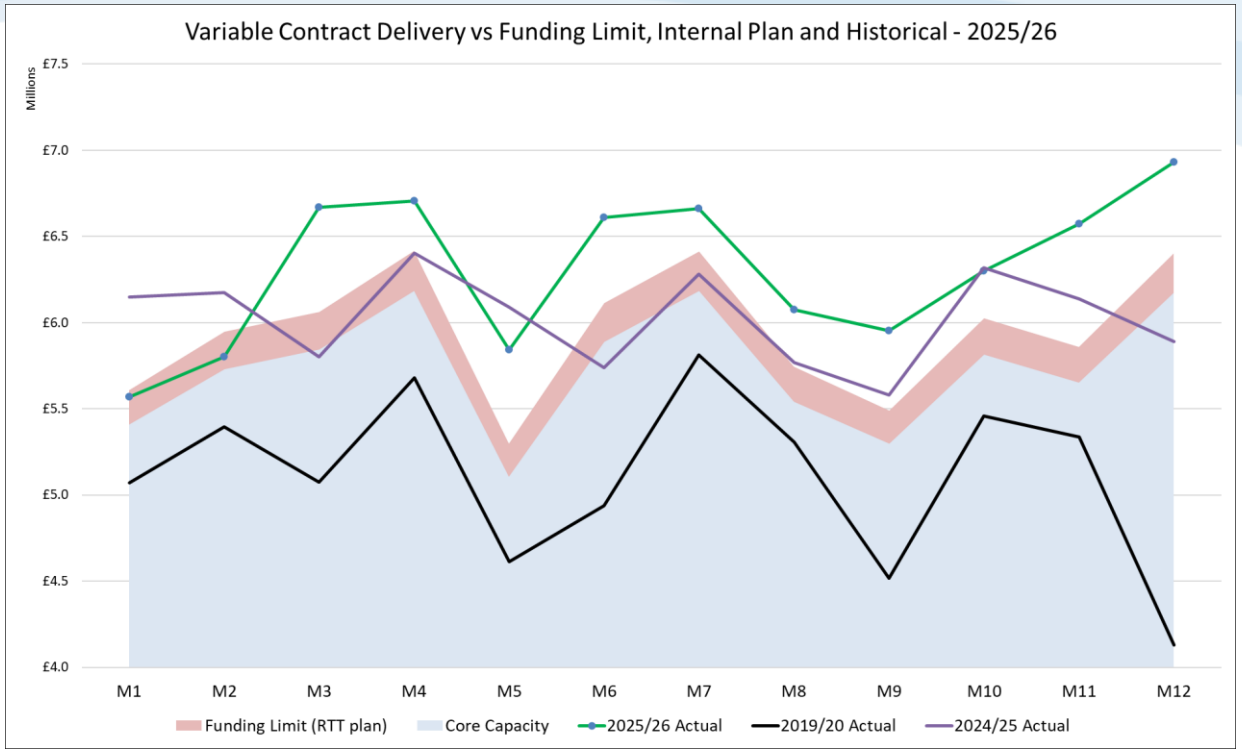


RWT

Variable elective activity performed £8.5m below the commissioner plan for the year. The Trust secured year-end agreements with commissioners to pay plan – therefore none of this variance impacted on the financial position.

Performance improved in Q4 as a result of the Q4 sprint and resolution of most of the issues relating to the EPR migration which impact on counting and coding.

WHT



WHT

RTT plan is in line with the contract funding level. WLIs required to bridge between the core divisional capacity (internal plan) and Funding Limit.

Variable activity is £4.3m above contracts. BCICB is capped resulting in only £0.4m being funded from OOA ICBs and £1.2m being centrally funded through Q4 sprint.

Referral growth is impacting the Trust ability to reduce the overall waiting list. T&O Elective Inpatients delivered through WLIs is the primary driver of over performance.

Variable Performance YTD – 2025/26 M12

Point of Delivery	RWT			WHT			Group		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	Activity	Activity	Activity	Activity	Activity	Activity	Activity	Activity	Activity
Elective	7,845	7,909	64	2,269	2,605	336	10,114	10,514	400
Planned Same Day	55,411	52,147	(3,263)	31,432	30,198	(1,234)	86,843	82,345	(4,497)
Outpatient Procedures	162,495	167,046	4,552	41,437	53,484	12,047	203,931	220,530	16,599
Procedures Total	**225,751**	**227,103**	**1,352**	**75,137**	**86,287**	**11,150**	**300,888**	**313,390**	**12,502**
Outpatient 1st	227,600	215,311	(12,290)	102,737	131,951	29,214	330,337	347,262	16,925
Diagnostic Imaging	91,570	82,892	(8,678)	104,157	103,616	(541)	195,727	186,508	(9,219)
Chemotherapy	14,636	15,036	400	6,138	6,645	507	20,774	21,681	907
Grand Total	**544,921**	**525,305**	**(19,216)**	**288,169**	**328,499**	**40,330**	**833,090**	**853,804**	**20,714**

	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Elective	50,131	48,391	(1,740)	9,959	11,527	1,569	60,090	59,918	(172)
Planned Same Day	59,729	55,010	(4,719)	25,091	23,833	(1,258)	84,819	78,842	(5,977)
Outpatient Procedures	27,962	28,636	675	7,913	8,420	507	35,875	37,056	1,181
Procedures Total	**137,822**	**132,037**	**(5,785)**	**42,962**	**43,780**	**818**	**180,784**	**175,817**	**(4,967)**
Outpatient 1st	43,277	41,267	(2,010)	18,007	21,142	3,135	61,285	62,409	1,125
Diagnostic Imaging	9,857	9,023	(833)	8,396	8,594	198	18,253	17,618	(635)
Chemotherapy	4,936	5,065	129	2,009	2,173	164	6,945	7,238	293
Grand Total	**195,891**	**187,392**	**(8,499)**	**71,375**	**75,689**	**4,314**	**267,266**	**263,081**	**(4,185)**

The group is £4.2m behind the commissioned activity plan YTD; with RWT underperforming by £8.5m and WHT over performing by £4.3m.

At RWT the main underperformance is in planned same day and elective in Division 1 where the RTT stretch plan has not been achieved. There is a £2m underperformance in outpatients which has been impacted by data capture issues from the EPR change.

At WHT WLI's in T&O Elective Inpatients and WLIs in general are the key drivers of performance above contract YTD.

CIP Performance YTD

	In Month			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
WHT	5.3	3.9	(1.4)	30.1	27.7	(2.4)
RWT	6.6	4.3	(2.3)	57.2	50.1	(7.2)
Group	**11.9**	**8.1**	**(3.8)**	**87.3**	**77.7**	**(9.6)**

The total efficiency challenge in 2025/26 for the group is £87.3m; RWT £57.2m, WHT £30.1m. The in-month plan was £11.9m.

In month 12 WHT underperformed by £1.4m against a plan of £5.3m. RWT underperformed by £2.3m in month against a plan of £6.6m.

For the full year the total underperformance against plan is £9.6m; £2.4m at WHT and £7.2m at RWT.

Statement of Financial Position

STATEMENT OF FINANCIAL POSITION Statement of Financial Position for the month ending March 2026	RWT Mar 2025 Actual	RWT March 2026 Actual	RWT Movement YTD	WHT Mar 2025 Actual	WHT March 2026 Actual	WHT Movement YTD
NON CURRENT ASSETS	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Property,Plant and Equipment - Tangible Assets	539,624	545,948	6,324	250,913	255,724	4,811
Intangible Assets	9,351	13,073	3,722	8,021	7,898	(123)
Other Investments/Financial Assets	16	16	0	0	0	0
Trade and Other Receivables Non Current	1,138	1,070	(68)	1,164	1,720	556
PFI Deferred Non Current Asset	1,935	5,155	3,220	0	0	0
TOTAL NON CURRENT ASSETS	**552,064**	**565,262**	**13,198**	**260,098**	**265,342**	**5,244**
CURRENT ASSETS						
Inventories	9,766	10,430	664	3,182	2,861	(321)
Trade and Other Receivables	38,389	52,586	14,197	20,665	27,258	6,593
Cash and cash equivalents	50,886	42,739	(8,147)	36,745	52,233	15,488
TOTAL CURRENT ASSETS	**99,041**	**105,755**	**6,714**	**60,592**	**82,352**	**21,760**
TOTAL ASSETS	**651,106**	**671,017**	**19,911**	**320,690**	**347,694**	**27,004**
CURRENT LIABLILITES						
Trade & Other Payables	(104,725)	(105,598)	(873)	(54,359)	(74,122)	(19,763)
Liabilities arising from PFIs / Finance Leases	(8,731)	(9,102)	(371)	(10,047)	(10,230)	(183)
Provisions for Liabilities and Charges	(8,072)	(2,855)	5,217	(135)	(860)	(725)
Other Financial Liabilities	(12,138)	(11,141)	997	(2,610)	(1,124)	1,486
TOTAL CURRENT LIABILITIES	**(133,666)**	**(128,696)**	**4,970**	**(67,151)**	**(86,336)**	**(19,185)**
NET CURRENT ASSETS / (LIABILITIES)	**(34,625)**	**(22,941)**	**11,684**	**(6,559)**	**(3,984)**	**2,575**
TOTAL ASSETS LESS CURRENT LIABILITIES	**517,439**	**542,321**	**24,882**	**253,539**	**261,358**	**7,819**
NON CURRENT LIABILITIES						
Trade & Other Payables	0	0	0	0	0	0
Other Liabilities	(31,567)	(26,601)	4,966	(178,875)	(174,313)	4,562
Provision for Liabilities and Charges	(1,980)	(1,336)	644	(271)	(257)	14
TOTAL NON CURRENT LIABILITIES	**(33,547)**	**(27,937)**	**5,610**	**(179,146)**	**(174,570)**	**4,576**
TOTAL ASSETS EMPLOYED	**483,892**	**514,384**	**30,492**	**74,393**	**86,788**	**12,395**
FINANCED BY TAXPAYERS EQUITY						
Public Dividend Capital	337,782	350,852	13,070	276,052	283,327	7,275
Retained Earnings	26,691	31,045	4,354	(272,120)	(264,551)	7,569
Revaluation Reserve	120,643	133,711	13,068	70,461	68,012	(2,449)
Financial assets at FV through OCI reserve	(1,414)	(1,414)	0	0	0	0
Other Reserves	190	190	0	0	0	0
TOTAL TAXPAYERS EQUITY	**483,892**	**514,384**	**30,492**	**74,393**	**86,788**	**12,395**

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: £14.1m increase with balances including prepayments, and accrued income. Trade & Other Payables: £0.9m decrease with the decrease due to review of accruals. Most of the movement in Other Financial Liabilities relates to deferred income on non-recurrent projects such as PASEMR. Other Liabilities of £5.0m decrease due to movement in PFI/IFRS 16.

- WHT – Cash and cash equivalents have increased mainly due to additional deficit support funding and ICB support received. Trade receivables are high YTD due to LA, ERF, SDF and variable diagnostics performance. Current liabilities increase of £19.2m and non-current other liabilities decrease of £4.6m is due to PFI and IFRS16 movements.

Care Colleagues Collaboration Communities

Cashflow as at 31st March

	RWT	WHT	Combined
	Mar-26	Mar-26	Mar-26
OPERATING ACTIVITIES	**Actual £'000**	**Actual £'000**	**Actual £'000**
Total Operating Surplus/(Deficit) (gross of control total adjustments)	**17,122**	**15,954**	**33,076**
Depreciation	33,856	15,428	49,284
Fixed Asset Impairments	1,250	4,155	5,405
Transfer from Donated Asset Reserve	0	0	0
Capital Donation Income	(866)	(1,954)	(2,820)
Interest Paid	(1,867)	(7,881)	(9,748)
Dividends Paid	(13,121)	(1,353)	(14,474)
Release of PFI /Deferred Credit	0	0	0
(Increase)/Decrease in Inventories	(664)	321	(343)
(Increase)/Decrease in Trade Receivables	(14,294)	(7,116)	(21,410)
Increase/(Decrease) in Trade Payables	7,147	18,546	25,693
Increase/(Decrease) in Other liabilities	(997)	(1,486)	(2,483)
Increase/(Decrease) in Provisions	(5,871)	(700)	(6,571)
Increase/(Decrease) in Provisions Unwind Discount	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITES	**21,695**	**33,914**	**55,609**
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	2,592	1,609	4,201
Payment for Property, Plant and Equipment	(32,182)	(16,293)	(48,475)
Payment for Intangible Assets	(4,988)	(3,092)	(8,080)
Receipt of cash donations to purchase capital assets	866	1,954	2,820
Proceeds from sales of Tangible Assets	0	0	0
Proceeds from Disposals	2	51	53
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	**(33,710)**	**(15,771)**	**(49,481)**
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**(12,015)**	**18,143**	**6,128**
FINANCING			
New Public Dividend Capital Received	13,070	7,275	20,345
Capital Element of Finance Lease and PFI	(9,202)	(9,930)	(19,132)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	**3,868**	**(2,655)**	**1,213**
INCREASE/(DECREASE) IN CASH	**(8,147)**	**15,488**	**7,341**
CASH BALANCES			
Opening Balance at 1st April 2025	50,886	36,745	87,631
Closing Balance at 28th February 2026	**42,739**	**52,233**	**94,972**

Summary:
The cash balance is £95.0m, £42.7m at RWT and £52.2m at WHT. This is an increase from last month of £35.5m (of which £15.1m is RWT increase and £20.4m is WHT due to additional income).

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. This will be closely monitored as move into new financial year.

Care Colleagues
Collaboration Communities

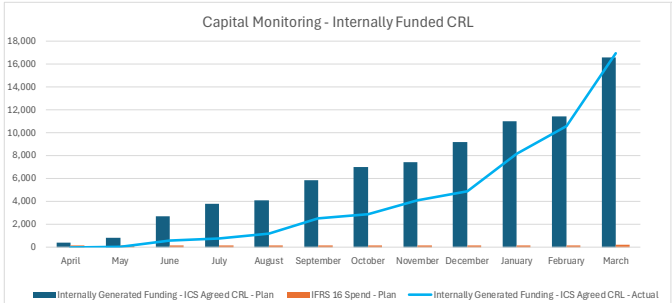
Capital RWT

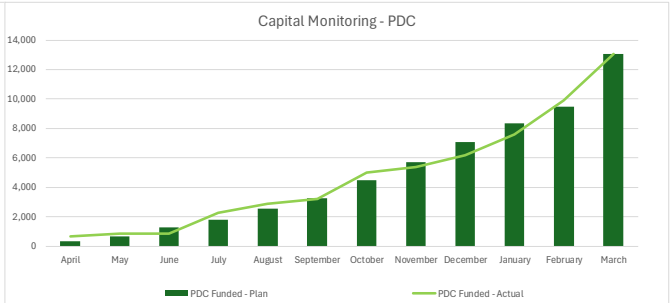
The Trust has spent £31.9m of Capital YTD to 31st March 2026, which is in line with the target CRL for the financial year.

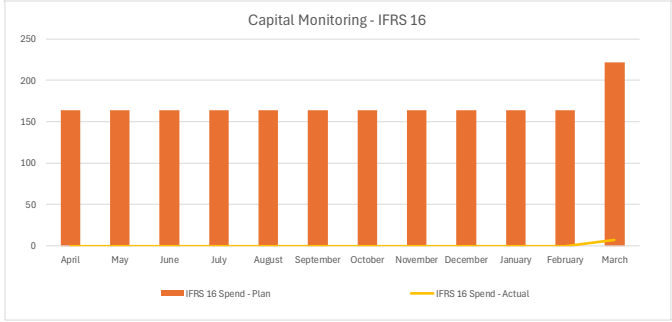
- CRL recorded a year to date spend of £16.9m which was £3.6m higher than plan. During the financial year the Trust were awarded £1.7m of additional CRL from the ICS and £1.6m in relation to BCPS to meet their programme. In addition, £2.3m was transferred from IFRS 16 CRL (due to underspends) offset by £2.0m transfer to WHT (to be repaid in 26/27 and 27/28).
- PDC expenditure with a spend of £13.1m was £2.7m ahead of plan due to additional PDC awarded during the financial year.
- IFRS 16 (or renewed leases) CRL with a YTD spend of £0.0m was underspent by £2.3m. The Trust during the year revised its IFRS 16 obligations and due to items being brought outright by capital programme and a change in how NHS Property Services leases are accounted for, this has reduced the IFRS 16 requirement, instead this has been added to the BAU CRL.
- IFRIC 12 related capital spend is £1.1m YTD which is behind plan by £2.3m. The balance will be deferred assets in line with PFI model.

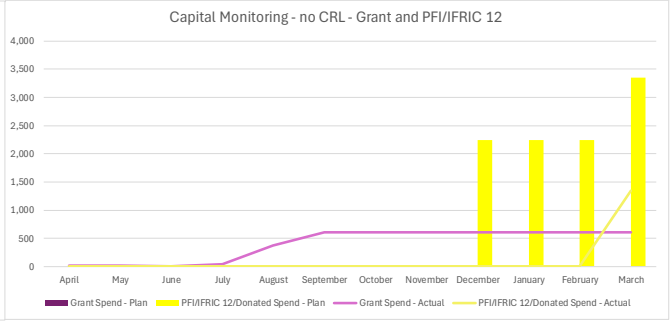
In addition to the items above monitored by NHSE, the Trust also receives grant funding and donated assets:

- Grant Funding for the PSDS programme was ahead of plan YTD, with spend of £0.6m.
- Donated assets from RWT charity of £0.3m were also recorded during the financial year.









Care Colleagues Collaboration Communities

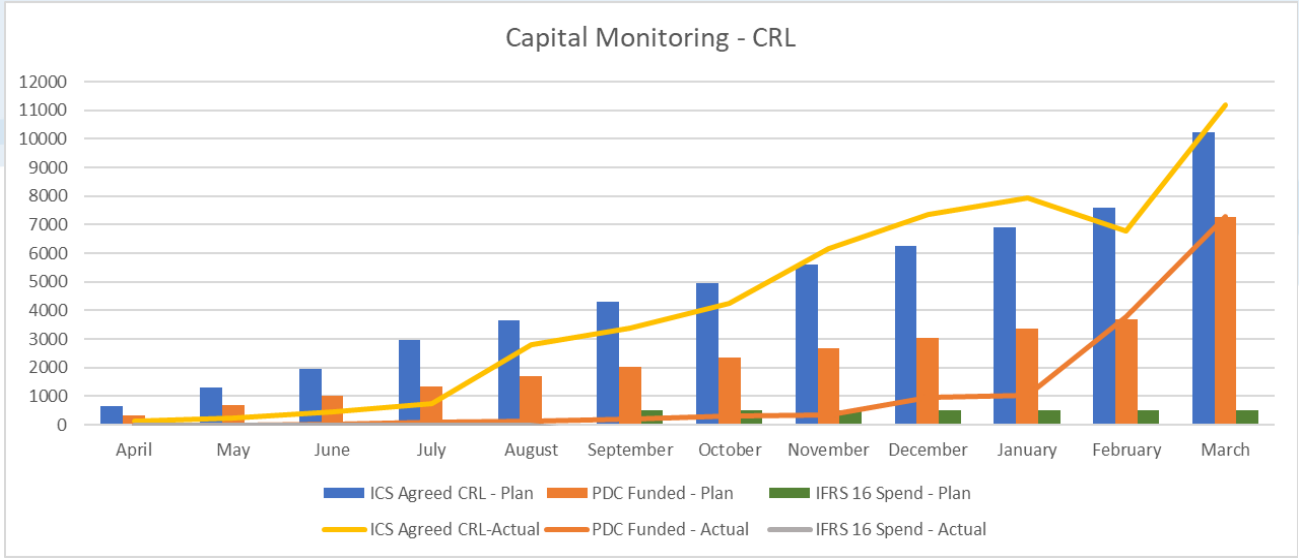
Capital WHT

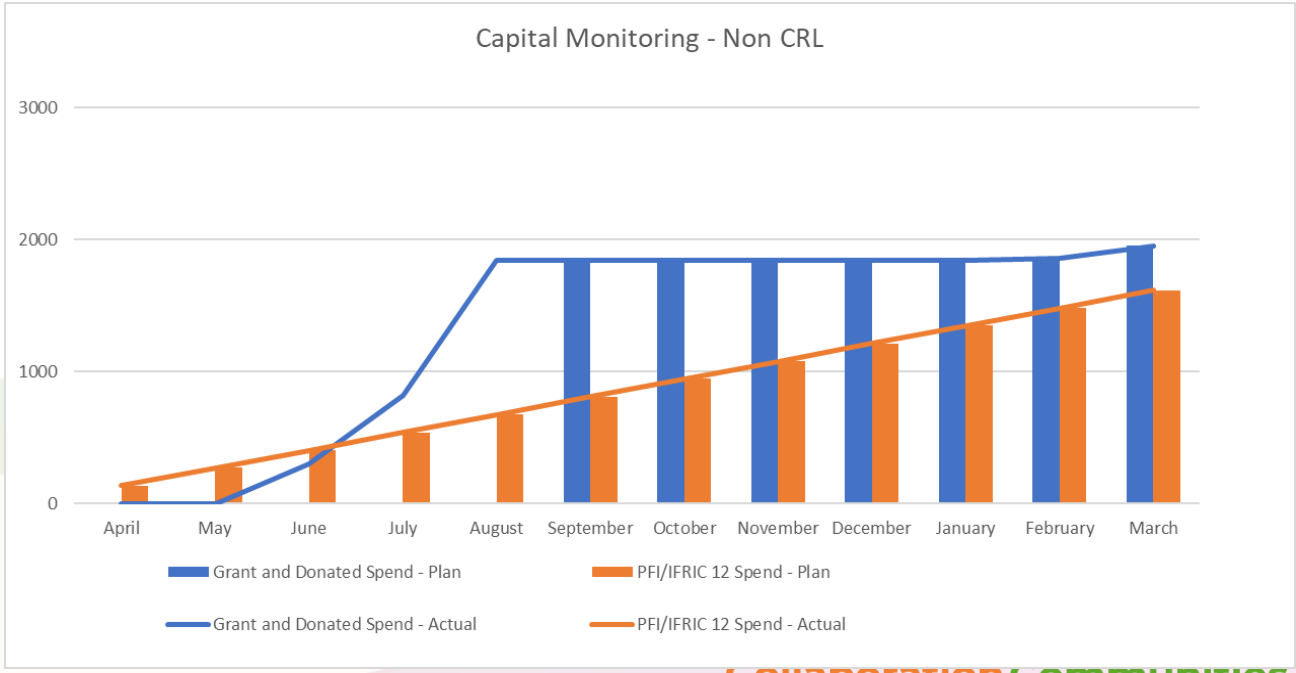
The trust has spent £21.68m of Capital & IFRS16 YTD to 31st March 2026 against planned YTD Capital of £21.54m. Of the £21.68m YTD Spend:

•£10.84m YTD Capital spend including IFRS16 relates to CRL the trust is measured against vs FY FOT of £10.75m and PDC Spend for the year of £7.275m. The trust achieved CRL of £18.11 vs planned CRL of £18.02m at the end of the year.

•The balance of the YTD Capital spend of £3.57m relates to Non CRL Capital with PFI/IFRIC 12 capital of £1.62m, donated medical equipment of £0.11m and PSDS grant spend of £1.85m

Scheme	M12 YTD Forecast		M12 YTD Budget	M12 YTD Spend
	£'000s		£'000s	£'000s
Estates:				
PFI Lifecycle:	1,617		1,617	1,616
Theatres 1-4 Refurb	3,100		3,730	2,729
Estates Lifecycle	2,889		1,029	2,687
MMUH (UECC works)	1,200		1,200	1,359
Aseptic Suite	286		900	286
Backlog maintenance to support PSDS	1,741		800	2,358
New Build-Non Clinical (PSDS Match Funding)	1,847		1,000	1,847
Estates Total	**12,680**		**10,276**	**12,882**
Medical Equipment:				
Medical Equipment	1,351		229	1,239
Donated Medical Equipment	107			107
Medical Equipment Total	**1,458**		**229**	**1,346**
Information Management & Technology:				
IT Equipment	540		-	540
Information Management & Technology Total	**540**		**-**	**540**
PDC Funding				
IM&T PDC Funding	3,220		2,870	3,220
Theatres 1-4 Estates Safety PDC Funding	3,070		1,170	3,070
GB Energy NHS Solar	750		-	750
Signage-Maternity and Neonatal Programme	5		-	5
Wayfinder Programme	163		-	163
DDC Programme-Imaging Home Reporting	67		-	67
Audiology and Echo Equipment				
PDC Funding Total	**7,275**		**4,040**	**7,275**
IFRS16	- 359		510	- 359
Total IFRS16	**- 359**		**510**	**- 359**
Grand Total	**21,594**		**15,055**	**21,683**





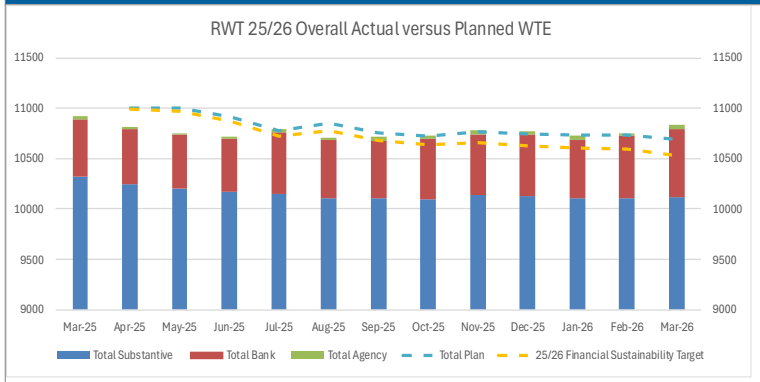
Workforce WTE Trends - RWT

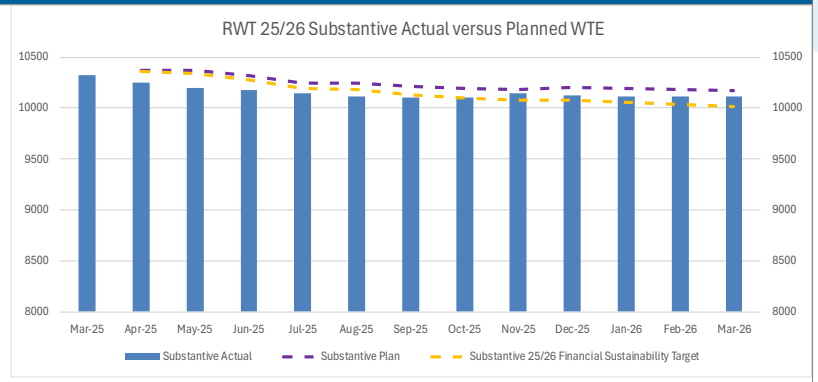
RWT's overall workforce increased during M12, reflecting a 2 WTE (0.02%) rise in substantive staff, a 70 WTE (11.5%) increase in bank reliance, and a 7WTE (25.9%) increase in agency usage. The RWT overall workforce is 295 WTE (2.8%) above the financial sustainability (stretch) target trajectory.

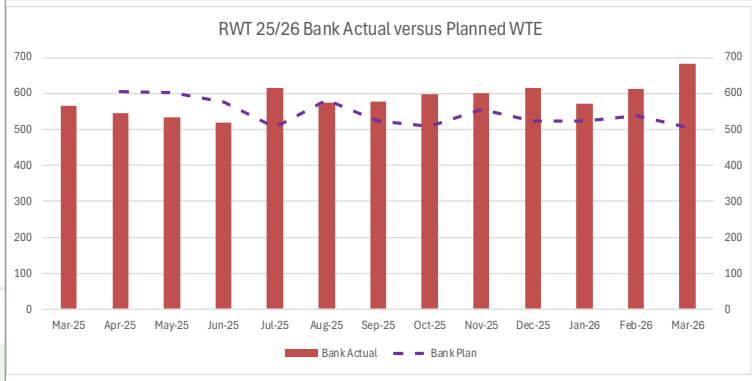
Actual WTE (Jan 26 – Mar 26)

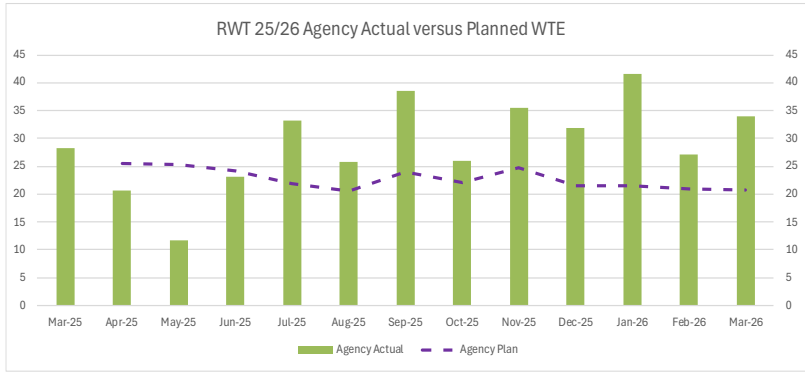
	Jan-26	Feb-26	Mar-26
ACTUAL TOTAL WORKFORCE BY STAFF GROUP (WTE)	**10724.59**	**10751.36**	**10830.52**
Registered Nursing, Midwifery and Health Visiting Staff	3049.28	3067.48	3073.01
Allied Health Professionals	613.02	610.51	616.47
Registered Scientific, Therapeutic and Technical Staff	241.07	242.11	247.42
Healthcare Scientists	508.04	513.35	511.59
Support to Clinical Staff	2150.33	2141.79	2138.95
NHS Infrastructure Support	2847.62	2844.04	2890.12
Medical and Dental	1315.24	1332.09	1352.96
ACTUAL SUBSTANTIVE STAFF BY STAFF GROUP (WTE)	**10110.41**	**10111.23**	**10113.12**
Registered Nursing, Midwifery and Health Visiting Staff	2928.11	2926.45	2923.36
Allied Health Professionals	609.77	606.77	609.26
Registered Scientific, Therapeutic and Technical Staff	238.22	238.79	242.69
Healthcare Scientists	505.72	510.32	509.12
Support to Clinical Staff	1980.89	1975.22	1969.90
NHS Infrastructure Support	2625.67	2632.26	2630.67
Medical and Dental	1222.04	1221.43	1228.12
ACTUAL BANK STAFF BY STAFF GROUP (WTE)	**572.56**	**613.09**	**683.36**
Registered Nursing, Midwifery and Health Visiting Staff	121.17	141.03	149.65
Allied Health Professionals	3.25	3.09	6.49
Registered Scientific, Therapeutic and Technical Staff	2.03	2.66	3.45
Healthcare Scientists	0.13	0.21	0.24
Support to Clinical Staff	144.82	154.19	151.54
NHS Infrastructure Support	221.95	211.78	259.45
Medical and Dental	79.21	100.13	112.54
ACTUAL AGENCY STAFF BY STAFF GROUP (WTE)	**41.62**	**27.04**	**34.04**
Registered Nursing, Midwifery and Health Visiting Staff	0.00	0.00	0.00
Allied Health Professionals	0.00	0.65	0.72
Registered Scientific, Therapeutic and Technical Staff	0.82	0.66	1.28
Healthcare Scientists	2.19	2.82	2.23
Support to Clinical Staff	24.62	12.38	17.51
NHS Infrastructure Support	0.00	0.00	0.00
Medical and Dental	13.99	10.53	12.30

2025/26 Actuals vs Planned









During M12 25/26, the number of substantive staff employed increased by 1.89 WTE, reflecting external inflows (66.62 WTE) exceeding external outflows (66.45 WTE) and the impact of assignment changes, e.g., increased individual contracted hours (9.65 WTE).

Increased bank and agency reliance reflects rising temporary staffing usage across most staff groups in March 2026. While reliance on bank clinical support fell by 2%, agency usage within this workforce rose by 41% (5 WTE) during the same period. Medical agency usage increased amongst Div 3 Doctors in Training, contributing to an overall month-on-month increase in the Trust.

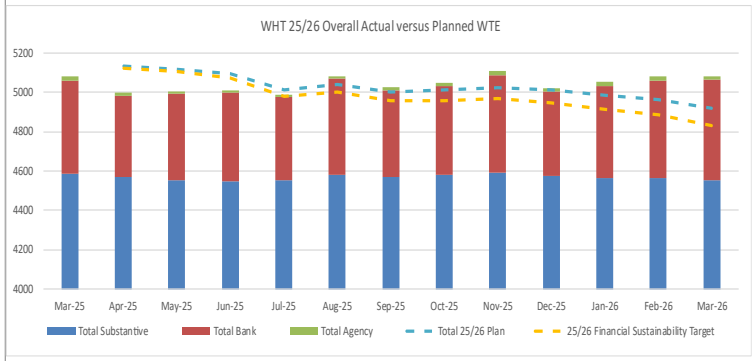
Workforce WTE Trends - WHT

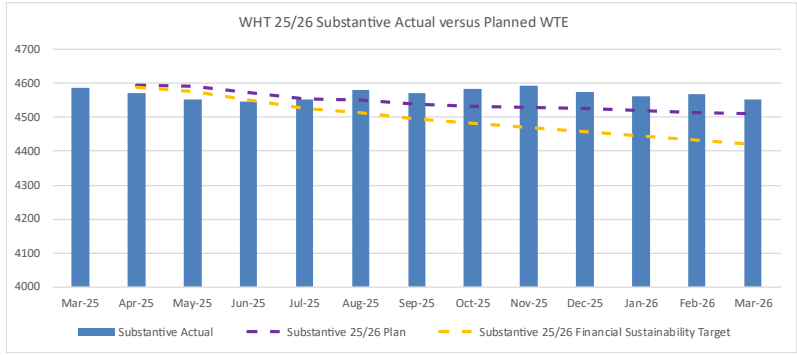
WHT's overall workforce decreased by 0.8 WTE during M12, reflecting a substantive workforce decrease of 14 WTE, and a fall in agency reliance by 2 WTE, which offset a 15 WTE rise in bank deployment. The WHT overall workforce is 248 WTE (5.1%) above the financial sustainability (stretch) target trajectory.

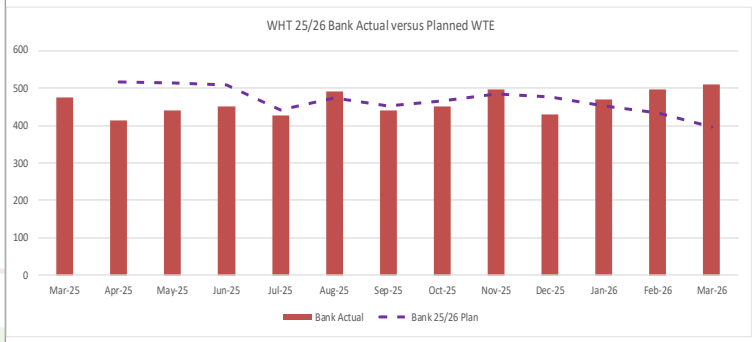
Actual WTE (Jan 26– Mar 26)

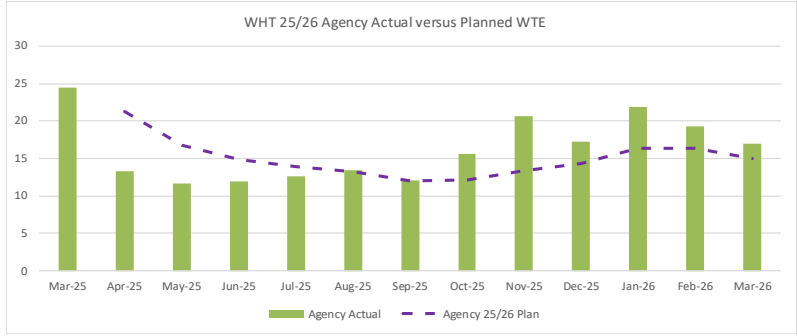
	Jan-26	Feb-26	Mar-26
ACTUAL TOTAL WORKFORCE BY STAFF GROUP	**5033.40**	**5082.40**	**5081.61**
Registered Nursing, Midwifery and Health Visiting Staff	1790.25	1800.84	1785.01
Allied Health Professionals	313.94	327.48	330.95
Registered Scientific, Therapeutic and Technical Staff	118.34	129.29	127.74
Healthcare Scientists	47.80	47.80	47.80
Support to Clinical Staff	978.40	983.86	986.90
NHS Infrastructure Support	1161.59	1166.57	1174.34
Medical and Dental	623.08	626.57	628.87
ACTUAL SUBSTANTIVE STAFF BY STAFF GROUP	**4562.79**	**4567.17**	**4553.21**
Registered Nursing, Midwifery and Health Visiting Staff	1646.10	1650.58	1638.58
Allied Health Professionals	313.94	311.97	313.43
Registered Scientific, Therapeutic and Technical Staff	117.92	118.92	118.72
Healthcare Scientists	47.80	47.80	47.80
Support to Clinical Staff	824.48	824.89	825.97
NHS Infrastructure Support	1029.68	1030.72	1027.86
Medical and Dental	582.86	582.31	580.86
ACTUAL BANK STAFF BY STAFF GROUP	**451.35**	**495.92**	**511.46**
Registered Nursing, Midwifery and Health Visiting Staff	129.80	137.78	137.88
Allied Health Professionals	0.00	13.37	14.09
Registered Scientific, Therapeutic and Technical Staff	0.00	10.37	9.02
Healthcare Scientists	0.00	0.00	0.00
Support to Clinical Staff	153.92	158.97	160.93
NHS Infrastructure Support	128.31	132.25	142.88
Medical and Dental	39.31	43.17	46.66
ACTUAL AGENCY STAFF BY STAFF GROUP	**19.27**	**19.31**	**16.93**
Registered Nursing, Midwifery and Health Visiting Staff	14.34	12.48	8.55
Allied Health Professionals	0.00	2.14	3.43
Registered Scientific, Therapeutic and Technical Staff	0.42	0.00	0.00
Healthcare Scientists	0.00	0.00	0.00
Support to Clinical Staff	0.00	0.00	0.00
NHS Infrastructure Support	3.60	3.60	3.60
Medical and Dental	0.91	1.09	1.36

2025/26 Actuals vs Planned









During M12 25/26, external substantive starters (29 WTE) were offset by external substantive leavers (39 WTE). Triangulated against assignment changes, such as adjusted contracted hours, this contributed to a 14 WTE decrease in the substantive workforce.

Increased bank reliance reflects an 8% increase in admin and estates temporary staffing usage during March 2026 and an 8% rise in reliance on medical locums. Despite increased medical and AHP agency usage, overall agency reliance reduced month-on-month, reflecting a 32% reduction in registered nursing and midwifery agency usage during March 2026.

Summary Financial Plan 2026/27 to 2028/29

- Over the three-year planning period the Group's financial position is planned to improve significantly. The proposed plan submission includes a CIP at 6.3% and 6.5% of controllable spend respectively [1] which allows both Trusts to achieve the target deficits/break even in all years.
- Both trusts meet the national target deficit/surplus in all of the three years and will therefore be able to access national deficit support funding to breakeven.
- The tables below show the Income & Expenditure for each financial year.

RWT SOCI £000	2026/27	2027/28	2028/29
Patient Income	842,544	869,717	895,014
Other Operating Income	167,033	169,964	172,946
Total Income	**1,009,577**	**1,039,680**	**1,067,960**
Pay	(625,927)	(635,658)	(652,481)
Non Pay*	(409,923)	(393,709)	(402,973)
Total Expenditure	**(1,035,850)**	**(1,029,368)**	**(1,055,454)**
Non Operating	(14,385)	(14,673)	(14,966)
Unadjusted Financial Position Excl DSF	**(40,658)**	**(4,360)**	**(2,461)**
Adjustments*	24,008	2,461	2,462
Adjusted Financial Position Excl DSF	**(16,650)**	**(1,899)**	**0**
Target	**(16,650)**	**(1,899)**	**0**

WHT SOCI £000	2026/27	2027/28	2028/29
Patient Income	443,400	454,834	466,353
Other Operating Income	23,699	23,699	23,699
Total Income	**467,099**	**478,533**	**490,052**
Pay	(301,129)	(303,673)	(306,641)
Non Pay	(168,463)	(168,687)	(169,325)
Total Expenditure	**(469,592)**	**(472,360)**	**(475,966)**
Non Operating	(16,596)	(15,767)	(15,395)
Unadjusted Financial Position Excl DSF	**(19,089)**	**(9,594)**	**(1,309)**
Adjustments	(870)	(2,108)	(2,136)
Adjusted Financial Position Excl DSF	**(19,959)**	**(11,702)**	**(3,445)**
Target	**(19,959)**	**(11,702)**	**(3,445)**

* RWT non pay includes impairment for Wrekin House estimated to be £21.6m, not incl in adjusted position

[1] Controllable spend adjusts gross expenditure before CIP to exclude those categories of expenditure on which it is not possible to drive an efficiency. An example being CNST premiums. Percentage applied at RWT is 6.3% and WHT 6.5%.

Collaboration leagues Communities

4 Year Capital Plan

RWT's CRL increases from £27.7m in 2026/27 to £29.1m in year 4 – 2029/30 . A large amount of the spend will be on required fire safety works. There is also forecast spend on estates safety PDC scheme of £4.7m in 2026/27 and £3.3m in 2027/28.

RWT Summary of Capital Schemes	2026/27	2027/28	2028/29	2029/30
1. Medical Equipment	2,550	4,200	4,900	4,350
2. Digital & IT	5,220	6,514	5,219	5,140
3. Fire Works	8,100	5,000	5,000	2,000
4. Backlog	9,392	793	3,716	6,299
5. Divisional	850	3,500	3,000	8,000
6. Sustainability	150	250	500	750
7. BCPS Commitment	500	500	500	500
8. Wrekin House	0	2,500	3,000	0
9. Car Park	0	0	0	1,500
10. IFRS 16 Leases	0	4,701	2,671	514
11. WHT Transfer	1,000	1,000	0	0
Total CRL	**27,762**	**28,958**	**28,506**	**29,053**
PDC - Estates Safety	4,748	3,301	0	0

WHT's CRL increases from £9.5m in 2026/27 to £10.4m in year 4 – 2029/30. A large amount of the spend will be on required ward refurbishment and replacement IT. There is also forecast spend on estates safety PDC scheme of £2.3m in 2026/27 and £1.6m in 2027/28.

WHT Summary of Capital Schemes	2026/27	2027/28	2028/29	2029/30
1. Medical Equipment	1,000	1,000	1,000	1,000
2. Digital & IT	2,100	2,990	2,840	2,840
3. RWT Transfer	1,000	1,000		
4. Complete Planning Consent Works (ED)	1,000			
5. BCPS Commitment	250	250	250	250
6. IFRS 16 Leases	500	1,000	1,000	1,000
7. ESF Commitments 25/26 Lifts and Ventilation	1,100			
8. Theatres	601			
9. Ward Refurbishment	1,000	2,500	3,620	4,000
10. Estates Safety		1,263	1,500	1,327
11. EPMA	750			
12. Aseptics Suite	250			
Total CRL	**9,551**	**10,003**	**10,210**	**10,417**
PDC - Estates Safety	2,270	1,580		

Separate investment bids to NHSE *(Constitutional Standards funding)* have been accepted:

PDC Confirmed & Approved Bids	2026/27	2027/28	2028/29	2029/30
1. Diagnostics - Bilston CDC	11,647	11,500	0	0
2. UEC - UEC Works	3,993	0	2,000	2,120
3. UEC - New Cardiac Cath Lab	0	0	870	5,130
4. Community - Community Hub	1,198	750	0	1,250
5. NIHR - Refurbishment of accommodation	745	745	0	0
Total	**17,583**	**12,995**	**2,870**	**8,500**

PDC Confirmed Bids	2026/27	2027/28	2028/29	2029/30
1. Community - Community Hub	0	2,000	1,250	0
Total	**0**	**2,000**	**1,250**	**0**

Care Colleagues
Collaboration Communities

Enclosure 11.2

Integrated Performance Report

Walsall Healthcare NHS Trust

March 2026 (Month 12)

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

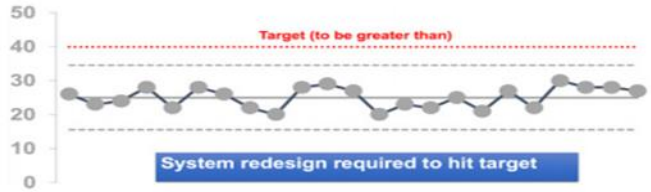
Care Colleagues
Collaboration Communities

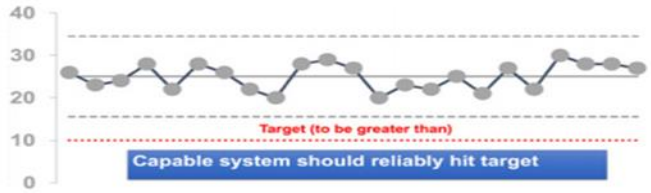
How to Interpret SPC (Statistical Process Control) charts

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

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

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





Care Colleagues Collaboration Communities

Managing Director Summary

2025/6 has been a successful year for Walsall Healthcare Trust (WHT) overall. In M12 the National Education and Training Survey results (all staff groups) have seen an improvement in overall scores. The Walsall Little Voices programmes have been named Regional Winner of the NHS Excellence Awards for Patient Involvement and Engagement - the team will now go on to the Nationals on 10th June. The trust participated in the National Q4 sprint to reduce patient waiting times for planned and emergency care –a marker of quality, and achieved the most improvement in the country overall.

The Trust is ahead of its financial plan by £3.3m at M12, with some support from National Deficit support Funding received at year end. The Trust has achieved £3.5m of variable elective performance over contract which was unfunded and seen a 9% increase in elective referrals from the previous year. It has allowed a limited amount of funding for WLIs within the financial plan and the Q4 Outpatient Sprint Plan provides additional funding direct from NHSE to increase capacity in Q4. The Urgent and Emergency Care Q4 sprint performance will also attract additional capital funding from NHSE. Cost Improvement Programmes delivered £27.7m of savings vs a plan of £30.1m at year end.

Quality and safety continues to be our priority. One severe harm fall was reported in March 2026 which was RIDDOR-reportable. The patient required surgery, recovered and was discharged back to their care home. Care Hours per Patient Day (CHPPD) remain stable. The Medicine and Long Term Conditions (MLTC) Division remained under greatest pressure and was amber for 54.65% of shifts (58.47% last month). The Emergency Department (ED) corridor was not used to care for patients in March 2026. Venous Thromboembolism (VTE) compliance remains below national compliance at 89.30% vs 95%, improvement action plans are being reviewed and overseen by Quality Committee. The service has received notification that WHT has been successful in achieving Clinical Negligence Scheme for Trusts (CNST) Year 7 full compliance with all 10 safety actions.

Current Friends and Family Test (FFT) recommendation score is 94% in March 2026 (↑ from 87% in February 2026), with some focused work ongoing in reduced postnatal community scores. Formal complaint response compliance was 65% in March 2026 (↑ from 49% in February 2026). The Martha's Rule wellness question rollout took place in March 2026, with compliance auditing planned.

WHT's overall workforce decreased by 0.8 WTE during M12, reflecting a substantive workforce decrease of 14 WTE, and a fall in agency reliance by 2 WTE, which offset a 15 WTE rise in bank deployment. The WHT overall workforce is 248 WTE (5.1%) above the financial sustainability (stretch) target trajectory. During M12, three of the six workforce indicators: mandatory training, 12-month turnover, and 12-month retention were on target. Rolling 12-month sickness absence, vacancy rates and appraisal compliance are rated red with a review of improvement actions being undertaken.

Author

Amelia Godson (Managing Director)

Care Colleagues Collaboration Communities

Managing Director Summary

The Trust has now ranked 1st in the Midlands for Referral to Treatment (RTT) performance for 17 consecutive months, with an improvement in RTT performance to 73.19%, exceeding the national expectation of 73.04%. There has been a further reduction in the Patient Tracking List (PTL) size to 27,304 in March. For 1st appointments within 18 weeks the Trust is above trajectory with performance of 81%, this has been supported by the Q4 Sprint funding and associated actions. Cancer performance has positively improved during February with all three of the constitutional standards for access to treatment for cancer being met. The 28 Day Faster Diagnosis Standard (FDS) achieved 89.51% against the 80% target, 31-day was 100% against the 96% target, and 62-day standard was 79.05% against the 75% target.

The Trust has seen significant improvement in performance against the 4-hour Emergency Access Standard (EAS), moving from 74.62% in February to 86.69% in March. This is exceeded our trajectory of 78% and the national target with our EAS ranking improving to 6th nationally and 2nd in the region. This also places the Trust as the 5th most improved nationally compared to March 2025 with a 11.4% increase in performance. Type 1 ED attendances were 5.27% higher when compared to March 2025. Ambulance Handover within 30 minutes, saw significant improvement to 93.58% in March compared with 81.63% for February, with the Trust ranked 2nd regionally. Improved ward processes, ED Observation Unit utilisation, and focused clinical leadership have all contributed to the timely to treatment and discharge of patients.

Diagnostic DM01 performance was 70% with a national ranking of 84th and 14th in the region. Challenged modalities are; Magnetic Resonance Imaging (MRI), Audiology, Non-Obstetric Ultrasound (NOUS), and Neurophysiology. Capacity has been increased through the National Sprint opportunity for Diagnostics. WHT is compiling a Group options appraisal in collaboration with tRWT to increase capacity.

The Trust continues to demonstrate strong productivity performance, with the latest Model Health System data placing overall Implied Productivity Growth in the top quartile nationally. Key strengths include outpatient procedures and theatre utilisation, reflecting effective use of clinical capacity. Day-case rates and cases per operating list both sit in lower quartile two and highlight scope for improvement.

Lastly, but most importantly – thank you to all of the teams and partners who work across Walsall Healthcare Trust. We have another challenging year ahead, but we will continue to work together to deliver and improve care for staff and patients.

Author

Amelia Godson (Managing Director)

Care Colleagues Collaboration Communities

Balanced Scorecard

Quality and Patient Safety

	Metric Name		Target	Previous Month	Current Month	Latest Time Period	2019/20 Same Period	Variation	Assurance
1	Falls - Rate per 1000 Beddays	Rate		3.67	3.39	Mar 2026	5.32	Common Cause	No Target Set
2	Pressure Ulcers - Rate per 1,000 Beddays (Cat 1, 2, 3, 4 & Unstageables) - Hospital	No.		3.27	3.45	Mar 2026		Concern	No Target Set
3	Pressure Ulcers - Rate per 10,000 CCG Population (Cat 1, 2, 3, 4 & Unstageables) - Community	No.		0.59	1.07	Mar 2026		Concern	No Target Set
4	Patient Observations - % rechecked within time	%	90.00	86.71	89.35	Mar 2026	80.94	Common Cause	Not Met
5	VTE Risk Assessment - % within 14 hours	%	95.00	89.65	89.30	Mar 2026		Common Cause	Not Met
6	Sepsis Screening - ED	%							
7	Sepsis Screening - Inpatients	%							
8	Medication Errors - % of incidents causing harm	%		8.43	17.98	Mar 2026		Common Cause	No Target Set
9	ED - Mental Health Patients spending over 24 hours in ED	No.		15.00	14.00	Mar 2026		Common Cause	No Target Set
10	Clostridium Difficile - Number of Cases	No.		6.00	2.00	Mar 2026	5.00	Common Cause	No Target Set
11	MRSA - Number of Cases	No.	0.00	0.00	0.00	Mar 2026	0.00	Improvement	Inconsistent
12	Complaints - No. of Complaints as a % of Admissions	%		0.55	0.57	Mar 2026		Concern	No Target Set
13	Complaints - % responded to within agreed timescales	%		48.94	65.12	Mar 2026	37.93	Common Cause	No Target Set
14	Friends and Family : % Recommended - Trust (Average)	%		87.00	94.00	Mar 2026		Improvement	No Target Set
15	Maternity - Midwife to Birth Ratio - (1 to)	Ratio	28.00	27.66	27.12	Mar 2026	31.90	Common Cause	Inconsistent
16	CHPPD - Total Nursing & Midwifery Staff Actual	No.		7.80	7.90	Mar 2026		Common Cause	No Target Set
17	CHPPD - Registered Nursing & Midwifery Staff Actual	No.		4.40	4.50	Mar 2026		Common Cause	No Target Set
18	Mortality - SHMI (NHS Digital) (12 Month Rolling Position) - Manor Hosp Site	No.	1.00	0.98	0.98	Nov 2025	1.10	Common Cause	Achieving
19	Mortality - Crude Mortality Rate	Rate		2.81	2.57	Dec 2025	4.89	Common Cause	No Target Set
20	Incidents - Never Events	No.	0.00	0.00	0.00	Mar 2026	0.00	Improvement	Inconsistent

Workforce Performance	Target / Limit	Previous Month	Current Month	Latest Time Period	19/20 Same Period	Variation	Assurance
Substantive (WTE) Trust	4420.80	4567.17	4553.21	Mar-26	-	Concern	Inconsistent
Agency (WTE) Trust	15.07	19.31	16.93	Mar-26	-	Improvement	Not Met
Bank (WTE) Trust	397.43	495.92	511.46	Mar-26	-	Concern	Inconsistent
Vacancy Rate	6.00%	10.94%	10.89%	Mar-26	-	Concern	Inconsistent
Turnover Rate (12 Months)	10.00%	7.82%	7.67%	Mar-26	-	Improvement	Inconsistent
Retention Rate (12 Months)	90.00%	93.96%	93.96%	Mar-26	-	Improvement	Achieving
Sickness Absence (In Month)	5.00%	7.07%	6.56%	Mar-26	-	Concern	Inconsistent
Appraisals	90.00%	73.14%	73.03%	Mar-26	-	Concern	Not Met
Statutory & Mandatory Training	90.00%	93.66%	91.10%	Mar-26	-	Improvement	Inconsistent

Operational Performance

	Metric Name		Target	Previous Month	Current Month	Latest Time Period	2019/20 Same Period	Variation	Assurance
1	18 Weeks Referral to Treatment - % Within 18 Weeks - Incomplete	%	73.04	70.83	73.19	Mar 2026	83.93	Improvement	Not Met
2	18 Weeks Referral to Treatment - 52 Week Breaches as % of the Total PTL	%	1.00	0.06	0.01	Mar 2026	0.00	Improvement	Not Met
3	18 Weeks Referral to Treatment - Total Incomplete PTL	No.	26,155.00	28,528.00	27,304.00	Mar 2026	14,852.00	Improvement	Not Met
4	Cancer - 28 Day Faster Diagnosis - % Compliance - Overall	%	80.00	77.00	89.51	Feb 2026		Common Cause	Inconsistent
5	Cancer - 31 Day Treatment - % Compliance - Combined Standard	%	96.00	96.51	100.00	Feb 2026	100.00	Common Cause	Inconsistent
6	Cancer - 62 Day Referral to Treatment - % Compliance - Combined Standard	%	75.00	63.64	79.05	Feb 2026	81.87	Common Cause	Inconsistent
7	Criteria to Reside - No. of patients no longer meeting the Criteria to Reside	No.	68.00	27.00	10.00	Mar 2026		Improvement	Achieving
8	Diagnostics - Diagnostic waiting within 6 weeks from referral	%	95.00	76.45	70.00	Mar 2026	97.57	Concern	Not Met
9	ED - ED Attendances Admitted, Transferred or Discharged over 12 hours of Arrival	%	2.00	8.67	3.43	Mar 2026	2.69	Common Cause	Inconsistent
10	ED - ED Attendances Admitted, Transferred or Discharged within 4 hours of Arrival	%	78.00	74.62	86.69	Mar 2026	77.49	Improvement	Inconsistent
11	Community - Waiting List - Total	No.		9,330.00	10,099.00	Mar 2026		Concern	No Target Set
12	Community - Waiting List - % Within 18 Weeks	%	78.00	64.59	66.21	Mar 2026		Concern	Inconsistent

Finance	Target	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
Surplus/(Deficit) (£'000) - in month	2,873	469	4,994	6,986	Improvement	Achieving
Surplus/(Deficit) (£'000) - YTD	0	(1,718)	3,276	50	Improvement	Achieving
Surplus/(Deficit) (£'000) - FOT	0	0	0	50	-	Achieving
ERF (£'000) - in month	6,401	6,571	6,930	N/A	Improvement	Achieving
ERF (£'000) - YTD	71,375	68,759	75,689	N/A	Improvement	Achieving
ERF (£'000) - FOT				N/A		
Efficiency (£'000) - in month	5,291	2,151	3,857	1,034	Concern	Not Met
Efficiency (£'000) - YTD	30,076	23,802	27,659	8,515	Concern	Not Met
Efficiency (£'000) - FOT	30,076	28,203	27,659	8,515	Concern	Not Met
Capital (£'000) - YTD	15,055	13,508	21,683	11,704	Improvement	Achieving
Capital (£'000) - FOT	21,683	21,487	21,683	11,074	Improvement	Achieving
Cash (£'000) - in month	6,652	31,878	52,233	9,056	Improvement	Achieving
Cash (£'000) - FOT	6,652	28,152	52,233	9,056	Improvement	Achieving

Care Colleagues
Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary

Falls per 1,000 Bed Days

- March 2026 rate: 3.39 (↓ from 3.67 in February 2026), below the national mean of 6.1 (Royal College of Physicians).
- One severe harm fall was reported in March 2026 which was RIDDOR-reportable. Patient required surgery, recovered and was discharged back to care home
- Actions are reviewed and monitored through the severe harm falls review process with themes and learning shared across the Trust

Pressure Ulcers per 1000 Bed Days

- Six category 4 pressure ulcer was reported in March 2026 (community). Key themes are skin check and equipment check non-compliance.
- Improvement actions: Review of re-positioning charts and timings of re-positioning, Bathroom First wider roll out, EDDMTI, new skin cleansing products and continence product. Divisional action plans in place and monitored through QSOG

Observations on Time

- March 2026 compliance: 89.35% including ED (↑ from 86.71%) and 86.71% excluding ED (↓ from 90.66%). ED improved to 71.90% from 65.88%.
- 20 of 27 clinical areas achieved the 90% target in March 2026, up from 17 in February 2026. Senior divisional and deputy CNO oversight continues.
- Improvement Actions: Ongoing review of observation frequency led by Divisional Director of Nursing MLTC, Digital Nursing, and ED teams.

Infection Control

- In March 2026, 2 HOHA and no COHA C. difficile cases were reported; the national trajectory for 2025/26 is 65 we ended the FY below target at 53
- Other March activity included 0 MRSA bacteraemia, 1 HOHA MSSA, 2 HOHA and 3 COHA E. coli, 2 HOHA Klebsiella, and 0 Pseudomonas case.
- Improvement actions: Ensure prompt sampling, isolation 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: 71.84% in March 2026 (↑ from 71.84% in February 2026); adult ED: 84.91% (↑ from 81.53%); paediatrics: 87% (↓ from 94%). Clinical assessment and de-escalation remain positive.
- The Martha's Rule wellness question rollout took place in March 2026, with compliance auditing planned via InPhase.

Safe Staffing

- Twice-daily staffing meetings continue, with matrons redeploying staff to maintain safety. In March 2026, 1338 RN hours and 1331 CSW hours were redeployed; 586 hours / 76 shifts required ward manager redeployment.
- Overall clinical areas were green for 60% of the time (58% in February 2026). MLTC remained under the greatest pressure and was amber for 54.65% of shifts.
- Overall fill rate combined (RN + CSW): March 2026 93.97%; lowest fill rate was CSW day shifts at 90.06%.
- CHPPD remained 7.9, slight improvement from 7.6 in February 2026.

FFT Recommendation Rate – Trust Wide

- Current position: 94% in March 2026 (↑ from 87% in February 2026), mainly reflecting reduced postnatal community scores.
- Improvement actions: Divisional leads continue to monitor FFT returns, address themes, and escalate issues through the Patient Experience Group.

Complaints

- Formal complaint response compliance was 65% in March 2026 (↑ from 49% in February 2026). Surgery 31%; MLTC 89%; WCCSS 88%; Community 0% (only 1 complaint).
- Earlier contact across divisions led to 30 formal complaints being downgraded. Complaint training and early-contact expectations continue to be reinforced at divisional safety huddles.

Authors

Lisa Carroll (Chief Nursing Officer)

Zia Din (Chief Medical Officer)

Care Colleagues Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary Cont.

Medication Errors - % causing harm

- Latest data (February 2026): 83 medication incidents were reported, down from 121 in December 2025. There were no moderate-harm incidents; all others were near misses or low-harm.
- Improvement actions continue through the Safe Medication Pillar, with focus on high-risk prescribing, medicines management audits and TTO processes.

Mental Health

- Significant challenges remained in March 2026 in accessing timely mental health assessment, particularly out of hours where consultant or middle-grade psychiatric cover is limited.
- Timely mental health assessments continue to be a challenge, with delays occurring in both adult and Child and Adolescent Mental Health Services (CAMHS). Additionally, there is limited availability of consultant or middle-grade psychiatric cover outside of regular hours and no 24-hour assessment service.
- There were no Section 2 or 3 detentions, one Section 5(2) and six Section 136 detentions.
- Improvement actions: the internal Mental Health Team continues joint working with external partners and pan-Trust training across Paediatrics, ED and AMU; the Penn Hospital adult 136 suite reopened on 31 March 2026.

ED Corridor Care

- The ED Corridor was not used in March 2026.

Human Tissue Authority

- Progress continues against the HTA CAPA plan, with further standards now formally closed in month following submission of evidence to the HTA. A small number of standards remain open, mainly relating to consent, training, audits, security, premises, and equipment servicing.
- Of the 8 standards remaining unclosed (of the 18 original), 5 are major and 3 are minor.
- Most are expected to close by the end of April 2026, with estate works at RWT expected to conclude by late May 2026, in line with timescales agreed with the HTA. Note that both Trusts are covered under the WHT license.

Authors

Lisa Carroll (Chief Nursing Officer)

Zia Din (Chief Medical Officer)

Care Colleagues Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary Cont.

Biannual skill mix review

The biannual skill mix review for all inpatient areas, ED and paediatrics was undertaken in January 2026. The recommendation is for no change to the current budgeted establishments and skill mix. The next review will take place in June 2026

SEND Reforms

SEND reform: putting children and young people first -GOV.UK (2026) plans to address the rising demand, cost and complexity in SEND and creates a new local planning, approval and assurance regime. There is strong alignment between the SEND reforms and the NHS 10-year plan. The key changes recommended are:

- Earlier identification and intervention for children with SEND
- New national standards for SEND provision
- Greater focus on support within mainstream education
- A potential move from an Education and Health Care Plan (EHCP) driven system to broader support plans
- Improved accountability for health in local area partnerships

The system are required to submit an action plan and maturity matrix to NHSE by 19th June 2026 with sign off by Trust Boards and the ICB CEO

VTE Risk Assessment

- The revised cohorting agreement to align the SDEC patient group's length of stay to 12 hours was implemented from Jan 2026's data. The refreshed data showed an average improvement of 3.4% in VTE compliance results for Jan and Feb 2026
- March 2026 compliance was lower at 89.30 % (↓ 89.65% in February 2026), still below the national target of 95%
- Both AMU and SACU's VTE Assessment performance had remained below 80% for the past 3 months. Performance was discussed at monthly Thrombosis Group.
- Improvement Actions: Reviewing Divisional performance every month. Reviewing improvement action plans. Sharing of selected VTE cases at the Thrombosis Group meeting for learning.

SHMI (Summary Hospital-level Mortality Indicator)

- Latest data available: In November 2025, the SHMI continued to record a value of 0.98, which is the same as the previous month. This is being monitored closely via Learning from Deaths Group. Work is ongoing regarding the 1 alert received relating to Respiratory Failure . Patient data has been sent to the specialty, for them to be able to undertake an audit to present at the Learning from Deaths meeting in June 2026.
- Improvement actions: Focus remains on outstanding Structured Judgement Reviews. Updates are being reported monthly at Learning from Deaths Group.

Authors

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Care Colleagues Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary Cont.

Maternity

- Perinatal staffing is stable, midwifery vacancy 5 WTE, maternity leave has increases to 14.35 WTE and long-term sickness remains at 10.08 WTE. A plan is currently being developed to support recruitment within current financial envelope to the Birthrate Plus 2024 recommendations which have been supported by Board. One to one care in labour and supernumerary coordinator compliance 100%
- Obstetric staffing compliant with RCOG guidance of compliant with consultant attendance. At Tier 2 resident level one resident has left to go into training, a replacement has been recruited and is awaiting a start date. At Tier 1 resident doctors' level posts are all filled. There are currently gaps in the ANNP cover, though this is improving. BAPM standards maintain that all neonatal nurses should hold a qualified in speciality (QIS) qualification. There are currently 21 staff who need to complete QIS, with 8 staff needing to complete the foundation course
- MBRRACE data for 2024 has been released. Walsall saw a reduction in both stillbirth and neonatal mortality and were within 5% of the comparative group average for stillbirth and 5-15% lower than the group average for neonatal deaths.
- There was one case accepted by MNSI relating to a case of therapeutic cooling
- The Regional Heatmap scores Walsall at 15 against a regional average of 23.5. There have been no alerts on the Maternity Outcome Signal System.
- The service is seeing progress with meeting compliance with NNAP audits following notification of outlier status in 2024. In March 2026 the Trust achieved 80% for deferred cord clamping and 83% for breast milk within 48hrs
- The FFT feedback for all areas of maternity scored greater than 90%. This is correlated with some of the free text data demonstrating women at WHT were having an overall good experience.
- The service has received notification that WHT has been successful in achieving CNST Year 7 full compliance with all 10 safety actions

Authors

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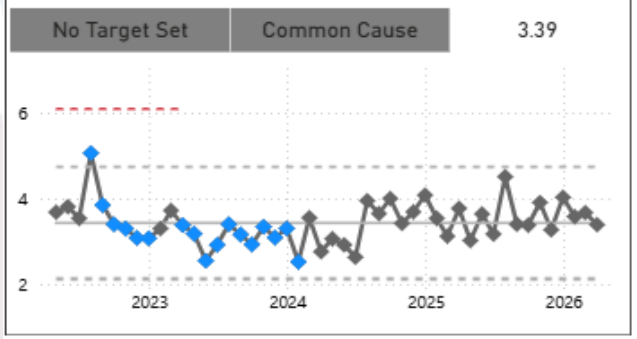
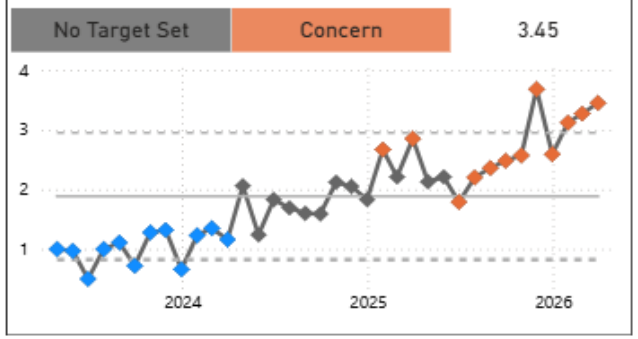
Care Colleagues Collaboration Communities

Quality, Safety & Patient Experience | Core Metrics

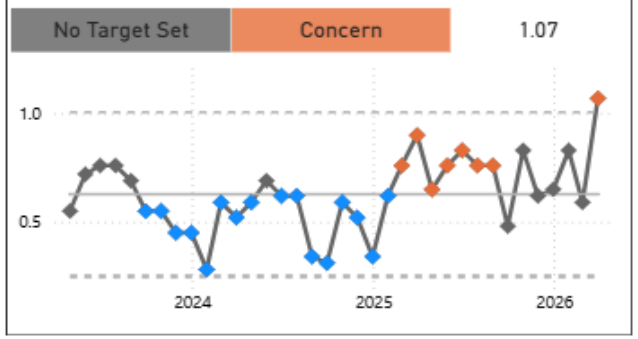
Falls - Rate per 1000 Beddays



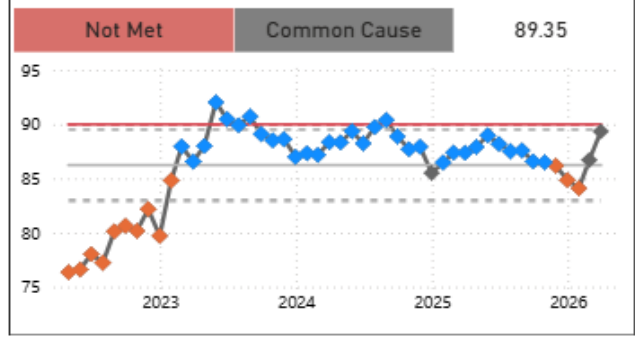
Pressure Ulcers - Rate per 1,000 Beddays (Cat 1, 2, 3, 4 & Unstageables) - Hospital



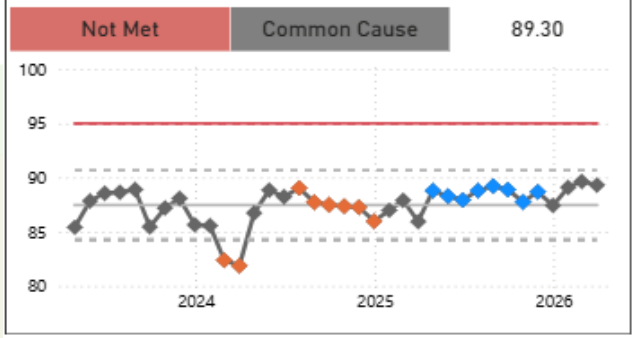
Pressure Ulcers - Rate per 10,000 CCG Population (Cat 1, 2, 3, 4 & Unstageables) - Community



Patient Observations - % rechecked within time



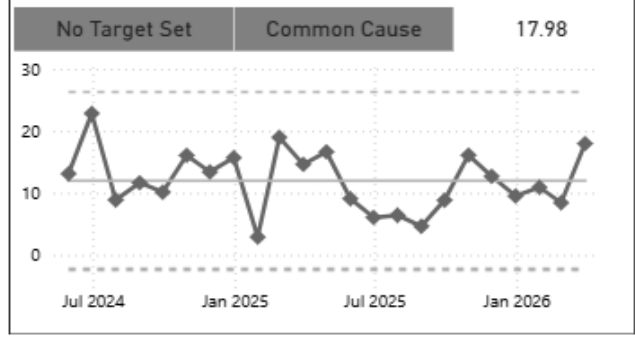
VTE Risk Assessment - % within 14 hours



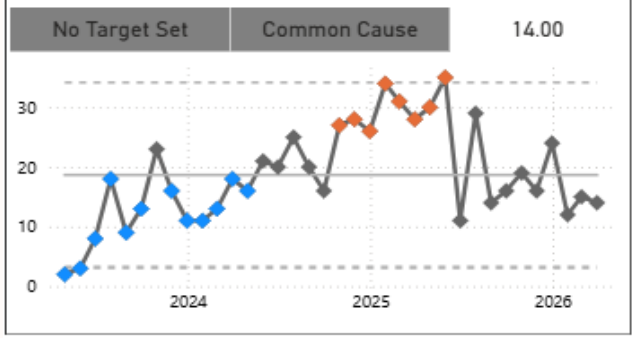
Sepsis Screening - ED

Sepsis Screening - Inpatients

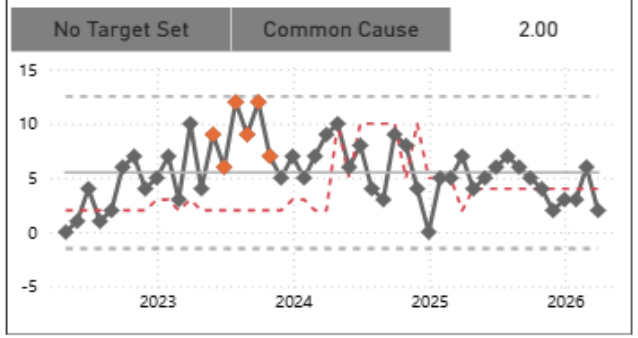
Medication Errors - % of incidents causing harm



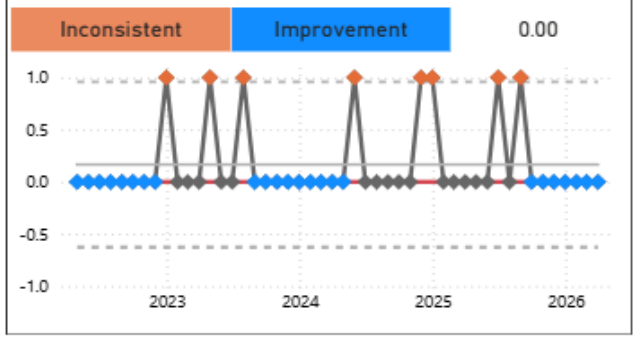
ED - Mental Health Patients spending over 24 hours in ED



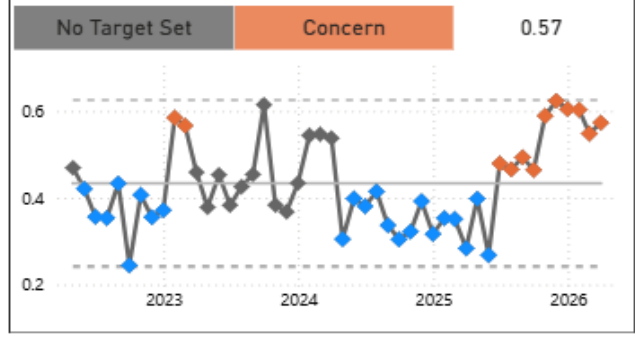
Clostridium Difficile - Number of Cases



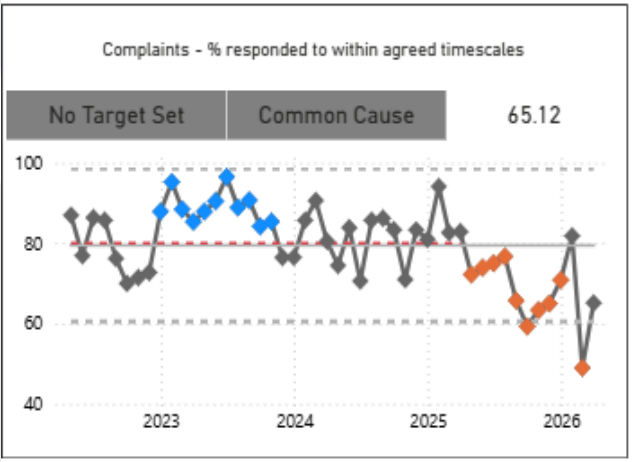
MRSA - Number of Cases

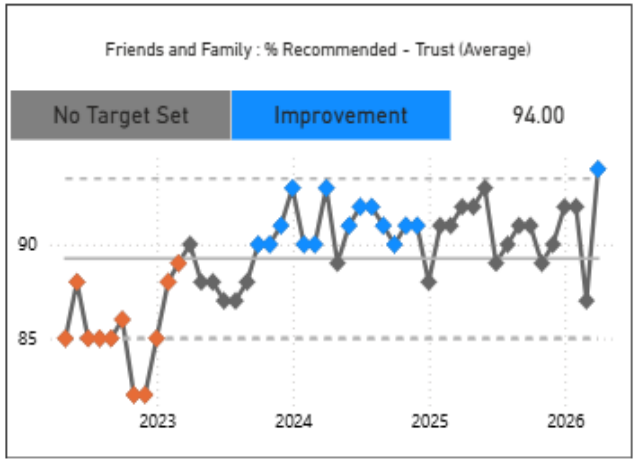


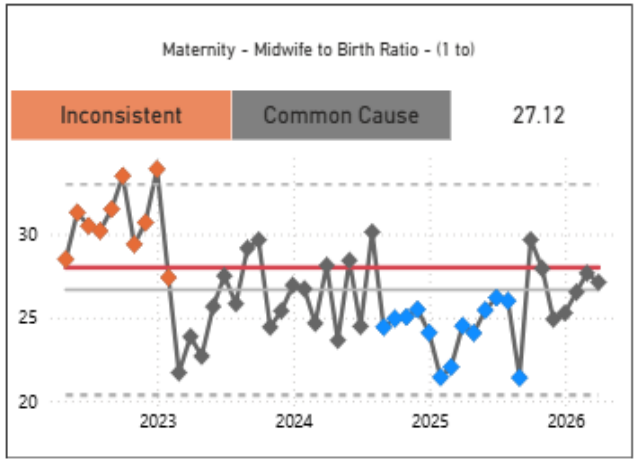
Complaints - No. of Complaints as a % of Admissions

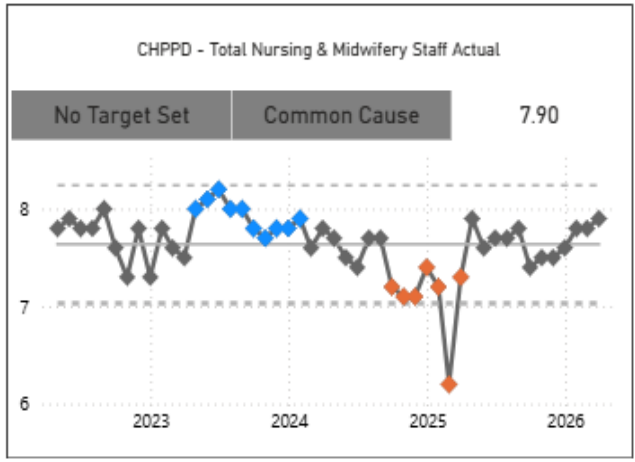


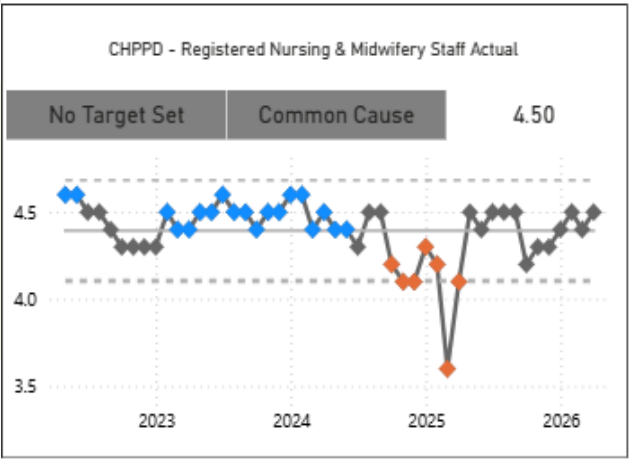
Quality, Safety & Patient Experience | Core Metrics

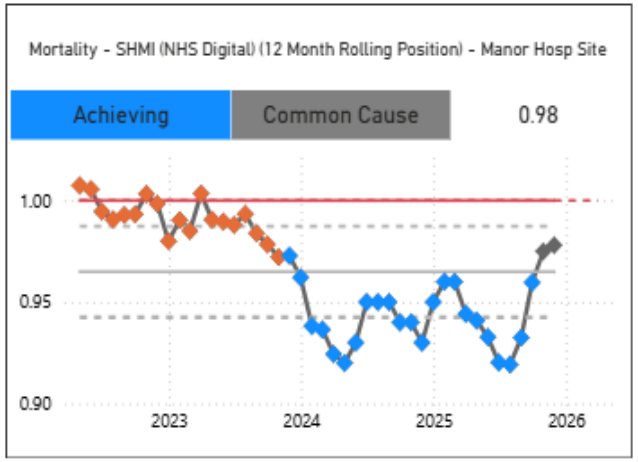


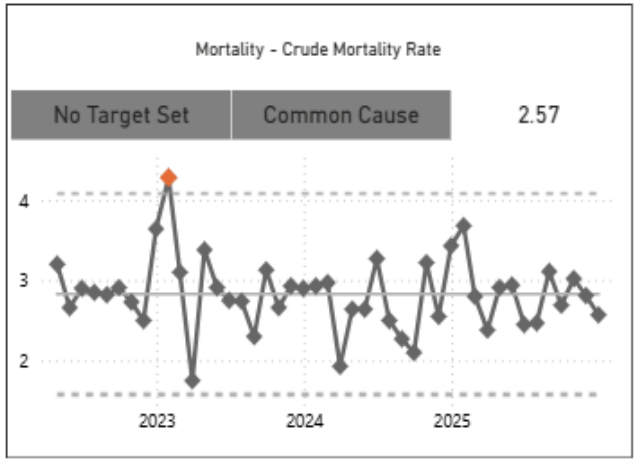


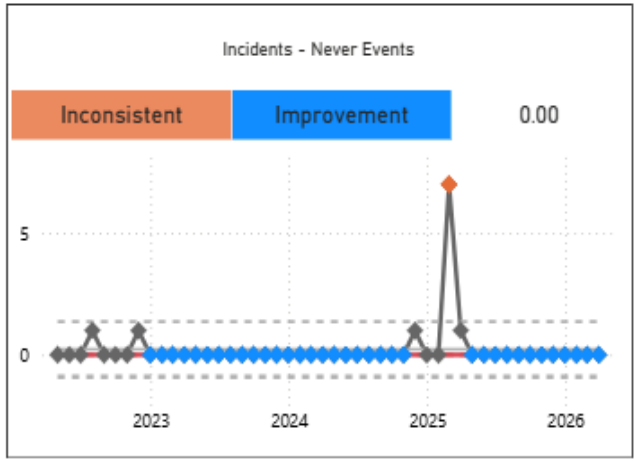












Care Colleagues
Collaboration Communities

People | Executive Summary

Performance against Trust 2025/26 Workforce Plan

WHT's overall workforce decreased by 0.8 WTE during M12, reflecting a substantive workforce decrease of 14 WTE, and a fall in agency reliance by 2 WTE, which offset a 15 WTE rise in bank deployment. The WHT overall workforce is 248 WTE (5.1%) above the financial sustainability (stretch) target trajectory.

During M12 25/26, external substantive starters (29 WTE) were offset by external substantive leavers (39 WTE). Triangulated against assignment changes, such as adjusted contracted hours, this contributed to a 14 WTE decrease in the substantive workforce.

Increased bank reliance reflects an 8% increase in admin and estates temporary staffing usage during March 2026 and an 8% rise in reliance on medical locums. Despite increased medical and AHP agency usage, overall agency reliance reduced month-on-month, reflecting a 32% reduction in registered nursing and midwifery agency usage during March 2026.

Performance against Key Workforce Metrics

- In March 2026, 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 (7.7%) has declined for the second month in a row but continues to reflect a long-term improvement trajectory, with performance remaining below the 10% target.
- Based on a 24-month trend, the 12-month retention rate, currently at 94%, will meet the 90% target if the long-term improvement trend is sustained.
- The 10.9% vacancy rate provides limited assurance, over a 24-month trend, that the 6% target will be consistently met, with outturns holding at two-year highs, amid strategic workforce reduction initiatives.
- While sickness absence fell materially month-on-month, ending a recent trend of worsening performance, there remains no assurance that the in-month sickness absence rate, at 6.56% in March 2026, will meet the long-term target of 5%.
- The mandatory training compliance rate of 91%, which has declined month-on-month and ended the long-term improvement trend, provides limited assurance over a 24-month trend that the 90% target will be consistently met.
- Given continued month-on-month reductions and a long-term trend of worsening performance, there is no assurance that appraisal compliance, currently at 73%, will consistently meet the 90% target.

Authors

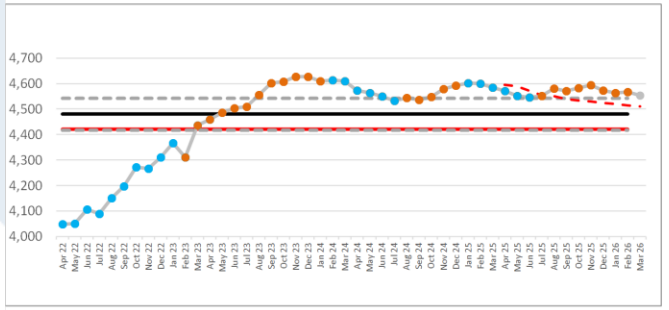
Dr Claire Radley (Group Chief of People, Engagement and Improvement)

Care Colleagues Collaboration Communities

People | Core Metrics

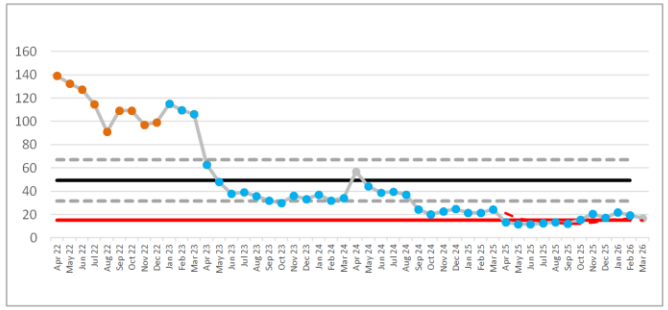
Substantive (WTE) Trust

Inconsistent	Concern	4553.21



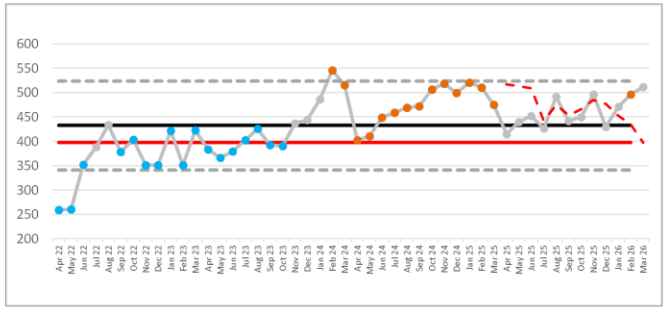
Agency (WTE) Trust

Not Met	Improvement	16.93



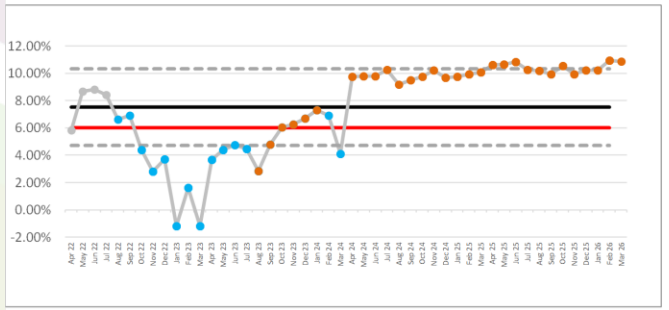
Bank (WTE) Trust

Inconsistent	Concern	511.46



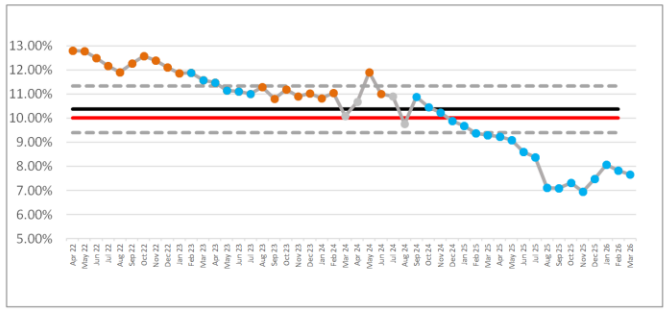
Vacancy Rate

Inconsistent	Concern	10.89%



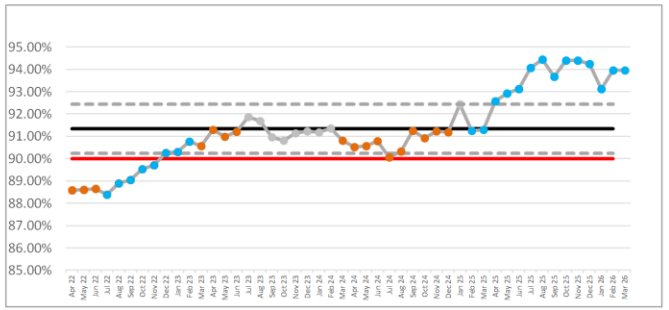
Turnover Rate (12 Months)

Inconsistent	Improvement	7.67%



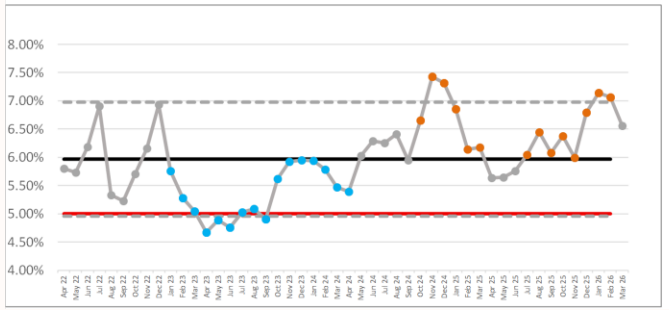
Retention Rate (12 Months)

Achieving	Improvement	93.96%



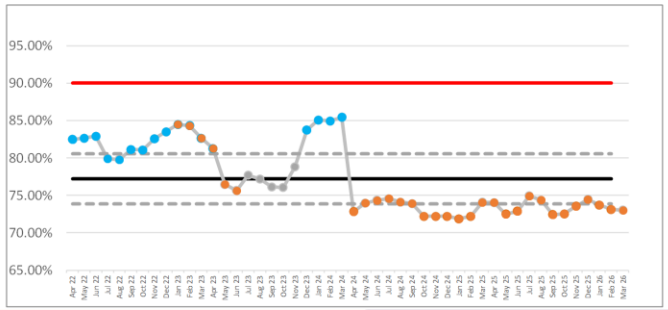
Sickness Absence (In Month)

Inconsistent	Concern	6.56%



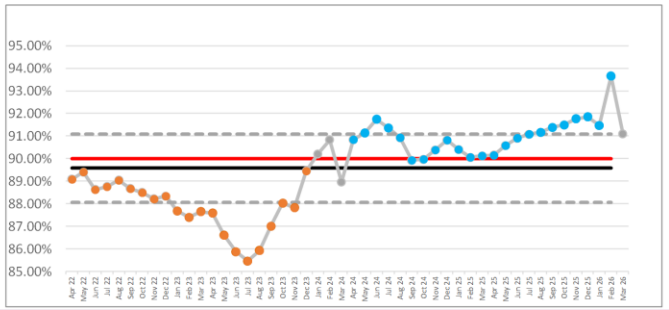
Appraisals

Not Met	Concern	73.03%



Statutory & Mandatory Training

Inconsistent	Improvement	91.10%



Colleagues
on Communities

Operational Performance | Executive Summary

Authors

Demetri Wade
(Chief Operating Officer)

Urgent & Emergency Care

The Trust has seen significant improvement in performance against the 4-hour Emergency Access Standard (EAS), moving from 74.62% in February to 86.69% in March. This is exceeded our trajectory of 78% and the national target with our EAS ranking improving to 6th nationally and 2nd in the region. This also places the Trust as the 5th most improved nationally compared to March 2025 with a 11.4% increase in performance. Type 1 ED attendances were 5.27% higher when compared to March 2025. Ambulance Handover within 30 minutes, saw significant improvement to 93.58% in March compared with 81.63% for February, with the Trust ranked 2nd regionally. Improved ward processes, ED Observation Unit utilisation, and focused clinical leadership have all contributed to the timely to treatment and discharge of patients. Looking ahead, for April we are continuing this work and developing further opportunities to sustain and build on the improvement.

Cancer Care

Performance has positively improved during February with all of the three constitutional standards for access to treatment for cancer being met. 28 Day FDS saw 89.51% against the 80% target, 31-day was 100% against the 96% target, and 62-day standard was 79.05% against the 75% target. The Oncology capacity has improved with a locum joining which is reflected in the metrics. Further work is underway to ensure oncology provision is robust and the prioritisation of urgent Imaging requests remains a focus.

Elective Care

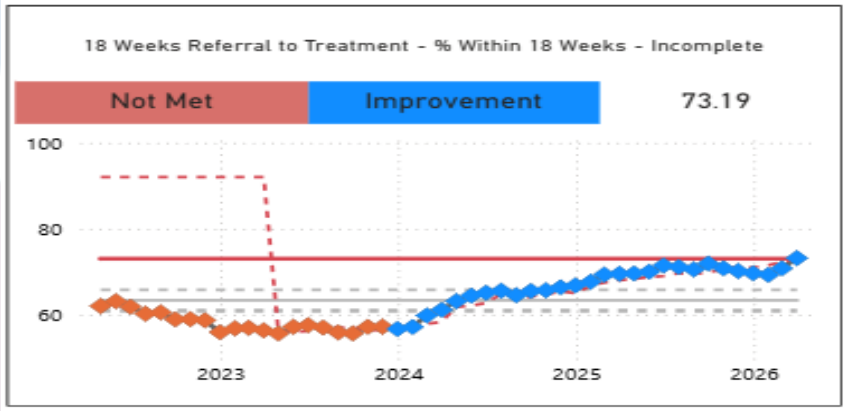
The Trust has now ranked 1st in the Midlands for Referral to Treatment performance for 17 consecutive months, with an improvement in RTT performance to 73.19%, exceeding the national expectation of 73.04%. There has been a further reduction in the Patient Tracking List (PTL) size to 27,304 in March. For 1st appointments within 18 weeks the Trust is above trajectory with performance of 81%, this has been supported by the Q4 Sprint funding and associated actions. The percentage of 52-week breaches was 0.01% with plans in place to clear all for April.

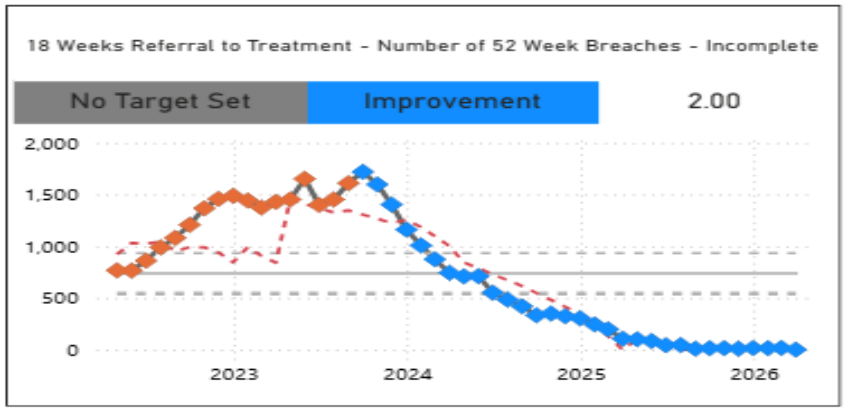
Diagnostics

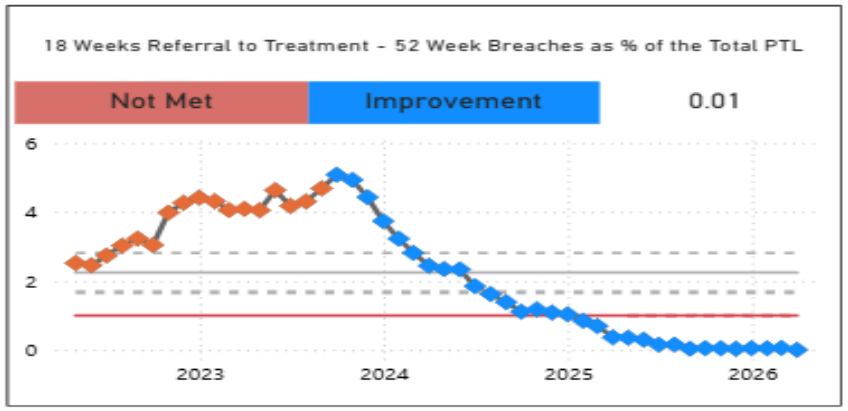
DM01 performance was 70% with a national ranking of 84th and 14th in the region. Challenged modalities are; Magnetic Resonance Imaging (MRI), Audiology, NOUS, and Neurophysiology. Capacity has been increased through the national Sprint opportunity for Diagnostics. The two on-site static MRI scanners are operating at full capacity, core capacity at Cannock was repurposed by RWT from January to support RWT inpatient MRI capacity. WHT is compiling a Group options appraisal in collaboration with RWT to increase capacity.

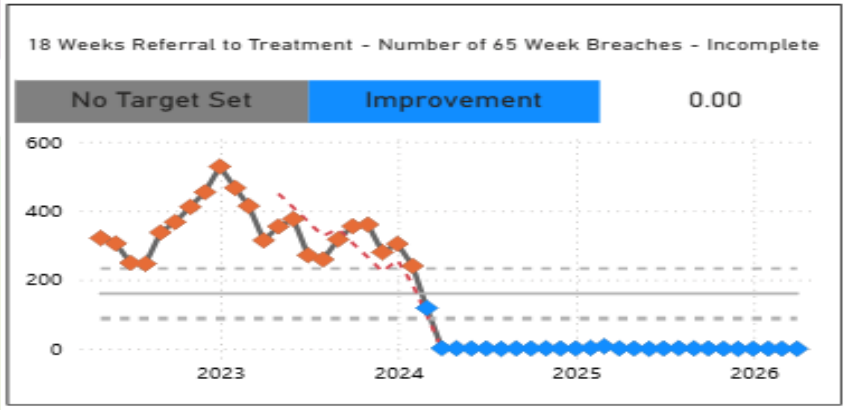
Care Colleagues Collaboration Communities

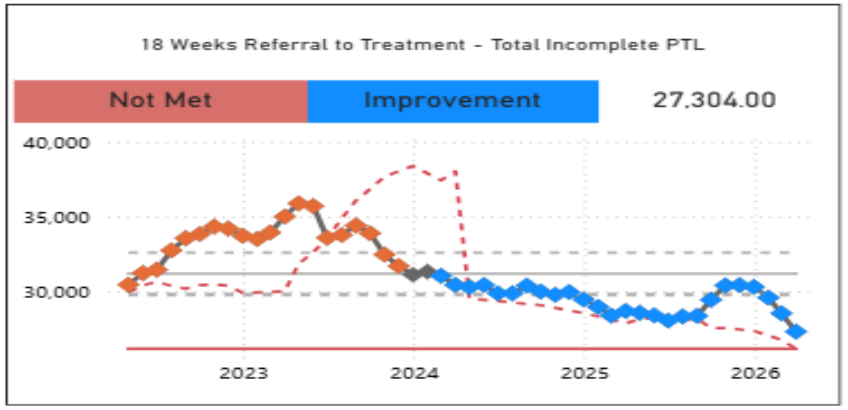
Operational Performance | Core Metrics

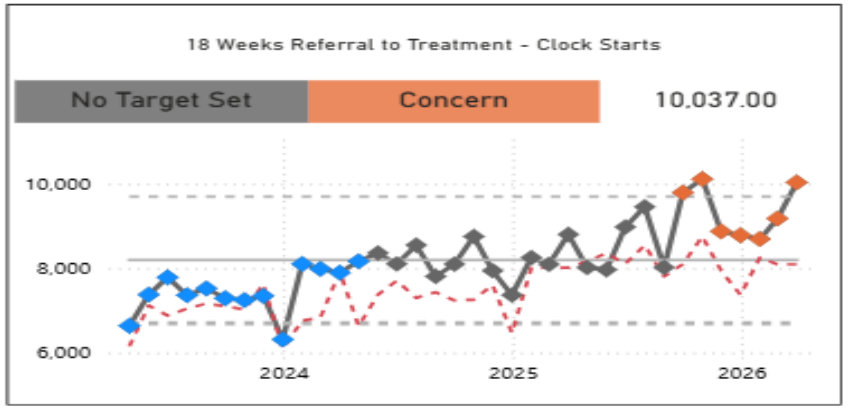


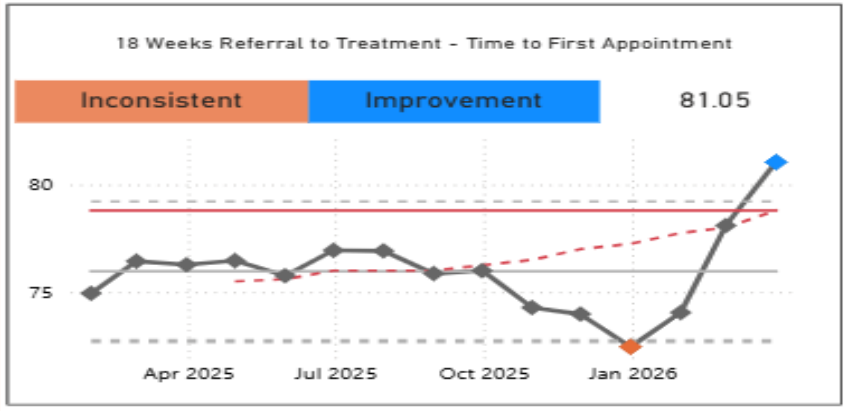


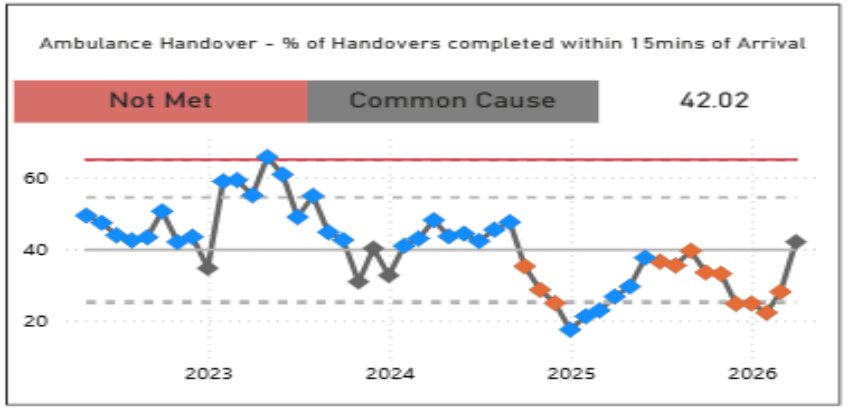


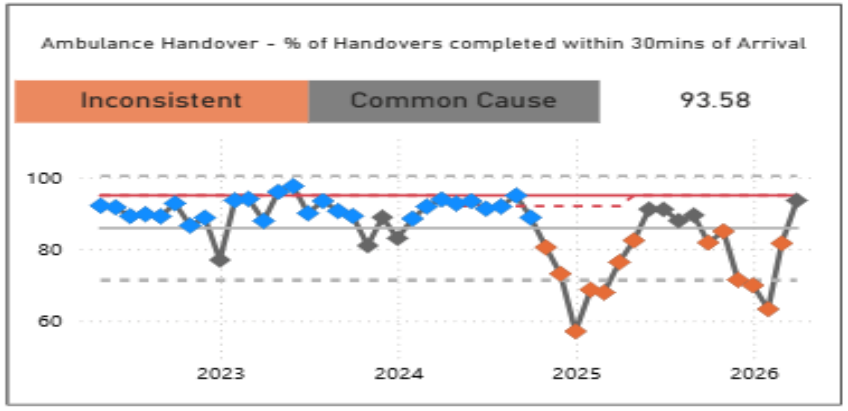




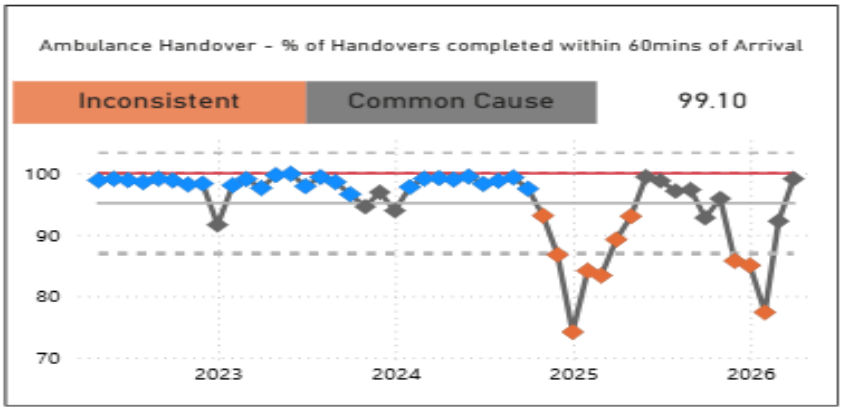


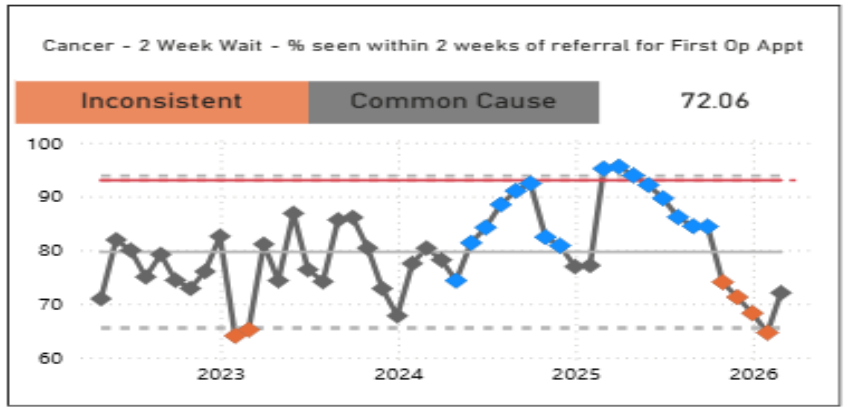


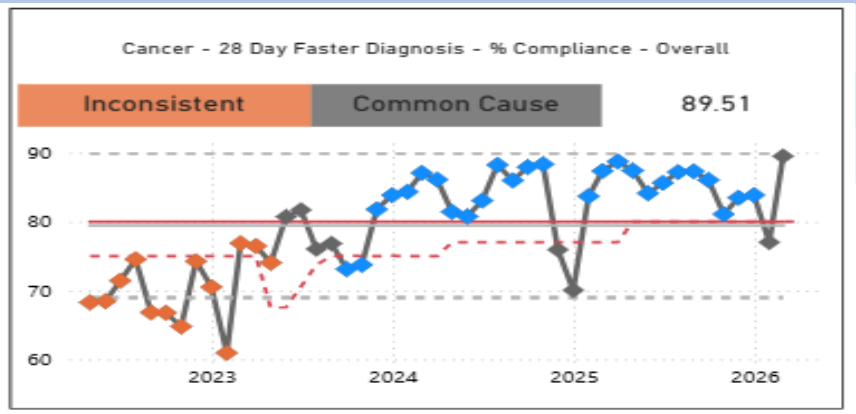


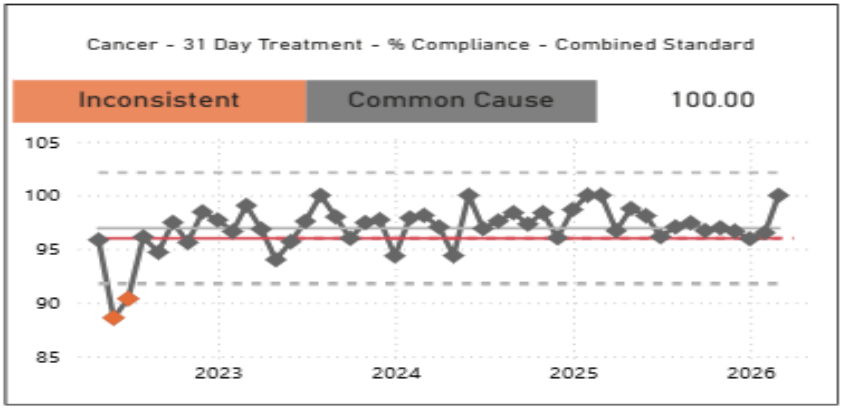


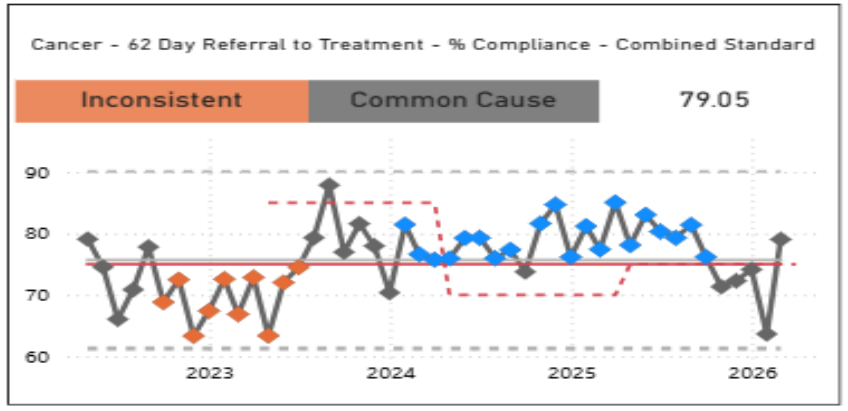
Operational Performance | Core Metrics

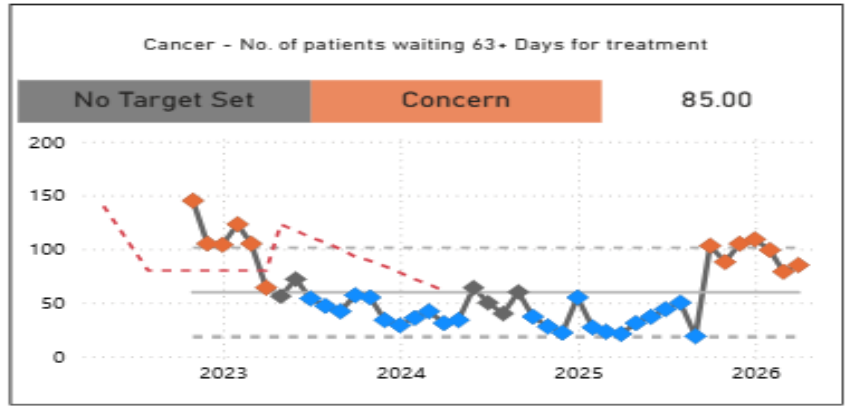


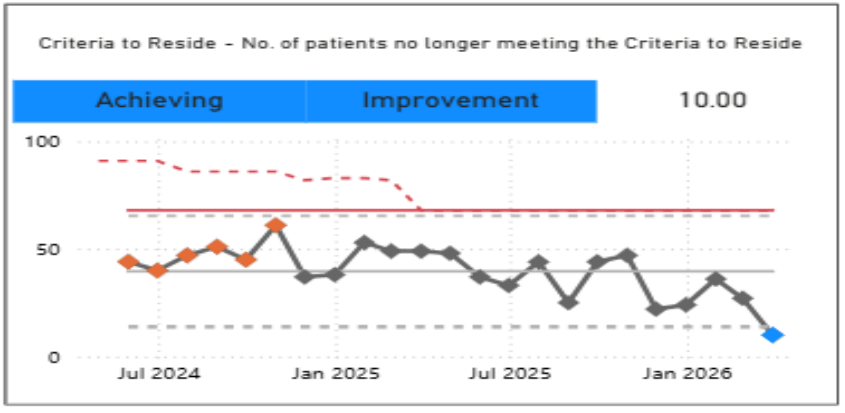


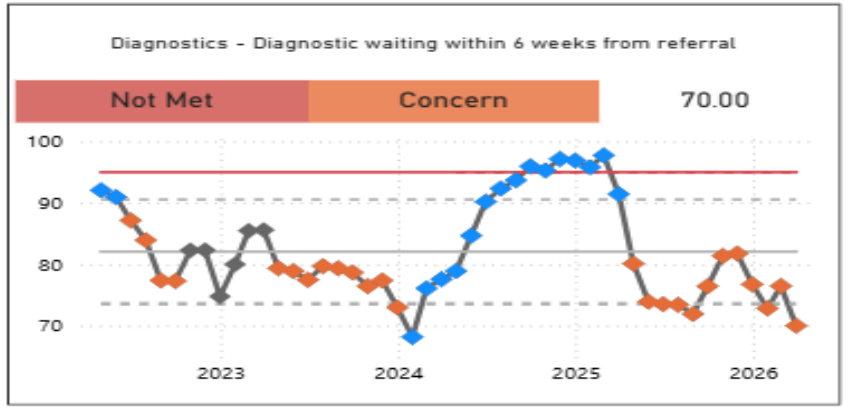


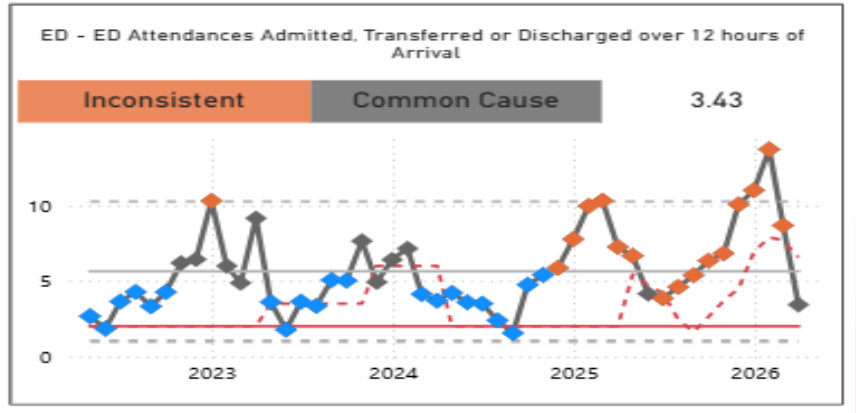








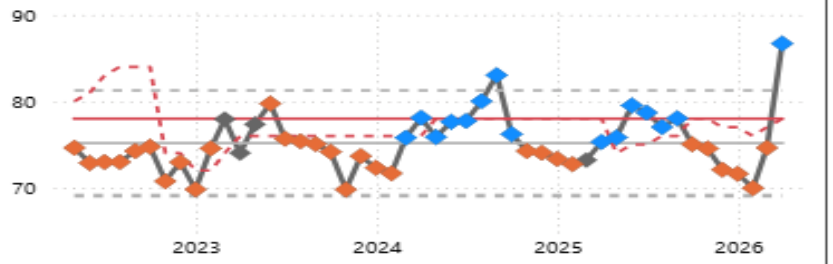




Operational Performance | Core Metrics

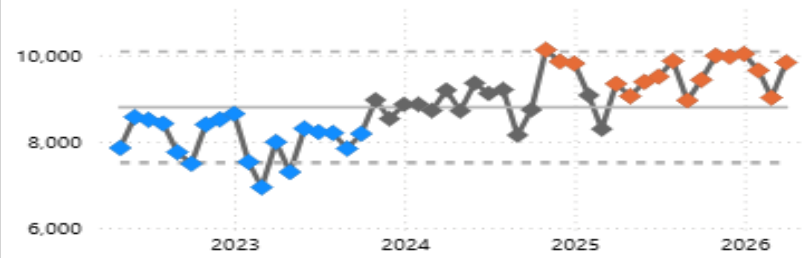
ED - ED Attendances Admitted, Transferred or Discharged within 4 hours of Arrival

Inconsistent | Improvement | 86.69



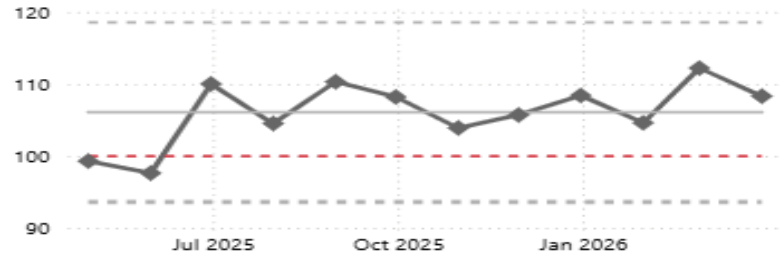
ED - No. of Type 1 ED Attendances

No Target Set | Concern | 9,831.00



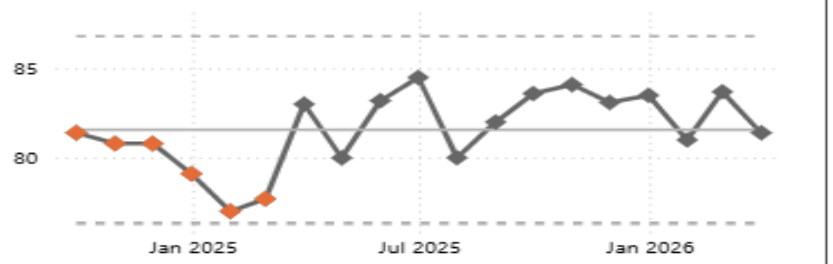
Deliver % of Activity Delivered in 2019/20 (Variable Contract Delivery)

No Target Set | Common Cause | 108.30



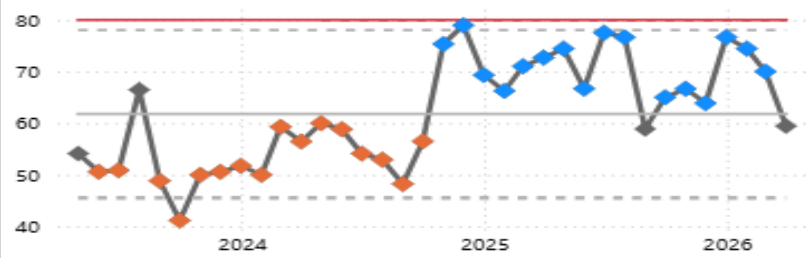
Theatres - Touch Time Utilisation (MH)

No Target Set | Common Cause | 81.40



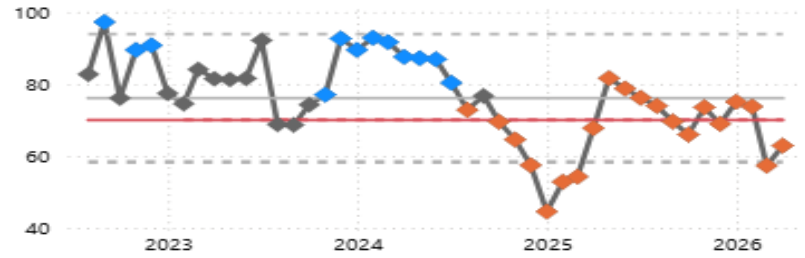
Virtual Ward - Average Occupancy (%)

Not Met | Common Cause | 59.44



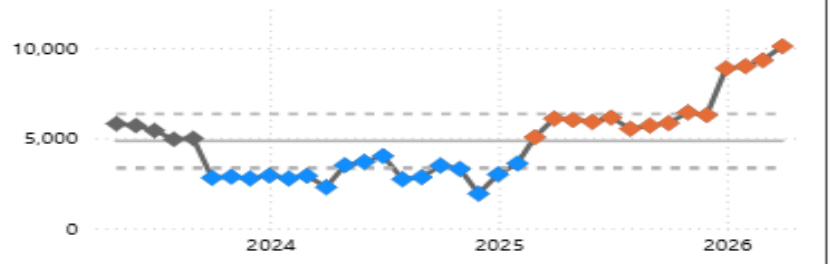
Urgent Crisis Response (UCR) - 2 Hour Response Rate

Inconsistent | Concern | 62.88



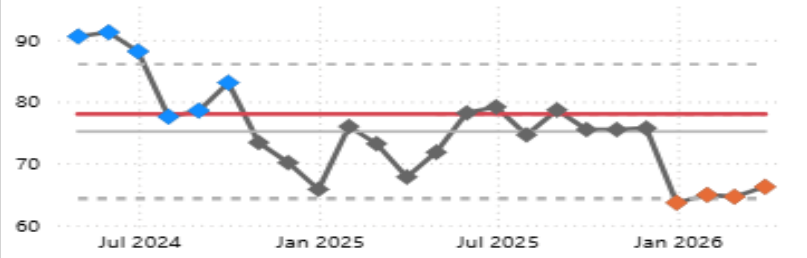
Community - Waiting List - Total

No Target Set | Concern | 10,099.00



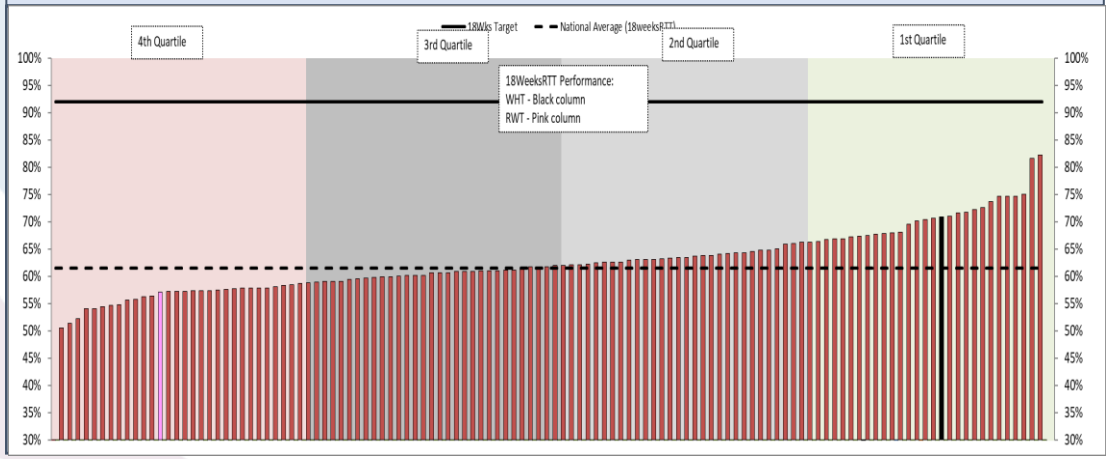
Community - Waiting List - % Within 18 Weeks

Inconsistent | Concern | 66.21

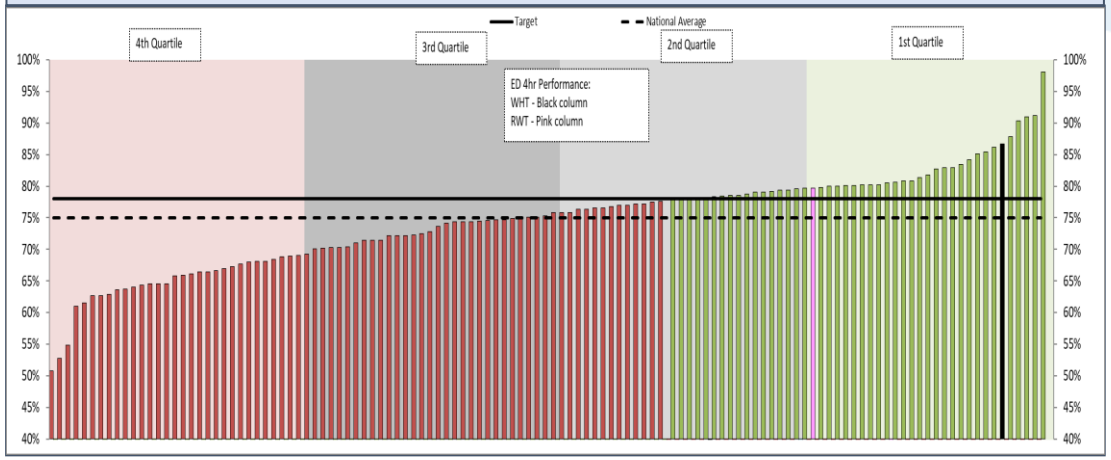


Operational Performance | Benchmarking

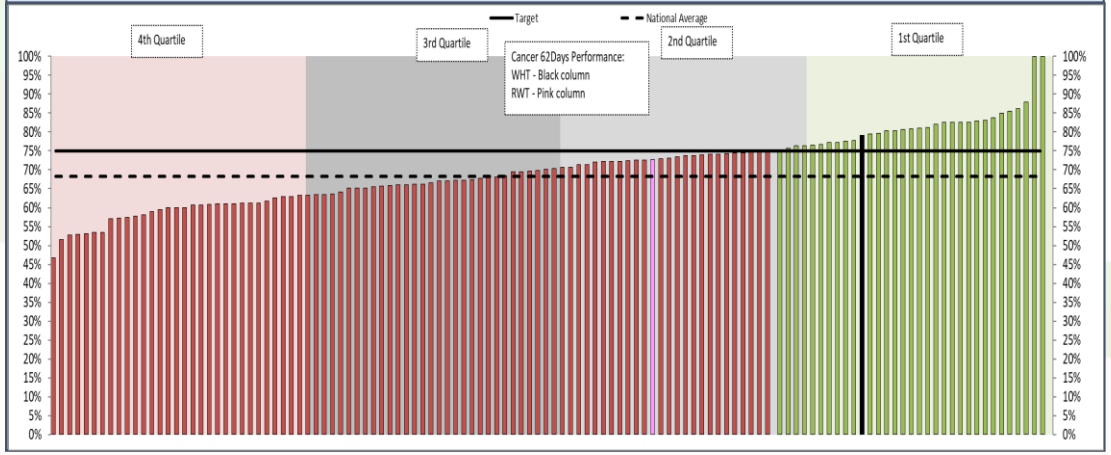
Referral to Treatment



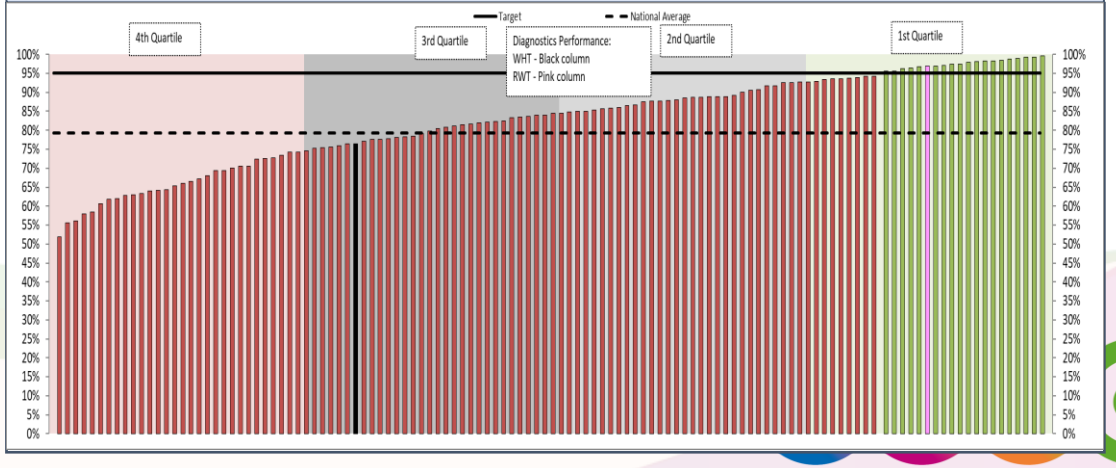
A&E 4 Hour



Cancer 62 Day



Diagnostic Waiting Times



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Finance | Executive Summary

Revenue

- WHT is ahead of plan by £3.3m at Year End, this is due to additional National Deficit Support Funding received a the year end.
- 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 had 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 has 'smoothed' the improvement trajectory, the I&E performance chart on the following slide demonstrates this.
- The Trust has achieved c£3.5m of variable elective performance over contract. There is currently no pathway for this to be funded and this performance has not been included in the position. The Trust has allowed a limited amount of funding for WLIs within the financial plan and has increased WLI controls. The Q4 Outpatient Sprint Plan provided an opportunity to access additional funding direct from NHSE to increase capacity at the year end. The year end position includes £660k related to this income.
- CIP delivery was £27.7m versus a plan of c£30.1m, an adverse variance of £2.4m.

Capital

- Full Year capital expenditure is £23.3m, including £1.8 on PSDS and PDC funded schemes of £7.3m including Estates Safety and Net Zero Solar Panel funding.
- 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 1 of 26/27.

Cash

- The Trust cash position at end of Month 12 is £52.2m. Cash is currently higher than plan capital programme delays (cash terms), receipts covering the cost of Industrial Action and elective sprint funding as well as additional funds received in advance of 2026/27 . This is forecasted to reduce in Q1 2026/27 with movements in working balances (trade and capital) and adjustments to the mandates following the funds received in advance of 2026/27. The current forecasts indicate the Trust will not need cash support in 2026/27.

Authors

Kevin Stringer (Group Chief Finance Officer)

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Finance | I&E Summary

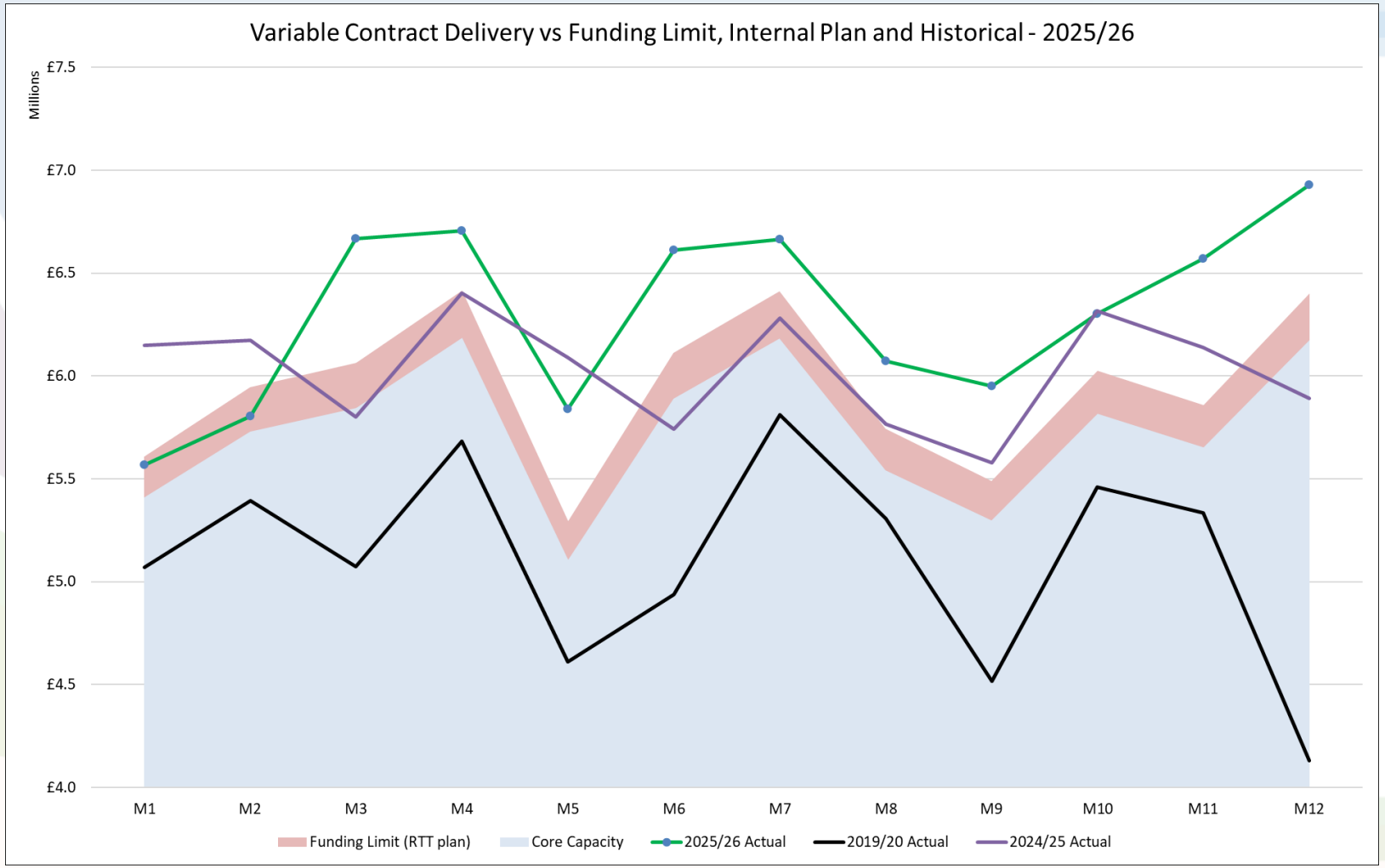
In-Month Income & Expenditure	Plan M12 £m	WHT Actual M12 £m	Surplus/ (Deficit) £m
Income	**40.1**	**45.8**	**5.7**
Expenditure			
Pay	22.0	25.5	(3.5)
Non Pay	10.5	13.6	(3.1)
Drugs	2.2	2.6	(0.4)
Other*	2.5	(0.9)	3.4
Total Expenditure	**37.2**	**40.8**	**(3.6)**
Net reported surplus/(Deficit)	**2.9**	**5.0**	**2.1**

Year-to-date Income & Expenditure	Plan YTD £m	WHT Actual YTD £m	Surplus/ (Deficit) £m
Income	**477.6**	**487.7**	**10.1**
Expenditure			
Pay	304.9	307.3	(2.4)
Non Pay	112.3	118.6	(6.4)
Drugs	29.1	29.7	(0.6)
Other(incl. depreciation)	31.3	28.8	2.5
Total Expenditure	**477.6**	**484.4**	**(6.8)**
Net reported surplus/(Deficit)	**0.0**	**3.3**	**3.3**

Key headlines

- Year End surplus is £3.3m, this is £3.3m favourable to the break-even plan.
- ERF is above the contract by £4.3m however, the majority 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. However, £0.7m of Q4 sprint income has been included based on performance in M10, 11 & 12.
- Education & Training income is ahead of plan following the receipt of the updated LDA schedule and Other Income is ahead of plan due to non recurrent income to cover in year non pay pressures.
- Staffing Expenditure is breakeven at the year end. Within this position there are pressures offset by underspending areas, particularly in Medical Staffing, these are detailed on a further slide.
- 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 – a detailed review of these contracts is being undertaken.
- The in-month underperformance on CIP is £1.4m bringing the YTD underperformance to £2.4m – further detail in later slides

Variable Elective Contract Performance – 2025/26 YTD M12



Performance

- RTT is in line with the contract funding level. WLI's required to bridge between the core divisional capacity (internal plan) and Funding Limit.
- The Q4 sprint has supported performance by £1.2m.
- Referral growth is impacting the Trust ability to reduce the overall wating list.
- Delivery is 123% of 2019/20

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CIP Performance Full Year

In Month			YTD		
Plan	Actual	Variance	Plan	Actual	Variance
5.29	3.86	(1.43)	30.1	27.7	(2.4)

The total efficiency challenge in 2025/26 for WHT is £30m.

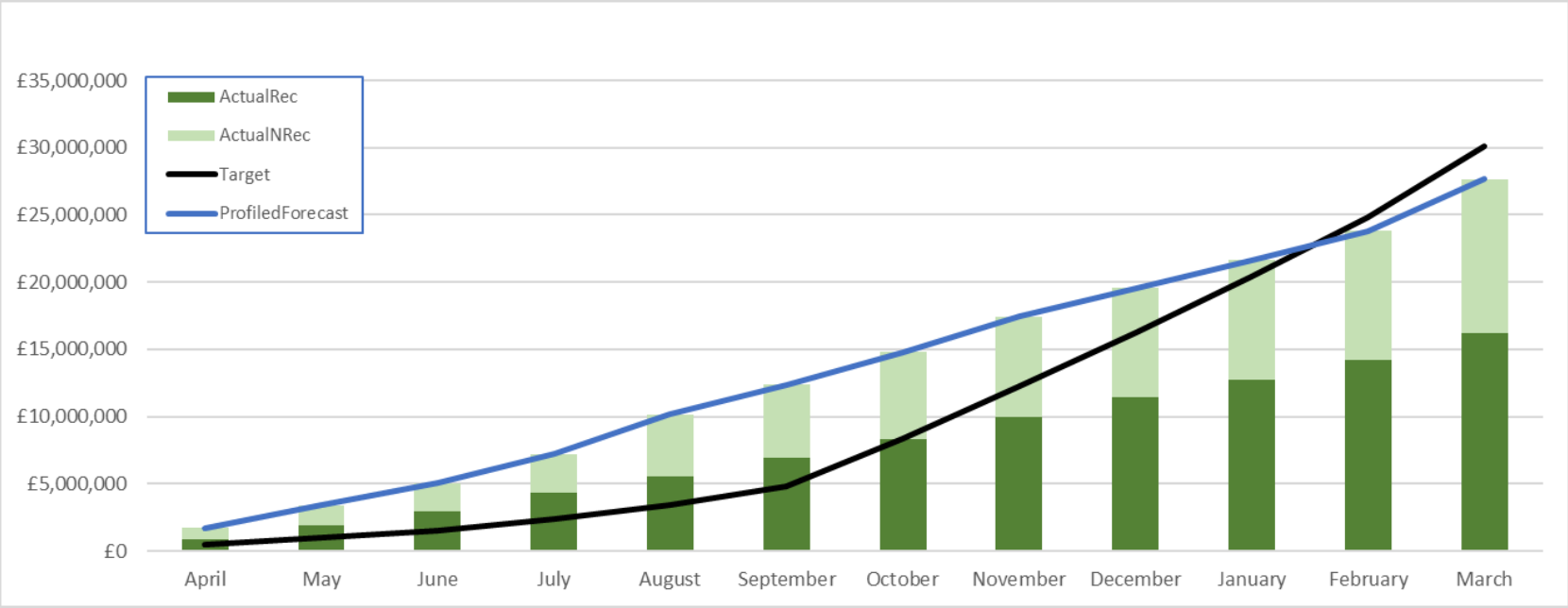
In month 12 the Trust underperformed against the CIP plan by £1.43m.

Full Year the total underperformance against plan is £2.4m.

WHT: CIP Performance Overview

Current Position (Annual)			
	Plan	**Forecast**	**Actual**
Target		**£30,076,000**	
Recurrent	£27,505,452	£16,214,189	£16,214,189
NonRecurrent	£2,570,549	£11,444,480	£11,444,480
Subtotal	**£30,076,000**	**£27,658,669**	**£27,658,669**
Variance	**£0**	**(£2,417,331)**	**(£2,417,331)**

Final savings position shows delivery of 92% of the target set for 2026/27



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National Oversight Assurance Framework Dashboard

National Oversight Framework - WHT			Q2 25/26			Q3 25/26			Internal	Internal	Internal
			Published			Published					
Metric	Time Period Reported	Target	Perf	Score	Rank	Perf	Score	Rank	Jan-26	Feb-26	Mar-26
18 Weeks RTT - % Within 18 Weeks - Incomplete	Latest month in the period		71.93%	1.28	13/131	69.70%	1.39	18/131	69.29%	70.83%	73.19%
18 Weeks RTT - 52 wk breaches as a % of PTL	Latest month in the period	1%	0.05%	1.00	7/131	0.06%	1.00	9/131	0.05%	0.06%	0.01%
Difference between actual and planned 18 week elective performance	Latest month in the period	0%	2.04%	1.00	31/131	-1.35%	2.46	60/131	-2.21%	-1.46%	0.15%
Percentage of patients waiting over 52 weeks for community services	End of period		6.95%	3.29	61/79	17.63%	3.59	66/77	17.96%	18.19%	17.76%
Cancer - 28 Day Faster Diagnosis	Aggregated quarterly position	80%	86.87%	1.00	1/118	82.74%	1.00	23/118	77.00%	89.51%	
Cancer - 62 Day Referral to Treatment	Aggregated quarterly position	75%	78.57%	1.00	20/118	72.58%	2.29	52/118	63.64%	79.05%	
Total Time Spent in ED - % within 4 Hours	Aggregated quarterly position	78%	76.70%	2.26	55/123	72.77%	2.76	67/123	69.97%	74.62%	86.65%
Total Time Spent in ED - % over 12 Hours	Aggregated quarterly position		5.47%	1.84	34/119	9.50%	2.89	78/123	13.72%	8.67%	3.43%
Planned Surplus / Deficit	Annual plan	0	-6.31	4.00	117/134	-6.31	4.00	117/134	-655	469	4994
Year to date variation from plan	Year to date		2.20	1.00	1/134	1.14	1.00	2/134	-2186	-1718	3276
Implied level of productivity	In-year figure to latest month vs same period in previous year		6.50	1.36	17/134	6.8	1.32	15/134			
CQC inpatient survey satisfaction rate	Annual			2.00			2.00				
Staff survey - raising concerns sub-score	Annual		6.34	2.85	83/134	6.34	2.85	83/134			
CQC safe inspection score	Periodic inspection										
Rate of C-Difficle infections (Rolling 12 Months)	12-month rolling	1	0.95	1.00	1/134	0.91	1.00		0.88	0.89	0.82
Number of MRSA infections (Rolling 12 Months)	12-month rolling	0	4.00	2.89	71/134	2.00	2.28		2	2	2
Rate of E-Coli infections (Rolling 12 Months)	12-month rolling	1	1.77	3.96	131/134	1.52	3.74		1.40	1.35	1.29
Average number of days between planned and actual discharge date (one month in arrears)	Latest month in the period		0.31	1.44	19/125	0.31	1.43	19/127	0.4	0.3	
Summary Hospital Level Mortality Indicator (Rolling 12 Months)	12 month rolling			2.00			2.00				
Community - Urgent Care Response (UCR) 2 Hour Response	Quarterly aggregated figure	70%	67.06%	4.00	49/51	67.00%	4.00	50/50	73.74%	57.35%	62.88%
Staff survey engagement theme score	Annual		6.80	2.89	85/134	6.80	2.89	85/134			
Staff Sickness Rate	Quarterly – aggregated monthly figures		6.08	3.66	130/134	6.35	3.54	129/134	7.14%	7.07%	6.04%

Model Health System

NHS Oversight Framework Summary

Overall Domain and Segment Scores	Latest Published Data
	Q3 25/26
Headlines	**NOF Score**
Oversight Framework Segment Latest Distribution	3
Average Metrics Score	2.32
Pre-Adjusted Segment	2
Is this segment down graded due to financial deficit	Yes
Is the Organisation in the Provider Improvement Programme	No

The Trust has been placed into Segment 3 for Quarter 3 of 2025/26.

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National Oversight Assurance Framework Dashboard
WHT - Comparison

			WHT			
Domain	**Metric**	**Data Period**	**Qtr 1**	**Qtr 2**	**Qtr 3**	**Var (Qtr 3 vs 2)**
Access to Services	% of patients waiting <18 weeks	End of period	1.4	1.28	1.39	0.1
Access to Services	% waiting >52 weeks (acute)	End of period	1.28	1	1	0.0
Access to Services	Difference between planned and actual 18 week performance	Monthly	1	1	2.46	1.5
Access to Services	% waiting >52 weeks (community)	End of period	3.05	3.29	3.59	0.3
Access to Services	% of urgent referrals diagnosed within 4 weeks	Rolling 12-month	1	1	1	0.0
Access to Services	% treated within 62 days of referral	Rolling 12-month	1	1	2.29	1.3
Access to Services	% of ED attendances seen within 4 hours	Rolling 3-month	1	2.26	2.76	0.5
Access to Services	% of ED attendances >12 hours	In month	1.86	1.84	2.89	1.1
Access to Services Sub-Total			**1.4**	**1.58**	**2.17**	**0.6**
Effectiveness and Experience of Care	Summary Hospital-Level Mortality Indicator (SHMI)	Rolling 12-month	2	2	2	0.0
Effectiveness and Experience of Care	Average days from discharge-ready to actual discharge	In month	1.5	1.44	1.43	0.0
Effectiveness and Experience of Care	CQC inpatient survey satisfaction rate	Annual	2	2	2	0.0
Effectiveness and Experience of Care	Urgent community response 2-hour performance	In month	2.82	4	4	0.0
Effectiveness and Experience of Care Sub-Total			**2.08**	**2.36**	**2.36**	**0.0**
Patient Safety	NHS Staff Survey – raising concerns sub-score	Annual	2.85	2.85	2.85	0.0
Patient Safety	12 month rolling count of MRSA cases	Rolling 12-month	2.63	2.89	2.28	-0.6
Patient Safety	12 month rolling count of C. difficile cases as a proportion of trust threshold	Rolling 12-month	1	1	1	0.0
Patient Safety	12 month rolling count of E. coli cases as a proportion of trust threshold	Rolling 12-month	3.96	3.96	3.74	-0.2
Patient Safety Sub-Total			**2.69**	**2.73**	**2.59**	**-0.1**
People and Workforce	Sickness absence rate	Rolling 12-month	3.78	3.66	3.54	-0.1
People and Workforce	NHS staff survey – engagement theme score	Annual	2.89	2.89	2.89	0.0
People and Workforce Sub-Total			**3.34**	**3.28**	**3.22**	**-0.1**
Finance and Productivity	Planned surplus/deficit	Annual plan	4	4	4	0.0
Finance and Productivity	Variance to financial plan	Year to date	1	1	1	0.0
Finance and Productivity	Implied productivity level	In-year figure to latest month vs same period in previous year	1.95	1.36	1.32	0.0
Finance and Productivity	Combined finance score	Annual	2	2	2	0.0
Finance and Productivity Sub-Total			**1.97**	**1.68**	**1.66**	**0.0**
Overall Average Metric Score			**1.97**	**2.08**	**2.32**	

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National Oversight Assurance Framework Dashboard - WHT

- Whilst remaining in segment 3, WHT has seen a deterioration in its score from 2.08 to 2.32. The deterioration was greater than that seen between Quarters 1 and 2.
- The deterioration is specific to the Access to Services segment and within this, the gap between RTT actual and plan, cancer 62 day performance and UEC 12 hour waits.
- There has been an improvement in scoring for patient safety and people although this is small as a result of many of the metrics being based on rolling 12 months of data.
- As has been the case all year, scoring for the People segment remains the biggest challenge.

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Productivity

The Trust continues to demonstrate strong productivity performance. Latest Model Health System data places overall *Implied Productivity Growth* in the top quartile nationally, reflecting favourable growth in outputs relative to inputs compared with the prior year.

Key operational indicators show sustained strengths. Performance in outpatient procedures (the proportion of first and follow-up attendances attracting a procedure tariff) and theatre utilisation remains strong, indicating effective deployment of clinical capacity. However, day-case rates and the average number of cases per equivalent four-hour valid elective session both sit in lower quartile two, highlighting scope to improve elective efficiency and throughput.

Outpatient Productivity
Outpatient services present clear opportunities for improvement. While PIFU has continued to improve and now sits in the upper third quartile, further adoption remains achievable. DNA rates persist in the lowest quartile, exceeding both peer and national averages, and Specialist Advice usage remains below the national benchmark. Together, these indicators suggest unwarranted demand and inefficiencies within outpatient pathways that should be a priority focus.

Workforce Productivity and Sustainability
Workforce productivity remains a significant strength. *Implied Workforce Productivity* is ranked in the top quartile, supported by strong non-elective activity per clinical WTE and high emergency consultant utilisation.
In contrast, elective activity per WTE sits in lower quartile two, and outpatient attendances per consultant are in the lowest quartile.
Temporary staffing expenditure continues to exceed national benchmarks, and sickness absence remains above the Trust target, presenting ongoing risks to productivity sustainability.

Summary
Overall, the Trust maintains a strong productivity position nationally.
Targeted improvements in outpatient efficiency, elective throughput, and workforce sustainability will be critical to sustaining and enhancing performance over the coming period.

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Productivity Dashboard

WHT Productivity Dashboard

Ref no.	Theme and KPI	Definition	Target			2025/26											
			Source	Baseline	Target	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.**	Model Health System	Top quartile	4.30%	7.9%	6.5%	6.5%	6.1%	6.5%	6.8%	6.0%	6.5%				
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	2.60	3.00	2.70	3.20
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	Model Health System	N/A	N/A	8.70	8.10	8.10	7.70	7.90	8.20	8.20	7.90	8.40	8.10	8.20	7.60
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%	92.21%	94.17%	94.03%	93.91%
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), divded 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%	19.22%	18.53%	20.63%	20.44%
Theatre Utilisation																	
6	Capped elective theatre utilisation (month in arrears)	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%	83.10%	83.50%	81.00%	83.70%	81.40%
7	Average number of cases completed per theatre list (month in arrears)	Total number of cases completed divided by total number of sessions utilised	Model Health System / Internal	Quartile 3 (lowest provider)	2.3	1.90	1.90	1.80	2.00	1.90	2.00	2.00	1.90	1.70	2.00	1.90	1.90
8	% of theatre sessions utilised	Total number of theatre sessions utilised divided by total number of sessions funded	Internal		93%	93.27%	90.45%	95.83%	90.93%	93.19%	95.89%	95.62%	93.04%	88.39%	91.87%	97.13%	96.23%
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%	81.08%	82.22%	83.43%	81.04%
11	DNA Rate	Number of outpatient missed outpatient appointments divded 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%	8.47%	8.87%	7.96%	8.43%
12	PIFU Utilisation Rate	The number of episodes moved or discharged to a PIFU pathway divded 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%	5.27%	4.96%	5.28%	4.62%
13	Specialist Advice Utilisation Rate	Number of processed specialist advice requests (pre or post referra) divded 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%	11.29%	10.96%	10.26%	10.78%
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	837	0	1,178	0

Productivity Dashboard

WHT Productivity Dashboard

Ref no.	Theme and KPI	Definition	Target			2025/26											
			Source	Baseline	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Coding/ Income																	
15	Mean price per spell charged	Total income for elective inpatient, daycase and non-elective patients divided by total volume of elective inpatient, daycase and non-elective activity.	Model Health System	N/A	N/A	£1,828	£1,879	£1,822	£1,802	£1,840	£1,838	£1,749	£1,789	£1,856	£1,790	£1,769	£1,769
16	Additional income delivered through coding and counting changes	Additional income delivered through coding and counting changes		Trust Internal	tbc	£145 k	£96 k	£182 k	£270 k	£186 k	£130 k	£266 k	£150 k	£237 k	£171 k	£139 k	£620 k
17	Number of unfunded services being delivered	Number of services being delivered that do not have any form of funding arrangement in place			0	9	9	5	5	5	4	4	4	4	3	3	3
Non Pay																	
19	Procurement CIP	Value of procurement cost improvement savings delivered		Trust Internal	tbc	£149 k	£269 k	£172 k	£205 k	£139 k	£173 k	£204 k	£217 k	£267 k	£196 k	£196 k	£533 k
Workforce Productivity																	
20	Non-elective admissions per clinical WTE	The number of non-elective admissions in month by the number of clinical WTEs (nursing plus consultants). This includes substantive, bank and agency staff.	Model Health System	Quartile 1 (lowest provider)	1.90	3.02	3.07	3.02	3.20	2.90	3.28	3.36	3.12	3.24	3.29	3.14	3.56
21	Elective admissions per clinical WTE	The number of elective admissions in month by the number of clinical WTEs (nursing plus consultants). This includes substantive, bank and agency staff.	Model Health System	Quartile 1 (lowest provider)	2.00	1.55	1.60	1.76	1.85	1.57	1.76	1.88	1.64	1.62	1.72	1.63	1.80
22	Outpatient attendances per consultant WTE	The number of outpatient admissions in month by the number of clinical WTEs (nursing plus consultants). This includes substantive, bank and agency staff.			N/A	131.28	131.79	138.33	140.94	130.08	159.52	157.19	141.43	139.84	148.27	150.18	151.36
23	A&E attendances (Type & 2) per Emergency Medicine Consultant	The number of A&E attendances (Type 1 & 2) in month, divded by the number of Emergency Medicine Consultants (WTEs) including substantive, bank and agency staff.	Model Health System	Quartile 1 (lowest provider)	613	529.90	492.32	475.18	492.55	450.65	527.32	555.92	558.04	529.79	508.66	474.92	484.65
24	Corporate services cost per £100m income (£m)	The total cost of corporate services divided by £100m.	Trust	20% reduction on March 2025	0.41	0.55	0.54	0.51	0.50	0.56	0.58	0.61	0.70	0.53	0.60	0.55	0.43
Workforce Drivers																	
25	Temporary Staff Spend as a % of Total Spend	Proportion of financial year-to-date total staff spend that is on temporary staffing (a combination of agency and bank staff	Model Health System	August 2025 Upper benchmark top 3rd	8.50%	9.71%	10.22%	10.33%	9.72%	11.55%	9.61%	10.01%	12.01%	10.07%	11.56%	10.93%	12.67%
26	Sickness Absence Rate	A percentage of overall staff who are absent because of sickness	Trust	Internal	5%	5.64%	5.64%	5.76%	6.05%	6.45%	6.08%	6.40%	5.99%	6.80%	7.14%	7.07%	6.04%
27	Turnover Rate	The percentage of all staff that left the organisation to join another NHS organisation, or left NHS over the previous 12 months.	Trust	Internal	10%	9.24%	9.09%	8.61%	8.38%	7.12%	7.09%	7.32%	6.95%	7.47%	8.06%	7.82%	7.67%
28	Care hours per Patient Day	Total care hours worked by registered nurses & midwives divided by total patient bed days	Model Health System	August 2025	4.70	4.50	4.40	4.50	4.50	4.50	4.20	4.30	4.30	4.40	4.50	4.40	4.50
Support Services																	
29	Estates and Facilities Cost per m2	Total estates and facilities running costs divided by total occupied floor area	Model Health System	2023/24 quartile 2 (2nd best)	£495.67												
30	Pathology cost per test	The average cost of undertaking one test across all disciplines, taking into account all pay and non-pay cost items			N/A												

Tier 1 - Paper ref:	Enc 11.4

Report title:	Waiting times for community services
Sponsoring executive:	Amelia Godson and Gwen Nuttall, Managing Directors (WHT and RWT)
Report author:	Laura Graham, Deputy Chief Operating Officer WHT Stephen Jackson, Deputy Chief Operating Officer WHT Rachael Brown, Deputy Chief Operating Officer RWT
Meeting title:	Trust Board Meeting held in Public
Date:	May 2026

1. Summary of key issues

Community health services cover a diverse range of healthcare delivery that, until recently, have been largely overlooked due to the national focus being on waiting times to consultant led services. This is beginning to change due to the impact that long waiting times for these services can have on a patient and increased recognition of the ability of community health services to reduce pressure on elective and urgent and emergency care.

Both Trusts have seen an increase in their waiting list throughout 2025/26, and the percentage of patients seen within 18 weeks (49% at RWT and 64% at WHT) is well below the national target of 78% for 2026/27. In addition, waiting times for specific services are particularly long. The waiting time for community paediatrics at Walsall is currently two years and the longest wait in Wolverhampton is 75 weeks for a speech and language therapy appointment.

The greatest risk resides in the community paediatric service which provides ASD and ADHD diagnoses. Neither of the services are currently compliant with NICE guidance owing to the lack of multi-disciplinary team (in the case of ASD) and frequency of medication reviews (in the case of ADHD).

The paper covers the actions being taken to improve performance both in the short and long term. The shorter-term actions are being addressed immediately and include the bids for ringfenced funding from the ICB. In parallel, work will be convened with the ICB to establish sustainable commissioning arrangements for these services.

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

3. Previous consideration

At Committees of the Board

4. Recommendation(s)

The Public Trust Board is asked to:

a) Note the current performance with regards to community waits and the actions in place to remedy these

5. Impact *[indicate with an **'X'** which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
Group Assurance Framework Risk GBR01	☒	*Break even*
Group Assurance Framework Risk GBR02	☒	*Performance standards*
Group Assurance Framework Risk GBR03	☒	*Corporate transformation*
Group Assurance Framework Risk GBR04	☒	*Workforce transformation*
Group Assurance Framework Risk GBR05	☒	*Service transformation*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Community Waits

Introduction

Community health services cover a diverse range of healthcare delivery. Until recently, the waiting times to access these services have been largely overlooked due to the national focus being on waiting times to consultant led services, i.e. RTT.

This is beginning to change for two key reasons. First, recognition of the impact that long waiting times for these services can have on a patient and, for children in particular their start to life, school readiness and educational progress. Second, increased recognition of the ability of community health services to reduce pressure on elective and urgent and emergency care and enable patients to be seen in the right place by the right clinician/team.

The NHS oversight framework includes a community health service waiting times delivery metric and the medium-term planning framework sets a national ambition for 80% of community health service waits to be less than 18 weeks by the end of 2028/29. Systems are also expected to have clear plans to eliminate waits of more than 52 weeks across all services.

At the time of writing, 49% of patients are seen within 18 weeks at Wolverhampton and 64.6% at Walsall.

Overview of services provided

A variety of services are provided under the umbrella of community services – the full breakdown of services and their performance is shown in Appendix 1.

The vast majority of services are non-consultant led and are delivered through Allied Health Professionals (AHP) and nursing teams. A brief overview of these are detailed below.

AHP/Nurse Led Services

- Therapy Services (Adult and Paediatric Speech and Language Therapy, Community Stroke Therapy, Adult and Paediatric Dietetics, Physiotherapy, Occupational Therapy and Podiatry). Services receive referrals from multiple sources including primary and secondary care as well as education and care providers.
- Heart Failure **-** Community based service offering home visits and community clinic appointments for patients with diagnosed heart failure. Main sources of referrals are currently primary care and acute services.
- Orthotics (Adults and Paediatrics) **-** The service provides custom-made or over-the-counter devices. Both adult and children are referred into this service from primary care and secondary care specialities. The clinical arm of the service is currently being provided via locums sourced by an external company. A private provider is commissioned to provide the service in Wolverhampton.
- Neurorehabilitation **-** The service accepts referrals for adults from multiple sources including secondary speciality services and primary care.
- Continence - Community based service offering home visits and community clinic appointments. The service offers general and specialist support for patients with bowel and bladder issues. This includes assessment and treatment, regular catheter care, support in completions of trial without catheters (TWOC) product assessment and management issues as well as health education. The team are also responsible for providing education on bowel and bladder care to community and hospital teams.
- **Respiratory (Walsall only) -** Community based service offering home visit and community clinic appointments for patients with a diagnosed condition of Chronic Obstructive Pulmonary Disease (COPD), Interstitial Lund

Disease (ILD), Bronchitis, and Asthma. Referral can be received from any pathway inclusive of self-referral. WHT are the only team within the black country ICB that offer a bespoke community lead service.

- **Community MSK (Walsall Only) –** This adult service receives referrals from primary care, secondary care and self-referrals. The service has seen increasing levels of referrals since the Summer of 2025 due to a reduction in First Contact Practitioner (FCP) services based in GP practices. WHT, Sandwell and Dudley are all NHS providers of this service. The in Wolverhampton is delivered by a private provider following a tender process.
- **Psychology (Walsall Only) -** The service supports multiple pathways including Neuro Rehab, Stroke, HIV, Palliative Care, Pain Management and Long Covid. As a result, there are multiple sources of referral. WHT is the only acute hospital trust in the Black Country that operates a Psychology service as other providers are supported by the local mental health trust.

Community Paediatrics

Both Trust's Community Paediatric services are carrying significant clinical risk by virtue of the excessive waiting times. Community paediatricians are triaging referrals to partly mitigate this risk. These services are consultant led with multi-disciplinary involvement.

The Community Paediatric Service supports the initial assessment and ongoing care of the most vulnerable children. These children are referred with developmental issues, suspected syndromes, cerebral palsy, neurodevelopmental problems (such as autism and ADHD) and, learning disabilities. The service also supports the Local Authority with EHCP (Education, Health and Care Plan) and the management of SEND (Special Educational Needs and Disabilities).

The community paediatricians support the Looked after Children (LAC) and adoption services with the Local Authority, seeing the children in several different community settings as well as visiting specialist schools to deliver the child's care in accordance with their care plan. This may include their end-of-life pathway.

A significant proportion of the service (85%) of referrals received are in relation to neurodevelopmental issues such as Autism (65% of referrals) and ADHD (20%). Over the last 20 years demand for Autism assessment has rapidly increased. Autism and ADHD growth are predicted at 7%-10% nationally with a clear upward trajectory seen year on year. The investment in Autism and ADHD assessment capacity has not kept up with growth and now demand far exceeds capacity.

The service also receives independent requests from the Local Authority for:

- Medical input into Education, Health and Care Plans (EHCPs), for which there is a statutory requirement to respond within 6 weeks.
- Initial Health Assessments (IHAs) for Looked After Children (LAC), which must be completed within 28 days of referral.

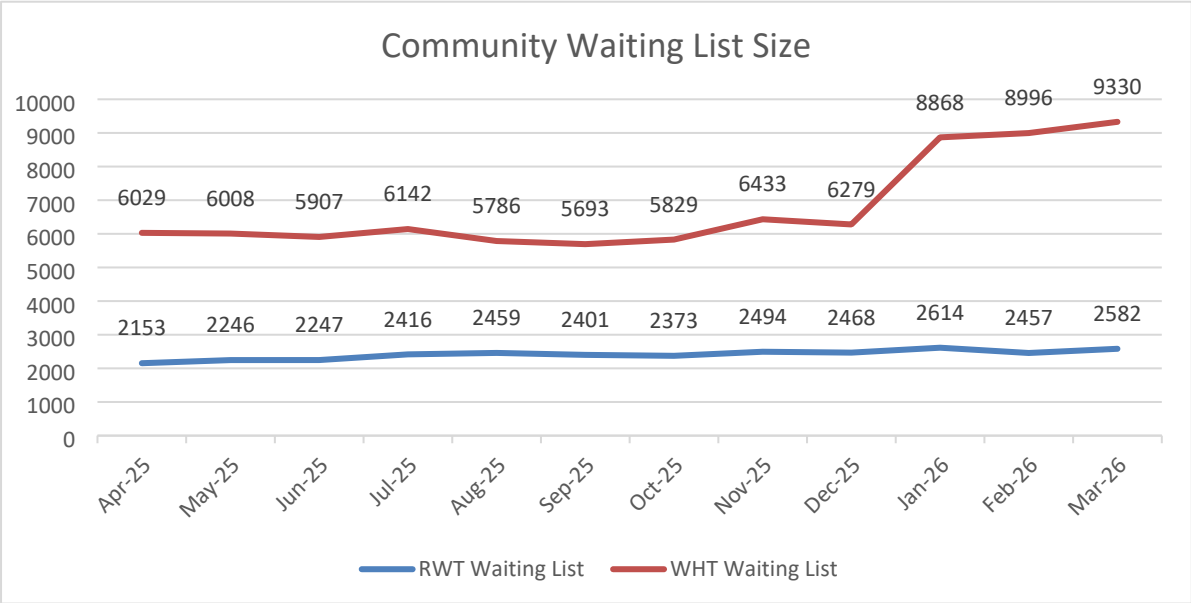
Previously in 2020, CAMHS provided support in conducting assessments for Autism which helped bridge the gap with the lack of Speech and Language Therapy (SALT) and Psychology, but since their recent review of services, they are no longer supporting assessments for Autism, unless there are associated mental health conditions identified. This means GPs are now referring the majority of Autism assessments to the Community Paediatric team resulting in an increase in service demand and adverse impact on waiting times.

Of specific concern is the lack of compliance with NICE guidance. NICE guidance requires Autism to be diagnosed with collaboration from Community Paediatricians, Speech and Language Therapists (SALT) and an Educational/Clinical Psychologist report. Walsall Hospital does not currently have any SALTs and neither Trust has sufficient Psychologist input into this service. If Autism is diagnosed outside of NICE guidance, this can have patient safety and legal challenges

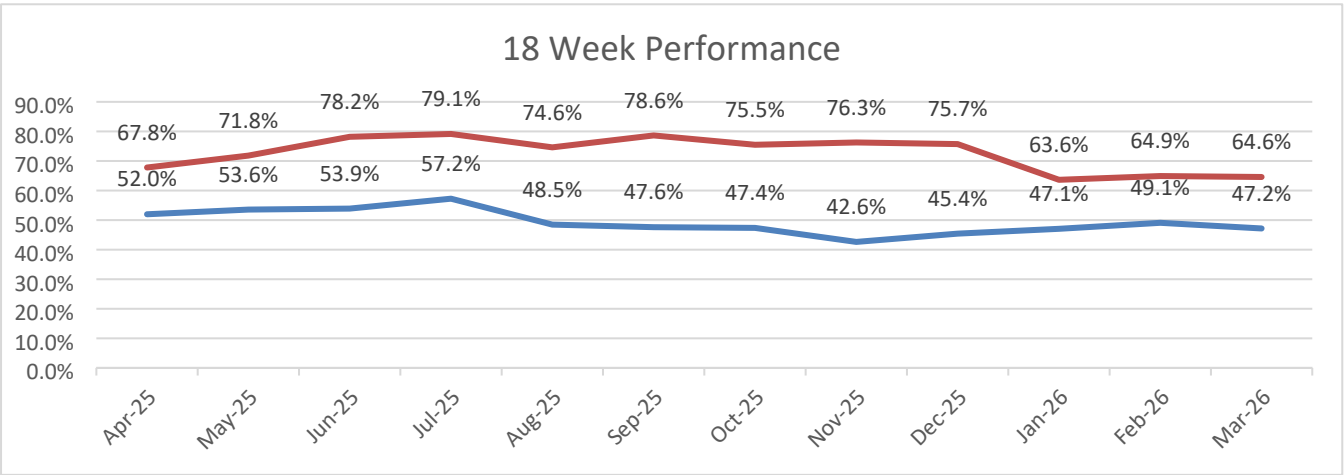
and reputational damage for the Trusts. Similarly, the services are not compliant with ADHD NICE guidelines for reviewing and monitoring children taking medication for ADHD due to insufficient consultant capacity.

Current Performance

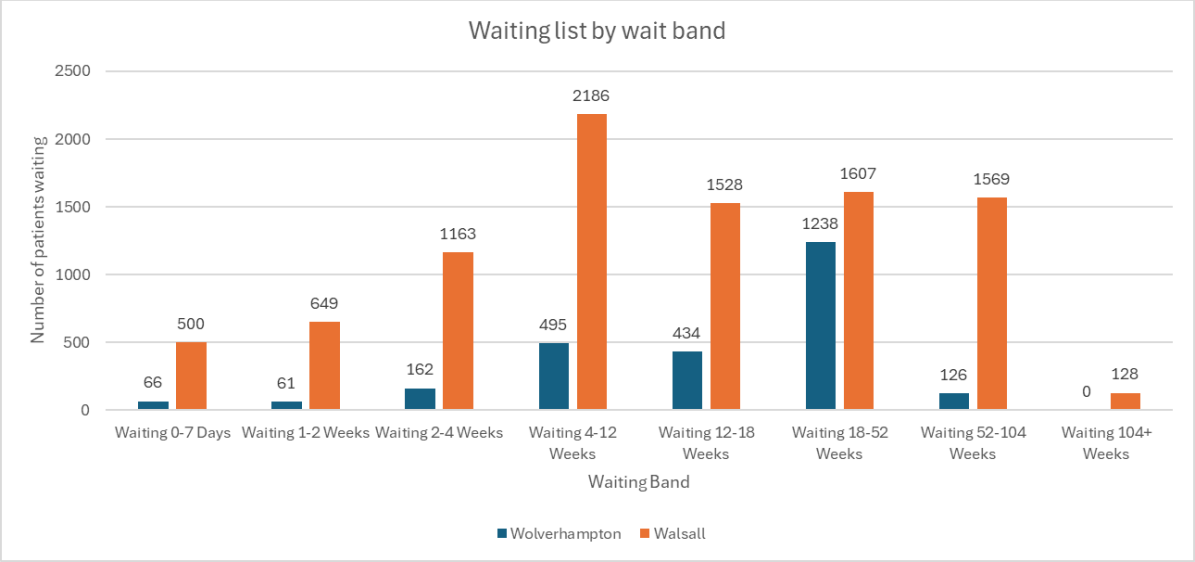
Both Trusts have seen an increase in their waiting list throughout 2025/26. The Walsall waiting list is larger than at RWT owing to the additional services provided. The exponential increase seen in WHT in December was owing to the inclusion in the reporting of community paediatric waits which had been omitted previously.



Whilst the waiting list has risen, the percentage of patients seen within 18 weeks has fallen, as demonstrated by the graph below. Whilst there is variation between Trusts, the biggest challenges are in Community Paediatrics and Speech and Language Therapy. Appendix 1 provide the detail of the waiting list and waiting time by specialty.



It is important to note the length of time that some patients are waiting. The graph below shows the number of patients by waiting band. Over 100 community paediatric patients are currently waiting over two years for an appointment within Walsall and within Wolverhampton, the longest wait is around 75 weeks for a speech and language therapy appointment.



As part of the Medium-Term Plan submission, the following trajectories were submitted. The trajectories reach compliance by the end of Year 3 but remain non-compliant until this point.

	RWT	WHT	National Standard
Year 1 (2026/27)	60.1%	72%	78%
Year 2 (2027/28)	69.4%	77%	79%
Year 3 (2028/29)	80%	80%	80%

With services as broad as those described within this paper, the drivers of the trends above are multifactorial. That said, the general drivers that are applicable to varying degrees for all services are:

- Funding – funding for these services is on a block contract, i.e. fixed and has not been increased in line with the increase seen in demand. Some additional funding has been ringfenced by the ICB for 2026/27, with the Trusts now bidding to secure this resource.
- Demand growth – demand has increased across most services but most notably so within community paediatrics, for the reasons highlighted above.
- Reductions in capacity – capacity in some services has been given up to meet CIP challenges over the course of the last few years.

Future Actions and Next Steps

The following section demonstrates the plans being enacted to deliver the in-year trajectory. The actions cover both the short and long term. The shorter-term actions are being addressed immediately and include the bids for ringfenced funding from the ICB. In parallel, work will be convened with the ICB to establish sustainable commissioning arrangements for these services.

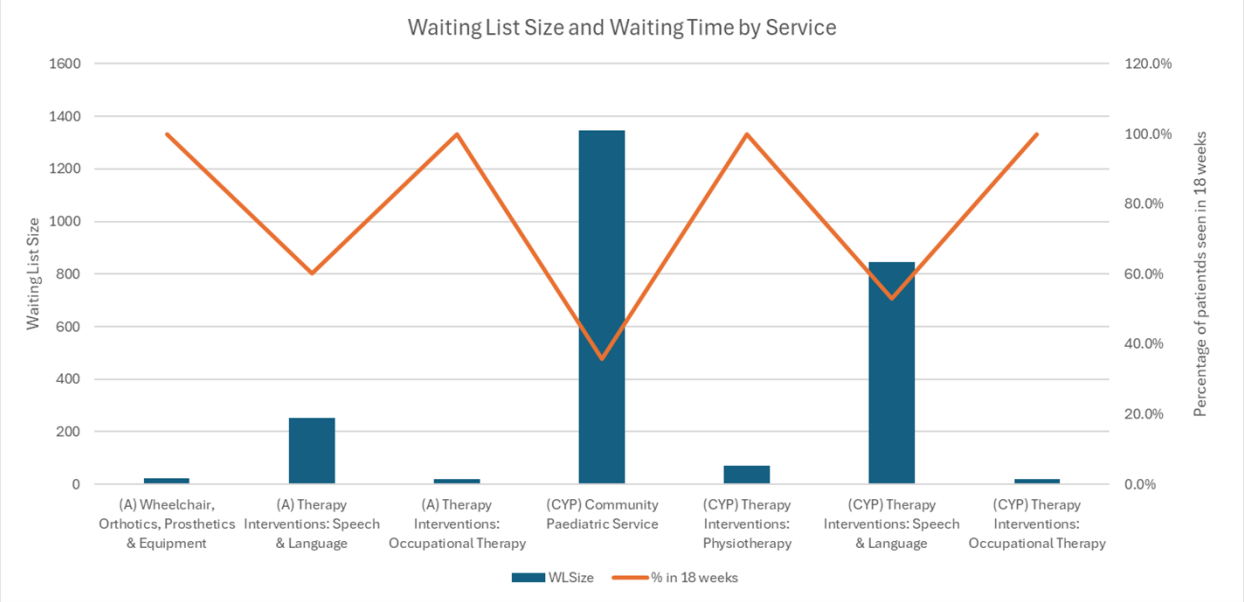
Ref	Area	Area	Action	Expected Impact
			Short Term (within 6 months)	
1	Community Paediatrics	Demand Management	Transfer of patients to independent service providers	The ICB has also recently identified a non-recurrent pot of funding (circa £1m) to transfer all 104+ weeks waits for ASD and ADHD assessments to the Private sector. This would be shared across all four Providers within the Black Country (dependent on wait times and waiting list size). WHT currently has 248 104 week waits. The ICB has agreed providers can utilise in-house resources to clear this backlog (but will be monitored against clear deadlines) or the backlog can be outsourced to private providers. This plan is currently in discussion phase and plans are expected to be finalised over the next three months, although nothing is guaranteed at this stage.
2	Community Paediatrics	Demand Management	Consideration of temporary suspension of new referrals	Stringent referral triaging would continue to be done by experienced Senior Community Paediatricians. Any referral identified for ADHD/Autism assessment would be sent back to the referrer with a letter detailing why. Patients would then have the opportunity to choose any other nearby provider, neighbouring Trusts or Private Provider of choice.
3	Community Paediatrics	Capacity and demand	Waiting list inititaives (WLI)	Waiting list initiatives recommenced in November 2025 due to the availabilty of ICB funding and concluded in March 2026. This provided an additional 168 new patient Consultant appointments during this period.
4	All	Validation	Validation of the waiting lists - text messaging to confirm appointment still neccesary	Frees Clinical capacity for real demand, improves accuracy of DoH reporting, Reduces any false demand such as duplicate referrals. Estimated reduction of approx. 5% reduction of waiting lists
5	All	Capacity and Demand	Additional investment to be bid against from the ringfenced ICB funding to address capacity demand shortfall	The ICB has ringfenced investment for community waits and invited providers to bid for this investment. Capacity and demand modelling to be completed to inform these bids.
6	SaLT, Dietetics and Physiotherapy	Capacity and demand	Time limited use of Locum or private provider to increase capacity.	Within 12 weeks on onboarding successfully, there would be no 18 week breaches in Adult SLT, maintained for the duration of the locum's tenure
			Mid Term (6-12 months)	
7	Community Paediatrics	Capacity and demand	Community Paediatric Specification Review	This review of the service specification is intended to ensure that the service delivers only those elements for which it is formally commissioned, and that provision is appropriately aligned with current and anticipated demand and population requirements. It seeks to clarify the scope, boundaries and priorities of the service, ensuring that activity, pathways and resource deployment remain consistent with the agreed commissioning intentions. By strengthening this alignment, the review aims to reduce the risk of unintended service creep, support sustainable service delivery, and provide a clear framework against which performance, demand management and future service development can be assessed for the service moving forwards.
8	Community Paediatrics	Advice and guidance	A new patient website to enhance the waiting well offer	Upon acceptance onto the waiting list, parents and carers receive a confirmation letter outlining next steps, booking processes and the importance of keeping contact details up to date. Families are provided with QR codes to access a range of resources, including advice on sleep, toileting, diet, dental hygiene and sensory challenges. Additional signposting is provided to the 0–19 service, Healthy Child Wolves App, ChatHealth, SEND parent workshops, the Local Offer, Family Hubs and SENDIASS. Parents and carers are advised to contact their GP or referrer if they feel an expedited referral is required. The introduction of a new website will provide additional advice, guidance and support for those waiting for appointments. The expected impact is that this will strengthen the "Waiting Well" offer and enable virtual drop-in sessions in partnership with the 0–19 Service which ensures patients/parents/carers have access to additional guidance, self-management support and clear routes for escalation if symptoms change which aims to improve patient engagement and readiness for treatment, while reducing DNAs and avoidable cancellations.

Ref	Area	Area	Action	Expected Impact
9	Community Paediatrics	Capacity and demand - new ways of working	Pilot alternative models and new ways of working to increase Consultant capacity.	A new Community Paediatric Clinical Nurse Specialist (CNS) commenced in post in January 2026 until the end of April 2026. This has currently increased clinic capacity by an additional 40 Consultant review appointments per month and has had a positive impact on service quality and waiting times. A Band 4 Assistant Support Worker has also been appointed to support increased QB clinic capacity, reduce waiting times, and assist with assessment activity. This pilot is being extended by 6 months and then further roll-out will be considered based upon the impact of this new model of service delivery
10	All	Capacity and Demand	To increase the utilisation of Patient Initiated Follow-up (PIFU)	This will enable a more flexible, demand-led approach to follow-up care, ensuring clinical capacity is prioritised for patients who require active review. By reducing routine, clinician-generated follow-up appointments, PIFU helps clinics to manage rising demand more effectively, streamline waiting lists, and release appointment slots for new or complex patients. PIFU also enables clinics to focus follow-up activity on patient need rather than fixed schedules, supporting safer, more efficient care delivery .The expected impact is that this will reduce the requirement for follow-up appointments for some pathways (such as Special Schools, ADHD) and therefore increase capacity by approximatly 20% for follow-up appointments within the speciliaties where this can be implemented.
11	CYP SLT (RWT)	Capacity	Staffing proposal approved by ICB/Family Hubs, permission from RWT to recruit substantively, these posts are currently passing through the VCP process.	No 18 week SLT breaches in preschool or school age within 12 months of approval to recruit.
12	Adult SLT	Capacity and demand	Release of Community Stroke Funding from closure of Hollybank would enable the substantive recrutiment of communtiy stroke SLT, which would address the capacity shortfall in the adult community service for the forseeable.	Within 12 weeks on onboarding successfully, there would be no 18 week breaches in Adult SLT
13	All	Capacity and demand	Reduce WNB (was not brought) rates - aim 5%	In community paediatrics, reducing Was Not Brought (WNB) appointments supports a child-centred and safeguarding-focused approach by recognising that children rely on parents or carers to access care. Effective WNB reduction helps ensure early identification of unmet developmental, medical and safeguarding need and reduces the risk of vulnerable children becoming disengaged from the services. The expected impact by reducing the WNB/DNA rates is that it improves the continuity of care, supports timely intervention for children with additional needs or long-term conditions, and makes better use of the limited community paediatric capacity by reducing wasted appointments and delays in care.

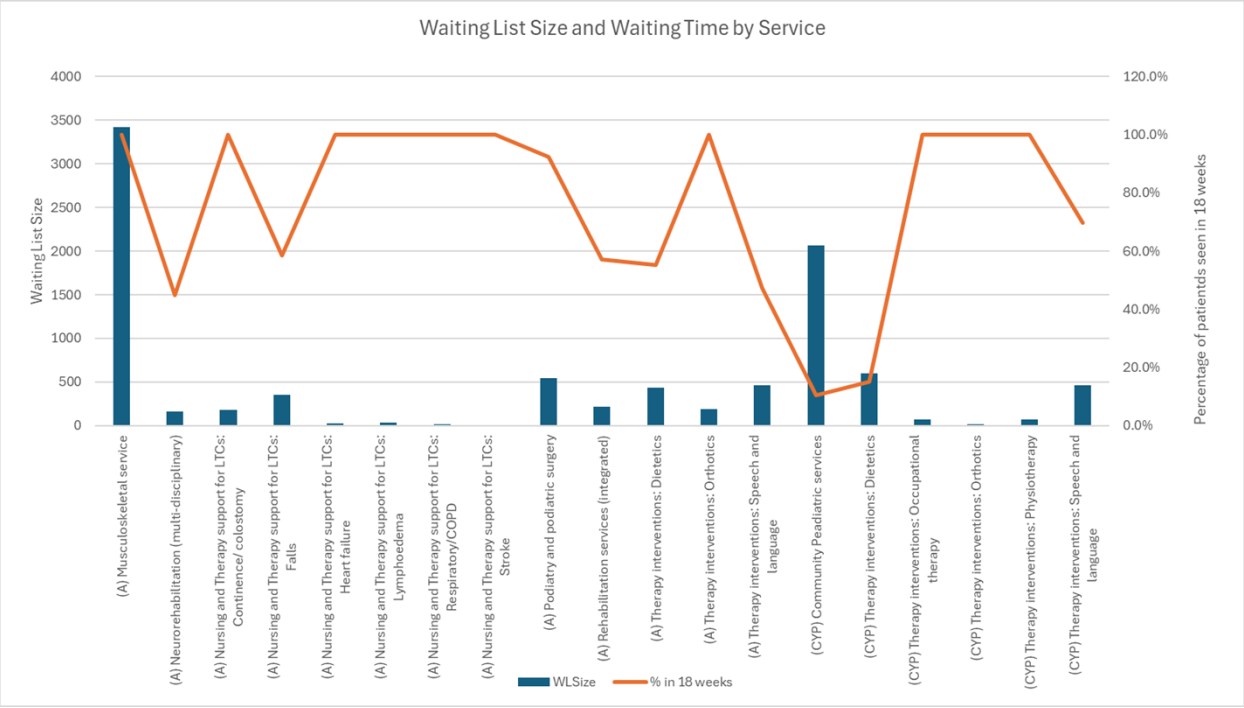
Ref	Area	Area	Action	Expected Impact
Long Term (more than 12 months)				
14	Community Paediatrics	Pathway re-design	Process mapping to identify opportunities for new ways of working	By visually mapping the clinical pathways, this creates a shared understanding, improves communication, highlights opportunities to improve flow and safety, and supports meaningful quality improvement that reduces waste and improves patient experience and outcomes. The following pathways are being processed mapped in conjunction with the Quality Improvement Team: 1.ADHD (Attention deficit hyperactivity disorder) 2.ASD (Autistic Spectrum Disorder) 3.CDC (Child Development) 4.CYPIC (Children and Young People in Care) 5.Special schools 6.Neuro-disability 7.General 8.Sleep 9.Enuresis 10.Constipation 11.EHCP (Education and Health and Care Plan) This is expected to dentify delays, duplication and risks, and redesign and provide additional capacity within the system.
15	Community Paediatrics	Capacity and demand	GIRFT team support	The purpose of the GIRFT support in Community Paediatrics is to develop a clinically owned, SMART recovery plan with a quantified trajectory showing how actions will deliver improvement over time. Delivery is then actively tracked using routine data, with adjustments made where impact is not being realised. Sustained improvement is assured through strong executive-led governance, standardised reporting, risk escalation and early engagement of key stakeholders across clinical, operational, support and external partners to ensure plans are realistic, deliverable and aligned to national priorities.GIRFT is beginning working with the service from May 2026 and it is expected that the support will provide practical recommendations that the service can use to stabilise and reduce waiting lists.
16	All	Digital technology	Ambient Voice Technology (AVT)	Ambient Voice Technology (AVT) in clinics enables clinicians to generate clinic letters in near real time by capturing and structuring consultations automatically, reducing administrative burden and turnaround times compared with traditional dictation to increase clinical availbilty. This aligns strongly with wider NHS priorities around productivity, workforce sustainability, and digital transformation. The expected impact is to release 20% additional Clinical Time once this is fully implemented.
17	Community Paediatrics	Capacity and Demand	Investment into capacity gap	Case developed to recruit substantively to meet the current demand levels and achieve NICE guidelines but requires significant investment.

Appendix 1 – Breakdown of waiting list and waiting list times

RWT



WHT



Enclosure 11.3

Integrated Performance Report

The Royal Wolverhampton NHS Trust

March 2026 (Month 12)

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

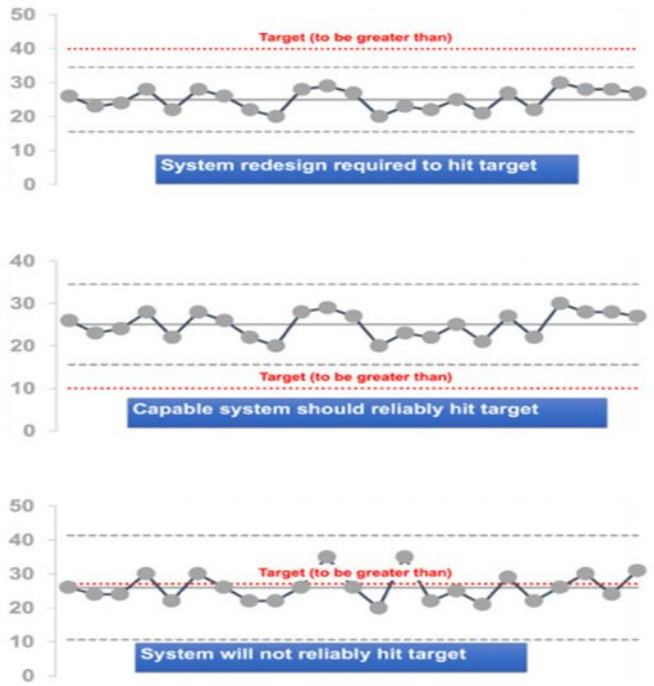
Care Colleagues
Collaboration Communities

How to Interpret SPC (Statistical Process Control) charts

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

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

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



Care Colleagues Collaboration Communities

Managing Director Summary

The Trust has achieved most of the key finance and performance metrics for the year 25/26. Most notably improvements have been made across the metrics below :-

- Referral to Treatment Time, an 11% improvement from April 25 to March 26. One of the largest improvements in the country. The Trust is no longer in the bottom decile and has a similar ambitious trajectory for 26/27.
- Top quartile performance for UEC (4hr wait) and Diagnostics
- 2nd quartile range for Cancer 62 day, from being bottom ranked Trust nationally over 2 years ago.

- Achievement of financial trajectory, indeed posted a surplus, which should improve the Trust NOF scoring from 4 to 3 in June, when published.
- Reduction in substantive workforce were achieved, although balance to be made with an increase in bank usage in particular.

Work continues on Fire Safety works across New Cross Hospital Site and Cannock Chase Hospital.

- The fire works for the main theatre block (55) on the Royal Wolverhampton site are due for completion in early May and West Midlands Fire Service will be inspecting the works to ensure completion as detailed in the enforcement notice
- Dialogue continues with WMFS and NHSE with regard to the enforcement notice and remedial action for Block 32 (Maternity). Fire safety works are scheduled across the building throughout the year. Alongside fire works, mitigation plans for evacuation have been tested throughout April with teams in the building and additional event schedule throughout the year.
- Fire safety works at Cannock are on plan for completion in Nove 26.

Whilst the financial and activity impact of the Strike held by resident doctors in April is not reported in this paper, I can confirm that an average of 55% of those eligible undertook action during the strike period. This is an increase in numbers participating for RWT. Less than 5% of elective inpatient and outpatient was cancelled. There will be an impact on temporary staffing pay line as a result of the strike. Most importantly there were no reports of patient impact or harm during this period.

The Trust had a CQC (IRMER) visit in April, as a result of a self report incident. Overall, the visit seemed to go well, with feedback for the Trust in some compliance area's. For assurance the detail and actions will go via the next Quality Committee.

Authors

Gwen Nuttall (Managing Director)

Care Colleagues Collaboration Communities

Managing Director Summary continued……

Forward Look and Good News Stories

The Trust is receiving support from NHSE GIRFT team working across 4 specialties, Urology, Gynaecology, Gastroenterology, Acute and Community Paediatrics (as 1) to help optimise outpatient activity and streamline of pathways and work with the Trust to understand demand and capacity. (Please link to the community paediatric paper actions)

Reference in the MD section about good feedback from the Medical Post Graduate Training Survey

Following the CQC report for Urgent and Emergency Care, there has been a system wide tabletop review of the issues raised in the CQC report and the Trust response and actions. Feedback following the review was positive, in that there was nothing singled out as concern and all actions deemed to be appropriate. The report on their collective view has not yet been received, it will obviously be shared via the Quality Committee.

The Trust recently had a very positive mention from a listener to the Sara Cox radio 2 show talking about the experience from a family when attending Cannock Chase Hospital for Bowel Screening. It was a national plug for Cannock and RWT, and more importantly the benefit of the bowel screening programme.

The Trust had the national GIRFT re-accreditation team for Surgical Hub attend Cannock Chase in May. Non-Executive Martin Levermore was part of the assessment team. Feedback on the day was excellent with regard to improvements made since the last accreditation visit regarding team improvement and cohesiveness, patient experience and performance metrics. As always, some issues were raised, overall the visit went well. The Trust will find out in June if we have been re-accredited. (NB – the Trust was the first surgical hub to be accredited nationally and is the first to be visited about re-accreditation.

Authors

Gwen Nuttall (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
Patient falls - rate per 1,000 occupied bed days	4.50	2.87	2.79	Mar-26	-	Improvement	Achieving
Pressure ulcers per 1,000 occupied bed days	1.50	1.64	1.11	Mar-26	1.58	Common Cause	Inconsistent
Community acquired pressure ulcers per 10,000 population	0.90	0.27	0.72	Mar-26	-	Common Cause	Inconsistent
Observations on time (Trust wide)	90.00%	86.76%	87.40%	Mar-26	-	Concern	Not Met
VTE risk assessment - % within 14 hours	95.00%	88.00%	88.30%	Feb-26	-	Concern	Not Met
Sepsis screening - ED	90.00%	98.00%	98.00%	Mar-26	-	Common Cause	Achieving
Sepsis screening - Inpatients	90.00%	84.90%	86.70%	Mar-26	-	Common Cause	Inconsistent
Clostridioides difficile	5	3	6	Mar-26	2	Common Cause	Inconsistent
MRSA Bacteraemia	0	1	4	Mar-26	-	Concern	Inconsistent
Number of complaints as a % of admissions	0.50%	0.72%	0.59%	Mar-26	-	Concern	Inconsistent
FFT recommendation rates - Trust wide	92.00%	90.00%	84.00%	Mar-26	93.00%	Common Cause	Not Met
Care hours per patient - total nursing & midwifery staff actual	7.6	7.5	7.5	Mar-26	0.0		No Target Set
Care hours per patient - registered nursing & midwifery staff actual	4.5	4.8	4.8	Mar-26	-		No Target Set
SHMI	1.00	0.94	0.94	Mar-26	-	Common Cause	Achieving
Never events	0	0	0	Mar-26	-	Improvement	Inconsistent

Workforce Performance	Target / Limit	Previous Month	Current Month	Latest Time Period	19/20 Same Period	Variation	Assurance
Substantive (WTE) Trust	10009.47	10111.23	10113.12	Mar-26	-	Concern	Inconsistent
Agency (WTE) Trust	20.70	27.04	34.04	Mar-26	-	Common Cause	Inconsistent
Bank (WTE) Trust	504.96	613.09	683.36	Mar-26	-	Improvement	Inconsistent
Vacancy Rate	6.00%	5.90%	5.90%	Mar-26	-	Concern	Inconsistent
Turnover Rate (12 Months)	10.00%	7.94%	7.84%	Mar-26	-	Improvement	Inconsistent
Retention Rate (12 Months)	90.00%	91.78%	92.04%	Mar-26	-	Improvement	Inconsistent
Sickness Absence (In Month)	5.00%	5.96%	5.64%	Feb-26	-	Common Cause	Inconsistent
Appraisals	90.00%	75.61%	76.90%	Mar-26	-	Concern	Not Met
Statutory & Mandatory Training	90.00%	93.00%	92.89%	Mar-26	-	Concern	Achieving

Operational Performance	Target / Limit	Previous Month	Current Month	Latest Time Period	19/20 Same Period	Variation	Assurance
18 Weeks RTT - % Within 18 Weeks - Incomplete	60.00%	57.09%	60.08%	Mar-26	82.13%	Improvement	Not Met
18 Weeks RTT - 52 wk breaches as a % of PTL	0.99%	2.60%	2.57%	Mar-26	-	Improvement	Not Met
18 Weeks RTT - Total Incomplete PTL	75489	77741	73622	Mar-26	39142	Improvement	Not Met
Cancer - 28 Day Faster Diagnosis	80.00%	78.48%	81.85%	Feb-26	-	Common Cause	Inconsistent
Cancer - 31 Day Treatment	96.00%	92.50%	93.21%	Feb-26	89.05%	Common Cause	Not Met
Cancer - 62 Day Referral to Treatment	75.00%	71.46%	72.75%	Feb-26	56.85%	Common Cause	Not Met
No. of patients no longer meeting the Criteria to Reside	89	62	65	Mar-26	-	Common Cause	Inconsistent
Diagnostics - % within 6 weeks from referral	95.00%	96.93%	95.52%	Mar-26	84.70%	Improvement	Not Met
Total Time Spent in ED - % over 12 Hours	-	14.63%	14.93%	Mar-26	-	Concern	No Target Set
Total Time Spent in ED - % within 4 Hours	78.00%	79.02%	79.74%	Mar-26	81.83%	Common Cause	Inconsistent
Community - Waiting List - Total	-	2457	2582	Mar-26	-	Improvement	No Target Set
Community - Waiting List - within 18 weeks	70.00%	49.08%	47.17%	Mar-26	-	Concern	Not Met

Finance	Target / Limit	Previous Month	Current Month (Latest Available)	Latest Time Period	19/20 Same Period	Variation	Assurance
Surplus/(Deficit) (£000) - in month	-1802	1058	2734	Feb-26	-	Common Cause	Inconsistent
Surplus/(Deficit) (£000) - YTD	-3379	-8479	-5743	Feb-26	-	Improvement	Inconsistent
Surplus/(Deficit) (£000) - FOT	-	0	0	Feb-26	-	Improvement	No Target Set
Elective Variable (£000) - in month	14631	15409	15214	Feb-26	-	Concern	Inconsistent
Elective Variable (£000) - YTD	28905	155865	171079	Feb-26	-	Concern	Inconsistent
Elective Variable (£000) - FOT	180585	195523	195523	Feb-26	-	Improvement	Inconsistent
Efficiency (£000) - in month	2907	4342	4660	Feb-26	-	Common Cause	Inconsistent
Efficiency (£000) - YTD	5707	41498	46159	Feb-26	-	Concern	Inconsistent
Efficiency (£000) - FOT	57240	57240	55163	Feb-26	-	Concern	Inconsistent
Capital (£000) - YTD	1636	16314	21084	Feb-26	-	Improvement	Inconsistent
Capital (£000) - FOT	29350	33683	33951	Feb-26	-	Not Enough Points	Not Enough Points
Cash (£000) - in month	48124	30243	27572	Feb-26	-	Common Cause	Inconsistent
Cash (£000) - FOT	26081	34372	34372	Feb-26	-	Not Enough Points	Not Enough Points

Care Colleagues
Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary

- *C difficile* is consistently below the monthly external objective and achieved below the annual external objective for 25/26. We continue to utilise the Patient Equipment Cleaning Centre (PECC) to support proactive cleaning of patient bedside equipment, beds, Stryker trollies from ED and commode swap out scheme.
- MRSA bacteraemia is above the annual external objective for 26/27 with 7 cases against a target of 0. This is 3 more than last year. There were 3 externally Trust-attributable MRSA bacteraemia's this month. Compliance with MRSA screening protocols is reinforced for all relevant admission pathways and emergency screening rate compliance is monitored. All MRSA bacteraemia's undergo Post-Infection Review (PIR) to identify contributory factors, lapses in care, and required actions and themes are shared with Divisions. Hand hygiene, PPE use, and isolation practices are reinforced through targeted training sessions and challenged in practice. Focused education on improving maintenance of peripheral venous cannulas and care and management of urinary catheters has been implemented. Oversight is maintained via the monthly Infection Prevention & Control Group. The IP trajectories for 2026/27 have not yet been received from NHSE.
- The Wellness Round was fully launched on 30th March 26 as a core element of Martha's Rule.
- Hospital and Community acquired Pressure ulcers is 55 in March 26 which is within tolerance limits, there is a current case of interest with the coroner which from review identified omissions in documented evidence of preventative pressure care measures when the patient became immobile.
- The Total number of falls is 96 in March 26 which is within tolerance limits. March 26 saw an increase with patients who fall multiple times. Four patients fell twice totalling 8 falls which likely correlates with the increase in patients with challenging behaviour.

Authors

Debra Hickman (Chief Nursing Officer)

Brian McKaig (Chief Medical Officer)

Care Colleagues Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary

- The number of complaints in March26 , as a % of admissions, decreased in month from 0.72% to 0.6%. The main cause of dissatisfaction is centred around Clinical Treatment (16 cases) and Delay (16 cases). A deep dive of these cases has established that complainants felt that the staff were dismissive and discourteous. The team will revisit the previously delivered customer care training with an emphasis on difficult conversations. The category of General Care of Patient had previously been noted as an emerging theme and this has also decreased in this reporting period by 46% (from 28 cases to 15) Divisional complaints meetings are being implemented for oversight of improvement actions.

- A Trust-wide review of bedside storage and medicines security has identified inconsistent use of digital lock systems and low staff awareness of code-change requirements, prompting updated guidance and planned agreement of a standardised approach with Heads of Nursing to mitigate risk.

- The Deteriorating Patient Group is progressing the rollout of Modified Early Obstetric Warning System (MEOWS) and its integration with Vitals, with digital solutions being developed to avoid reverting to paper processes.

Medical Postgraduate Training Summary
NETS 2026

- In comparison to the midlands average RWT score higher in 8 of the 13 indicators for PG Medicine.
- In comparison to the national average RWT score higher in 4 of the 13 indicators for PG Medicine.
- There are no indicators for RWT that score significantly below the national average and therefore there are no outliers.
- In comparison to our local BCICB Trusts RWT score either 1st or 2nd in 9 of the 13 indicators, scoring 1st in 5 of those indicators.
- As a total score RWT scores lower than the national average but higher that the midlands average, scoring 986.87.

Authors

Debra Hickman (Chief Nursing Officer)

Brian McKaig (Chief Medical Officer)

Care Colleagues Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary

GMC 2025

- In comparison to the national average RWT score higher in 6 of the 18 indicators.
- In comparison to our local BCICB Trusts RWT score either 1st or 2nd in 16 of the 18 indicators, scoring 1st in 9 of those indicators.
- As a cumulative score RWT falls just short of the national average (within 1.5%), exceeding a score of 1,300.

There are no active items on the NHSE quality register. This is a significant milestone as previously we have been on the national risk register for Surgery.

These results will be presented through PMEC, MEG, Education and Training Council as a PG report, and through People Committee and onwards in our combined Education report, as have any action plans for responses we have had to provide to NHSE. There remains focus on the specialties with outlier metrics (action plans shared with NHSE for renal, Core Surgical Training and Ophthalmology in the last year).

SHMI: The Standardised Hospital Mortality Indicator is 0.944 (the most recent data set is period covering December 2024 to November 2025) and 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. Currently there are no outliers, and 5 diagnosis groups are managed as internal alerts, they include Peripheral and visceral atherosclerosis, Epilepsy, Short Gestation, Sepsis and Pneumonia.

Authors

Debra Hickman (Chief Nursing Officer)

Brian McKaig (Chief Medical Officer)

Care Colleagues Collaboration Communities

Perinatal Service | Executive Summary

Actions									
Staff Group	Jan	Feb	Mar	Apr	May	June	July		comments
Midwives Birth to midwifery ratio Actual	27	27							Midwifery workforce review near completion following BR+ report
Obstetrics RCOG Compliant on delivery suite	yes	yes	Yes						
Neonatal Nurses BAPM Compliant	87%	82%	79%						A combination of Acuity of neonate and high sickness levels in the NN nursing workforce have contributed to drop in compliance.
Neonatal Doctors BAPM compliant	Yes	yes	Yes						

Safety Champion feedback

- Zero Maternity Outcomes Signal System (MOSS) signals in March 26.
- The Directorate has now received the report from the recent occupational hygiene report on nitrous oxide exposure within the Delivery Suite. The report confirms that The Trust is not achieving adequate control with natural ventilation, with one recorded exceedance of the Workplace Exposure Limit (WEL). Task and finish groups in place to review mitigation / management.
- Maternity Incentive Scheme Year 7 results have been published (embargo lifted). The Royal Wolverhampton NHS Trust has successfully achieved all 10 safety actions for year 7 and therefore are fully compliant with all safety standards.
- Perinatal Inventive Scheme Year 8 has been launched, and The Perinatal Directorate has commenced gap analysis, scoping and mapping work.

Care Colleagues
Collaboration Communities

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

	Jan	Feb	Mar	Apr	May	June	July
PMRT Reviews (including babies > 28days old or not born at RWT)	5 OBS/NN	5 OBS/NN	6 OBS/NN				
Grades Maternity/neonatal	A1 A1 B4 B2 C0 C0 D0 D0	A2 A1 B3 B2 C0 C0 D0 D0	A3 A1 B2 B2 C0 C0 D0 D0				
Final MNSI Reports Received	1	1	0				
Incidents Moderate & Above (all new MNSI cases and those assigned PMRT C and D, and those assigned moderate harm on datix)	0	2	0				
Service user & Staff Feedback to Board Level Safety Champions	Positive feedback re: the cultural conversation re: Maternity Triage.	MNVP Service user group focus on C/S pathway	15 steps Positive feedback re: service.				
Coroner Reg 28	0	0	0				
Obstetrics/ Gynaecology Trainees Quality of Clinical Supervision reported annually							

CNST & Training Position March 2026

Staff Group	PROMPT	Fetal monitoring	NLS
Obstetricians	100%	91%	100%
Midwives	90%	93%	90%
Support Staff	90%	NA	NA
Anaesthetists	92%	NA	NA
Neonatal Doctors	NA	NA	100%
Neonatal Nurses	NA	NA	90%

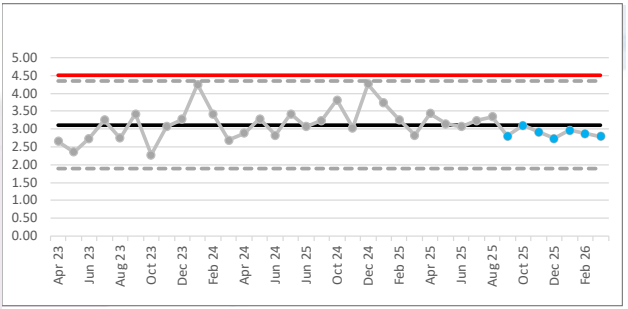
Full compliance with Maternity Incentive Scheme Year 7 training requirements.

Care Colleagues
Collaboration Communities

Quality, Safety & Patient Experience | Core Metrics

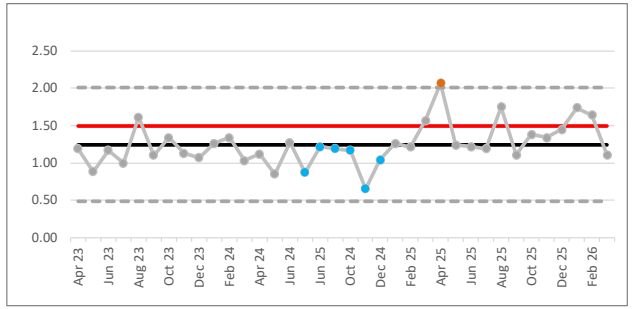
Patient falls - rate per 1,000 occupied bed days

Achieving	Improvement	2.79



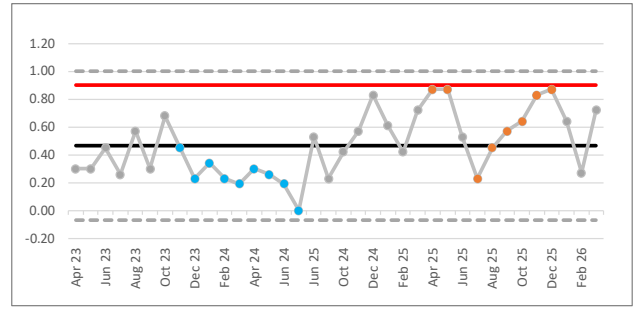
Pressure ulcers per 1,000 occupied bed days

Inconsistent	Common Cause	1.11



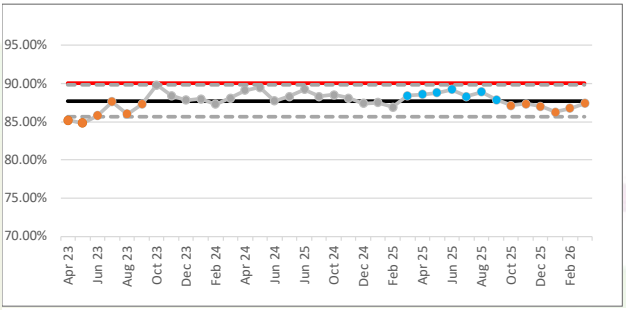
Community acquired pressure ulcers per 10,000 population

Inconsistent	Common Cause	0.72



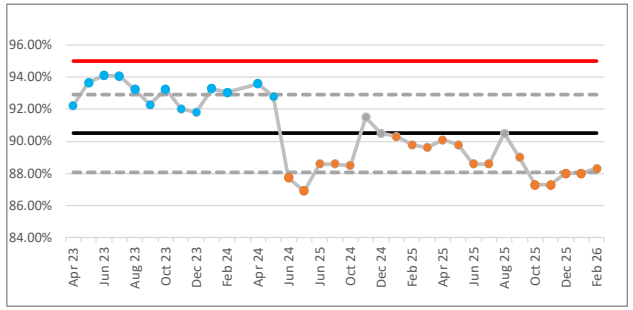
Observations on time (Trust wide)

Not Met	Concern	87.40%



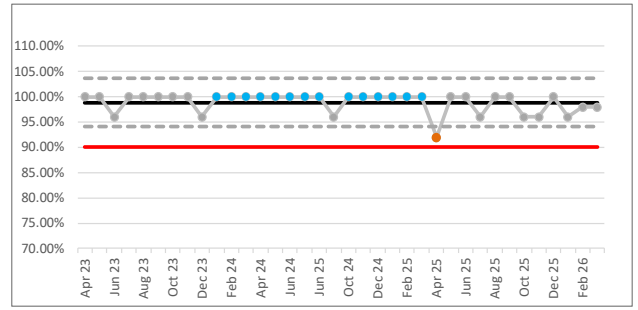
VTE risk assessment - % within 14 hours

Not Met	Concern	88.30%



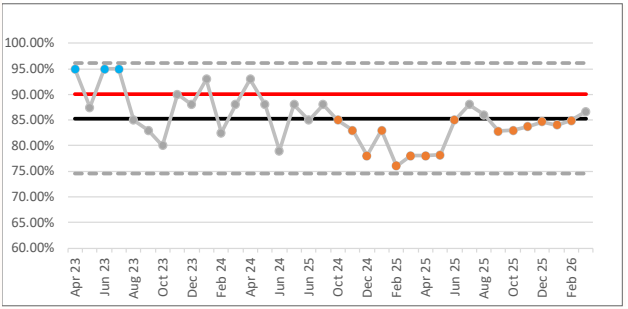
Sepsis screening - ED

Achieving	Common Cause	98.00%



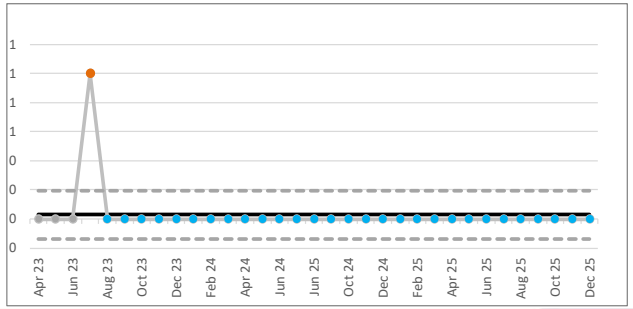
Sepsis screening - Inpatients

Inconsistent	Common Cause	86.70%



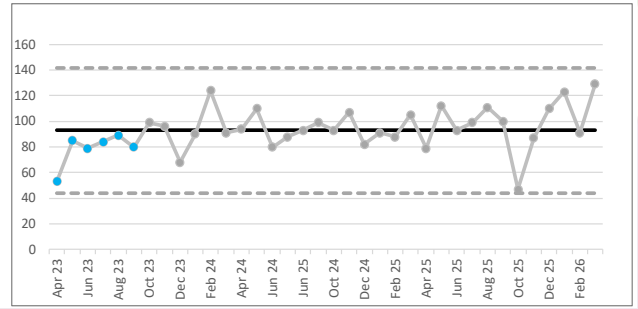
Medication error - incidents causing serious harm

No Target Set	Improvement	0



Mental health patients spending over 12 hours in A&E

No Target Set	Common Cause	129

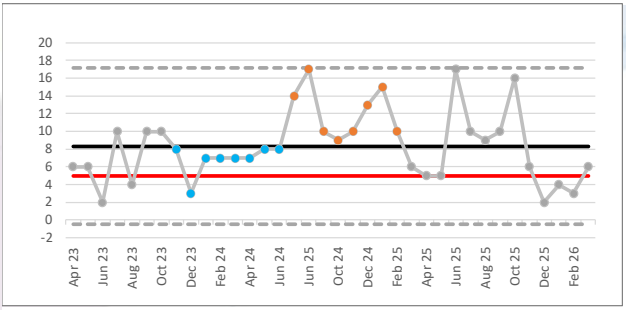


Care Colleagues Collaboration Communities

Quality, Safety & Patient Experience | Core Metrics

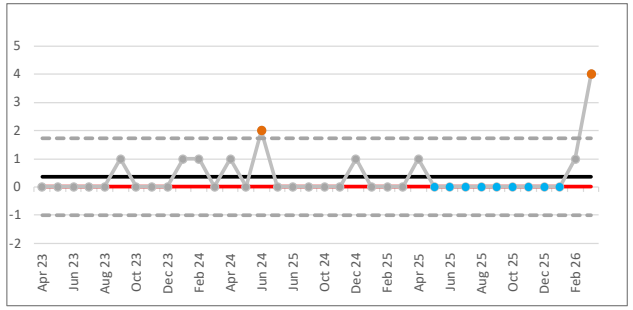
Clostridioides difficile

Inconsistent	Common Cause	6



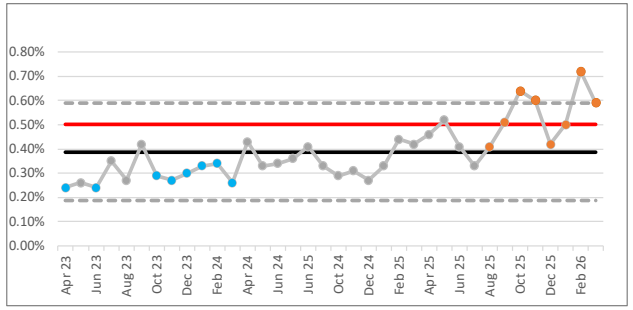
MRSA Bacteraemia

Inconsistent	Concern	4



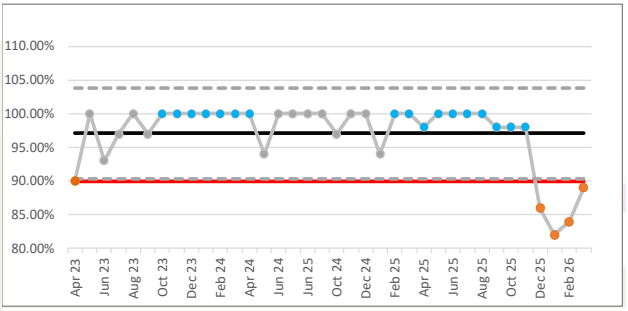
Number of complaints as a % of admissions

Inconsistent	Concern	0.59%



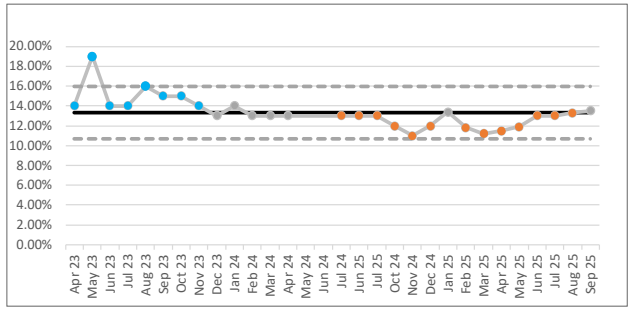
Complaints response rate against policy

Achieving	Concern	89.00%



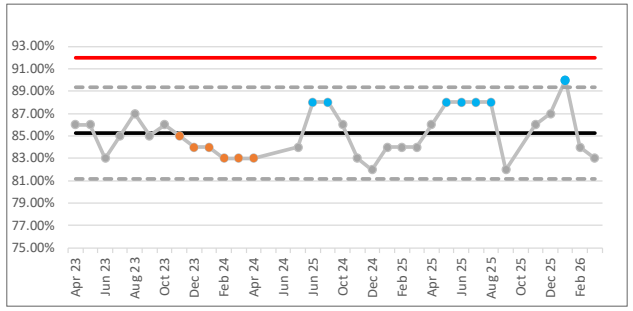
FFT response rates - Trust wide

No Target Set	Common Cause	13.50%



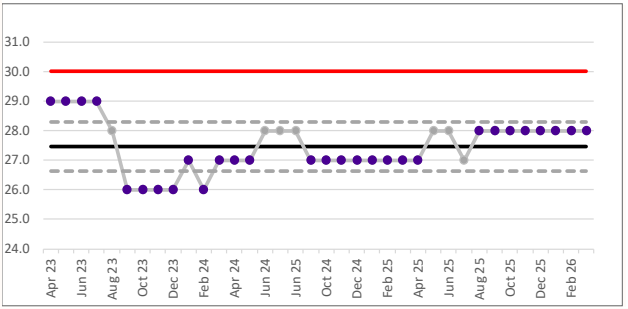
FFT recommendation rates - Trust wide

Not Met	Common Cause	84.00%



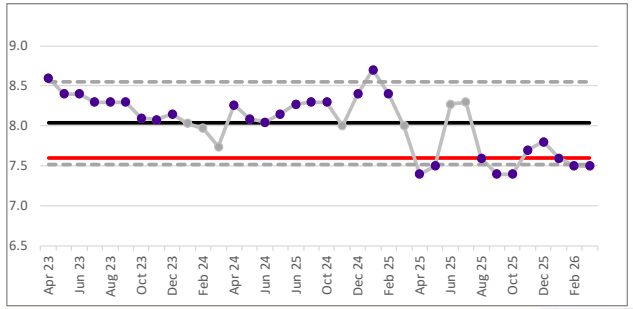
Midwife to birth ratio (1 to)

No Target Set		28.0



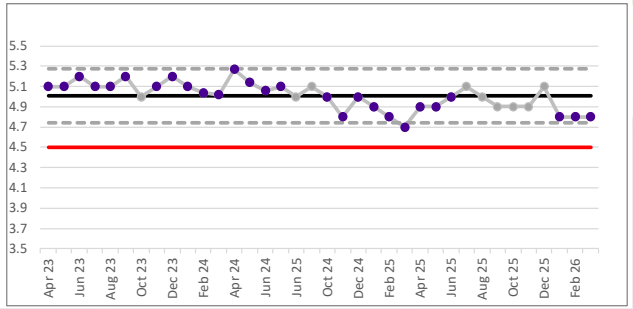
Care hours per patient - total nursing & midwifery staff actual

No Target Set		7.5



Care hours per patient - registered nursing & midwifery staff actual

No Target Set		4.8

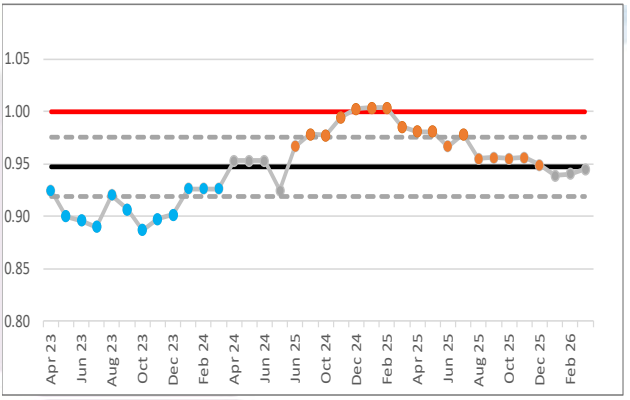


Care Colleagues Collaboration Communities

Quality, Safety & Patient Experience | Core Metrics

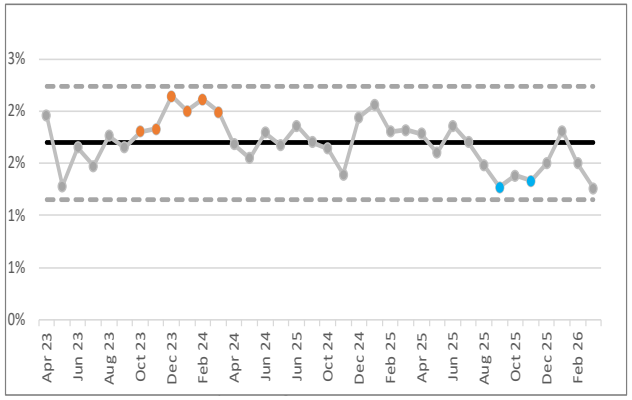
SHMI

Achieving	Common Cause	0.94



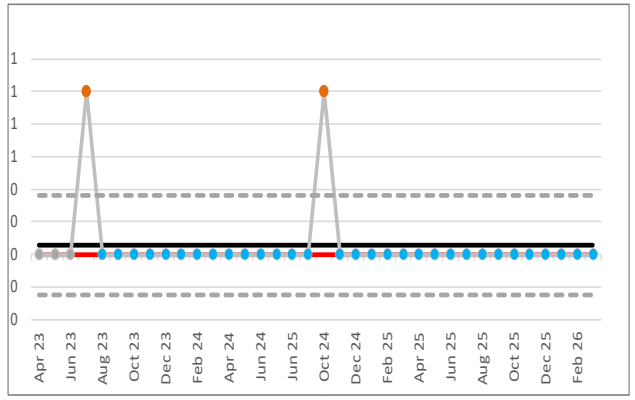
Crude Mortality Rate

No Target Set	Common Cause	1.26%



Never events

Inconsistent	Improvement	0



Care Colleagues
Collaboration Communities

People | Executive Summary

- Total workforce increased by +79.16 WTE in Month 12; however, the year-end position shows a net reduction of -88.25 WTE. This is driven by a reduction in substantive staffing (-210.66 WTE), offset in part by increased reliance on bank (+116.70 WTE) and agency (+5.71 WTE).

- Bank cost increases in Month 12 reflect additional workforce requirements to support the Q4 delivery sprint, rapid improvement events, and enhanced staffing in ED following the CQC inspection, pending substantive workforce reconfiguration.

- Pay is overspent by £4.5m at Month 12, with £1.9m driven by additional bank costs and Waiting List Initiatives (WLIs). Cost pressures are primarily within nursing (bank) and Division 3 (WLIs).

- Workforce KPIs are on track overall, however, sickness absence and appraisal compliance continue to underperform against Trust targets, with sustained challenges over the last two quarters.

- Targeted sickness absence interventions within clinical divisions have improved absence levels; however, performance remains above the 5% Trust target. Monthly trajectory targets for 2026/27 have been established, reflecting seasonal trends, with delivery overseen by the Absence Oversight Group and Group People Committee.

- Year-to-date appraisal compliance is an average of 79.62%, with a sustained decline since December 2025. Targeted departmental reporting is in place, with leaders expected to address areas of low compliance and improve completion rates.

Authors

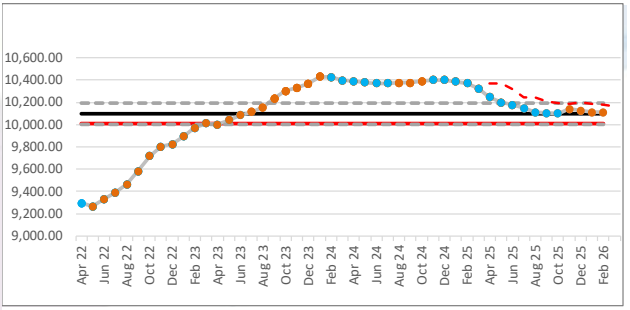
Claire Radley (People Director)

Care Colleagues Collaboration Communities

People | Core Metrics

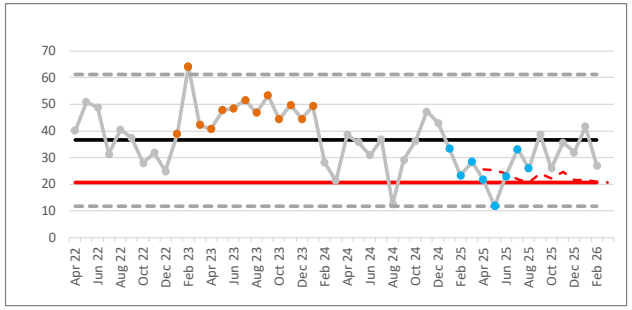
Substantive (WTE) Trust

Inconsistent	Concern	10113.12



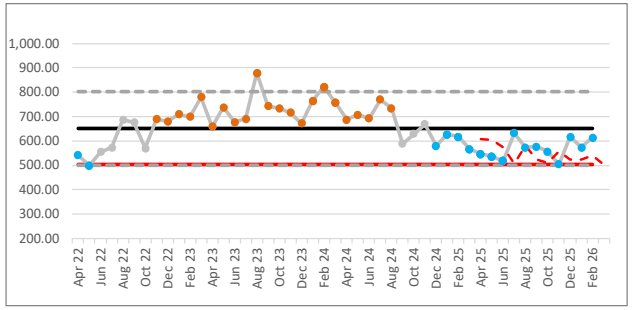
Agency (WTE) Trust

Inconsistent	Common Cause	34.04



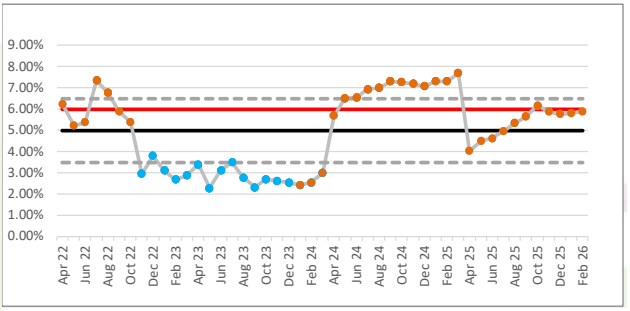
Bank (WTE) Trust

Inconsistent	Improvement	683.36



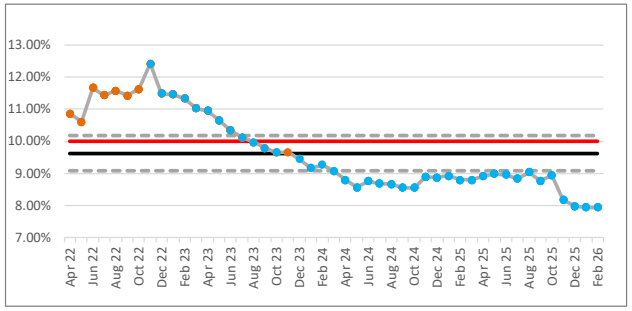
Vacancy Rate

Inconsistent	Concern	5.90%



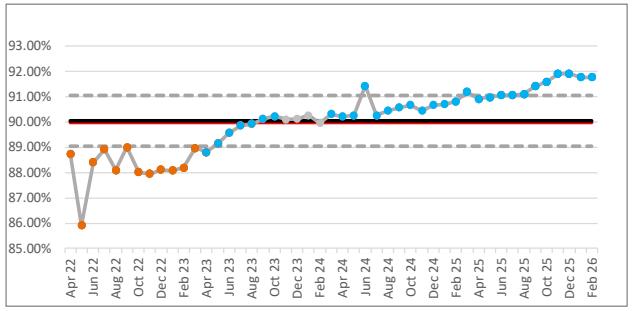
Turnover Rate (12 Months)

Inconsistent	Improvement	7.84%



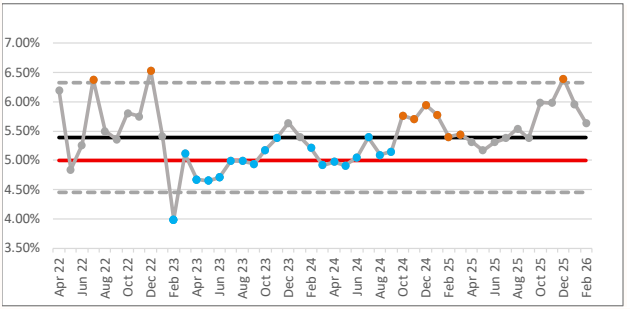
Retention Rate (12 Months)

Inconsistent	Improvement	92.04%



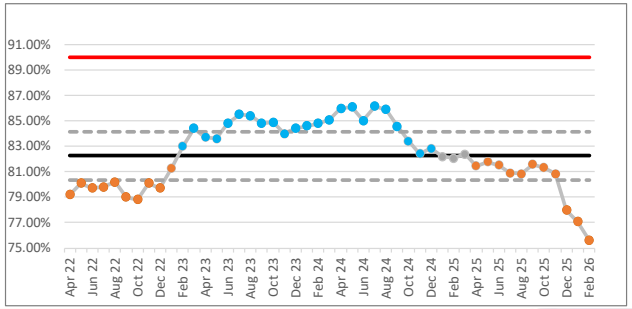
Sickness Absence (In Month)

Inconsistent	Common Cause	5.64%



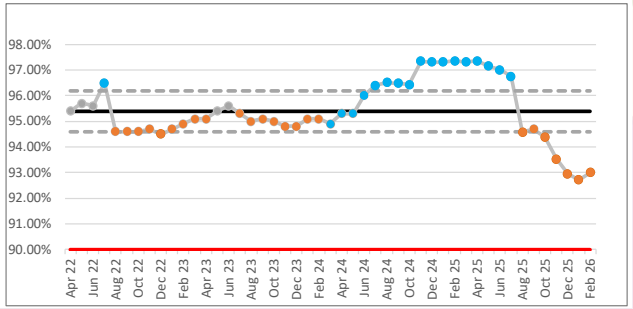
Appraisals

Not Met	Concern	76.90%



Statutory & Mandatory Training

Achieving	Concern	92.89%



Care Colleagues
Collaboration Communities

Operational Performance | Executive Summary

- Delivery of the constitutional standards across points of delivery broadly improved in March 26. Work continues to manage the impact of the new EPR system across operational, clinical and corporate teams. Positively, new issues are reducing. Ongoing issues will be managed and overseen as a defined project (Optimisation) within the next phase of the EPR programme, weekly action-tracked meetings are in place with support and training continuing to be delivered as required.
- RTT – 60.61% of patients on an incomplete pathway were treated within 18 weeks (an improvement from 57.09% in February 26), an achievement of the Q4 sprint plan and an increase of 10% from March 2025. The total waiting list reduced to 73,622 (down from 79,019) and there were no 65-week breaches at the end of March 26.
- Work to deliver increased and sustained RTT performance is underway in order to achieve 69% by the end of March 27. This work includes a focus on productivity and clinical best practice. It also includes work with the NHSE GIRFT team on demand and capacity for four challenged specialities (Gynaecology, Urology, Gastroenterology and Paediatrics – Acute and Community).
- UEC – delivery of the 4-hr patient access standard improved marginally for March 26 to 79.74% (from 79.02% in February 26). The 12-hr standard remained high at 14.93%. This is now currently running at just over 13%.
- The 45-minute ambulance handover was implemented as planned on 9th March 26 with 68% of patients handed over within 30 minutes at the end of the month. Release to Respond was implemented by the Trust and WMAS on 27th April 26. The dedicated Medical SDEC was opened on 13th April 26 as a key workstream within Community First. Alongside the Ward Processes, Frailty SDEC, and the Integrated Front-door workstreams, this aims to reduce admissions, improve non-elective flow and improve access to the Trusts UEC services.
- An overarching improvement plan is in place for the Emergency Department and reflects the recommendations from the CQC, UEC GIRFT Team and internal access and quality standards.

Authors

Kate Shaw
(Chief Operating Officer)

Care Colleagues Collaboration Communities

Operational Performance | Executive Summary

- Cancer – February 26 performance for cancer was 81.85% for 28-day FDS and 93.21% for 31-days. The 62-day standard was 72.75% and continues to be at risk due to the ongoing challenges in Urology and issues at University Hospitals Birmingham. Late referrals for tertiary services (in particular Lung) are also impacting on this standard. 62-day recovery plans are in place.
- DM01 – access to diagnostics remains positive with 95.52% of patients seen within 6 weeks with no concerns.
- The Community Services access standard for 2-hr UCR improved in March 26 with the standard being achieved at 81.60%. Virtual ward occupancy remains high.
- Community waiting times continue to be out of standard with particular issues in Paediatrics and Speech and Language Therapy. The numbers of patients waiting increased to 2,582 at the end of March 26. A paper detailing the current issues, risks and actions will be discussed at Trust Board in May 26.
- Weekly re-set meetings continue to be held in UEC and RTT with the oversight meetings with the CEO and MD moving to bi-weekly in May 26. Weekly performance meetings continue for Cancer with the separate Cancer Recovery Action Plans now also being reviewed in this meeting.

Authors

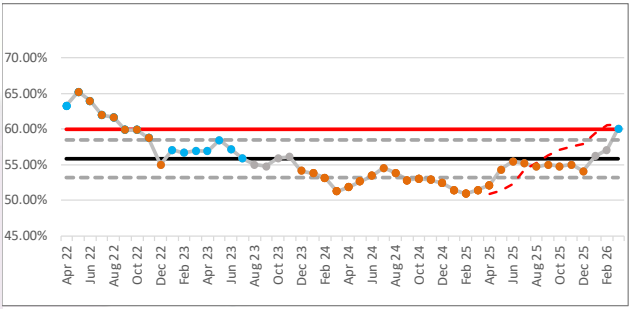
Kate Shaw
(Chief Operating Officer)

Care Colleagues
Collaboration Communities

Operational Performance | Core Metrics

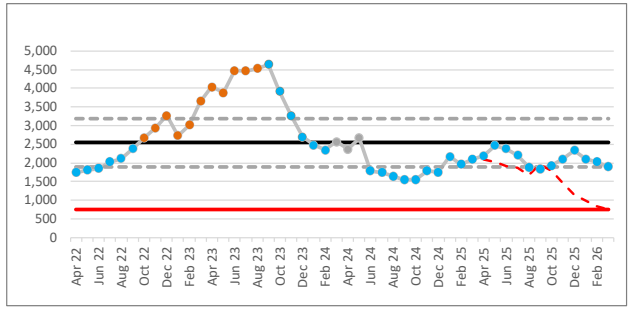
18 Weeks RTT - % Within 18 Weeks - Incomplete

Not Met	Improvement	60.08%



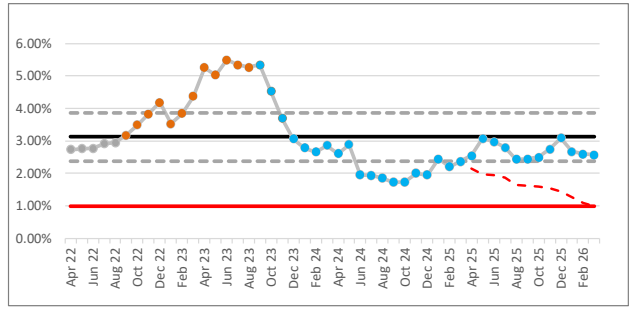
18 Weeks RTT - No. of 52 wk breaches

Not Met	Improvement	1893



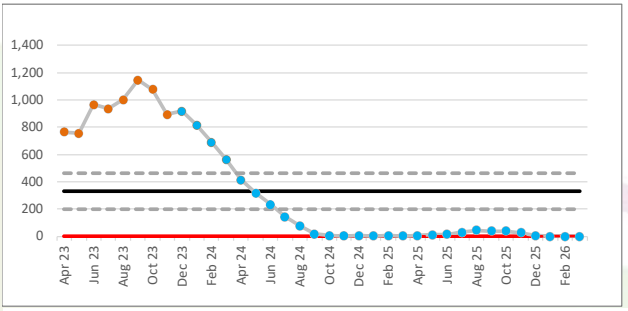
18 Weeks RTT - 52 wk breaches as a % of PTL

Not Met	Improvement	2.57%



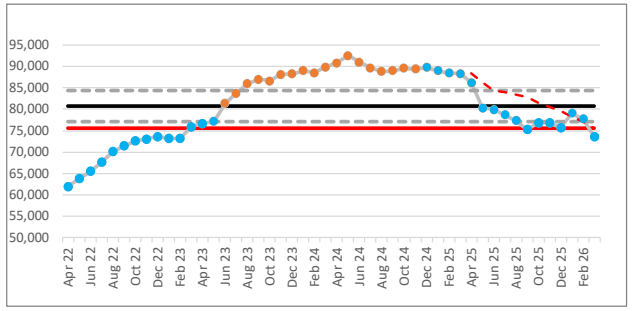
18 Weeks RTT - No. of 65 wk breaches

Not Met	Improvement	0



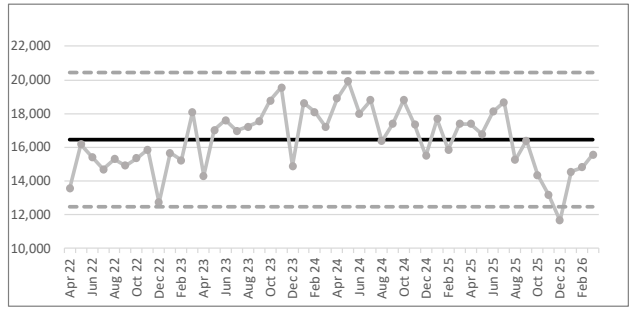
18 Weeks RTT - Total Incomplete PTL

Not Met	Improvement	73622



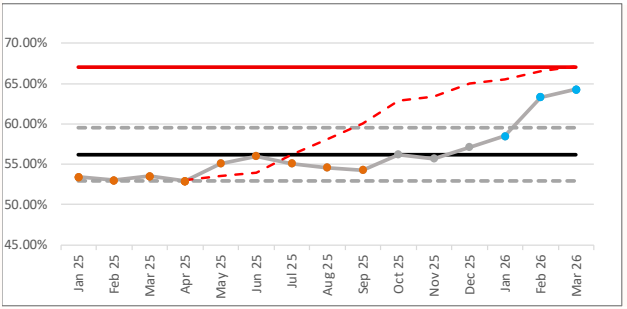
18 Weeks RTT - Clock Starts

No Target Set		15582



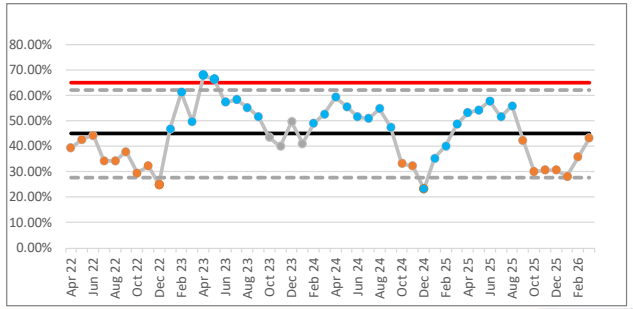
18 Weeks RTT - Time to First Appointment

Not Met	Improvement	64.30%



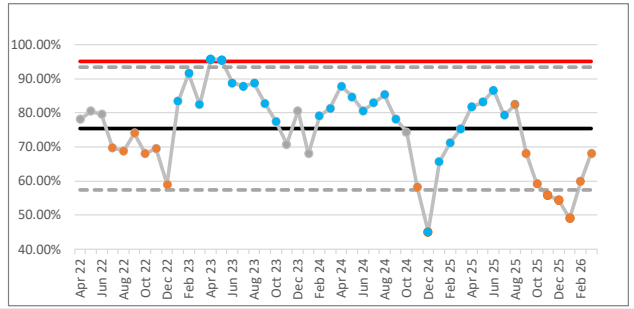
Ambulance Handover - % within 15mins

Not Met	Concern	43.21%



Ambulance Handover - % within 30mins

Not Met	Concern	68.18%

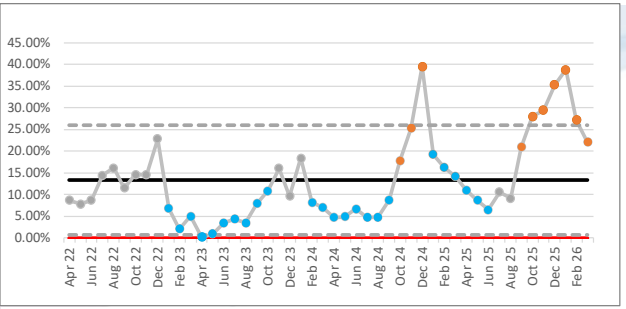


Care Colleagues Collaboration Communities

Operational Performance | Core Metrics

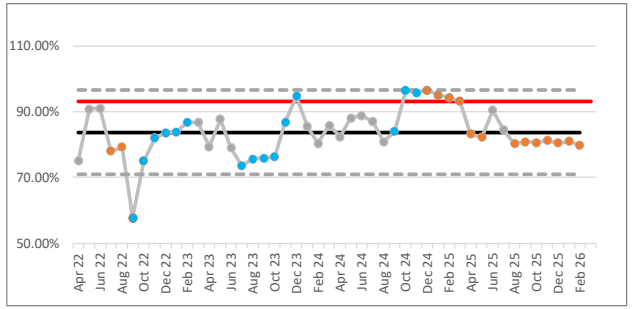
Ambulance Handover - % >60mins

Not Met	Concern	22.06%



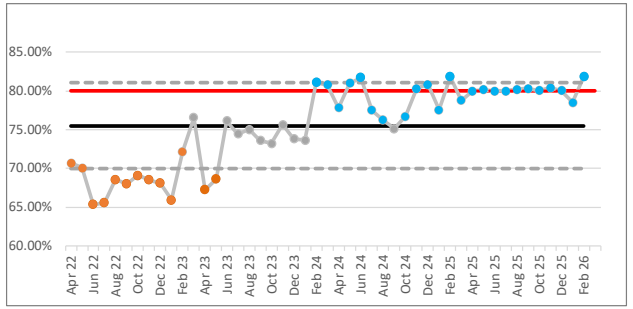
Cancer - 2 Week Wait

Inconsistent	Common Cause	79.82%



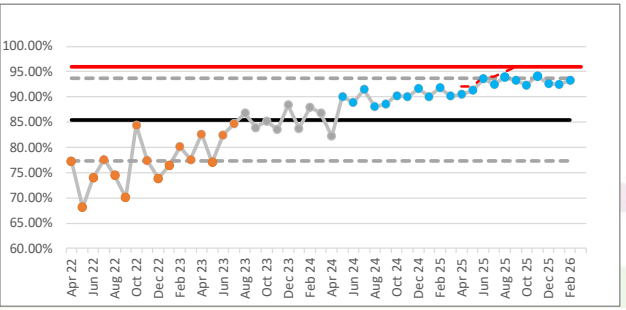
Cancer - 28 Day Faster Diagnosis

Inconsistent	Common Cause	81.85%



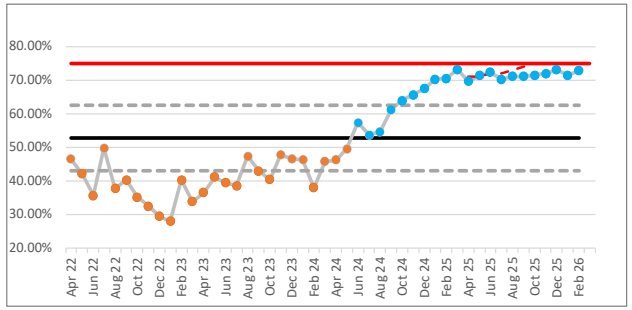
Cancer - 31 Day Treatment

Not Met	Common Cause	93.21%



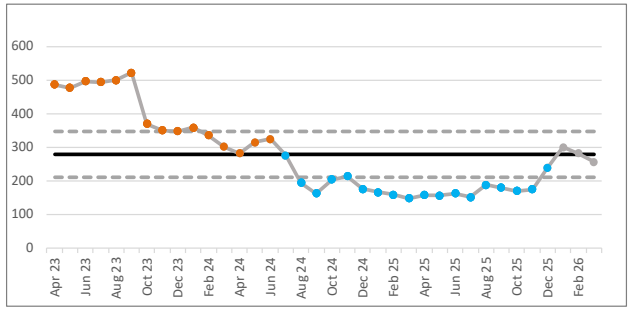
Cancer - 62 Day Referral to Treatment

Not Met	Common Cause	72.75%



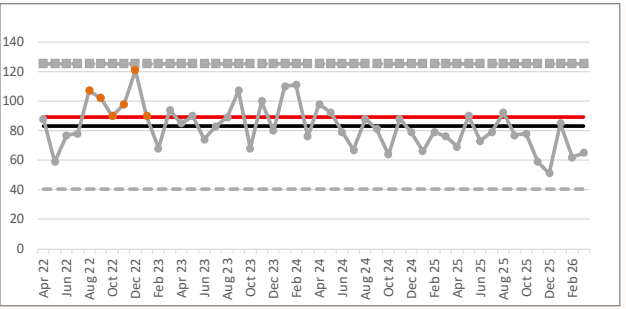
Cancer - No. of patients waiting 63+ Days for treatment

No Target Set	Common Cause	256



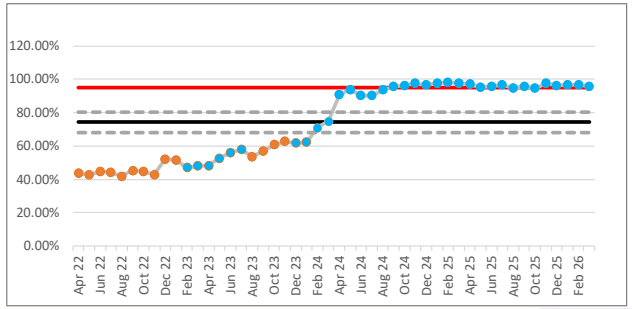
No. of patients no longer meeting the Criteria to Reside

Inconsistent	Common Cause	65



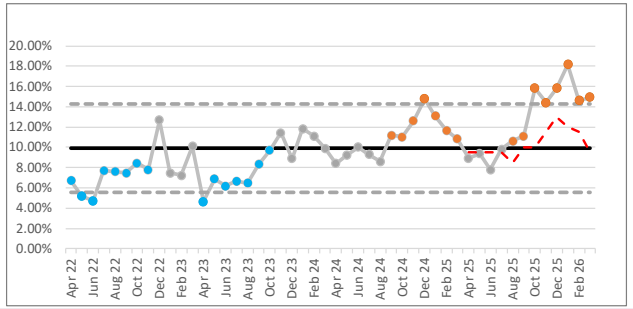
Diagnostics - % within 6 weeks from referral

Not Met	Improvement	95.52%



Total Time Spent in ED - % over 12 Hours

No Target Set	Concern	14.93%

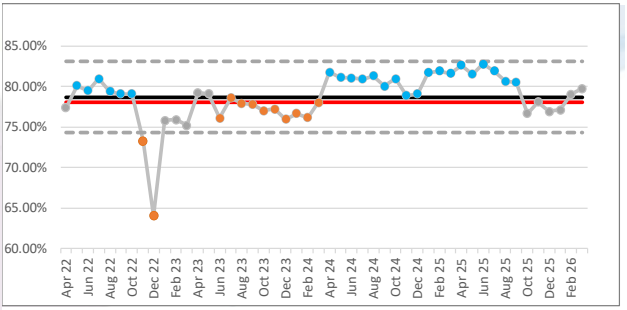


Care Colleagues Collaboration Communities

Operational Performance | Core Metrics

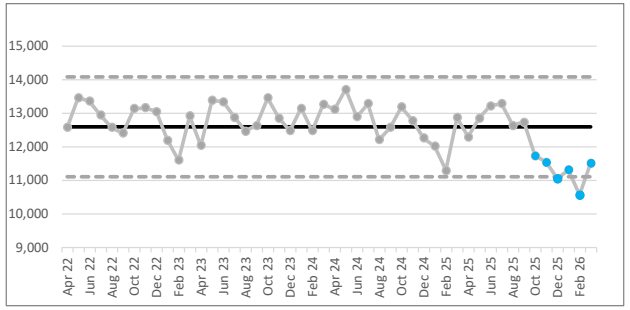
Total Time Spent in ED - % within 4 Hours

Inconsistent	Common Cause	79.74%



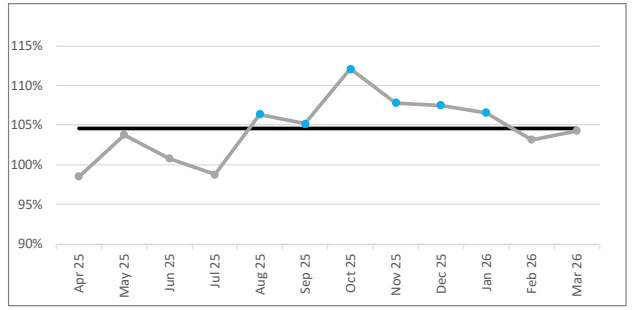
Type 1 ED Attendances

No Target Set	Improvement	11508



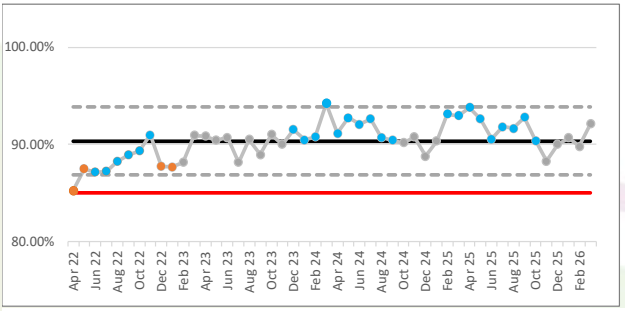
Variable Contract Delivery

Not Enough Points	Not Enough Points	104%



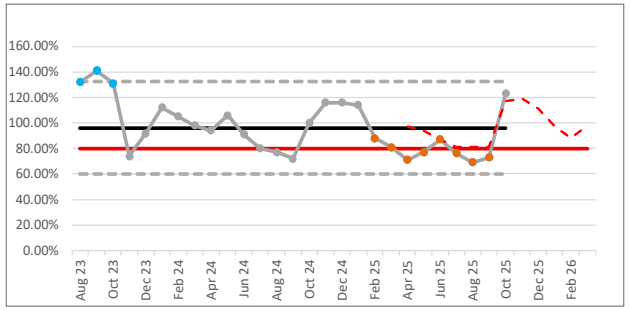
Theatres - Touch Time Utilisation (MH)

Achieving	Common Cause	92.10%



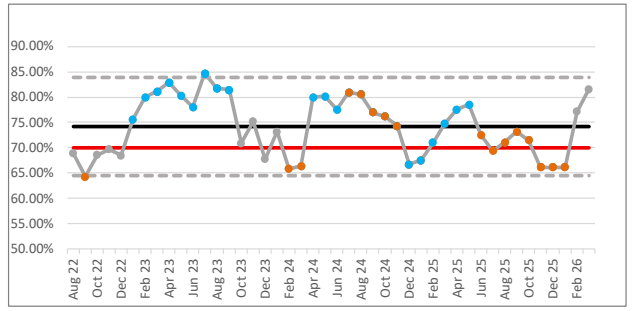
Community - Virtual Ward % Occupancy

Inconsistent	Common Cause	123.00%



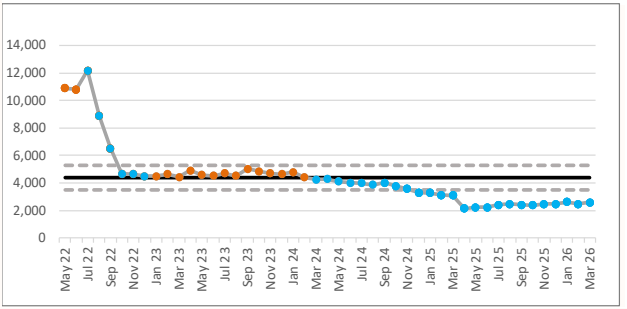
Community - Urgent Care Response (UCR) 2 Hour Response

Inconsistent	Common Cause	81.60%



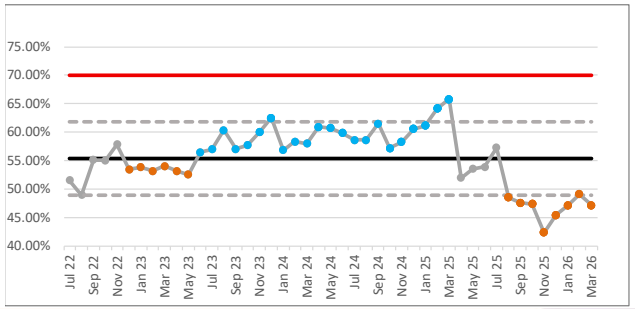
Community - Waiting List - Total

No Target Set	Improvement	2582



Community - Waiting List - within 18 weeks

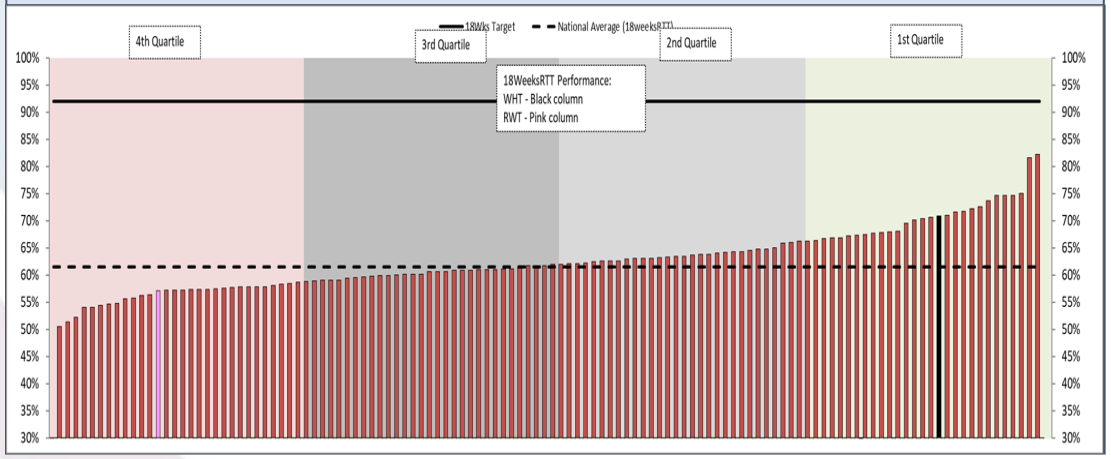
Not Met	Concern	47.17%



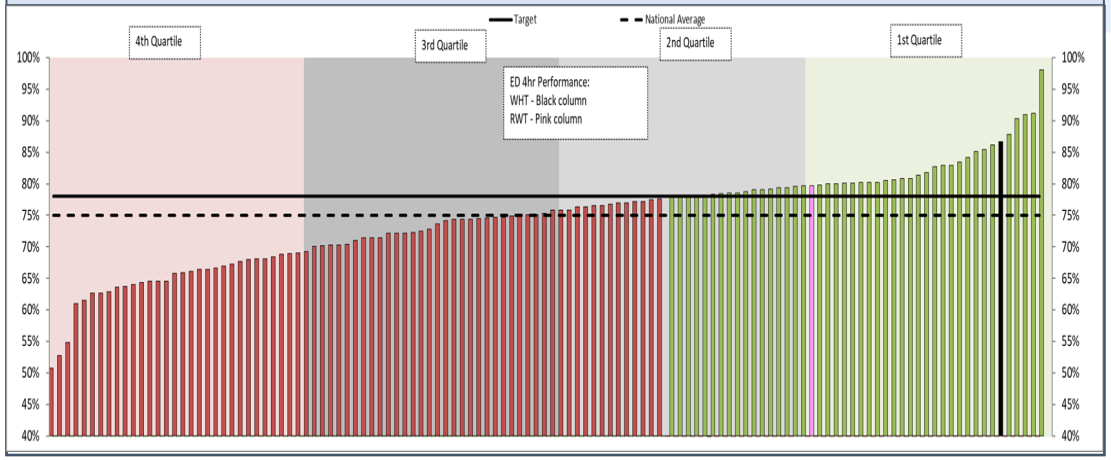
Care Colleagues
Collaboration Communities

Operational Performance | Benchmarking

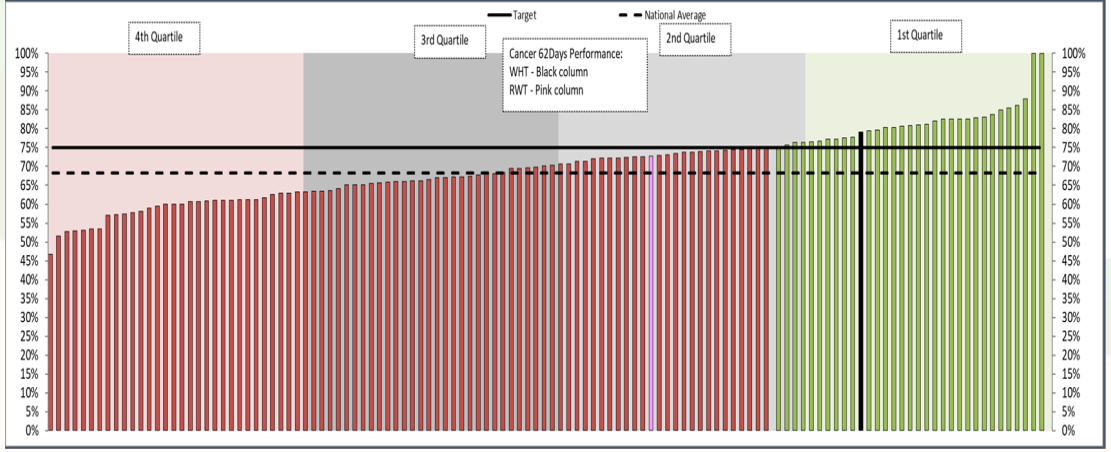
Referral to Treatment



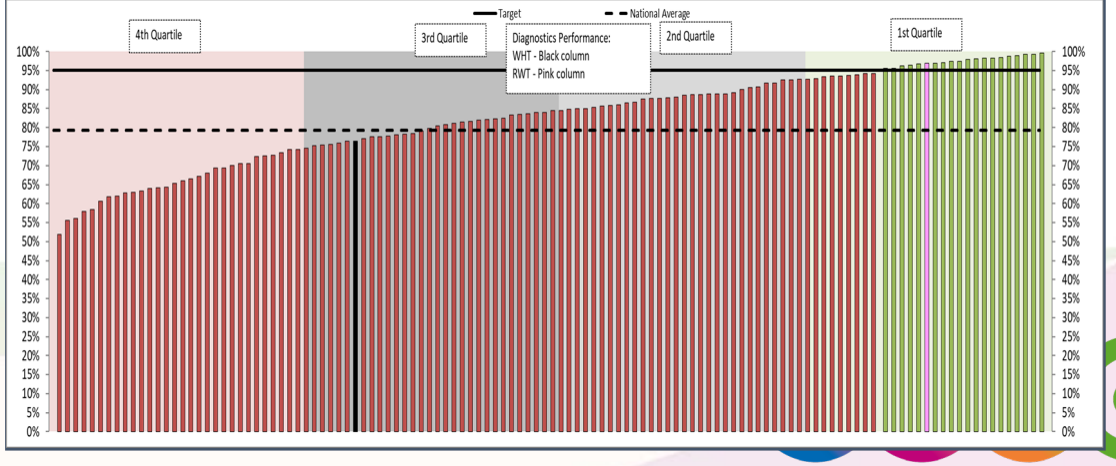
A&E 4 Hour



Cancer 62 Day



Diagnostic Waiting Times



Care Colleagues
Collaboration Communities

Finance | Executive Summary

Key Headlines – Month 12 2025/26

In month surplus of £10,674k, which is £8,743k above the plan of £1,931k surplus. The Trust ended the year with a £4.929k surplus.

- Patient income has overperformed in month by £15.5m due to additional deficit support funding received from NHSE and non-recurrent year end settlement funding from Black Country ICB.
- Pay is overspent in month due to additional bank and WLI spend which has increased in M12 and a shortfall against CIP compared to planned levels.
- Non-pay is overspent in month due to additional costs relating to consultancy and consumable costs incurred relating to higher activity levels.
- Drugs is overspent in month due to the profile of drugs spend across the year. YTD drugs are underspending against the plan.
- Depreciation is overspent in month due to increased depreciation being incurred against the significant level of additions in Q4.

Authors

Kevin Stringer (Group Chief Finance Officer)

Care Colleagues Collaboration Communities

Finance | I&E Summary

In-Month Income & Expenditure	RWT Plan M12 £m	RWT Actual M12 £m	RWT Surplus/ (Deficit) £m
Income	**129.5**	**144.9**	**15.4**
Expenditure			
Pay	90.7	94.9	(4.3)
Non Pay	26.4	28.2	(1.8)
Drugs	7.3	6.8	0.4
Other*	3.3	4.3	(1.0)
Total Expenditure	**127.6**	**134.2**	**(6.6)**
Net reported surplus/(Deficit)	**1.9**	**10.7**	**8.8**

Year-to-date Income & Expenditure	RWT Plan YTD £m	RWT Actual YTD £m	RWT Surplus/ (Deficit) £m
Income	**1,060.6**	**1,079.7**	**19.1**
Expenditure			
Pay	669.7	691.9	(22.2)
Non Pay	259.9	253.7	6.2
Drugs	84.5	81.9	2.6
Other (incl. depreciation)	46.5	47.3	(0.8)
Total Expenditure	**1,060.6**	**1,074.8**	**(14.2)**
Net reported surplus/(Deficit)	**0.0**	**4.9**	**4.9**

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

- The Trust delivered against its break-even target following additional support agreed with commissioners and received over Q4.
- During late March 26, NHSE offered additional resources to Provider organisations which had delivered their 2025/26 plan and also had submitted a compliant plan for 2026/27. The Trust has met these conditions and was allocated a further £4.915m additional income, however, NHS England specified that this additional funding must be reported as a surplus.
- The effect of this allocation resulted in additional cash benefit to the Trust which has improved the cashflow into 2026/27.
- Performance in month 12 is £8.8m better than plan, and £4.9m better than the original breakeven plan for the year due to allocation of £4.9m additional deficit support funding from NHSE. In month additional support also received from BCICB.

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Finance | ERF Performance

Point of Delivery	RWT		
	Plan	Actual	Variance
	Activity	Activity	Activity
Elective	7,845	7,909	64
Planned Same Day	55,411	52,147	(3,263)
Outpatient Procedures	162,495	167,046	4,552
Procedures Total	**225,751**	**227,103**	**1,352**
Outpatient 1st	227,600	215,311	(12,290)
Diagnostic Imaging	91,570	82,892	(8,678)
Chemotherapy	14,636	15,036	400
Grand Total	**544,921**	**525,305**	**(19,216)**

	£'000	£'000	£'000
Elective	50,131	48,391	(1,740)
Planned Same Day	59,729	55,010	(4,719)
Outpatient Procedures	27,962	28,636	675
Procedures Total	**137,822**	**132,037**	**(5,785)**
Outpatient 1st	43,277	41,267	(2,010)
Diagnostic Imaging	9,857	9,023	(833)
Chemotherapy	4,936	5,065	129
Grand Total	**195,891**	**187,392**	**(8,499)**

Variable elective activity performed £8.5m below the commissioner plan for the year. The Trust secured year-end agreements with commissioners to pay plan – therefore none of this variance impacted on the financial position.

The main underperformance is in planned same day and elective in Division 1 where the RTT stretch plan has not been achieved. There is a £2m underperformance in outpatients which has been impacted by data capture issues from the EPR change.

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Finance | Cost Improvement Plans

Efficiencies 2025/26	Plan approved by Board £m	YTD recurrent achievement Month 12 £m	YTD non-rec achievement Month 12 £m	YTD achievement Month 12 £m	YTD Plan Month 12	YTD Variance Month 12 £m
Affordable Urgent Care	4.5	1.1	0.1	1.2	4.5	(3.3)
Cessation of Unfunded Schemes	1.0	0.0	0.0	0.0	1.0	(1.0)
Counting and Coding	2.1	0.4	1.8	2.2	2.1	0.1
Estates Utilisation	1.0	1.3	0.7	2.0	1.0	1.0
Non-Pay and Procurement	14.6	13.4	14.9	28.3	14.6	13.7
Operational Productivity	11.9	1.6	0.7	2.3	12.0	(9.7)
Workforce	22.1	1.2	13.2	14.5	22.1	(7.6)
Sub Total - internal plans	**57.2**	**19.1**	**31.4**	**50.5**	**57.2**	**(6.8)**
Total efficiency plan	**57.2**	**19.1**	**31.4**	**50.5**	**57.2**	**(6.8)**

In Month 12 the Trust under-achieved against its plan by £2.32m.

Of the in-month savings of £4.3m, £2.6m (60%) has been achieved recurrently.

Of the YTD achievement of £50.5m, 38% (£19.1m) has been achieved recurrently.

The key areas of underperformance continue to be schemes relating to Operational Productivity and Workforce, where schemes were identified at the beginning of the year but haven't been implemented or haven't resulted in savings as the year has progressed. Many of these schemes continue to be reviewed for inclusion in the 26/27 savings plan.

National Oversight Framework

RWT has fallen into Segment 4 having seen the overall average score fall from 2.49 to 2.71.

The primary driver for RWT's deterioration into Segment 4 is the deterioration in scoring within the Finance and Productivity segment – specifically the variance to financial to plan. The Trust was reporting a negative variance to plan at the end of Quarter 3 when the snapshot was taken for oversight scoring. This was immediately prior to an agreement being reached with the ICB (as reported at the last PRM meeting) to inject £8m. This has supported the Trust to deliver its financial plan for 2025/26.

Other drivers of the segmentation include the deterioration in A&E performance since the introduction of the new EPR as well as our RTT performance where the variance to plan had increased by the end of Quarter 3.

Even though the recent staff survey results will be included within the next quarters segmentation (and will bring our score down), having delivered our financial plan for 2025/26 and delivered our RTT plan, we anticipate the **Trust returning to Segment 3 for Quarter 4 when the results are released in June 26.**

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National Oversight Framework Dashboard

National Oversight Framework - RWT

Code	Metric	Time Period Reported	Target	Q2 25/26 Published Perf	Q2 25/26 Published Score	Q2 25/26 Published Rank	Q3 25/26 Published Perf	Q3 25/26 Published Score	Q3 25/26 Published Rank	Internal Apr-25	Internal May-25	Internal Jun-25	Internal Jul-25	Internal Aug-25	Internal Sep-25	Internal Oct-25	Internal Nov-25	Internal Dec-25	Internal Jan-26	Internal Feb-26	Internal Mar-26
OF0023	18 Weeks RTT - % Within 18 Weeks - Incomplete	Latest month in the period		54.97	3.61	114/131	54.10	3.65	116/131	52.41	54.30	55.46	55.17	54.69	54.99	54.77	55.00	54.06	56.21	57.09	60.61
OF0003	18 Weeks RTT - 52 wk breaches as a % of PTL	Latest month in the period	1	2.44	2.77	76/131	3.10	3.71	117/131	2.54	3.07	2.97	2.80	2.43	2.44	2.50	2.75	3.09	2.67	2.60	2.27
OF0106	Difference between actual and planned 18 week elective performance	Latest month in the period	0	-1.34	2.90	91/131	-3.89	3.33	100/131	0.91	2.74	3.37	1.94	2.52	2.61	9.37	3.99	3.23	0.84	2.29	-1.80
OF0005	Percentage of patients waiting over 52 weeks for community services	End of period		0.63	2.56	23/80	2.64	3.00	40/80	2.97	2.36	1.47	1.41	1.18	1.21	0.63	1.41	1.54	2.64	2.52	4.88
OF0010	Cancer - 28 Day Faster Diagnosis	Aggregated quarterly position	80	80.14	1.00	20/118	80.16	1.00	40/118	79.97	80.06	80.03	79.98	80.07	80.14	80.01	80.21	80.16	78.48	80.18	
OF0011	Cancer - 62 Day Referral to Treatment	Aggregated quarterly position	75	70.72	2.40	53/118	72.16	2.39	56/118	69.55	70.43	71.01	70.20	70.55	70.73	71.43	71.72	72.16	71.46	72.08	
OF0013	Total Time Spent in ED - % within 4 Hours	Aggregated quarterly position	78	81.20	1.00	21/123	77.07	2.07	36/123	82.62	82.07	82.29	81.90	81.28	80.99	76.68	77.36	77.20	77.14	78.14	78.71
OF0014	Total Time Spent in ED - % over 12 Hours	Aggregated quarterly position		10.04	2.68	67/123	7.56	2.28	53/123	8.93	9.15	8.69	9.81	10.21	10.51	15.82	15.12	15.35	18.18	16.46	15.94
OF0079	Planned Surplus / Deficit	Annual plan	0	-3.26	4.00	92/134	-3.26	4.00	93/134												
OF0081	Year to date variation from plan	Year to date		0.02	1.00	29/134	-0.64	3.00	71/134												
OF0085	Implied level of productivity	In-year figure to latest month vs same period in previous year		0.60	2.87	84/134	1.3	3.03	91/134												
OF1069	CQC inpatient survey satisfaction rate	Annual			2.00			2.00													
OF0061	Staff survey - raising concerns sub-score	Annual		6.26	3.19	98/134	6.26	3.19	98/134												
OF1067	CQC safe inspection score	Periodic inspection																			
OF0088	Rate of C-Difficle infections (Rolling 12 Months)	12-month rolling	1	1.23	3.02	83/134	1.15	2.55	71/134	153..09	149.38	145.68	133.33	123.46	123.46	132.10	127.16	113.58	100.00	91.36	91.36
OF0020	Number of MRSA infections (Rolling 12 Months)	12-month rolling	0	4.00	2.89	71/134	3	2.66	57/134	4	4	4	4	4	4	4	4	3	3	4	8
OF0048	Rate of E-Coli infections (Rolling 12 Months)	12-month rolling	1	1.27	3.31	95/134	1.23	3.17	86/134	293.46	288.79	296.26	288.79	287.85	284.11	292.52	272.90	274.77	277.57	281.31	282.24
OF0025	Average number of days between planned and actual discharge date	Latest month in the period		0.45	1.73	31/126	0.37	1.52	22/126	4.5	5.1	5.4	5.5	6.1	4.8		3.1	3.8	3.6	3.8	
OF1046	Summary Hospital Level Mortality Indicator (Rolling 12 Months)	12 month rolling			2.00			2.00		0.9807	0.9807	0.9707	0.9707	0.955	0.9559	0.955	0.956	0.9489	0.9389	0.9404	0.9447
OF0057	Community - Urgent Care Response (UCR) 2 Hour Response	Quarterly aggregated figure	70	70.48	3.00	43/51	70.00	3.00	43/51	77.73	78.18	76.35	73.41	70.94	70.87	71.54	69.65			77.13	81.60
OF0084	Staff survey engagement theme score	Annual		6.73	3.21	99/134	6.73	3.21	99/134												
OF0082	Staff Sickness Rate	Quarterly – aggregated monthly figures		5.14	2.90	88/134	5.33	2.62	88/134	5.36	5.39	5.39	5.37	5.41	5.41	5.42	5.45	5.49	5.51	5.51	

Green
Amber/Green
Amber/Red
Red

Care Colleagues Collaboration 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.

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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 Productivty Growth (year to date compared to last year)**	Output growth (cost-weighted activity) divded 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)	3.84	3.55	3.60	3.91	3.80	3.50	3.23	4.18	4.01	3.72	3.51	3.91
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)	6.10	5.96	5.89	5.79	5.62	5.68	6.05	5.56	5.99	5.73	6.12	5.70
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%	95.1%	96.3%	95.6%	95.3%
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), divded 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%	16.7%	18.5%	19.1%	18.0%
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%	80%	78%	80%	82%
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	2.00	2.05	2.04	2.07
8	% of theatre sessions utiilised	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%	83%	91%	91%	88%
9	CT, MRI & ultrasound utilisation		95%	Local planning target agreed	To follow next month											
Outpatients					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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 divded by total outpatient appointments	6%	Local planning target agreed	8.4%	8.7%	9.0%	8.6%	8.7%	8.8%	9.5%	9.7%	9.7%	10.2%	9.2%	9.5%
12	PIFU Utilisation Rate	The number of episodes moved or discharged to a PIFU pathway divded by total outpatient activity.	5%	Local planning target agreed	2.9%	2.6%	2.8%	2.7%	2.5%	3.9%	2.7%	3.4%	4.3%	3.3%	3.8%	3.5%
13	Specialist Advice Utilisation Rate	Number of processed specialist advice requests (pre or post referra) divded by total number of outpatient first attendances	13%	Local planning target agreed	5.8%	6.3%	6.5%	7.3%	7.8%	11.0%	6.1%	5.8%	7.5%	7.1%	8.2%	5.4%
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	3537	0	0	934	0	0	0
Coding/ Income					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
15	Mean price per spell charged	Total income for elective inpatient, daycase and non-elective patients divided by total volume of elective inpatient, daycase and non-elective activity.	>£2,053	Improvement on last year performance	2,207	2,182	2,129	2,177	2,133	2,221	2,251	2,227	2,320	2,241	2,253	2,137
16	Additional income delivered through coding and counting changes	Additional income delivered through coding and counting changes	£970k		£0	£0	£0	£0	£12,093	£273,446	£36,969	£36,969	£152,545	£85,545	£205,545	£85,552
17	Number of unfunded services being delivered	Number of services being delivered that do not have any form of funding arrangement in place	0		6	6	4	4	4	3	3	3	3	3	3	3

Productivity Dashboard

					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Workforce Productivity																
19	Non-elective admissions per clinical WTE	The number of non-elective admissions in month by the number of clinical WTEs (nursing plus consultants). This includes substantive, bank and agency staff.	1.9%	Achievement required to maintain top quartile performance	1.94	1.98	1.99	2.00	1.98	2.00	2.16	2.05	2.01	2.11	1.89	2.35
20	Elective admissions per clinical WTE	The number of elective admissions in month by the number of clinical WTEs (nursing plus consultants). This includes substantive, bank and agency staff.	2.3%	Achievement required to maintain top quartile performance	1.42	1.46	1.52	1.58	1.42	1.61	1.54	1.54	1.40	1.55	1.44	1.66
21	Outpatient attendances per consultant WTE	The number of outpatient admissions in month by the number of clinical WTEs (nursing plus consultants). This includes substantive, bank and agency staff.	TBC	TBC	119.79	122.32	123.60	125.86	120.05	141.58	132.47	124.77	114.22	122.97	119.52	123.14
22	A&E attendances (Type & 2) per Emergency Medicine Consultant	The number of A&E attendances (Type 1 & 2) in month, divded by the number of Emergency Medicine Consultants (WTEs) including substantive, bank and agency staff.	613	Achievement required to maintain top quartile performance	473.89	498.78	493.52	436.79	498.23	491.60	548.93	462.75	391.78	426.44	387.15	431.59
23	Corporate services cost per £100m income (£m)	The total cost of corporate services divided by £100m.	0.27	20% reduction on March 25 position	0.25	0.27	0.28	0.26	0.25	0.26	0.27	0.31	0.28	0.26	0.23	0.34
Workforce Drivers																
24	Temporary Staff Spend as a % of Total Spend	Proportion of financial year-to-date total staff spend that is on temporary staffing (a combination of agency and bank staff	5.7%	Achievement required to improve to next quartile (top)	5.85%	5.99%	6.14%	6.82%	6.75%	6.41%	6.61%	6.83%	6.97%	6.37%	6.96%	5.47%
25	Sickness Absence Rate	A percentage of overall staff who are absent because of sickness	6%	Nationally set	5.32%	5.17%	5.31%	5.38%	5.54%	5.34%	5.99%	5.98%	6.39%	5.96%	5.64%	4.30%
26	Turnover Rate	The percentage of all staff that left the organisation to join another NHS organisation, or left NHS over the previous 12 months.	10%	Local planning target agreed	8.92%	8.99%	8.96%	8.84%	9.04%	8.77%	8.94%	8.18%	7.99%	7.94%	7.94%	7.84%
27	Care hours per Patient Day	Total care hours worked by registered nurses & midwives divided by total patient bed days	7.6		7.40	7.50	7.60	7.50	7.60	7.40	7.40	7.70	7.80	7.60	7.50	7.50
Support Services																
28	Estates and Facilities Cost per m2	Total estates and facilities running costs divided by total occupied floor area			£25.36/m2	£25.22/m2	£26.23/m2	£26.09/m2	£25.54/m2	£23.42/m2	£25.64/m2	£27.80/m2	£28.16/m2	£28.48/m2	£26.19/m2	£29.54/m2
29	Pathology cost per test	The average cost of undertaking one test across all disciplines, taking into account all pay and non-pay cost items			1.62	1.63	1.62	1.68	1.55	1.49	1.63	1.64	1.71	1.67	1.67	1.62

Care Colleagues
Collaboration Communities

Tier 1 - Paper ref:	Enclosure 11.4

Report title:	Special Educational Needs and Disabilities (SEND) Reforms
Sponsoring executive:	Lisa Carroll Chief Nursing Officer - WHT and Debra Hickman, Chief Nursing Officer - RWT
Report author:	Lisa Carroll and Debra Hickman
Meeting title:	Trust Board in public
Date:	19 May 2026

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

This report seeks to provide the Trust Board with an overview of the SEND Reforms and the implications for health and health leaders.
It details the systems plans and completed maturity matrices, the development of which have been co-ordinated by each Local Authority and developed with all partners. The Walsall plan
The documents require approval by the Trust Board for submission to the ICB and NHSE by the 19th June 2026

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

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

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

System wide meetings are in place to prepare for requirements of the SEND Reforms
The content of this paper with the associated action plans has been presented at Group Management Committee but has not been presented at any committee of board due to the time scales for submission.

4. Recommendation(s)/Action(s)

The Group Board is asked to:

a) APPROVE the plans and maturity matrix for submission to the ICB and NHSE

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

Group Assurance Framework Risk GBR01	☐	*Break even*
Group Assurance Framework Risk GBR02	☐	*Performance standards*
Group Assurance Framework Risk GBR03	☐	*Corporate transformation*
Group Assurance Framework Risk GBR04	☐	*Workforce transformation*
Group Assurance Framework Risk GBR05	☒	*Service transformation*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Report to the Group Trust Board held in Public on 19 May 2026
Special Educational Needs and Disabilities (SEND) Reform

1. Executive summary

This report provides the Trust Board with an overview of the SEND Reforms and details of both Walsall and Wolverhampton place plans and maturity matrices which have been co-ordinated by each Local Authority in conjunction with system partners. It seeks approval for submission of the system wide plans and maturity matrices to the ICB and NHSE.

2. Introduction or background

The government SEND reform programme plans to address the rising demand, cost and complexity in SEND and creates a new local planning, approval and assurance regime

This is within the context of:

- Rising numbers of children with SEND
- Increasing local authority deficits
- Systems that are described nationally as fragmented and adversarial

There is strong alignment between the SEND Reforms and the NHS 10-year plan as the focus is on early identification of children with SEND, stronger community-based services and integrated working.

The Key changes proposed:

- Earlier identification and intervention for children with SEND
- New national standards for SEND provision
- Greater focus on support within mainstream education
- A potential move from an Education and Health Care Plan (EHCP) driven system to broader support plans
- Improved accountability for health in local area partnerships

Why the SEND reforms matter for Health:

- Children with SEND rely heavily on health services
- There is increasing scrutiny for health through local area SEND inspections

Ket expectations for health:

- Stronger joint commissioning with local authorities
- Ensuring sufficient clinical capacity
- Integrated pathways for children with complex needs
- Better data sharing and outcomes monitoring

- A contribution to local SEND improvement plans

Health leaders will be expected to demonstrate:

- Strategic partnership leadership
- Delivery of time specialist services
- Workforce remodelling and training

The risks for health:

- Insufficient clinical capacity
- Increased demand on community services
- Health is often seen as a barrier to EHCP timelines
- Competing strategic priorities
- Financial challenges

The opportunities for health:

- The opportunity to redesign services around early intervention and integrated pathways
- Access to funding to support this – this will be local area based
- To have a stronger strategic role in the provision of services
- Reduction in the long-term demand

Every local area partnership must submit a Local SEND Reform Plan by 19 June 2026**,** supported by a Local Partnership Maturity Assessment, with formal sign-off by each Trust and the ICB Chief Executive. Approval of these plans is tied to access to the High Needs Stability Grant**.**

3. The approach that has been taken

The SEND Reforms Plan and maturity matrices have been developed in partnership across both systems and co-produced. Health, education, social care, parent carers, children and young people and eider partners have worked together to develop the plans to align with the national reform Inclusion Building Blocks and the Core Minimum Requirements.

System wide planning workshops led by the Local Authorities have taken place throughout April and early May 2026 involving all partners to co-produce proposals across Universal Offer, Experts at Hand (health is predominant partner in this element) and Sufficiency and Place Planning. The focus has been on agreeing and completing the SEND Reforms Maturity Matrices and Plans.

3.1 Reform Plans structure

High level and detailed delivery plans are structured into 5 key sections:

- **Vision** – What the local area partnership is trying to achieve

- **Strategy** – How the local area partnership plans to achieve it
- **Monitoring and Evaluation** – How the local area partnership will know delivery is on track
- **Governance** – What action the local area partnership will take to stay on track
- **Central Government Support** – How they can help the local area partnership

3.2 Experts at Hand offer

The Experts at Hand Offer is a core pillar of the SEND reform programme, designed to strengthen the capability of mainstream education settings to meet the needs of children and young people with SEND more effectively and inclusively.

Local areas should provide a defined route for mainstream education settings to access specialist support, including from a range of experts with specialisms in education & health, such as in, educational psychology, speech and language therapy, and occupational therapy, as well as through outreach from specialist settings.

Both Trusts have been lead partners in the development of the Experts at Hand Offer for their systems and once funding is made available will build teams over 3 years to deliver this to the communities we serve.

3.3 Experts at Hand Funding

Funding is provided to Local Authorities and ICBs to support development of an Experts at Hand Offer. which provides a defined route for mainstream education settings to access support, including but not limited to Educational Psychology, Speech and Language Therapy, and Occupational Therapy. Rather than relying on individual referrals, the offer enables a whole setting approach to group-level support, tailored guidance, and strategic advice, allowing for earlier and more impactful intervention.

The funding will be paid via the Local Inclusion Partnership Grant after June 2026.

3.4 Maturity Matrices

Each system is required to complete a maturity matrix with a narrative section detailing their local system change story along with a system assessment of maturity within the following pillars:

- Co-production with patient carers, children and young people
- Effective system leadership and governance
- Accurate understanding of needs through effective use of data
- High quality service delivery at universal, targeted and specialist levels to promote inclusion
- Effective partnership working across education, health and social care
- Skilled and organised workforce
- Targeted, judicious and sustainable use of resources including sufficiency, place planning and capital

Each pillar has been assessed by the partnerships to determine the level of maturity which is defined as emerging, developing or maturing. Information pertaining to the strengths and success of the partnership and work that is in progress has been provided as part of the assessment.

3.5 Partnership Governance

Progress against the milestones within the SEND Reform Plans will be monitored by each partnership through each SEND Local Area Inclusion Board (LAIB).

SEND data dashboards are being developed to aid oversight.

An accountability framework is being developed to support escalation among partners and to the ICB.

4 Walsall SEND Reform Plan – high level summary

The vision of the Reform Plan is that by 2029, Walsall expects mainstream inclusion to increasingly become the expected experience rather than the exception, with children and young people receiving more timely, joined-up and effective support within their local communities.

Our strategy is to build on what already exists and make it work more consistently. This means strengthening inclusive practice in mainstream settings, improving early identification through early years and Family Hubs, and making it easier for schools and settings to access specialist advice and support.

By the end of the three-year reform period, the Experts at Hand model will provide all schools, settings and post-16 providers with access to coordinated multi-agency advice, outreach, consultation and capacity-building support through consistent locality arrangements and clearly defined access pathways.

The partnership has developed a 3-year road map and 1 year delivery plan. Year 1 delivery will focus on strengthening inclusive practice across mainstream settings, improving access to earlier specialist support and strengthening sufficiency planning across the borough. This will include mapping current Universal Offer arrangements across education, health and care, identifying variation in practice, strengthening early identification and intervention routes and supporting development of a more consistent approach to ordinarily available provision across Walsall settings.

The Experts at Hand model will begin through a pilot in the West locality, with participating schools and settings linked with named professionals from Educational Psychology, Speech and Language Therapy and Occupational Therapy services.

Year 1 activity will also include updated sufficiency analysis, SEND forecasting, mapping of current provision and review of inclusion base capacity across the borough to support planning for future provision and identify gaps in local capacity.

4.1 Walsall Maturity Matrix

Pillar	Domain maturity assessment
Co-production with patient carers, children and young people	Developing
Effective system leadership and governance	Developing
Accurate understanding of needs through effective use of data	Developing
High quality service delivery at universal, targeted and specialist levels to promote inclusion	Developing
Effective partnership working across education, health and social care	Developing
Skilled and organised workforce	Developing
Targeted, judicious and sustainable use of resources including sufficiency, place planning and capital	Developing

4.2 Walsall Risks and Mitigations identified by the partnership

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
The Universal Offer is not defined and embedded consistently across all settings	Limits early identification and intervention, resulting in continued reliance on statutory processes and variable experiences for children and young people	Medium		Co-produce and publish a partnership-wide Universal Offer and Ordinarily Available Provision; set clear expectations and timescales across education, health and care; deliver a targeted workforce development programme; embed quality assurance and peer review; monitor implementation through the SEND data dashboard with oversight via LAIB and POG	
The Experts at Hand model is not implemented at pace or accessed consistently across settings	Delays access to specialist advice and limits the shift to earlier, needs-led and group-based support	High		Agree and implement a clear Experts at Hand delivery model with defined leadership and governance, including access routes and triage; pilot in Year 1 and refine prior to wider rollout; align EP, SaLT and OT through joint commissioning with the ICB; publish a clear service offer; establish governance roles and terms of reference at an early stage, performance monitoring and escalation through partnership structures	
Workforce capacity, including challenges in recruiting and retaining key specialist roles, is insufficient to deliver the Universal Offer and Experts at Hand at scale	Reduces the ability to deliver consistent early intervention and inclusive practice across the system	High		Phase implementation to prioritise impact; shift towards whole-setting and group-based delivery models; implement a coordinated workforce development strategy; target recruitment and retention of key roles (e.g. EP, SaLT, OT); strengthen joint workforce planning across education and health; maximise outreach from specialist settings and Alternative Provision	
Sufficiency and local provision do not increase in line with demand	Continued reliance on high-cost placements and reduced ability to meet needs within local mainstream provision	Medium		Deliver a data-led sufficiency and capital programme; develop inclusion bases within mainstream settings; strengthen collaboration with schools and MATs; align commissioning and placement decision-making to demand trends; reduce reliance on out-of-area provision through increased local capacity	
System enablers (data, commissioning,	Fragmented implementation, inconsistent decision-making and reduced pace of change across the	Medium/High		Develop and embed a shared SEND data dashboard; strengthen joint commissioning arrangements across education and health; establish clear governance with	

5. Wolverhampton SEND Reform Plan – high level summary

The vision of the Reform Plan is by 2029, Wolverhampton aims to have a more confident, inclusive and financially sustainable SEND system, with strong partnerships, embedded co-production, and clear accountability for outcomes.

Our theory of change is that if mainstream settings are supported to be confident, inclusive and well connected to specialist expertise, fewer children will escalate into statutory or specialist pathways, and outcomes will improve. To achieve this, we will embed a coproduced Universal Offer that sets clear expectations for inclusive practice across the 0–25 system, aligned to national inclusion standards and the All Means All Inclusion Charter.

The Experts at Hand model will support earlier intervention through timely, group-based and whole-setting access to specialist expertise, strengthening inclusive practice within mainstream education. High-needs capital investment will focus primarily on inclusion within mainstream settings, including inclusion bases and targeted estate adaptations to improve accessibility and reduce the need for out of city placements. Where statutory need cannot be met through these routes, targeted investment in specialist provision will continue based on clear evidence and necessity.

The partnership has developed a 3-year road map and 1 year delivery plan. The local area partnership will deliver the first-year plan through a phased and proportionate approach, recognising the capacity, workforce, funding and system dependencies identified in the risks and dependencies section of this plan. Delivery will take place alongside the continued delivery of statutory SEND duties and will therefore focus on establishing strong foundations rather than full system change in year one.

5.1 Wolverhampton Maturity Matrix

Pillar	Domain maturity assessment
Co-production with patient carers, children and young people	Developing
Effective system leadership and governance	Developing
Accurate understanding of needs through effective use of data	Developing
High quality service delivery at universal, targeted and specialist levels to promote inclusion	Developing
Effective partnership working across education, health and social care	Developing
Skilled and organised workforce	Developing
Targeted, judicious and sustainable use of resources including sufficiency, place planning and capital	Developing

5.2 Wolverhampton Risks and Mitigations identified by the partnership

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
1. Changes to NHS England, Integrated Care Board and regional commissioning structures may impact joint commissioning arrangements, health pathway redesign and delivery of the Experts at Hand (EAH) model including clarity of ownership, alignment of priorities and consistency of messaging across partners.	High	High	Red	• Establish interim joint governance with local ICB Place Team. • Create an ICB–LA Memorandum of Understanding to maintain continuity of commissioning decisions during transition. • Regular forward planning meetings between LA DCS, SRO and ICB Place Director. • Align EAH workforce planning to the emerging ICB structure to minimise disruption.	Amber
2. Workforce capacity and stability across education, health and care may be insufficient to meet reform expectations, with rising demand, complexity, recruitment challenges and the time required to train and develop staff impacting pace provider engagement and consistency of delivery.	High	High	Red	• Prioritise workforce deployment towards early intervention and inclusive mainstream support to reduce escalation of demand. • Develop flexible workforce models, including shared roles, joint commissioning and regional collaboration, to maximise existing capacity. • Strengthen workforce planning and training to build confidence and capability in mainstream settings over time. • Regularly monitor demand trends and capacity pressures to enable early intervention and adjustments to delivery plans.	Amber
3. The cumulative pace, scale and sequencing of multiple national and local reforms may exceed system capacity, particularly where reform activity competes with business-as-usual pressures, school holiday periods, and statutory delivery requirements, resulting in slippage, variable implementation and reduced capacity for co-production and lived-experience engagement.	High	Medium-High	Red	• Single Reform Programme Board with clear sequencing and RAG oversight. • Programme management tools and strengthened corporate support • Embedded co-production requirements using the Wolverhampton Toolkit • Targeted investment in PCF capacity and flexible engagement routes	Amber
4. Funding available for SEND reform may be insufficient to fully resource all required workforce, capital, commissioning and change-management activity, requiring prioritisation and phased delivery that may limit short-term impact.	High	Medium	Amber-Red	• Prioritise reform activities against available funding, focusing investment on actions with the greatest impact on inclusion and demand reduction. • Align and maximise use of existing funding streams and workforce capacity to supplement reform funding where possible. • Maintain regular financial monitoring and scenario planning to identify pressures early and inform timely mitigation or re-profiling of activity. • Engage early with DfE and system partners to seek clarity, flexibility or additional support where funding gaps risk delivery of priority reforms.	Amber
5. Variable engagement, readiness and cultural consistency across education settings and partners may lead to uneven implementation, particularly in the absence of fully embedded national standards, risking divergence in thresholds, responses and lived experience if expectations and messages are not consistently reinforced.	High	Medium-low	Amber	• Clear expectations set through refreshed governance and partnership agreements • Early engagement of partners in design and sequencing decisions • Consistent leadership messaging reinforcing the case for change • Transparent data and shared performance reporting to build confidence • Escalation routes via Partnership and Reform Programme Boards	Green
6. Physical limitations of individual education settings, particularly smaller schools and FE	High	Medium	Amber	• Take a phased, place-led approach to capital and sufficiency planning, prioritising inclusion bases and	Green

5 Recommendations

5.1 The Trust Board is asked to:

a. Approve the submission of both the Walsall and Wolverhampton SEND Reform plans and maturity matrices to the ICB and NHSE .

Lisa Carroll and Debra Hickman
Chief Nursing Officers

May 2026

Walsall Healthcare NHS Trust

Enclosure 12.1

Report title:	Nursing Safer Staffing Review. Including – Adult Acute Assessment Units, Adult inpatient wards, Children and Young People Inpatient Ward
Sponsoring executives:	Lisa Carroll - Chief Nursing Officer lisa.carroll5@nhs.net
Report author:	Gaynor Farmer – Corporate Matron for Workforce
Meeting title:	Trust Board
Date:	19 May 2026

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

This report outlines the approach taken by the Trust to undertake the safer staffing review during January 2026, in line with national guidance, and provides the outcome and recommendations for individual clinical areas from an establishment and skill mix perspective.

Safer Nursing Care Tools (SNCTs) – summary of the review:

- Overall, the safer staffing establishments within the assessed areas are in a positive position to maintain the provision and delivery of safe, effective, high-quality care with current planned staffing levels.
- No serious concerns pertaining to quality and safety have been identified by the Divisional Directors of Nursing based on the current establishments. Following the professional judgement reviews and triangulation of quality metrics and acuity, no clinical areas require additional staffing or change of skill mix.
- The Nurse Sensitive Indicators reviewed as part of the skill mix process indicate that some ongoing improvement work is required, for example in MLTC, where they have an improvement plan across the Division related to Pressure Ulcers and Falls.
- It is evident from the SNCT data collection that there is a variation in some instances between the recommended staffing establishments and the current funded staffing establishments. Professional judgement has been a key guiding factor with decision making and the knowledge of seasonal variation within the patient cohorts, the impact of flow and capacity challenges during the data collection month and the additional measures undertaken to support patient flow and patient experience.
- The recommendation is for no change to budgeted establishments for the areas included in this process for the areas to be re- review in June 2026.

The following table provides a summary of the recommendations.

Jan-26	Requests suggested by Ward leadershipo	Changes supported by Division	Jan-26	Requests suggested by Ward leadershipo	Changes supported by Division	Jan-26	Requests suggested by Ward leadershipo	Changes supported by Division
Ward 1	N	n/a	Ward 12	N	n/a	Ward 29	N	n/a
Ward 2	N	n/a	Ward 14	N	n/a	AMU	N	n/a
Ward 3	N	n/a	Ward 15	N	n/a	SRU	N	n/a
Ward 4	N	n/a	Ward 16	N	n/a	Ward 21	N	n/a
Ward 7	N	n/a	Ward 17	N	n/a			
Ward 10	N	n/a	Ward 20a	N	n/a			
Ward 11	N	n/a	Ward 23	N	n/a			

Establishment change requests	
Area	Change

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

Enclosure 12.1

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

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

4. Recommendation(s)/Acton(s)
The Group Board is asked to
a) Receive this report for assurance and evidence of the Trust's compliance with reviewing safer staffing (nursing) in line with national requirements.
b) Approve the skill mix review recommending no change in the areas within 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	☒	
Group Assurance Framework Risk GBR02	☒	
Group Assurance Framework Risk GBR03	☒	
Group Assurance Framework Risk GBR04	☒	
Group Assurance Framework Risk GBR05	☐	
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		

WALSALL HEALTHCARE NHS TRUST
BIANNUAL SKILL MIX REVIEW
JANUARY 2026

Adult In Patient

Emergency Department

Ward 21 (Paediatrics)

Author-Gaynor Farmer- Corporate Matron for Workforce

INTRODUCTION

To deliver safe, high quality patient care it is essential wards have optimal Nurse staffing levels. It has been acknowledged that one of the contributory factors linking failures in care and patient safety were inadequate staffing levels (Francis 2013). In July 2016, the National Quality Board published 'Supporting NHS providers to deliver the right staff with the right skills, in the right place at the right time: Safe, sustainable and productive staffing'. This safe staffing improvement resource provided updated expectations for Nursing and Midwifery care staffing**.** The Developing Workforce Safeguards (DWS) published by *NHS Improvement* in October 2018 assesses Trusts compliance with a more triangulated approach to Nurse staffing planning in accordance with the National Quality Board guidance for all clinical staff. This document recommends a combination of evidence-based tools with professional judgement and nurse sensitive indicators to ensure the right staff, with the right skills are in the right place at the right time.

To demonstrate the Trust's commitment to the above requirement a twice-yearly Adult Inpatient, Acute Assessment units and Paediatric inpatient skill mix review is completed.

Walsall Healthcare NHS Trust uses the 'Safer Nursing Care Tool' (SNCT). The SNCT is a simple-to-use, evidence based digital tool that calculates nurse staffing requirements based on the acuity and dependency of the patients on a ward with data triangulated to nurse sensitive outcome indicators (NSI) and professional judgement from an experienced senior member of staff.

The SNCT has been validated using a substantial database over several years and is now widely used by NHS Trusts. The development of the SNCT has been supported and endorsed for use by NHS England and NHS Improvement. The SNCT now includes different staff multipliers for Acute Assessment Units, Acute Inpatient and Children and Young People's Wards, and the ED-SNCT for Emergency Departments. Categories of Care for Adult In-Patient areas within the SNCT can be seen in Appendix 1.

This tool enables the measurement of both Acuity and Dependency and can be applied to patients whose care can be delivered within acute adult, paediatric or acute assessment settings. A multiplier for calculating establishments will suggest Nursing Whole Time Equivalents (WTE) required to provide a safe and appropriate standard of care for each of the five levels of acuity and dependency identified by SNCT. Nurse Sensitive Indicators (NSIs) are quality indicators, which can be influenced by Nursing establishments and skill mix.

Acuity and Dependency data is collected twice a year to reflect seasonal periods (January and June) for one full month from:

- 15 Adult inpatient ward areas.
- Two Acute Assessment wards/units.
- One Paediatric inpatient ward
- Emergency Department

The SNCT June 2024 review incorporated the two new levels of care (1c, 1d) to capture patients requiring additional staffing resources to mitigate risk and maintain safety. The Tool also allows the basic scoring of 'empty beds 'at level 0 providing a more accurate comparison to wards fully occupied.

In undertaking the skill mix review the SNCT data is triangulated against Professional Judgement and Nurse Sensitive Indicators (NSI) and includes Falls, Pressure Ulcers, Medication Incidents, Complaints and Health Care Associated Infections. Outcomes for each area reviewed are in Appendix 2.

Professional judgement considers ward layout, escort duties, shift patterns and other aspects are indicated in Appendix 3.

RESULTS

OCCUPANCY, ACUITY, AND DEPENDENCY

The data in Table 1 below compares data from the previous establishment reviews undertaken biannually from Jan 2024 to Jan 2026 and shows the acuity split of patients across 'levels of care' (Appendix 1). This summary shows a slight increase in the capture of acuity scores for 13651 patients in January 2026 against 13351 in June 2025.

Table 1 (Acuity Scores collected by Level of care):

Total No. of scores	13257	13214	14172	13351	13651
	Jan-24	**Jun-24**	**Jan-25**	**Jun-25**	**Jan-26**
Level 0	4127	3993	3145	3426	2867
Level 1a	1620	1978	2445	2217	3120
Level 1b	6809	6895	8026	7168	6941
Level 1c	416	203	276	412	505
Level 1d	68	0	72	5	15
Level 2	211	145	208	123	203
Level 3	6	0	0	0	0

Chart 1 below shows the change in acuity over time.

Recording of level 0 has reduced with an increase in Level 1a. Importantly it is noted that most patients sit in the dependency elements of the tool- 1b,1c and 1d, this group are heavily reliant upon CSW support.

Chart 1: Changes in acuity (Jan24 to Jan 26):

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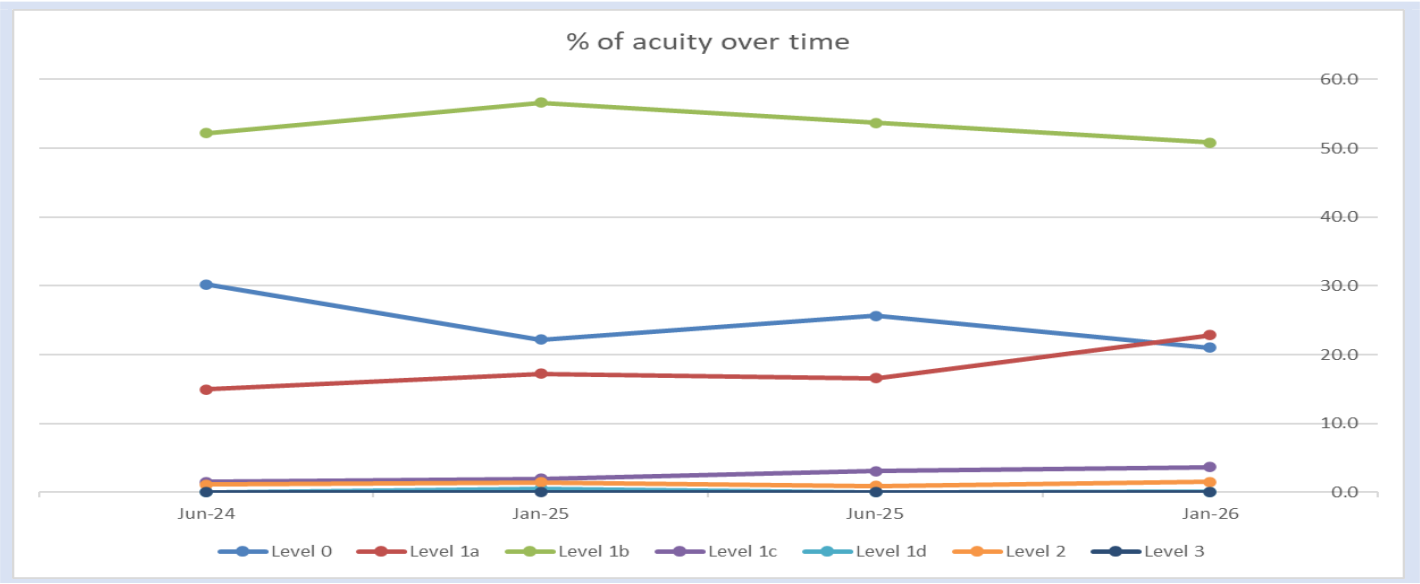


Enclosure 12.1

NURSE SENSITIVE INDICATORS (NSI) BY WARD COMPARRISON OF JUNE 25 – JAN 26

Table 2 shows NSIs by ward comparing June 25 and January 26, providing a comparison across seasonal changes.

		Nurse Sensitive Indicators						Local Data					
		Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26
	Ward	Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Pessure Ulcers	Pressure Ulcers	HCAI's (MRSA Cdiff)	HCAI's (MRSA Cdiff)	DOLS Applications	DOLS Applications	Use of cohorted bays	Use of cohorted bays	Use of 1 to 1 care	Use of 1 to 1 care (count)
MLTC	1	2.82	5.65	0	7	0	0	4	1	85.33%	85.81%	40	50
	2	3.97	0.95	3	4	2	0	8	7	93.33%	83.87%	65	44
	3	5.96	3.82	1	5	0	0	1	6	84.67%	80.00%	40	60
	4	5.98	0	0	3	2	1	1	0	90.00%	83.87%	17	62
	AMU	5.08	3.88	14	9	0	0	6	12	7.14%	20.74%	10	28
	7	8.56	4.16	0	2	0	0	0	3	9.17%	12.10%	14	37
	14	2.6	3.68	2	3	0	0	2	4	50.00%	40.86%	17	20
	15	1.23	3.58	1	2	1	0	0	3	26.00%	34.84%	37	48
	16	1.39	1.33	0	1	2	0	1	3	26.00%	35.48%	4	55
	17	0	4.08	1	4	0	0	1	3	12.00%	20.00%	12	36
	29	0.96	4.52	3	2	0	0	2	3	26.11%	26.34%	15	26
SURGERY	10	1.05	4	2	10	0	0	0	6	38.67%	40.00%	36	71
	11	1.44	4.26	0	1	0	0	0	0	22.00%	39.35%	17	21
	12	6.06	0	1	4	0	0	1	3	23.33%	39.35%	29	64
	20A	4.78	0	0	0	0	0	0	1	0%	0.00%	0	3
WCCCS	23	0	0	0	1	0	0	0	0	0%	0.00%	0	0
COMMUNITY	Hollybank	3.47	0	0	0	0	0	0	0	0%	0.00%	3	0
	Ward 21	0	0	0	0	0	0	0	0	0%	0.00%	0	0

Hours required to Cover 1-2-1 care

Chart 2 shows the hours of 1:1 / Mental Health care by bank and agency CSWs for the 3-months November 2025 – January 2026. Processes for the risk assessment of 1to1 needs are being reviewed in the Trust. The uplift element shown in Table 3 demonstrates a requirement for an additional 56.59WTE across both RN and CSW if 1to1's were within budgets.

Chart 2 – Hours of CSW Cover for 1:1s / Mental Health Care.

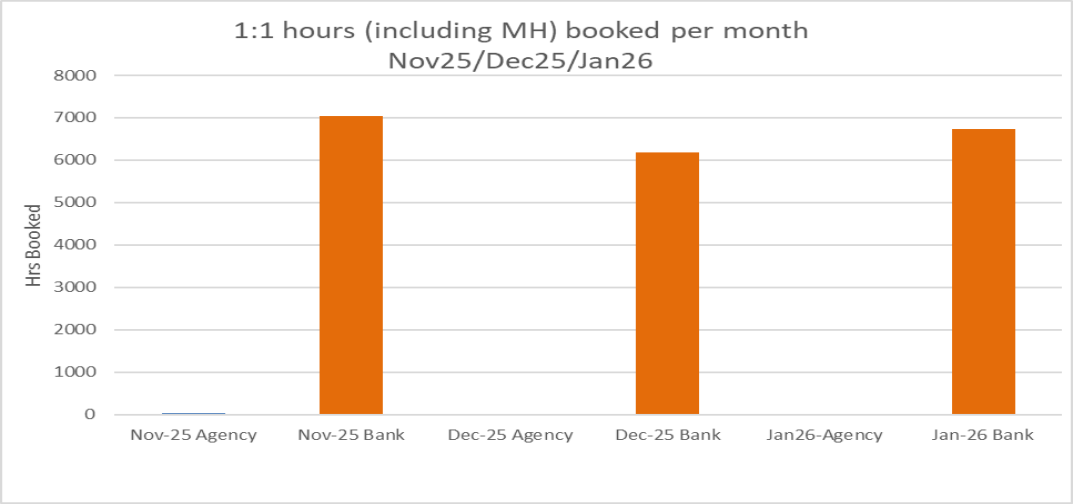


Table 3- uplift for 1to1 care

Jan-26	SNCT recommended without 1:1		SNCT recommended with 1:1		Difference	
	RN	CSW	RN	CSW	RN	CSW
1	35.99	23.99	40.81	27.2	4.82	3.21
2	31.27	20.85	34.22	22.81	2.95	1.96
3	33.3	22.2	37.08	24.72	3.78	2.52
4	29.01	19.34	31.57	21.05	2.56	1.71
AMU	78.16	33.5	78.16	33.5	0	0
7	21.26	11.45	25.62	13.79	4.36	2.34
14	20.32	13.55	20.63	13.75	0.31	0.2
15	28.16	18.77	28.16	18.77	0	0
16	20.37	13.58	23.46	15.64	3.09	2.06
17	24.96	16.64	24.96	16.64	0	0
29	32.12	21.43	35.07	23.38	2.95	1.95
10	31.87	21.25	37.84	25.23	5.97	3.98
11	20.02	13.35	20.13	13.42	0.11	0.07
12	31.74	13.6	35.72	15.31	3.98	1.71
20A	11.89	7.93	11.89	7.93	0	0
23	7.56	5.04	7.56	5.04	0	0
Hollybank	13.52	9.02	13.52	9.02	0	0
			Total Impact within SNCT of 1:1 care		34.88	21.71

ESTABLISHMENTS

Using the SNCT multipliers to the acuity data collected, the headroom between funded establishments and required establishments are calculated inclusive of 22% uplift. Trust headroom is 21%.

Meetings took place between the Chief Nursing Officer, Head of Nursing for Division, the Corporate Matron for Workforce, Departmental Matron, Manager and Finance to discuss results and requests.

Accuracy of Acuity: Each area collecting the SNCT data is allocated a Matron that reviews the information for inter-reliability.

Chart 3 below shows the comparison between current budgeted WTE, SNCT results and Professional Judgement with minor variation between each position for most wards during this review.

- Ward 1 is showing the greatest differences between their Professional Judgement and SNCT results, there was no concerns raised in the professional judgement discussion that indicated a need for change.
- Wards 20a, 23 and Hollybank have sixteen beds or less, so the tool is not recommended as a reliable indicator of staffing. Professional Judgement is heavily relied upon within these teams, and they also requested no change to current staffing levels.
- Excluding the three areas for which the tool is not recommended, 9 areas in total had a SNCT recommendation for more staffing (Wards 1, 2, 3, 14, 15, 17, 29, 10 and 12). Four areas had a recommendation for less staffing (Wards AMU, 4, 11 and 16).

Chart 3 – Comparison of Budget / Professional Judgement / SNCT

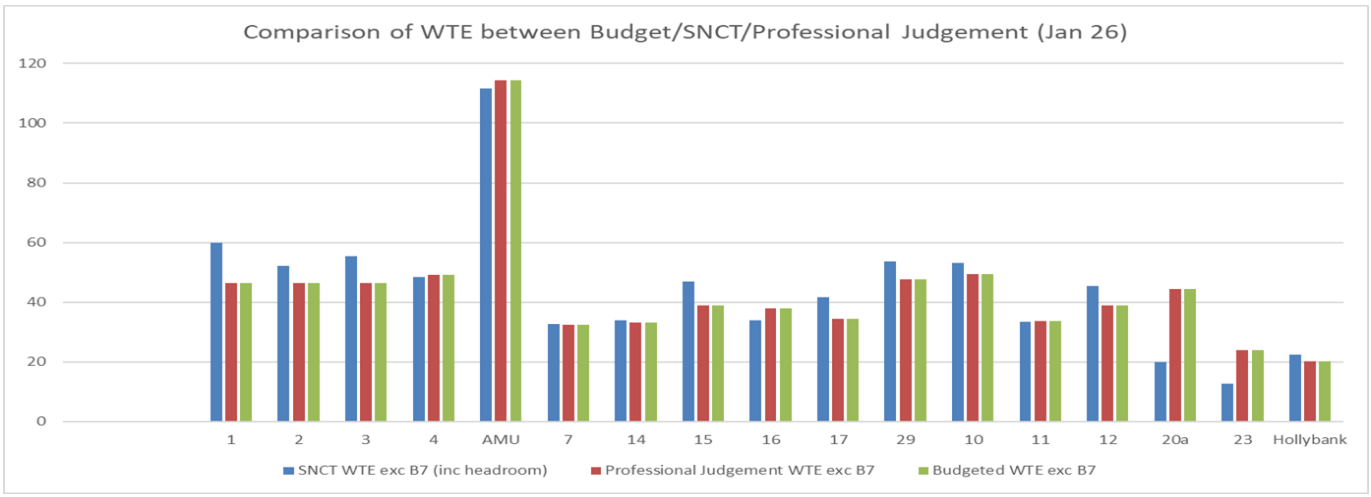


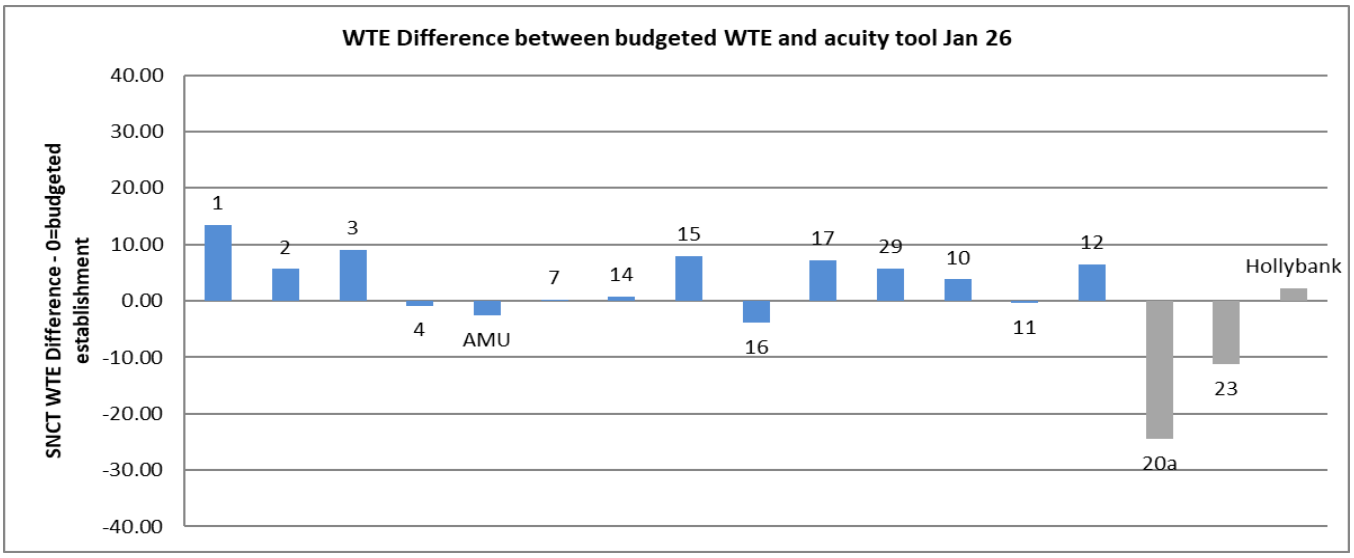
Table 4 shows the overall position of the Trust at the end of Jan 2026 in relation to individual ward data.

Enclosure 12.1

Jan-26	No. of Beds	% occupancy	SNCT (WTE)		Professional Judgement (WTE)	Current Budget	Difference SNCT (A) / Professional Judgement	% Skill Mix RN Budget
Ward			A- including headroom/ excluding B7	B-Inc 1c/1d/ headroom/ excluding B7	Total WTE including headroom/ excluding B7	Total WTE including headroom/excluding B7		
1	34	100%	59.98	68.01	46.5	46.5	13.48	55.70
2	34	98.33%	52.12	57.03	46.5	46.5	5.62	55.70
3	34	100%	55.5	61.8	46.5	46.5	9	55.70
4	34	97.25%	48.35	52.62	49.28	49.28	-0.93	52.56
AMU	61	99.23%	111.66	111.66	114.28	114.28	-2.62	57.13
7	23	97.25%	32.71	39.41	32.43	32.43	0.28	61.05
14	21	82.22%	33.87	34.38	33.16	33.16	0.71	53.02
15	28	94.64%	46.93	46.93	39	39	7.93	53.85
16	24	99.58%	33.95	39.1	37.87	37.87	-3.92	54.85
17	24	98.75%	41.6	41.6	34.47	34.47	7.13	62.58
29	36	95.93%	53.55	58.45	47.77	47.77	5.78	60.08
10	34	93.92%	53.12	63.07	49.34	49.34	3.78	52.63
11	25	93.73%	33.37	33.55	33.76	33.76	-0.39	53.85
12	27	74.81%	45.34	51.03	38.96	38.96	6.38	60.01
20a	16	102.50%	19.82	19.82	44.32	44.32	-24.5	55.64
23	7	113.81%	12.6	12.6	23.88	23.88	-11.28	65.75
Hollybank	12	98.33%	22.54	22.54	20.28	20.28	2.26	50.20

Areas highlighted in grey are areas with less than 16 beds where SNCT is not considered valid.

Chart 4 – WTE difference between budgeted establishment and SNCT -January 2026

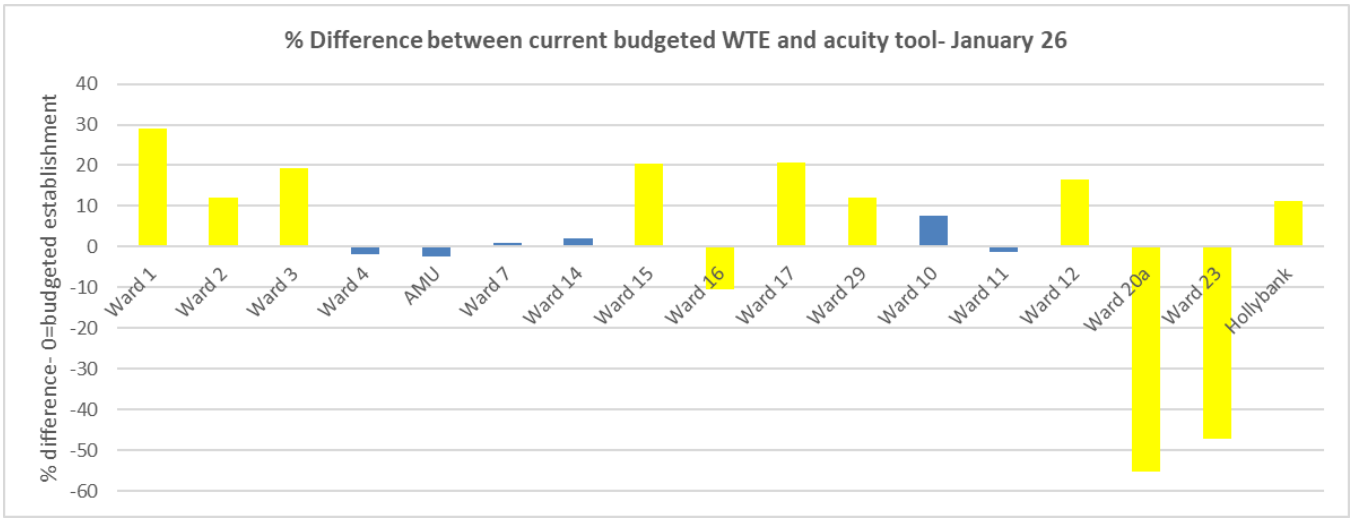


Areas highlighted in grey are areas with less than 16 beds where SNCT is not considered valid.

When reviewing the trend between Budget and SNCT, the number of Wards with 10% deviations has decreased over the last 3 reviews. Charts 5, 6 and 7 demonstrate the detail. There are 6 wards that have shown a 10% deviation over the last 3 reviews. Our assurance mechanisms are including Quality Assurance from Matrons (cross Divisional).

Chart 5- % difference between budgeted establishment and SNCT-January 2025

Enclosure 12.1



** Areas highlighted yellow have more than 10% variance between budget and SNCT recommended*

** Positive figure= SNCT recommends higher than the current budget*

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

Chart 6 – Trend review of 10% deviation between budget and SNCT outcome-Jan 26

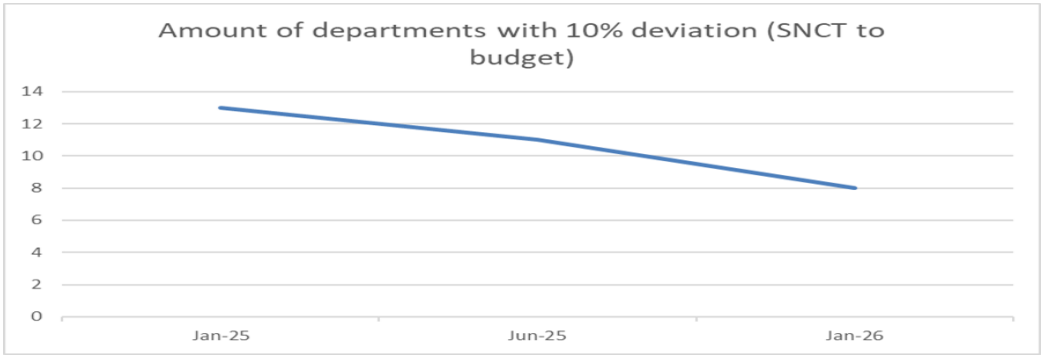
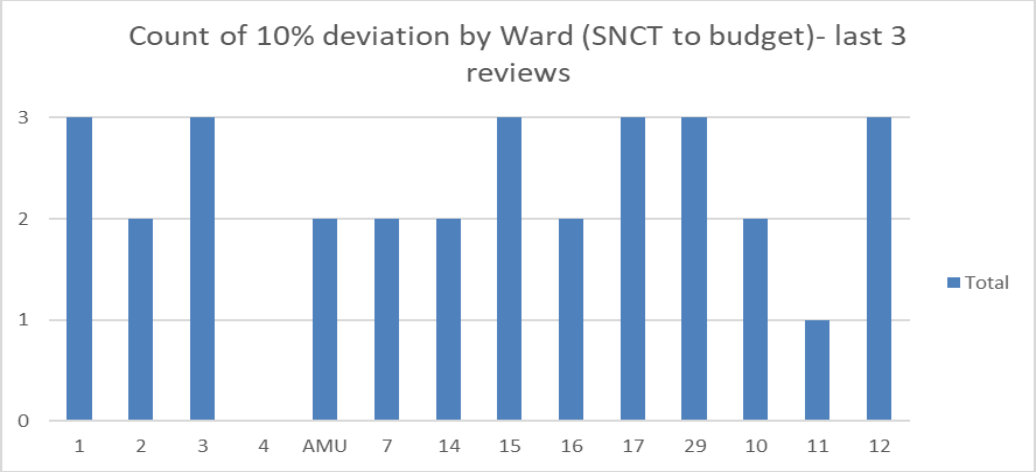


Chart 7- Ward by Ward 10% deviations (last 3 reviews)



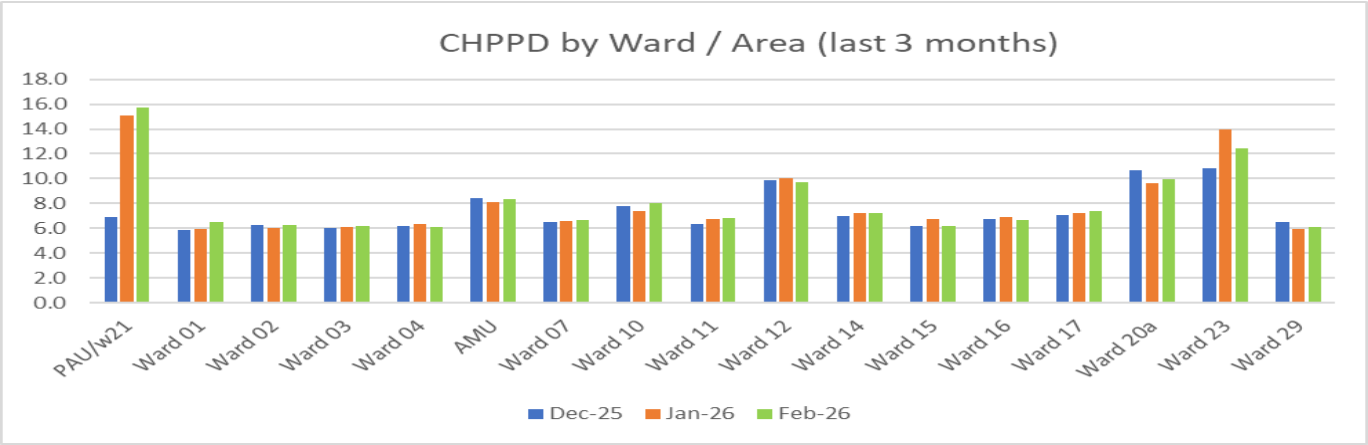
It is accepted that being within 10% of the SNCT multiplier suggests that WTE is within limits. 8 areas for which the tool is applicable showed a gap of more than 10% and this was discussed in professional judgement reviews.

TRUST CARE HOURS PER PATIENT DAY (CHPPD)

Care Hours Per Patient Day

Chart 8 shows the position of the Department CHPPD for Nov 25, Dec 25 and Jan 26. The Trust value is 7.8 for Jan 26.

Chart 8 – Care Hours per Patient Day –(Nov 25 - Jan 2026):



ANALYSIS

It is essential that decisions to change staffing requirements are based on a thematic analysis over time rather than a single point measurement unless:

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

In this case other triangulated evidence is summarised in each individual departments' summary.

The skill mix review was concluded by the Chief Nursing Officer following meetings with Deputy Chief Nursing Officers, Divisional Directors of Nursing, Corporate Matron for Workforce, Departmental Matron, Departmental Manager and Finance.

MLTC – Recommendation- No change to Divisional budget:

With the majority of NSI's being stable within the Division and the consideration of outcomes reviewed, there is no request for change. The Division are implementing a number of initiatives including; 'Bathroom 1st', improvements with Pressure Ulcer and Falls recognition and reporting, and a review of service provision to consider a Dementia Unit.

Sickness is managed across areas with the support of Human Resources and staff have progressed through stages of sickness as expected. Some complexities arise with sickness around Maternity Leave.

Ward 7 (cardiology) and AMU both have different categories of patients with some HDU element within the department, the Acute SNCT was used for these areas but the ratio of staffing for the HDU element is not considered within the Tool, this comes from Professional Judgement. Ward 17 continues with NIV activity which is staffed as a cost pressure until a route to funding is ascertained. ED continues to see more attendances than average nationally with outcomes remaining stable.

Some MLTC areas have a high cohort of student nurses which impacts Registrants available time to care. Going forward the data for the number of students per area will be collated. Ward 14 is reducing bed base with staffing being redeployed to support other areas. Across the Division there were elevated levels of escorts and throughout the professional judgement conversations a lot of this was referenced as out of hours due to Imaging not staffing their departments with support workers in that period. Enquiries have been made with the Clinical Support Services Divisional Director of Nursing regarding a solution. The Division rely upon a high level of redeployed hours to support safe staffing, which they have good management with however the number of Ward Management hours contributing to the redeployments has increased and therefore the risk is that Management actions are delayed.

SURGERY – Recommendation- No change to Divisional budget:

The NSI's are stable within the Division and with the consideration of outcomes reviewed, there is no request for change. It is recognised that Ward 10 have had some Pressure Ulcer related incidents however issues with local electrics and an increase in beds have impacted. Ward 10 has a plan to remove 7 beds outside of Winter (October to March) and pathways are being designed to ensure fracture neck of femur patients go directly to Ward 10 as data has shown a reduced length of stay for these patients if they are swiftly allocated to Ward 10. Ward 20a continues to have a mixed specialty so maintaining separation is essential to prevent surgical site infections. Sickness is managed across areas with the support of Human Resources and staff have progressed through stages of sickness as expected. Some complexities arise with sickness around Maternity Leave. As with MLTC, the Division are seeing elevated levels of escorts, especially out of hours. The Division rely upon a high level of redeployed hours to support safe staffing, which they have good management with however the number of Ward Management hours contributing to the redeployments has increased and therefore the risk is that Management actions are delayed.

COMMUNITY – Recommendation-No change to Divisional budget:

The NSI's are stable for Hollybank and with the consideration of outcomes reviewed, there is no request for change. Sickness is managed across areas with the support of Human Resources and staff have progressed through stages of sickness as expected. There is a planned closure of Hollybank in 2026 with the service moving to an alternative location.

PAEDIATRICS – Recommendation-No change to Divisional budget:

The NSI's are stable for Paediatrics and with the consideration of outcomes reviewed, there is no request for change. Sickness is managed across areas with the support of Human Resources and staff have progressed through stages of sickness as expected. The departmental budget is shared with the Paediatric Assessment Unit whose activity does not contribute to the SNCT review.

Establishment Review Data

It is accepted that being within 10% of the SNCT multiplier suggested WTE is within tolerance limits. The confirm and challenge meetings reviewed all wards, 8 of which had a greater difference than 10% between budget and SNCT outcomes. Chart 9 shows the outcome of professional judgement vs current budget.

Chart 9

% difference between Budget and Professional Judgement- no changes requested (0% difference)

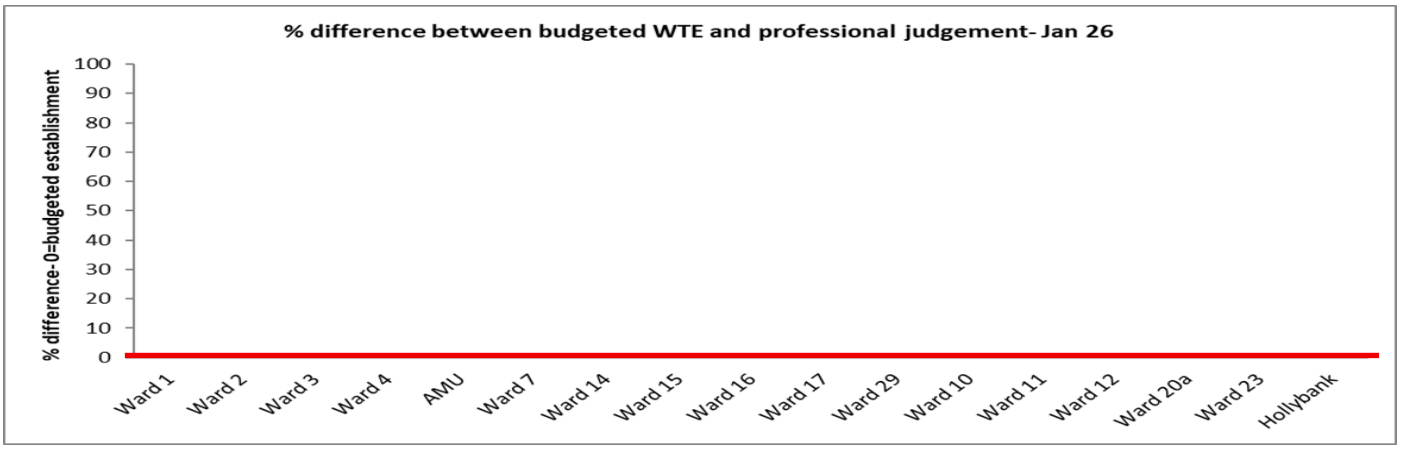
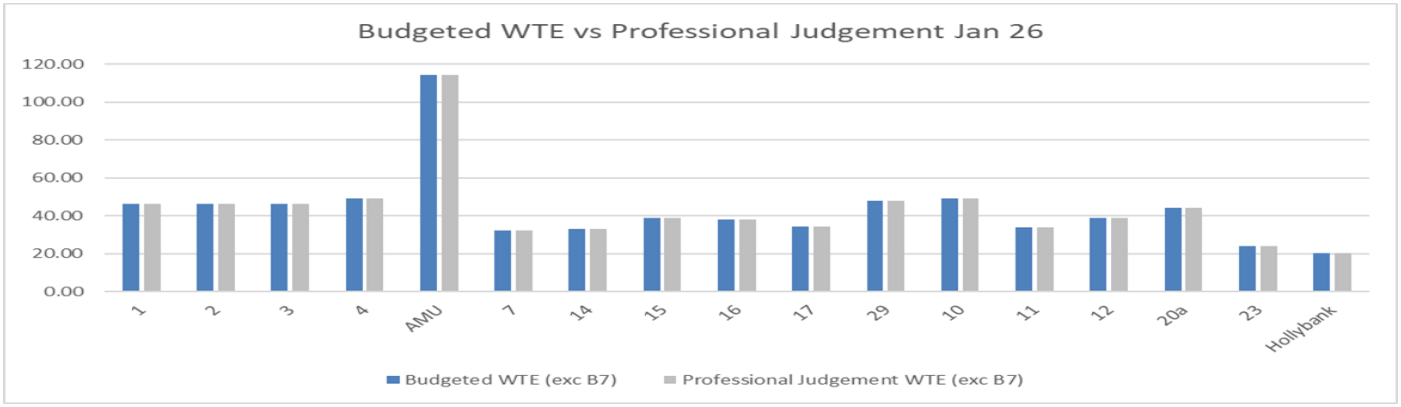


Chart 10 WTE Budget Vs Professional Judgement



The application of professional judgement ensures specific local needs are included:

- Ward layout/facilities: the configuration of wards and facilities affect the nursing time available to deliver care to patients, and this can be reflected in staffing establishments through professional judgement. For example, wards with a high proportion of single rooms might make adequate surveillance of vulnerable patients more difficult.

Chart 11 shows the variation between the current budgeted establishment and Acuity tool results. There were 9 areas where SNCT recommended more than current budget. The tool is not applicable for Wards 20a, 23 and Hollybank due to 16 beds or less.

Chart 11 – Variation WTE Budget and Acuity Tool (SNCT) WTE Jan 25

* Positive figure= SNCT recommends higher than current budget

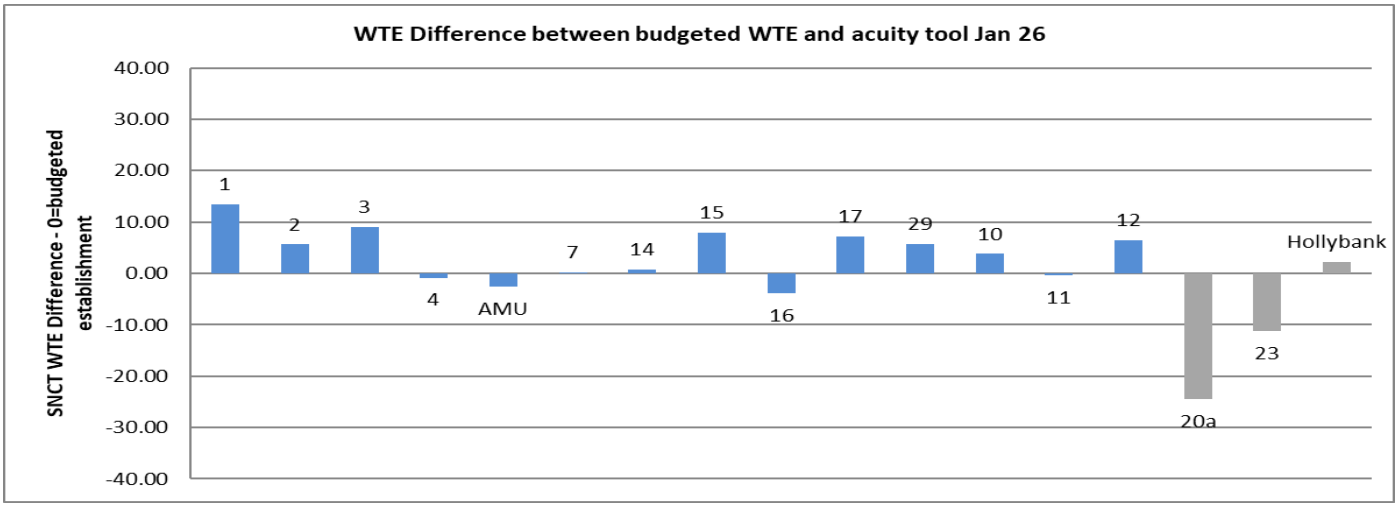
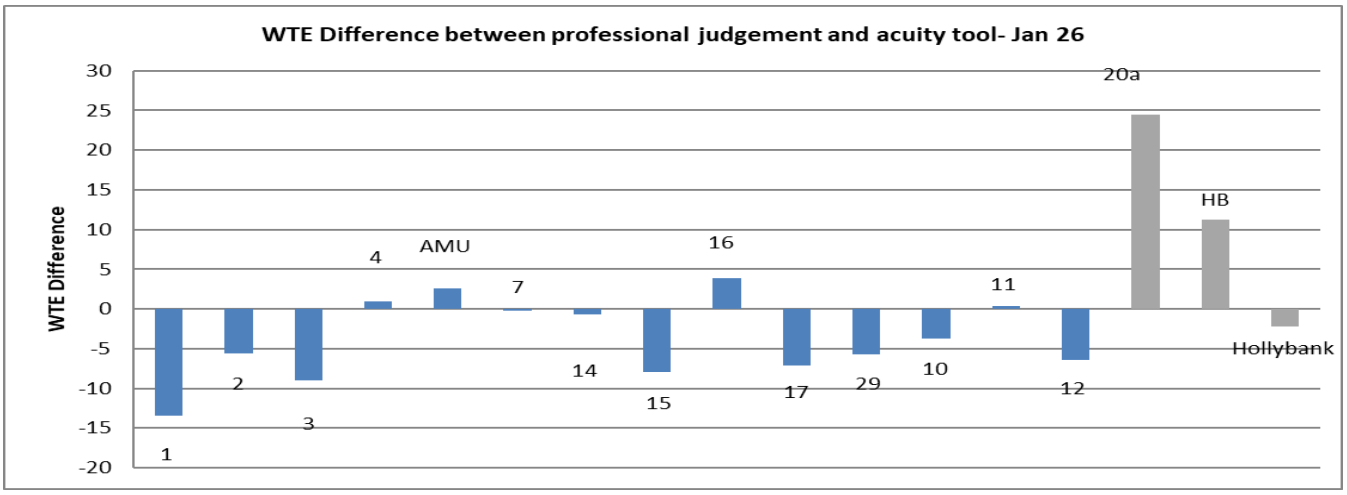


Chart 12 Shows the difference between Professional Judgement and SNCT WTE in Jan 26

Chart 12 Variation in Professional Judgement and SNCT WTE

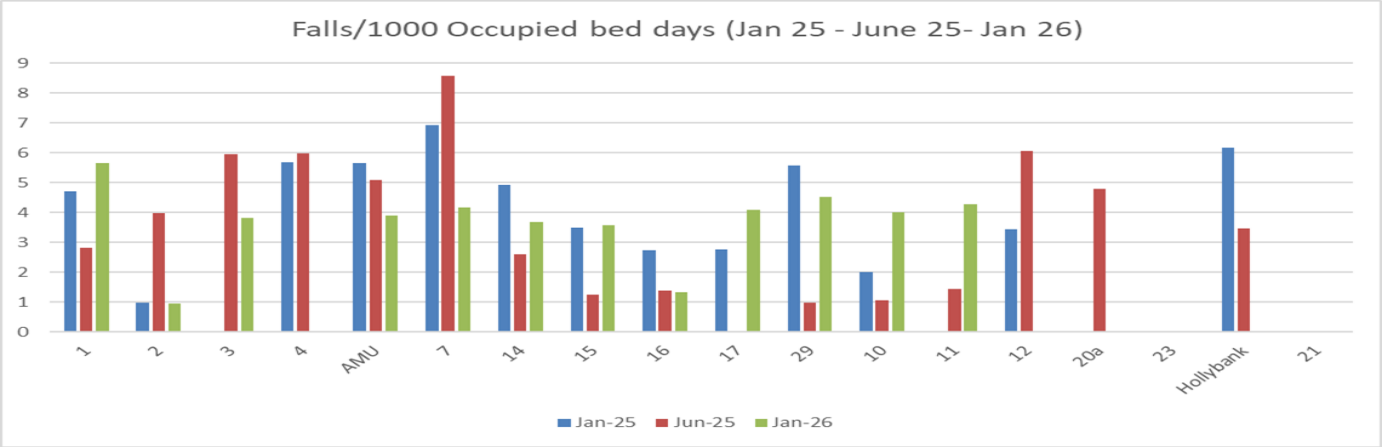
* Positive figure= SNCT recommends higher than Professional Judgement reported



ANALYSIS OF NURSE SENSTIVE INDICATORS

Further analysis and breakdown of NSIs over the past 3 establishment reviews showed the following: -

Chart 13- Falls



When considering falls by area 7 areas were seen to have an increase in falls from the June 2025 review, whilst 8 saw an improvement. 5 of the areas are within MLTC who are implementing improvements across the Division related to falls.

Chart 14- Trust Position - Falls / 1000 occupied bed days – Feb25 – Feb26

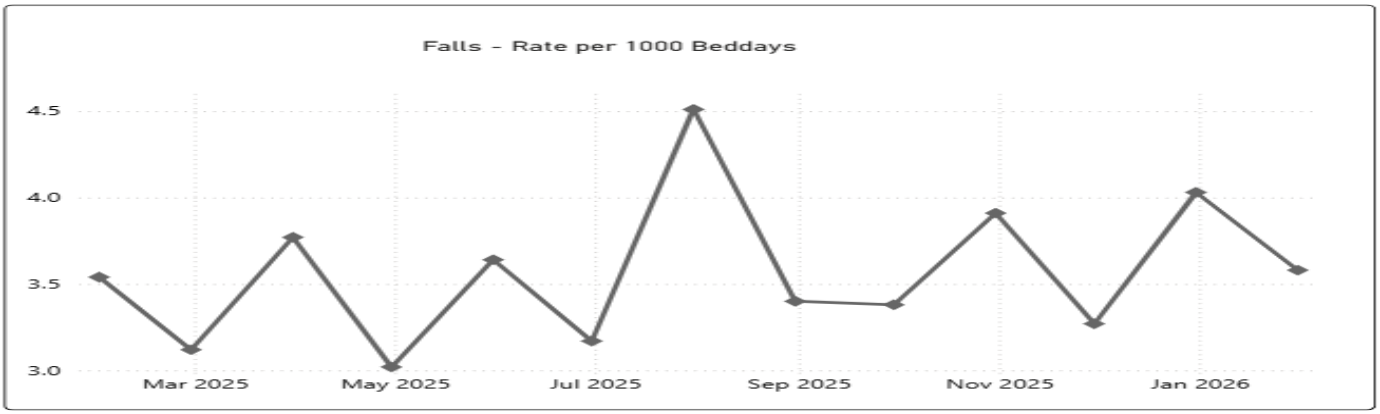
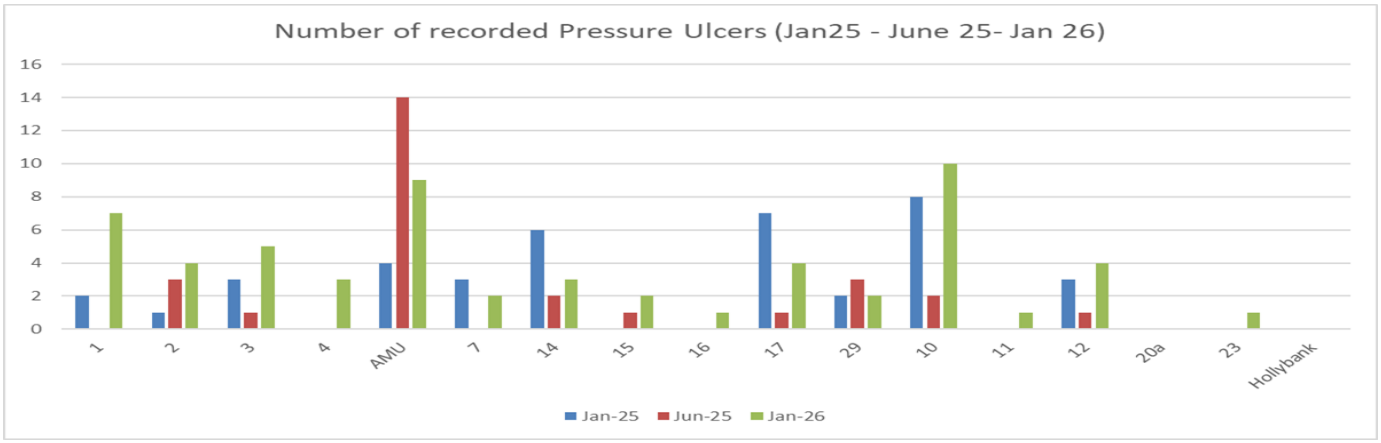


Chart 15- Pressure ulcers



January 2026, when compared to June 2025, saw an increase of Pressure Ulcers reported in 12 areas. A reduction was seen in 2 areas. Trends for each area were reviewed in Professional Judgement meetings.

The Trust overall has continued to see a varying position with pressure ulcer incidents, noting an increase since October 2025. The chart below shows the Trust position for the last 12 months.

Chart 16 Trust Position- number of Pressure Ulcers

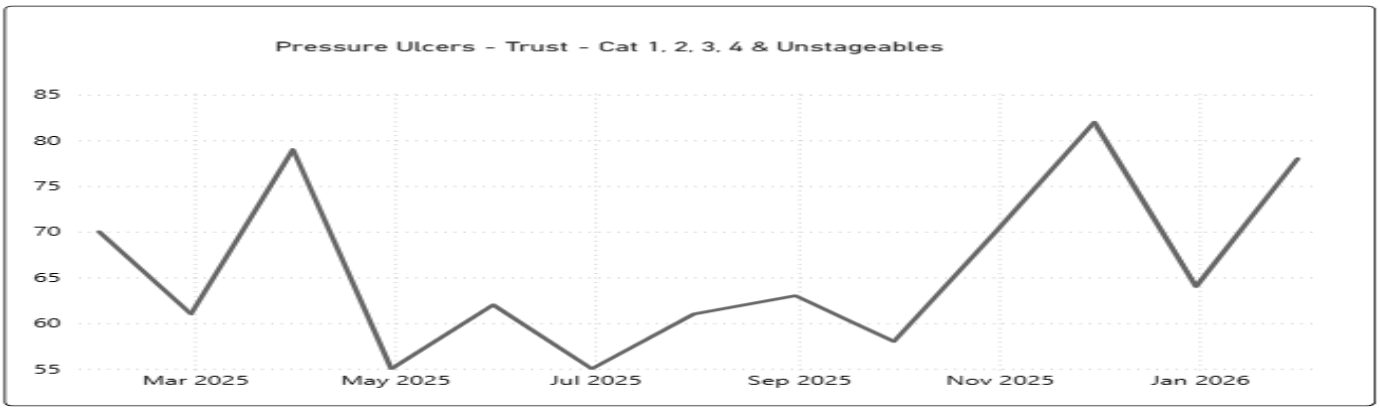
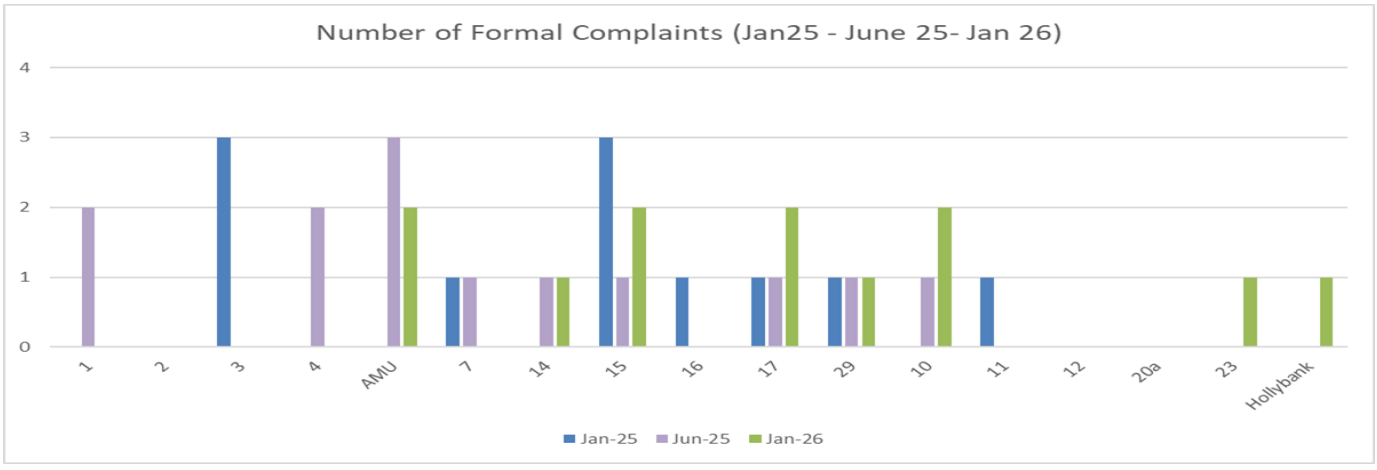


Chart 17- Formal Complaints



- 12 formal complaints were recorded in January 2026 a reduction from 13 received in June 2025.

- 4 areas reported an increase in complaints from June 2025. 1 saw a decrease and the others had no change.
- Overall, the Trust saw a rise of complaints in January 2026 (Chart 18).

Chart 18- Trust position Formal Complaints

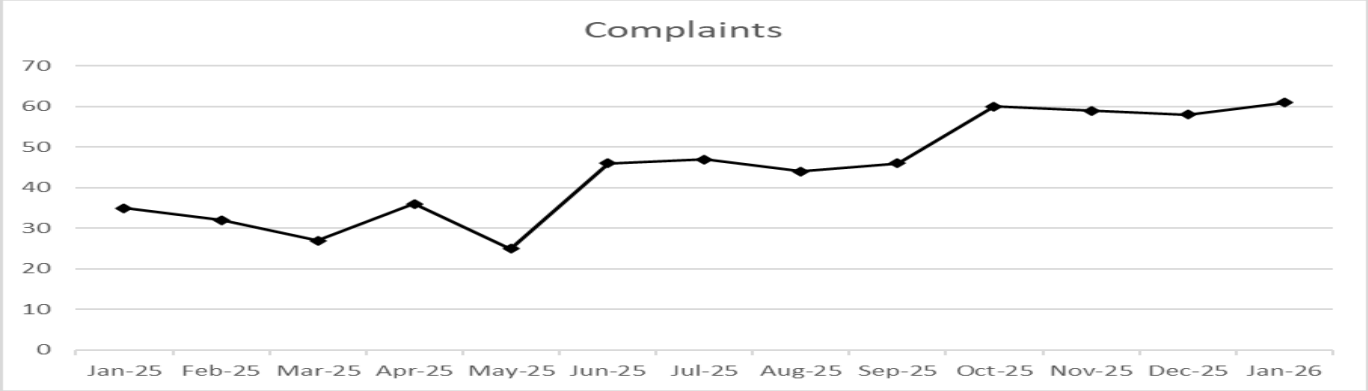


Chart 19- Medications Incident reports

Harm type	Number of incidents January 2026	*Number of incidents December 2025*
No harm/Negligible	108	*76*
Low/Minor	9	*8*
Moderate	4	*0*
Severe/Major	0	*0*
Death/catastrophic	0	*0*
Total	**121**	***84***

Medication errors reported are for varying reasons including prescribing errors, missed doses, drug administration error and are not solely apportioned to Nursing staff. Reporting is encouraged to enable wider learning from events. During professional judgement conversations there were no concerns raised in relation to medication management.

Chart 20- Trust Position- Medication error incidents

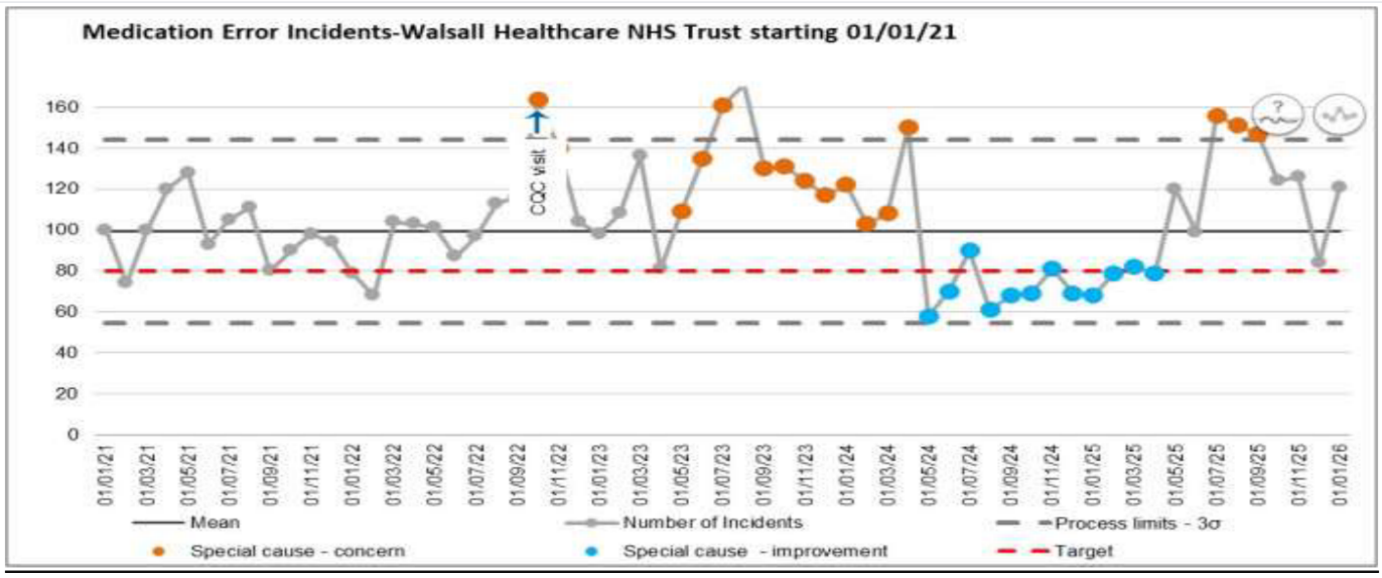
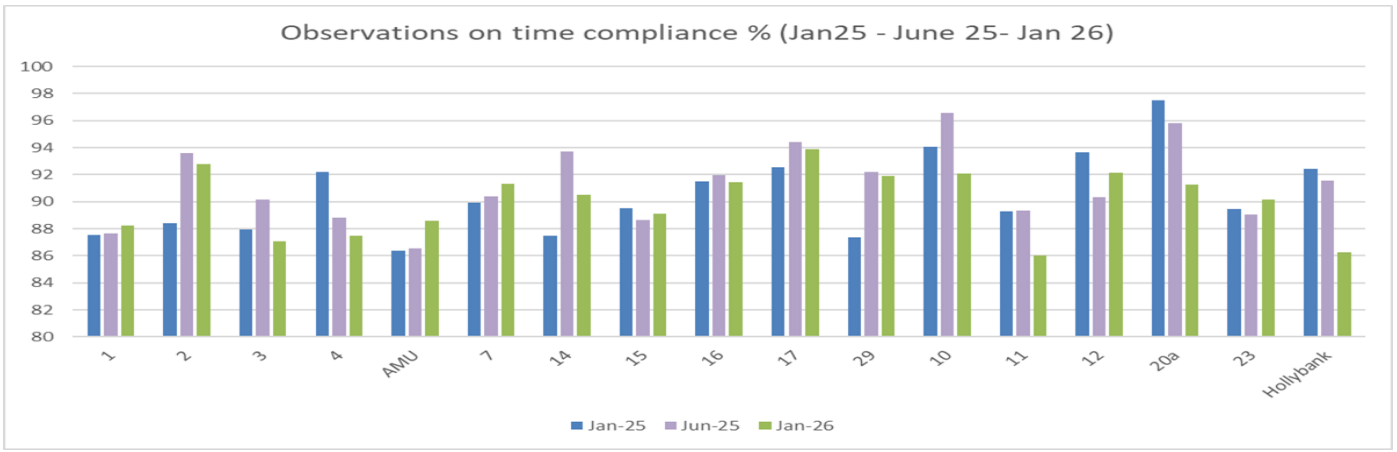


Chart 21- Observations on time



The Chart above shows the performance of Observations on time over the past 3 establishment reviews.

- In January 2026, 10 areas were achieving the Trust target of 90% compliance. 7 areas recorded compliance of less than 90%.
- In January 2026, Ward 17 had the highest compliance and Ward 11 had the lowest.

Chart 22- Trust position- Observations on time %

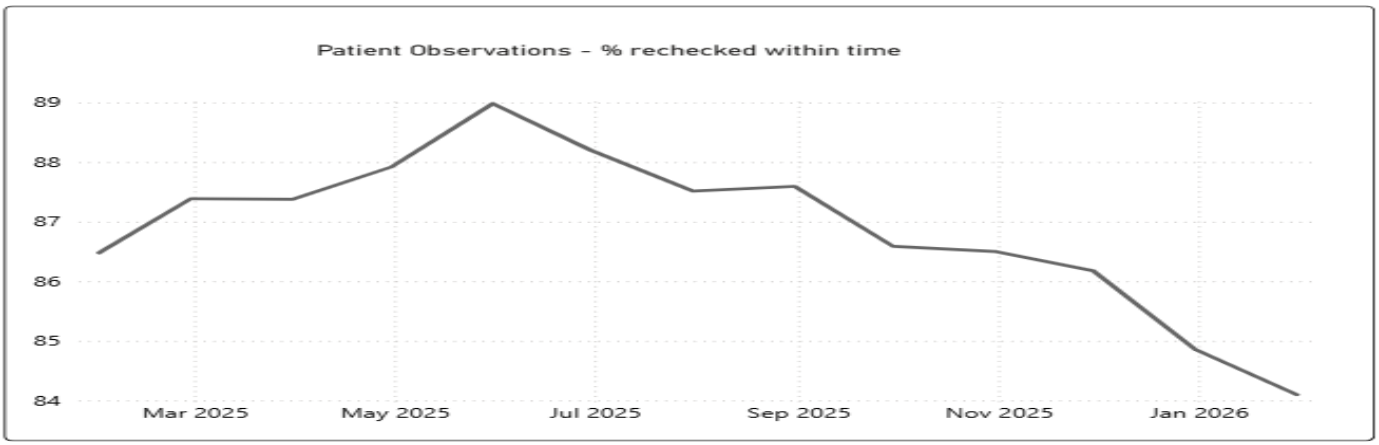


Chart 23- Health Care Acquired Infections (HCAIs)-

Clostridiodes difficile (C. diff)

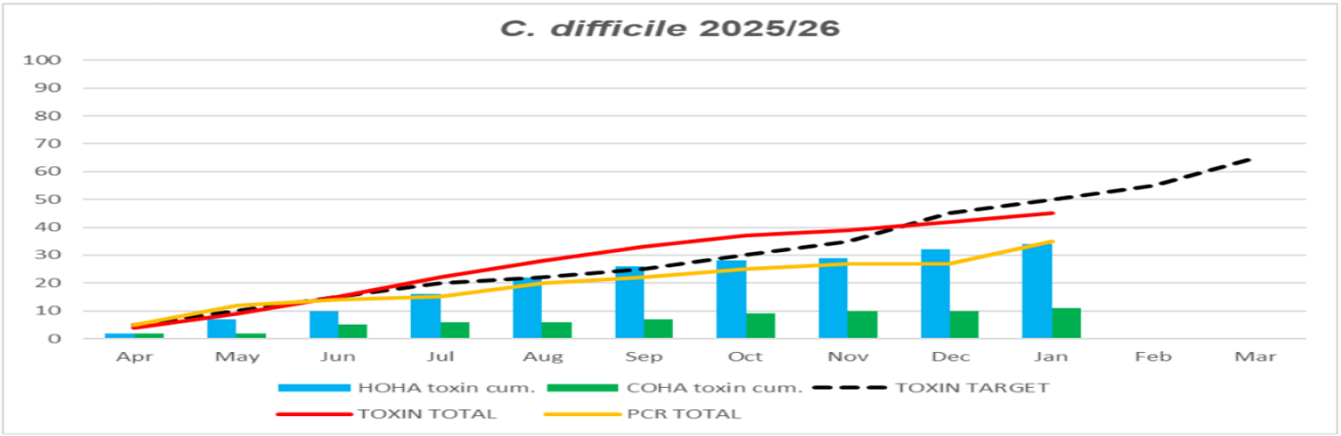
The National Trust's target for 2025/26 is 65, a reduction from the 2024/25 target of 87. In January 2026, 3 HOHA CDIs were reported.

Table 3 – C.Diff

2025/26	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Actual cases per month	4	5	6	7	6	5	4	2	3	3		
Acute Cumulative actual	4	9	15	22	28	33	37	39	42	45		

The Trust overall position for C. diff can be seen in Chart 24, showing a reduction since June 2025.

Chart 24- Trust Position-C-Difficile 2025/26



Gram-negative bacteraemia.

MRSA Bacteraemia

- The National Trust target for 2025/26 is 0 cases. In January 2026, 0 MRSA bacteraemia cases were reported. For 2025/26, we have had 2 cases.

MSSA Bacteraemia

- In the absence of a national target, the internal target is 18. 2 HOHA MSSA bacteraemia were reported in January 2026.

E. coli Bacteraemia

- The National Trust target for 2025/26 is 48. In January 2026, 2 HOHA and 3 COHA E. coli bacteraemia cases were reported.

Klebsiella species blood cultures

- The National Trust target for 2025/26 is 11. In January 2026, 1 COHA Klebsiella bacteraemia cases has been reported.

Pseudomonas aeruginosa blood cultures

- The National Trust target for 2025/26 is 7. In January 2026, 0 Pseudomonas aeruginosa bacteraemia cases has been reported.

EMERGENCY DEPARTMENT REVIEW

The Emergency Department has been reviewed using the SNCT that is applicable to their department. This is the 2nd formal review of staffing using the tool and there is no recommendation following this process for change. Outcomes and performance for the ED are stable.

The outcomes for the Emergency Department are represented in 2 ways, with acuity consideration and with attendance considerations. Chart 25 shows the outcomes for both elements of the SNCT.

Chart 25- ED SNCT output vs Budget

	SNCT WTE based upon acuities	SNCT WTE based upon attendances	Current WTE Budget	Average Variance to budget
RN	117.5	115.8	111.73	4.92
CSW	18.9	18.6	49.84	-31.09

The Acuity measures benchmarked against the national average are below:

Attendances	Local Average (WHT)	ED Average (National)
Annual attendance?	**112714**	69165
Level 0 patients (daily average)?	**52.2%**	63.5%
Level 1a patients (daily average)?	**15.2%**	9.7%
Level 1b patients (daily average)?	**9%**	14.1%
Level 1c patients (daily average)?	**20.4%**	8.5%
Level 2 patients (daily average)?	**2.59%**	2.7%
Level 3 patients (daily average)?	**0.32%**	1.6%

Narrative- Local Acuity outcomes

The recommended staffing based on acuities considers the increased variation between WHT and National averages for acuity levels. It is worth noting however that the 1c category, with the highest variance, is the arm's length 1:1 patients and elevated risk of falls patients including the MH attendances, which is more reliant upon the CSW element of staffing for supervision within the department. This is contributing to local outcomes demonstrating a higher requirement for CSW compared with the national benchmarking.

Narrative- Local Attendance outcomes

Attendances were at 109,753 for year Apr24/Apr25 and are now elevated by another 3000 attendances. The national average within the SNCT for ED's is 69,165, a difference of 43,549 more than national average.

PAEDIATRIC DEPARTMENT REVIEW

Ward 21 is a 21 bedded unit based in the Main hospital delivering care to under 16-year-olds. The departmental budget is now combined with Paediatric Assessment, Day Case and Paediatric Outpatients. The area is referred to collectively as the Paediatric Children's Unit. The Unit operates a floor model where staff are flexed to accommodate joint services.

SNCT Outcomes January 2026

Ward: All C&YD Wards			*Benchmark*
SNCT Element	Your Ward	Your Ward	Children's
Level 0 patients (daily average)?	7.7	53.8%	71.9%
Level 1a patients (daily average)?	3.5	24.5%	16.3%
Level 1b patients (daily average)?	2.8	19.6%	9.5%
Level 2 patients (daily average)?	0.2	1.4%	2.2%
Level 3 patients (daily average)?	0.1	0.7%	0.1%

Nurse sensitive indicators are stable. There is no recommendation for change to this area.

Safer Nursing Care Tools (SNCTs) – summary of the review:

- Overall, the safer staffing establishments within the assessed areas are in a positive position to maintain the provision and delivery of safe, effective, high-quality care with current planned staffing levels.
- No serious concerns pertaining to quality and safety have been identified by the Divisional Directors of Nursing based on the current establishments. Following the professional judgement reviews and triangulation of quality metrics and acuity, no clinical areas feel additional staffing or change of skill mix may enhance care and experience in these areas.
- The Nurse Sensitive Indicators reviewed as part of the review indicate that some ongoing improvement work is required, for example in MLTC, where they have an improvement plan across the Division related to Pressure Ulcer and Falls.
- It is evident from the SNCT data collection that there is a variation in some instances between the recommended staffing establishments and the current funded staffing establishments. Professional judgement has been a key guiding factor with decision making and the knowledge of seasonal variation within the patient cohorts, the impact of flow and capacity challenges during the data collection month and the additional measures undertaken to support patient flow and patient experience.
- The recommendation is for no change to budgeted establishments for included areas via this process for the areas reviewed and to review in June 2026.

APPENDIX 1 - LEVELS OF ACUITY AND DEPENDENCY

Level 0: Patient requires hospitalisation. Needs met by provision of normal ward cares.

•Elective medical or surgical admission

•May have underlying medical condition requiring on-going treatment

•Patients awaiting discharge

•Post-operative / post-procedure care - observations recorded half hourly initially then 4-hourly

•Regular observations 2 - 4 hourly

•**Early Warning Score** is within normal threshold.

•ECG monitoring

•Fluid management

•Oxygen therapy less than 35%

•Patient controlled analgesia

•Nerve block

•Single chest drain

•Confused patients not at risk

•Patients requiring assistance with some activities of daily living, require the assistance of one person to mobilise, or experiences occasional incontinence

Level 1a: Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate.

Increased level of observations and therapeutic interventions

•Early Warning Score - trigger point reached and requiring escalation.

•Post-operative care following complex surgery

•Emergency admissions requiring immediate therapeutic intervention.

•Instability requiring continual observation / invasive monitoring

•Oxygen therapy greater than 35% + / - chest physiotherapy 2 - 6 hourly

•Arterial blood gas analysis - intermittent

•Post 24 hours following insertion of tracheostomy, central lines, epidural or multiple chest or extra ventricular drains

•Severe infection or sepsis

Level 1b: Patients who are in a STABLE condition but are dependent on nursing care to meet most or all the activities of daily living.

•Complex wound management requiring more than one nurse or takes more than one hour to complete.

•VAC therapy where ward-based nurses undertake the treatment

•Patients with Spinal Instability / Spinal Cord Injury

•Mobility or repositioning difficulties requiring the assistance of two people

•Complex Intravenous Drug Regimes - (including those requiring prolonged preparatory / administration / post-administration care)

•Patient and / or carers requiring enhanced psychological support owing to poor disease prognosis or clinical outcome

•Patients on End-of-Life Care Pathway

•Confused patients who are at risk or requiring constant supervision

•Requires assistance with most or all activities of daily living

•Potential for self-harm and requires constant observation

•Facilitating a complex discharge where this is the responsibility of the ward-based nurse.

Level 1c: Patients who are in a STABLE condition but are requiring additional intervention to mitigate risk and maintain safety.

- Patients requiring arm's length or continuous observation as per local policy.

Level 1d: Patients who are in a STABLE condition but are requiring additional intervention to mitigate risk and maintain safety.

- Patients requiring arm's length or continuous observation by 2 or more members of staff (provided from within ward budget) as per local policy.

Level 2: May be managed within clearly identified, designated beds, resources with the required expertise and staffing level OR may require transfer to a dedicated Level 2 facility /

•Deteriorating / compromised single organ system.

•Post-operative optimisation (pre-op invasive monitoring) / extended post-op care.

•Patients requiring non-invasive ventilation / respiratory support; CPAP / BiPAP in acute respiratory failure

•First 24 hours following tracheostomy insertion

•Requires a range of therapeutic interventions including:

•Greater than 50% oxygen continuously

•Continuous cardiac monitoring and invasive pressure monitoring

•Drug Infusions requiring more intensive monitoring e.g., vasoactive drugs (amiodarone, inotropes, GTN or potassium, magnesium

•Pain management - intrathecal analgesia

•CNS depression of airway and protective reflexes

•Invasive neurological monitoring unit.

Level 3: Patients needing advanced respiratory support and / or therapeutic support of multiple organs.

•Monitoring and supportive therapy for compromised / collapse of two or more organ / systems

•Respiratory or CNS depression / compromise requires mechanical / invasive ventilation

•Invasive monitoring, vasoactive drugs, treatment of hypovolaemia / haemorrhage / sepsis or neuro protection.

APPENDIX 2 - INDIVIDUAL WARD DETAIL

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

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

DIVISION OF MEDICINE AND LONG-TERM CONDITIONS

WARD 1- Acute Older People

Nurse sensitive indicators are stable:

	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26
Ward	Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Pressure Ulcers	Pressure Ulcers	HCAI's (MRSA Cdiff)	HCAI's (MRSA Cdiff)	DOLS Applications	DOLS Applications	Use of cohorted bays	Use of cohorted bays	Use of 1 to 1 care	Use of 1 to 1 care
1	2.82	5.65	0	7	0	0	4	1	85.33%	85.81%	40	50

Enclosure 12.1

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	4.00	18.90	3.00	0.00	20.60	47.50
June 2024 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
Budget January 25	1.00	4.00	18.90	3.00	0.00	20.60	47.50
January 25 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
Budget Apr 25	1.00	4.00	18.90	3.00	0.00	20.60	47.50
June 25 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
Budget January 26	1.00	4.00	18.90	3.00	14.42	6.18	47.50

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in June 2026.

WARD 2 –Acute Older People

Nurse sensitive indicators are stable:

	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26
Ward	Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Pressure Ulcers	Pressure Ulcers	HCAI's (MRSA Cdiff)	HCAI's (MRSA Cdiff)	DOLS Applications	DOLS Applications	Use of cohorted bays	Use of cohorted bays	Use of 1 to 1 care	Use of 1 to 1 care
2	3.97	0.95	3	4	2	0	8	7	93.33%	83.87%	65	44

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	4.00	18.90	3.00	0.00	20.60	47.50
June 2024 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
Budget January 25	1.00	4.00	18.90	3.00	0.00	20.60	47.50
January 25 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
Budget Apr 25	1.00	4.00	18.90	3.00	0.00	20.60	47.50
June 25 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
Budget January 26	1.00	4.00	18.90	3.00	14.42	6.18	47.50

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in June 2026.

WARD 3- Acute Older People

Nurse sensitive indicators are stable:

	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26
Ward	Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Pressure Ulcers	Pressure Ulcers	HCAI's (MRSA Cdiff)	HCAI's (MRSA Cdiff)	DOLS Applications	DOLS Applications	Use of cohorted bays	Use of cohorted bays	Use of 1 to 1 care	Use of 1 to 1 care
3	5.96	3.82	1	5	0	0	1	6	84.67%	80.00%	40	60

Enclosure 12.1

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	4.00	18.90	3.00	0.00	20.60	47.50
June 2024 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
Budget January 25	1.00	4.00	18.90	3.00	0.00	20.60	47.50
January 25 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
Budget Apr 25	1.00	4.00	18.90	3.00	0.00	20.60	47.50
June 25 staffing review	1.00	4.00	18.90	3.00	0.00	20.60	47.50
Budget January 26	1.00	4.00	18.90	3.00	14.42	6.18	47.50

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in June 2026.

WARD 4- Acute Older People

Nurse Sensitive Indicators are stable:

Ward	Jun-25 Falls per 1000 occupied bed days	Jan-26 Falls per 1000 occupied bed days	Jun-25 Pressure Ulcers	Jan-26 Pressure Ulcers	Jun-25 HCAI's (MRSA Cdiff)	Jan-26 HCAI's (MRSA Cdiff)	Jun-25 DOLS Applications	Jan-26 DOLS Applications	Jun-25 Use of cohorted bays	Jan-26 Use of cohorted bays	Jun-25 Use of 1 to 1 care	Jan-26 Use of 1 to 1 care
4	5.98	0	0	3	2	1	1	0	90.00%	83.87%	17	62

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	4.00	18.90	3.00	0.00	23.38	50.28
June 2024 staffing review	1.00	4.00	18.90	3.00	0.00	23.38	50.28
Budget January 25	1.00	4.00	18.90	3.00	0.00	23.38	50.28
January 25 staffing review	1.00	4.00	18.90	3.00	0.00	23.38	50.28
Budget Apr 25	1.00	4.00	18.90	3.00	0.00	23.38	50.28
June 25 staffing review	1.00	4.00	18.90	3.00	0.00	23.38	50.28
Budget January 26	1.00	4.00	18.90	3.00	16.37	7.01	50.28

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in June 2026.

WARD AMU- Acute Medical unit

Nurse Sensitive Indicators are stable:

Ward	Jun-25 Falls per 1000 occupied bed days	Jan-26 Falls per 1000 occupied bed days	Jun-25 Pressure Ulcers	Jan-26 Pressure Ulcers	Jun-25 HCAI's (MRSA Cdiff)	Jan-26 HCAI's (MRSA Cdiff)	Jun-25 DOLS Applications	Jan-26 DOLS Applications	Jun-25 Use of cohorted bays	Jan-26 Use of cohorted bays	Jun-25 Use of 1 to 1 care	Jan-26 Use of 1 to 1 care
AMU	5.08	3.88	14	9	0	0	6	12	7.14%	20.74%	10	28

Enclosure 12.1

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	6.22	26.12	20.09	0.00	0.00	31.35	83.78
June 2024 staffing review	6.22	26.12	20.09	0.00	0.00	31.35	83.78
Budget January 25	6.22	26.12	20.9	0	0	32.27	85.51
January 25 staffing review	6.22	26.12	20.9	0	0	32.27	85.51
Budget Apr 25	6.22	26.12	20.9	0	0	32.27	85.51
June 25 staffing review	6.22	26.12	20.9	0	0	32.27	85.51
Budget January 26	6.22	30.12	32.19	0	27.43	19.32	115.28

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in June 2026.

WARD 7- Cardiology

Nurse Sensitive Indicators are stable:

Ward	Jun-25 Falls per 1000 occupied bed days	Jan-26 Falls per 1000 occupied bed days	Jun-25 Pressure Ulcers	Jan-26 Pressure Ulcers	Jun-25 HCAI's (MRSA Cdiff)	Jan-26 HCAI's (MRSA Cdiff)	Jun-25 DOLS Applications	Jan-26 DOLS Applications	Jun-25 Use of cohorted bays	Jan-26 Use of cohorted bays	Jun-25 Use of 1 to 1 care	Jan-26 Use of 1 to 1 care
7	8.56	4.16	0	2	0	0	0	3	9.17%	12.10%	14	37

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	7.56	12.24	0.00	0.00	12.63	33.43
June 2024 staffing review	1.00	7.56	12.24	0.00	0.00	12.63	33.43
Budget January 25	1.00	7.56	12.24	0.00	0.00	12.63	33.43
January 25 staffing review	1.00	7.56	12.24	0.00	0.00	12.63	33.43
Budget Apr 25	1.00	7.56	12.24	0.00	0.00	12.63	33.43
June 25 staffing review	1.00	7.56	12.24	0.00	0.00	12.63	33.43
Budget January 26	1.00	7.56	12.24	0.00	10.10	2.53	33.43

The Division are requesting to stay the same however funding agreed for 4th on nights has remained outstanding to budget- Division use the 4th RN on nights as a cost pressure when acuity demands extra Registered Nurse.

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in June 2026.

WARD 14-General Medicine

Nurse sensitive indicators are stable:

Ward	Jun-25 Falls per 1000 occupied bed days	Jan-26 Falls per 1000 occupied bed days	Jun-25 Pressure Ulcers	Jan-26 Pressure Ulcers	Jun-25 HCAI's (MRSA Cdiff)	Jan-26 HCAI's (MRSA Cdiff)	Jun-25 DOLS Applications	Jan-26 DOLS Applications	Jun-25 Use of cohorted bays	Jan-26 Use of cohorted bays	Jun-25 Use of 1 to 1 care	Jan-26 Use of 1 to 1 care
14	2.6	3.68	2	3	0	0	2	4	50.00%	40.86%	17	20

Enclosure 12.1

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total In post WTE
Budget Apr 24	1.00	2.00	16.23	0.00	0.00	15.58	34.81
June 2024 staffing review	1.00	2.00	16.23	0.00	0.00	15.58	34.81
Budget January 25	1.00	2.00	15.58	0.00	0.00	15.58	34.16
January 25 staffing review	1.00	2.00	15.58	0	0	15.58	34.16
Budget Apr 25	1.00	2.00	15.58	0	0	15.58	34.16
June 25 staffing review	1.00	2.00	15.58	0	0	15.58	34.16
Budget January 26	1.00	2.00	15.58	0	0	15.58	34.16

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in June 2026.

WARD 15-General Medicine/ Diabetes/ Haematology

Nurse sensitive indicators are stable:

Ward	Jun-25 Falls per 1000 occupied bed days	Jan-26 Falls per 1000 occupied bed days	Jun-25 Pressure Ulcers	Jan-26 Pressure Ulcers	Jun-25 HCAI's (MRSA Cdiff)	Jan-26 HCAI's (MRSA Cdiff)	Jun-25 DOLS Applications	Jan-26 DOLS Applications	Jun-25 Use of cohorted bays	Jan-26 Use of cohorted bays	Jun-25 Use of 1 to 1 care	Jan-26 Use of 1 to 1 care
15	1.23	3.58	1	2	1	0	0	3	26.00%	34.84%	37	48

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	4.00	15.00	2.00	0.00	18.00	40.00
June 2024 staffing review	1.00	4.00	15.00	2.00	0.00	18.00	40.00
Budget January 25	1.00	4.00	15.00	2.00	0.00	18.00	40.00
January 25 staffing review	1.00	4.00	15.00	2.00	0.00	18.00	40.00
Budget Apr 25	1.00	4.00	15.00	2.00	0.00	18.00	40.00
June 25 staffing review	1.00	4.00	15.00	2.00	0.00	18.00	40.00
Budget January 26	1.00	4.00	15.00	2.00	12.60	5.40	40.00

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in June 2026.

WARD 16- Gastroenterology

Nurse Sensitive Indicators are stable.

Ward	Jun-25 Falls per 1000 occupied bed days	Jan-26 Falls per 1000 occupied bed days	Jun-25 Pressure Ulcers	Jan-26 Pressure Ulcers	Jun-25 HCAI's (MRSA Cdiff)	Jan-26 HCAI's (MRSA Cdiff)	Jun-25 DOLS Applications	Jan-26 DOLS Applications	Jun-25 Use of cohorted bays	Jan-26 Use of cohorted bays	Jun-25 Use of 1 to 1 care	Jan-26 Use of 1 to 1 care
16	1.39	1.33	0	1	2	0	1	3	26.00%	35.48%	4	55

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	3.00	15.77	2.00	0.00	17.10	38.87
June 2024 staffing review	1.00	3.00	15.77	2.00	0.00	17.10	38.87
Budget January 25	1.00	3.00	15.77	2.00	0.00	17.10	38.87
January 25 staffing review	1.00	3.00	15.77	2.00	0.00	17.10	38.87
Budget Apr 25	1.00	3.00	15.77	2.00	0.00	17.10	38.87
June 25 staffing review	1.00	3.00	15.77	2.00	0.00	17.10	38.87
Budget January 26	1.00	3.00	15.77	2.00	11.97	5.13	38.87

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in June 2026.

WARD 17- Respiratory

Nurse sensitive indicators are stable with some focus on pressure ulcer outcomes.

	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26
Ward	Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Pressure Ulcers	Pressure Ulcers	HCAI's (MRSA Cdiff)	HCAI's (MRSA Cdiff)	DOLS Applications	DOLS Applications	Use of cohorted bays	Use of cohorted bays	Use of 1 to 1 care	Use of 1 to 1 care
17	0	4.08	1	4	0	0	1	3	12.00%	20.00%	12	36

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	5.40	16.17	0.00	0.00	12.90	35.47
June 2024 staffing review	1.00	5.40	16.17	0.00	0.00	12.90	35.47
Budget January 25	1.00	5.40	16.17	0.00	0.00	12.90	35.47
January 25 staffing review	1.00	5.40	16.17	0.00	0.00	12.90	35.47
Budget Apr 25	1.00	5.40	16.17	0.00	0.00	12.90	35.47
June 25 staffing review	1.00	5.40	16.17	0.00	0.00	12.90	35.47
Budget January 26	1.00	5.40	16.17	0.00	10.32	2.58	35.47

It is important to note that the Ward is currently delivering respiratory support care to 4 additional beds. A business case has been approved in principle by the Trust and now is awaiting ICB review. This is for additional funding for the Respiratory Support Unit activity.

Recommendation: The Nurse sensitive indicators are stable. No further action for base ward staffing, review again in June 2026.

WARD 29- Acute Medical

Nurse sensitive indicators are stable:

	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26
Ward	Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Pressure Ulcers	Pressure Ulcers	HCAI's (MRSA Cdiff)	HCAI's (MRSA Cdiff)	DOLS Applications	DOLS Applications	Use of cohorted bays	Use of cohorted bays	Use of 1 to 1 care	Use of 1 to 1 care
29	0.96	4.52	3	2	0	0	2	3	26.11%	26.34%	15	26

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	4.00	19.70	5.00	0.00	19.07	48.77
June 2024 staffing review	1.00	4.00	19.70	5.00	0.00	19.07	48.77
Budget January 25	1.00	4.00	19.70	5.00	0.00	19.07	48.77
January 25 staffing review	1.00	4.00	19.70	5.00	0.00	19.07	48.77
Budget Apr 25	1.00	4.00	19.70	5.00	0.00	19.07	48.77
June 25 staffing review	1.00	4.00	19.70	5.00	0.00	19.07	48.77
Budget January 26	1.00	4.00	19.70	5.00	15.26	3.81	48.77

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in June 2026.

DIVISION OF SURGERY

WARD 10- Trauma

Nurse Sensitive Indicators are under surveillance due to risks in area related to electrics and acuity:

	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26
Ward	Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Pressure Ulcers	Pressure Ulcers	HCAI's (MRSA Cdiff)	HCAI's (MRSA Cdiff)	DOLS Applications	DOLS Applications	Use of cohorted bays	Use of cohorted bays	Use of 1 to 1 care	Use of 1 to 1 care
10	1.05	4	2	10	0	0	0	6	38.67%	40.00%	36	71

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	3.84	14.10	2.84	0.00	18.18	39.96
June 2024 staffing review	1.00	3.84	14.10	2.84	0.00	18.18	39.96
Budget January 25	1.00	3.84	15.05	2.84	0.00	18.18	40.91
January 25 staffing review-awaiting MMUH	1.00	3.84	15.05	2.84	0.00	18.18	40.91
January 25 staffing review recommendations-with MMUH (planned Apr 25 budget)	1.00	3.84	19.29	2.84	0.00	25.97	52.94
Budget Apr 25	1.00	3.84	19.29	2.84	0	23.37	50.34
June 25 staffing review	1.00	3.84	19.29	2.84	0	23.37	50.34
Budget January 26	1.00	3.84	19.29	2.84	16.36	7.01	50.34

Recommendation: No further action to staff numbers on duty, review again in June 2026.

WARD 11- Complex Surgery

Nurse Sensitive Indicators are stable:

	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26	Jun-25	Jan-26
Ward	Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Pressure Ulcers	Pressure Ulcers	HCAI's (MRSA Cdiff)	HCAI's (MRSA Cdiff)	DOLS Applications	DOLS Applications	Use of cohorted bays	Use of cohorted bays	Use of 1 to 1 care	Use of 1 to 1 care
11	1.44	4.26	0	1	0	0	0	0	22.00%	39.35%	17	21

Enclosure 12.1

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	2.84	14.34	1.00	0.00	15.58	34.76
June 2024 staffing review	1.00	2.84	14.34	1.00	0.00	15.58	34.76
Budget January 25	1.00	2.84	14.34	1.00	0.00	15.58	34.76
January 25 staffing review	1.00	2.84	14.34	1.00	0.00	15.58	34.76
Budget Apr 25	1.00	2.84	14.34	1.00	0.00	15.58	34.76
June 25 staffing review	1.00	2.84	14.34	1.00	0.00	15.58	34.76
Budget January 26	1.00	2.84	14.34	1.00	10.91	4.67	34.76

Recommendation: No further action to staff numbers on duty, review again in June 2026.

Ward 12-Emergency Surgery

Nurse sensitive indicators are stable:

Ward	Jun-25 Falls per 1000 occupied bed days	Jan-26 Falls per 1000 occupied bed days	Jun-25 Pressure Ulcers	Jan-26 Pressure Ulcers	Jun-25 HCAI's (MRSA Cdiff)	Jan-26 HCAI's (MRSA Cdiff)	Jun-25 DOLS Applications	Jan-26 DOLS Applications	Jun-25 Use of cohorted bays	Jan-26 Use of cohorted bays	Jun-25 Use of 1 to 1 care	Jan-26 Use of 1 to 1 care
12	6.06	0	1	4	0	0	1	3	23.33%	39.35%	29	64

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	4.18	16.20	3.00	0.00	15.58	39.96
June 2024 staffing review	1.00	4.18	16.20	3.00	0.00	15.58	39.96
Budget January 25	1.00	4.18	16.20	3.00	0.00	15.58	39.96
January 25 staffing review	1.00	4.18	16.20	3.00	0.00	15.58	39.96
Budget Apr 25	1.00	4.18	16.20	3.00	0.00	15.58	39.96
June 25 staffing review	1.00	4.18	16.20	3.00	0.00	15.58	39.96
Budget January 26	1.00	4.18	16.20	3.00	12.46	3.12	39.96

Recommendations: Nurse-sensitive indicators are stable. No further action to staff numbers on duty, review again in June 2026.

Ward 20a-Elective Surgery

Nurse Sensitive Indicators are stable:

Ward	Jun-25 Falls per 1000 occupied bed days	Jan-26 Falls per 1000 occupied bed days	Jun-25 Pressure Ulcers	Jan-26 Pressure Ulcers	Jun-25 HCAI's (MRSA Cdiff)	Jan-26 HCAI's (MRSA Cdiff)	Jun-25 DOLS Applications	Jan-26 DOLS Applications	Jun-25 Use of cohorted bays	Jan-26 Use of cohorted bays	Jun-25 Use of 1 to 1 care	Jan-26 Use of 1 to 1 care
20A	4.78	0	0	0	0	0	0	1	0%	0.00%	0	3

Enclosure 12.1

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	4.32	19.34	1.00	0.00	19.66	45.32
June 2024 staffing review	1.00	4.32	19.34	1.00	0.00	19.66	45.32
Budget January 25	1.00	4.32	19.34	1.00	0.00	19.66	45.32
January 25 staffing review	1.00	4.32	19.34	1.00	0.00	19.66	45.32
Budget Apr 25	1.00	4.32	19.34	1.00	0.00	19.66	45.32
June 25 staffing review	1.00	4.32	19.34	1.00	0.00	19.66	45.32
Budget January 26	1.00	4.32	19.34	1.00	13.76	5.90	45.32

Recommendation: The Nurse-sensitive indicators are stable. No further action to staff numbers on duty, review again in June 2026.

DIVISION OF WOMEN AND CHILDREN

WARD 23-Gynaecology

Nurse Sensitive Indicators are stable.

Ward	Jun-25 Falls per 1000 occupied bed days	Jan-26 Falls per 1000 occupied bed days	Jun-25 Pressure Ulcers	Jan-26 Pressure Ulcers	Jun-25 HCAI's (MRSA Cdiff)	Jan-26 HCAI's (MRSA Cdiff)	Jun-25 DOLS Applications	Jan-26 DOLS Applications	Jun-25 Use of cohorted bays	Jan-26 Use of cohorted bays	Jun-25 Use of 1 to 1 care	Jan-26 Use of 1 to 1 care
23	0	0	0	1	0	0	0	0	0%	0.00%	0	0

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	1.00	11.13	0.00	0.00	7.58	20.71
June 2024 staffing review	1.00	1.00	11.13	0.00	0.00	7.58	20.71
Budget January 25	2.6	1	13.33	0	0.92	7.58	25.43
January 25 staffing review	2.6	1	13.33	0	0.92	7.58	25.43
Budget Apr 25	2.6	1	13.33	0	0.92	7.58	25.43
June 25 staffing review	2.6	1	13.33	0	0.92	7.58	25.43
Budget January 26	2.75	1.22	13.33	0	6.66	0.92	24.88

There has been a change to previous budget due to the merging of services (GAU/EPAU/W23)- no change is requested.

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in June 2026.

Ward 21 (Paediatrics)

Nurse sensitive indicators are stable as per below as well as the outcomes for Paediatrics, there are no Divisional concerns.

Enclosure 12.1

Ward	Jun-25 Falls per 1000 occupied bed days	Jan-26 Falls per 1000 occupied bed days	Jun-25 Pressure Ulcers	Jan-26 Pressure Ulcers	Jun-25 HCAI's (MRSA Cdiff)	Jan-26 HCAI's (MRSA Cdiff)	Jun-25 DOLS Applications	Jan-26 DOLS Applications	Jun-25 Use of cohorted bays	Jan-26 Use of cohorted bays	Jun-25 Use of 1 to 1 care	Jan-26 Use of 1 to 1 care
Ward 21	0	0	0	0	0	0	0	0	0%	0.00%	0	0

The budget for the department sits within what is now called PCU (Paediatric Children's Unit)

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget January 25	4.78	15.70	37.91	1.40	7.80	15.02	82.61
January 25 staffing review	4.78	15.70	37.91	1.40	7.80	15.02	82.61
Budget Apr 25	5.20	17.00	36.00	1.40	5.74	19.26	84.60
June 25 staffing review	5.20	17.00	36.00	1.40	5.74	19.26	84.60
Budget January 26	5.62	15.85	34.37	1.40	19.92	10.20	87.36

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in June 2026.

DIVISION OF COMMUNITY

HOLLYBANK HOUSE-Stroke Rehabilitation

Nurse Sensitive Indicators are stable:

Ward	Jun-25 Falls per 1000 occupied bed days	Jan-26 Falls per 1000 occupied bed days	Jun-25 Pressure Ulcers	Jan-26 Pressure Ulcers	Jun-25 HCAI's (MRSA Cdiff)	Jan-26 HCAI's (MRSA Cdiff)	Jun-25 DOLS Applications	Jan-26 DOLS Applications	Jun-25 Use of cohorted bays	Jan-26 Use of cohorted bays	Jun-25 Use of 1 to 1 care	Jan-26 Use of 1 to 1 care
Hollybank	3.47	0	0	0	0	0	0	0	0%	0.00%	3	0

	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget Apr 24	1.00	3.00	7.18	0.00	0.00	10.10	21.28
June 2024 staffing review	1.00	3.00	7.18	0.00	0.00	10.10	21.28
Budget January 25	1.00	3.00	7.18	0.00	0.00	10.10	21.28
January 25 staffing review	1.00	3.00	7.18	0.00	0.00	10.10	21.28
Budget Apr 25	1.00	3.00	7.18	0.00	0.00	10.10	21.28
June 25 staffing review	1.00	3.00	7.18	0.00	0.00	10.10	21.28
Budget January 26	1.00	3.00	7.18	0.00	0.00	10.10	21.28

Recommendation: The Nurse-sensitive indicators are stable. No further action, review again in June 2026.

APPENDIX 3- PROFESSIONAL JUDGEMENT CONSIDERATIONS

Professional Judgement Framework template considerations during meeting / Professional Judgment guidance issued by the National Quality Board (NQB) (2023):

1. Professionally do you agree with the proposed staffing establishment?
2. Is the new recommended staffing establishment different from the current staffing establishment or the establishment of similar wards? If so, list reasons.

3. Is the ward operating with high number of vacancies, high staff turnover, sickness absence and/or using a high level of temporary staffing?
4. Has there been any changes to the ward since the last establishment review?
5. Are the current staff being rostered properly?
6. Who assessed patients' A&D levels? Have they received training, and do they have the experience?
7. How many days of SNCT A&D ratings were collected? (30 days minimum is recommended).
8. Does this ward have a high patient turnover/throughput?
9. Does the layout of this ward add to workload e.g. because of distance or difficulty observing patients?
10. Does the number of beds on the ward increase the relative staffing requirement?
11. Does the amount of work on this ward vary between times of day and day of the week?
12. What is 'usual' care for this ward?
13. Is there a lot of specialising /enhanced care/1-1/2-1 (Level 1c/1d on the new SNCT matrix)?
14. Does anything else make this ward unusual in any way?
15. Are there any particular clinical skills required? Does the establishment allow for this?
16. What is the level of skill and experience for the team as a whole?
17. What shift patterns are used? Does this meet the ward requirement to build their roster?
18. Any other anomalies for this ward team which need to be considered?

REFERENCES

a. 'Hard Truths' Commitments NHS England http://www.england.nhs.uk/2014/04/01/hard-truths/ April 2014

b. Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - Safe sustainable and productive staffing. National Quality Board, July 2016 http://www.england.nhs.uk

c. Griffiths P, Ball J, Murrells T, Jones S, Rafferty AM (2016b) Registered nurse, health care support worker, medical staffing levels and mortality in English hospital Trusts a cross-sectional study. BMJ open 5:e008751

d. NHS England (2014) Five Year Forward http://www.england.nhs.uk/ourwork/futurenhs

e. NHS England (2016) Leading Change, Adding value: A framework for nursing, midwifery, and care staff http://www.england.nhs.uk/ourwork/leading-change.

f. NICE (2013) Safe staffing for nursing in adult inpatient wards in acute hospitals. http://www.nice.org.uk/guidance/SG1

g. NQB (2016) How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability http://www.england.nhs.uk/ourwork/part-rel/nqb.

h. The Safer Nursing Care Tool The Shelford Group – 2023 Safer Nursing Care Tool - Shelford Group (used under licence for RWT).

i. Developing Workforce Safeguards – 2018 NHSI.

j. National Quality Board (2023) C, Griffiths P, Casey A, Chable R, Chapman H, Radford M, and Watts N (2023) Professional Judgement Framework: a guide to applying professional judgement in nurse staffing reviews. doi: 10.5258/SOTON/P1102 University of Southampton. Professional judgement framework: a guide to applying professional judgement in nurse staffing reviews - ePrints Soton

NHS
Walsall Healthcare
NHS Trust

Title of Report	Exception Report from Audit Committee	Enc No: 12.2
Author:	Mary Martin, Non-Executive Director	
Presenter:	Mary Martin, Chair Audit Committee	
Date(s) of Committee Meetings since last Board meeting:	11 May 2026	

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

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• The Committee received an update on the follow-up of recommendations from the Internal Audit report covering Medical Records. There is now a programme of work being coordinated by Operations, Medical Records and IT. This programme sets out a timeline which will stretch to 18 months for all outpatient areas to have electronic records. The implementation in patient areas will go along in parallel as resources free up from outpatient areas but a precise timeline is not yet known. It was agreed that the committee would continue to monitor this with support from Internal Audit to ensure risks are mitigated whilst the programme works out.	• The revised Counter Fraud Policy was near finalisation so when complete it would be circulated to the committee for approval and immediate implementation. • Ms Godson to attend the September committee to update on the management of Internal Audit recommendations and related time extensions.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Internal Auditors presented their Draft Annual Opinion which rated the Trust as having an adequate and effective framework for risk management, governance and internal control but with further enhancements required to ensure that it remains adequate and effective. To get to their draft opinion they had followed up on several audits where high and medium recommendations had been made and saw progress in closing out the actions. • Counter Fraud services presented their annual report which is now ready for the annual upload to the Counter Fraud website. • The External Audit work was reported as on target with no issues arising so far.	• The External Audit plan for 2026/27 had been circulated after the last meeting and approved by email and was ratified at the meeting. • The revised SFO and SFIs were approved by the committee for onward submission to the Board.

Walsall Healthcare NHS Trust

Title of Report	Exception Report from Charity Committee	Enc 12.3
Author:	Professor Martin Levermore	
Presenter:	Professor Martin Levermore	
Date(s) of Committee Meetings since last Board meeting:	27th March 2026	

Action Required

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

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Absence of the Charitable Trust Deed resulting in ongoing governance risk. • Existing fund-raising strategy is out of date, requirement for review by corporate trustee and to formally approve an updated Fundraising Strategy. • Short term market dislocation will have some impact on current investment strategy. • Need to continue executive and trustee engagement in charitable activities.	• Nothing of material to report
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Reserves exceeding the minimum requirement by approximately £400,000. The minimum reserve level of £500,000 is relatively prudent, • The charity remains well positioned to deploy funds in pursuit to its charitable objectives rather than accumulating income without purpose. • Year-end financial position of the charitable funds, together with the current investment portfolio and strategy, was suitably reviewed by committee to discharge its fiduciary responsibilities on behalf of the Corporate Trustee. • Committee Self-Assessment was included as a substantive agenda item	• Expenditure Requests £5,000 to £99,999 - Proud2BeOps program, an enhancement to leadership capability that is intended to improve operational delivery and patient experience.

Black Country Provider Collaborative

NHS

Joint Provider Committee – Report to Trust Boards

Date: **19th May 2026**

Agenda item: Enclosure 12.4

TITLE OF REPORT:	Delegation of Annex A from partner Trusts to the Joint Provider Committee (JPC) for the agreed 2026/27 BCPC priorities.
PURPOSE OF REPORT:	To provide all partner Trust Boards of the Black Country Provider Collaborative (BCPC) with an opportunity for each Trust Board to consider delegating appropriate decisions to the Joint Provider Committee ("JPC") to enable it to progress the 2026/27 BCPC priorities, and the underpinning workplan.
AUTHOR(S) OF REPORT:	Sohaib Khalid – *BCPC Managing Director*
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - *Chair of BC JPC & Group Chair of DGFT, SWBT, RWT, &WHT* Paul Assinder – *Group Deputy Chair – RWT & WHT*
KEY POINTS:	The following are the key points to note: ▪ A quorate JPC was held on 26th February 2026 which discussed and approved the BCPC priorities within two key programmes of work to be overseen and managed by JPC. ▪ This is consistent with the formal requirements of the Collaboration Agreement which requires an annual review of delivery / progress and agreement of priorities for progression at scale through partnership aligned to the agreed 3 scope areas. ▪ The annual budget of the BCPC has been reduced by 50% to £1m for 2026/27. In parallel, the priorities have been focused into two work programmes – clinical service transformation and corporate service transformation. ▪ Governance arrangements will be adjusted with a refreshed BCPC Executive established, alongside a re-invigorated PMO arrangement and minor updates to key schedules of the Collaboration Agreement e.g. Terms of Reference. ▪ The BCPC partner Trusts and Group Boards are asked to reiterate and endorse the priorities and give effect to these proposals by making the delegations sought and ensure that local SORDs (Schemes of Reservation and Delegations) and / or SFI's (Standing Financial Instructions) are appropriately adjusted to reflect these delegations (if required).
RECOMMENDATION(S):	Each of the BCPC partner Trust Boards are asked to: a) **RECEIVE** this report b) **NOTE** the agreed BCPC priorities for 26-27 as outlined at 1.3 in section 1 c) **APPROVE** the delegations sought in Annex A to this report and adjust the Trust SORD / SFI to reflect the delegations made (if required)
CONFLICTS OF INTEREST:	There were no declarations of interest.

DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The JPC oversees and assures progress against the agreed BCPC priorities, as outlined in schedule 3 (and updated annually in Annex A) of the Collaboration Agreement.
ACTION REQUIRED:	☐ Assurance ☒ Endorsement / Support ☒Approval ☐ For Information

Possible implications identified in the paper:	
Financial	The following agenda items have a potential financialimplication: ▪ The BCPC annual workplan – budget required for deliverywhich will be apportioned to each of the four partner Trusts ▪ Corporate Services Transformation programme of work, for which resource requirements are yet to be determined. ▪ Clinical Service Transformation work may require some capital resource in some of the early proposed changes.
Risk Assurance Framework	The following agenda items have a potential riskimplication: ▪ The BCPC 26 / 27 annual workplan – capacity and capability to deliverthe agreed workplan. ▪ Corporate Services Transformation – require a clear plan ofplanned efficiency savings, productivity improvement, and resilience.
Policy and Legal Obligations	N/A
Health Inequalities	The following agenda item has a potential health inequalities implication: ▪ Clinical and Corporate Service Transformation – there will be potential implications of a specialisation and consolidation service model pursued for best use of resources and key benefits such as resilience, improvement and productivity. Health Inequity Assessments will be required to assess these on a case-by-case basis.
Workforce Inequalities	The following agenda item has a potential health inequalities implication: ▪ Clinical Service Transformation work will require workforce modelling to ensure there are no workforce inequalities.
Governance	The following agenda item has a potential health inequalities implication: ▪ Corporate Services Transformation – decision making may havepotential governance implications for sovereign Trusts. ▪ Adjustment of partner Trust SORD / SFI (if required).
Other Implications (e.g. HR, Estates, IT, Quality)	N/A

Annex A: Delegation

1. CONTEXT

1.1 At its meeting on 26th February 2026 the BCPC Joint Provider Committee ("JPC") approved a set of work priorities considered best undertaken once together at scale, that form the workplan for the period between 1st April 2026 and 31st March 2027.

1.2 For 2026/27 the workplan is focused on two programmes which are:

- **Clinical Service Transformation Programme** – a small defined number of service changes at scale across the BC system
- **Corporate Service Transformation Programme** – focused on consolidating key corporate service at scale across the BC system

1.3 Against this context, the initial specific priorities agreed for completion include the following:

- **Existing Clinical Transformation work** - Breast Reconstruction, Endometriosis, ENT transformation, Gynae-Oncology, Pharmacy Aseptics, Urology-Renal & Bladder Cancer
- **Clinical work at scale** - Colorectal (new service models), Surgical Robotic strategy
- **Fragile services** - Breast Unit review, Future of BC Oncology services, Community Paediatrics – all subject to paper or Outline Proposal(s) being approved
- **Corporate Service Transformation** - confirm the Phase 2 programme of work through appropriate governance arrangements and a Business Case
- **Clinical Productivity** - consider a proposal from CMO's in due course.

1.4 To that end, in addition to decision making that may occur through the Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) Group CEO and their membership of the JPC, RWT & WHT seek to delegate the following matters to the JPC to enable these agreed priorities and supporting workplan to be efficiently and effectively progressed by all Partners through the BCPC JPC and to further align the Partners, as envisaged by and already agreed in accordance with the Collaboration Agreement.

2. DELEGATION

In accordance with the Standing Orders (SO), Scheme of Reservation and Delegation (SORD) and Standing Financial Instructions (SFI) of RWT and WHT, and pursuant to its statutory powers under section 65Z5 and 65Z6 of the NHS Act 2006:

2.1 The Joint Boards of RWT and WHT hereby resolves

to delegate responsibility to the JPC for the carrying on of the following functions – consistent with the three scopes as part of the JPC's terms of reference identified in section 1) and to update its governance framework accordingly:

- **Scope 1** - BCPC clinical and corporate service transformation programmes of work, focused across a small number of priorities outlined in section 1 above.
- **Scope 2** – Joint Exercising of some agreed partner Trust responsibilities as currently incorporated in the priorities & workplan and focused on supporting delivery of things best done at scale once centred on issues such as strategic & capital planning, performance

oversight, and system business cases. Specifics include:

a) Lead and collaborate for the development and delivery of the BCPC clinical service transformation programme.

b) Lead and collaborate for the development and delivery of the BCPC corporate services transformation programme (CSTP), for which on-going delivery is to be managed through JPC

c) Oversight for strategic developments to ensure service delivery alignment across the four partners of the BCPC and connectivity with the wider health system.

d) Oversight for monitoring and reviewing of system wide performance across the four partners of the BCPC

e) Oversight for the commissioning of any external 'Delivery Partner(s)' and their on-going delivery of support to the partner organisations.

f) Oversight for the development of further integrated system working

g) Co-ordination of Strategic & Annual Planning processes (where appropriate) across the four Partner Trusts.

together the "Delegated Functions."

2.2 The Joint Board of RWT and WHT acknowledge that there is a further 'scope' area, Scope 3 – BC ICB delegations, which is not active in 2026/27. The Board will keep this area under review and may consider whether further delegations are appropriate in the future.

2.3 The identified BCPC priorities and supporting workplan are focused primarily within scope 1 and scope 2 (as outlined in 2.1 above) for 26/27.

2.4 The role of the JPC in exercising the "Delegated Functions" includes:

- Carrying out any relevant needs and/or opportunities assessment or analysis, including regular reviews of such assessment and analysis, with a view to service development, improvement and/or transformation as per Scope 1 and the best discharge of the Partner Trust responsibilities referenced in Scope 2.
- Identifying and assessing what changes are needed to meet any unmet needs or to take advantage of identified opportunities, together with any risks and benefits that they entail and taking into account any necessary public involvement or other engagement processes and any other steps mandated by law or statutory guidance.
- Designing preferred options to meet any unmet needs or to take advantage of identified opportunities, which may include making recommendations to RWT and WHT as to the proposed way forward and implementing any such recommendation that is approved.
- Actively managing and overseeing the delivery and performance of any of the BCPC work programmes for these purposes.
- Ensuring that it obtains value for money on behalf of RWT and WHT in any decisions made for these purposes.
- Implementing and overseeing information, reporting and recording requirements in respect of any such programmes of work to ensure progress and evaluate success.

2.5 These matters shall be delegated to the JPC with effect from 1st April 2026 ("the Effective Date of Delegation"), subject to the limits set out below.

2.6 In exercising the Delegated Functions, the JPC shall:

- Notify the Board of RWT and WHT within an appropriate time period but not greater than 30 days of any actionable act or omission or purported act or omission by the JPC to properly discharge the Delegated Functions.
- Work with partners to respond to any requests for information from the public and media on the matters covered by the Delegated Functions, including requests made pursuant to the Freedom of Information Act 2000.
- Provide further information and assistance as required by the RWT and WHT on any aspect of the JPC's exercise of the Delegated Functions.

3. LIMITS

3.1 The JPC shall exercise the Delegated Functions in accordance with:

- the Collaboration Agreement, including the agreed Objectives and Collaborative Principles
- all applicable law and guidance and in line with good practice.

3.2 The JPC may not delegate any or all of the Delegated Functions to the BCPC Executive except in relation to operational delivery and implementation.

3.3 The JPC may only exercise the Delegated Functions where:

- RWTs and WHT's Group CEO and Deputy Chair are present as part of the quorum of the JPC when making a decision on the Delegated Functions affecting RWT and WHT.
- Special arrangements are made to enable a decision to be taken urgently, when it is not possible for the JPC to meet, which are approved by the Joint Board of RWT and WHT.

4. REPORTING

4.1 The JPC shall provide a written report to the Trust Board after each meeting through the Deputy Chairs, providing a summary of any decisions made by the JPC on the Delegated Functions and any progress against the workplan, together with relevant extracts from any minutes of decisions on the Delegated Functions taken at JPC meetings.

4.2 The Trust Board may require one or more members of the JPC to attend a meeting of (or to answer questions from or provide information to) the Trust Board.

5. ACCOUNTABILITY AND LIABILITY

5.1 Accountability and liability for the exercise of the Delegated Functions on behalf of the RWT and WHT shall remain with RWT and WHT at all times.

Made at a quorate meeting of the Group Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust Board for held on 19th May 2026.