RWT/WHT Group Board of Directors Meeting –

to be held in Public

Tuesday 17th November 2026 @ 12:30-15:45

MLCC, 3rd Floor, Walsall Manor Hospital

Agenda Item	Format	Item Description	Lead	Purpose	TIME
1	Verbal	Chair's Welcome, Apologies and Confirmation of Quorum	Sir David Nicholson	To inform	12:30
2	Verbal	Register of Declarations of Interest The Registers can be located on the Trust websites.	Sir David Nicholson	To inform & assure	12:32
3	Verbal	Patient Story - 'Feel Good Friday - Proactive Frailty Model'	S Cartwright	To inform	12:35
4	Enc	Minutes of the Previous RWT/WHT Group Board of Directors Meeting held in Public on 15 September 2026	Sir David Nicholson	To approve	12:50
4.1	Enc	Group Board Action Log	Sir David Nicholson	To inform	12:52
4.1.1	Verbal	Matters Arising • Action 4123 – Mental Health Services Update	L Carroll	To inform & assure	12:55
5	Enc	Chair's Report incl - Enclosed RWT and WHT Fit and Proper Persons report	Sir David Nicholson	To inform & assure	13:00
6	Enc	Group Chief Executive's Update	J Chadwick-Bell	To inform & assure	13:10
6.1	Enc	Key Findings, Recommendations and Group Trust Response from the Thirlwall Inquiry	J Chadwick-Bell	To inform & assure	13:20
6.2	Enc	Our Approach to Patient Records Access	B McKaig C Radley	To inform & assure	13:30
7	Enc	Integrated Committee Chairs Report	P Assinder L Toner D Brathwaite L Sadler-Todd R Barber	To inform & assure	13:40
7.1	Enc	Group Board Assurance Framework (BAF)	C Long	To inform & assure	13:55
8	Comfort Break (10 mins)				14:00
9	Strategy (Section Heading)				
9.1	Enc	Transforming Care Together – Progress Report	S Evans	To inform & assure	14:10
9.2	Enc	Annual Research & Development Report (Director of R&D to attend)	B McKaig	To inform & assure	14:20
9.2.1	Enc	West Midlands Regional Research Delivery Network (RRDN) Update	B McKaig		

Agenda Item	Format	Item Description	Lead	Purpose	TIME
10	Quality and Performance (Section Heading)				
10.1	Enc	Group Finance & Workforce Progress Reports	K Stringer C Radley	To inform & assure	14:30
10.2	Enc	Integrated Performance Report - Walsall Healthcare NHS Trust (WHT)	A Godson	To inform & assure	14:40
10.3	Enc	Integrated Performance Report - The Royal Wolverhampton NHS Trust (RWT)	G Nuttall	To inform & assure	14:55
10.4	Enc	NHS Staff Standards Report (Title to be confirmed)	C Radley	To inform & assure	15:10
11	Governance (Section Heading)				
11.1	Enc	WHT Audit Committee Chairs Reports	P Assinder	To inform & assure	15:20
12	Verbal	Questions Received from the Public	Sir David Nicholson	To inform	15:25
13	Verbal	Any Other Business	Sir David Nicholson	To inform	15:35
14	Verbal	Date and Time of Next Meeting - Tuesday 20th January 2027 @ WMI, The Royal Wolverhampton NHS Trust	Sir David Nicholson	To inform	15:39
15	Verbal	Resolution	Sir David Nicholson	To approve	15:40

Enclosure 4

MEETING OF THE GROUP BOARD OF DIRECTORS MEETING HELD IN PUBLIC
TUESDAY 15 SEPTEMBER 2026 AT 12:30pm - held at Meeting Room 8
WMI Building, The Royal Wolverhampton 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	Group Associate Non-Executive Director, RWT and WHT
Prof D Hickman	Chief Nursing Officer, RWT
Ms S Cartwright	Group Chief Community and Partnerships Officer
Ms L Sadler-Todd	Group Non-Executive Director, RWT and WHT
Mr S Evans	Deputy Group Chief Executive Officer & Chief Strategy Officer
Ms J Jones	Non-Executive Director, RWT
Dr B McKaig	Group Chief Medical Officer,
Mr P Assinder	Group Chair, Vice
Prof L Toner	Group Non-Executive Director
Ms D Brathwaite	Group Non-Executive Director
Ms A Godson	Managing Director, WHT
Dr C Radley	Group Chief People, Culture, and Improvement Officer
Prof E Hughes	Group Non-Executive Director
Mr M Levermore	Group Non-Executive Director
Ms G Nuttall	Managing Director, RWT
Mr K Stringer	Group Chief Financial Officer

In Attendance

Ms J Toor	Group Trust Board Secretary
Ms C Wilson	Deputy Chief Nurse, RWT (shadowing)
Ms C Whyte	Deputy Chief Nurse, WHT (on behalf of Ms
Dr E Jenkinson	Consultant In Emergency Medicine and Paediatric Emergency Medicine, for item 220/26
Dr Kate Warren	Consultant in Public Health – The Royal Wolverhampton NHS Trust and City of Wolverhampton Council for Item

Apologies

Ms A Heseltine	Group Associate Non-Executive Director
Mr M Laverty	Group Non-Executive Director
Ms L Carroll	Chief Nursing Officer, WHT
Mr K Bostock	Group Chief Safety & Assurance Officer
Dr U Daraz	Group Associate Non-Executive Director, RWT and WHT
Lord Carter	Specialist Advisor to the Board, RWT

218/26	Chair's Welcome, Apologies, Confirmation of Quorum and Opening Remarks
	Sir David welcomed everyone to the meeting, noted apologies received, and confirmed that the meeting was quorate. Sir David informed the Board of the sad passing of Ms Mary Martin, Non-Executive Director at WHT and a valued member of the Board. He noted the meeting as the first Board meeting since her passing, and said he wished to take the opportunity to acknowledge Mary's significant contribution and pay tribute to her service. Sir David noted that Ms Martin joined the Wolverhampton Board as a Non-Executive Director in 2013 and had later transferred her support to WHT in 2021. He said during her tenure, she had served as Chair of the Audit Committee at WHT and had also been a member of the Board. He highlighted Ms Martin's extensive experience across both the public and private sectors, including her expertise in strategy, business risk assessment, change management, quality management, investigations, governance, reporting and finance. He said she had also run her own consultancy business and held a number of notable positions,

	including Non-Executive Director at Birmingham Women's and Children's NHS Foundation Trust. Mary was also a Fellow of the Institute of Chartered Accountants, Oxford University engineering graduate, and former Chair and Trustee of the Midlands Arts Centre. Sir David said Ms Martin's expertise, insight and constructive challenge had been invaluable to both Trusts. He said she had been widely respected for her attention to detail, thoroughness, professionalism and unwavering commitment to ensuring that decisions were made in the best interests of patients and staff. He reflected on the shock and sadness felt by colleagues following her death and acknowledged the lasting impact of her support, wisdom and dedication. On behalf of the Board, Sir David expressed sincere condolences to Mary's family and acknowledged her immense contribution to both organisations. He said her service, commitment and influence would be greatly missed. **Resolved: that the Group Trust Board Meeting held in public be confirmed as quorate.**
219/26	**Register of Declarations of Interest**
	Sir David noted the Declarations of Interest as published on the Trust websites. He declared that he also served as Chair of the Combined Board of Dudley and Sandwell. No further declarations of interest were received. **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.**
220/26	**Patient Story**
	Sir David emphasised the importance of beginning Board meetings with either a patient or staff story, as these helped bring to life the work undertaken across the organisation. He said the stories provided valuable context and perspective for the discussions and decisions that followed. Dr McKaig introduced Andrew's story and the High Intensity User Service, noting its link to the TCT strategy around identifying patients in distress who may be attending hospital and using resources which did not serve them best. He introduced Dr Jenkinson, Emergency Department Consultant, who had led the High Intensity User Service team at RWT. He noted the importance of hearing the patient voice and understanding how the work undertaken impacted on patients and the community. Dr Jenkinson explained that she had worked as a consultant at New Cross for nearly ten years and, through working across paediatric and adult services, had become aware of some of the complexities faced by patients which were not always immediately apparent. She described how the High Intensity User Service had developed with colleagues across the Black Country. She acknowledged the work undertaken by the outreach workers, 'Mel and Andy', who worked across Wolverhampton identifying and connecting with people. Dr Jenkinson described Andrew as one of the people identified relatively early in the service. She said he frequently attended hospital, was always polite and was never difficult to manage, however, despite repeated attempts to engage with him, the team had been unable to convince him that life could be different. She recalled that his condition subsequently deteriorated significantly, he became almost unrecognisable and she did not think he would survive another year. Dr Jenkinson described an occasion when Andrew attended hospital and she was able to bring together mental health and drug and alcohol colleagues. Andrew's mother was also present and helped him to stay. Dr Jenkinson recalled meeting Andrew in a café a few months later and said that he looked like a completely different person. She also recalled taking him back to the Emergency Department approximately 18 months after his last attendance, where Andrew had previously been the department's highest attender, and said that staff had not initially recognised him. She described a member of the medical team speaking with Andrew after learning who he was and subsequently telling Dr Jenkinson that it was one of the most impactful experiences of her career. Dr Jenkinson acknowledged that the service could not help everyone but said there were people who slipped through services and who could be identified and supported through their journey. She also acknowledged the support provided by the Walsall Foundation. Ms Cartwright reflected that Andrew's story had been particularly impactful and moving and acknowledged

	the difference Dr Jenkinson and the wider team had made to him. She said the work demonstrated population health in its finest form and suggested that the story should be shared more widely. Ms Chadwick-Bell reflected on the focus within healthcare on productivity and standardisation and noted that Andrew's story was about an individual person and care had focused on doing the right thing for that individual and achieving a significant outcome. She suggested that Andrew's experience should be used to support wider conversations with clinical teams about providing individualised and personalised care to patients using Trust services and how this could be built into the way services were delivered. She also reflected on whether the approach had required more effort or whether, overall, it represented less time than that associated with Andrew's repeated attendances and achieved a better outcome for him. Prof Toner thanked Dr Jenkinson and asked whether bringing together the professionals involved in Andrew's intervention had been planned, or whether Dr Jenkinson had taken the opportunity because the relevant people happened to be available at the time. Dr Jenkinson advised that it had been a combination of both. She explained that the service held a multi-disciplinary team (MDT) every month to review their patients and discuss where there could be opportunities to engage certain individuals. She said that at times, colleagues might contact her when a patient was in the department and they would try to engage with them at that point, with the aim of identifying the right moment. Prof Hickman asked about the next steps for the service, including its scope and how it might be broadened. Dr Jenkinson advised that the resource she most needed at present was administrative support. She explained that she undertook a significant amount of administrative work herself. She noted that the service was now supporting a large number of patients and said that being able to prioritise the clinical aspects of her role would make better use of her time. Ms Sadler-Todd commended the work undertaken and the compassion demonstrated. She noted that Andrew's success had not solely resulted from what the Trust had done but had involved a collaborative approach. She referred to the support available through community organisations, including the Good Shepherd, where high intensity users could be in an environment with people whom they trusted and would engage with. Ms Sadler-Todd highlighted the collaborative work being undertaken through Place and the importance of building relationships which could be used to reach people and enable them to receive longer-term support. Dr Jenkinson agreed and said that a wide network had developed over the years, with partnership leaders attending meetings and strong links established to help identify the support available. Mr Evans asked whether Dr Jenkinson was aware of the work underway to maximise clinical time through the deployment of ambient voice technology and whether she was aware of any of the pilots or trials taking place. Dr Jenkinson indicated that she was not. Mr Evans advised that the technology was being rolled out and noted the importance of ensuring that it reached Ms Jenkinson so that more of her time could be spent undertaking this type of clinical work. Sir David Nicholson thanked Dr Jenkinson and those who had contributed to the discussion and described Andrew's story as remarkable. He reflected on the difference the service had made to Andrew. He noted the learning for the organisation about how it interacted with wider organisations and the support available within communities, which people did not always know was available. He said this provided a signpost for how services needed to work in the future and described the story as inspiring. **Resolved: that the Patient Story Andrew's Story (The High Intensity Use Service - HIUS) be received for information and assurance.**
221/26	**Minutes of the Previous RWT/WHT Group Trust Board Meeting held in Public on 21 July 2026**
	Sir David approved the minutes of the Group Trust Board Meeting held on 21 July 2026 as an accurate record. **Resolved: that the minutes of the previous meeting held on 21 July 2026 be received and APPROVED.**
222/26	**Group Board Action Log**
	Sir David received the Group Board Action Log and updates were received as below

DRAFT

	• Action 3864: Mental Health Services update - Ms Hickman and Ms Carroll to provide a further update on Mental Health services be brought to the September Board meeting, including performance against key response times, particularly the one-hour and four-hour standards, together with an update on improvement actions and any issues requiring escalation within the wider system. *It was noted that Action 3864 would be further discussed under Matters Arising.* • Action 3863: Ophthalmology Services - Dr McKaig & Ms Nuttall to provide a further update, including a comprehensive action plan and clear timescales for delivery of ophthalmology services, to be brought to the September Board meeting. *It was noted that Action 3863 would be further discussed under Matters Arising.* • Action 3862: Safety and quality of maternity services - Ms Hickman and Ms Carroll to provide a further report be presented in September to provide assurance on the safety and quality of maternity services, informed by a broader range of evidence and learning from recent reviews undertaken elsewhere in the NHS. It was noted that Action 3862 would be further discussed under Matters Arising. **Resolved: that any updates to the Group Action Log and Matters Arising be received and noted**
223/26	**Matters Arising - Action 3863 - Ophthalmology Action Plan with Timescales for Delivery**
	Dr McKaig presented a report on Ophthalmology Services following an increase in harm and complaints reported through the Group Quality Committee. He said the service had experienced significant growth in demand, including a 25% increase in elective activity and a threefold increase in emergency attendances over the previous six years. He highlighted four key areas where access challenges were impacting patient outcomes: glaucoma services, diabetic retinopathy, corneal services and emergency ophthalmology care. Dr McKaig highlighted actions being taken to maximise existing clinic capacity, increasing the use of insourcing and waiting list initiatives, and strengthening oversight of patients at greatest risk. He noted in addition, a programme of transformational work was underway to expand digital solutions, improve efficiency through new equipment and workforce models, and develop new pathways of care. Dr McKaig reported on plans to transfer care for suitable stable glaucoma patients to community optometry services and proposals to redesign urgent ophthalmology care into a booked appointment model, both of which aligned with wider NHS ambitions to deliver more care closer to home. He advised that workforce pressures within Ophthalmology were also reflected through resident doctor exception reporting. He said progress against the action plan would be monitored through the Group Quality Committee, with further detailed review undertaken as required. Ms Barber queried when actions outlined in the report were anticipated to result in a reduction in waiting lists. Dr McKaig advised that early improvements were already being seen, with performance data showing a reduction in outstanding demand and noted that the current actions alone would not provide a sustainable long-term solution. He said further work was underway to assess the impact of the wider transformation programme. Sir David noted that not all elements of the action plan were within the Trust's direct control and emphasised the importance of understanding the likely impact of the actions being taken. He requested that future updates include projections on the expected trajectory of improvement and the extent to which the measures would support a sustainable Ophthalmology service. Dr Radley suggested that, in addition to the information contained within the report, feedback received through the Trust's Freedom to Speak Up process could be used to help triangulate the issues identified within Ophthalmology Services. She noted that incorporating this intelligence into the recovery plan could provide further assurance that all relevant concerns were being identified and addressed. **Resolved: that any updates to the Group Action Log and Matters Arising be received for information and assurance**
224/26	**Matters Arising - Action 3864 - Mental Health Update - Verbal Update on performance against key response Times (1hr/4hr standards)**
	Prof Hickman advised that a further report would be presented to the Board in November 2026, which would incorporate the strategic approach to mental health services. She reported that submissions against the 'Getting it Right First Time' (GIRFT) requirements had been completed and that both organisations were compliant with the acute service requirements. Prof Hickman advised that feedback and further direction from the national team were awaited. She said

DRAFT

	an audit of 20 patients had been completed as part of the process, with a further audit and submission required in December 2026. Prof Hickman explained that many of the actions arising from the Getting It Right First Time (GIRFT) recommendations sat with mental health partners. She said that internally, work was underway to standardise data collection across both organisations, which currently used different systems and trigger points. Sir David sought clarification on the escalation process where one organisation was compliant and another was not. Prof Hickman advised that the matter had previously been escalated with relevant colleagues. She noted that the Trust would first work through the established processes and mechanisms to seek resolution and should the issue remain unresolved, further escalation would be considered viathe Chief Executive. Ms Chadwick-Bell noted that more formal mechanisms were available through NHS England review meetings. She emphasised the importance of obtaining assurance that the required actions had been completed and that escalation had taken place where no change had been seen. Sir David said that if required, he would be willing to escalate the matter with partner organisation Boards, Chair and Executive team to help progress the issue. Ms Sadler-Todd reflected that this had been a longstanding challenge which appeared to be worsening. She noted that a number of community programmes previously delivered by Black Country Healthcare had ceased and suggested exploring whether changes in community-based provision or elsewhere in the system could be contributing to the position. Prof Hickman noted that the assessment provided the first formal baseline against a set of standards for both acute and mental health providers. She advised that the outcome and actions from the GIRFT assessment would be used to develop a coordinated action plan with mental health colleagues. **Resolved: that any updates to the Group Action Log and Matters Arising be received and noted**
225/26	**Chair's Report – Verbal**
	Sir David highlighted the Trust's growing reputation for innovation in community services and neighbourhood working, delivered in partnership across the health and care system. He welcomed the nomination of RWT and WHT services for five HSJ Patient Safety Awards, noting the importance of such recognition in raising the organisation's profile and supporting the recruitment and retention of high-quality staff. He also reminded members of the forthcoming Annual General Meetings (AGM), with WHT AGM taking place on 23 September 2026 and RWT AGM taking place on 30 September 2026. He said this would provide an opportunity to showcase the achievements of staff and services alongside the formal presentation of the Annual Report, Accounts and Quality Report. **Resolved: that the Chair's update be received for information**
226/26	**Group Chief Executive's Update**
	Ms Chadwick-Bell advised that changes to the NHS Oversight Framework (NOF) metrics had recently been issued and, as these had been received after the report was prepared, the detail had not been included in the paper. She reported that both Trusts remained in Segment 3 and that the financial override associated with deficit support funding continued to influence the segmentation position. Ms Chadwick-Bell also reported improvements in national provider ratings, noting that both organisations had improved their relative positions compared with previous assessments. She reported that WHT has moved from 58th to 53rd and RWT from 90th to 79th. She said whilst this progress was welcomed, she emphasised the importance of continuing to improve performance and outcomes. Ms Chadwick-Bell provided an update on a range of organisational priorities and developments. She advised that the annual Provider Capability Assessment process was underway and would be reviewed by the Board before submission to NHS England, which would determine the Trust's assurance rating. She noted that no significant concerns were anticipated and that the outcomes would be reported publicly following completion of the assessment process. She advised that NHS England had published a new Quality Strategy and that work was in progress to ensure alignment with the Group's existing quality strategy. Ms Chadwick-Bell also highlighted recent national recognition through nominations for HSJ Patient Safety Awards and other patient experience awards, reflecting the quality and impact of work being

DRAFT

	undertaken across the organisation. Ms Chadwick-Bell advised that the NHS Staff Survey would be launched on 22 September 2026 and she encouraged the Board to support efforts to increase response rates, recognising the importance of staff feedback in identifying priorities for improvement at both organisational and team level. Ms Chadwick-Bell outlined planned changes to the Group Executive Team. She noted the appointment of the Group Chief Medical Officer, Dr McKaig, to support increased group-wide working and delivery of the clinical strategy. She advised that, following the planned departure of Ms Nuttall in December 2026, the Group would move away from the existing Managing Director arrangements which had provided valuable focus on the individual organisations. She said that the next phase of development would place greater emphasis on realising the benefits of operating as a Group and advised that as part of these changes, Ms Godson would transition into a new Group Chief Delivery Officer role. Ms Chadwick advised that Ms Carroll had been appointed Group Chief Nurse and that Prof Hickman would move into the Chief Perinatal Officer role, which would enable strengthened leadership and oversight of maternity and perinatal services across the Group, including support for the development of a new maternity unit at RWT. She added that the revised arrangements would contribute to wider organisational efficiency and workforce reduction objectives, including within the Executive Team. Sir David noted the significant leadership changes taking place across the organisation and expressed confidence in the arrangements being implemented **Resolved: that the Group Chief Executive's Report be received for information and assurance**
227/26	**Progress Report on Anchor Development**
	Ms Cartwright advised that the report provided assurance on the governance and oversight arrangements for Anchor Development and highlighted work underway ahead of formal implementation. Ms Cartwright reminded the Board that the Integrated Care Board (ICB) had previously outlined its plans for integrated health and population health management, including the role of Anchor Organisations in supporting those arrangements. She advised that formal delegation was expected from April 2027 and work was underway to define the scope of services, contractual arrangements, financial implications, governance requirements and risk-sharing mechanisms that would underpin the model. Ms Cartwright advised that Trust representatives were participating in the Integrated Care Board's (ICB) Anchor Development Group and that a dedicated finance workstream was also being established. She noted that the work aligned closely with the objectives of population health management and the NHS 10-Year Plan, supporting a more coordinated and integrated approach to service delivery at place level. She explained that in developing the governance framework, the Trust was engaging with other organisations that had experience of operating as lead providers or integrated health organisations in order to identify good practice and lessons learned. She reported that close collaboration was taking place with partners across the Black Country to ensure consistency of approach as the arrangements developed. Sir David sought clarification on the proposed scope of services within the Anchor Organisation model. He asked whether the arrangements were being jointly developed and agreed locally or whether they were being implemented as part of a wider system-led approach. Ms Cartwright advised that the Trust was actively involved in developing the scope of services for the Anchor Organisation model. She noted that initial assessments had been completed through the ICB process and that organisations across the Black Country were reviewing areas of alignment and difference. She said the scope remained under development and was being considered through the Anchor Development Group before being brought to the Board for consideration. Sir David queried the criteria being used to determine the scope of services within the Anchor Organisation model. He expressed concern that an overly extensive scope could increase complexity and risk and asked how priorities would be identified and managed to ensure that the proposed arrangements remained practical and deliverable. Ms Cartwright advised that the proposed scope currently covered a broad range of out-of-hospital services, with some outpatient services also included. She advised that further internal review was required to determine which elements the Trust would support. She said a request had been made for greater clarity regarding services proposed for exclusion to enable a fuller assessment of the

	model. She explained that the final scope would ultimately be determined by the ICB in collaboration with partner organisations through the contracting process, with an expectation of consistency across the Black Country system. Sir David said that the proposals appeared to be largely NHS-focused and emphasised that the purpose of the Anchor Organisation model was to create a broader system-wide approach and asked whether system partners were supportive of the proposed arrangements. Ms Cartwright advised that partners across the system were supportive of the Anchor Organisation approach. She reported that regular engagement was taking place with local authority Chief Executives, Directors of Adult Social Care and Place-Based Partnership colleagues, who viewed the proposals as a natural progression of long-standing ambitions for greater local delegation and integration. Ms Jones asked whether responsibility for the proposed services under the Anchor Organisation model would commence simultaneously or be introduced on a phased basis over time. Ms Cartwright advised that implementation was likely to be phased over the first 12 months, with the initial year being treated as a shadow year. She explained that early priorities were expected to focus on areas such as urgent and emergency care and priority long-term conditions, with additional services being introduced over time. She noted that no final decisions had yet been made regarding the sequencing of implementation. Ms Chadwick-Bell advised that, while many of the services being considered within the Anchor Organisation model were already provided by the Trust, the key change would be the addition of commissioning responsibilities and greater flexibility in how services were planned and delivered. She said that this would create opportunities to work differently with primary care, the voluntary and community sector, and other providers to ensure services were delivered in the most appropriate and effective way. **Resolved: that the Progress Report on Anchor Development be received for information.**
228/26	**Integrated Committee Chairs Report - Finance & Productivity Committee, Quality Committee, People Committee and Partnerships and Transformation Committee and Digital and Estates Strategy Committee**
	Mr Assinder reported that all Committees of the Board had met since the previous Group Board of Directors meeting and that overall performance across the Group remained strong, with both Trusts performing well against constitutional standards, national targets and peer benchmarks with generally positive performance trajectories across a wide range of services. Mr Assinder highlighted several areas requiring ongoing attention which included community waiting times, which remained significantly below national targets despite mitigating actions being taken; workforce challenges in a number of specialist services where recruitment and retention difficulties were affecting service delivery; and concerns regarding delivery of the Group's workforce plan, particularly in relation to sickness absence and reliance on temporary staffing. He advised that the Group had received a Regulation 28 Prevention of Future Deaths report relating to urgent inter-hospital transfers between RWT and WHT, although the Group Quality Committee (GQC) had been assured that appropriate actions were being progressed. Mr Assinder noted that whilst the Group remained in a planned financial position, the Cost Improvement Programme (CIP) had under-delivered by £900,000 in July 2026 and a significant proportion of savings continued to rely on non-recurrent measures. He said the Group Finance & Productivity Committee therefore considered the sustainability of the position to be a continuing risk. Dr McKaig advised that the Regulation 28 Prevention of Future Deaths report related to a specific patient who had a urological issue which had involved an inter-hospital referral between WHT and RWT. He explained that the Coroner's concerns had not related to the patient's clinical treatment, but to the robustness of the referral transfer process between the two organisations. He confirmed that the referral had been received and actioned appropriately and that learning had been identified regarding the referral mechanism. He advised that work was underway to implement a more robust digital referral process, incorporating learning from the Prevention of Future Deaths report, and the Trust would respond formally to the Coroner within the required timeframe. **Resolved: that the Integrated Committee Chairs Report - received for information and assurance**
229/26	**Group Board Assurance Framework (GBAF)**
	Mr Assinder advised that significant work had been undertaken to refresh the Board Assurance Framework

	(BAF), which remained a work in progress. He noted that the framework was now aligned to the Group's corporate objectives, including patient experience, safe care, workforce and financial sustainability, providing clearer links between strategic objectives and principal risks. Mr Assinder advised that many of these risks were common across both organisations and that work was underway to consolidate risk management arrangements across the Group. He reported that progress had been made towards establishing a more consistent Group-wide approach to the identification and management of strategic risks, whilst retaining locality-specific risks where appropriate. Sir David asked whether the long-term objective was to establish a single Group-wide Board Assurance Framework and risk profile, whilst recognising that some risks would inevitably remain specific to individual organisations or local service contexts. Mr Assinder said although some locality-specific risks would continue to require separate management, the majority of strategic risks were common across both organisations. He said the direction of travel was towards a more consolidated Group-wide approach to risk management while retaining flexibility to address significant local risks where necessary. Ms Chadwick-Bell advised that additional Board Assurance Framework risks were being developed and would be considered through the appropriate committees, including a digital risk through the Group Digital and Estates Committee and two quality-related risks through the Group Quality Committee. She explained that these related to assurance regarding governance arrangements and the ongoing need to drive continuous improvement to reduce the risk of patient harm. Mr Assinder reported that the management and oversight of BAF risks through the committee structure was now operating effectively, with all risks receiving appropriate committee scrutiny prior to Board consideration. **Resolved: that the GBAF be received for information and assurance.**
230/26	**Strategy (Section Heading)**
231/26	Health Inequalities Progress Report
	Ms Cartwright reminded members that the Health Inequalities Report was presented to the Board three times annually, noted its previous consideration by the Group Management Committee, and advised that oversight may transfer from the Group Quality Committee (GQC) to the Group Partnerships and Transformation Committee (GPATC). She invited Dr Warren to present the report. Dr Warren presented the Health Inequalities Report, highlighting progress made through the Inclusive Services Team in supporting inclusion health groups. She described how a range of pilot projects, including the Specialist Support Navigator Service and work undertaken within primary care and hospital settings, had been independently evaluated to identify common learning and effective approaches. Dr Warren reported that the work had demonstrated the importance of partnership working across health, local authority, voluntary and community sector organisations. She said the pilots had helped identify and address barriers within existing referral pathways, including homelessness and domestic abuse safeguarding processes, enabling services to be streamlined and improving access to longer-term community support. She advised that learning from these initiatives was being used to develop shared principles and new models of care, which would inform discussions within the Place-Based Partnership, with work underway with Council commissioners and partners to explore an integrated neighbourhood approach for inclusion health. Dr Warren reported that the current Health Inequalities Strategy was due to conclude the following year and that lessons learned from the pilots would be embedded within the next strategy, as well as informing wider transformation and clinical strategy programmes. Sir David queried responsibility for reviewing the Health Inequalities Dashboard and how the information it provided was used within the Trust management and governance arrangements. Dr Warren advised that there was not a standalone health inequalities dashboard, and instead, health inequalities metrics had been built into existing operational dashboards, enabling teams to view data by measures such as ethnicity and deprivation. She explained that services using these dashboards were supported to interpret the data and understand its implications for improving outcomes and reducing inequalities.

	Prof Toner welcomed the progress achieved through GQC across Wolverhampton and Walsall, commenting that the collaborative approach had enabled significant developments in addressing health inequalities and was already demonstrating the value of working together at scale Dr Warren said she welcomed the benefits of closer collaboration between Wolverhampton and Walsall, highlighting opportunities to share good practice and learn from each other's strengths in areas such as community engagement, research and data analysis to support health inequalities work. Prof Hughes queried how data and insights being gathered on health inequalities were being translated into changes in clinical pathways, and how this information was being used to remove barriers to access for groups that do not traditionally engage with healthcare services. Dr Warren advised that the next phase of the work would focus on embedding health inequalities within transformation programmes, working with programme leads and Senior Responsible Owners to ensure lessons learned were incorporated into service redesign and efforts to reduce inequalities in outcomes and access. Prof Hughes emphasised the importance of regularly reviewing access and outcome data and implementing targeted action where inequalities persisted. Prof Hickman noted that health inequalities data had already been used to support targeted interventions, citing maternity services as an example where resources had been directed towards areas of greatest need, resulting in improved access and outcomes. She welcomed the growing emphasis on analytics within national priorities and advised that the Trust was well placed to use regular data analysis to inform workforce planning, service pathways and targeted interventions to reduce inequalities. Sir David queried the Board's role in overseeing health inequalities, asking whether members should expect to see evidence of health inequalities being considered within existing performance data and reporting frameworks rather than through a standalone dashboard. Dr Warren confirmed that health inequalities should be reflected within existing key performance indicators and monitoring arrangements. She advised that health inequalities were complex and could not be addressed through a single measure and, whilst there had been positive progress in some targeted areas, cautioned that expectations needed to be realistic given the scale of the challenge and the resources available. Ms Chadwick-Bell emphasised the importance of demonstrating the impact of health inequalities initiatives through measurable outcomes, such as improvements in access and reductions in Did Not Attend (DNA) rates. She stressed that health inequalities should be embedded within routine performance discussions and decision-making rather than managed as a separate programme. She also highlighted the need for a culture change so that addressing health inequalities becomes a shared responsibility across the organisation rather than the work of a single team or individual. Ms Cartwright endorsed the view that addressing health inequalities was a shared responsibility across the organisation and emphasised the need for health inequalities data to be routinely incorporated into reporting, performance monitoring and decision-making. Ms Sadler-Todd noted that equality and health inequalities considerations should be embedded within transformational programmes, with a focus on understanding the impact on patients, particularly those who experience greater barriers to accessing services. She emphasised the importance of using population data to inform service locations and design, ensuring changes improve accessibility and which would not unintentionally increase health inequalities. Dr McKaig advised that work within the perinatal programme was already using population and community data to identify opportunities to deliver services closer to patients and better support underserved groups. He noted that health inequalities varied across different populations and care pathways, but addressing these inequalities remained a key principle underpinning the Trusts' clinical strategy. Sir David noted the progress made since the previous Board development session and welcomed the actions outlined in the report. He emphasised the importance of continued oversight through the Health Inequalities Group and Board committees. **Resolved: that the Health Inequalities Progress Report be received for information and assurance**
232/26	Transforming Care Together (TCT) – Operating Model for Neighbourhood Teams

	Ms Cartwright provided an update on the development of Integrated Neighbourhood Teams (INTs) across Walsall and Wolverhampton. She explained that the report was presented for information and support rather than approval, as the operating model was a shared partnership approach involving NHS services, community mental health teams, social care, social prescribing services and other local partners. Ms Cartwright highlighted positive feedback received following a recent national assessment of neighbourhood health undertaken with ICB partners. She reported that the Wolverhampton Single Point of Access model had been recognised as exemplary and would be featured within national guidance to support the development of neighbourhood health services elsewhere. She said the assessment also recognised the strength of the partnership approach, population health management arrangements, and the visual operating models developed to support neighbourhood working. Ms Cartwright reported that the INTs would bring together multidisciplinary professionals, including community services, mental health teams, social workers, care coordinators, link workers, social prescribers and general practice, with wider links to voluntary sector organisations, safeguarding services and other partners, working collaboratively to address the needs of local populations while being supported by broader place-based networks. Ms Cartwright advised that all neighbourhood teams were now being established and had identified target patient cohorts informed by population health data. She said work was underway to further develop this approach using the Trust's Complex Care Tool, which would enable teams to focus on patients with the most complex needs and incorporate social care data to improve identification and support. She also highlighted additional Integrated Care Board (ICB) investment supporting this development. Ms Cartwright advised of plans for the North Wolverhampton neighbourhood team to commence operation from the end of October 2026 with a focus on frailty and supporting patients at highest risk ahead of winter. She explained that the initiative would be led by GP practices and community services and would serve as an example of how neighbourhood working could improve outcomes through proactive, population-based care. Ms Sadler-Todd highlighted two key partnership considerations: the need to develop shared approaches for measuring the impact of neighbourhood interventions on identified patient cohorts, and ongoing discussions regarding alignment between Primary Care Networks (PCNs) and neighbourhood boundaries. She noted that these were partnership-wide issues rather than matters requiring immediate Trust action. Ms Cartwright said that work was underway through the Shared Care Record and Complex Care Tool to enable partners to measure the impact of interventions on identified patient groups. She noted that discussions regarding alignment of PCNs with neighbourhood boundaries were continuing nationally and through the ICB, but current arrangements in Wolverhampton were demonstrating that effective neighbourhood working could be achieved despite non-geographical PCN structures. Sir David sought assurance on how the neighbourhood model could be scaled and embedded more widely, noting the importance of targeting the small proportion of patients with the greatest impact on service demand, particularly ahead of winter. He asked what mechanisms and influence were available to encourage consistent adoption of the approach across local areas. Ms Cartwright responded that the Trust was able to progress this work within its own services by using available data and working closely with primary care partners. She noted that the North Wolverhampton neighbourhood model would provide evidence of the benefits of targeting high-need populations and that similar approaches were being encouraged in Walsall. Sir David emphasised the importance of the neighbourhood model to supporting system performance over the coming months and asked how consistent implementation could be achieved across all localities through effective engagement and partnership working. Ms Cartwright said that successful implementation would depend on securing support from partners to work in new ways and demonstrating the benefits of the neighbourhood model. She said whilst there was broad agreement that the approach was the right direction of travel, the evidence of improved outcomes would be key to sustaining engagement and showing partner organisations how the model could benefit their services as well as those provided by the Trust.

	Dr McKaig asked how commissioning arrangements and the role of the ICB could be used to support and drive implementation of the approach focused on the highest-need patient cohort, and whether commissioners could play a role in encouraging wider adoption across the system. Ms Cartwright explained that emerging commissioning arrangements would provide greater flexibility to redesign and deliver NHS services in different ways, particularly through community and out-of-hospital models. She said that the success of the neighbourhood approach would continue to rely on strong partnership working, as services such as social care would remain outside those commissioning arrangements and would require the ongoing commitment and collaboration of all partners across the system. Ms Chadwick-Bell advised that successful delivery of the neighbourhood model would depend on a combination of commissioning arrangements, effective use of data, strong partnership commitment and clear evidence of impact. She emphasised that the approach should become embedded within routine service delivery rather than be viewed as a standalone project, highlighting the importance of demonstrating benefits for patients, services and workforce outcomes to build momentum and support wider adoption across the system. Mr Levermore noted the importance of framing the neighbourhood model in terms of prevention and population health, rather than focusing solely on patients once they access services. He emphasised the need for clear and accessible language that the wider public could understand, highlighting the role of effective communication and public health messaging in supporting healthier behaviours and improving engagement with preventative initiatives. Sir David said the neighbourhood model could appear complex from a public perspective and said it was important to ensure it was clearly articulated as to how it would improve outcomes for local communities. He agreed that accessible communication and a stronger focus on the benefits for residents would be important in supporting understanding and engagement with the approach. Ms Cartwright said the neighbourhood model was designed to improve coordination of care for local populations by bringing services together around the needs of individuals and communities. and that the integrated neighbourhood approach would seek to enable health, care and community services to work more closely together, to provide a more coordinated and seamless experience for people accessing support. She added that staff had welcomed the model and its focus on integrated, locally delivered care. Sir David highlighted the importance of ensuring the benefits of neighbourhood working were clearly communicated to local communities and that the approach remains aligned with the Trust's overall strategic objectives. **Resolved: that the Transforming Care Together (TCT) – Operating Model for Neighbourhood Teams Report be received for information and assurance**
233/26	**Comfort Break- 10 mins**
234/26	**Quality and Performance (Section Heading)**
235/26	**Maternity and Neonatal Quality Assurance**
	Prof Hickman advised that she would present the Maternity and Neonatal Quality Assurance Report together with the Maternity and Neonatal 10-Point Plan Assurance Process. She sought Board approval to delegate final approval of the 10-Point Plan to the Group Quality Committee. Prof Hickman reported that a review of maternity assurance arrangements had been undertaken in response to the national maternity reports and the Trust's maternity concerns assessment. She said a comprehensive stocktake had been completed to assess the evidence available, the assurance provided through existing governance processes, and how this information supported service improvement and organisational learning. She advised that the review identified strengths and consistency within existing reporting mechanisms, while also highlighting areas requiring further development. She said the work overlapped with the requirements of the national Maternity 10-Point Plan, although each programme included distinct elements and evidence requirements. Prof Hickman reported that the review found that the issues highlighted through national reports, including delays in triage and access to delivery suites, workforce capacity, and patient flow, were already known to the Trusts and had been reported through established governance routes to the Board. She noted the importance of complementing quantitative assurance measures with intelligence gathered directly from

DRAFT

	staff, women and families. She said opportunities were identified to strengthen the triangulation of information, including reviewing the role and effectiveness of Safety Champions, enhancing the use of patient feedback, and improving insight from community and social media sources. She said further areas for development included strengthening engagement through the Maternity Voices Partnership (MVP), enhancing the use of health inequalities data to better understand and address variation in outcomes and experience, and triage. She advised work to strengthen assurance processes would ensure that information from multiple sources was used effectively to support continuous improvement in maternity services. She said there were some environmental challenges at RWT for which work was being undertaken parallel to this work. Prof Hughes queried how Safety Champions operated and how intelligence gathered through their activities was reported through the Trusts' governance and quality assurance processes. Prof Hickman advised that Safety Champions share intelligence gathered from staff and clinical areas, with findings discussed collectively and fed back to the relevant leadership team for consideration and action. She said information was reported through existing governance mechanisms, although a review of the Safety Champion structure and reporting arrangements was proposed to strengthen and formalise the process. Prof Hughes asked whether Safety Champion walk-arounds and the intelligence gathered from them were formally documented and captured. Prof Hickman confirmed that Safety Champion discussions were formally minuted to provide an auditable record but said there was an opportunity to review and refresh the current approach to ensure it remained effective and robust. She said the information was captured through the Chief Nursing Officer's report. Ms Chadwick-Bell emphasised the importance of strengthening how the Trusts capture real-time feedback and experiences from women and families and that assurance should extend beyond formal data and reporting. She highlighted the need to gather wider intelligence from service users and external sources to support effective triangulation and provide the Board with a fuller understanding of maternity service quality and experience. Prof Hickman advised that work was underway to explore opportunities to strengthen how intelligence and feedback was gathered from women and families to ensure that engagement was meaningful, consistent and was informing service improvement and not just a procedural exercise. Prof Toner noted that the report contained no unexpected findings and supported the approach outlined. She emphasised the importance of triangulating data with wider intelligence from staff, patients and support services, ensuring assurance was informed by a broad range of perspectives rather than relying solely on performance indicators. Ms Barber highlighted the opportunity to apply learning from maternity services across the wider organisation. She said that whilst welcoming the maternity action plans, she suggested that consideration be given to how lessons identified through this work could be translated into broader organisational improvements and assurance arrangements. Sir David welcomed the report and said it was important to focus on meaningful improvement rather than additional reporting requirements and the need to strengthen triangulation of information, gather intelligence from patients, staff and partner organisations, as well as considering cultural and leadership factors alongside performance data. He noted that learning from other organisations and wider workforce feedback could provide valuable insights. He noted the progress being made whilst recognising that further work remained. **Resolved: that the Maternity and Neonatal Quality Assurance report be received for information and assurance; the Maternity and Neonatal 10 Point Plan Assurance Process be received for assurance and that final approval of the 10 Point Plan be delegated to the Group Quality Committee**
236/26	**Maternity and Neonatal - 10 Point Plan - Assurance Process – Verbal**
	This item was received and discussed under minute reference 235/26.
237/26	**Integrated Quality and Performance Reports (Section Heading)**
238/26	**Group Finance Plan and Workforce Report**
	Mr Stringer presented the Group Finance Plan and Workforce report which had been considered in detail at the Group Finance and Productivity Committee (GFPC). He reported that the Month 4 position remained broadly in line with plan, with Walsall performing slightly ahead of target by approximately £0.1 million. He

	noted continuing operational pressures, including urgent and emergency care demand at Walsall and the need for elective activity recovery at Wolverhampton, for which improvement plans were being implemented. He advised that the Cost Improvement Programme (CIP) remained a challenge and under pressure at Month 4, with these challenges continuing into Month 5. He said as a result, further work was underway to review, revalidate and strengthen improvement plans to maximise delivery of efficiencies and support achievement of the year-end financial targets. Mr Stringer advised that early Month 5 discussions had identified various areas requiring further investigation and assurance. He said work was being undertaken with executive colleagues to develop a strengthened improvement plan, which would be presented at the October Board Development Session to provide assurance on the actions being taken to achieve the Group's financial objectives for the year. Dr Radley provided an update on the Group workforce position and advised that further detail on recovery plans would also be presented at the October Board Development Session. She noted that the Group workforce had reduced by over 113 whole-time equivalent (WTE) posts since the start of the financial year. She said however, that workforce numbers remained significantly above plan, with the Month 4 position showing the Group was approximately 375 WTE above target, primarily driven by the position at RWT, alongside a smaller variance at WHT. Dr Radley advised that temporary staffing continued to represent the most significant workforce pressure, particularly the utilisation of bank staff, which accounted for majority of the variance against plan. She said whilst agency usage had reduced, it remained above target levels. She advised that further actions were being developed and implemented to address these pressures and support delivery of the workforce plan. Sir David noted that the Group's financial position remained broadly on track but highlighted ongoing risks relating to CIP delivery, use of reserves and workforce reductions. He emphasised the need for robust plans to address these issues and bring staffing levels back in line with plan by year-end. **Resolved: that the Group Finance Plan and Workforce Report be received for information and assurance**
239/26	**Integrated Performance Report –Walsall Healthcare NHS Trust**
	Ms Godson reported that the Trust remained on plan financially at Month 4, with this position continuing into Month 5. She advised that that industrial action costs of approximately £0.9 million had created additional financial pressures, as no national funding had been made available to offset these costs. She said this, together with other pressures, had affected delivery of the CIP, although progress continued to be made and a significant proportion of planned savings remained scheduled for delivery during the second half of the financial year. Ms Godson reported urgent and emergency care activity remained above plan, with emergency department attendances and emergency inpatient activity exceeding planned levels. She said increased demand had continued into August, with activity reported to be higher than the same period in the previous year. She said whilst some additional income had been received from the ICB, the increased demand had also contributed to higher bank staffing expenditure. She said elective performance remained on target and that there had been no severe harm incidents reported during July 2026. She reported improvements in Venous Thromboembolism (VTE) compliance but further work was required to achieve the Trust's target performance levels. She advised that improvement plans continued to be overseen through the Group Quality Committee. Ms Godson advised that complaints performance had continued to improve following lower compliance levels earlier in the year, with teams maintaining a focus on further improvement. She said operational performance remained strong, with the Trust exceeding its trajectory for four-hour emergency care performance, remaining the highest-performing Trust in the Midlands for Referral to Treatment (RTT) standards, and achieving all three national cancer standards. She said diagnostic performance had also improved through increased capacity provided by a mobile MRI scanner, resulting in month-on-month improvements. Ms Godson highlighted progress in productivity measures, which included improved theatre utilisation rates and reductions in average length of stay for both elective and non-elective patients. She said further work was required to improve 'Did Not Attend' (DNA) rates, patient-initiated follow-up processes, temporary staffing expenditure, sickness absence levels and recruitment timescales. She noted the positive trajectory of operational performance whilst recognising the need for continued focus on

	workforce and productivity challenges. Ms Whyte reported that care hours per patient day had reduced slightly in July but remained broadly stable. She said safe staffing levels were achieved across most shifts, although significant workforce pressures continued within Medicine and Long-Term Conditions, where staffing levels frequently operated below planned establishment. She noted that the Matrons maintained close oversight of staffing and patient flow, meeting twice daily to review operational pressures. She said significant staff redeployment continued throughout the reporting period, including the movement of registered nurses and clinical support workers to maintain safe staffing levels, with ward managers also providing clinical cover where necessary. Ms Whyte advised that corridor care had not been utilised during part of the early financial year; however, increasing operational pressures had required its use on a limited number of occasions during July and August. She confirmed that all instances were managed in accordance with the Trust's agreed Standard Operating Procedure, with mitigation measures in place to minimise risks and maintain patient safety. Ms Chadwick-Bell noted that increased demand and periods of hot weather had impacted service pressures and staffing dependency. She suggested it would be helpful to better understand the financial impact of these factors and to differentiate between demand arising from seasonal pressures and underlying growth in activity. She also highlighted the importance of considering whether further measures could be taken to manage non-elective activity ahead of winter and encouraged consideration of more ambitious approaches to demand management and service resilience. She said these issues would require further exploration as part of winter planning and operational preparedness. Ms Godson advised that it was difficult to determine the extent to which increased demand was directly attributable to hot weather. She noted however, that the Trust had experienced increased ambulance conveyances from neighbouring organisations, particularly Dudley, and that rising demand was being seen across the wider region. She said further analysis would be undertaken to better understand the Trust's position and the drivers of demand Sir David queried the extent to which amber staffing levels had become an accepted norm, noting that a significant proportion of shifts were operating at amber status and questioned whether this now represented the baseline position for services. Ms Whyte advised that amber staffing levels often reflected minor staffing shortfalls rather than unsafe staffing. She noted that staffing assessments were based on professional judgement and ongoing review of ward pressures to ensure patient safety was maintained. Prof Hickman said while staffing gaps could often be mitigated, this was not always achieved with the ideal skill mix, which could affect staff experience, service delivery and patient outcomes. She said that the amber status reflected a degree of compromise and should not be regarded as the desired position. Ms Whyte advised that where one-to-one observations could not be fully staffed, alternative arrangements were put in place to maintain patient safety. She noted that while mitigations could be implemented, these were not the preferred model of care and reflected ongoing staffing pressures. **Resolved: that the Integrated Performance Report be received for information and assurance**
240/26	**Integrated Performance Report - The Royal Wolverhampton NHS Trust (RWT)**
	Ms Nuttall advised that, whilst the impact of increased acuity could not easily be quantified financially, a number of key issues required highlighting from the RWT report. She advised that a further 'Never Event' had been reported in July 2026, bringing the total for the year to four. She said all incidents would be subject to Patient Safety Incident Investigations and monitored through the appropriate governance processes. Ms Nuttall advised that the rollout of Martha's Rule continued within the Emergency Department and that future reports would provide information on the use of patient and family escalation routes as part of the Trust's wider safety assurance framework. She provided an update on fire safety improvements, noting that works at Cannock Chase Hospital were expected to be completed by November 2026. She advised that positive engagement continued with Staffordshire Fire and Rescue Service and West Midlands Fire Service regarding compliance activity and improvement works across the estate, including Block 32 and the Maternity Block.

	Ms Nuttall reported progress on Phase Two of the Electronic Patient Record (EPR) programme, which would commence in October and continue through to March 2027. She said this phase would focus on clinically led workstreams, with detailed governance and implementation arrangements being overseen through the Group Digital and Estates Committee. Ms Nuttall advised that workforce pressures and delivery of the CIP remained a significant challenge, particularly within Division One, where financial performance had deteriorated during Month 5 despite activity recovery plans being in place. She noted that further work was required to deliver workforce reductions and planned efficiencies. She said in terms of performance, urgent and emergency care continued to benchmark strongly nationally despite falling slightly below the Trust's internal trajectory. She reported ambulance handover performance against the 15-minute and 45-minute standards had deteriorated and would remain a key focus as part of winter planning and action plans were in place. She advised Referral to Treatment performance remained ahead of trajectory, with a substantial reduction in the number of patients waiting more than 52 weeks. She said diagnostic performance remained strong overall, although audiology performance was below target and subject to a recovery plan. She reported that cancer performance remained largely static, with ongoing challenges with 2 week waits in breast services. She said there remained positive performance in diagnostics with audiology being one area where it was below trajectory and a recovery plan was in place. Ms Nuttall noted that community services performance had seen limited improvement, with recruitment difficulties continuing to impact delivery. She said under the NHS Oversight Framework, the Trust remained in Segment 3, with workforce-related measures, including staff engagement, culture and survey results, representing the most significant area of challenge, although improvements were being seen across a number of other domains. **Resolved: that the Integrated Performance Report - The Royal Wolverhampton NHS Trust (RWT) be received for information and assurance**
241/26	**RWT & WHT Winter Plans & Assurance Statements**
	Ms Godson presented the Walsall Winter Plan, noting that it had been subject to extensive scrutiny through operational groups, relevant committees, the System Urgent and Emergency Care Board and winter stress-testing exercises involving system partners, the ICB and NHS England. She said no further changes to the plan had been requested following these reviews. Ms Godson advised that the system modelling had identified a capacity gap over the winter period, however, local analysis suggested the position was less severe than the original assumptions indicated. She said the Trust, alongside system partners, had submitted funding bids to help address remaining capacity pressures and was awaiting the outcome of those requests. Ms Godson advised that approval was being sought for a winter investment plan of approximately £900,000. She said the plan built on existing initiatives, including Same Day Emergency Care, the Emergency Observation Unit and developments within the Acute Medical Unit. She advised it was aligned with the Trust's Community First model, workforce plans and wider partnership objectives. She noted that focus of the winter plan was on avoiding unnecessary admissions, improving patient flow and supporting patients closer to home, rather than relying solely on increasing bed capacity. Sir David asked whether the Winter Planning Checklist provided the assurance framework through which the Board could be satisfied that appropriate winter preparedness arrangements were in place and queried whether the assurance framework had been reviewed at a sub-committee of the Board. Ms Godson confirmed that the Winter Plan had been reviewed through the appropriate committee structure, however, the Board Assurance Framework template had not accompanied the plan during that scrutiny process. Dr Radley queried whether the Winter Plan should include reference to temporary staffing requirements, particularly given the ongoing financial and workforce pressures associated with bank staffing. She suggested consideration be given to including workforce mitigation plans within the Winter Plan to provide greater visibility of how temporary staffing pressures would be managed during the winter period. Ms Godson advised that workforce-related initiatives were already included within the Winter Plan and aligned to the Trust's workforce planning arrangements. She agreed that temporary staffing plans could be included as an appendix to provide greater visibility and assurance. She also clarified that the Board Assurance Framework template had been received after consideration by the Finance and Performance Committee, which was why it had not accompanied the plan during earlier scrutiny

	Ms Sadler-Todd asked whether assurance could be sought from the Mental Health Trust Board regarding the measures referenced within the Winter Plan, noting the impact that mental health services can have on urgent and emergency care performance. She suggested that confirmation of their assurance position could help the Board understand any potential risks or wider system pressures affecting winter preparedness. Ms Nuttall advised that, whilst she was unable to comment on the process for obtaining formal Board assurance from the Mental Health Trust, winter plans from all organisations, including the Mental Health Trust, had been presented through system-level discussions. She noted that initial feedback from the ICB indicated that further development work was required across a number of plans and that assurance levels for mental health services were lower than those for acute providers. She said ongoing discussions continued regarding funding and additional schemes to support winter preparedness across the mental health sector. Ms Nuttall advised that winter modelling had identified a peak requirement of 839 beds, equating to a potential shortfall of 81 beds on the busiest day of the winter period. She reported that through approved schemes and mitigations, the Trust had secured £1.7 million of funding, which would address 60 of the anticipated bed shortfall, leaving a residual gap of 21 beds. She said additional unfunded schemes had been submitted to the ICB to help address the remaining capacity gap. She added that, when reviewed by the Black Country Urgent and Emergency Care Board, the Walsall plan had received the highest level of assurance, followed by plans from Sandwell and West Birmingham and RWT, with some further questions raised regarding the Dudley submission. Ms Nuttall reported that the majority of funding was focused on the provision of a 28-bed ward, alongside a range of other initiatives designed to improve capacity and patient flow. She also advised that an additional £500,000 had been secured to support paediatric capacity over the winter period, reflecting anticipated seasonal pressures. She noted that further funding discussions were ongoing, including proposals relating to the Staffordshire population served by the Trust and that all schemes included associated workforce requirements and staffing trajectories, which had informed the costings within the plan. Ms Nuttall reported that all organisations, including the Mental Health Trust, had presented high-level winter plans. She said feedback from the ICB following its initial review indicated varying levels of assurance across the plans, with further development required in all cases. She said it was noted that there was less assurance regarding the Mental Health Trust's plan than the acute trust plans. She advised the Mental Health Trust's submission had been presented by its Chief Operating Officer, and discussions remained ongoing regarding potential funding and associated schemes. She whilst all organisations were at a similar stage of planning, greater assurance had been provided in relation to the acute sector plans than those of the mental health organisations. Ms Nuttall reported that the RWT Winter Plan formed part of the wider One Wolverhampton system plan, which had not been available for inclusion with the Board papers. She said as a result, some neighbourhood-based schemes discussed earlier were not specifically reflected within the RWT submission. She reported the winter modelling identified a peak requirement of 839 beds, equating to a projected shortfall of 81 beds on the highest demand day, although capacity requirements fluctuated throughout the winter period. Ms Nuttall advised that approximately £4 million of non-recurrent funding was available across the Wolverhampton system through a range of workstreams, including neighbourhood health funding, the Better Care Fund and discharge funding. She confirmed that all schemes included workforce trajectories and associated staffing requirements. Sir David acknowledged that both organisations had well-established approaches to winter planning and expressed confidence in their ability to deliver the plans. He proposed that the final Board Assurance Framework sign-off be delegated to himself, Ms Chadwick-Bell and Mr Assinder to allow further review before approval. He asked that both winter plans include the capacity gaps that were dependent on additional funding bids submitted to the ICB. He said that any Board assurance should recognise this dependency. He emphasised the importance of obtaining wider system assurance, particularly from Mental Health Trusts and the West Midlands Ambulance Service, to ensure that the overall health and care system was adequately prepared for winter pressures.

	Ms Chadwick-Bell noted that winter plans had previously been signed off at system level and that, whilst the Board could approve the elements within its direct control, it could not provide assurance on wider system partners. She highlighted the importance of strengthening the use of care coordination services and increasing community-based management of demand to reduce avoidable admissions and support patients to remain at home where appropriate. She acknowledged that further work was needed to demonstrate the impact of these approaches within the plan. **Resolved: that final sign-off of the Board Assurance Framework be delegated to Sir David, Ms Chadwick-Bell and Mr Assinder, enabling further review of the document and any required amendments before formal approval**
242/26	**Governance (Section Heading)**
243/26	**Guardian of Safe Working Progress Report**
	Dr McKaig advised that new Terms and Conditions of Service for resident doctors at RWT & WHT had been introduced in June 2026. He assured the Board that both Trusts were compliant with the revised requirements for exception reporting. Dr McKaig advised that exception reporting had increased during Quarter 1, which was believed to reflect the introduction of greater anonymity within the reporting process, and designed to encourage concerns to be raised without fear of undue pressure. He said the distribution of reports highlighted ophthalmology as an area of particular focus, with nine of the ten finable exception reports relating to ophthalmology. He advised that these issues were being addressed through a revised model of care. Dr McKaig highlighted that exception reporting continued to provide valuable intelligence on workforce pressures and service delivery issues, helping to identify where operational models may require review. He further assured that any fines arising from breaches of working time regulations were reinvested to support the training, wellbeing and development of resident doctors in accordance with national guidance. Prof Hughes asked when the benefits of the revised ophthalmology care model would begin to be seen in reduced exception reporting and fewer breaches, particularly within urgent and emergency ophthalmology services. Dr McKaig advised that the revised ophthalmology model was scheduled for implementation in December 2026. He noted that exception reporting and associated breaches were therefore likely to continue until the new arrangements were fully introduced, after which the Trust would expect to see evidence of improvement through a reduction in future reports **Resolved: that the Guardian of Safe Working Progress Report be received for information and assurance**
246/26	**Medical Revalidation & Fitness to Practice (Annual Report & Statutory Statement of Compliance)**
	Dr McKaig presented the annual Medical Appraisal Report, advising that both organisations had achieved good levels of compliance with appraisal requirements. He confirmed that the statutory Statements of Compliance for RWT and Walsall would be submitted to NHS England following sign-off by the Chair or Chief Executive. He said no significant concerns were identified, and opportunities were being explored to improve the efficiency and effectiveness of medical appraiser training through the Group structure. He confirmed the report had been presented at the Group People Committee. **Resolved: that the Medical Revalidation & Fitness to Practice (Annual Report & Statutory Statement of Compliance) be received for information and assurance**
247/26	**Workforce Race (WRES) and Disability (WDES) Equality Standards: 2026 Data Return and Key Action**
	Dr Radley presented the annual Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) report for both organisations, covering the 2025/26 reporting period. She noted that a more detailed report had previously been considered by the GPC, with the Board receiving a consolidated summary of the key findings. Dr Radley reported that the overall picture remained mixed and whilst improvements had been seen in areas including workforce representation, disability disclosure rates, recruitment outcomes, and some measures relating to bullying, harassment and abuse, significant inequalities continued to exist. She said White candidates remained more likely to be appointed than candidates from Black and Minority Ethnic (BME) backgrounds, while disabled candidates continued to experience less favourable recruitment outcomes. She advised BME colleagues were also more likely to report experiences of disciplinary action, bullying, harassment and discrimination, and disabled colleagues continued to report poorer experiences in areas such as workplace adjustments and career progression. Dr Radley advised that the Trust's response would be incorporated into the wider cultural improvement

	programme scheduled for later in the year, alongside a dedicated Equality, Diversity and Inclusion action plan. She emphasised the importance of focusing not only on what actions were required, but also on how improvement would be delivered in practice. She said future work would include strengthening divisional ownership, improving access to meaningful data and increasing accountability for delivery. She also noted a request from the Group People Committee (GPC) to develop a five-year trend analysis where possible, although caution would be required due to changes in reporting methodologies and data comparability over time. Dr Radley reported that although progress had been made in several areas, this should not be interpreted as equality having been achieved. She emphasised the need for continued Board focus on delivery, accountability and measurable improvement, with further detailed scrutiny to be undertaken by the GPC. Ms Chadwick-Bell welcomed the decision to incorporate equality, diversity and inclusion work within the wider culture improvement programme. She highlighted disability non-disclosure as an area of concern, noting that low disclosure rates could limit the Trust's understanding of staff experience and inequality. She asked how the organisations could encourage greater disclosure and develop a more accurate picture of disability within the workforce. Dr Radley advised that building staff confidence to disclose personal information would be key to improving reporting rates. She noted that this may be linked to employees' experiences of workplace adjustments and organisational support. She said that further work would be undertaken to explore these issues, including reviewing onboarding processes and strengthening staff networks to ensure they could provide effective support and representation. She said development of the staff networks formed part of the Equality, Diversity and Inclusion action plan. Sir David emphasised that workforce equality remained an important issue both for the experience of staff and for the Trusts' relationship with the communities they served. He supported the development of a comprehensive improvement plan and noted that the actions should be considered alongside wider organisational culture improvement work, including addressing issues highlighted through staff survey results. He stressed the importance of sustaining focus on cultural change and welcomed the continued scrutiny of progress. **Resolved: that the Workforce Race (WRES) and Disability (WDES) Equality Standards: 2026 Data Return and Key Action be received approval**
248/26	**Modern Slavery and Human Trafficking Statutory Statements for RWT & WHT**
	Mr Stringer presented the annual Modern Slavery Statement for both organisations, noting that the Board was required to approve a formal statement setting out its commitment to preventing modern slavery. He advised that the statement reflected updated national guidance issued in May and included strengthened commitments relating to procurement and supply chain assurance. He advised that significant work had been undertaken to review supplier arrangements, including the use of NHS Supply Chain frameworks and enhanced oversight of suppliers' compliance with modern slavery requirements. He said the statement reaffirmed the organisations' zero-tolerance approach to modern slavery and emphasised the importance of ethical procurement, responsible contracting and robust supplier scrutiny. Dr Radley advised that the principal change to the Modern Slavery Statement was the inclusion of strengthened commitments relating to procurement and supply chain assurance. She noted that it was proposed that the Group People Committee (GPC) would become the lead committee responsible for the annual review of the statement, providing assurance regarding workforce and safeguarding arrangements. She noted that the statements were already published on both Trust websites and that future reviews would include the enhanced procurement and supply chain requirements. Mr Levermore suggested that the Modern Slavery Statement also become a formal financial reporting requirement within the Trusts' Annual Reports and Accounts. Sir David reaffirmed the Board's commitment to preventing modern slavery and supporting efforts to address the issue wherever possible. He welcomed the strengthened focus on procurement and supply chain assurance, noting that responsible procurement provided an important mechanism for identifying and reducing modern slavery risks. **Resolved: that the Modern Slavery and Human Trafficking Statutory Statements for RWT & WHT be received for approval**

249/26	**NHS Premises Assurance Model (PAM) 2025/26 Annual Assessment and Submission**
	Mr Stringer presented the Premises Assurance Model (PAM) self-assessment for Board approval, noting that it had been reviewed by the Group Digital and Estates Committee and the Executive Team. He explained that the assessment methodology had changed significantly from previous years, introducing a much more detailed assurance process based on a large number of binary yes/no responses. He said as a result, direct comparison with previous years was limited and the likelihood of identifying more red-rated areas had increased. Mr Stringer advised that the assessment had been completed, with detailed challenge and review undertaken to ensure an accurate reflection of current performance. He noted that only a small proportion of the new assessment aligned directly with the previous methodology, restricting meaningful year-on-year comparisons. Mr Stringer advised that overall compliance remained strong in a number of areas, particularly patient experience. He said several areas requiring improvement had been identified, including soft facilities management compliance at Walsall, and audit, policy, training and contractor compliance issues at RWT. He confirmed that targeted improvement plans would be developed and monitored through the Digital and Estates Committee to address these areas. Mr Stringer advised that the assessment had primarily been intended to provide assurance on compliance and identify areas for improvement rather than facilitate benchmarking against previous years. He asked Board member for approval to endorse the returns ahead of submission to NHS England by the required deadline. **Resolved: that the NHS Premises Assurance Model (PAM) 2025/26 Annual Assessment and Submission be received for information and approval**
250/26	**RWT Audit Committee Chairs Report**
	Ms Jones provided an update from the Audit Committee, highlighting positive internal audit opinions in relation to Referral to Treatment (RTT) and Fit and Proper Persons requirements. She said a follow-up review of Authorised Engineers had also been considered, with some recommendations yet to be fully tested due to the nature of the processes involved. Ms Jones advised that the Committee had received a report on improving controls over cash-handling procedures in the New Cross General Office. She said the Committee had also reviewed the Scheme of Delegation and Scheme of Reservation, received positive assurance on cyber security, and approved the Group Conflicts of Interest Policy, subject to minor amendments, for onward consideration by the Group Policy Committee. Ms Jones advised that the Committee had held its annual private session with internal and external auditors without management present. She advised that no significant concerns were raised by either party. The auditors commended the positive working relationships between teams, particularly between Counter Fraud and HR, as well as the Executive Team's timely involvement of Internal Audit when investigations were required. She said the Committee had reinforced the importance of managers implementing agreed audit recommendations promptly and without the need for further challenge or escalation. **Resolved: that the RWT Audit Committee Chair verbal update be received for information and assurance**
251/26	**Questions Received from the Public**
	Sir David welcomed Mr Richard Schneider and advised that Mr Schneider had submitted an extensive question in advance of the meeting and had been advised that the Board was unable to respond to matters relating to an individual case or personal experience in a public forum. However, he said the Board was content to respond to the broader governance issues raised. Mr Schneider advised that he had received the advice and had therefore refocused his question on the Trust's governance arrangements. He asked for clarification on how the Board obtained assurance regarding compliance with disciplinary procedures, the monitoring of investigations, and oversight of employment processes. He asked specifically what information the Board received regarding investigations that exceed expected timescales, whether this included quantitative information on overdue cases and the length of delays, who scrutinised this information, and what escalation or corrective action follows where concerns were identified.

DRAFT

Dr Radley confirmed the Board did receive assurance regarding compliance with disciplinary policies, monitoring of investigations and oversight of employment processes through established governance arrangements. She said responsibility for detailed scrutiny of these matters was delegated to the Group People Committee, which received regular reports and oversight information. She noted that the next scheduled update to the Committee was due in October 2026. She advised that information provided to the Group People Committee included detail relating to the timeliness of employment processes, assurance that relevant procedures were being followed correctly, and information relating to employment tribunals. She said all information was provided and considered on an anonymised basis to maintain confidentiality.

Dr Radley explained that consideration was being given to whether current governance and assurance arrangements could be further strengthened. She assured however, that the relevant information was routinely reported through the appropriate committee structures and subject to scrutiny. Ms Brathwaite, as Chair of the Group People Committee, confirmed that the Committee did not simply receive information for noting but actively scrutinised reports presented. She said members sought assurance that investigations and disciplinary processes were being undertaken appropriately and within expected timescales, and they challenge information where necessary rather than accepting reports at face value.

Sir David asked Mr Schneider if there was any further clarification regarding the concerns underlying his question. Mr Schnieder said that the principal concern appeared to relate to the length of time taken to complete some investigations and disciplinary processes.

Dr Radley said investigations may occasionally exceed the timescales set out within Trust policy. She said whilst policies established target timescales for completion, investigations were often complex and could be influenced by a range of practical factors. She said these may include, the availability of individuals required to participate in the investigation process, allocation of investigating officers, case managers responsible for reviewing and assessing cases and availability of trade union representatives to support and participate in meetings and discussions. She said this would also be due to other operational factors that may affect the progression of a case. She advised that where investigations were not progressing in line with the expected timescales, the reasons for delay would be reported and explained through governance processes and such information would be included within reports presented to the Group People Committee to enable oversight and appropriate challenge.

Sir David acknowledged the concerns regarding the duration of investigations that had been brought to the Board's attention. He said that the matter would be considered further through the Group People Committee as part of its ongoing scrutiny and assurance responsibilities.

Sir David noted that seven questions had been submitted by Dr Tinsa. He reiterated that this was a Board meeting held in public rather than a public meeting and, therefore, it would not be possible to consider all questions during the session. Sir David asked Dr Tinsa which questions he would like responded to within the meeting. Dr Tinsa confirmed that he would like answered the question relating to excess deaths from stroke units. Sir David said the remaining questions would receive written responses outside of the meeting and be included within the minutes.

Question 1: ***Can the board provide an update on the excess deaths at the stroke unit? When is the next review due to take place.***
Response : Dr McKaig advised that the Summary Hospital-level Mortality Indicator (SHMI) for acute cerebrovascular disease was currently 96.5, with 100 representing the benchmark, and that it had remained below 100 for the last 12 reporting periods. He said during this period, crude mortality had reduced from 19% to 14%. He said it was reported that, of patients who had died, 94% of structured mortality reviews had concluded that care was satisfactory or good. He advised two cases identified poor care; learning had been taken from both incidents, although in each case the death was considered unavoidable.
Dr McKaig reported that the Stroke Service continued to monitor quality through the Stroke Sentinel National Audit Programme (SSNAP). He said while the service currently held an overall rating of D, performance was benchmarking similarly with neighbouring acute stroke units and improvements had been demonstrated. He advised next audit cycle was due in 2025/26, and further progress was anticipated.
Dr Tinsa asked what had caused the excess deaths in stroke services in previous years and whether the Trust had been able to identify the underlying reasons. Dr McKaig said there had been no excess stroke

	deaths during the last 12 months, with fewer deaths occurring than expected. He said the previous increased mortality had been subject to extensive review, including two external reviews and a Royal College review. He advised findings indicated that the causes were multifactorial and included timely access to diagnostics, consistent delivery of treatment on the stroke unit, and the appropriate management of stroke patients. He said actions arising from the reviews had been implemented and that performance had improved since the Royal College review undertaken in November 2024. He further confirmed that the Royal College had completed a follow-up visit and formally signed off the review, providing positive feedback regarding the improvements made. **Question 2:** ***I note that 3 reports are going to be delivered verbally. I know that the Chairman regularly produces a verbal report but this poor practice seems to be spreading to other reports. How on earth is the public observer meant to put a question in relation to these verbal reports on the day before the meeting? I expect that members of the public will be able to ask questions on these reports at the end of the meeting once the verbal reports have been delivered.*** Response: Sir David explained that the Board meeting was a meeting held in public rather than a public meeting, with the primary purpose being for the Board to conduct its business collectively. Sir David advised that verbal reports may be necessary where matters had arisen since publication of the agenda papers or where information fell outside the Board reporting cycle. Sir David also confirmed that members of the public were able to ask questions relating to any verbal report during the public questions section at the end of the meeting. ***Question 3 : Are the emergency services still inadequate and unsafe? Have any improvements been made to date? When is the next CQC Review due to take place?*** Response: Emergency services have not been rate inadequate or unsafe. We have no jurisdiction regards CQC review dates or timings. ***Question 4 : What is the level of complaints? What percentage are being dealt with on time? Is the trend upwards or downwards?*** Response : There are currently 262 formal complaints currently open Trust wide, this is an increase from the same reporting period 2025/26 to this year 2026/27, this represents 0.07% of Trust activity. 56% of formal complaints were responded to within timeframes, with improvement actions in place for those specialties breaching policy standards ***Question 5 : What is the latest RWT legal bill in relation to medical negligence? Is this on an upward or downward trend?*** Response: Clinical negligence claims are managed through NHS Resolution under the Clinical Negligence Scheme for Trusts (CNST), which provides indemnity cover for the Trust. The direct costs of claims settlements and associated legal fees are therefore borne by NHS Resolution rather than the Trust. ***Question 6: What is the latest update on the poor soul who jumped from the top of the Heart and Lung Centre to his death. How did he manage to gain access to the top of the Heart and Lung Centre?*** Response: This case was subject to a Coroner review and subsequent learning and actions shared with the family. ***Question 7: What is the latest update on the conspiracy to steal a baby from the Neonatal Unit? I understand that a student nurse was involved in this conspiracy. Is the board aware that it is very easy to access the Neonatal Unit? All one has to do is to ask a reception staff whether they can use a toilet, and they are let in the Neonatal Unit*** Response: Public toilets are situated within the antenatal clinic, however out of hours these are beyond the first set of security doors which are monitored by security who have a 24/7 presence on the ground floor monitoring access / egress. There are regular tests of security processes in place in line with unit policies.
252/26	**Any Other Business**
	There was no other business raised
253/26	**Date and Time of Next Meeting – Tuesday 17 November 2026 at WMI Building, MLCC Walsall Healthcare Trust**
	Sir David confirmed the date and time of the next meeting as Tuesday 17 November 2026 and as there was no further business to conduct, closed the meeting. **Resolved: that the meeting of the Board of Directors held in Public on 15 September 2026 be closed.**

DRAFT

Enclosure 4.1

Agenda item		Assigned to	Deadline	Status
RWT/WHT Group Board of Directors Meeting - to be held in Public 21/07/2026 10.5 Mental Health Service Update				
3864.	Mental Health Services update - Ms Hickman and Ms Carroll to provide a further update on Mental Health services be brought to the November Board meeting, including performance against key response times, particularly the one-hour and four-hour standards, together with an update on improvement actions and any issues requiring escalation within the wider system.	• Carroll, Lisa • Hickman, Debra	05/01/2027	Pending
	Explanation action item Update Oct 2026: It is noted that the full report for mental health services will not be completed for the November Board 2026 meeting and agreed to be presented at the January 2027 Board. Ms Hickman and Ms Carroll provided a verbal update at the September Board under matters arising. It was noted that a fuller report would not be available until the next Board meeting in November 2026			
RWT/WHT Group Board of Directors Meeting - to be held in Public 15/09/2026 10.5 RWT & WHT Winter Plans & Assurance Statements				
4049.	RWT & WHT Winter Plans & Assurance Statements - the final Board Assurance Framework sign-off be delegated to Sir David, Ms Chadwick-Bell and Mr Assinder to allow further review the Managing Directors and Chief Operating Officers before approval.	• Godson, Amelia • Nuttall, Gwen	03/11/2026	Completed
	Explanation action item Update: Meeting to further review the RWT & WHT Winter Plans & Assurance Statements was held on Wednesday 23 September 2026. The Plans and Assurance were received, discussed and approved for submission.			

Tier 1 - Paper ref:	Enclosure 5

Report title:	Fit and Proper Persons Annual Assurance 2025/26
Sponsoring executive:	Sir David Nicholson, Group Chair
Report author:	Jaswinder Toor, Group Trust Board Secretary
Meeting title:	RWT/WHT Group Board of Directors Meeting – held in Public
Date:	17 November 2026

1. Summary

Background

The NHS England Fit and Proper Person Test (FPPT) Framework, introduced in August 2023 following the Kark Review, sets out requirements for assessing the suitability of board directors to hold office and discharge their responsibilities effectively. The framework applies to executive and non-executive directors, including interim appointees. Both Trusts have established FPPT processes in place and are reviewing policies to achieve a consistent approach across the Group.

Process and outcome

The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust have successfully conducted the Fit and Proper Persons Test (FPPT) for 2025/26 and submitted to NHSE by the required submission date of the end of June 2026.

The process ensured that all Board members meet the requirements outlined in the Health and Social Care Act 2008 regulations. The process included new appointment checks and annual assurance measures, such as DBS checks, searches of relevant registers, and self-declarations, with outcomes recorded in personal files and the Electronic Staff Record (ESR). NHS England reviewed and signed off the submissions in October 2026, confirming that all Board directors continue to meet the statutory requirements (appendix 1).

The Board will continue to monitor compliance throughout the year and will be notified of any matter that may affect a Director's ongoing eligibility under the Fit and Proper Person Requirements.

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

N/a

4. Recommendation(s)/Action(s)

The Group Trust Board is asked to

- Note and Receive the report for assurance in respect of the FPPT that has been conducted for the period 2025/26 and that all Board members satisfy the requirements

Report to the Group Trust Board of Directors Meeting held 17 November 2026
Fit and Proper Persons Annual Assurance 2025/26

1. Purpose

This report provides annual assurance to the Group Trust Board that all Directors of The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust continue to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and Proper Persons Test (FPPT).

The framework applies to all executive and non-executive directors, including interim and acting-up appointments where applicable. Comprehensive checks are undertaken on appointment, with annual assurance reviews completed thereafter.

2. Annual Assurance Process

All executive and non-executive directors of both Trusts complete an FPPT self-declaration and annual assurance checks are undertaken in accordance with the NHS England FPPT Framework, including:

- Self-declarations by all directors;
- Checks of relevant insolvency, bankruptcy and director disqualification registers;
- Review of trustee disqualifications and other statutory exclusions;
- Appropriate online and media searches;
- Confirmation of ongoing compliance with statutory requirements.

In addition, all new Board appointments are subject to the full pre-appointment FPPT process. Records of all checks are maintained within local governance records and the Electronic Staff Record (ESR).

Directors remain responsible for notifying the Trust Chair, Deputy Chair or Board Secretary without delay should any matter arise that may affect their eligibility to satisfy the FPPT requirements.

3. Outcome

All annual declarations were reviewed by the respective Board Secretary and Deputy Chair.

No matters were identified that would call into question the fitness or propriety of any Director of either Trust. All executive and non-executive directors continue to satisfy the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The annual FPPT submissions were submitted to NHS England in June 2026 and were signed off by the Midlands Regional Director in October 2026.

Directors have also complied with the requirement to declare interests annually and to update these declarations throughout the year where changes arise. Registers of Interests are published on the respective Trust websites.

4. Conclusion

The Board can be assured that:

- Appropriate arrangements are in place to comply with the NHS England FPPT Framework;
- All required annual assurance processes have been completed;
- All Directors of The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust meet the requirements of the Fit and Proper Persons Test;

- No concerns have been identified during the reporting period.

5. Recommendation

The Group Trust Board is asked to:

a) Receive and Note for Assurance, the annual Fit and Proper Persons Test assurance process undertaken for 2025/26,

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:	17 November 2026

1. Summary of key issue

Firstly, sincere thanks go to every member of staff for their compassion, dedication and commitment to providing high-quality care and support to patients and their families. The professionalism, teamwork and resilience demonstrated by staff across all roles make a genuine difference every day, and their contribution is immensely valued and appreciated.

How we are doing

In Walsall, the position remains relatively stable. The financial position is marginally ahead of plan although there remains delivery risk associated with the weighting of the Cost Improvement Programme (CIP) and productivity improvements towards the second half of the year.

There continues to be a focus on reducing workforce spend and headcount which is behind plan and remedial actions are in place to deliver in year improvements. Sickness decreased fractionally but remains outside of target.

From an operational performance perspective, there has been a sustained increase in growth for elective and non-elective care impacting on delivery against our plans, details are covered within the IQPR along with mitigating actions. Cancer and Urgent care performance is still operating in the upper quartile nationally and in the top 10 for elective.

In Wolverhampton, the Trust continues to make progress in a number of areas with financial delivery remains the principal concern**.** Whilst on overall plan at Month 6, CIP is behind plan and delivery of the Month 6 position has also required access to the Strategic Change Reserve. This position is compounded by the workforce remaining well above the Month 6 plan.

From a quality and safety perspective, the Trust has reported a third Ophthalmology Never Event this financial year, with the incidents subject to PSIRF investigation. From an operational performance perspective, RTT performance continues to improve and remains on trajectory for all measures other than total waiting list size, as does 28-day cancer performance. 62-day cancer and 4-hour A&E performance have improved in month but remain marginally below trajectory. 12-hour A&E performance and 45-minute handovers continue to pose a challenge and remain well above trajectory.

In line with the National Oversight Framework for 2026/27, both organisations league positions have improved from Quarter 4 of 2025/26 but remain in Segment 3 with the financial override continuing

to constrain improvement in segmentation. The Integrated Quality Performance Report (IQPR) provides further detail.

Provider Capability Self-Assessments 2026

As part of the NHS Oversight Framework, NHS England requires provider Boards to assess organisational capability across six domains covering strategy and leadership, quality, people and culture, access and delivery, productivity and value for money, and financial performance and oversight. The assessments subsequently inform NHS England's view of provider capability and the future focus of the oversight relationship.

The 2026 self-assessments for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) have now been completed. Both assessments reflect the increasingly aligned Group arrangements, while retaining separate judgements on the capability and position of each statutory organisation.

Both Trusts assessed Strategy, Leadership and Planning as Green, reflecting the Group strategy, substantive Board arrangements, system collaboration and established oversight of digital and cyber security. Quality of Care, People and Culture, Access and Delivery, and Productivity and Value for Money were assessed Amber Green at both Trusts, recognising established governance and improvement arrangements while identifying areas where further evidence of sustained delivery and improvement is required.

The principal difference relates to Financial Performance and Oversight, which was assessed Green at WHT and Amber Green at RWT. RWT's assessment reflects the continuing requirement for oversight of financial delivery, including the level of non-recurrent delivery and substantive workforce expenditure above plan, for which an early financial recovery approach has been implemented.

Overall, the self-assessment demonstrates established governance and leadership capability across both organisations, while appropriately recognising the need for continued focus on quality improvement, workforce and culture, access and waiting times, productivity and financial sustainability. These areas will continue to be monitored through the established Group and Trusts governance arrangements.

Winter planning 2026/27

Winter plans for both trusts have now been formally reviewed and signed off by the Chair and Chief Executive following delegations from the previous board meeting; this was subject to funding in line with schemes submitted to the ICB. This provides confirmation that the plans are approved to proceed, while recognising that they will remain subject to ongoing monitoring and, where necessary, further review in response to emerging risks, operational pressures or changes in national and local requirements. Assurance was received on the trusts' element of the winter plan; it also requires all other organisations actions to be completed.

Anchor
Work continues in preparation for being delegated a variety of commissioning responsibilities from the ICB to the Group from April 2027; this is described as an Anchor (a commissioner and integrator at place) and is distinct from the Group's provider role. The ICB has confirmed the Year 1 scope which will cover urgent and emergency care, urgent community response, non-elective admissions, intermediate care and rehabilitation, frailty, end-of-life care, and selected medical and therapy outpatients for people with frailty or chronic conditions. The proposed model will initially operate through a contractual conferral of discretions rather than full delegation, with contracts held by the Trust/s to bring decision making on commissioning of services closer to local populations.

Significant work is still required before implementation, particularly around financial baselines, payment mechanisms, risk sharing and assurance. The Group will continue to work with the ICB to reconcile the financial baseline and existing contracts, Better Care Fund arrangements and section 75 agreements. No financial risk will transfer until the baseline, payment mechanism and risk-sharing arrangements are agreed and due diligence has been completed. The ICB is developing a two-stage readiness process covering organisational capability and maturity, supported by frameworks for finance and risk, quality, behaviours, and delegation and decision rights. The readiness assessment process is expected to begin in November.

The next steps in the process are to complete the financial baseline work, prepare for and consequently begin the ICB capability and readiness assessment, progress the work required to produce the business case, and continue to work with partners to define the future roles of the Anchor, the Place Based Partnership Board and the Place Integrated Commissioning Committee. At this stage no resource has been identified over and above existing arrangements although we would expect this to be worked through over the coming weeks.

Improvement management system
Roll-out of the Management System by the Quality Improvement Team continues to be impacted by the delayed start of the Director of Improvement. In the meantime, the Team have attended a day of training at Royal Berkshire Hospital to see, in action, an effective Management System training approach, have completed a gap analysis between current and future ways of working, and have agreed a re-focus of QI resource to support Group priorities, including the reduction of medical temporary staffing spend. The Go and See Walks, which are a foundational activity for the Management System, will be a focus for the Team over the next few weeks.

Update on national policies/guidance shared:

National organ donation
We have received a letter from NHS England and NHS Blood and Transplant highlighting the urgent national decline in organ donation and its impact on patients awaiting transplantation. The letter asks NHS organisations to maintain a strong focus on identifying and referring potential donors, support timely diagnosis of death by neurological criteria where clinically appropriate, work closely

with Specialist Nurses in Organ Donation, and ensure staff have the training, time and support required to engage appropriately with families. Staff are expected to remain alert to donation opportunities and follow established local processes, while ensuring that end-of-life care and decisions regarding the diagnosis of death remain entirely independent of organ donation considerations.

Implementation of Martha's Rule in Emergency Departments

On the 21st September NHSE wrote to all NHS Trusts with Emergency Departments regarding the plans to roll out Martha's Rule in Emergency Departments with implementation expected to be completed by the end of March 2028. Implementation includes the following areas: adults and paediatrics, majors (including 'chairs'), resus, reception and waiting rooms, and temporary escalation spaces, including corridors. While Martha's Rule may offer value in other settings, such as same day emergency care facilities and urgent treatment centres, these are currently out of scope. Each ED will be awarded £10,000 to support implementation of Martha's Rule in their department.

A multidisciplinary implementation group has been established across the group which is taking a phased quality improvement approach to implementation.

The current focus is on designing the most appropriate "Call for Concern" pathway for Emergency Departments. National learning has confirmed there is no single model, and organisations are expected to adapt the process to local systems and workforce arrangements. Planning is centered on an in-department escalation model. The group is considering a phased implementation, potentially commencing within main ED cubicles before wider rollout into waiting room environments.

Engagement with patients, lived experience partners and frontline staff is a key part of the design process, ensuring that communication, language and escalation routes are accessible and meaningful for patients, relatives and clinical teams.

National pilot sites have reported relatively low levels of Call for Concern activity, providing reassurance that implementation is unlikely to generate unmanageable demand. However, the group is carefully considering the impact of future public awareness and winter pressures within emergency care settings

Guidance to support NHS organisations in the provision of single-sex services and facilities

The Equality and Human Rights Commissions (EHRC) Code of practice for services, public functions and associations came into force on the 5 August 2026. It provides statutory guidance on the implementation of the Equality Act 2010 and has implications for NHS organisations both as providers of services and as employers. On the 15 October NHSE wrote to all NHS Providers detailing the change in the statutory guidance and the requirement for all providers regarding same-sex accommodation for patients and provision of staff facilities. To support NHS organisations in the provision of single-sex services in line with the legislation and statutory guidance NHSE has published revised guidance on same sex accommodation for patients and new guidance on the provision and use of NHS staff facilities.

The privacy, dignity and safety in hospital accommodation guidance reaffirms the NHS Constitution's commitment to single-sex accommodation and sets out how providers should meet their responsibilities to all patients. The new staff facilities guidance recommends organisations review provision for toilets and changing facilities as well as staff accommodation.

In line with the Supreme Court's judgment in For Women Scotland Ltd v The Scottish Ministers, which clarified the meaning of sex in the Equality Act 2010, the code of practice says that single-sex services, such as hospital accommodation, should be provided on the basis of 'biological sex'. Therefore, to maintain hospital accommodation as single sex under the Equality Act 2010, transgender people and others with the protected characteristic of gender reassignment should be accommodated in line with their biological sex, while also ensuring that clinical needs are met, and privacy, dignity and safety are maintained for all, including other patients sharing that accommodation.

There is a requirement for all NHS organisations to consider these documents alongside the EHRC Code of practice. Boards must ensure that local decisions on facilities for staff and patients are lawful, proportionate, evidence-based and clearly documented, while maintaining privacy, dignity, safety and respect for all.

Providers are required to identify an executive lead to ensure national same-sex accommodation reporting requirements are met and reports are submitted appropriately and that local reporting guidance is applied, monitored and actioned through existing experience and quality governance structures. They are also responsible for ensuring the numbers of reported breaches are reviewed at executive level and to provide regular updates at public board meetings on this data and any improvement actions taken to address these issues. Trusts are also required to implement a feedback mechanism for all patients affected by issues relating to same-sex accommodation and ensure these are reviewed and, where appropriate, actions are taken

The current Group position is that both Trusts have policies that adhered to the Equality Act (2010) at the time they were updated in 2025 and state that transgender people should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use. This will always be in sensitive discussion with the patient and with regard to their clinical care needs.

These policies no longer meet the requirements of the EHRC Code of practice and require careful, sensitive updating to reflect these requirements.

The individual Trust policies are being reviewed, and a Group policy drafted to ensure compliance with the code of practice and support sensitive implementation in consultation with the relevant staff networks.

Staff awards

The staff awards presentation took place on Friday 9 October 2026 and was a highly successful and memorable occasion, offering a meaningful opportunity to recognise and celebrate the dedication,

achievements, and valuable contributions of staff members. Thank you to the organising party for arranging such a fantastic evening.

Estates security team – awarded secured environment

After two years of dedicated work, the Trust has been awarded Secured Environment status. As only the second Trust in the country, and the first in the Midlands, to achieve this prestigious accolade, the award demonstrates the organisation's commitment to providing a safe and secure environment for patients and staff.

Site visits across Walsall and Wolverhampton

Since the last report I have undertaken a number of visits, meeting individual staff, teams and the wider service. These visits have been highly valuable to me, the excellent support, professionalism and commitment demonstrated by the staff and teams throughout has been greatly appreciated. Areas visited: WHT: research team, outpatients and the palliative care centre. RWT: radiology, dermatology, rheumatology, discharge lounge, pathology services along with maternity 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 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:	NHS England: Thirlwall Inquiry Report and Recommendations
Sponsoring Executive:	Group Chief Executive Officer
Report Author:	Group Chief Safety and Assurance Officer
Meeting Title:	Group Trust Board Meeting
Date:	17 November 2026

1. Summary of key issues

NHS England instructed every Trust and ICB Board to:

- Review the Thirlwall report at its next available public Board meeting,
- Consider whether similar events could occur locally, and
- Seek assurance that sufficient measures protect babies and children in every setting.

This paper summarises the Inquiry recommendations and the immediate actions specified by NHS England. It asks the Board to consider the required questions and commission confirmation of the local position.

Initial consideration and reflection have already taken place through the joint WHT and RWT Board Development Session on 20 October 2026 and Senior Leaders Session on 21 October 2026. No overall compliance assurance is asserted in this report, however assurance regarding immediate actions/deadlines is provided.

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

The Thirlwall Inquiry recommendations were considered and reflected upon at the joint Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust Board Development Session on Tuesday 20 October 2026 and at the joint Senior Leaders Session on Wednesday 21 October 2026.

This report represents the first formal public Board consideration following the NHS England instruction dated 21 September 2026.

4. Recommendation(s)/Action(s)

The Trust Board is asked to:

1. Note the Thirlwall Inquiry recommendations and the NHS England instruction of 21 September 2026.
2. Consider whether similar events could occur, persist or remain undetected within either Trust.
3. Seek assurance on the immediate actions set out in section 4 and require any material gaps or risks to be escalated urgently.
4. Require a concise follow-up report confirming the position, supporting evidence, outstanding action, accountable executive and due date.
5. Note that risks arising from this review must be discussed urgently with the NHS England regional team where required by the instruction.

REPORT TO THE TRUST BOARD

THIRLWALL INQUIRY: NHS ENGLAND INSTRUCTION AND IMMEDIATE BOARD ASSURANCE

1. Purpose

To summarise the Thirlwall Inquiry recommendations and the immediate actions NHS England required Trust Boards to take on 21 September 2026. This paper supports the public Board discussion requested by NHS England; it does not provide a full assessment of compliance with each of the 17 recommendations.

2. NHS England instruction to Boards

NHS England states that the Inquiry is not only a matter for Trusts with neonatal services. Every Trust and ICB Board was instructed to review the report at the next available public Board meeting. Boards should consider whether similar events could have occurred locally and seek assurance that sufficient measures protect babies and children in their care, irrespective of setting.

NHS England identifies professional curiosity as central to this consideration: Board members and staff should feel empowered, supported and confident to speak up, challenge concerns and raise issues without fear. Any related risks must be discussed urgently with the NHS England regional team.

3. Summary of the Inquiry recommendations

The final report contains 17 recommendation areas. The recommendations extend from immediate neonatal safety controls to wider safeguarding, culture, accountability, information and external oversight. For the purpose of this report, they are summarised under five themes:

Theme	Recommendation focus
Immediate safety and security	Baby monitoring; safe access to and storage of insulin; proportionate surveillance and physical controls.
Bereavement and family support	National Bereavement Care Pathway; communication, support and confidence for parents and families.
Safeguarding and decisive action	Safeguarding training and escalation; response to suspected deliberate harm; appropriate workforce action.
Information, deaths review and expertise	Interoperable information; monitoring deaths; SUDIC (Sudden Unexpected Death in Infancy and Childhood); medical examiner scrutiny; access to independent clinical and specialist pathology expertise.
Leadership, regulation and assurance	Manager accountability; regulation and barring; CQC and Ombudsman arrangements; culture / speaking up, listening up and following up / whistleblowing, independent auditing of implementation.

The Inquiry emphasises the importance of concerns raised in good faith being acted upon promptly, patient safety taking precedence, and effective arrangements for speaking up, listening up and following up. Particular relevance is noted in Recommendation 9, concerning the response to concerns or suspicions of deliberate harm; Recommendation 13, strengthening managerial accountability, candour and the duty to put patients first; and Recommendation 16, strengthening independent oversight of whistleblowing and Freedom to Speak Up arrangements.

4. Immediate actions specified by NHS England

Action	Requirement / deadline	Assurance sought from each Trust
Public Board review	Consider the Thirlwall report at the next available public Board meeting.	Evidence of Board consideration of whether similar events could occur locally and whether babies and children are protected in every setting. ***This report and the reflection sections which occurred at the joint Board Development Session and the joint Senior Leaders session.***
SUDIC	Trusts with a neonatal unit were required to communicate to relevant staff and the Board by 28 September 2026 that SUDIC applies to qualifying sudden and unexpected deaths, including in neonatal units. SUDIC runs alongside internal reporting.	Confirmation of communication, applicable policy/process alignment, staff awareness and operation alongside internal reporting. ***Completed by the deadline. Evidence available.***
Bereavement care	ICBs and providers should take immediate action to improve care of bereaved families and continue implementation of the National Bereavement Care Pathway.	Current implementation position, identified gaps, family information and support, and action required. ***Review underway.***
Insulin security and CCTV	All neonatal units must meet GIRFT access-control and insulin-storage requirements by 31 March 2027. Pending biometric access, CCTV focused on insulin storage must be installed by 30 November 2026, retaining recordings for at least 28 days.	Trust-specific compliance position, implementation evidence, information-governance considerations, gaps, risks and delivery trajectory. ***Action commenced.***
Safeguarding	All staff and Board members should be compliant with role-appropriate safeguarding training; staff should know how and to whom concerns are escalated; safeguarding babies and children must have appropriate Board prominence.	Training compliance; escalation routes and staff awareness; evidence of Board oversight; material deficiencies and immediate controls. ***Review underway.***
Parents and staff	Review steps to reassure parents whose babies receive neonatal care and review psychological support for staff caring for very sick babies.	Description of current support, identified gaps and any further action required ***Review underway.***

5. Questions for Board consideration for the follow up report

- Could similar events arise, persist or remain undetected?
- Do Trust Board and management arrangements bring together concerns, incidents, deaths, deterioration, complaints, workforce intelligence and speak up intelligence so that unusual patterns are recognised and acted upon?
- Can staff escalate concerns outside normal management lines, and are staff confident that challenge will be heard and acted upon without fear?
- Is there evidence that babies and children are safeguarded in every setting, not only neonatal services?

- Have the time-bound SUDIC, CCTV and insulin-security requirements been completed or placed on a controlled delivery plan, with risks escalated?
- Are parents, bereaved families and staff offered appropriate information and support?
- Does the Board have sufficient evidence to rely on the assurance provided, and are any limitations explicit?

6. Current assurance and next step

This paper confirms the scope of the NHS England instruction and the matters on which assurance is required. The Inquiry recommendations have already informed initial reflection and discussion across the Group. They were considered at the joint WHT and RWT Board Development Session on 20 October 2026 and the joint Senior Leaders Session on 21 October 2026. These discussions supported early organisational reflection but did not constitute a formal assessment of compliance or provide the verified evidence required for the follow up assurance report

Proposed Board Assurance Statement:

The Board has considered the Thirlwall Inquiry and the NHS England instruction of 21 September 2026. The Board recognises that the learning applies across all settings in which babies and children are cared for and is not confined to neonatal services.

The Board can take assurance that the NHS England requirements have been identified and brought forward for public Board consideration and that immediate actions have either been completed or are in progress.

The Board cannot yet take full assurance that all immediate actions have been completed or are operating effectively across the Group.

- A follow-up report will confirm the evidence, identified gaps, accountable executives, completion dates and residual risks.
- Any material safeguarding or patient-safety concern will be escalated immediately through the appropriate governance route and, where required, discussed urgently with the NHS England regional team.

7. Recommendations

- Note the Thirlwall Inquiry recommendations and the NHS England instruction of 21 September 2026.
- Note the Thirlwall Inquiry recommendations, the NHS England instruction of 21 September 2026, and the initial consideration and reflection undertaken at the joint WHT and RWT Board Development Session on 20 October 2026 and Senior Leaders Session on 21 October 2026.
- Consider and discuss whether similar events could occur, persist or remain undetected. The Board's discussion and conclusions against this question will be explicitly recorded in the minutes.
- Note the immediate actions specified by NHS England and require the follow-up report to provide assurance against each requirement, including evidence of completion, outstanding gaps and associated risks, accountable executive, due date and residual risk.
- Note that relevant risks must be discussed urgently with the NHS England regional team in accordance with the instruction.

8. References

NHS England, Thirlwall Inquiry report and recommendations, letter to NHS Trusts and Integrated Care Boards, 21 September 2026.

Tier 1 - Paper ref:	Enclosure 6.2

Report title:	Our Approach on Patient Records Access
Sponsoring executive:	Dr Brian Mckaig – Group Chief Medical Officer and Caldicott Guardian
Report author:	Raz Edwards – Head of Data Security & Protection/RWT DPO.
Meeting title:	Group Trust Board Meeting to be held in Public
Date:	17 November 2026

1. Summary of key issues

Unauthorised access to patient information is an NHS-wide issue and has received increased national scrutiny. The September 2026 letter from Sir Jim Mackey, Chief Executive of NHS England, reinforced expectations for a zero-tolerance approach to inappropriate and unjustifiable access to confidential patient information.

The Group has an established process for identifying and investigating suspected unauthorised access. The level of reporting provides assurance of an active culture of detection, escalation and investigation, while recurring cases highlight the need to continue strengthening preventative and detective controls.

The Group is responding through Group-wide mandatory training to provide an explicit and consistent message on appropriate access to patient information.

- Further targeted communications and reinforcement of the principle "Access records for care, not curiosity."
- Continued development of proactive audit monitoring and technical controls, recognising the increasing number of systems and sources of information available to staff.
- Alignment of investigation processes across the Group to provide greater consistency.
- A joint review with HR to support timelier investigation and action, while ensuring that each case is considered on its individual facts and evidence.
- Development of a clearer approach to fair, proportionate and consistent sanctions for comparable cases, supporting the national zero-tolerance position while maintaining appropriate due process.

The Trust Board is asked to note the national position, the assurance provided by existing investigation arrangements, and the programme of work underway to strengthen prevention, detection and consistency across the Group.

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

Group Management committee September 2026 & Information Governance Steering Group August 2026

4. Recommendation(s)/Action(s)

The Trust Board asked to Receive the Report for Information and Assurance

REPORT TO GROUP BOARD OF DIRECTORS MEETING HELD IN PUBLIC
17 November 2026

1. EXECUTIVE SUMMARY

Unauthorised access to patient information is an NHS-wide issue and has attracted significant national scrutiny following a number of high-profile incidents. In July 2026, NHS England issued guidance on preventing unlawful access to patient records and asked trust boards to renew their focus on staff education, prevention, monitoring and firm organisational responses. This was reinforced in September 2026 by a further letter from Sir Jim Mackey, Chief Executive of NHS England, which described numerous and widespread reports of staff accessing confidential patient information without a legitimate reason, called for a zero-tolerance approach and asked organisations to implement updated workforce advice immediately. The accompanying guidance emphasises rapid initial fact-finding, prompt involvement of the Data Protection Officer where there is a case to answer, appropriate consideration of access restriction or suspension, and timely communication with affected patients where required.

RWT and Walsall Healthcare NHS Trust are responding through a coordinated Group programme. This includes explicit Group-wide mandatory training; a multi-channel "Access Records for Care, Not Curiosity" campaign; reinforced expectations on self-access, family, friends, colleagues and curiosity; review of role-based and administrative access; stronger audit monitoring and targeted review of unusual access; consideration of warning, justification and break-glass controls; and Group-wide alignment of investigation arrangements. IG and HR are jointly reviewing the investigation pathway so that allegations can be triaged, evidence preserved and proportionate action taken more swiftly, while maintaining fairness, due process and consistent outcomes.

Internal reporting and assurance activity demonstrates a sustained willingness to identify, report and investigate potential inappropriate access. The level of reporting should not be viewed in isolation as evidence of poor control. It reflects a healthy appetite for detection, escalation and investigation, supported by the robust investigation processes. The recurring patterns include access involving family members, friends, colleagues or personal interest; access without an evident care or business relationship; and concerns identified through complaints, information requests or retrospective audit.

The central message is clear: technical ability to open a record does not establish a legitimate reason to do so.

Our proposed model: PREVENT -> DETECT -> INVESTIGATE -> RESPOND -> LEARN -> ASSURE

2. WHY THIS MATTERS

- Patient trust: health information is exceptionally sensitive. Inappropriate access can cause distress, loss of confidence and reluctance to share information needed for care.
- Legal and regulatory duty: UK GDPR requires appropriate technical and organisational measures to protect personal data from unauthorised or unlawful processing. NHS assurance frameworks also expect effective identity, access and security controls.
- Workforce and professional accountability: inappropriate access may result in employment action and, depending on the circumstances, regulatory or criminal consequences. Each case must still be investigated fairly and on its evidence.

- Operational risk: increasingly connected records broaden the accessible information footprint, while manual, evidence-heavy investigations consume specialist capacity.
- Reputation and transparency: national attention and growing information-rights requests increase the need for timely, consistent and evidence-based assurance.

3. WHAT WE MEAN BY UNAUTHORISED ACCESS

For this paper, unauthorised access means accessing information, records, systems or data without a legitimate clinical, business or operational need, even where the individual has valid credentials or technical permission. Common themes in Trust and national learning include curiosity; accessing records of family, friends, colleagues or oneself; accessing beyond role requirements; and using legitimate credentials for a purpose unrelated to work.

This definition deliberately separates system permission from legitimate purpose. It also avoids assuming misconduct simply because an access event looks unusual. Audit evidence must be interpreted in context and each allegation requires proportionate fact-finding.

4. CURRENT POSITION AND CASE LEARNING

The recurring patterns are more important than headline numbers. This is not exclusive to our Group but more reflective of the pattern across the NHS system as a whole, which include:

- family, friend, colleague and self-access;
- curiosity and personal interest;
- access without a care or business relationship;
- misunderstanding of professional boundaries and need-to-know;
- inappropriate disclosure discovered alongside access concerns;
- reactive detection, where concerns emerge through complaints, record requests or retrospective audit rather than automated alerts.

5. OUR GROUP APPROACH

A. Prevent

We continue to reinforce a clear confidentiality culture: “Access only what you need to do your job”. Group-wide mandatory training will ensure that this message is explicit, consistently communicated and understood across the Group. Training will use practical scenarios covering self-access, family, friends, colleagues, curiosity and access without a legitimate care or business need. This will be supported by further targeted communications, induction, manager-led conversations, role-based access reviews, starters, movers and leavers controls, administrative-access oversight, audit monitoring, and proportionate warning, justification and break-glass controls. It is recognised that prevention is an increasingly complex and resource-intensive requirement. Staff now interact with a growing number of clinical and corporate systems and an expanding range of data sources. The challenge is therefore to balance timely access to information for legitimate care and operational purposes with appropriate oversight, monitoring and control, recognising the resources required to manage these arrangements effectively. This will be an ongoing programme of work. The Group’s direction of travel is to move progressively from a predominantly reactive model towards a more proactive

approach, making greater use of audit monitoring, intelligence-led review and proportionate technical controls to identify and deter inappropriate access. This will complement, rather than replace, the clear confidentiality messages that are already well established and routinely communicated to staff.

B. Detect

Move toward risk-based proactive monitoring. Use available audit data to identify defined risk indicators, such as access to records without an apparent work relationship, unusual volumes, repeated access, high-profile events, self or colleague access and relevant break-glass activity. Automated alerting is being explored, but alerts must be proportionate and resourced to avoid unmanageable false positives.

C. Investigate consistently

The current investigation process is robust, with service-led management fact-finding supported by IG/DPO oversight and HR advice. The process defines the allegation and scope, preserves audit logs and other relevant evidence, establishes the care or business context, and maintains a clear chronology and rationale. We are seeking to align this approach across the Group to improve consistency. IG and HR will jointly review and revise the investigation pathway so that concerns can be triaged and acted upon more quickly, while preserving fairness, due process and consistent outcomes for comparable cases. In response to the national expectation of zero tolerance, the Group is reviewing its investigation and HR processes to ensure that unauthorised access is addressed promptly and consistently. Each case will continue to be considered on its individual facts and evidence, with appropriate due process as the advice suggests. However, where inappropriate access is substantiated, the revised approach will support consistent and proportionate sanctions for comparable circumstances across the Group, reducing unwarranted variation in outcomes.

D. Respond to risk

Assess each incident promptly for containment, access restriction, personal data breach risk, patient communication, ICO notification and any professional-regulator or law-enforcement considerations. Decisions on suspension or access restriction must follow appropriate local governance, HR advice, patient-safety considerations and due process.

E. Learn and improve

Aggregate investigation themes so the organisation can see patterns across systems, services, roles and causes. Feed learning into access design, training, communications, system configuration, workforce processes and future audit rules. Must of this work is already in progress but we aim to build and improve learning.

F. Assure

Provide Board and committee assurance on volumes, substantiation, timeliness, notification, recurring themes, control implementation and whether proactive monitoring is producing actionable intelligence. Assurance will test effectiveness, not merely confirm that a policy exists.

6. SUMMARY AND NEXT STEPS

Patients should be able to trust that their information is accessed only for legitimate care and business purposes. The Group has established processes for investigating suspected unauthorised access, and the level of reporting demonstrates a positive appetite for detection, escalation and investigation. The Group is building on that foundation by aligning investigation arrangements, introducing explicit Group-wide mandatory training, strengthening preventative and detective controls, and reviewing the pathway jointly with HR so that proportionate action can be taken more swiftly and outcomes are consistent. Monitoring and investigation will continue to protect safe care, staff fairness and due process.

References

1. Information Commissioner's Office, Security outcomes / A guide to data security: UK GDPR Articles 5(1)(f), 25 and 32 require appropriate technical and organisational security measures, risk assessment, detection and mitigation.
2. Information Commissioner's Office, Data Protection Audit Framework - Access: access rights should be role-based, lifecycle-managed, periodically reviewed and system access monitored to identify inappropriate or unauthorised access.
3. NHS England Digital, Data Security and Protection Toolkit and CAF-aligned guidance: NHS organisations are expected to manage data access and protect electronic data from unauthorised access.
4. NHS England, Preventing unlawful access to patient records, 7 July 2026 (PRN02591), and Unauthorised, inappropriate and unjustifiable access to confidential patient information, 25 September 2026 (PRN02662).

End of Report
Dr Brian McKaig
Group Chief Medical Officer

Tier 1 - Paper ref:	Enclosure 7

Report title:	Integrated Committee Chairs' Report.
Sponsoring executive:	Executive Team
Report author:	Paul Assinder – Group Vice-Chair
Meeting title:	Group Trust Board Meeting - in Public
Date of Meeting:	17 November 2026

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

The Integrated Chairs' report comprises a consolidated overview of the key issues identified by the Group Trust Committees of the Board using Alert, Advise and Assure to highlight matters requiring Board attention or escalation.

The attention of the Board is required to the key themes and areas of discussion within the alert, assure and advise section of the main report.

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:

- Note the matters escalated and assurances provided through the Integrated Committee Chair's Report.
- Approve delegated responsibility to the Group Quality Committee for approval of the final updated NHSE Maternity and Neonatal Improvement 10 Point Plan and Maternity Triage Specification Benchmarking Tool submissions for sign-off by the CEO.
- Note the requirement for Board support to facilitate delivery of the maternity care bundle requirements by March 2027.
- Note that the Group Quality Committee received and approved a number of Skill Mix reviews covering RWT - ED, ICCU, Inpatients, CNS and 0-19 establishment reviews and for WHT 0-19 establishment reviews

Group Committees of the Board
Chairs' Assurance Report

Key Items Discussed at the Board Committees
ALERT (matters requiring Board attention, oversight or escalation)

Financial Position, Recovery & Workforce

The Group Finance & Productivity Committee (GF&P) was only partially assured on the deliverability of the Financial Recovery Plan. A residual best-case gap of c. £6.5m/£6.6m remains, with significant dependency on securing c. £19.4m commissioner income, delivery of CIP, workforce controls and management of winter and industrial action pressures. An extraordinary Committee meeting on 9 November will test the deliverability of Financial Recovery and the commissioner income case will be progressed with the ICB.

The Committee received partial assurance regarding The Royal Wolverhampton NHS Trust's Division 1, as a material contributor to the Group financial position, with an unmitigated forecast deficit of £28.6m and pressures relating to CIP, medical pay, theatre non-pay, drugs and income. It was noted that the Division is not expected to break even in-year. A monthly recovery report is in place to track the five principal financial drivers, run rate, milestones, variances and forecast year-end position. Further analysis of medical workforce cost and productivity and the Financial Recovery Plan delivery tracker will return to the GF&P Committee.

Both Trusts remain broadly on plan financially but continue to rely on non-recurrent support. CIP under-delivery and productivity pressures continue.

Workforce delivery remains a concern, with RWT 310 WTE above plan, with a significant contributor to the variance being slippage in workforce reductions included within the original plan, particularly Community First and the corporate restructure. WHT was 1.4 WTE below plan overall, although bank usage remained above plan. Bank usage remains above plan across both Trusts and medical temporary staffing, including high-cost temporary staffing and long-term locum usage, remains a principal area of concern. The workforce variance is translating into a pay pressure, with both Trusts reporting an overall pay overspend. Delayed delivery means that some planned workforce savings will not provide the full-year financial benefit originally anticipated.

Sickness absence

The Group People Committee (GPC) received limited assurance regarding delivery of the Sickness Recovery Plan trajectories, which forecast year-end sickness absence of 5.3% at RWT and 6.4% at WHT, against the 5% target. Recovery actions are underway and enhanced information has been requested within future reports to support closer oversight of progress against the recovery trajectories.

Estates and Digital Infrastructure

Condition surveys have commenced for the Estate and its infrastructure and should be completed in Spring 2027. The Group Trust Board will be notified of any significant issues arising. A review of the Risk Register surrounding the Estate is underway, including consideration of whether there should be an additional BAF risk or whether this should be integrated with another risk.

Maternity and Neonatal Services

Ongoing access concern within WHT Maternity Services is impacting staff time, the introduction of partners staying overnight and is a potential safety issue.
NHSE Maternity and Neonatal Improvement 10 Point Plan has been submitted to NHSE, however the submission of the Maternity Triage Specification Benchmarking tool was delayed until December 2026 to enable detailed costings to be provided. An updated 10-point plan and the Triage Tool are to be submitted to

NHSE in December 2026. The Group Quality Committee are requesting Trust Board for delegated responsibility for approving the final submissions for sign off by the CEO.
Both Trusts are on track to evidence compliance with CNST Year 8 requirements.

The Trust is compliant with the Royal College of Obstetricians and Gynaecologist requirements for consultant presence and locum controls providing assurance that senior decision making and oversite is embedded particularly within high-risk maternity care pathways.

Both Trust are working towards achieving the requirements of the maternity care bundle by March 2027, however, there are a number of risks, including, digital enablement, trust wide engagement with the Maternity Early Warning System implementation, maternity emergency signage and ambulance access, Epilepsy Clinical Lead and Maternity Clinical Governance Lead posts and National VTE prescribing pathways and guidance. The ICB are supporting requirements out with the Trusts remit and Trust Board support will be required to facilitate some of the actions required to achieve compliance.

Regulatory and Fire Safety
The Final Annual Fire Service Report has not been received by the Quality Committee and the various Fire Safety Notices that are in place had no update to progress in October 2026. Clarification has been sought.

Access to Clinical Support and Screening
There has been some progress at WHT in identifying patients on prescribed Hydroxychloroquine who require retinal screening every 5 year. However, there is no mechanism at present to provide this screening for patients once they have been identified. Discussions are ongoing to resolve this situation.

Despite ongoing discussion with Black Country Healthcare and the ICB, challenges remain in securing the required timely clinical support for the volume of patients with Mental Health issues attending ED across the group, particularly out of hours.

Primary BAF Links
GBRTCT3 – Financial Sustainability & Efficient Use of Resources
GBRTCT2: Timely and Safe Access to Care
GTCT4 Patient Safety and Quality

Secondary BAF Links
GBRTCT1 – Colleague Experience & Engagement
GBRTCT4 5 – Digital Transformation, Innovation, Technology and AI enablement

ASSURE

Quality & Operational performance
The GF&P Committee was reasonably assured overall, noting that RWT reported improvements in Urgent and Emergency Care, ambulance handover and referral-to-treatment performance. Walsall Healthcare NHS Trust (WHT) remained comparatively strong on elective performance, with the cancer Faster Diagnosis Standard achieved and improving MRI performance.
Common service-line reporting has been implemented across the Group, with quarterly reporting to support investigation of service performance and cost efficiency.

The Group Quality Committee (GQC) received reasonable assurance regarding strengthened discharge governance and 'Criteria to Reside' management across both Trusts and noted that RWT was performing better than the national position in relation to patients with no criteria to reside and long lengths of stay.
The Committee received reasonable assurance on theatre productivity, noting that RWT capped utilisation reached 87.9% against an 85% target, Cannock Surgical Hub was re-accredited and WHT remained in the top national quartile, with its refurbished West Wing theatre now operational.

Both organisations have been removed from enhanced NHS England oversight for planned care metrics.

DSPT
The GF&P Committee received reasonable assurance regarding RWT's DSPT position. Two improvement actions have been completed and NHS England have moved RWT to "approaching standards" following acceptance of the revised improvement plan. The Committee agreed to retain oversight of the RWT DSPT recovery plan until completion, after which ongoing assurance will transfer to the Group Digital and Estates Committee.

Medical workforce
The Group People Committee was assured of the progress made in delivering the Improving Working Lives of Resident Doctors 10-Point Plan.

The Committee received assurance that preparations are underway across both Trusts, led by the respective Medical Directors, to manage the potential operational impact of planned Consultant Industrial Action at the end of November.

Transformation, Partnerships & Health Inequalities

- Neighbourhood Health reports provided assurance of progress against the required action plan and further strengthening of governance and representation to support NHS Anchor transition.

- Go See visits to a GP practice and a PCN Integrated Neighbourhood Team provided third-party assurance of collaborative working and investment in the Neighbourhood Health approach.

- Positive progress was noted in relation to benefits realised through the Community First workstream, both in relation to transformation of services and the development of organisational learning in delivery of change programmes. Positive Place-based progress reports were received, including inward investment to both Places to support the transformation agenda.

- The Health Inequalities Annual Report was received and accepted. The Committee discussed appropriate Committee-level reporting to provide assurance of future direction and embedding of the approach across services as agreed at Board level.

Digital and Estates Development
NHS England has approved the £23.5m investment for the CDC at Bilston.

Primary BAF Links
GBR TCT1 – Colleague Experience and Engagement
GBR TCT2 – Timely and Safe Access to Care
GBR TCT4 – Patient Safety and Quality
GBR TCT5 – Digital Transformation, Innovation, Technology & AI Enablement

Secondary BAF Links
GBR TCT3 – Financial Sustainability & Efficient Use of Resources

ADVISE

NHS Staff Standards
The GPC took limited assurance from the process undertaken to date against the NHS Staff Standards, including assessment by subject leads, while noting positively the work completed and direction of travel. Wider stakeholder validation with staff networks, subject-matter groups and relevant governance forums is expected to be completed by the end of November 2026. The Committee noted the plan to integrate the resulting priorities into the Cultural Improvement Plan, Leadership Development Strategy and Strategic EDI

Plan rather than establish six separate action plans. Flexible working was noted as a priority area for immediate governance, policy and implementation action.

Governance and Board Oversight

- The GF&P Committee endorsed a number of contractual matters for consideration and approval by the Trusts Boards and these will be progressed separately through the appropriate Governance routes.

- The People Committee considered arrangements for reporting suspensions and exclusions and was mindful of the need for Board oversight of higher-risk cases. The Committee has requested a further paper setting out recommendations for the governance pathway for reporting through GPC and subsequently to the Board in private session

- The Thirlwall Inquiry report is being reviewed for people and culture implications. Areas identified include Freedom to Speak Up, closing the feedback loop, psychological safety, confidence to speak up and alignment of disciplinary and capability processes with emerging senior manager regulation.

  Following the publication of the Thirlwall enquiry pharmacy has undertaken a gap analysis related to insulin storage in areas where Neonates receive care. The gaps identified are being addressed.

- GPC received separate annual equality reports for RWT and WHT. These reports consolidated statutory equality, diversity and inclusion activity including WRES, WDES, gender pay gap, governance, workforce and local population activity.

Community First

- There are some delays in the Community First delivery plan due to delayed programme initiation. The Committee agreed an additional agenda item to receive a progress review against the Board-agreed trajectories in December. The Committee had partial assurance on progress but anticipates that this will be enhanced with the December review.

- Variation in workforce profiles between the Community First programme plan and Group Workforce Plan was identified between PATC and GPC. The situation for 2026/27 has been clarified and learning discussed regarding cross-committee sign-off and monitoring.

Regulatory Oversight

An unannounced CQC re-inspection visit to Urgent and Emergency Care at RWT took place on the 22nd and 23rd September. The initial feedback following the visit identified some positive improvements with no immediate safety concerns identified. The written report is awaited.

Workforce and Skill Mix

A number of Skill Mix reviews were discussed and approved by the Group Quality Committee covering RWT - ED, ICCU, Inpatients, CNS and 0-19 establishment reviews and for WHT 0-19 establishment reviews.

Urgent and Emergency Care

The Corridor at WHT was used on 16 days for 129 patients with the longest waits between 14.2 and 19.7 hours. No harm was identified and most patients were subsequently discharged. The data for RWT 's Push Model is currently being reviewed.

Aseptic Services

Concerns were identified regarding Aseptic Services at RWT with a delay to the new Aseptics facility. A business case is in progress to improve staffing and service resilience.

Never Event
A Never event occurred at RWT when oral medication was administered parenterally - no patient harm ensued.

Primary BAF Links
GBR TCT1: Colleague Experience & Engagement
GBRTCT2: Timely and safe access to care
GBRTCT4: Patient Safety and Quality

Secondary BAF Links
None

Recommendation(s)/Action(s)
The Board is asked to:
• Note the matters escalated and assurances provided through the Integrated Committee Chair's Report. • Approve delegated responsibility to the Group Quality Committee for approval of the final updated NHSE Maternity and Neonatal Improvement 10 Point Plan and Maternity Triage Specification Benchmarking Tool submissions for sign-off by the CEO. • Note the requirement for Board support to facilitate delivery of the maternity care bundle requirements by March 2027. • Note that the Group Quality Committee received and approved a number of Skill Mix reviews covering RWT - ED, ICCU, Inpatients, CNS and 0-19 establishment reviews and for WHT 0-19 establishment reviews

Tier 1 - Paper ref:	Enclosure 7.1

Report title:	Group Board Assurance Framework
Sponsoring executive:	Kevin Bostock, Group Chief Safety & Assurance Officer Kevin Stringer, Group Chief Finance Officer Claire Radley, Group Chief People, Culture and Improvement Officer Lisa Carroll, Group Chief Nursing Officer, Brian McKaig, Group Chief Medical Officer Simon Evans, Group Deputy Chief Executive Officer and Chief Strategy Officer Amelia Godson, Managing Director, WHT, Gwen Nuttall, Managing Director, RWT
Report author:	Cody Long, Group Deputy Director of Assurance
Meeting title:	Group Trust Board – held in Public
Date:	17 November 2027

1. Summary of key issues

The purpose of this report is to provide the Board with an updated position on the Group Board Assurance Framework (GBAF), setting out the principal strategic risks to delivery of Transforming Care Together 2026–2031, the current and target risk scores, key controls and assurances, identified gaps in control and areas of negative assurance.

The GBAF has been developed alongside consideration of the site-level Board Assurance Frameworks for The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. The approach is intended to provide visibility of the principal strategic risks across the Group while retaining oversight of material risks and differences arising within the individual Trusts. The previous reporting approach states that the site-level BAFs were mapped alongside revision of the Group BAF.

The five Group BAF risks currently presented are:

Ref	Strategic Risk	Lead Board Committee	Previous recorded score	Current score	Movement	Target	Position
GBR TCT1	Colleague Experience and Engagement	People Committee	**12 (Aug 2026)**	**12 (Oct 2026)**	↔ **No change**	8	Above target
GBR TCT2	Timely and Safe Access to Care	Finance & Productivity Committee	**16 (Aug 2026)**	**16 (Oct 2026)**	↔ **No change**	12	Above target
GBR TCT3	Financial Sustainability and Efficient Use of Resources	Finance & Productivity Committee	**15 (Aug 2026)**	**15 (Oct 2026)**	↔ **No change**	10	Above target
GBR TCT4	Patient Safety and Quality	Quality Committee	**New risk**	**15 (Oct 2026)**	**NEW**	10	Above target
GBR TCT5	Digital Transformation, Innovation, Technology and AI Enablement	Digital & Estates Committee	**New risk**	**16 (Oct 2026)**	**NEW**	8	Above target and stated tolerance

Risk Movement and Committee Oversight

The current Group BAF comprises five principal strategic risks, with individual risks assigned to the relevant Board Committee for detailed scrutiny and assurance. There has been no recorded reduction in the assessed risk score for the established risks during the latest reporting period. TCT1 remains at 12, TCT2 at 16 and TCT3 at 15. TCT4 and TCT5 are new strategic risks and have been established with current scores of 15 and 16.

All five risks remain above their respective target scores. TCT5 is also currently above its stated risk tolerance of 15. The relevant Board Committees continue detailed scrutiny of the effectiveness of controls, adequacy of assurance, delivery of mitigating actions and the appropriateness of the current and target risk scores, and escalating material matters to the Trust Board as appropriate.

Particular focus should be placed on:

- Access and waiting times, where TCT2 remains at 16 and negative assurance includes continuing 12-hour ED waits and long community waits.
- Financial sustainability, where TCT3 remains at 15 and further recovery action has been identified within RWT divisional forecasting.
- Patient safety and quality, where TCT4 remains at 15 and control gaps include mental-health provision, training compliance, medical-record arrangements and Group incident-management arrangements.
- Digital transformation and AI, where the current score of 16 exceeds the stated tolerance of 15 and significant capability and governance gaps are identified.
- Colleague experience, where the score remains at 12, with continued gaps and negative assurance relating to staff experience, sickness, speaking up, management capability and WRES outcomes.

The Board is asked to receive for information and assurance the Group Board Assurance Framework as reviewed by the Committees of the Board who have considered the adequacy of controls and assurances to identify areas requiring further management action or escalation, and confirmed that the current strategic risk scores remain supported by the available evidence.

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

The BAFs were reviewed by the relevant Executive Directors prior to submission to the Committees of the Board who reviewed the adequacy of controls and assurances before confirming the current strategic risk scores remain supported by the available evidence.

4. Recommendation(s)/Action(s)

- The Group Trust Board to receive for information and assurance the Group Board Assurance Framework report.

Annex 1: Summary Watch List June 2025

ANZ Risk Scoring Matrix

What is the likelihood of occurrence? Use the table below to ascertain how likely or how often the hazard is to occur.

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

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

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

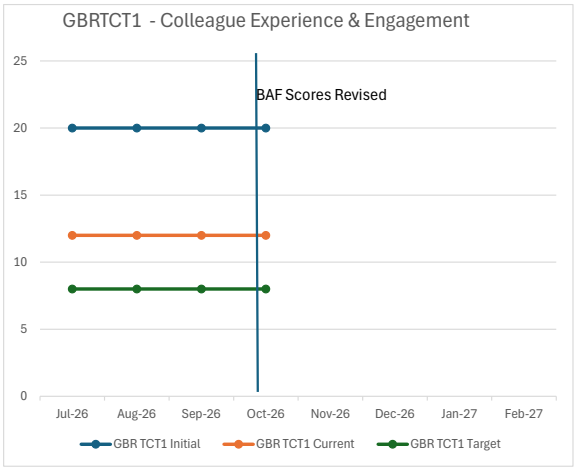
Impact	No injury. Unsatisfactory experience, not directly related to patient care. Complaint findings had potential to cause harm but was prevented/not realised in this case.Complaint fully and easily resolved locally.	Unsatisfactory experience readily resolvable. Substantiated complaint peripheral to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

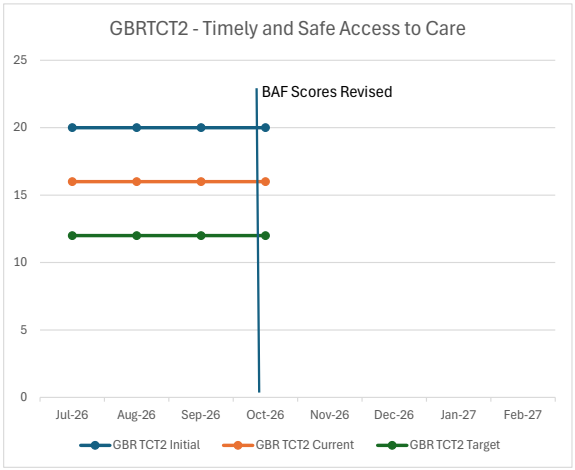
Annex 1

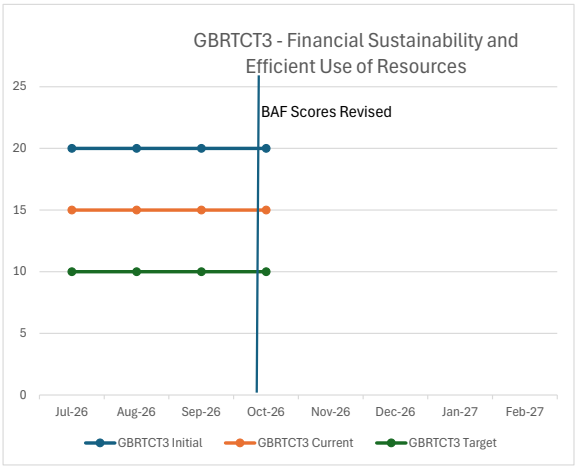
Watch List - Summary potential new BAF Risks June 2025

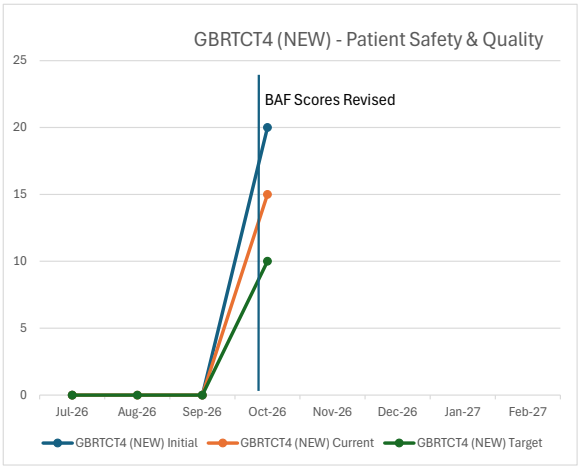
Headings/Issues/themes	Specifically	Examples
CAF/DPST – unable to meet requirements over 3 years	Revised CAF standards not currently met by either Trust	3-year plan to meet standards Potential issues with delivering to plans
Culture and behavioural changes	Identified requirements not met or achieved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

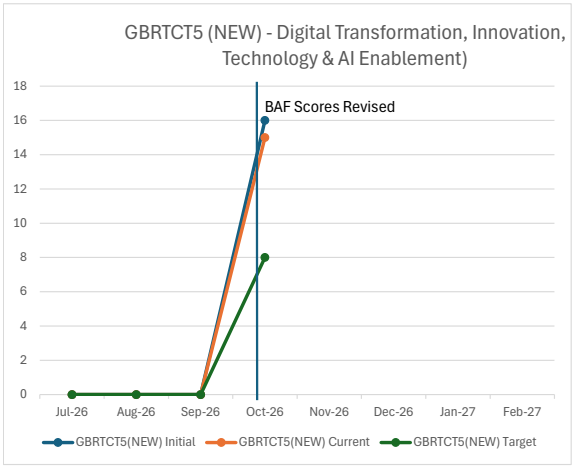
BOARD ASSURANCE FRAMEWORK (BAF) RISK TRAJECTORY











Strategic Aim & Objective Transforming Care Together 2026–2031 **Strategic Objective 1:** We want our colleagues to feel cared about	**Risk Title: GBR TCT1 – Colleague Experience and Engagement** **If** we do not improve how colleagues experience working across the Group – feeling listened to, respected, recognised and safe to speak up, **then** engagement, attendance and retention will deteriorate, and we will not embed the cultural change the Transforming Care Together strategy requires, **resulting in** poorer patient care and experience, higher sickness absence and temporary staffing costs, loss of talent, and failure to deliver our 2026/27 priority for colleagues to feel cared about.

Risk Tolerance:	**(L) 5 x (C) 4 = 20**	**Risk Appetite:**	(3) Cautious: *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.*

Risk Owner:	**Board Committee:**	**Linked Risks:**	**Trajectory:**
Group Chief People, Culture and Improvement Officer	People Committee	Workforce sustainability, EDI, safe staffing; culture and leadership, digital transformation, use of resources	

Opened Date:	**Initial Score:** *with no controls applied*	**Current Score:** *with controls in place*	**Target Score:** *after actions are completed*
July 2026	**(L) 4 x (C) 4 = 16**	**(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	**(L) 3 x (C) 4 = 12**	**(L) 3 x (C) 4 = 12**		

Controls *What are we doing to manage the risk?*	**Assurances** *How do we know it's working?*	**Gaps in Controls** *Are there any missing, weak, or ineffective risk controls?*	**Negative Assurances** *Evidence suggesting the controls may NOT be working effectively*
• TCT strategy and three annual priorities launched and communicated to all 15,000 colleagues • Leadership visibility programme – go-and-see visits, listening events and Team Brief • One-to-ones, appraisals (PDRs) and development plans in place for every colleague • Sickness absence reduction plan • Freedom to Speak Up arrangements • Flexible working policies and team-level local plans informed by staff survey data • Introduction of an Improvement System, supported by a People, OD, Leadership and Education offer, • Staff engagement strategy • EDI action plan (WRES/WDES, NHSE high impact actions)	• Staff survey and pulse survey results reported to People Committee and Board • Workforce metrics in the Integrated Performance Report – sickness absence, 12-month retention, PDR compliance, temporary workforce use • Freedom to Speak Up Guardian reports to Board; patient and staff stories • TCT strategy monitoring dashboard tracking Priority 1 measures • Cultural heatmap used to provide rounded assessment of team performance • Provider Board Capability Self-Assessment. • Cultural Heatmaps • Staff Survey	• Variation in the quality of appraisal and one-to-one conversations between teams • Line manager capability in coaching-style leadership still developing • Defined approach to managing long-term sickness not yet embedded • Improvement system not integrated across local team working • Separate provision across Improvement, OD and leadership development teams • Approach to staff engagement not yet fully developed • WRES data shows an increase in BAME staff experiencing discrimination from managers. 2024 - White staff: 7.6%, BAME: 17.47% • WRES data shows difference in staff experience metrics between White and BAME staff	• Staff survey indicates some colleagues feel disengaged and excluded from decisions that affect them • Sickness absence and temporary workforce use above plan in some areas • Lack of confidence in raising concerns • High number of employee relations investigations • Lack of alignment between teams receiving support and those flagging on the cultural heatmap • Staff Survey Results • WRES WDES data and annual report • EDI annual report. • Cultural Heatmaps • Staff standards (related to NOF)

Strategic Aim & Objective Transforming Care Together 2026–2031 **Strategic Objective 2:** We want to improve safety by reducing the time patients wait	**Risk Title: GBR TCT2 – Timely and Safe Access to Care** **If** demand for urgent, planned and community services continues to exceed capacity and we do not redesign pathways and align resources to demand, **then** patients will continue to wait longer than national standards and our own expectations across urgent, elective, cancer and community services, **resulting in** avoidable harm and deterioration, poorer outcomes and experience, breaches of constitutional standards, increased regulatory scrutiny and reputational damage.					
Risk Tolerance:	**(L) 3 x (C) 4 = 12**	**Risk Appetite:**	(3) Cautious: *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.*			
Risk Owner:		**Board Committee:**		**Linked Risks:**		**Trajectory:**
Managing Directors		Finance & Productivity Committee		Urgent and emergency care flow; elective recovery; cancer performance; community waits		⇔
Opened Date:	**Initial Score:** *with no controls applied*		**Current Score:** *with controls in place*		**Target Score:** *after actions are completed*	
July 2026	**(L) 4 x (C) 5 = 20**		**(L) 4 x (C) 4 = 16**		**(L) 3 x (C) 4 = 12**	
April 2026	**June 2026**	**August 2026**	**October 2026**	**December 2026**	**February 2027**	
	(L) 4 x (C) 4 = 16	**(L) 4 x (C) 4 = 16**	**(L) 4 x (C) 4 = 16**			

Controls *What are we doing to manage the risk?*	**Assurances** *How do we know it's working?*	**Gaps in Controls** *Are there any missing, weak, or ineffective risk controls?*	**Negative Assurances** *Evidence suggesting the controls may NOT be working effectively*
• Urgent and emergency care improvement plans – SDEC, discharge lounge and ambulance handover actions • Elective recovery programme – theatre and outpatient utilisation, validation and booking improvements • Single points of access and GIRFT pathway redesign in high-volume specialties • Community waiting list management with 18-week and 52-week trajectories • Clinical Services Roadmap (CSRII) aligning capacity and services across both Trusts • Daily operational oversight through site management and escalation frameworks	• Integrated Performance Report to Board – ED 4-hour and 12-hour waits, ambulance handover, RTT, cancer 62-day, length of stay and community waits • Harm reviews for long-waiting patients reported to Quality Committee • NHSE oversight and tiering meetings • GIRFT and benchmarking reviews of pathway performance • Provider Capability Self Assessment	• Capacity and demand misalignment in some specialties • Discharge delays dependent on system partner capacity • Data quality in community waiting lists	• Performance below trajectory in some specialties, with 12-hour ED waits continuing Long community waits, including children and young people's services

Strategic Aim & Objective Transforming Care Together 2026–2031 **Strategic Objective 3:** We want to deliver our services efficiently	**Risk Title: GBR TCT3 – Financial Sustainability and Efficient Use of Resources** **If** we do not deliver the 2026/27 cost improvement programme of £81m (6.4%) and transform how services are delivered while national deficit support funding (£60m) reduces each year, **then** the Group will not live within its c.£1.5bn resource envelope, **resulting in** an unsustainable financial position, reduced ability to invest in services, colleagues and estate, increased regulatory intervention and an adverse impact on the CQC well-led assessment.

Risk Tolerance:	**(L) 4 x (C) 5 = 20**	**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:**	**Trajectory:**
Group Chief Finance Officer	Finance & Productivity Committee	CIP delivery; temp workforce; capital & estates; digital transformation	⇔

Opened Date:	**Initial Score:** *with no controls applied*	**Current Score:** *with controls in place*	**Target Score:** *after actions are completed*
July 2026	**(L) 4 x (C) 5 = 20**	**(L) 3 x (C) 5 = 15**	**(L) 2 x (C) 5 = 10**

April 2026	**June 2026**	**August 2026**	**October 2026**	**December 2026**	**February 2027**
	(L) 3 x (C) 5 = 15	**(L) 3 x (C) 5 = 15**	**(L) 3 x (C) 5 = 15**		

Controls *What are we doing to manage the risk?*	**Assurances** *How do we know it's working?*	**Gaps in Controls** *Are there any missing, weak, or ineffective risk controls?*	**Negative Assurances** *Evidence suggesting the controls may NOT be working effectively*
• Financial delivery plans agreed for each Trust, division and corporate area • CIP governance with PMO oversight and delivery tracking of the £81m programme • Financial recovery and CIP plan presented to Trust board 21 July 2026 with actions • TCT strategy with underpinning Clinical Roadmap, Estates and Digital Transformation plans • Benchmarking through Model Hospital and GIRFT to identify efficiency opportunities • Grip and control measures including temporary workforce reduction and procurement controls • Budget-holder training and improved financial information to support decision making	• Monthly finance report to Finance & Productivity Committee and Board – position against plan, CIP delivery and run rate • Model Hospital productivity metrics and activity versus plan in the Integrated Performance Report • Internal and external audit reviews • NHSE oversight of the financial plan and deficit support conditions • Site BAFs related to finance • CIP plans by site • Provider Board Capability Self Assessment	• Transformation capacity alongside operational delivery pressures • Efficiency schemes dependent on digital and estates enablers	• Reliance on non-recurrent measures in prior-year delivery • Run rate above plan in some divisions, with temporary workforce spend above target • RWT: Review of divisional year-end forecasts has identified that further recovery action is required.

Strategic Aim & Objective	Risk Title: GBR TCT 4 – Patient Safety & Quality
Transforming Care Together 2026–2031 **Strategic Objective 2:** We want to improve safety by reducing the time patients wait	**If** the Group of Trusts do not have effective systems of quality governance, patient safety oversight and regulatory compliance, **then** there is a risk that emerging quality and safety risks are not identified, mitigated and controlled in a timely manner, **resulting** in avoidable patient harm, deterioration in service quality, failure to meet statutory and regulatory requirements, external intervention, financial and reputational damage, and reduced confidence from patients, regulators, partners and staff.

Risk Tolerance	(L) 3 x (C) 4 = 12	Risk Appetite	(3) Cautious: 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.

Risk Owner:	Board Committee:	Linked Risks	Trajectory:
Chief Nursing Officer, Chief Medical Officer	Quality Committee	25, 208,1528,2163,2325,3002, 3061, 3391, 3435, 2066, 3466, 3536	⇔

Opened Date:	Initial Score: *with no controls applied*	Current Score: *with controls in place*	Target Score: *after actions are completed*
August 2026	(L) 4 x (C) 5 = 20	(L) 3 x (C) 5 = 15	(L) 2 x (C) 5 = 10

April 2026	June 2026	August 2026	October 2026	December 2026	February 2027
			(L) 3 x (C) 5 = 15		

Controls *What are we doing to manage the risk?*	Assurances *How do we know it's working?*	Gaps in Controls *Are there any missing, weak, or ineffective risk controls?*	Negative Assurances *Evidence suggesting the controls may NOT be working effectively*
• Group quality governance framework; • Accountability arrangements across both Trusts; • PSIRF governance and learning oversight; • Clinical effectiveness and audit arrangements; • Mortality and learning from deaths governance; • Safeguarding governance; • Medicines governance; • Infection prevention & control governance; • Regulatory compliance and action plan validation; • Quality-impact assessment; • Escalation from divisional and site risk registers; • Triangulation of incidents, complaints, claims, inquests, mortality and workforce intelligence • Safeguarding action plan including process improvements, training compliance improvements and more consistent implementation of Mental Capacity Act / Deprivation of Liberty Safeguards	• Escalation report to Quality Committee. • Escalations to Board and external submission • CQC Triangulation meetings • FTSU data / evidence • Trust leadership sessions • GMC and Executives Meetings • NHSE NOF data and meetings • Safeguarding reports • Quality reports • Medicines Management reports • Provider Board Capability Self Assessment.	• Risks on both sites related to Paediatric CAMHS action plan highlights gaps in specialist mental health staffing to support paediatric staff in dealing with young people in crisis. • Compliance with learning disability & autism training below required levels. • Levels of mental health support Core 24/7 are variable and inconsistent. • Medical records and loose filing tracking and retrieval processes not being implemented resulting in gaps in records, multiple records, and multiple incident reports. • DCIQ only fully rolled out at WHT, however Datix Web is fully embedded in RWT.	• Specialist mental health staffing gaps; • Below required learning-disability and autism training; • Inconsistent core 24/7 mental-health support; • Medical record and filing issues; Different incident-management systems remain in use across the two Trusts. A plan is in place to address the position; pending completion, there is a risk of inconsistent Group-level reporting, analysis and shared learning

Controls *What are we doing to manage the risk?*	**Assurances** *How do we know it's working?*	**Gaps in Controls** *Are there any missing, weak, or ineffective risk controls?*	**Negative Assurances** *Evidence suggesting the controls may NOT be working effectively*
• Action plan in place to respond to increased levels of young people with significant mental health needs and a lack of accessible specialist placements nationally. • Action plan in place to address health inequalities in care for people with a learning disability reported quarterly to safeguarding group • Action plan in place following CQC ED Inspection, progress reported to QC monthly. • Infection prevention and control Board Assurance Framework in place. Updated for 2025/26. • Rapid tranquilisation policy and procedure in relation to young people. • Levels of required staff E-Learning training regarding prescription and administration of medicines monitored. • Datix cloud IQ – has completed embedding and reporting – ongoing training programmes are in place and system is fully operational			

Strategic Aim & Objective Transforming Care Together 2026–2031 **Strategic Objective 4:** We want to use technology, innovation and data to transform care and improve productivity	**Risk Title: GBR TCT5 – Digital Transformation, Innovation, Technology and AI Enablement** **If** we do not have the leadership capacity, workforce digital skills, competence and capability, governance, organisational readiness and ethical safeguards to successfully deliver, adopt and continuously evolve our digital transformation and artificial intelligence agenda, while protecting individual rights, workforce interests, privacy, equality and human accountability, **then** major programmes including the replacement Patient Administration System (PAS), Ambient Voice Technology (AVT), Microsoft Copilot and future AI-enabled services may fail to achieve their intended outcomes and benefits; colleagues may be unable to use new systems safely, confidently and effectively; or technology may introduce unsafe, biased, discriminatory, non-compliant or poorly controlled practices, **resulting** in missed opportunities to improve patient care/outcomes, colleague experience, operational productivity and financial sustainability; variable or unsafe use of digital systems; increased patient safety, workforce, legal, regulatory, information governance and reputational risks; operational disruption, digital exclusion or over-dependence on technology; reduced organisational agility; and failure to deliver the ambitions of Transforming Care Together.

Risk Tolerance:	**(L) 3 x (C) 5 = 15**	**Risk Appetite:**	(4) Open: *We recognise that innovation, digital transformation and AI require informed risk-taking. We are willing to accept a moderate degree of risk to secure significant improvements in patient outcomes, productivity, colleague experience and financial sustainability, provided appropriate governance, human oversight, clinical safety, workforce safeguards, data protection, equality, cyber security and business continuity controls are demonstrably effective*.

Risk Owner:	**Board Committee:**	**Linked Risks:**	**Trajectory:**
Group Deputy Chief Executive Officer and Chief Strategy Officer	Digital & Estates Committee	Financial sustainability; timely and safe access to care; colleague experience; workforce and employment practice; clinical safety; cyber security; information governance and data quality; equality and human rights; business continuity	New risk for 2026/27 – baseline established

Opened Date:	**Initial Score:** *with no controls applied*	**Current Score:** *with controls in place*	**Target Score:** *after actions are completed*
September 2026	**(L) 4 x (C) 4 = 16**	**(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 *What are we doing to manage the risk?*	**Assurances** *How do we know it's working?*	**Gaps in Controls** *Are there any missing, weak, or ineffective risk controls?*	**Negative Assurances** *Evidence suggesting the controls may NOT be working effectively*
• Group Digital Strategy and Digital Transformation Roadmap aligned to Transforming Care Together priorities • Portfolio governance and prioritisation for PAS/EPR replacement, AVT, Microsoft Copilot and other digital programmes • Executive-led digital and AI governance with clinical, operational, digital, finance, workforce, equality, legal, information governance and cyber security oversight • Benefits realisation arrangements covering quality, productivity, workforce, equality and financial outcomes • Clinical safety, information governance, cyber security and business continuity controls embedded in major programmes	• Digital transformation portfolio dashboard reported to Digital & Estates Committee and Board • PAS/EPR, AVT, Copilot and other programme milestone, risk and delivery reports • Benefits realisation reports covering productivity, quality, workforce, equality and financial outcomes • Digital maturity assessments, peer benchmarking and user adoption measures • Clinical safety, information governance, cyber security and DSPT assurance reporting • Internal and external audit reviews of programme governance, internal controls and benefits delivery • Board horizon scanning on emerging technology, strategic opportunities, regulation and risks	• Group or organisational capacity to deliver multiple major digital programmes simultaneously is constrained • Competition for specialist digital, analytical, programme, clinical safety, information governance, HR, legal, equality and change expertise • AI governance maturity and responsibility may be inconsistent across the Group • Limited capability to independently validate supplier claims, model performance, explainability and bias mitigation • Inconsistent baselines and methods for assessing AI effectiveness and internal control after implementation • Variable digital skills, AI literacy, confidence, competence, adoption and benefits-realisation	• Delays to major digital milestones because of resource, supplier or dependency constraints • Adoption or realised benefits below trajectory, with continued manual processes and workarounds • Programme costs, delivery risks or reliance on a small number of key individuals increasing • Evidence of unapproved AI tools, inappropriate data entry or use outside agreed purposes • AI outputs requiring significant correction, high override rates, declining accuracy or unintended operational inefficiency • Incidents, near misses, complaints, grievances, data breaches, safety concerns or litigation involving AI

Controls *What are we doing to manage the risk?*	**Assurances** *How do we know it's working?*	**Gaps in Controls** *Are there any missing, weak, or ineffective risk controls?*	**Negative Assurances** *Evidence suggesting the controls may NOT be working effectively*
• Group-wide workforce digital capability approach, including baseline skills assessment, competency standards, adoption support and change-management for clinical, operational and corporate teams • AI Governance and Assurance Framework defining permitted clinical and non-clinical AI use, approval thresholds, risk classification, human accountability and escalation • AI does not replace appropriate professional, clinical or management judgement; named individuals remain accountable for decisions affecting patients or colleagues • Defined AI incident procedures covering unsafe or inaccurate outputs, misuse, privacy breach, bias or discrimination, model/supplier failure, escalation and withdrawal criteria • AI impact assessment before deployment and material change, integrating clinical safety, Data Protection Impact Assessment, equality and human rights, workforce/HR, cyber security, procurement and business continuity requirements • AI literacy and role-specific training, competency assessment and refresher requirements for users, approvers, managers, clinical safety, IG, HR, equality, procurement, audit and Board members • Pre-deployment validation and continuous post-deployment monitoring against agreed baselines and thresholds, including accuracy, safety, fairness, adoption, productivity, experience, overrides and unintended consequences • Business continuity, downtime, manual fallback, recovery and supplier exit arrangements for AI-enabled critical processes, tested proportionately • Single AI inventory/register covering approved, trial and retired AI, including purpose, owner.	• Quarterly AI assurance dashboard covering inventory completeness, deployments, risk ratings, overdue reviews, incidents, control exceptions, training, outcomes and benefits • Named senior responsible owner and operational/product owner for each AI use case, with periodic attestation that controls remain effective • Annual independent review of AI governance maturity and risk-based internal audit of higher-risk use cases • Approved evidence pack for higher-risk AI, including impact assessments, validation, legal/IG advice, equality testing, clinical safety case where relevant, workforce engagement and deployment decision • Post-implementation testing through sample review of outputs and decisions, • Staff, patient and service-user feedback, complaints, grievances, incidents and freedom-to-speak-up themes monitored for AI-related concerns • Workforce digital skills dashboard covering baseline capability, training completion, competency assessment, adoption, confidence, support demand and targeted refresher evidence for staff using or overseeing digital and AI-enabled systems • Business continuity exercises confirming manual fallback, recovery, supplier escalation and exit arrangements	capability across professional groups, services and sites • Emerging regulation, standards and technology may outpace policy and assurance cycles • Business continuity and supplier exit arrangements may be underdeveloped for AI-dependent workflows • Operational pressures may crowd out horizon scanning, continuous monitoring and timely control review	• Decisions affecting individuals made without meaningful human review, explanation or correction • Critical reliance on AI without tested downtime, manual fallback, recovery or supplier exit arrangements • Limited evidence that emerging technology consistently informs strategic and Board discussions Insufficient funding for digital innovation, infrastructure, workforce development and local adoption support

COMFORT BREAK (10 MINS) @ 2pm until 2.10pm

Tier 1 - Paper ref:	Enclosure 9.1

Report title:	Transforming Care Together 2026-31 - Six-Month Progress and Benefits Report
Sponsoring executive:	Simon Evans, Deputy CEO & Group Chief Strategy Officer
Report author:	Kate Salmon, Deputy Chief Strategy Officer - Transformation
Meeting title:	Group Trust Board held in Public
Date:	17th November 2026

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

Assure

The Trust Board can be assured that all ten TCT workstreams are active, with Executive SROs, governance and reporting mechanisms to committees in place. Year one has focused on building foundations, but measurable benefits are already being delivered:

- Ambient Voice Technology (AVT): DPIA approved (September 2026) and Clinical Safety Case Report v0.5 supported by the Clinical Safety Officer (October 2026); AVT is live in 18 specialties across both trusts with over 250+ users.
- Outpatients: both Trusts exceed the national 5% PIFU target, remote consultations are increasing (RWT the highest in the Black Country at 21%) and the Walsall Patient Engagement Portal is reducing DNAs; RWT's Clinical Assessment Service redirects 32% of triaged referrals to a more appropriate outcome than a first appointment. The improvement changes have positively impacted on the number of new patients seen per clinic versus follow-ups with WHT showing 42.2% (peers 30.9%) ModelHealth.
- TCT KPI and Milestones Dashboard: three of the ten workstreams are on track overall, five are partial and two with insufficient progress to rate.

Advise

- Benefits delivered to date are mainly in released clinical time, quality, access, and patient and staff experience (Section 2). These improvements also create financial opportunities for the Group, which are being quantified and validated with Finance through the TCT benefits tracker.
- Outpatient referrals have risen by 12% at WHT and 9% at RWT. Improvements across PIFU, enhanced triage (CAS/SPoA) and remote consultations have partially absorbed this demand. Funding for activity above plan is being agreed with the ICB.
- The TCT KPI and Milestones Dashboard has been developed. The Benefits tracker is in early development and requires input from Finance and Performance & Information teams, and sense-checking with Divisional teams and COOs.
- Single point of access is now live across the top 10 specialties and planned to be rolled out across all specialties by end of March.

Alert

- The outpatient follow-up backlog remains a challenge and the increasing outpatient demand is creating additional pressure. Currently the capacity released by transformation is being used to address this. This programme is key to addressing this demand.
- AVT pace is constrained by implementation capacity (one implementation manager across 86 outpatient specialties). A proposal for additional fixed-term implementation capacity has recently been approved but individuals will take time to be in post.

2. Alignment to our Vision

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

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*
The first TCT progress report was received by the Public Trust Board on 21 July 2026. Workstream progress is reviewed monthly by the TCT Group, chaired by the Group Chief Executive, and through each workstream's reporting committee. AVT governance and benefits have been considered by the Group Digital & Estates Strategy Committee (5 October 2026) and the Group Management Committee (14 October 2026).

4. Recommendation(s)/Action(s)
The RWT/WHT Group Trust Board Meeting to be held in Public are asked to:
a) **RECEIVE** this six-month progress report on Transforming Care Together 2026-2031 across Walsall Healthcare and The Royal Wolverhampton NHS Trusts
b) **NOTE** the benefits delivered to date for patients and staff, and that work to quantify the associated financial opportunities is under way
c) **NOTE** the effect of outpatient referral growth on follow-up reduction, and the need to agree funding for additional activity with the ICB
d) **NOTE** the update on the TCT KPI and Milestones Dashboard

Transforming Care Together 2026-31 - Six-Month Progress and Benefits Report

Executive Summary

This report covers the first six months of Transforming Care Together (TCT) 2026-2031, from April to September 2026, with October updates where available. It focuses on Outpatients, Digital, Community First and the TCT KPIs and Milestones Dashboard and the benefits delivered to date. Progress across all ten workstreams is set out in Appendix 1.

Year one was planned as a foundation year: establishing the workstreams and governance, programme support, baselines and metrics. These foundations are now in place and are beginning to deliver measurable benefits, although most are non-cashable at this stage.

Programme headlines - April to October 2026

- **Digital :** Ambient Voice Technology - Cohort 1 went live in September 2026 after DPIA approval and Clinical Safety Officer support for the Clinical Safety Case. More than 250 clinicians have been trained and 18 specialties are live. The programme has been shortlisted for a HSJ Award - 19 Nov. (Section 4)
- **Outpatients:** referrals have grown by 12% at WHT and 9% at RWT. PIFU and remote consultations have enabled both Trusts to meet this demand, the Walsall Patient Engagement Portal is reducing DNAs to 7.6% from 9.08%. The follow-up backlog remains, so the benefit is not yet visible as a fall in follow-ups (Section 3).
- **Other workstreams:** progress across all ten workstreams is in Appendix 2. Highlights include surgical ward length of stay reduced from 15 to 8 days (Community First), Neighbourhood Health self-assessment scores well above the NHS England expected range (Walsall 55/100, Wolverhampton 49/100), and NHS England approval of the Bilston Community Diagnostic Centre business case (Planned Care Redesign).
- **TCT KPI and Milestones Dashboard:** three of the ten workstreams are on track overall; 24 of 51 milestones are achieved or on track
- **Clinical Services Review (CSR):** Governance, communications and engagement arrangements are now in place, with specialty workshops completed across both Trusts. Priority specialties are progressing service redesign and option development, with early opportunities identified to improve access, reduce variation and support sustainable Group-wide service models.

Benefits

The benefits delivered to date are largely non-cashable: clinical time released, faster correspondence, better records, shorter waits, fewer missed appointments and demand absorbed without additional face-to-face capacity. Staff report a reduced administrative burden, and Friends and Family Test scores have improved at both Trusts. These improvements also create financial opportunities for the Group, which are being quantified and validated with Finance as part of the TCT benefits tracker.

2. Benefits delivered to date

This section summarises the benefits delivered to date for patients and staff: improvements in quality, access, safety and staff experience. Many of these improvements also release capacity and create financial opportunities for the Group; these are being quantified with Finance and Divisional teams through the TCT benefits tracker.

Table 1: Benefits for patients and staff

Benefit	Measure	Workstream
Clinical time released	ED documentation time 9.45 to 3.56 minutes per patient (62% reduction); 20.6% more patients seen per ED shift	Digital (AVT)
Record quality	Record completeness up from 54% to 88% (blinded review, n=100)	Digital (AVT)
Faster correspondence	Dermatology letter turnaround from 9.3 days to 19 minutes	Digital (AVT)
Staff experience	Reduced administrative burden rated 8.7 out of 10 by staff	Digital (AVT)
Patient experience	Friends and Family Test scores improved against baseline for inpatients and outpatients at both Trusts; WHT outpatients at the 95% target (August 2026)	Trust-wide
Demand met without extra face-to-face capacity	PIFU improving towards 5% target - 5.45% WHT and 4.7% RWT; RWT has the highest remote consultation rate in the ICB (21%) and WHT increased from 14.45% to 18.38%.	Outpatients
Fewer missed appointments	Walsall Patient Engagement Portal: DNA rate reducing	Outpatients / Digital
Patient flow	Surgical ward length of stay reduced from 15 to 8 days; more patients through SDEC; improved frailty discharges	Community First - benefit to be reviewed
Front-door triage - Single point of access (elective)	RWT Clinical Assessment Service redirects 32% of triaged referrals to a more appropriate outcome than a first appointment. Once the follow-up backlog has been reduced to clinically safe levels, the capacity released through SPoA can be redirected to first appointments, reducing waiting times for new patients and improving RTT	Outpatients
National profile	Visits from the National Director of Neighbourhood Health (June) and the MHRA (October); AVT Project - Finalist HSJ Awards, 19 Nov	Digital

3. Outpatients: demand and the follow-up position

Outpatient Transformation is making a difference, but its benefit is currently being absorbed by rising demand rather than showing as a fall in follow-up activity.

- **Referral growth:** GP/Dentist/Optometry referrals (from all ICBs) have risen by 12% at WHT and 9% at RWT. Funding for activity above plan is being pursued from Black Country ICB.
- **Meeting demand:** PIFU has risen to 4.7% at RWT and 5.2% at WHT in August, against the national expectation of 5%, and is available in every major specialty except Audiology (planned Q3). RWT has the highest remote consultation rate in the ICB (21%), and WHT has increased from 14.45% (April) to 18.38% (September).
- **Front-door triage:** RWT's Clinical Assessment Service is live and redirects 32% of triaged referrals to a more appropriate outcome than a first appointment. RWT RTT performance improved from 60.3% to 64.7% (April to September 2026), on trajectory for 69.6% by year end; 52-week waits fell by 57% (1,903 to 823) across the same time period and time to first appointment improved from 60.4% to 71%. WHT RTT performance improved from 72.19% to 73.18% (April to Sep 2026), 52-week waits remain well

controlled at <0.01% of the PTL (1 patient), significantly below the 1% threshold and time to first appointment was sustained at circa 80%.

- **Follow-up backlog:** the follow-up backlog remains, capacity released by transformation is being used to see overdue patients.
- **Missed appointments:** the Patient Engagement Portal at Walsall has had a significant impact on reducing DNAs – September 7.6% from 9.08% pre- go-live.

What will change the position

- Single Point of Access: consultant-led triage of Advice and Guidance requests and elective referrals in ten specialties per Trust from October 2026 with roll out to all remaining specialties by end of March 2027, directing patients to the right setting first time and managing demand at the front door.
- Neighbourhood outpatient transformation: a workshop with primary care, secondary care and the ICB on 14 October 2026 identified left-shift pathways in paediatrics, gynaecology, diabetes, renal and cardiovascular services. Pilot community models for paediatrics, gynaecology and metabolic health were agreed, targeted at the most deprived areas; the contracting and funding route is being agreed.
- Embedding pre-hospital clinical pathways in primary care

Action required

Agree with the ICB how activity above plan will be funded in 2026/27 and reflected in 2027/28 plans.

4. Digital Transformation - Ambient Voice Technology

AVT is the most visible early success of TCT. AVT captures the clinical conversation and drafts the clinical note and letter for the clinician to review, releasing clinical and administrative time.

Ambient Voice Technology: Cohort 1 - 18 specialties across both trusts went live in September 2026 and more than 250 clinicians trained. The Group-wide DPIA was approved in September 2026 and the Clinical Safety Officer has supported approval of Clinical Safety Case Report v0.5, subject to minor documentation corrections and specialty go-live conditions.

The Group's position against all 18 requirements of the NHS England/MHRA joint letter was reported to the Group Digital & Estates Strategy Committee on 5 October 2026, and three risks accepted by design were presented to the Group Management Committee on 14 October 2026. Partial EPR integration is due in mid-November 2026.

On 26 October 2026 the Group hosted national colleagues from NHS England and the MHRA to review the Group AVT roll-out programme. Feedback was very positive. The national team said the Group's clinically led approach, which treats AVT as a change to operating processes rather than a technology roll-out, is the right model. The visit has opened discussions about the Group becoming a national exemplar organisation, joining the national programme supporting 30 trusts, and nominating a representative to the MHRA trusted advisory group. This puts the Group in a position to influence national AVT guidance and policy.

A proposal which sets out sets out how fast-tracking AVT into RWT ED, AMU clerking, community, therapies and maternity could release further clinical time and increase the value proposition through additional fixed-term implementation capacity has been approved in October.

Risks: pace has been constrained by current implementation capacity (one implementation manager across 86 outpatient specialties), and notes are transferred into the EPR manually until integration is live. Whilst agreement is in place to secure additional capacity, this will take some rime to come on line.

5. TCT KPI and Milestones Dashboard

The TCT KPI and Milestones Dashboard (appendix 2) brings together the Tier 1 metrics and milestones for each of the ten workstreams and gives each workstream an overall status. It is a Tier 1 assurance tool: each workstream has a small number of headline metrics, tracked monthly, and milestones are rated each quarter.

A workstream is rated on track where the number of items achieved or on track is at least equal to the number at risk or off track. Productivity and Financial Sustainability is monitored through the Use of Resources Group, and Digital Transformation and Estates Optimisation are milestone-only workstreams.

Overall position

- **Workstreams:** three of the ten workstreams are rated on track overall. Productivity and Financial Sustainability is monitored through Use of Resources, and Estates Optimisation has not yet fully started (Table 2).

- **Milestones:** 24 of the 51 milestones (47%) are achieved or on track, and eight have been achieved (Table 3). Most of the 25 milestones not yet started are scheduled for Q4 2026/27 or later, or have dates still to be confirmed with SROs.

- **Metrics:** 16 of the 38 Tier 1 metrics are now reporting data, and 11 of these are on track.

Areas requiring attention

- **Bed reduction** is off track, with 17 of the 42 beds still required at RWT by March 2027 and 13 of the 35 still required at WHT. Plans for further reductions during 2026/27 are in development. The October 2026 position shows meaningful progress. Governance has been refreshed, operational interventions are delivering improvements

- **Improvement and Quality Management System plans** have been re-planned following the delayed start of the Director of Improvement, with partial roll-out by the end of Q4.

- **Freedom to Speak Up evidence log** the Group policy will be finalised by the end of Q3.

Next steps

- Agree baselines, targets and definitions for the metrics not yet reporting, with SROs and Performance & Information teams.
- Confirm due dates for milestones currently marked to be confirmed.
- Update Q3 milestone ratings at the end of December 2026.

Appendix 1: Workstream progress detail

1. Staff Involvement, Culture & Improvement
Executive Sponsor: Dr Claire Radley

- **Progress:** Staff Survey participation is ahead of the equivalent point last year at both Trusts. A Group Leadership Plan and Culture Improvement Plan are in development, alongside implementation of the national NHS Staff Standards. Transition with the QI Team to support rollout of the Management System is underway.
- **Benefits / evidence of impact:** This is primarily an enabling workstream supporting improved retention, sickness absence, staff advocacy and appraisal compliance. No direct cashable benefit is currently identified.
- **Risks / actions:** Delayed start of the Director of Improvement is affecting the pace of Management System rollout. The new People, Culture & Improvement operating model is also being implemented.
- **Next milestone:** Culture Improvement Plan to Group People Committee in December 2026.

2. Clinical Services Roadmap
Executive Sponsor: Dr Brian McKaig

- **Progress:** CSR governance, communications and reporting arrangements are now in place, providing a clear framework for programme delivery. Specialty workshops and internal stakeholder engagement sessions have been completed across both Trusts. Priority workstreams include ophthalmology, rheumatology, urology, renal and perinatal services, with further opportunities identified in community paediatrics, trauma & orthopaedics, surgical services and elective care. Several specialties are now progressing option development and service redesign discussions.
- **Benefits / Evidence of Impact:** CSR has strengthened clinical collaboration across both Trusts, supporting development of shared Group service models. Early work has identified opportunities to improve patient access, reduce variation, optimise workforce and estate utilisation, and support longer-term service sustainability. A benefits framework is being developed to measure progress and outcomes.
- **Risks / Actions:** Competing operational pressures continue to affect the pace of engagement in some specialties. Mitigating actions include prioritising resources towards areas with the greatest strategic value and readiness for change.
- **Priority:** Maintain momentum across priority specialties, finalise the CSR roadmap, and support early adopter services to move from service design into implementation and benefits realisation.

3. Outpatients Transformation
Executive Sponsor: Dr Zia Din

- **Progress:** Both Trusts have achieved the national consultant-led Single Point of Access requirement across ten specialties and exceed the national 5% PIFU target. The Patient Engagement Portal is fully deployed across Walsall outpatients, with neighbourhood outpatient pilots being developed for paediatrics, gynaecology and metabolic health.
- **Benefits / evidence of impact:** The transformation levers ie. SPoA, remote consultations, PIFU and Community Pathways (Gynaecology, Paediatrics and Metabolic Health) modelling for cash and non-cash benefits is currently being developed.
- **Risks / actions:** If outpatient demand continues to rise above plan, the transformation benefits will not be realised, with a further impact that increased activity above plan is not funded. Wider system transformation is dependent on cultural change.
- **Priority:** Validate the baseline and benefits with Finance/BI and establish how released capacity will translate into income or avoided expenditure.

4. Planned Care Redesign
Executive Sponsors: Gwen Nuttall & Amelia Godson

- **Progress:** The Bilston Community Diagnostic Centre business case has been approved by NHSE. A Private Patients Task and Finish Group has reviewed options to strengthen the Group's private patient services; a recommendation will be considered through TCT governance.
- **Benefits / evidence of impact:** Private patient work is focused on improved systems, coding and pricing. Further work is being scoped to increase available capacity and activity for private patients.
- **Risks / actions:** Delivery depends on contract award and consultant engagement. Growth must also avoid adversely affecting NHS waiting times.

5. Productivity & Financial Sustainability
Executive Sponsor: Kevin Stringer

This workstream is managed through the Use of Resources Group and is therefore not duplicated through TCT reporting.

6. Workforce Redesign
Executive Sponsor: Lisa Carroll

- **Progress:** The Workforce Redesign PID and TCT Tier 1 metric have been agreed. Development moves from the Strategic Workforce Plan in Q3 to the Operational Workforce Plan, recruitment plan, forecasting and skills portfolios in Q4.
- **Benefits / evidence of impact:** This remains predominantly an enabling workstream. Financial benefits are expected to be captured through individual transformation programmes at service level rather than a separate workforce savings target.
- **Risks / actions:** Limited workforce-planning capability and dependency on conclusion of the Clinical Services Roadmap remain key constraints
- **Priority:** Establish the workforce baseline and translate the emerging clinical model into an operational workforce plan.

7. Digital Transformation
Executive Sponsor: Nick Bruce

- **Progress:** Ambient Voice Technology Cohort 1 went live in September 2026, with NHS England/MHRA assurance reported to DESC in October. Further schemes are in development and a Digital Transformation Oversight Group has been established to ensure this is within agreed IG requirements.
- **Benefits / evidence of impact:** Reported pilot measures include a 62% reduction in ED documentation time, 20.6% more patients per ED shift and improved record completeness. These are emerging productivity and quality impacts; the associated financial benefits are being tracked through implementation.
- **Risks / actions:** Implementation capacity is constrained. Interim manual transfer into EPR presents a data entry risk, while digital capacity is stretched across concurrent programmes. A business case for additional staffing in AVT has recently been approved.

8. Community First
Executive Sponsor: Steph Cartwright

- **Progress:** Delivery is demonstrating improvements across admission avoidance, SDEC and ward processes. WHT has reported 22 beds closed and RWT 25, with 30m more beds still to be identified across the Group.
- **Benefits / evidence of impact:** RWT Phase 1 reports 3,920 bed days, with WHT Ward 10 reporting 1,697 bed days. Admission-avoidance models also report material activity reductions. These represent

operational evidence of impact; the overall financial benefits plan is being developed and therefore not confirmed as a validated cashable benefit at this stage.

- **Risks / actions:** RWT is 17 beds short of its March 2027 business-plan requirement of 42 beds, plans in development for further reductions during 2026/27. WHT is 13 beds short of its March 2027 business-plan requirement of 35 beds and a plan is in place for further closures. Bed closure decisions will be aligned through Community First governance.
- **Priority:** Agree the RWT bed trajectory and complete the quantified and finance validated benefits plan linking operational improvement to sustainable capacity and financial benefit.

9. Neighbourhood Health
Executive Sponsor: Steph Cartwright

- **Progress:** Stage 1 self-assessments scored 55/100 for Walsall and 49/100 for Wolverhampton, versus the stated NHS England expected range of 20-30. MDTs operate across all seven Walsall neighbourhoods and Wolverhampton INT cohort pilots have moved into delivery. Six- and 18-month action plans have been shared with the ICB.
- **Benefits / evidence of impact:** Benefits remain predominantly enabling/non-cashable at this stage. Early evaluation of the 37-patient Feel Good at Home pilot indicates reduced hospital utilisation, but further evaluation is required before the impact should be regarded as established. A business case is being developed for a Frailty Hub in each neighbourhood.
- **Risks / actions:** Delivery confidence remains moderate because MDT membership, data, outcomes and funding require further development. There is also some duplication and overlap with Community First is managed through programme management support.
- **Priority:** Confirm the relationship between Neighbourhood Health and Community First and establish measurable population-health and hospital-demand outcomes.

10. Estates Optimisation
Executive Sponsor: Chris Hodgson

- **Progress:** Work is focused on estates strategy/master planning, business-as-usual optimisation and the staff/patient environment. The Block 32 maternity/neonatal options review has been completed and will inform future capital planning. New Cross and Manor development control plans are being prepared, while lease exits and consolidation continue to support divisional CIPs.
- **Benefits / evidence of impact:** Cashable benefits are being generated through lease exits and consolidation. Wider benefits remain dependent on future clinical and estates decisions and should therefore not yet be considered secured.
- **Risks / actions:** The Estates Strategy remains dependent on Clinical Services Roadmap decisions. Capital availability is uncertain, community estate requirements are not yet clear and the staff/patient environment programme has not started.
- **Priority:** Ensure clinical strategy decisions drive capital and estates prioritisation rather than progressing the two independently.

Appendix 2 - Dashboard

Transforming Care Together - 2026/27 Strategy Dashboard

Walsall Healthcare NHS Trust & The Royal Wolverhampton NHS Trust

Last updated: 05/11/2026

KEY - Overall status:	On Track	Partially On Track	At Risk	Off Track	Not Started
	50%+ of all items achieved / on track	some achieved / on track, but under 50% of all items	none achieved / on track yet, some at risk	off-track outnumber on-track & at-risk	nothing started yet

KEY - Box status	✓ on track	! at risk	x off track / missed	○ not started	counts include KPIs + milestones; status is out of all items (including metrics not yet reported or not yet due)

Staff Involvement, Culture & Improvement

● Partially On Track

4 KPIs · 6 milestones · 10 total

✓ 2	! 1	x 1	○ 6

KPIs on track	0/4	0%
Milestones on track/done	2/6	33%

Improvement and Quality Management System plans developed (+1 more)

SRO: Dr Claire Radley

Clinical Services Roadmap

● On Track

5 KPIs · 7 milestones · 12 total

✓ 7	! 0	x 0	○ 5

KPIs on track	4/5	80%
Milestones on track/done	3/7	43%

Nothing off track

SRO: Brian McKaig

Outpatients

● Partially On Track

9 KPIs · 6 milestones · 15 total

✓ 6	! 1	x 0	○ 8

KPIs on track	0/9	0%
Milestones on track/done	6/6	100%

Patients discharged at 1st appointment - no intervention - WHT

SRO: Zia Din

Planned Care Redesign

● Partially On Track

2 KPIs · 4 milestones · 6 total

✓ 1	! 0	x 0	○ 5

KPIs on track	0/2	0%
Milestones on track/done	1/4	25%

Nothing off track

SRO: Gwen Nuttall / Amelia Godson

Productivity & Financial Sustainability

● Monitored via UoR

No items tracked here

✓ 0	! 0	x 0	○ 0

KPIs on track	-	
Milestones on track/done	-	

Nothing off track

SRO: - (Use of Resources)

Workforce Redesign

● Partially On Track

2 KPIs · 6 milestones · 8 total

✓ 2	! 0	x 0	○ 6

KPIs on track	1/2	50%
Milestones on track/done	1/6	17%

Nothing off track

SRO: Lisa Carroll

Digital Transformation

● On Track

2 KPIs · 7 milestones · 9 total

✓ 7	! 0	✗ 0	○ 2

KPIs on track	2/2	100%
Milestones on track/done	5/7	71%

Nothing off track

SRO: Nick Bruce

Community First

● On Track

8 KPIs · 3 milestones · 11 total

✓ 6	! 3	✗ 1	○ 1

KPIs on track	4/8	50%
Milestones on track/done	2/3	67%

Reduced attendances to hospital - RWT (+3 more)

SRO: Steph Cartwright

Neighbourhood Health

● Partially On Track

6 KPIs · 5 milestones · 11 total

✓ 4	! 0	✗ 0	○ 7

KPIs on track	0/6	0%
Milestones on track/done	4/5	80%

Nothing off track

SRO: Steph Cartwright

Estates Optimisation

● Not Started

0 KPIs · 7 milestones · 7 total

✓ 0	! 0	✗ 0	○ 7

KPIs on track	-	
Milestones on track/done	0/7	0%

Nothing off track

SRO: Chris Hodgson

Tier 1 - Paper ref:	Enclosure 9.2

Report title:	Research & Development Annual Report 2025/26 and Research Performance Update 2026/27
Sponsoring executive:	Dr Brian McKaig, Group Chief Medical Officer
Report author:	Pauline Boyle, Group Director of Research & Development
Meeting title:	Group Trust Board Meeting – to be held in Public
Date:	17 November 2026

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

This paper presents the Joint Research & Development Annual Report for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) for the period 1 April 2025 to 31 March 2026 and provides an update on key developments during 2026/27.

During 2025/26, significant progress was made in strengthening research delivery across the Group. This included growth in commercial and complex interventional research, establishment of shared Group Research & Development functions, continued development of regional and national research collaborations and securing significant external investment in research infrastructure.

Key achievements included:

- Delivery of 172 active research studies across the Group (144 at RWT and 28 at WHT).
- Recruitment of 1,323 participants to research studies (1,134 at RWT and 189 at WHT).
- Significant growth in commercial and Clinical Trials of Investigational Medicinal Products (CTIMP) activity.
- Establishment of a single Group Study Set-Up Team and shared Governance, Sponsorship, Quality Assurance and Workforce Development functions.
- Leadership of the Black Country Hub within the Central and North Midlands Clinical Research Delivery Centre (CRDC) and establishment of the Black Country Research Collaborative.
- Continued development of research infrastructure, including the UKCHART REDCap database, community engagement initiatives through Genes & Health and the T-Level programme, and investment in research facilities.
- Securing significant external investment, including £1.59m RRDN funding, £2.0m study income, £1.0m grant income and £1.5m NIHR capital investment at RWT, together with £1.2m capital investment at WHT.
- Progress towards implementation of the NHS England Framework for NHS Boards Monitoring Research Activity and the National Oversight Framework.

The accompanying update outlines further developments during 2026/27, including establishment of the Group Senior Leadership Team, development of the Clinical Trials Support Unit and continued investment in research infrastructure.

The report provides assurance that research activity continues to grow across the Group and that appropriate governance, leadership and performance arrangements are in place. Performance against national study set-up metrics remains an area of focus, with improvement actions in place during 2026/27.

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

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*
The report has been reviewed by the Group Quality Committee

4. Recommendation(s)/Action(s)	
The RWT/WHT Group Trust Board Meeting to be held in Public is asked to:	
a)	Note the contents of the Research & Development Annual Report 2025/26.
b)	Note progress made in establishing Group Research & Development arrangements across RWT and WHT.
c)	Note developments during 2026/27 including: Establishment of the Group Senior Leadership Team. Progress against NHS England research requirements. Development of the Black Country Research Collaborative. Establishment of the Clinical Trials Support Unit. Capital investment in research infrastructure.
d)	Support the continued implementation of the Group Research & Development Strategy and associated priorities for 2026/27.

Report to the RWT/WHT Group Trust Board Meeting to be held in Public on 17 November 2026

Research & Development Annual Report 2025/26 and Research Performance Update 2026/27

1. Executive summary

This paper presents the Joint Research & Development Annual Report for The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust during 2025/26, together with a progress update for 2026/27.

Research activity continued to grow and mature across both organisations during 2025/26, with an increasing focus on commercial research, complex interventional studies and Clinical Trials of Investigational Medicinal Products (CTIMPs). This has strengthened patient access to innovative treatments, increased external investment and enhanced organisational research capability.

Key achievements included:

- Delivery of 172 active research studies across the Group.
- Recruitment of 1,323 participants to research studies.
- Significant growth in commercial and CTIMP research activity.
- Establishment of a single Group Study Set-Up Team and shared Group Research & Development functions.
- Development of shared Governance, Sponsorship, Quality Assurance and Workforce Development arrangements.
- Leadership of the Black Country Hub for the Central and North Midlands Clinical Research Delivery Centre (CRDC).
- Continued development of the Black Country Research Collaborative and UKCHART research infrastructure.
- Securing significant external investment, including £1.59m RRDN funding, £2.0m study income, £1.0m grant income and £1.5m NIHR capital investment at RWT, together with £1.2m capital investment at WHT.
- Progress towards implementation of the NHS England Framework for NHS Boards Monitoring Research Activity and National Oversight Framework requirements.

During 2026/27, further progress has been made through the establishment of a Group Senior Leadership Team, development of the Clinical Trials Support Unit in partnership with the University of Wolverhampton, continued growth in research recruitment, and investment in research infrastructure across both organisations. Performance against national study set-up metrics remains an area of focus and improvement activity is ongoing.

No significant research governance concerns were identified during the reporting period.

The Board is asked to note the significant progress made during 2025/26 and 2026/27 and support the continued implementation of the Group Research & Development Strategy and associated priorities.

2. Introduction or background

2.1 Research is a core component of high-quality patient care, workforce development and organisational improvement. During 2025/26 both Trusts continued to expand research

activity, strengthen research infrastructure and increase opportunities for patients to participate in research.

2.2 This report summarises key achievements, performance and strategic developments during 2025/26 and provides an update on progress against national research priorities during 2026/27. The full Annual Report and Performance Update are available separately as supporting appendices.

3. Recommendations

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

a. Note the contents of the Research & Development Annual Report 2025/26.
b. Note progress made in establishing Group Research & Development arrangements across RWT and WHT.
c. Note progress against the NHS England Framework for NHS Boards Monitoring Research Activity and National Oversight Framework requirements.
d. Note the strategic developments undertaken during 2026/27, including establishment of the Group Senior Leadership Team, Clinical Trials Support Unit and research infrastructure investment programmes.
e. Support the continued implementation of the Group Research & Development Strategy and associated priorities for 2026/27.

Paper written 4 November 2026

Annex 1: Research & Development Annual Report 2025/26
Annex 2: Research & Development Performance Update 2026/27

Annex 1

Research & Development Annual Report 2025/26
The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust

Reporting Period: 1 April 2025 – 31 March 2026

Executive Summary

2025/26 was a year of significant progress for research and innovation across The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT). Research delivery continued to expand through growth in commercial and complex interventional studies, strengthening patient access to innovative treatments and supporting the organisations' ambitions to be recognised as leading research-active NHS Trusts.

The Group Research & Development function continued its transformation programme during the year, establishing shared arrangements for study set-up, governance, sponsorship, quality assurance and workforce development. Progress was also made in strengthening regional and national collaborations, including the Black Country Research Collaborative, UKCHART and the Central and North Midlands Clinical Research Delivery Centre.

Although overall recruitment volumes were lower than in 2024/25, this reflected the conclusion of several large public health studies rather than a reduction in research activity. The research portfolio evolved towards more complex commercial and Clinical Trials of Investigational Medicinal Products (CTIMPs), increasing the strategic, clinical and financial value of research activity across the Group.

Preparations were also undertaken to support implementation of the NHS England Framework for NHS Boards Monitoring Research Activity and the National Oversight Framework, strengthening Group-wide arrangements for performance monitoring, study set-up, workforce development and research governance.

Table 1. Research in Numbers 2025/26
Group Activity

Metric	Value
Active Studies	172 (144 RWT, 28 WHT)
Participants Recruited	1,323
Principal Investigators	126 (97 RWT, 29 WHT)
Associate Principal Investigators	11
Clinical Academic Professors	8
Commercial Recruitment Activity	13% RWT / 16% WHT
CTIMP Recruitment	26% of RWT recruitment
T-Level Students Engaged	50
Participants Recruited via Genes & Health Initiative	88

Key achievements during the year included:

- Growth in commercial and Clinical Trials of Investigational Medicinal Products (CTIMP) research activity.
- Establishment of a single Group Study Set-Up Team and shared Research & Development functions.
- Strengthening of regional and national research collaborations, including the Black Country Research Collaborative, UKCHART and the Central and North Midlands Clinical Research Delivery Centre (CRDC).
- Successful community engagement through initiatives including Genes & Health and the T-Level programme.
- Securing significant external investment to support research delivery and infrastructure across both organisations.

Research continues to deliver benefits for patients, staff and the wider health system through improved access to innovative treatments, workforce development, external investment and strengthened academic partnerships.

Group Performance Overview

Research activity remained strong across both organisations during 2025/26. Whilst overall recruitment volumes reduced following completion of several large public health studies, the research portfolio evolved towards more complex commercial and Clinical Trials of Investigational Medicinal Products (CTIMPs). This increased the strategic, clinical and financial value of research activity across the Group and strengthened opportunities for patients to access innovative treatments.

Commercial and CTIMP Research Growth

Commercial and CTIMP research activity increased significantly during 2025/26. At The Royal Wolverhampton NHS Trust, commercial recruitment increased from 1% of total recruitment activity in 2024/25 to 13% in 2025/26, whilst CTIMP recruitment increased from 2% to 26% over the same period. These changes demonstrate a significant shift towards more complex and commercially sponsored studies, increasing opportunities for patients to access innovative treatments and strengthening organisational research capability.

Table 2. Growth in Commercial and CTIMP Recruitment Activity at RWT

Measure	2024/25	2025/26
Commercial Recruitment	1%	13%
CTIMP Recruitment	2%	26%

Royal Wolverhampton NHS Trust

During 2025/26, RWT supported:

- 144 active studies
- 34 commercial studies
- 1,134 participants recruited
- 153 participants recruited to commercial studies
- 294 participants recruited to CTIMP studies

Commercial recruitment increased from 1% to 13% of all recruitment activity, whilst CTIMP recruitment increased from 2% to 26%, demonstrating continued growth in complex interventional research.

Specialty Performance

Research activity was delivered across a broad range of specialties, with the highest recruitment achieved within Cancer, Cardiovascular Medicine, Gastroenterology & Hepatology and Reproductive Health. Several specialties also demonstrated significant year-on-year growth, including Gastroenterology & Hepatology, Reproductive Health & Childbirth, Surgery and Dermatology.

Figure 1. Recruitment by Specialty at RWT



Study Set-Up Performance

Performance remained strong against national study set-up metrics, with study activation and first participant recruitment achieved within nationally expected timeframes.

During the year:

- 32 studies were opened following site selection.
- Median commercial study confirmation time was 34 days.
- Median non-commercial study confirmation time was 43 days.
- Median time to first participant recruitment was 27 days for commercial studies.
- Median time to first participant recruitment was 26 days for non-commercial studies.

Walsall Healthcare NHS Trust

During the reporting period:

- 21 active studies remained open at year end
- 5 commercial studies
- 16 non-commercial studies
- 191 participants were recruited into research studies

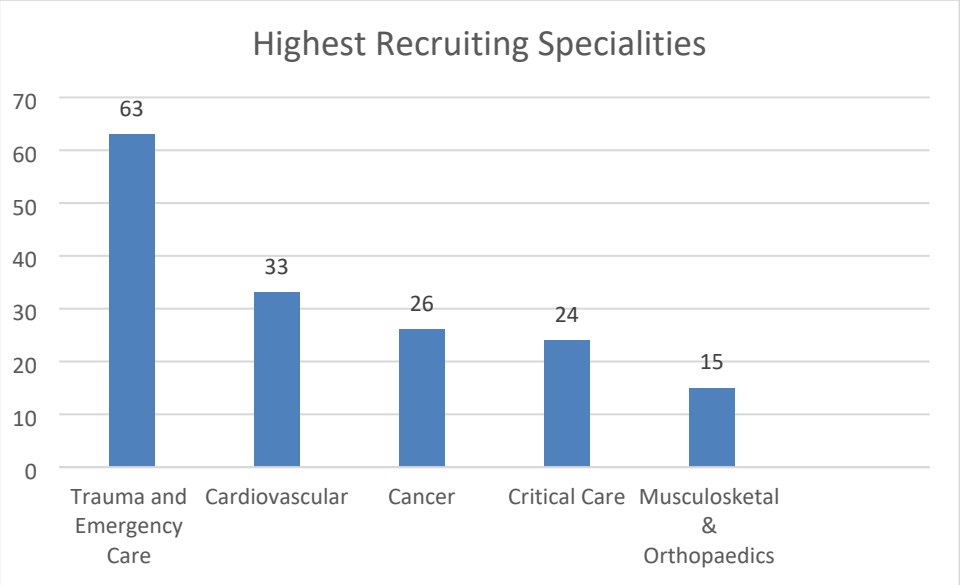
- 30 participants were recruited into commercial studies

Commercial studies accounted for 16% of recruitment activity and the research portfolio continued to evolve towards more complex and commercially sponsored research.

Specialty Performance

Research activity was delivered across a diverse range of specialties, with the highest recruitment achieved within Trauma & Emergency Care, Cardiovascular Medicine, Cancer and Critical Care. Growth was observed across several specialties, including Critical Care, Musculoskeletal & Orthopaedics, Children's Services and Dermatology.

Figure 2. Recruitment by Specialty at WHT



Study Set-Up Performance

WHT performed strongly against national study set-up measures and compared favourably with regional benchmarks, demonstrating increasing maturity of research delivery processes.

Quality and Governance

Governance indicators remained strong throughout the year, with no significant sponsor compliance concerns identified. These results demonstrate effective oversight, participant safety and high-quality research delivery.

Key indicators included:

- Data quality score of 95%
- Four studies closed during the reporting period
- Four studies had not yet recruited their first participant at year end
- No sponsored studies required intervention during the reporting period
- No significant sponsor compliance concerns identified
- Eight responses received through the NIHR My Research Experience Survey

Table 3. Comparative Research Delivery Performance Across the Group

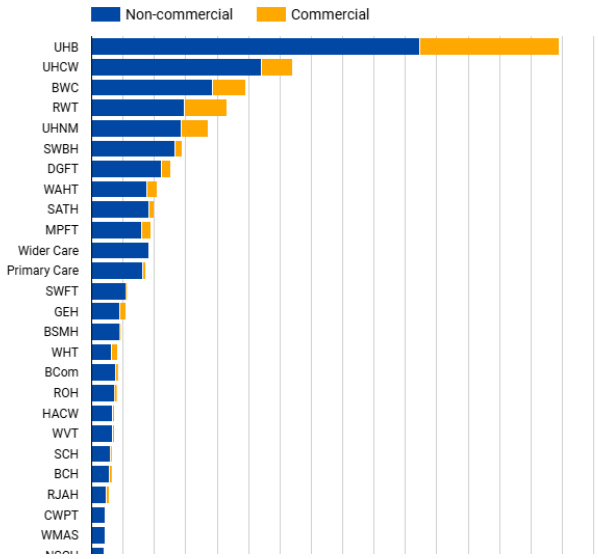
Measure	RWT	WHT	National target
Commercial Site Confirmation	34 days	40 days	Within 60 days
Commercial First Recruit	27 days	5 days	Within 30 days
Data Quality	97%	95%	High-quality data submission

Both organisations performed strongly against key research delivery metrics, achieving study set-up and recruitment performance within national expectations whilst maintaining high data quality.

Performance Within the West Midlands Region

Both organisations continue to make an important contribution to research delivery across the West Midlands. RWT maintains one of the region's largest research portfolios, whilst WHT continues to expand research activity and infrastructure. Through shared Group arrangements and active participation in regional initiatives, both organisations support increased access to research opportunities across the Black Country and wider region.

Figure 3. Number of studies recruiting during 2025/26



The Royal Wolverhampton NHS Trust continues to maintain one of the largest research portfolios in the West Midlands, supporting a substantial number of commercial and non-commercial studies across a broad range of specialties. Walsall Healthcare NHS Trust continues to build research capacity and expand its portfolio, reflecting sustained growth in research activity and capability. Together, both organisations make a significant contribution to the regional research portfolio and help ensure that patients across the Black Country have access to a diverse range of research opportunities.

Quality and Governance
Governance arrangements remained robust throughout the year, with a data quality score of 97%, five active sponsored studies and no significant sponsor compliance concerns identified. Eighty responses were received through the NIHR My Research Experience Survey, reflecting continued engagement with research participants.

Building a Group Research & Development Service
A major achievement during 2025/26 was the continued development of a more integrated Group Research & Development model across The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.

Significant progress was made in aligning research systems, processes and expertise across both organisations, improving resilience, reducing duplication and creating a more consistent experience for investigators, research teams, sponsors and research participants.

Key developments included:

- Establishment of a single Group Study Set-Up Team.
- Shared Research Governance, Sponsorship, Quality Assurance and Workforce Development functions.
- Greater consistency in performance monitoring and research governance arrangements.
- Improved organisational resilience through shared expertise and resources.

These developments have strengthened the foundations for future growth in commercial and non-commercial research activity and positioned the Group to respond effectively to emerging national research requirements.

Research Workforce and Clinical Leadership

Research delivery continued to be supported by a strong clinical leadership network across both organisations.

During 2025/26, the Group was supported by:

- 126 Principal Investigators.
- 11 Associate Principal Investigators.
- 8 Clinical Academic Professors.

These clinical leaders play a critical role in supporting study delivery, developing research culture and expanding opportunities for patients to participate in research.

Clinical academic leadership remains a significant strength of the Group through its partnership with the University of Wolverhampton. Academic expertise spans gastroenterology, cardiology, haematology, obstetrics, neonatology, critical care and laboratory medicine, supporting research, education and innovation across both organisations.

The Group's eight Clinical Academic Professors continue to provide leadership across multiple specialties through joint appointments with the University of Wolverhampton, strengthening research, education and innovation.

Clinical Research Leadership

During 2025/26, Dr Viktoria Eleftheriadou, Consultant Dermatologist at Walsall Healthcare NHS Trust, was appointed UK Chief Investigator for a commercial dermatology study. This reflects both individual expertise and the growing capability of the Group to lead nationally significant commercial research programmes.

Research Influence, Collaboration and Reputation

The Group continued to strengthen its influence and reputation regionally, nationally and internationally during 2025/26 through collaborative research initiatives and leadership roles.

Black Country Research Collaborative

The Black Country Research Collaborative continued to develop during 2025/26, supporting collaboration between healthcare organisations across the region. Key achievements included shared learning, workforce development, collaborative problem-solving and establishment of a monthly Lead Research Nurse network to support research delivery and capacity building across the Black Country.

Regional and National Leadership

The Group continued to provide leadership within the research system through chairing responsibilities within the Central and North Midlands Clinical Research Delivery Centre (CRDC) and active participation in regional research initiatives. These arrangements support collaboration, innovation and the sharing of best practice across NHS organisations.

The Group also continued to play a leading role within UKCHART, the national malignant haematology research collaborative, including development of a REDCap database to support multicentre research and strengthen national research infrastructure.

International Engagement

The relationships established through international engagement activities continue to support opportunities for collaboration, learning and research development. During 2025/26, The Royal Wolverhampton NHS Trust hosted a delegation from India, showcasing local research delivery arrangements and strengthening opportunities for international knowledge exchange.

Research Inclusion and Community Impact

The Group continued to support research inclusion and community engagement during 2025/26, helping to expand access to research opportunities and encourage participation from underrepresented communities.

Community Engagement and Inclusion

At Walsall Healthcare NHS Trust, approximately 50 T-Level students supported recruitment and engagement activities for the Genes & Health programme, contributing to the recruitment of 88 participants. The initiative strengthened links between healthcare, education providers and local communities whilst increasing awareness of research opportunities.

The Group also continued to support widening participation in research careers through the Black Internship Programme, providing opportunities for individuals from underrepresented backgrounds to gain experience within research environments and supporting the development of a more diverse future workforce.

Patient Impact

Research participation continued to have a positive impact on patients and communities. During 2025/26, participants involved in the LightWAY study became advocates for research participation, supporting the promotion of research opportunities across healthcare settings and local communities.

Strategic Value of Commercial Research

Commercial research remained an important component of the Group's research portfolio, accounting for 13% of recruitment activity at RWT and 16% at WHT. Commercial studies provide patients with access to innovative medicines and technologies, support partnerships with industry and generate income that can be reinvested into workforce development, infrastructure and future research delivery capacity.

Financial Performance

Research activity continued to generate significant external income and investment during 2025/26, supporting research delivery, workforce development and infrastructure across both organisations.

Royal Wolverhampton NHS Trust

During 2025/26, RWT secured:

- £1.59m Regional Research Delivery Network (RRDN) funding
- £2.0m study income
- £1.0m grant income
- £1.5m National Institute for Health and Care Research (NIHR) capital investment

Research balances at year end totalled £2.16m, including £549k held in commercial and study income reserves and £551k in grant funding reserves. Commercial reserves increased by approximately £300k compared with 2024/25, reflecting continued growth in research activity.

Research income also supported consultant research leadership time and research-related activity across clinical services including Pharmacy, Cardiology and Radiology.

Walsall Healthcare NHS Trust

During 2025/26, WHT secured:

- £515,645 RRDN funding
- £70,000 strategic funding
- £24,447 pharmacy pump-prime funding
- £141,033 commercial research income
- £58,954 non-commercial research income

This investment supported research delivery staff, infrastructure development and the continued expansion of research opportunities for patients.

Financial Summary

Research continues to provide significant strategic value through external investment, income generation and infrastructure development. The strong financial position across both organisations provides a platform for further growth in research activity, workforce development and delivery of future research opportunities.

Digital Development

Significant progress was made during 2025/26 in strengthening the digital infrastructure supporting research delivery, performance management and financial oversight across the Group.

The expanded use of the EDGE research management system has improved the management of research activity throughout the study lifecycle, providing greater visibility of study performance, recruitment activity and income recovery. Key developments included:

Implementation of EDGE for all new commercial research studies.

Increased use of study activity data to support costing, invoicing and financial reporting processes.

Integration of pharmacy-supported studies within the system.

Strengthening of financial governance, contract management and income recovery arrangements.

These developments have improved operational efficiency, enhanced oversight of research performance and supported more effective management of commercial research income. The continued development of digital research systems provides a stronger foundation for future growth in research activity and supports the delivery of high-quality, financially sustainable research services across the Group.

Research Infrastructure

A major achievement during 2025/26 was the award of £1.5 million National Institute for Health and Care Research (NIHR) Capital Investment Programme funding to support the refurbishment and development of dedicated research facilities at New Cross Hospital.

Secured through a nationally competitive process, the award recognises the Trust's growing research capability and will strengthen capacity to deliver commercial, non-commercial and complex interventional research studies. The investment will enhance facilities for research participants, support future growth in research activity and improve access to innovative treatments for patients across the region.

Research infrastructure investment remains a key enabler of future growth and supports the Group's ambition to be recognised as a leading research-active healthcare organisation.

Research Impact in Practice

The value of research is ultimately measured by the impact it has on patients, staff and local communities. The following examples highlight how research activity during 2025/26 improved opportunities for patients, strengthened community engagement and supported innovation across the Group.

Research Impact Case Studies

Research activity continued to deliver benefits for patients, staff and local communities during 2025/26 through improved access to innovative treatments, increased participation in research and the development of future research capacity.

Improving Outcomes for Patients with Rare Diseases

During 2025/26, research teams successfully established and delivered a commercial clinical trial investigating a novel treatment for patients with Netherton Syndrome. The study provided local patients with access to an innovative therapy that would not otherwise have been routinely available, whilst contributing to the development of future treatment options for this rare condition. The study also strengthened the Group's capability to deliver complex commercial and rare disease research.

Developing the Future Research Workforce

Through the Genes & Health programme, Walsall Healthcare NHS Trust worked in partnership with local colleges to involve approximately 50 T-Level students in community engagement and participant recruitment activities. This initiative contributed to the recruitment of 88 participants, increased awareness of research opportunities within local communities and provided students with valuable experience of research delivery within the NHS.

Supporting Patient Advocacy and Research Participation

Research participation continued to have a positive impact on patients and communities. During 2025/26, two participants involved in the LightWAY study became advocates for research participation and supported the promotion of research opportunities across healthcare settings and local communities. Their involvement helped increase awareness of research and demonstrated the positive impact that participation in research can have on individuals and families.

Research Impact Summary

These examples demonstrate the wide-ranging benefits of research activity across the Group. In addition to providing access to innovative treatments and improving patient outcomes, research supports workforce development, community engagement and the growth of a strong research culture across both organisations.

Looking Ahead

The achievements of 2025/26 provide a strong foundation for the continued development of research and innovation across The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. During 2026/27, the Group will continue to strengthen research capability, expand patient access to research opportunities and support delivery of emerging national research priorities.

Key priorities for 2026/27 include:

- Further development of a Group Research & Development service, strengthening arrangements for research delivery, governance, workforce development and performance management.
- Improving performance against NHS England research requirements, including study set-up and research delivery metrics.
- Expanding commercial and Clinical Trials of Investigational Medicinal Products (CTIMP) activity to increase patient access to innovative treatments and technologies.
- Maximising the benefits of recent capital investment to enhance research facilities and infrastructure across the Group.
- Supporting the development of Principal Investigators, Associate Principal Investigators, clinical academics and future research leaders.
- Further developing the Clinical Trials Support Unit to support investigator-led research, grant capture and study development.
- Advancing the Black Country Research Collaborative through joint working, workforce development and collaborative research initiatives.
- Promoting research inclusion and widening participation through continued engagement with local communities, schools, colleges and underrepresented groups.
- Strengthening regional, national and international partnerships through leadership of the Central and North Midlands Clinical Research Delivery Centre, participation in UKCHART and collaboration with academic, healthcare and industry partners.

These priorities position the Group to respond effectively to the NHS England Framework for NHS Boards Monitoring Research Activity and the National Oversight Framework, whilst continuing to increase the benefits of research for patients, staff and local communities.

Conclusion

Research and innovation remain fundamental to improving patient outcomes, developing the workforce and supporting high-quality healthcare. The progress achieved during 2025/26 demonstrates the continued growth and maturity of research across both organisations. Through ongoing collaboration, investment and leadership, the Group is well placed to expand research opportunities, strengthen research capability and deliver further benefits for patients, staff and communities during 2026/27 and beyond.

Annex 2

Research & Development Performance Update 2026/27

Purpose

This report provides an update on Research & Development activity across The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) during 2026/27. It highlights progress against NHS England research requirements, research performance, organisational development and strategic priorities since publication of the 2025/26 Annual Report.

Executive Summary

Significant progress has been made during 2026/27 in further developing a Group Research & Development model across both organisations.

Key developments include completion of the Management of Change process and establishment of a Group Senior Leadership Team, continued growth in research recruitment, development of the Clinical Trials Support Unit (CTSU), progression of the Black Country Research Collaborative and substantial investment in research infrastructure at both Trusts.

Research remains a strategic priority across the Group, with continued focus on improving study set-up performance, increasing commercial research activity, strengthening research culture, promoting research inclusion and delivering against the NHS England Framework for NHS Boards Monitoring Research Activity and National Oversight Framework requirements.

Key Messages

- Research recruitment has increased significantly across the Group during 2026/27.
- A Group Research & Development leadership and delivery model is now established.
- Progress continues against NHS England research priorities and National Oversight Framework requirements.
- Commercial and interventional research remain key strategic priorities.
- Significant capital investment has been secured to strengthen research infrastructure at both organisations.
- The Clinical Trials Support Unit has been established in partnership with the University of Wolverhampton.
- The Black Country Research Collaborative continues to support regional research capacity and collaboration.

NHS England Research Requirements and Performance

The NHS England Framework for NHS Boards Monitoring Research Activity and National Oversight Framework place increased emphasis on research as a Board-level responsibility, with a focus on research participation, study set-up performance, commercial research, participant experience, research inclusion, workforce development and research sustainability.

The Group has reviewed existing arrangements and implemented a number of initiatives to strengthen compliance with these requirements, including establishment of a single Group Study Set-Up Team, standardised processes, shared governance arrangements and enhanced performance monitoring.

90-Day Study Set-Up Metric

Performance against the NHS England 90-day first participant metric remains a focus for improvement during 2026/27.

Table 1. Performance Against the NHS England 90-Day First Participant Metric (2026/27 Year to Date)

Trust	Q1 2026/27	Q2 2026/27
RWT	37.5%	50%
WHT	100%	50%

Improvement actions implemented during the year include:

- Establishment of a single Group Study Set-Up Team.
- Standardisation of study set-up processes.
- Enhanced monitoring of study activation timelines.
- Strengthened engagement with Principal Investigators and clinical teams.
- Increased focus on recruitment readiness and early study planning.

These actions are intended to improve study activation performance and increase the speed at which patients can access research opportunities.

Recruitment Performance

Research recruitment has increased significantly across the Group during 2026/27.

The Royal Wolverhampton NHS Trust

By September 2026, RWT had recruited 3,840 participants compared with 1,155 participants during the whole of 2025/26.

Walsall Healthcare NHS Trust

By September 2026, WHT had recruited 240 participants, already exceeding the 191 participants recruited during the whole of 2025/26.

Group Position

The increase in recruitment activity demonstrates continued growth in research participation across both organisations and reflects the increasing integration of research within routine clinical practice.

Participant Experience and Research Inclusion

Participant experience remains an important component of the NHS England Framework for NHS Boards Monitoring Research Activity. Work has continued during 2026/27 to increase utilisation of the NIHR My Research Experience Survey and strengthen collection of patient feedback to support service improvement and future reporting requirements.

Figure 1. Research Recruitment Activity

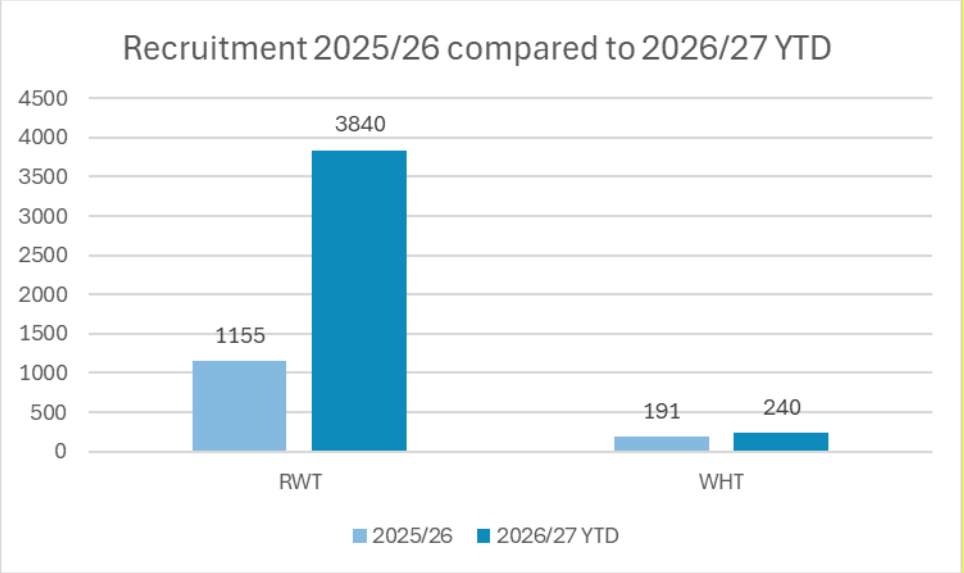


Figure 1 demonstrates substantial growth in recruitment activity across both organisations during 2026/27, with recruitment levels already exceeding full-year performance for 2025/26.

Research inclusion also remains a priority. Ongoing initiatives include:

- Genes & Health recruitment activity.
- Community engagement programmes.
- T-Level student placements supporting research delivery.
- The Black Internship Programme.
- Partnership working with education and community organisations.
- Population health and public health research initiatives.

These activities support the Group's commitment to widening participation in research and ensuring research opportunities are accessible to all communities served by both organisations.

Group Research & Development Developments

Group Senior Leadership Team

A formal Management of Change process has now been completed, resulting in the establishment of a Group Senior Leadership Team across RWT and WHT.

This has strengthened strategic leadership, increased organisational resilience and supported a more consistent approach to research delivery, governance and performance management across both organisations.

Shared Group Functions

Several key functions are now delivered through Group arrangements, including:

- Research Governance
- Sponsorship
- Study Set-Up
- Quality Assurance
- Workforce Development

These arrangements have reduced duplication, strengthened resilience and improved consistency across both organisations.

Clinical Trials Support Unit

During 2026/27, a Clinical Trials Support Unit was established in partnership with the University of Wolverhampton.

The CTSU has been developed to support investigator-led research, increase grant capture, strengthen study development capability and provide support to researchers throughout the research lifecycle.

As the service continues to develop, future reports will include activity and performance metrics.

Black Country Research Collaborative

The Black Country Research Collaborative continues to support collaboration, workforce development and shared learning across the region. Current priorities include commercial research opportunities, population health research, collaborative funding applications and workforce development initiatives.

The collaborative provides an important platform for system-wide research leadership and partnership working across the Black Country.

Research Infrastructure Investment

Significant investment continues to strengthen research infrastructure across both organisations.

Walsall Healthcare NHS Trust

During 2026/27, WHT secured £1.2 million capital funding to support the development of research infrastructure and future research growth.

A dedicated space has been identified for refurbishment and development as a modern research facility, increasing capacity for commercial and non-commercial research and improving facilities for research participants and staff.

The Royal Wolverhampton NHS Trust

Planning is progressing for delivery of the £1.5 million NIHR Capital Investment Programme award secured for development of dedicated research facilities at New Cross Hospital.

The investment will improve patient facilities, enhance research capacity and support future growth in commercial and interventional research activity.

Workforce Development and Research Inclusion

The Group continues to support research workforce development through Principal Investigator and Associate Principal Investigator development programmes, research leadership initiatives and clinical academic capacity building.

Work also continues to promote workforce diversity through initiatives including the Black Internship Programme and community-based engagement activities linked to the Genes & Health programme.

These initiatives support the development of a sustainable and inclusive research workforce whilst increasing participation in research across diverse communities.

Regional, National and International Leadership

The Group continues to play an active leadership role within regional and national research infrastructure.

Key developments during 2026/27 include:

- Continued leadership of the Black Country Hub within the Central and North Midlands Clinical Research Delivery Centre.
- Ongoing support for UKCHART, the national malignant haematology research collaborative.
- Continued development and utilisation of the UKCHART REDCap database supporting multi-centre research.
- Progression of international partnerships and collaboration opportunities following engagement with healthcare organisations in India.

These activities continue to strengthen the Group's reputation as a research-active healthcare organisation and support opportunities for future collaboration, innovation and research growth.

Priorities for the Remainder of 2026/27

Key priorities for the remainder of the year are:

- Improve performance against national study set-up metrics.
- Increase commercial and interventional research activity.
- Strengthen participant experience reporting.
- Expand research inclusion and community engagement activity.
- Further develop the Clinical Trials Support Unit.
- Strengthen clinical academic and research leadership capacity.
- Maximise the benefits of capital investment programmes.
- Continue development of Group Research & Development arrangements.
- Further develop the Black Country Research Collaborative.
- Support delivery of NHS England research priorities and National Oversight Framework requirements.

Summary

Significant progress has been made during 2026/27 in strengthening research delivery, leadership, infrastructure and collaboration across both organisations. Research recruitment has increased

substantially, Group-wide arrangements have been established and strategic investments are creating strong foundations for future growth.

Together, these developments position the Group well to respond to national expectations, expand research opportunities for patients and continue the development of a mature, sustainable and high-performing research environment across both Trusts.

Tier 1 - Paper ref:	Enclosure 9.2.1

Report title:	West Midlands Regional Research Delivery Network (RRDN) Update
Sponsoring executive:	Dr Brian McKaig, Group Chief Medical Officer
Report author:	Carly Craddock
Meeting title:	Group Trust Board Meeting
Date:	17 November 2026

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

The West Midlands Regional Research Delivery Network (RRDN), hosted by The Royal Wolverhampton NHS Trust (RWT), continues to support the delivery of health and care research across the region and plays a key role in implementing the national Research Delivery Network model. During 2025/26 and the first half of 2026/27, the RRDN has continued to support research delivery across NHS organisations, primary care and wider care settings, whilst contributing to national research priorities and infrastructure developments.

The network allocated more than £1 million of strategic funding in 2025/26 to support regional research capacity and capability and currently has a further £1.2 million available for strategic investment in 2027/28.

Year-to-date recruitment across the West Midlands has increased by 3% compared with the same period in the previous year, with commercial recruitment increasing by 43%. Weighted recruitment activity, which reflects study complexity and intensity, has increased by 9%.

The report provides assurance that the RRDN remains on track to deliver its annual objectives, continues to perform strongly against key national metrics, and enhances the Trust's position as a leading host organisation for research infrastructure.

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

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

This report has previously been considered by the Host Internal Contract Compliance Group and the Group Quality Committee.

4. Recommendation(s)/Action(s)

a) Note the progress and achievements of the West Midlands RRDN during 2025/26 and 2026/27 to date.

b) Recognise the strategic benefit to RWT of hosting a national research infrastructure organisation.

c) Take assurance from the network's continued delivery against national objectives and regional performance metrics.

West Midlands Regional Research Delivery Network (RRDN) Update

1. Executive summary

The Royal Wolverhampton NHS Trust hosts the West Midlands Regional Research Delivery Network (RRDN), one of 12 regional networks established by the National Institute for Health and Care Research (NIHR) to support the delivery of high-quality research across England. The RRDN supports NHS organisations, primary care, social care and wider care settings to deliver research that improves patient outcomes and contributes to economic growth through life sciences investment.

The network continues to play a significant role nationally whilst supporting research delivery across the West Midlands. Performance during 2025/26 and the first half of 2026/27 demonstrates continued progress in research delivery, commercial research growth, public engagement and workforce development.

2. Introduction or background

2.1 The West Midlands RRDN replaced the former Clinical Research Network structure in October 2024 and operates under a nationally coordinated model. Hosted by The Royal Wolverhampton NHS Trust, the network supports research delivery across 25 delivery organisations, primary care settings and wider community services. The RRDN receives Department of Health and Social Care funding through the NIHR and contributes to improving health outcomes whilst strengthening the UK's research environment and life sciences sector.

3. Recommendations

3.1 The Choose an item. is asked to:

a. Note the progress and achievements of the West Midlands RRDN during 2025/26 and 2026/27 to date.
b. Recognise the strategic benefits to RWT of hosting a national research infrastructure organisation.
c. Take assurance from the network's continued delivery against national objectives and regional performance metrics.

Paper written 4 November 2026

Annex 1: West Midlands RRDN Performance and Impact Summary 2025/26 and 2026/27 YTD

Annex 1

Executive Summary

The Royal Wolverhampton NHS Trust hosts the West Midlands Regional Research Delivery Network (RRDN), one of 12 regional networks established by the National Institute for Health and Care Research (NIHR) to support the delivery of high-quality research across England. The RRDN supports NHS organisations, primary care, social care and wider care settings to deliver research that improves patient outcomes and contributes to economic growth through life sciences investment.

The network continues to play a significant role nationally whilst supporting research delivery across the West Midlands. Performance during 2025/26 and the first half of 2026/27 demonstrates continued progress in research delivery, commercial research growth, public engagement and workforce development.

Background

The RRDN replaced the former Clinical Research Network structure in October 2024 and operates under a nationally coordinated model. The West Midlands RRDN is hosted by The Royal Wolverhampton NHS Trust and supports research delivery across 25 delivery organisations, primary care settings and wider community services.

The network receives Department of Health and Social Care funding through the NIHR and contributes to the national ambition of improving health outcomes while strengthening the UK's research environment and life sciences sector.

Key Achievements

Research Delivery

During 2025/26, research teams across the region recruited 54,967 participants to 887 NIHR-supported studies. Although recruitment volumes reduced from the exceptional levels seen during and immediately after the pandemic, this reflects a national trend and a return to more typical research activity.

In 2026/27, recruitment performance has improved, with 30,801 participants recruited by mid-year, representing a 3% increase compared with the same period in the previous year. Weighted recruitment activity has increased by 9%, indicating a shift towards more complex and interventional research studies.

Growth in Commercial Research

Commercial research recruitment has shown particularly strong growth. Recruitment into commercial studies increased by 43% compared with the same period last year, while the proportion of overall recruitment coming from commercial studies increased from 2% to 3%.

This growth aligns with national priorities to increase commercial clinical research activity and supports wider economic development and investment into the NHS research environment.

Strategic Investment

The RRDN allocated more than £1 million of strategic funding during 2025/26 to strengthen research delivery infrastructure and capacity across the region. Funding supported a range of specialties and settings including primary care, mental health and midwifery.

A further £1.2 million of regional strategic funding is now available for investment during 2027/28.

National Leadership

The West Midlands continues to play a significant national leadership role within the Research Delivery Network. The region's Recruitment Optimisation Support Team successfully secured the national Primary Care Research Informatics and Digital Environment Solutions (PRIDES) service following a competitive process.

West Midlands staff also contribute to numerous national working groups supporting research delivery, study set-up improvement and commercial research development.

Public Engagement and Inclusion

The network continues to strengthen public involvement and engagement in research. Twenty-three public partners are actively involved in shaping network activities and governance arrangements. Public engagement activities have included attendance at major regional events, publication of patient stories and delivery of the Research Ready Communities programme to improve research awareness within underserved communities.

Risks and Challenges

Whilst overall performance remains positive, a number of challenges continue to be monitored:

Nationally, research recruitment remains below the levels observed during the post-pandemic period.

Primary care recruitment activity has reduced and is the subject of focused regional review and improvement planning.

Continued implementation of the national Research Delivery Network model requires careful management of workforce, culture and organisational change.

Mitigating actions are in place through the RRDN annual plan, workforce programme and targeted investment initiatives.

Conclusion

The West Midlands RRDN continues to perform strongly as one of the country's leading research delivery infrastructures. Hosting the RRDN strengthens RWT's reputation as a major research organisation and provides significant strategic influence within the national NIHR infrastructure.

Performance against key measures remains positive, commercial research activity continues to grow, and the network is delivering substantial investment to strengthen research delivery capacity across the region.

Hosting the West Midlands RRDN enhances the Trust's reputation as a leading research-active organisation, provides influence within national research policy and delivery structures, and supports opportunities for investment, partnership working and innovation across the Group.

Tier 1 - Paper ref:	Enclosure 10.1

Report title:	Group Finance and Workforce Report
Sponsoring executives:	Kevin Stringer, Group Chief Finance Officer Claire Radley, Group Chief People, Culture and Improvement Officer
Report author:	James Green, Director of Operational Finance, RWT Dan Mortiboys, Director of Operational Finance, WHT Emma Ballinger, Director of People, RWT Clair Bond, Director of People, WHT
Meeting title:	Group Trust Board Meeting held in Public
Date:	17th November 2026

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

This report presents the financial performance of the Group for the period April 2026 to September 2026, with the notable points being:

- Overall, the Group position is on plan and £0.3m better than plan year to date, with RWT £0.1m better than plan and WHT achieving £0.2m better than plan YTD.
- Variable elective activity is behind the Group plan by £0.4m YTD, with RWT £0.9m behind plan and WHT £0.5m ahead of plan. Blended UEC activity is performing £7.2m above plan for the Group, driving a blended variance of £1.2m, mainly at WHT where the variance is £0.83m above plan, RWT's variance is £0.34m above plan.
- The efficiency plan was £5.7m in month, RWT underperformed by £0.4m against a plan of £4.4m. WHT overperformed by £0.5m in month against a plan of £1.3m.
- Capital expenditure year to date is £11.3m (£8.3m RWT and £3.0m WHT), an underspend of £8.5m (£6.5m RWT and £2.0m WHT).
- The cash position for both Trusts is positive at £41.2m for RWT, and £30.1m for WHT.
- There has been a decrease overall for the group in month by 23.44 WTE, a 14.53 WTE increase at RWT and 37.96 WTE decrease at WHT. RWT is above the workforce plan trajectory and WHT is below plan.
- The current forecasts for both Trusts show an underachievement against the annual plan and therefore both Trusts are developing Recovery Plans which will be discussed and reviewed at the Finance and Productivity Committee.

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

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

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

Finance & Performance Committee meeting on 27th October 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

c) Note the development of Recovery Plans for both Trusts

Group Financial Performance - for the month of September

I&E Summary

In-Month Income & Expenditure	RWT Plan M6 £m	RWT Actual M6 £m	RWT Surplus/ (Deficit) £m	WHT Plan M6 £m	WHT Actual M6 £m	WHT Surplus/ (Deficit) £m	Group position Plan M6 £m	Group position Actual M6 £m	Group position Surplus/ (Deficit) £m
Income	**91.7**	**93.0**	**1.3**	**40.1**	**41.0**	**0.9**	**131.8**	**134.0**	**2.2**
Expenditure									
Pay	55.7	58.2	(2.5)	26.4	26.8	(0.5)	82.1	85.0	(3.0)
Non Pay	25.9	24.1	1.8	9.7	9.9	(0.2)	35.6	34.0	1.6
Drugs	6.4	7.0	(0.6)	2.6	2.7	(0.1)	9.0	9.7	(0.7)
Other*	3.8	3.9	(0.0)	2.6	2.6	(0.1)	6.4	6.5	(0.1)
Total Expenditure	**91.8**	**93.1**	**(1.2)**	**41.3**	**42.1**	**(0.8)**	**133.1**	**135.2**	**(2.0)**
Net reported surplus/(Deficit)	**(0.1)**	**(0.0)**	**0.1**	**(1.2)**	**(1.1)**	**0.1**	**(1.3)**	**(1.2)**	**0.2**

Year-to-date Income & Expenditure	RWT Plan YTD £m	RWT Actual YTD £m	RWT Surplus/ (Deficit) £m	WHT Plan YTD £m	WHT Actual YTD £m	WHT Surplus/ (Deficit) £m	Group position Plan YTD £m	Group position Actual YTD £m	Group position Surplus/ (Deficit) £m
Income	**522.7**	**526.8**	**4.1**	**237.5**	**239.2**	**1.7**	**760.2**	**766.0**	**5.8**
Expenditure									
Pay	334.2	341.7	(7.5)	159.3	160.2	(0.9)	493.5	501.9	(8.4)
Non Pay	134.0	129.5	4.5	58.3	58.5	(0.2)	192.3	188.0	4.3
Drugs	40.3	41.1	(0.8)	15.2	15.1	0.1	55.5	56.2	(0.7)
Other(incl. depreciation)	22.9	23.1	(0.1)	15.4	15.8	(0.4)	38.3	38.9	(0.5)
Total Expenditure	**531.4**	**535.4**	**(4.0)**	**248.1**	**249.6**	**(1.5)**	**779.5**	**785.0**	**(5.5)**
Net reported surplus/(Deficit)	**(8.7)**	**(8.6)**	**0.1**	**(10.6)**	**(10.4)**	**0.2**	**(19.3)**	**(19.0)**	**0.3**

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

Key Headlines:

- Total YTD deficit of £19.0m,
- Performance in month six is £0.2m better than plan, with each Trust £0.1m better than in month.
- CIP overachieved in month by £0.1m, bringing the YTD performance to on plan; with RWT underperforming by £1.1m YTD offset by WHT overperformance.
- Variable elective activity is behind plan for Group by £0.4m YTD, with RWT behind plan by £0.9m and WHT ahead of plan by £0.5m.
- UEC activity is ahead of group plan by £7.2m, with RWT ahead of plan by £3.1m and WHT ahead of plan by £4.1m. Payment is made on 20% of this over performance.
- Forecast: at this point in time, the Group is forecasting to achieve the plan. Detailed analysis suggests that a substantial deficit will arise at the current run rate, and therefore a financial recovery plan (FRP) is being developed to support the delivery of plan. The FRP is detailed in a separate document.

Capital

- Capital expenditure year to date is £11.3m (£8.3m RWT and £3.0m WHT), an underspend of £8.5m (£6.5m RWT and £2.0m WHT).
- The capital plan for both Trusts is expected to delivered including transfer from of £1.0m from WHT to RWT which has been agreed by NHSE. This repaying half of £2.0m loaned from RWT to WHT in 25/26. The remaining £1.0m will be repaid back in 27/28 as included in the Plan submission to NHSE.

Cash

- Both organisations currently have a healthy cash balance and are not forecasting the requirement of cash support through 2026/27. 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 the move to SBS and a new finance ledger and are below the target but with performance improving in month.

BPPC Performance	RWT		WHT	
	In-Month	YTD	In-Month	YTD
Value	92%	91%	89%	71%
Volume	94%	79%	95%	89%

Key Month Items Within the Position

These include:

- **Income** overperformed against plan by £2.2m in month. Year to date there is overperformance on income of £5.8m, RWT is £4.1m ahead of plan due to prior year provision releases and non-recurrent benefits. WHT is £1.7m ahead of plan due to £0.5m variable performance, E&T, R&D income and over-recovery on SLAs with other Providers.
- **Pay** is £3.0m worse than plan in month and £8.4m worse than plan YTD. RWT is £7.5m worse than plan - £3.6m is due to unmet CIP and £0.58m is due to industrial action costs; the remainder of the variance is mostly related to bank, overtime, WLI's related to additional capacity and cover along with mental health agency costs. WHT is £0.9m worse than plan YTD, due largely to Medical staffing pressures including Industrial Action and Restricted duties as well as under-delivery of Pay CIP (offset in Non Pay).
- **Non-Pay** is £1.6m better than plan in month and £4.3m better than plan YTD, with a RWT being £4.5m better than plan related to GRNI releases and lower costs associated with RTT activity delivery and strategic change. WHT is £0.2m worse than plan.
- **Drugs** spend is £0.7m worse than plan in month and YTD, driven by RWT reverting back to higher cost Ophthalmology drugs due to patient need.
- **Forecast** : The plan includes a stretching efficiency challenge for 2026/27, along with a number of risks which have been assessed at a high level discussed later in this report. However, at this point in time the Group is forecasting achievement of the financial plan with a financial recovery plan which is being developed.

Variable and Blended Performance YTD

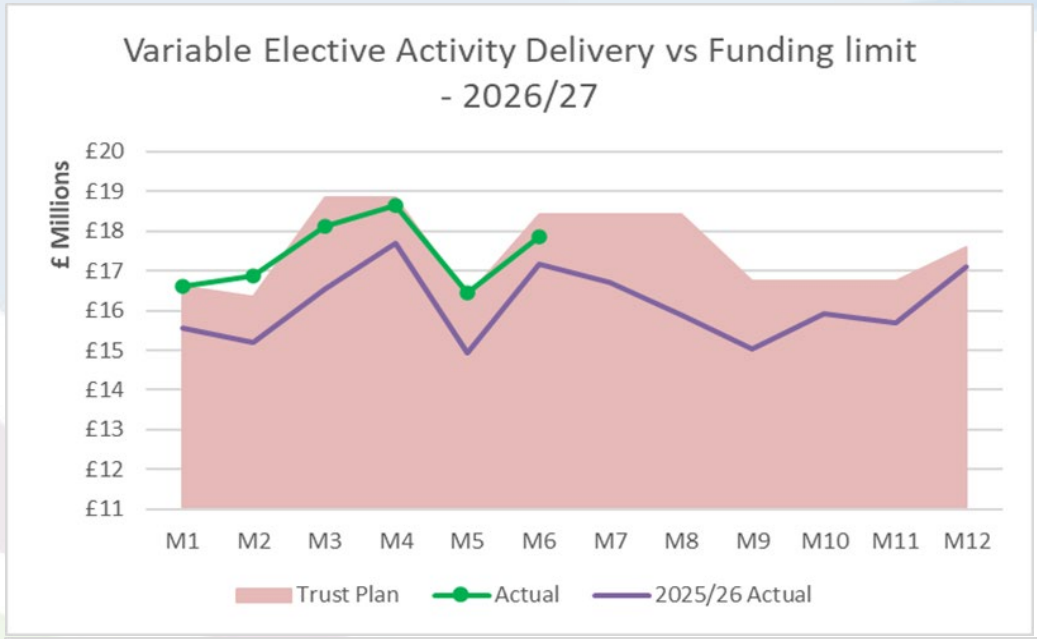
Point of Delivery	RWT Plan £'000	RWT Actual £'000	RWT Variance £'000	WHT Plan £'000	WHT Actual £'000	WHT Variance £'000	Group Plan £'000	Group Actual £'000	Group Variance £'000
Elective	24,482	24,058	(424)	6,285	6,164	(121)	30,767	30,222	(545)
Daycase	31,526	30,486	(1,039)	13,182	12,474	(708)	44,708	42,960	(1,748)
Outpatient Procedures	15,783	16,559	775	4,815	5,312	496	20,598	21,870	1,272
Procedures Total	**71,791**	**71,103**	**(688)**	**24,282**	**23,949**	**(333)**	**96,073**	**95,052**	**(1,021)**
Outpatient 1st	23,045	22,681	(364)	11,352	11,828	476	34,397	34,509	112
Diagnostic Imaging	4,650	4,575	(74)	4,522	4,851	329	9,171	9,427	255
Chemotherapy & Radiotherapy	5,938	6,204	267	1,117	1,133	17	7,054	7,338	283
Total Other Elective	**33,632**	**33,461**	**(171)**	**41,272**	**41,762**	**822**	**74,905**	**75,223**	**318**
Payment Variance Elective			*(860)*			*490*			*(370)*
A&E	16,224	18,294	2,070	12,348	13,035	687	28,572	31,328	2,757
NEL	101,132	102,143	1,012	63,541	66,987	3,447	164,672	169,131	4,459
Total UEC	**117,355**	**120,437**	**3,082**	**75,889**	**80,022**	**4,133**	**193,244**	**200,459**	**7,215**
Payment Variance UEC			*336*			*827*			*1,163*
Grand Total	**222,779**	**225,001**	**2,222**	**117,161**	**121,784**	**4,955**	**339,939**	**346,784**	**6,845**
Payment Variance			*(524)*			*1,316*			*793*

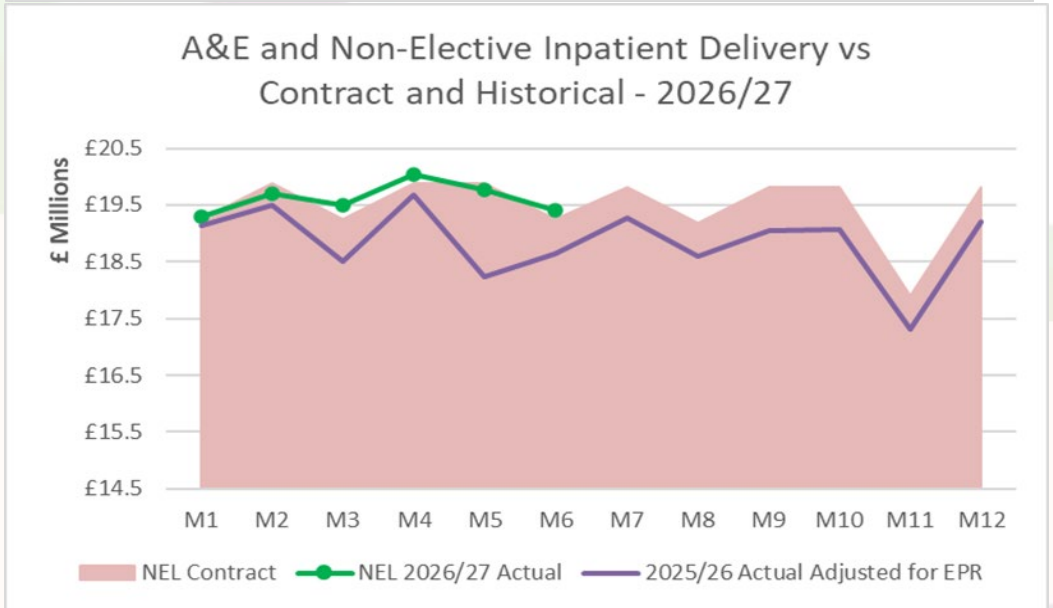
The group variable activity is £0.79m above plan year to date. RWT is underperforming by £0.52m - due to planned activity underperformance in General Surgery, Orthopaedics and Urology, UEC activity is above plan by £0.34m for RWT after applying blended payment rules. WHT is overperforming by £1.32m, with a £0.83m overperformance on UEC, after applying blended payment rules and variable elective activity performing £0.49m above plan. WHT Daycase performance is expected to recover with the refurbished theatres opening and insource/outsource opportunities being progressed.

The reduction seen in April due to industrial action was £0.5m at RWT and £0.2m for WHT.
A large proportion of RWT's activity is uncoded and uncashed and so an estimate at average tariff is being applied. Coding completeness for August was 59%.

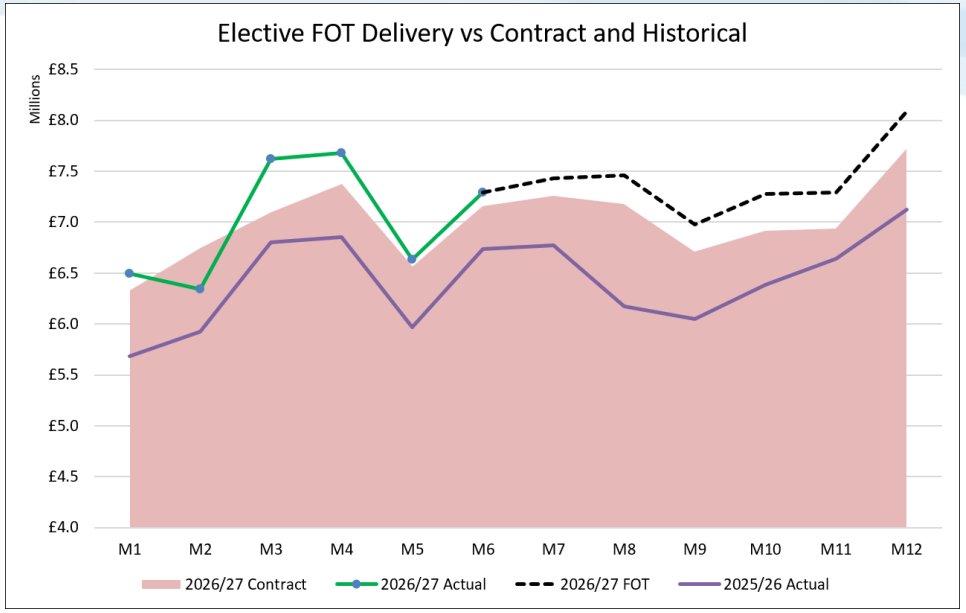
Variable Activity Performance Trend – 2026/27 M6

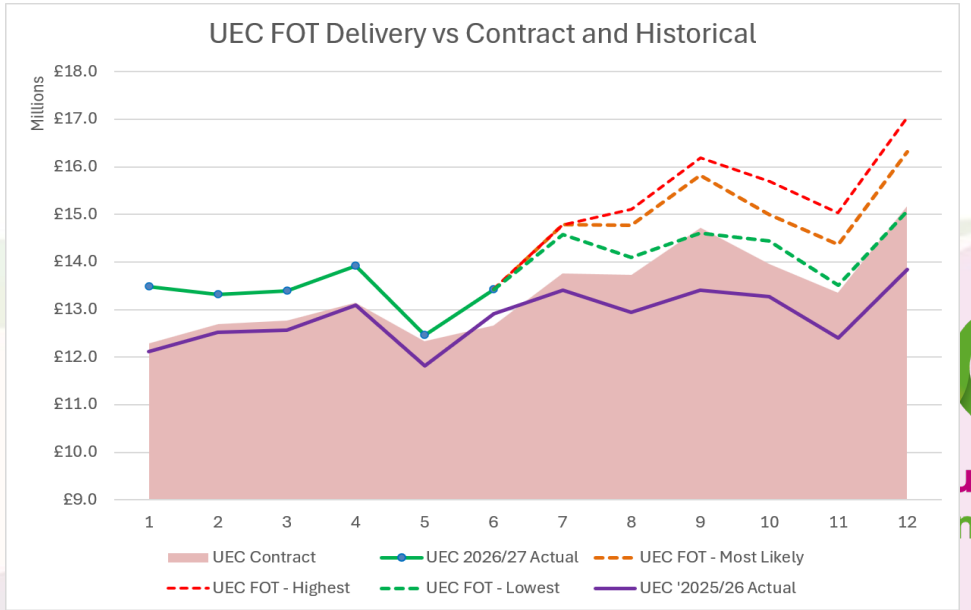
RWT





WHT





CIP Performance YTD

	In Month			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
WHT Total	**1.3**	**1.8**	**0.5**	**7.5**	**8.7**	**1.2**
Recurrent	1.1	0.9	(0.2)	6.6	4.4	(2.2)
Non Recurrent	0.2	0.9	0.7	1.0	4.3	3.3
RWT Total	**4.4**	**4.0**	**(0.4)**	**17.8**	**16.6**	**(1.1)**
Recurrent	3.6	1.2	(2.3)	13.8	5.7	(8.1)
Non Recurrent	0.8	2.7	1.9	3.9	10.9	7.0
Group	**5.7**	**5.8**	**0.1**	**25.3**	**25.3**	**0.0**
Recurrent	4.7	2.1	(2.6)	20.4	10.1	(10.3)
Non Recurrent	1.0	3.6	2.7	4.9	15.2	10.3

The total efficiency challenge in 2026/27 for the group is £81.3m; RWT £53.8m, WHT £27.5m. The in-month plan was £5.7m.

In month six WHT overperformed by £0.5m against a plan of £1.3m, this is due to YTD productivity performance. RWT underperformed by £0.4m in month against a plan of £4.4m, this is mainly due activity and productivity schemes in Division 1, and unidentified targets which increase each month going forward. These are offset by non-recurrent benefits recognised in month.

Year to date the group is on plan with £25.3m achieved; with a variance of £1.2m above plan at WHT and £1.1m below plan at RWT.

Both Trust are recognising a higher proportion of non recurrent savings compared to plan due to slippage in recurrent schemes.

The second half of the year see the plan increasing compared to the first half, with a 2 fold increase for RWT and 2.7 fold increase for WHT.

Statement of Financial Position

STATEMENT OF FINANCIAL POSITION Statement of Financial Position for the month ending September 2026	RWT Mar 2026 Actual	RWT September 2026 Actual	RWT Movement YTD	WHT Mar 2026 Actual	WHT September 2026 Actual	WHT Movement YTD
NON CURRENT ASSETS	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Property,Plant and Equipment - Tangible Assets	545,948	536,225	(9,724)	255,724	251,769	(3,955)
Intangible Assets	13,073	13,978	905	7,898	7,116	(782)
Other Investments/Financial Assets	15	15	0	0	0	0
Trade and Other Receivables Non Current	1,070	1,070	0	1,720	1,668	(52)
PFI Deferred Non Current Asset	2,883	2,883	0	0	0	0
TOTAL NON CURRENT ASSETS	**562,990**	**554,172**	**(8,818)**	**265,342**	**260,553**	**(4,789)**
CURRENT ASSETS						
Inventories	10,431	10,823	392	2,861	3,211	350
Trade and Other Receivables	55,177	47,843	(7,334)	27,258	38,804	11,546
Cash and cash equivalents	42,739	41,229	(1,510)	52,233	30,109	(22,124)
TOTAL CURRENT ASSETS	**108,347**	**99,895**	**(8,451)**	**82,352**	**72,124**	**(10,228)**
TOTAL ASSETS	**671,337**	**654,067**	**(17,270)**	**347,694**	**332,677**	**(15,017)**
CURRENT LIABLILITES						
Trade & Other Payables	(105,917)	(98,547)	7,370	(74,122)	(69,559)	4,563
Liabilities arising from PFIs / Finance Leases	(9,102)	(9,103)	(1)	(10,230)	(13,268)	(3,038)
Provisions for Liabilities and Charges	(2,855)	(2,453)	403	(860)	(860)	0
Other Financial Liabilities	(11,141)	(15,379)	(4,238)	(1,124)	(2,122)	(998)
TOTAL CURRENT LIABILITIES	**(129,016)**	**(125,482)**	**3,534**	**(86,336)**	**(85,809)**	**527**
NET CURRENT ASSETS / (LIABILITIES)	**(20,669)**	**(25,587)**	**(4,917)**	**(3,984)**	**(13,685)**	**(9,701)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**542,321**	**528,585**	**(13,736)**	**261,358**	**246,868**	**(14,490)**
NON CURRENT LIABILITIES						
Trade & Other Payables	0	0	0	0	0	0
Other Liabilities	(26,601)	(22,226)	4,375	(174,313)	(169,190)	5,123
Provision for Liabilities and Charges	(1,336)	(1,336)	0	(257)	(257)	0
TOTAL NON CURRENT LIABILITIES	**(27,937)**	**(23,562)**	**4,375**	**(174,570)**	**(169,447)**	**5,123**
TOTAL ASSETS EMPLOYED	**514,384**	**505,024**	**(9,360)**	**86,788**	**77,421**	**(9,367)**
FINANCED BY TAXPAYERS EQUITY						
Public Dividend Capital	350,852	350,852	0	283,327	283,326	(1)
Retained Earnings	31,045	21,685	(9,360)	(264,551)	(273,379)	(8,828)
Revaluation Reserve	133,711	133,711	(0)	68,012	67,474	(538)
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	**514,384**	**505,024**	**(9,360)**	**86,788**	**77,421**	**(9,367)**

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

- RWT – Trade & Other Receivables: £7.3m decrease with balances including prepayments and accrued income, with accrued income being majority of the decrease following receipt of 25/26 income. Trade & Other Payables: £7.4m decrease with the movement being a reduction in trade payables of £12.8m offset by Divisional Accruals £5.4m. Most of the movement in Other Financial Liabilities relates to deferred income on non-recurrent projects such as PASEMR. Other Liabilities of £4.4m decrease due to movement in PFI/IFRS 16.

- WHT – Trade payables has reduced by £4.6m reflecting the movements associated with the YE prepayment and payments to suppliers (this is offset by a reduction in cash during May and June. Trade and Other receivables have reduced by £10.2m in the period. Non-Current Liabilities reduction of £5.1m due to PFI/IFRS 16.

Care Colleagues Collaboration Communities

Cashflow as at 30th September

	RWT	WHT	Combined
	Sep-26	Sep-26	Sep-26
OPERATING ACTIVITIES	**Actual £'000**	**Actual £'000**	**Actual £'000**
Total Operating Surplus/(Deficit) (gross of control total adjustments)	**(2,658)**	**(2,468)**	**(5,126)**
Depreciation	17,117	7,847	24,964
Fixed Asset Impairments	0	0	0
Transfer from Donated Asset Reserve	0	0	0
Capital Donation Income	0	(25)	(25)
Interest Paid	(925)	(3,885)	(4,810)
Dividends Paid	(6,764)	(914)	(7,678)
Release of PFI /Deferred Credit	0	0	0
(Increase)/Decrease in Inventories	(392)	(350)	(742)
(Increase)/Decrease in Trade Receivables	7,334	(13,550)	(6,216)
Increase/(Decrease) in Trade Payables	2,196	(2,504)	(308)
Increase/(Decrease) in Other liabilities	4,187	998	5,185
Increase/(Decrease) in Provisions	(403)	0	(403)
Increase/(Decrease) in Provisions Unwind Discount	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITES	**19,691**	**(14,850)**	**4,841**
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	1,332	932	2,264
Payment for Property, Plant and Equipment	(16,305)	(2,991)	(19,296)
Payment for Intangible Assets	(1,487)	0	(1,487)
Receipt of cash donations to purchase capital assets	0	25	25
Proceeds from sales of Tangible Assets	0	0	0
Proceeds from Disposals	0	20	20
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	**(16,460)**	**(2,014)**	**(18,474)**
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**3,231**	**(16,864)**	**(13,633)**
FINANCING			
New Public Dividend Capital Received	0	0	0
Capital Element of Finance Lease and PFI	(4,742)	(5,260)	(10,002)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	**(4,742)**	**(5,260)**	**(10,002)**
INCREASE/(DECREASE) IN CASH	**(1,511)**	**(22,124)**	**(23,635)**
CASH BALANCES			
Opening Balance at 1st April 2026	42,739	52,233	94,972
Closing Balance at 30th September 2026	**41,229**	**30,109**	**71,338**

Summary:
The cash balance is £71.3m; £41.2m at RWT and £30.1m at WHT. This is a decrease from last month of £19.4m (of which £15.8m relates to RWT and £3.6m relates to WHT).

Following the receipt of cash backed deficit support in 25/26 to enable a breakeven plan, both organisations have a good cash balance to being the year and do not foresee the need for any cash support for the year. Cash balances will continue to be closely monitored throughout the year.

Care Colleagues Collaboration Communities

Capital RWT

The Trust has spent £8.3m of Capital to 30th September 2026, which is £6.5m lower than plan.

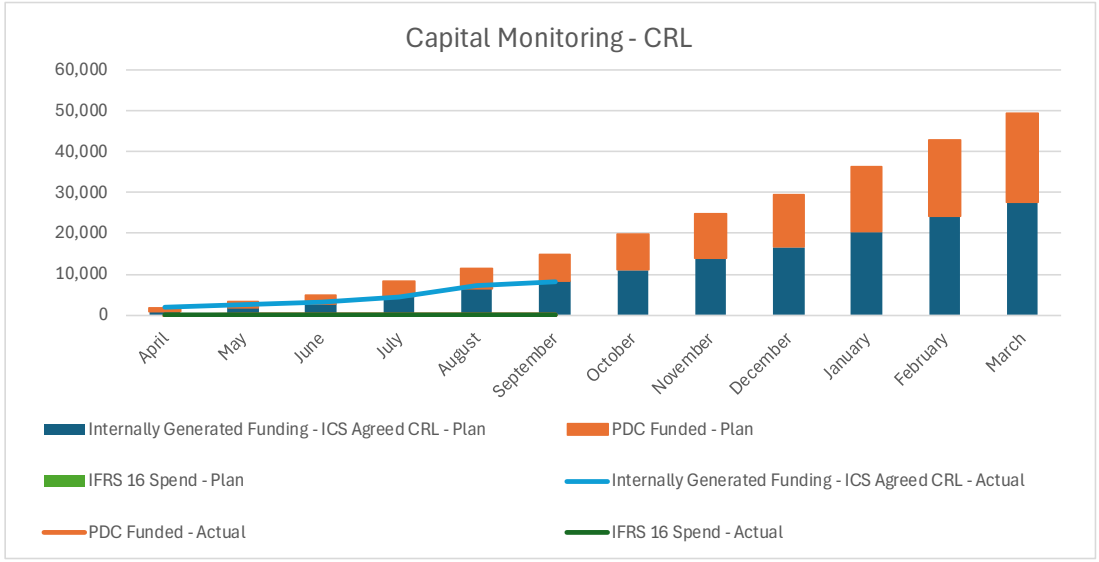
- CRL recorded a year to date spend of £8.3m which was in line with plan. The Trust anticipates meeting its FY CRL and has reviewed its capital plan which has been presented and accepted at Capital Review Group.

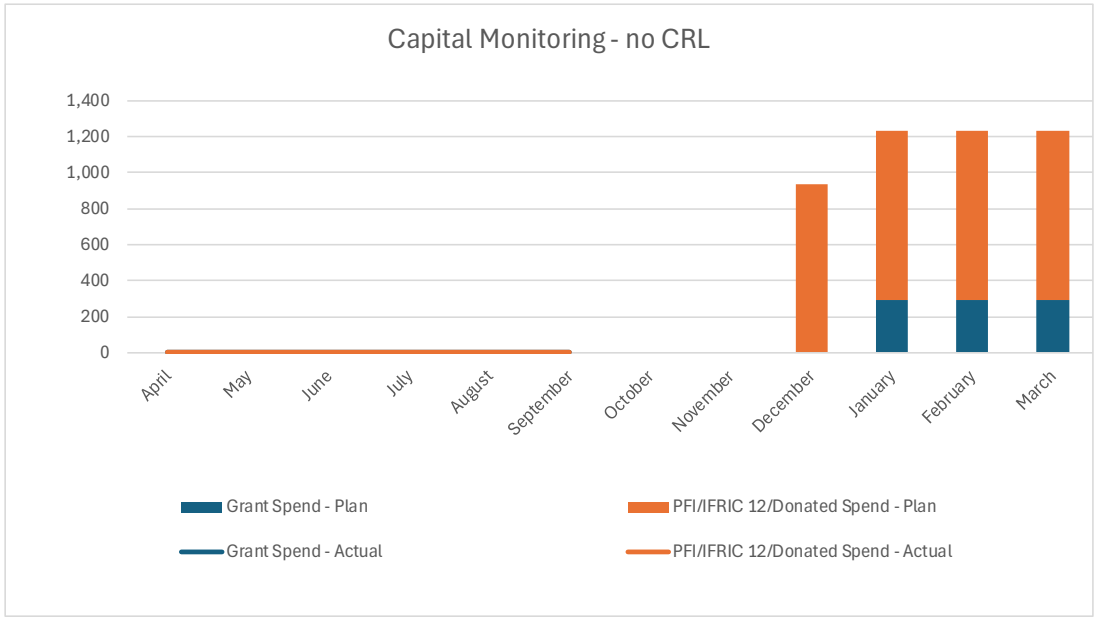
- PDC expenditure with a spend of £0.0m was £6.5m behind plan due to the delay of PDC bids which although agreed by NHSE for inclusion in the plan are still in planning stage. The CDC business case has now been approved by NHSE in October; however this is under a Section 2 arrangement for the building part of the CDC, therefore the PDC for 2026/27 is anticipated to be removed in the next capital forecast. The rest of the FY PDC CRL is forecast to be met, subject to the PDC being awarded.

- IFRS 16 (or renewed leases) CRL with a YTD spend of £0.0m is in line with plan.

- IFRIC 12 related capital spend is £0.0m YTD which is in line with plan.

In addition to the items above monitored by NHSE, the Trust also receives grant funding and donated assets, however nothing has been received in Month Six.





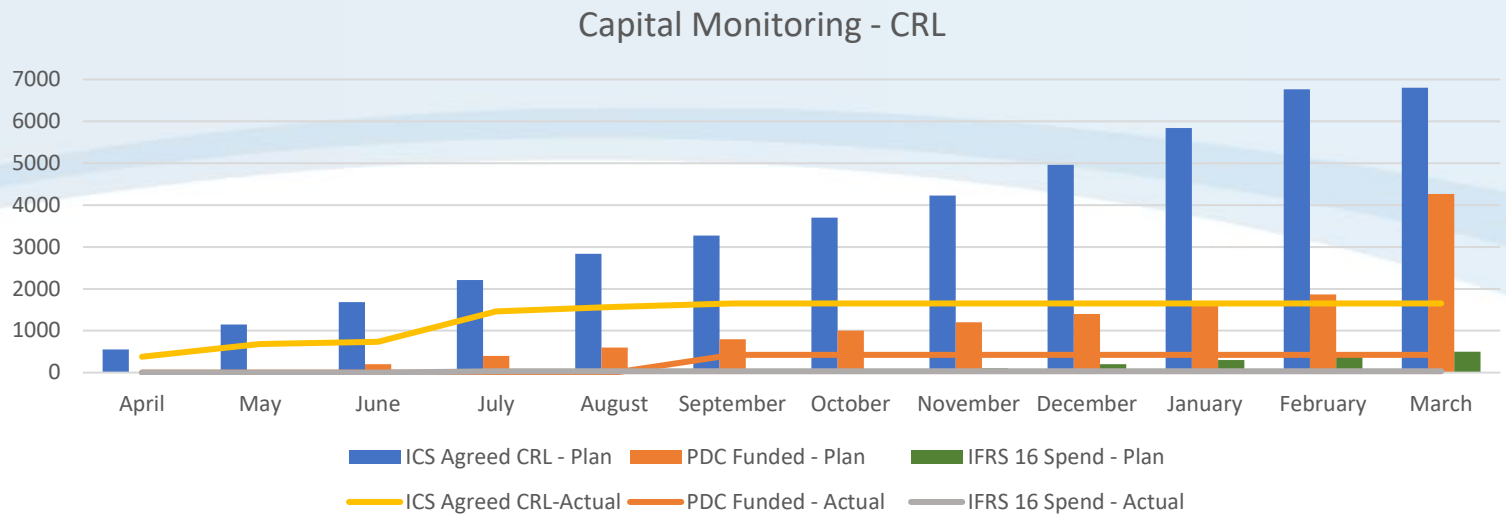
Capital WHT

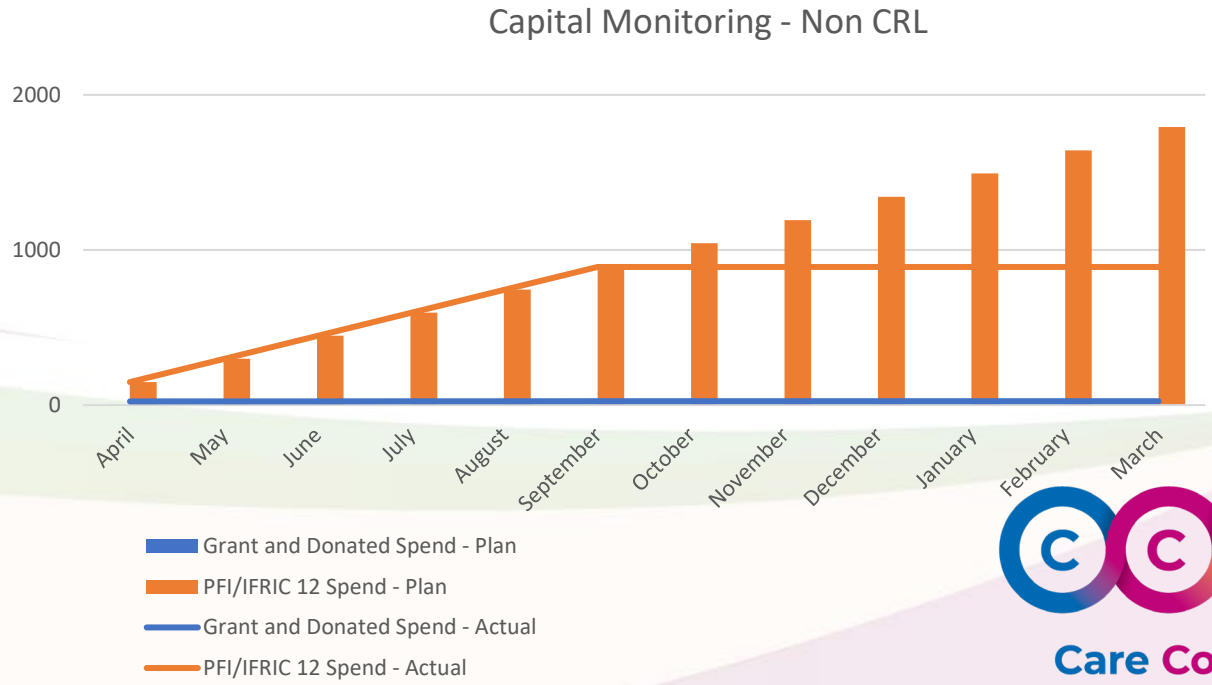
The trust has spent £3.023m of Capital & IFRS16 YTD to 30th September 2026 against planned YTD Capital of £4.989m. Of the £3.023m YTD Spend:

•£2.108m YTD Capital spend including PDC and IFRS16 relates to CRL the trust is measured against vs YTD Budget of £4.070m with a variance of £1.962m. The trust has received notification of additional capital of £2m UEC Incentive scheme. The trust plans to achieve CRL of £12.571m at the end of the year.

•The balance of the YTD Capital spend of £0.915m relates to Non CRL Capital with PFI/IFRIC 12 capital of £0.891m on plan and donated medical equipment of £0.025m.

Scheme	M6 YTD Budget	M6 YTD Spend
CRL	**£'000s**	**£'000s**
Estates:		
ED Works	1,000	-
Estates Lifecycle	400	313
Estates Lifts and Ventilation		3
Theatres 1-4 Refurbishment	600	776
Estates Total	**2,000**	**1,093**
Medical Equipment	200	150
Medical Equipment Total	**200**	**150**
Information Management & Technology:		
Data Centre / IT Replacement	400	-
Electronic Prescribing Medicine Admin (EPMA)/Frontline Digitisation	550	207
Ambient Voice Technology	120	202
Information Management & Technology Total	**1,070**	**409**
PDC Funding		
Estates Safety Fund-PDC Funded	800	424
PDC Funding Total	**800**	**424**
IFRS16 excl NHSP	-	32
Total IFRS16	**-**	**32**
Total CRL	**4,070**	**2,108**
Non CRL		
PFI Lifecycle:	894	891
Donated Medical Equipment	25	25
Total Non CRL	**919**	**915**
Grand Total	**4,989**	**3,023**





Care Colleagues Collaboration Communities

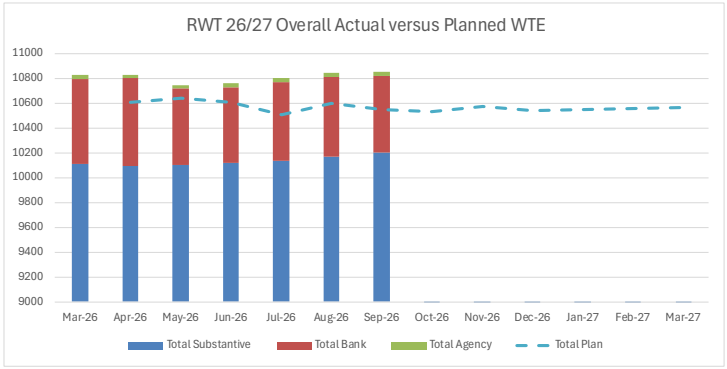
Workforce WTE Trends - RWT

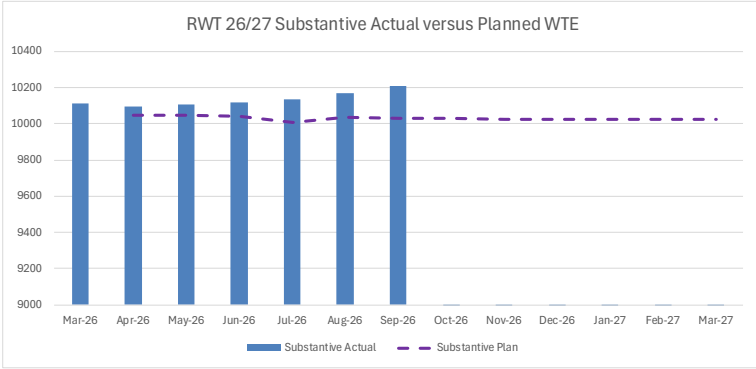
RWT's overall workforce increased by 14.53 WTE (0.13%) during M6 26/27, reflecting a 27.74 WTE (4.31%) reduction in bank usage being offset by a 39.52 WTE (0.39%) increase in the substantive workforce and a 2.75 WTE (9.00%) rise in agency deployment. The RWT overall workforce is 310.50 WTE (2.24%) above the M6 26/27 workforce plan trajectory.

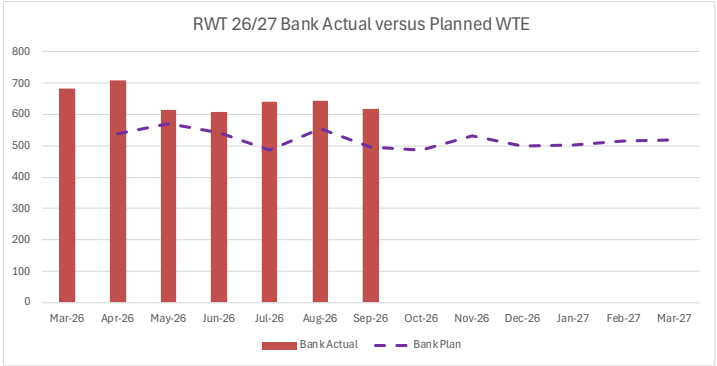
Actual WTE (July 2026 –September 2026)

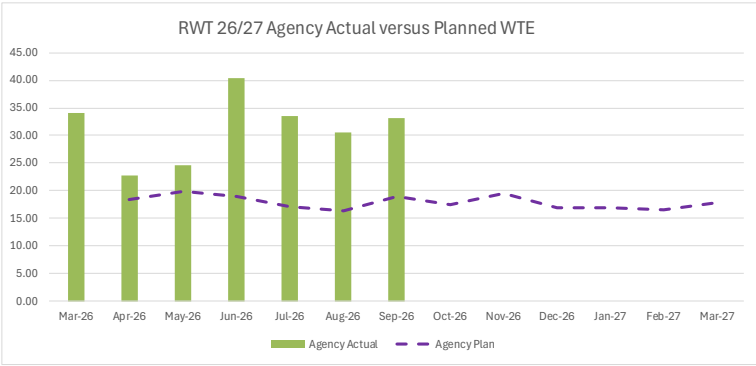
	Jul-26	Aug-26	Sep-26
ACTUAL TOTAL WORKFORCE BY STAFF GROUP (WTE)	**10806.42**	**10841.97**	**10856.50**
Registered Nursing, Midwifery and Health Visiting Staff	3071.97	3066.50	3058.43
Allied Health Professionals	616.10	616.16	629.62
Registered Scientific, Therapeutic and Technical Staff	255.55	256.28	253.33
Healthcare Scientists	513.38	516.66	516.67
Support to Clinical Staff	2704.81	2706.67	2714.36
NHS Infrastructure Support	2314.82	2313.76	2325.67
Medical and Dental	1329.79	1365.95	1358.43
ACTUAL SUBSTANTIVE STAFF BY STAFF GROUP (WTE)	**10133.27**	**10167.25**	**10206.77**
Registered Nursing, Midwifery and Health Visiting Staff	2936.85	2941.23	2941.35
Allied Health Professionals	612.28	611.58	626.85
Registered Scientific, Therapeutic and Technical Staff	248.35	250.60	248.73
Healthcare Scientists	510.64	512.22	512.69
Support to Clinical Staff	2333.42	2336.39	2358.44
NHS Infrastructure Support	2258.79	2259.01	2258.66
Medical and Dental	1232.94	1256.23	1260.06
ACTUAL BANK STAFF BY STAFF GROUP (WTE)	**639.58**	**644.17**	**616.43**
Registered Nursing, Midwifery and Health Visiting Staff	135.12	125.27	117.08
Allied Health Professionals	3.82	3.67	2.77
Registered Scientific, Therapeutic and Technical Staff	5.56	3.62	3.27
Healthcare Scientists	0.23	0.23	0.23
Support to Clinical Staff	352.12	355.20	335.82
NHS Infrastructure Support	56.03	54.75	67.01
Medical and Dental	86.70	101.43	90.25
ACTUAL AGENCY STAFF BY STAFF GROUP (WTE)	**33.57**	**30.55**	**33.30**
Registered Nursing, Midwifery and Health Visiting Staff	0.00	0.00	0.00
Allied Health Professionals	0.00	0.91	0.00
Registered Scientific, Therapeutic and Technical Staff	1.64	2.06	1.33
Healthcare Scientists	2.51	4.21	3.75
Support to Clinical Staff	19.27	15.08	20.10
NHS Infrastructure Support	0.00	0.00	0.00
Medical and Dental	10.15	8.29	8.12

2026/27 Actuals vs Planned









Since July 2026, the overall workforce has increased by 50.09 WTE; the substantive and agency workforce has risen by 73.51 WTE, offsetting decreases in bank and agency usage, 23.15 WTE and 0.27 WTE respectively. The monthly substantive workforce increase reflects rises in all core staff groups apart from Infrastructure Support. Since July 26 bank usage increased within M&D and Infrastructure Support whilst there were significant decreases all other staff groups, notably RN&M with a drop of 18.04 WTE. Despite a rise of 9.00% in agency reliance during September 2026, month-on-month there was overall reduction in agency usage.

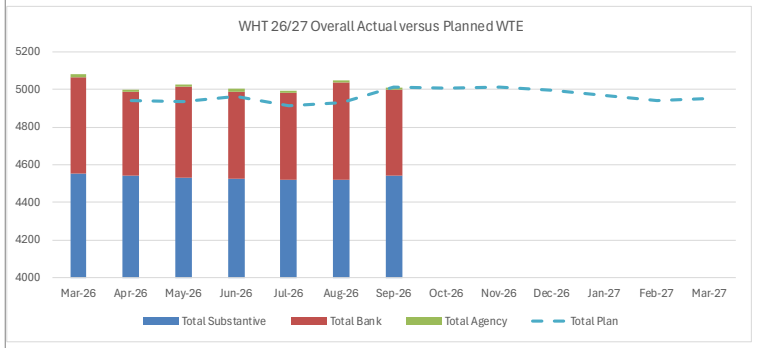
Workforce WTE Trends - WHT

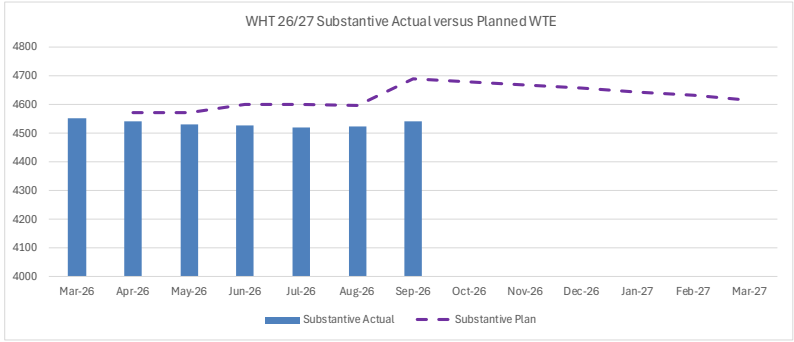
WHT's overall workforce has decreased by 72.9 WTE (1.4%) since the 25/26 year-end position, reflecting a 13.4 WTE (0.3%) decrease in the substantive workforce, a 54.7 WTE (10.7%) fall in bank usage, and a 4.8 WTE (28.3%) reduction in agency deployment. The WHT overall workforce is 1.4 WTE below the M6 26/27 workforce plan trajectory.

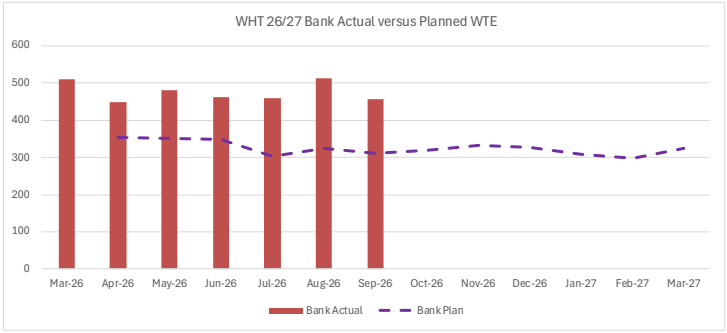
Actual WTE (July 2026 – September 2026)

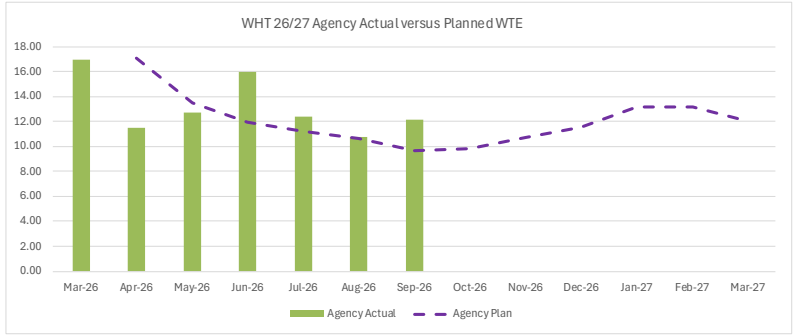
	Jul-26	Aug-26	Sep-26
ACTUAL TOTAL WORKFORCE BY STAFF GROUP	**4992.83**	**5046.69**	**5008.72**
Registered Nursing, Midwifery and Health Visiting Staff	1728.77	1747.62	1737.89
Allied Health Professionals	333.86	331.61	334.07
Registered Scientific, Therapeutic and Technical Staff	132.40	128.14	128.79
Healthcare Scientists	45.39	45.39	47.39
Support to Clinical Staff	1240.67	1259.38	1246.11
NHS Infrastructure Support	896.45	898.18	888.81
Medical and Dental	615.30	636.37	625.67
ACTUAL SUBSTANTIVE STAFF BY STAFF GROUP	**4520.93**	**4521.72**	**4539.80**
Registered Nursing, Midwifery and Health Visiting Staff	1612.68	1609.48	1610.65
Allied Health Professionals	321.08	319.20	319.91
Registered Scientific, Therapeutic and Technical Staff	118.39	116.59	116.73
Healthcare Scientists	45.39	45.39	47.39
Support to Clinical Staff	1007.97	1000.50	1013.56
NHS Infrastructure Support	836.69	842.05	841.64
Medical and Dental	578.74	588.51	589.92
ACTUAL BANK STAFF BY STAFF GROUP	**459.52**	**514.21**	**456.79**
Registered Nursing, Midwifery and Health Visiting Staff	115.41	136.89	124.26
Allied Health Professionals	8.24	8.10	9.72
Registered Scientific, Therapeutic and Technical Staff	10.95	9.95	10.94
Healthcare Scientists	0.00	0.00	0.00
Support to Clinical Staff	232.70	258.87	232.55
NHS Infrastructure Support	56.16	52.53	43.57
Medical and Dental	36.05	47.86	35.75
ACTUAL AGENCY STAFF BY STAFF GROUP	**12.38**	**10.76**	**12.14**
Registered Nursing, Midwifery and Health Visiting Staff	0.68	1.25	2.98
Allied Health Professionals	4.54	4.31	4.44
Registered Scientific, Therapeutic and Technical Staff	3.06	1.60	1.12
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	0.50	0.00	0.00

2026/27 Actuals vs Planned









WHT is below the overall M6 26/27 workforce plan trajectory, reflecting month-on-month WTE reductions, and planned substantive workforce growth modelled within the 26/27 workforce plan. Community investment and forecasted activity growth, planned for during M6 26/27, are reflected in the 26/27 workforce plan trajectory. Divisionally, Community remains 11.6% below its overall planned substantive WTE trajectory, with MLTC, Surgery and E&F below their substantive WTE trajectories. Temporary staffing usage remains a challenge, with Community the only exception, as all other areas are above their bank WTE plan. Agency usage is 25.8% above plan, driven by AHP and Admin reliance above M6 26/27 planned trajectories.

Enclosure 10.2

Integrated Performance Report

Walsall Healthcare NHS Trust

September 2026 (Month 6)

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

Care Colleagues
Collaboration Communities

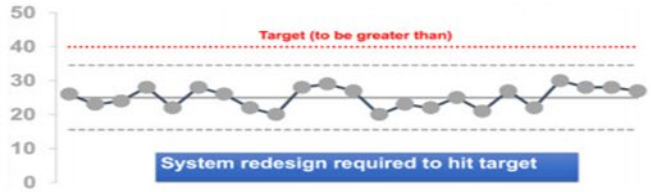
How to Interpret SPC (Statistical Process Control) charts

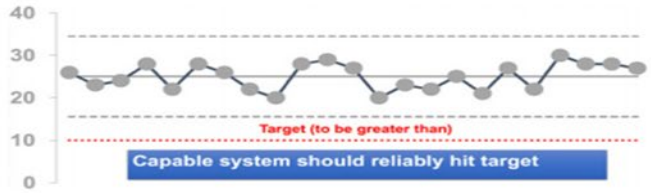
Variation			Assurance				
Common Cause	Concern	Improvement	Inconsistent	Achieving	Not Met	No Target	Not Enough Points
Common cause - no significant change	Special cause of concerning nature or higher pressure due to Higher or Lower values	Special cause of improving nature or higher pressure due to Higher 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

Author



Amelia Godson (Managing Director)

At Month 6, the Trust is reporting a £10.4m year-to-date deficit, £0.2m better than plan. Variable elective activity is £0.5m above contract, increasing to £0.7m when the impact of industrial action is excluded. The principal staffing pressures remain industrial action, enhanced mental-health support in ICU and £0.4m under-delivery against pay CIP; this is partly offset by non-pay CIP, which is £1.4m ahead. Delivery is weighted towards the second half of the year, increasing execution risk. Recovery actions remain in place, but further development of pipeline schemes and commissioner support are required.

Quality of care and patient experience remain our top priority. The September falls rate increased from 3.08 to 4.07 per 1,000 bed-days, with no severe harm, while pressure ulcers reduced from 65 to 55. Observation compliance was 86.58% including ED and 91.19% excluding the Emergency Department (ED); focused oversight continues in ED, where compliance was 64.38%. VTE compliance remained below the 95% standard at 88.28%, supported by spot audits and monthly review of improvement plans in AMU and SACU. Complaint response performance continued to improve to 81% across 69 complaints, with weekly huddles targeting delays in handler allocation and response validation, alongside earlier patient contact.

Safe staffing continues to be actively managed. Bank fill rate was 87.91% and Care Hours Per Patient Day remained at 7.9, with redeployment and ward-manager cover used to maintain safety when necessary. Corridor care affected 129 patients across 16 days in the month; each use is subject to harm review and audit. One-hour antibiotic compliance was 76.67% for adult inpatients, 83.52% in ED and 92.85% in paediatrics.

Workforce reduced by 38.0 WTE in September, driven by lower bank usage, leaving the Trust 1.4 WTE below the Month 6 plan. Appraisal compliance fell to 78.80% against the 90% target, while sickness improved slightly to 6.41% but remains above the 5% target. Turnover at 7.5% and retention at 95% continue to meet target.

Care Colleagues Collaboration Communities

Managing Director Summary

Author



Amelia Godson
(Managing Director)

Urgent and emergency care remains under significant demand pressure. September four-hour performance was 75.30% against a 78.82% trajectory, ranking 41st nationally and 7th regionally. Type 1 attendances reached a record 10,508; year-to-date growth is 7.35%, of which 3.6% is attributable to the overnight UTC closure. Fifteen-minute ambulance handovers were 34.59%. The front-door streaming Rapid Improvement Event has concluded and its impact is being evaluated before next steps are agreed.

Cancer performance achieved two of the three standards in August. The 62-day standard was 77.04% against the 80% target, with delivery constrained by oncology capacity and delays in imaging and histology. An oncologist was expected to commence in October, while a Black Country business case is being developed to secure a sustainable oncology model for Walsall.

Elective performance remains comparatively strong despite rising demand. RTT was 73.18% against a 76.64% plan; the Trust has ranked first in the Midlands for 23 consecutive months and ninth nationally. A 4% rise in clock starts increased the waiting list to 29,475. First appointments within 18 weeks were above trajectory at 79.7%, and 52-week breaches remained at 0.01%. The national programme focus for Months 8–12 is additional new outpatient appointments.

Diagnostics continues to make positive strides and DMO1 performance improved to 88.22%, well ahead of the 69.58% plan. MRI, audiology and non-obstetric ultrasound remain the principal challenged modalities, with additional capacity supporting recovery.

The Trust remains in Segment 3 under the Quarter 1 oversight framework and is ranked 55th nationally. The financial override prevents movement to a higher segment, so delivery of the financial plan is critical. National Quarter 1 reporting nevertheless indicates overall productivity improvement above national average

Productivity strengths remain outpatient procedures, theatre utilisation and emergency workforce productivity. Elective cases per session and outpatient activity the main opportunities . Patient initiated follow up (PIFU) provides further opportunity, while DNA performance and Specialist Advice usage are improving. Temporary staffing expenditure and sickness remain key priorities, and internal dashboard measures and thresholds are under review.

Care Colleagues
Collaboration Communities

National Oversight Assurance Framework Dashboard - WHT

- No further national updates, therefore the latest oversight framework for 2026/27 published remains as Q1 .
- Scoring position 2.34 compared to 2.21 in Quarter 4.
- The league position 55th (from 58th in Quarter 4 of 2025/26).
- The Trust remains in Segment 3 which is likely to be the case for the remainder of the financial year owing to the financial override continuing from last year.
- WHT is currently the highest ranked acute provider across the Black Country system.
- There are 33 indicators, an increase of 11 from the 22 indicators last year. It is worth noting around a third of these measures are either annual or based on a rolling 12-month period which gives us less ability to change them in the short term.
- As the scoring on the previous slide shows, the Trust's performance is quite consistent across segments. It is the people related measures where our scoring is the lowest, whether that be metrics associated with staff survey results or operational metrics such as sickness absence.
- Our access performance is generally good but is brought down by the inclusion of the community waiting time metrics where performance is comparably low and diagnostics, where performance is below average but improving.
- Whilst the financial override prevents us from being able to move to a higher segment, our greatest opportunity to improve our segment score in the short term comes from our community and diagnostic waiting times, staff survey, sickness rate and rates of e-coli. Any improvement in our staff survey results however won't be seen until Quarter 3/4.
- The achievement of our financial plan will be critical to ensuring our segmentation does not reduce.

Care Colleagues
Collaboration Communities

National Oversight Assurance Framework Dashboard

The Trust has been placed into Segment 3 for Quarter 1 of 2026/27.

National Oversight Framework

				Published Q1 2026/27			Internal	Internal	Internal
			Average Score	2.34					
			Overall Segment	3					
			Financial Deficit	Yes					
			Capability Rating	Amber / Green					
			Provider Rank	55 / 134					
Domain	**Domain (Sub)**	**Metric**	**Data Period**	**Value**	**Score**	**Rank**	**Jul-26**	**Aug-26**	**Sep-26**
Access to Services	Elective Care	% of cases where a patient is waiting 18 weeks or less for elective treatment	Quarterly - Latest Month in the Period	74.80%	1.28	13	73.77%	72.83%	73.18%
	Elective Care	% of cases where a patient is waiting more than 52 weeks for elective treatment	Quarterly - Latest Month in the Period	0.01%	2.02	6	0.05%	0.04%	0.00%
	Diagnostics	% of diagnostic referrals waiting over 6 weeks	Quarterly - Latest Month in the Period	27.71%	3.31	101	21.13%	20.18%	11.78%
	Urgent Care	% of emergency department attendances admitted, transferred or discharged within four hours	Quarterly - Aggregated Quarterly Position	82.70%	1.00	14	80.09%	77.86%	75.30%
	Urgent Care	% of emergency department attendances spending over 12 hours in the department	Quarterly - Aggregated Monthly Figures	4.01%	1.55	23	5.75%	5.98%	7.95%
	Cancer Care	% of patients treated for cancer within 62 days of referral	Quarterly - Aggregated Quarterly Position	76.36%	2.29	34	84.31%	77.04%	
	Elective Care	% of patients waiting less than 18 weeks for community care	Quarterly - Latest Month in the Period	65.85%	2.78	59	64.27%	61.44%	61.80%
	Elective Care	% of patients waiting over 52 weeks for community services	Quarterly - Latest Month in the Period	20.66%	3.64	69	21.03%	22.53%	23.46%
	Cancer Care	% of patients with cancer diagnosed or ruled out within 28 days of an urgent referral	Quarterly - Aggregated Quarterly Position	87.11%	1.00	2	86.66%	87.04%	
Access to Services Domain Score			***Average Score***	***2.10***					
			Quartile	***2***					
Patient Safety	High Quality Care	Breadth and depth of clinical audit outliers Score	Quarterly - Using latest available data for each audit		1.00				
	Safe Culture	NHS Staff survey – raising concerns sub-score	Annual	6.07	3.48	111			
	Safe Outcomes	Number of MRSA bacteraemia cases	12 Month Rolling	2	2.24		2	1	1
	Safe Outcomes	Rate of C-Difficile infections	12 Month Rolling		2.00		1.00	0.98	0.94
	Safe Outcomes	Rate of E-Coli infections	12 Month Rolling		3.00		1.15	1.13	1.13
Patient Safety Domain Score			***Average Score***	***2.30***					
			Quartile	***3***					
Finance, Productivity and Innovation	Finance	Combined finance score	Quarterly		2.00		2	2	2
	Innovation	Data Quality Maturity Index Score	Quarterly - Latest Monthly Position	94.80	1.92	38			
	Innovation	% of clinical trials set up within 90 days	Quarterly						
	Finance	Planned surplus/deficit	Annual	-4.27%	4.00	95	1168	2184	1131
	Productivity	Relative difference in costs	Annual	104.43%	2.69	95			
	Finance	Variance year-to-date to financial plan	Quarterly	0.01%	1.00	28	7087	9271	10402
Finance, Productivity and Innovation Domain Score			***Average Score***	***2.20***					
			Quartile	***2***					
People	People and Culture	Healthcare Worker Flu Vaccination Rate	Quarterly	38.20%	3.63	121			
	People and Culture	NHS staff standards score	Annual	7.36	3.55	114			
	People and Culture	NHS Staff survey engagement theme sub-score	Annual	6.54	3.28	102			
	People and Culture	National Education and Training Survery satisfaction rate	Annual	74.78%	3.21	84			
	People and Culture	Sickness absence rate	Quarterly – Aggregated Monthly Figures	7.20%	3.81	133	6.56%	6.47%	6.41%
	Workforce	Temporary staffing agency	Quarterly		1.00				
	Workforce	Temporary staffing bank	Quarterly		2.00				
	Workforce	Temporary staffing cost relative band score	Quarterly		1.00				
People Domain Score			***Average Score***	***3.08***					
			Quartile	***4***					
Experience of Care	Experience	CQC inpatient survey satisfaction rate	Annual		2.00				
	Experience	NHS staff survey advocacy rate score	Annual	6.19	3.26	101			
	Patient Flow	% of intermediate care beds occupied by patients without criteria to reside	Quarterly - Average of the Quarter	0%	1.00	1			
Experience of Care Domain Score			***Average Score***	***2.09***					
			Quartile	***2***					
Effectiveness of Care and Population Health	Outcomes	Delayed inductions rate	Quarterly - Aggregate Sitreps	22.80	2.14	46			
	Preventing Ill Health	% of acute inpatients making a supported quit attempt with an in-house tobacco dependence treatment service	Quarterly - Rolling 12 month period	29.92%	2.16	56			
	Effective Discharge	% of patients readmitted within 30 days of discharge – comparative band	Annual		2.00				
	Outcomes	Summary Hospital-level Mortality Indicator	12 Month Rolling		2.00				
Effectiveness of Care and Population Health Domain Score			***Average Score***	***2.08***					
			Quartile	***2***					

	Green
	Amber/Green
	Amber/Red
	Red

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		3.18	4.07	Sep 2026	4.47	Common Cause	No Target Set
2	Pressure Ulcers - Rate per 1,000 Beddays (Cat 1, 2, 3, 4 & Unstageables) - Hospital	No.		1.71	2.13	Sep 2026		Common Cause	No Target Set
3	Pressure Ulcers - Rate per 10,000 CCG Population (Cat 1, 2, 3, 4 & Unstageables) - Community	No.		1.29	0.73	Sep 2026		Concern	No Target Set
4	Patient Observations - % rechecked within time	%	90.00	87.71	86.58	Sep 2026	83.45	Common Cause	Inconsistent
5	VTE Risk Assessment - % within 14 hours	%	95.00	89.35	88.28	Sep 2026		Improvement	Not Met
6	Sepsis Screening - ED	%							
7	Sepsis Screening - Inpatients	%							
8	ED - Mental Health Patients spending over 24 hours in ED	No.		17.00	29.00	Sep 2026		Common Cause	No Target Set
9	Clostridium Difficile - Number of Cases	No.		5.00	3.00	Sep 2026	2.00	Common Cause	No Target Set
10	MRSA - Number of Cases	No.	0.00	0.00	0.00	Sep 2026	1.00	Common Cause	Inconsistent
11	Complaints - No. of Complaints as a % of Admissions	%		0.48	0.47	Sep 2026		Common Cause	No Target Set
12	Friends and Family : % Recommended - Trust (Average)	%		89.00	87.00	Sep 2026		Common Cause	No Target Set
13	CHPPD - Total Nursing & Midwifery Staff Actual	No.		7.90	7.90	Sep 2026		Improvement	No Target Set
14	CHPPD - Registered Nursing & Midwifery Staff Actual	No.		4.70	4.70	Sep 2026		Improvement	No Target Set
15	Mortality - SHMI (NHS Digital) (12 Month Rolling Position) - Manor Hosp Site	No.	1.00	0.96	0.95	May 2026	1.08	Common Cause	Achieving
16	Incidents - Never Events	No.	0.00	0.00	0.00	Sep 2026	0.00	Improvement	Inconsistent

Workforce Performance	Target / Limit	Latest Time Period	Current Month	Previous Month	Period Year (Same Period)	Variation	Assurance
Substantive (WTE) Trust	4615.08	Sep-26	4539.80	4521.72	4571.05	Common Cause	Achieving
Bank (WTE) Trust	324.79	Sep-26	456.79	514.54	441.87	Concern	Not Met
Agency (WTE) Trust	12.04	Sep-26	12.14	10.76	12.02	Improvement	Not Met
Vacancy Rate	6.00%	Sep-26	11.16%	9.43%	9.92%	Concern	Inconsistent
Turnover Rate (12 Months)	10.00%	Sep-26	7.53%	7.68%	7.09%	Improvement	Inconsistent
Retention Rate (12 Months)	90.00%	Sep-26	95.34%	94.14%	93.67%	Improvement	Achieving
Sickness Absence (In Month)	5.00%	Sep-26	6.41%	6.47%	6.08%	Common Cause	Not Met
Appraisals	90.00%	Sep-26	78.80%	79.46%	72.44%	Common Cause	Not Met
Statutory & Mandatory Training	90.00%	Sep-26	91.60%	91.72%	91.38%	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	%	80.04	72.83	73.18	Sep 2026	86.86	Improvement	Not Met
2	18 Weeks Referral to Treatment - 52 Week Breaches as % of the Total PTL	%	1.00	0.04	0.00	Sep 2026	0.00	Improvement	Not Met
3	18 Weeks Referral to Treatment - Total Incomplete PTL	No.	26,150.00	28,492.00	29,475.00	Sep 2026	16,097.00	Improvement	Not Met
4	Cancer - 28 Day Faster Diagnosis - % Compliance - Overall	%	80.05	86.66	87.04	Aug 2026		Improvement	Inconsistent
5	Cancer - 31 Day Treatment - % Compliance - Combined Standard	%	94.57	97.62	97.53	Aug 2026	99.01	Common Cause	Inconsistent
6	Cancer - 62 Day Referral to Treatment - % Compliance - Combined Standard	%	80.00	84.31	77.04	Aug 2026	82.22	Common Cause	Inconsistent
7	Criteria to Reside - No. of patients no longer meeting the Criteria to Reside	No.		0.00	33.00	Sep 2026		Common Cause	No Target Set
8	Diagnostics - Diagnostic waiting within 6 weeks from referral	%	77.96	79.82	88.22	Sep 2026	99.90	Improvement	Inconsistent
9	ED - ED Attendances Admitted, Transferred or Discharged over 12 hours of Arrival	%	6.46	5.98	7.95	Sep 2026	1.61	Common Cause	Inconsistent
10	ED - ED Attendances Admitted, Transferred or Discharged within 4 hours of Arrival	%	83.01	77.86	75.30	Sep 2026	83.92	Common Cause	Not Met
11	Community - Waiting List - Total	No.	8,345.00	8,654.00	8,398.00	Sep 2026		Concern	Achieving
12	Community - Waiting List - % Within 18 Weeks	%	72.01	61.44	61.80	Sep 2026		Concern	Inconsistent

Finance	Target	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
Surplus/(Deficit) (£'000) - in month	(1,225)	(2,184)	(1,131)	15	Improvement	Achieving
Surplus/(Deficit) (£'000) - YTD	(10,568)	(9,271)	(10,402)	257	Deterioration	Achieving
Surplus/(Deficit) (£'000) - FOT	0	0	0	50	Concern	Not Met
ERF (£'000) - in month	7,154	6,596	7,241	N/A	Improvement	Achieving
ERF (£'000) - YTD	41,272	34,521	41,762	N/A	Improvement	Achieving
ERF (£'000) - FOT	N/A	N/A	N/A	N/A		
Efficiency (£'000) - in month	1,280	1,558	1,762	485	Common Cause	Achieving
Efficiency (£'000) - YTD	7,540	6,931	8,693	3,770	Common Cause	Achieving
Efficiency (£'000) - FOT	27,517	27,673	27,632	9,025	Common Cause	Achieving
Capital (£'000) - YTD	4,989	2,370	3,023	N/A	Concern	Not Met
Capital (£'000) - FOT	14,389	14,389	14,389	11,704	-	Achieving
Cash (£'000) - in month	16,240	33,714	30,109	1,664	Deterioration	Achieving
Cash (£'000) - FOT	12,463	12,463	12,463	9,056	-	Achieving

Care Colleagues
Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary

Falls per 1,000 bed-days

- September 2026 falls rate: 4.07 (increase from 3.08 in August), below the Royal College of Physicians mean of 6.1. No severe harm falls were reported.
- Enhanced Therapeutic Observations and Care (ETOC) bundle has been extended to 4 clinical areas, initial feedback from the clinical teams remains positive.
- Neurological-observation compliance after falls was 55.56% (August 49.2%, July 42.11%) and remains under targeted review; the Deputy Medical Director is reviewing regional and national guidance on the duration of observations post-fall.

Pressure Ulcers per 1,000 Bed Days

- Trust-acquired pressure ulcer incidents have decreased for the fourth month in a row; with the total number of hospital and community pressure ulcers reducing to 55 in September2026 from 65 in August 2026.
- One Category 4 ulcer has been reported in September 2026, the first since February 2026 (hospital). The incident is under divisional review currently.
- SMART divisional plans, targeted education, mattress assurance and review of continence products continue.

Observations on Time

- September 2026 compliance was 86.58% including ED and 91.19% excluding ED; ED was 64.38% (67.49%).
- 18 of 26 areas met the 90% target; Surgery and WCCSS remained above 90%.
- Senior Divisional Team continue to provide oversight of work to improve compliance in MLTC with a particular focus on ED.

Infection Control

- Three C. difficile cases were reported in August: 2 HOHA and 1 COHA; the 2026/27 national trajectory is 47.
- September bacteraemia position: MRSA 0; MSSA 1 HOHA/1 COHA 1; E. coli 3 HOHA/2 COHA; Klebsiella 0 HOHA/1 COHA; Pseudomonas 1 COHA.

Authors



Lisa Carroll (Chief Nursing Officer)



Zia Din
(Medical Director)

Quality, Safety & Patient Experience | Executive Summary Cont.

Sepsis Screening

- September antibiotics within one hour: adult inpatients 76.67% (August: 75.00%); adult ED 83.52% (85.85%); paediatric performance was 92.85%. Data is now being gathered in regard to Neonatal sepsis compliance. Data in month shows a compliance of 53.5% however on further review this may be a data collection issue coupled with late antibiotic administration. The team are working through this and will report findings into QSOG
- Clinical assessment and de-escalation remain positive. NEWS2 e-learning compliance was 79.1% and Scale 2 training 76.9%.
- The Martha's Rule wellness question remains fully implemented, with an InPhase audit created to monitor compliance.

Safe Staffing

- Clinical areas were green for 56.47% of shifts (August: 59.%). MLTC remained most pressured: 39.28% amber and 1.61% red.
- Overall fill rate was 87.91%; the lowest was CSW days at 75.04%. Trust-average CHPPD was 7.9 (August: 7.9).
- In August, to maintain safe staffing, 1,984.5 RN and 1428.5 CSW hours were redeployed ward managers covered 792.5 RN hours across 89 shifts (an increase on all from August).

FFT Recommendation Rate: Trust-wide

- Trust-wide recommendation was 87% in September. Inpatients 85%, ED 78%, Outpatients 92% and Community 93%. All reduction in all touch points apart from community.
- Maternity: Antenatal 95%, Birth 72%, Postnatal Ward 80% and Postnatal Community 100%.

Complaints

- Formal complaint-response compliance increased to 81% in September (August: 70%); 69 formal complaints were received (August 74).
- Weekly divisional huddles continue to address delays in appointing handlers and validating responses.
- The three-person divisional team actively promotes early contact during the complaint process, which has seen a greater number of complaints resolved without requiring a written response.

Authors



Lisa Carroll (Chief Nursing Officer)



Zia Din (Medical Director)

Care Colleagues Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary Cont.

Medication Errors: % causing harm

- Latest incident data (August): 104 medication incidents (July: 125); Medicines Safety Index 9.6% against a national benchmark of 11.69%, with one moderate-harm incidents and one severe harm incident reported (administration of amoxicillin to patient with a new unknown penicillin allergy, patient moved to the resuscitation area of ED and IM adrenaline administered. Patient recovered from incident).
- Medicines-management audit completion was 60%, with 91% compliance. SACT Version 3 data is complete; a one-year Version 4 extension has been requested while Chemo care is upgraded.

Mental Health

- September: 14 Section 136 and 1 section 5(2)s.
- Ongoing complex case in ITU requiring multiprofessional input and on 2:1 observations, delayed patient discharge due to complex needs.
- The delirium clinic is now operational within the outpatient's department and is receiving good uptake.
- Noted increase in CAMHS acuity, and lack of agreed MEED pathway contributing to delays with specialist input.

ED Corridor Care

- Corridor space was used on 16 days in September for 129 patients (August: 8 days and 52 patients).
- The area continues to operate under the agreed SOP, with harm review and audit after use and mandated reporting for stays over 45 minutes.

Human Tissue Authority

- The Human Tissue Authority (HTA) Evidential Compliance Assessment reviewed 94 maternity and mortuary incidents (2016-2026), resulting in three incidents being reported to the HTA; one was deemed non-reportable and two were classified as near-miss HTA Reportable Incidents, with all cases subsequently closed.
- Progress is being made against the October 2025 HTA inspection CAPA plan. The equipment servicing shortfall (PFE3f) has been closed, while completion of mortuary entrance works at RWT and implementation of a maternity fridge alarm upgrade remain outstanding.
- Concerns about delays in transferring deceased babies and foetuses to the mortuary have been addressed through revised Standard Operating Procedures (SOPs) at both WHT and RWT, clarifying responsibilities for the safe and dignified care and custody of the deceased.
- Ongoing assurance work focuses on timely transfer, appropriate cooling and storage, accurate identification, complete documentation and effective handovers, supported by
  staff training, SOP monitoring and incident-learning reviews

Authors



Lisa Carroll (Chief Nursing Officer)



Zia Din
(Medical Director)

Care Colleagues
Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary Cont.

VTE Risk Assessment

- September 2026 compliance is at 88.28 % (↓ 88.46% in August 2026), it remains below the national target of 95%
- Regular Spot audits for alternative assurance are in place.
- Elective pathways continued to maintain the good VTE assessment performance of above 95%
- Improvement Actions: Reviewing Divisional performance every month. Reviewing improvement action plans at focused areas (AMU, SACU). Sharing of selected VTE cases at the Thrombosis Group meeting for learning.

SHMI (Summary Hospital-level Mortality Indicator)

- Latest data available: In May 2026, the SHMI decreased further to a value of 0.95, which is a decrease of 0.1 and continues to remain within the expected. This is monitored closely via Learning from Deaths Group.
- Findings from the audit relating to SHMI alert for 'Fluid & Electrolyte Disorder' were deferred for presenting at November Learning from Deaths meeting.
- Improvement actions: Focus remains on outstanding Structured Judgement Reviews. Outstanding SJR numbers were presented to Mortality Leads at September's Learning from Deaths meeting, with a request that they are cleared with a matter of urgency. There will be a focus on these at each meeting.

Flu vaccinations

- Flu vaccination programme commenced on the 1st October 2026. The Trust has a combination of a hub based (Costa) and roving vaccination model. As of the 19th October 2026, 14% of front-line staff have received their seasonal flu vaccination (FDP data). Focus continues to encourage staff to take up the vaccination offer via supportive conversations and Trust communication channels.

Authors



Lisa Carroll (Chief Nursing Officer)



Zia Din (Medical Director)

Care Colleagues Collaboration Communities

`Perinatal Quality Oversight Model (PQSM) Dashboard 2026/27 Walsall Healthcare NHS Trust

CQC maternity Inspection 2021	Safe	Effective	Caring	Well Led	Responsive
	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
CNST Year 7	Full compliance with 10 Safety Actions				

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

	May		June		July		August		September		October	
PMRT Reviews												
Grade **N = neonatal** **M = Maternal**	N	M	N	M	N	M	N	M	N	M	N	M
	A 0	A 2	A 2	A 0	A 0	A 0	A0	A0	A 1	A 0	A 1	A 0
	B 0	B 0	B 0	B 1	B 0	B 4	B0	B0	B 0	B 3	B 0	B 3
	C 0	C 0	C 0	C 1	C 0	C 0	C0	C0	C 1	C 0	C 1	C 0
	D 0	D 0	D 0	D 0	D 0	D 0	D0	D0	D 0	D 0	D 0	D 0
MNSI new cases	0		0		0		0		1		0	
Incidents Moderate & Above	14		7		19		16		13		9	
Service feedback FFT recommendation	95%		92%		95%		92%		87%		90%	
Service user & Staff Feedback to Board Level Safety Champions Walk & Bi-Monthly meeting	Antenatal clinic/ fetal assessment		Community		No Meeting		Neonatal Unit		Postnatal Ward		Antenatal Clinic & FAU	
Coroner Reg 28	0		0		0		0		0		0	
Midwives Agree/ Strongly agree place to work/ receive treatment reported annually	**Recommend as a place to work 47.84%** ***NHS Staff Survey***											
Obstetrics/ Gynaecology Trainees Quality of Clinical Supervision reported annually	**Quality of Supervision 86.76%** ***GMC national trainee survey***											

Overview of progress on MIS year 8 safety action requirements

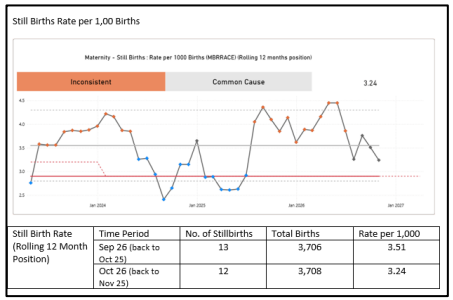
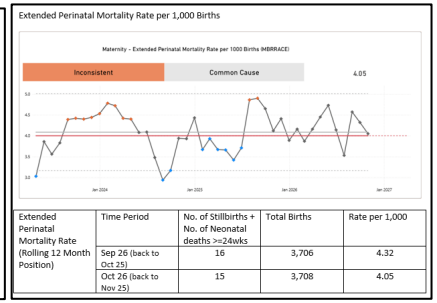
NHS Resolution

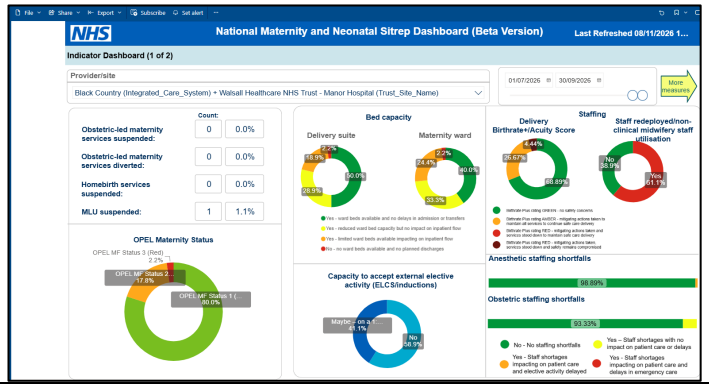
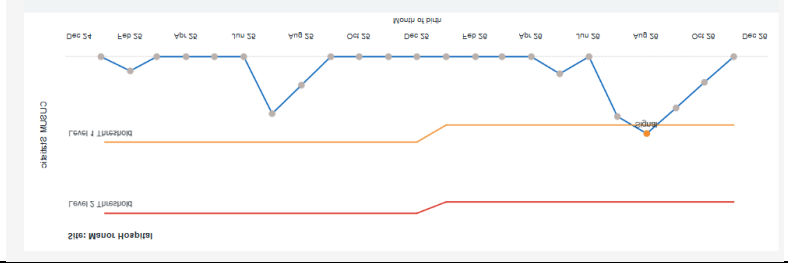
Safety Action	Not started	Compliance risk	In progress & on track	Meets compliance	Fully embedded	Total sub-actions
A	0	0	4	3	0	7
B	0	1	1	3	0	5
C	0	0	4	2	0	6
D	0	0	2	0	0	2
E	0	0	0	3	0	3
F	0	0	2	2	0	4
Local work	0	0	0	0	0	0
National	0	0	0	0	0	0
Total	0	1	13	13	0	

CNST Compliance progress

Progressing to plan except for anaesthetic compliance with multiprofessional training this has been escalated to Group CNO & CMO. Full attendance by anaesthetic staff on the 11.11.26 was required to make multidisciplinary training compliant in every professional group. However, they did not attend & will do so 26.11.26 to achieve anaesthetic compliance. Fetal Monitoring for medic's compliance was reduced due to sickness but will be compliant 19 11.26.

	NLS	PROMPT	Fetal surveillance	
MW	95%	95%	93%	
Obstetric Consultant	100%	100%	70%	Outstanding Medics booked 19.11.26
Obstetric Residents	92%	92%	44%	Outstanding Medics booked 19.11.26
Maternity support workers	100%	99%	NA	
Anaesthetics	88%	88%	NA	Outstanding Medics booked to attend 26.11.26
Neonatal Nurses	90%	NA	NA	
Neonatal Consultants	100%	NA	NA	
Neonatal Residents	94%	NA	NA	

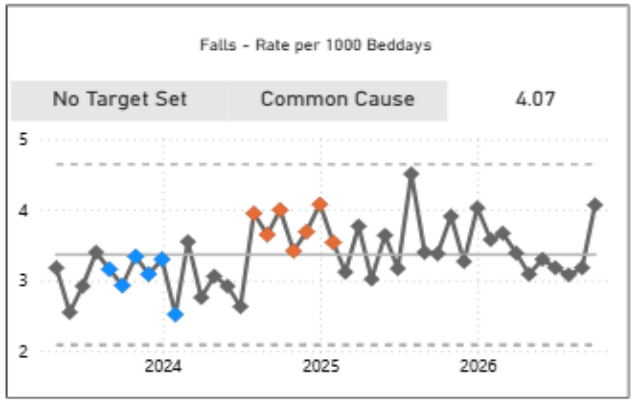
Item	Themes	Action
PMRT	• Quarterly PMRT reports have been submitted and discussed at Group Quality Committee • There were 2 cases graded C (care issues were identified that *may* have made a difference to the outcome) these were a term stillbirth where the woman was referred for scan by the community midwife due to tailing growth however the scan was rejected by the sonography department due to not meeting criteria. Also, a 2-day old neonatal death which identified that although narrative regarding feeding was documented no formal feeding assessments were completed on the postnatal ward • Perception of fetal movement and the signposting women to access the electronic leaflet that has been disseminated to them • Uses of interpreter- documentation of evidence that interpreter has been offered Good practice • Cases reviewed in line with national guidance within required time frame and with external reviewer present • All cases completed with the recommended timeframe	• Discharged and baby not feeding at home. Visit by cmw following day, baby reluctant to feed and lethargic, shortly went into cardiac arrest at home. • Learning should be disseminated to midwifery, obstetric and anaesthetic staff to reiterate the importance of maintaining clear, comprehensive, and contemporaneous clinical documentation. Safety bites • Resident doctors to complete an audit of reduced fetal movements, including a information provided to women regarding reduced fetal movements, compliance with the reduced fetal movements checklist, attendances for reduced fetal movements, and evaluation of actions. • Learning to be disseminated via safety bites re- use of interpreter
MNSI	• 1 new case reported in September	• MNSI case Id MI-066793 relates to an early neonatal death. The neonate presented to the emergency department in cardiac arrest. The service has received the ToR for the case and this investigation is now in progress.
Incident &/or PSIRF themes	• Perinatal mortality & Morbidity • PSIRFF theme for last 12 months readmissions.  Still Birth Rate (Rolling 12 Month Position) Time Period / No. of Stillbirths / Total Births / Rate per 1,000 Sep 26 (back to Oct 25): 13 / 3,706 / 3.51 Oct 26 (back to Nov 25): 12 / 3,708 / 3.24  Extended Perinatal Mortality Rate (Rolling 12 Month Position) Time Period / No. of Stillbirths + No. of Neonatal deaths >=24wks / Total Births / Rate per 1,000 Sep 26 (back to Oct 25): 16 / 3,706 / 4.32 Oct 26 (back to Nov 25): 15 / 3,708 / 4.05	• Perinatal Mortality 4:05: 1000 (MBRRACE comparator rate 4.77:1000). • Stillbirth 3.24: 1000 (MBRRACE rate 3.18:1000). • Term babies to the neonatal unit rate Q2 4.70 % (national target <5%) • All MBRRACE reportable cases complete and reported via SPEN • A PSIRFF Multi professional review of readmission to maternity services has been completed, the predominant theme has been hypertensive disorders and management plan on discharge. An action plan and QI project will be developed to support improvements in this area.
Service user feedback		• Maternity CQC Survey action plan continues to be monitored via Group Quality Committee. 7 out of 8 actions completed • There were 631 responses to Family and Friends test in Q2 2026. The positive themes from services users included being cared for with dignity and respect, given information on “warning signs”, being supported in labour. Themes that require attention included care on the postnatal ward, birthing partners and open visiting. The inpatient matron is working with the teams to identify opportunities for enhanced service user experiences • The Calm Connections Clinic has won the Picker Patient experience award for best maternity initiative • There was a 50% reduction in complaints in Q2 2026 supported by early contact with complainants • MNVP engagement and support remain inadequate at WHT. The DoM has met with the ICB Maternity Commissioners who fund the service to review the service specification • Martha’s Rule continues to progress to plan

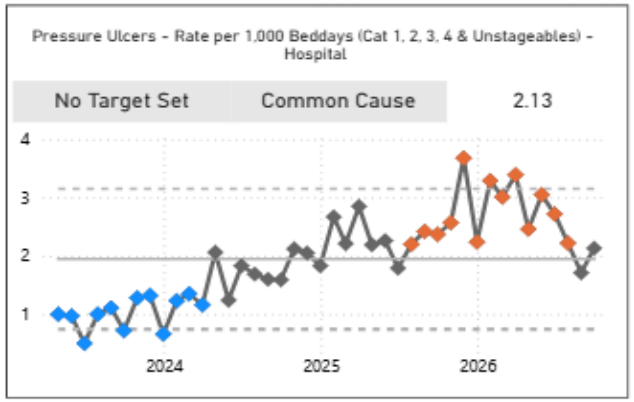
Staff & Safety Champions feedback	• Walks taken place with Board Level Safety Champions in Neonatal Unit, Antenatal/ Postnatal ward and fetal assessment unit and antenatal clinic. • Bimonthly meeting took place in August and October 2026 with Board Level Safety Champions • Annual Maternity Safety Champions Report presented at Group Quality committee	• The Maternity Safety Champion Programme continues to provide substantial assurance regarding the safety, quality and effectiveness of maternity and neonatal services. • The programme demonstrates strong executive engagement, meaningful staff involvement and a culture of continuous learning and improvement. • Progress has been made across patient safety, patient experience, environmental standards, workforce development and governance arrangements. • Whilst risks remain relating to workforce capacity, estate infrastructure and financial constraints, there is clear evidence that these risks are recognised, actively managed and subject to appropriate executive oversight
Regional Heatmap & Perinatal Heatmap	• Q2 2026 overall score 24 	• In Q2 WHT overall score increased to 24 against a regional average of 24. The service now has a HoM in place, interviews are taking place to fill the 8.45 WTE MSW vacancy. Work is also underway to support BFI accreditation which has been added to the Heatmap abd is scoring 3. • The National SitRep data for Q2 2026 showed the maternity unit did not suspend or divert services, homebirth services continued and there was one occasion due to capacity in July where the MLU was unable to remain open. • Services remained predominately OPEL level 2 and significant redeployment was needed to maintain services. Obstetric and anaesthetic staffing remained strong with 1 and 6 episodes respectively where this was challenging. No patient harm resulted in these shortfalls but there were delays in care.
Maternity Oversight Safety Signal (MOSS)	• Level 1 MOSS recieved in August 2026 	• The service received its first MOSS in August 2026, this was submitted to GROUP Quality Committee and submission was approved by CNO. • MOSS requests that services review potential intrapartum safety risks. So although Triage has not been associated with a poor outcome the maternity service would like to emphasise the ongoing support that maternity triage requires to meet the national specifications. The capacity and staffing model are falling short of national compliance and present a potential safety risk. The executive team are asked to continue to support a mitigation and resolution plan to move triage to ward 22 and support the build of a collocated triage.
Maternity and Saving Babies Lives Care Bundles	• Maternity Care Bundle Implementation plan completed • Quarterly Report for Saving Babies Lives completed	• The Maternity Care Bundle implementation plan has been submitted and approved at Group Quality Committee. • Quarterly Saving babies Lives Care Bundle reports have been submitted and discussed at Group Quality Committee •
Perinatal Culture Action Plan	• The Perinatal Culture Action Plan updated	• The Perinatal Culture Action Plan has been submitted and approved at Group Quality Committee and has been disseminated to the perinatal team.

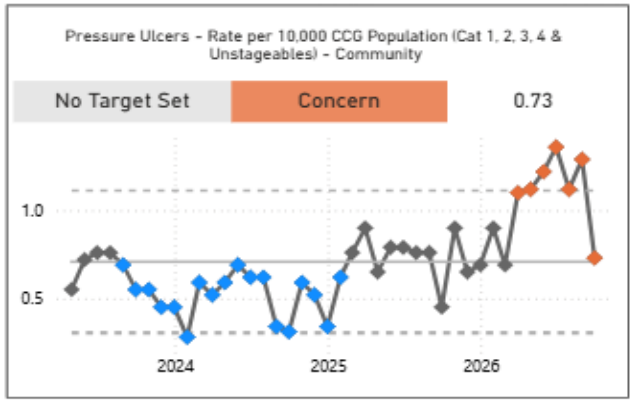
Perinatal staffing						
Date	May	June	**July**	**August**	**September**	**October**
Obstetric Consultant Presence on delivery suite	Yes	Yes	**Yes**	**Yes**	**Yes**	**Yes**

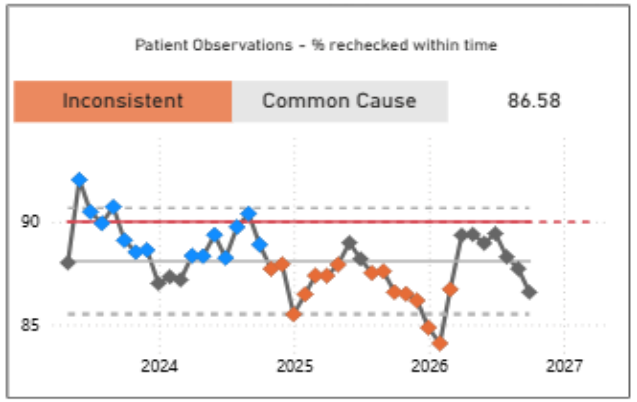
Midwives Birth to midwifery ratio Planned/ Actual	24.84	29.54	25.02	30.37	24.49	29.78	**28.75**	**34.27**	**25.63**	**30.48**	**25.18**	**30.71**
Birthrate Plus acuity (Delivery Suite) Target 85%	78%		82%		71%		**76%**		**88%**		**79%**	
	Current funded establishment in line with Birthrate Plus 2020 recommendations therefore not fully compliant with 2024 recommendations. The service has been successful in securing funding to recruit 12 WTE student midwives supported by £120 000 from the NHSE newly qualified graduate scheme. Successful applicants will commence in post in October and November 2026. There were no staffing related incidents associated with harm as a result and 1:1 care in labour was always achieved. Redeployment and enhanced bank rate supported filling vacant shistfs were beeded to maintain safety.											
Neonatal Nurses % to BAPM Compliant Target 80%	80.95%		83.33%		78%		**70.97%**		**73.34%**		**79.03%**	
Neonatal Doctors BAPM compliant	Yes		Yes		Yes		**Yes**		Yes		Yes	
	Nursing BAPM compliance measured against a target of 80%, and in Q2 2026/27 the service was non-compliant. Medical team BAPM compliant, a neonatal staffing plan for nurses and medics will be taken to Group Quality Committee for approval.											
Obstetric anaesthetist presence on delivery suite	Yes		Yes		Yes		**Yes**		Yes		Yes	
	Anaesthetic teams are compliant with presence on delivery suite as evidenced by the anaesthetic rota and Regional Maternity Sit Rep											

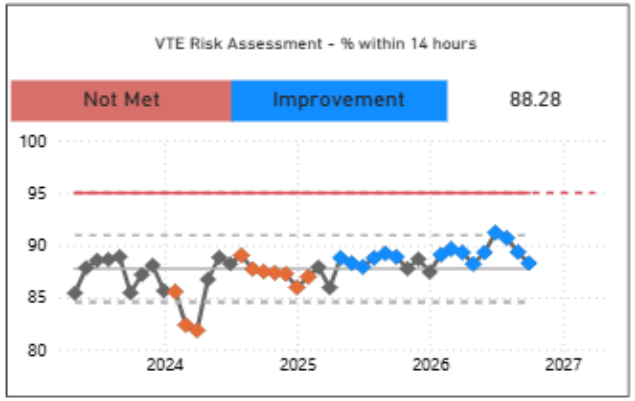
Quality, Safety & Patient Experience | Core Metrics

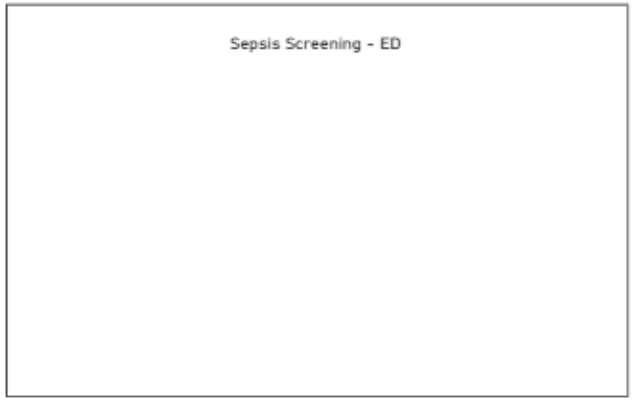


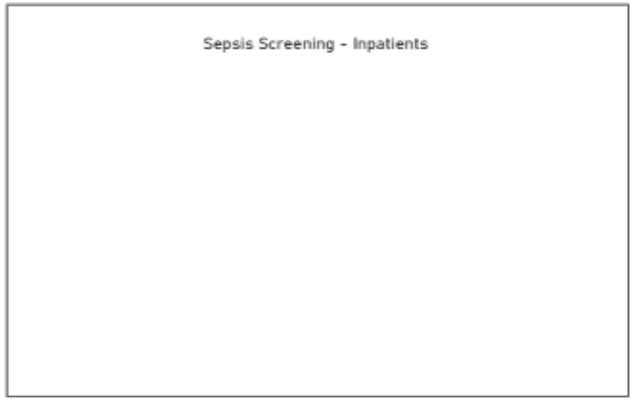


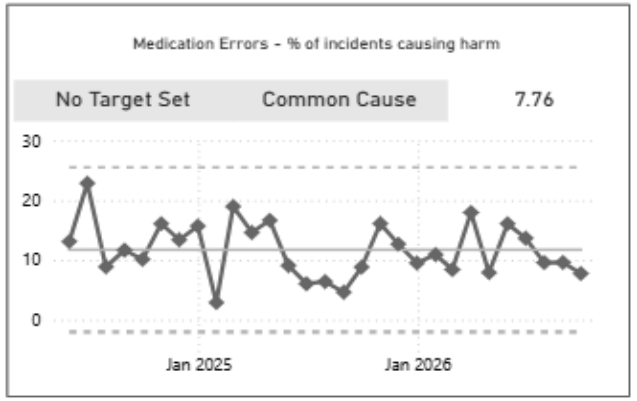


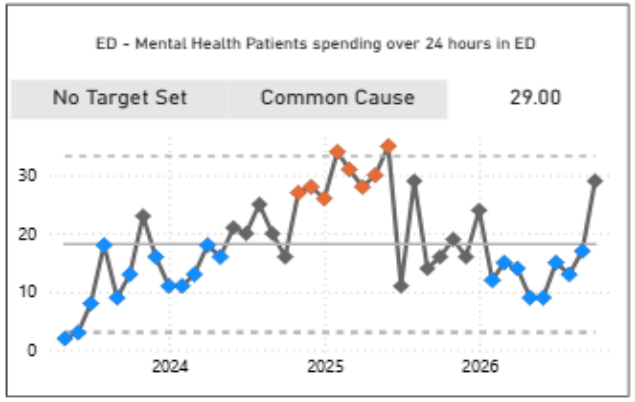


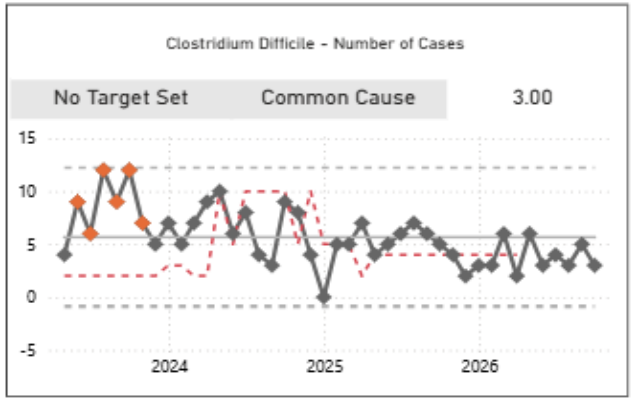


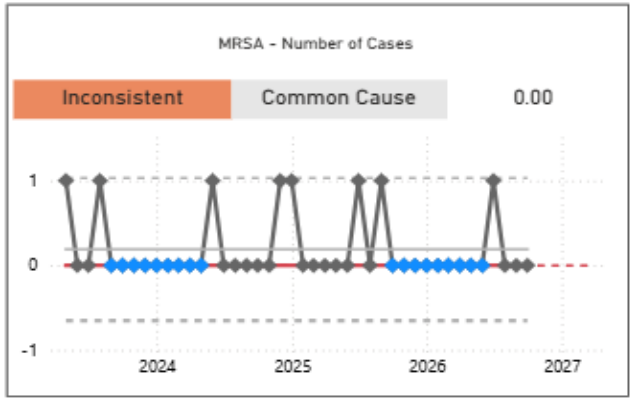


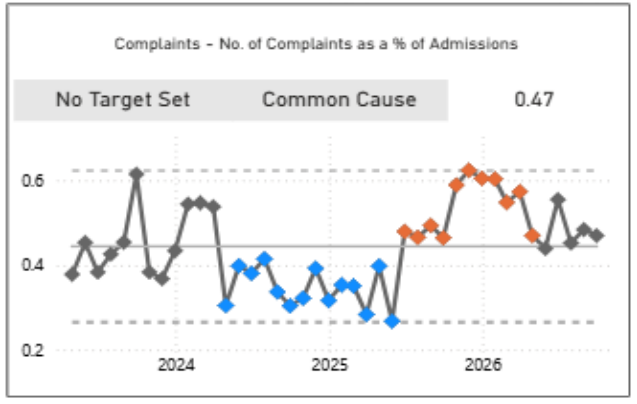




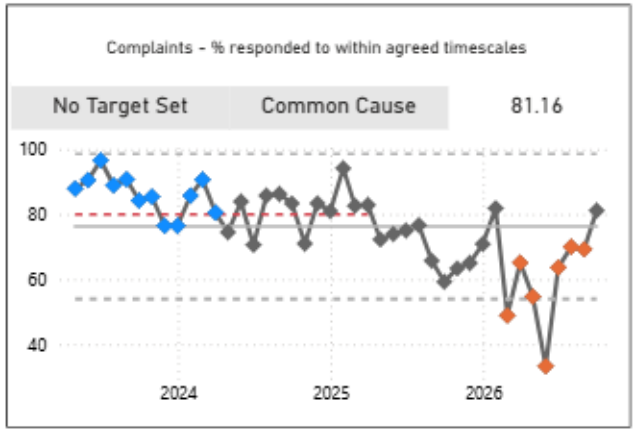


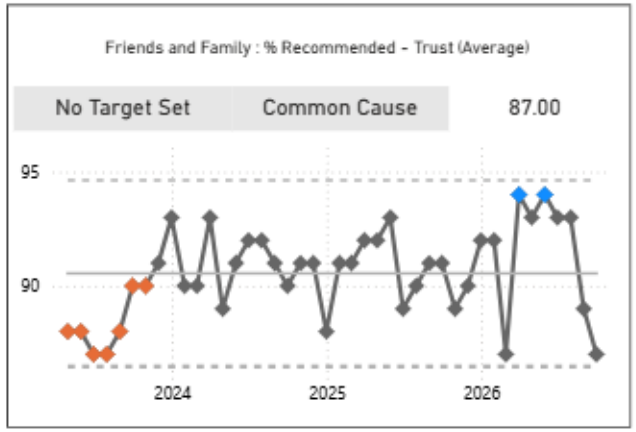


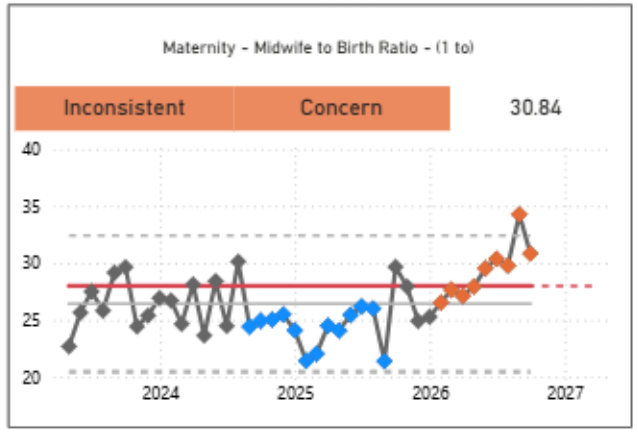


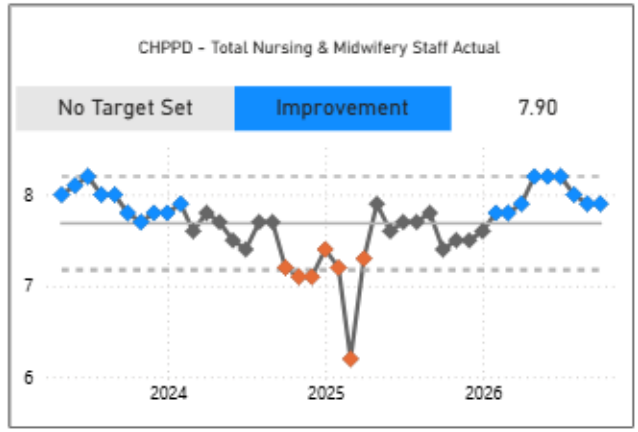


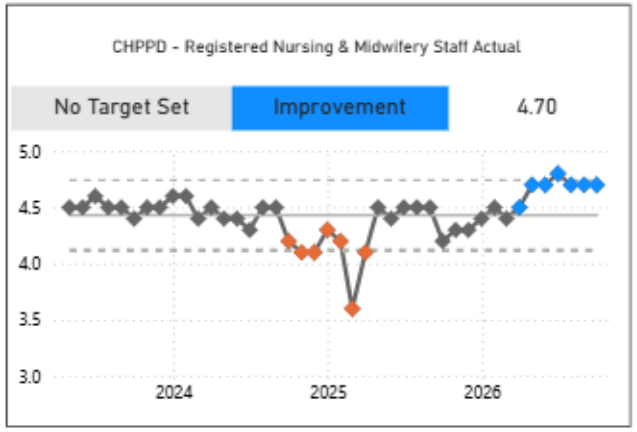
Quality, Safety & Patient Experience | Core Metrics

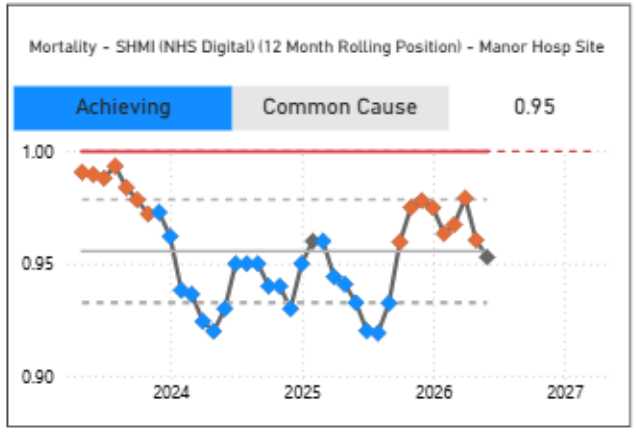


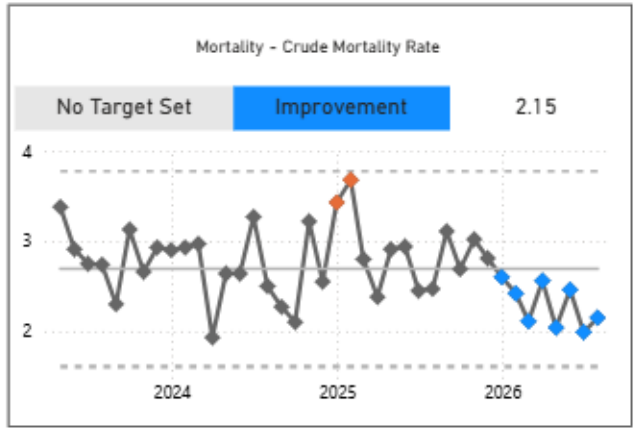


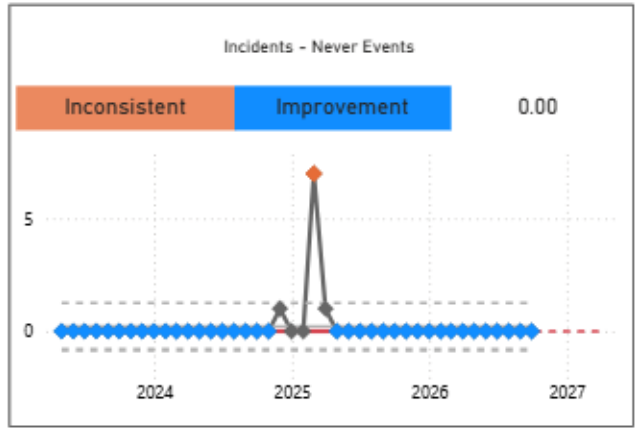












Care Colleagues
Collaboration Communities

People | Executive Summary

Performance against Trust 2026/27 Workforce Plan

During September 2026, the overall workforce fell by 38.0 WTE (0.8%).

- The substantive workforce increased by 18.1 WTE (0.4%).
- Bank usage decreased by 57.4 WTE (11.2%)
- Agency usage rose by 1.4 WTE (12.8%).

WHT's overall workforce has decreased by 72.9 WTE (1.4%) since the 25/26 year-end position, reflecting a 13.4 WTE (0.3%) decrease in the substantive workforce, a 54.7 WTE (10.7%) fall in bank usage, and a 4.8 WTE (28.3%) reduction in agency deployment. The WHT overall workforce is 1.4 WTE below the M6 26/27 workforce plan trajectory which overall is a positive story.

Performance against Key Workforce Metrics

Appraisal compliance decreased from 79.46% in August to 78.80% in September. There will be a concerted effort to ensure line managers and line reports have protected time to carry out appraisals and focused support on low performing departments

In-month sickness absence decreased from 6.47% in August to 6.41% in September 2026, remaining above the 5% target. The average FTE days lost per long-term sickness episode was 76.83 during September 2026.

The 12-month turnover rate remains steady at 7.5%, below the 10% target and continuing a two-year downtrend.

The 12-month retention rate of 95% remains above the 90% target, indicating a strong long-term uptrend.

Authors



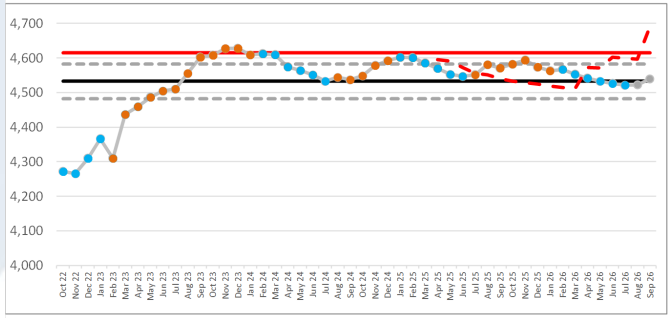
Claire Radley (People Director)

Care Colleagues Collaboration Communities

People | Core Metrics

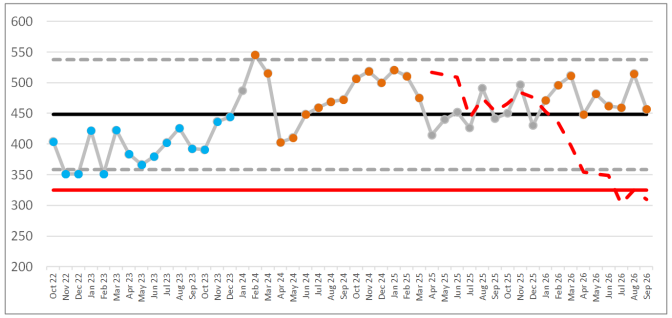
Substantive (WTE) Trust

Achieving	Common Cause	4539.80



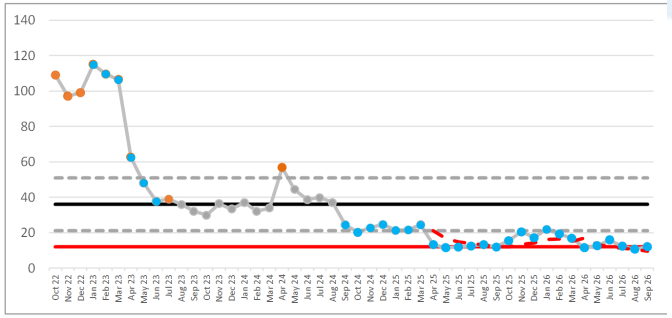
Bank (WTE) Trust

Not Met	Concern	456.79



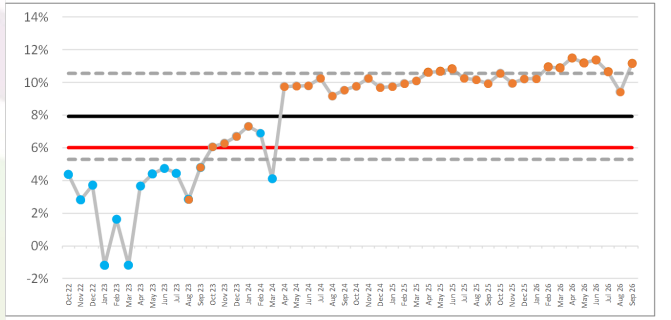
Agency (WTE) Trust

Not Met	Improvement	12.14



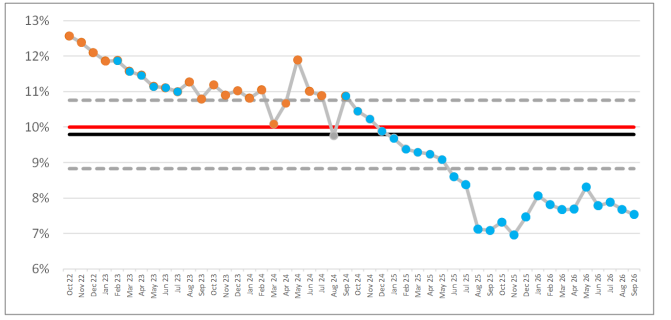
Vacancy Rate

Inconsistent	Concern	11.16%



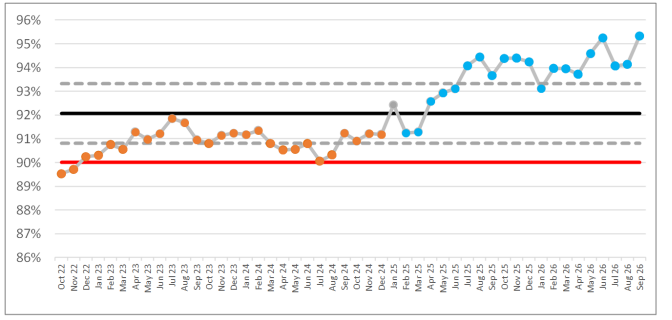
Turnover Rate (12 Months)

Inconsistent	Improvement	7.53%



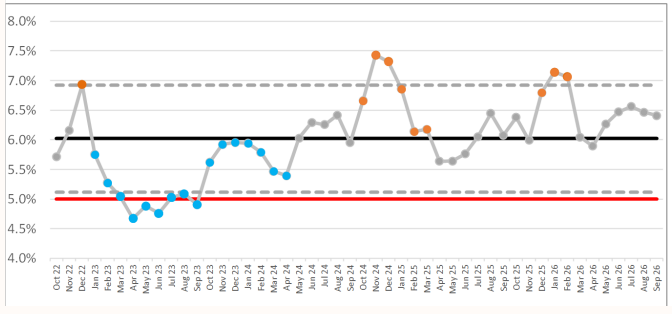
Retention Rate (12 Months)

Achieving	Improvement	95.34%



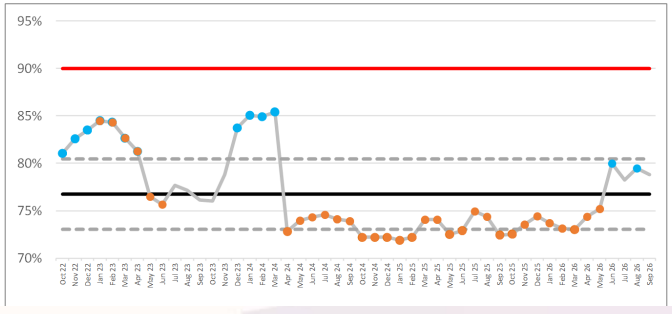
Sickness Absence (In Month)

Not Met	Common Cause	6.41%



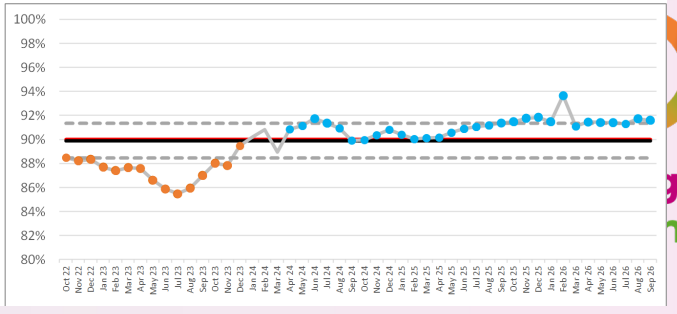
Appraisals

Not Met	Common Cause	78.80%



Statutory & Mandatory Training

Inconsistent	Improvement	91.60%



Operational Performance | Executive Summary

Authors



Demetri Wade
(Chief Operating Officer)

Urgent & Emergency Care

The Trust's performance against the 4-hour Emergency Access Standard (EAS) continued to be below our trajectory of 78.82% at 75.30% during September. Our EAS ranking reflects the pressures with a drop to 41st (from 27th) nationally and 7th (from 5th) in the region. Type 1 ED attendances were the highest recorded at 10,508 for September, with the year-to-date showing growth of 7.35% (3.6% due to the overnight closure of the UTC). Ambulance Handover within 15 minutes was 34.59% , the Trust is ranked 6th regionally. Average handover time was 26 minutes 38 seconds. The 2-week PDSA cycle focusing on front door streaming improvements has concluded, an evaluation of impact and outcomes is being undertaken before determining next steps.

Cancer Care

The Trust achieved 2 out of the 3 cancer standards in August. Latest national ranking was 13th for 28-day FDS, 31st for 31-day and 42nd for 62-day standard. The 62-day standard reduced to 77.04% against the 80% standard, delivery remains constrained by oncology capacity, alongside ongoing delays within diagnostics (imaging and histology). Oncologist is expected to commence in October. Oncology provision is currently under review across the Black Country system, with a business case in development to establish a more sustainable medium-to long-term service model for WHT.

Elective Care

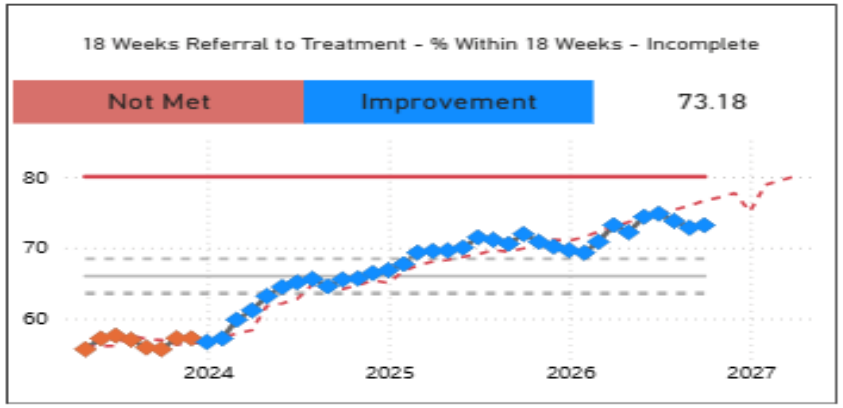
The Trust has now ranked 1st in the Midlands for Referral to Treatment performance for 23 consecutive months and is ranked 9th nationally; however, the RTT performance remains challenged with increasing demand (4% increase on clock starts) . 18weeks RTT performance was 73.18% versus the plan of 76.64%. The Patient Tracking List (PTL) size increased to 29,475 from 28,492. For 1st appointments within 18 weeks the Trust is above trajectory with performance of 79.7%. The percentage of 52-week breaches was 0.01%, placing the Trust 2nd regionally and 8th nationally.

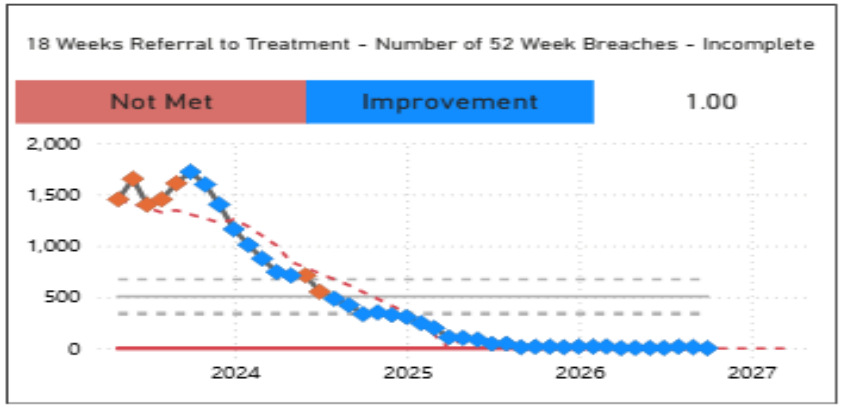
Diagnostics

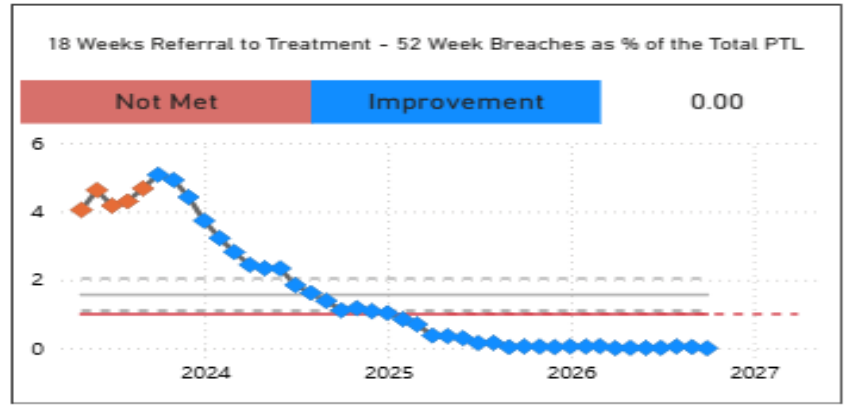
DM01 performance further improved to 88.22% during September, well ahead of the plan 69.58%. The challenged modalities are Magnetic Resonance Imaging (MRI), Audiology, and NOUS, but we are seeing good improvement with capacity increased.

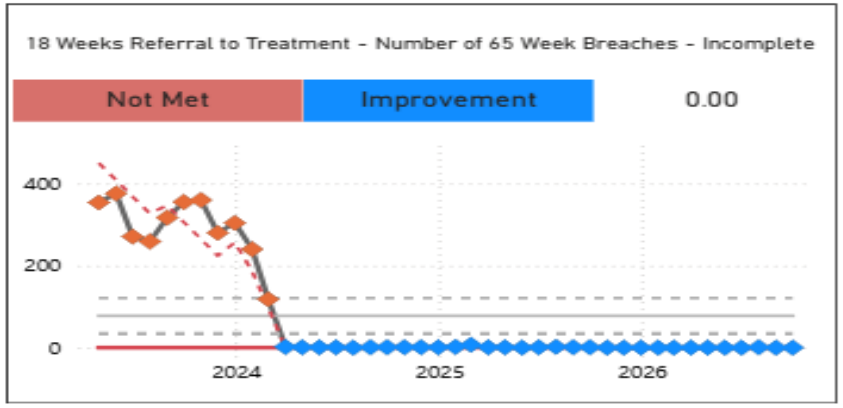
Care Colleagues
Collaboration Communities

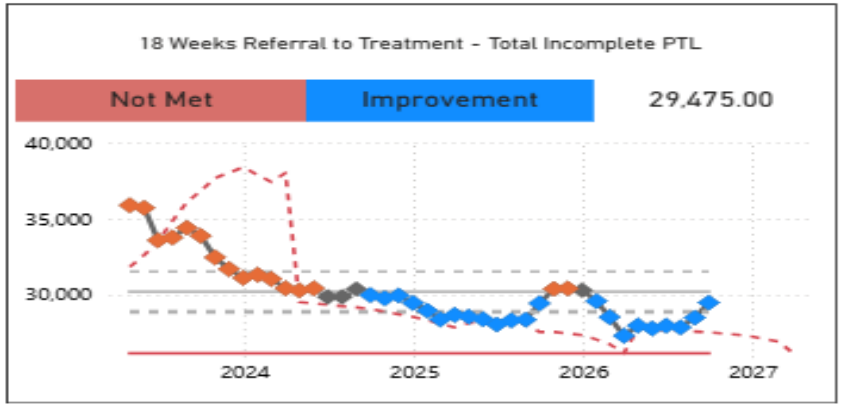
Operational Performance | Core Metrics

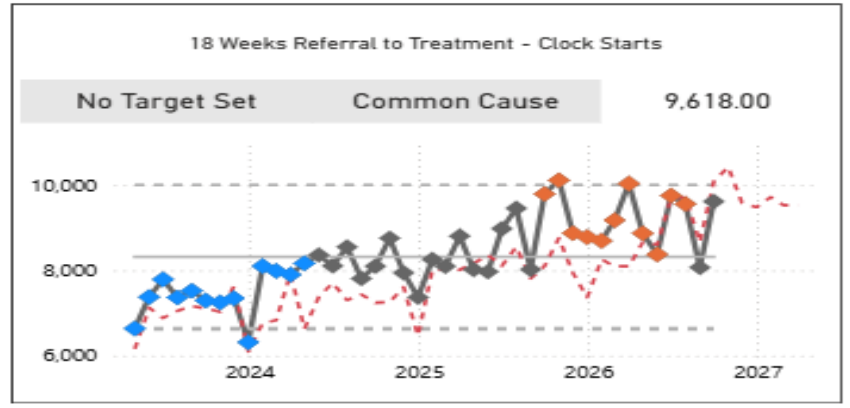


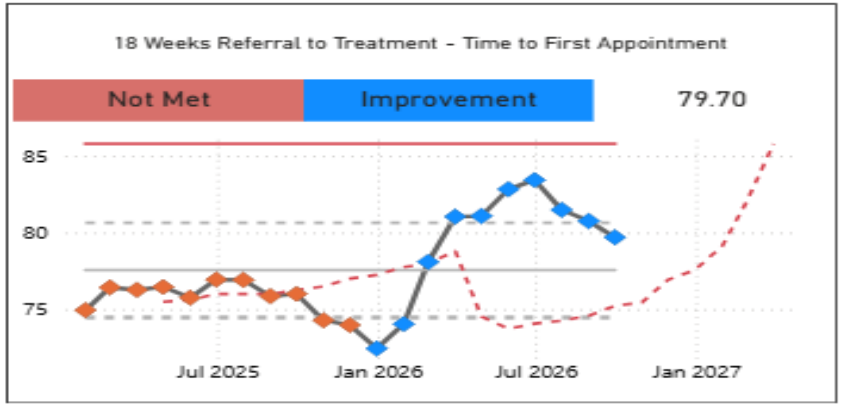


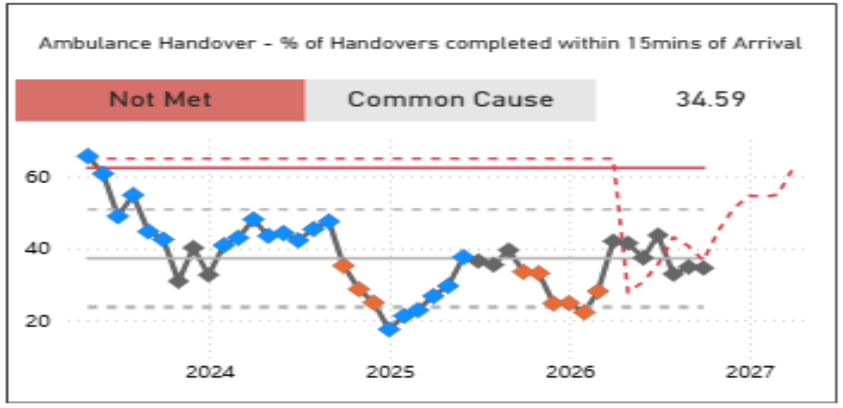


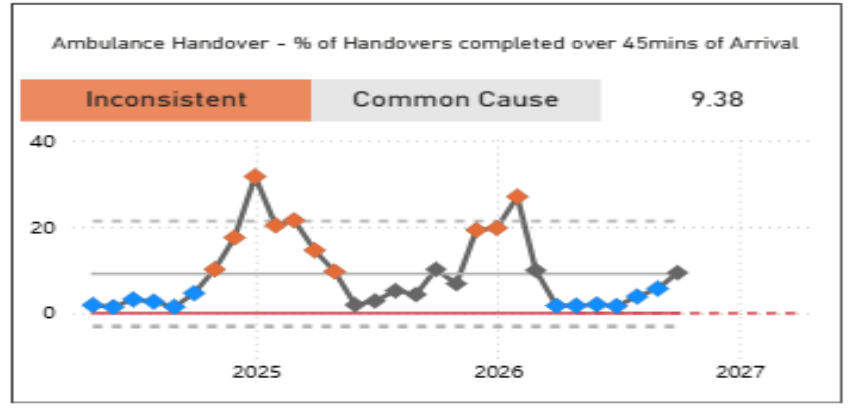




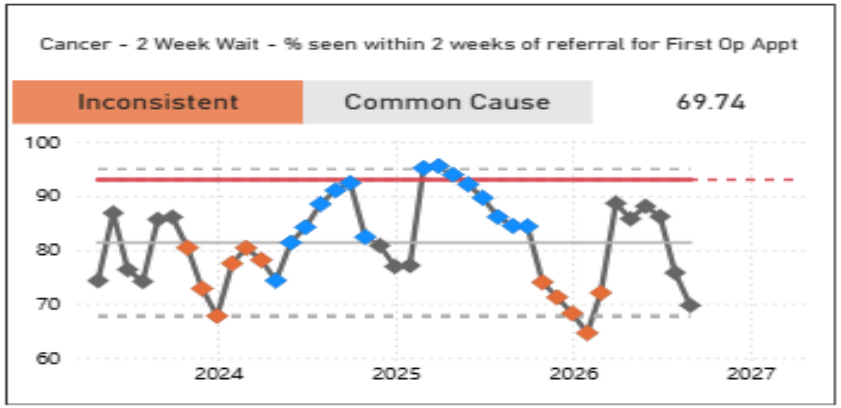


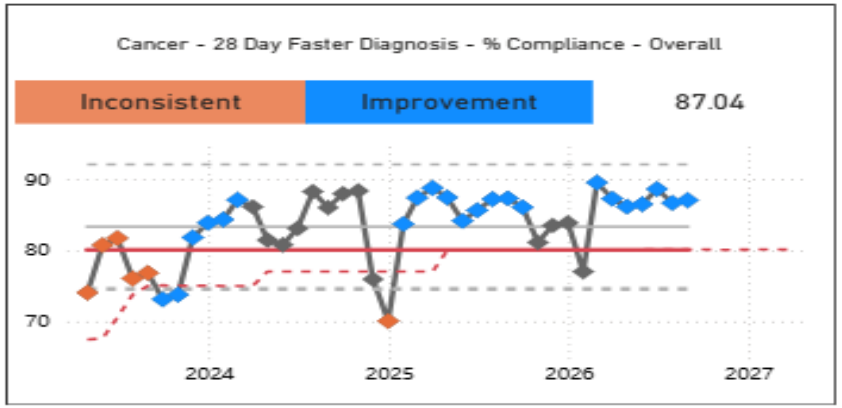


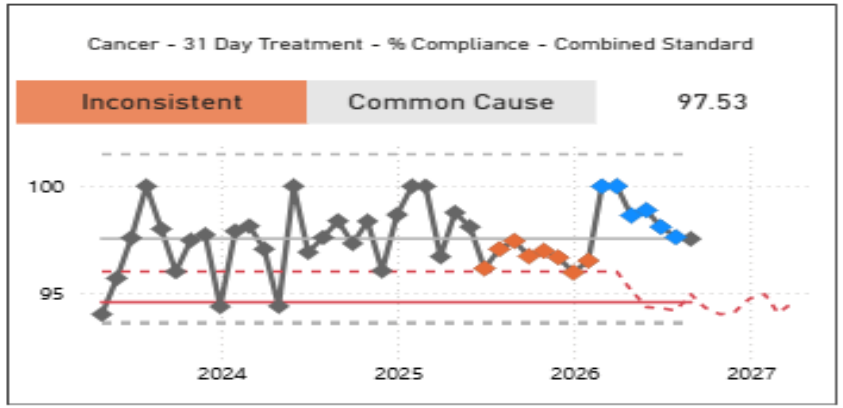


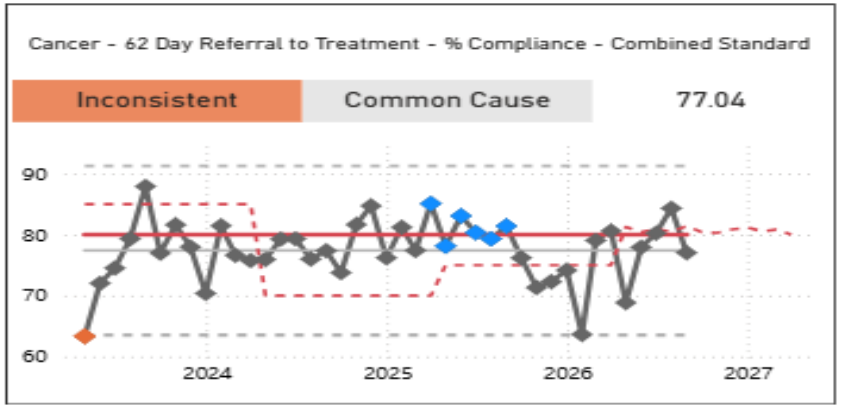


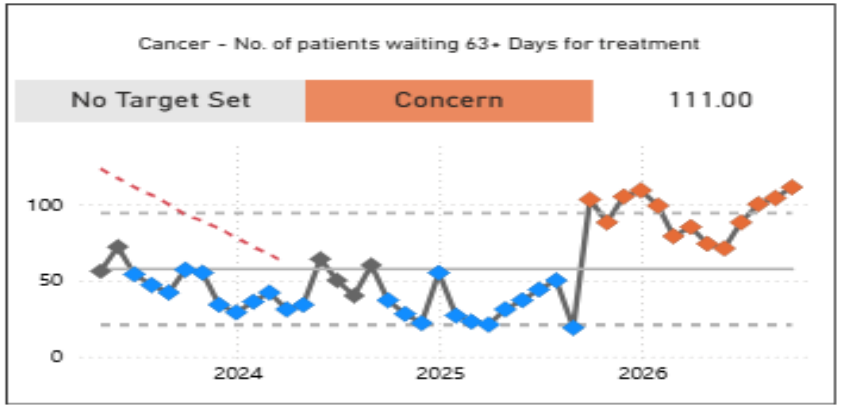
Operational Performance | Core Metrics

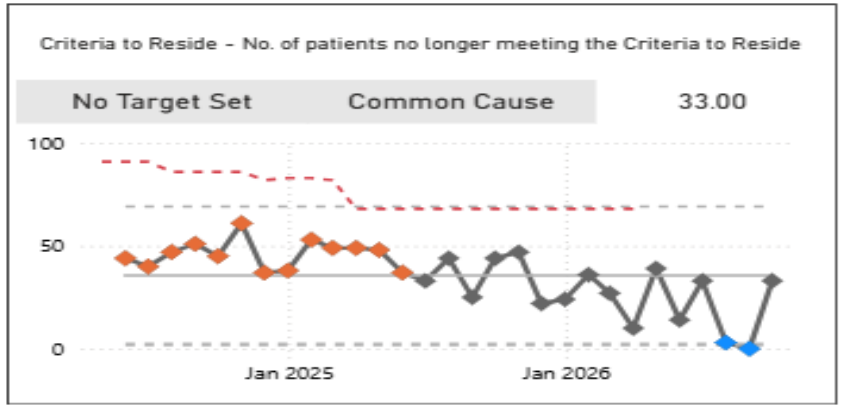


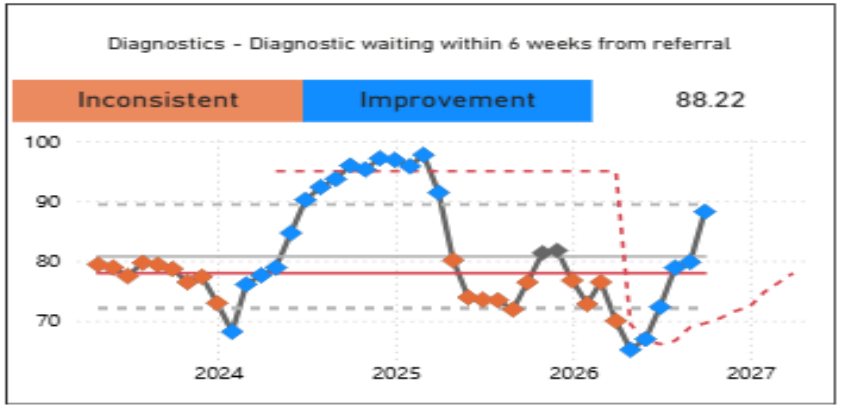


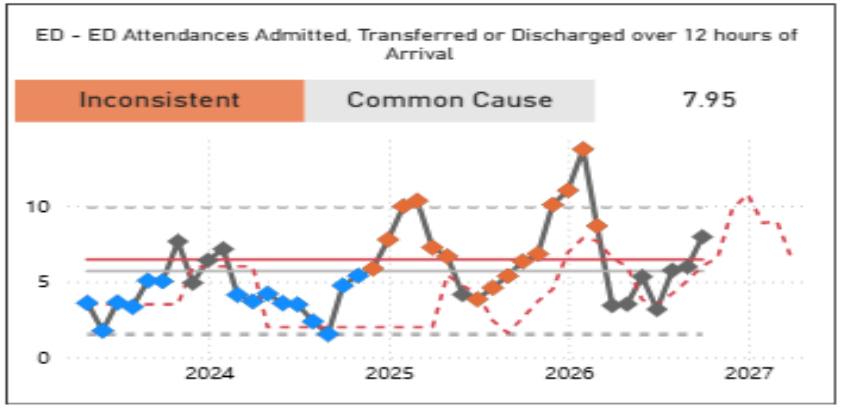


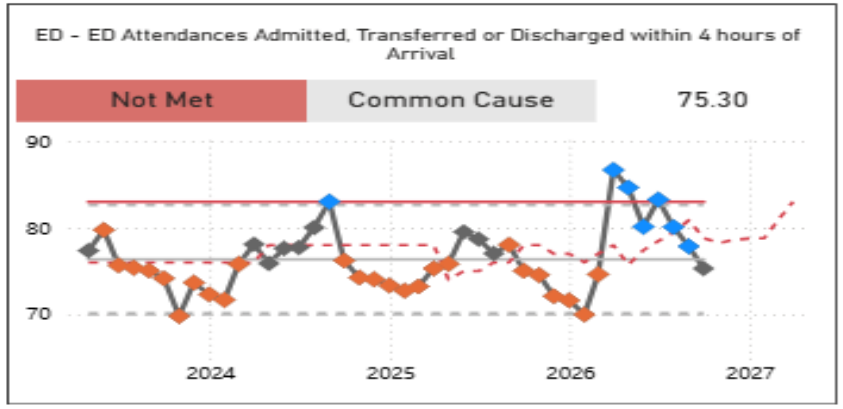




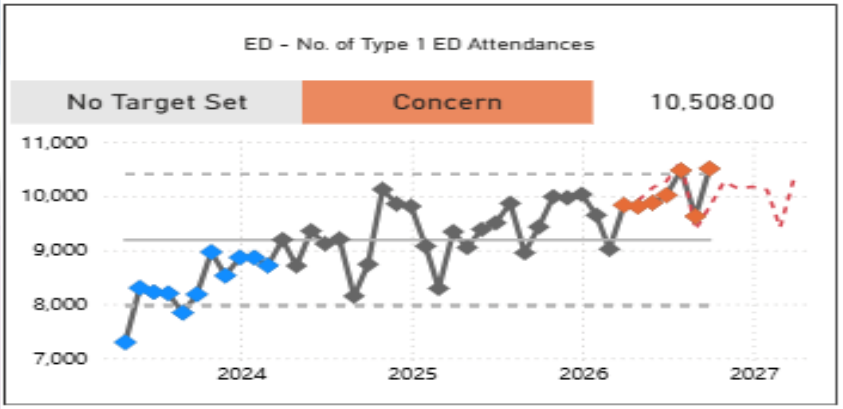


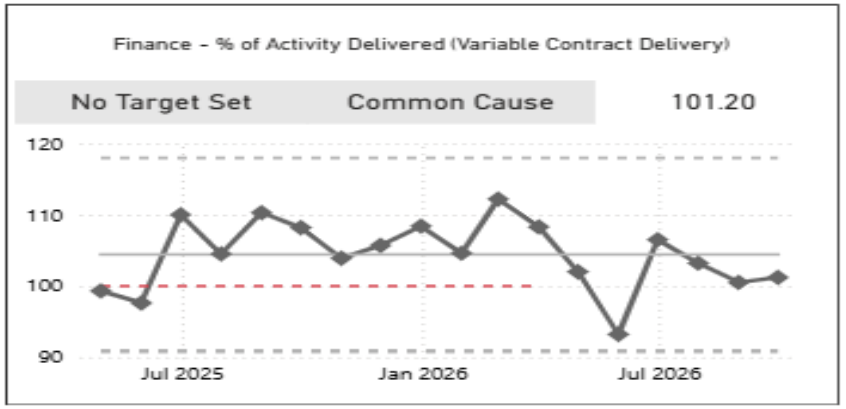


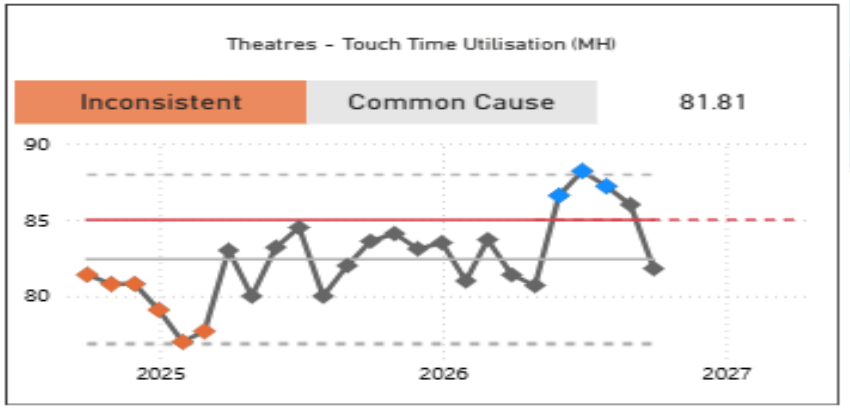


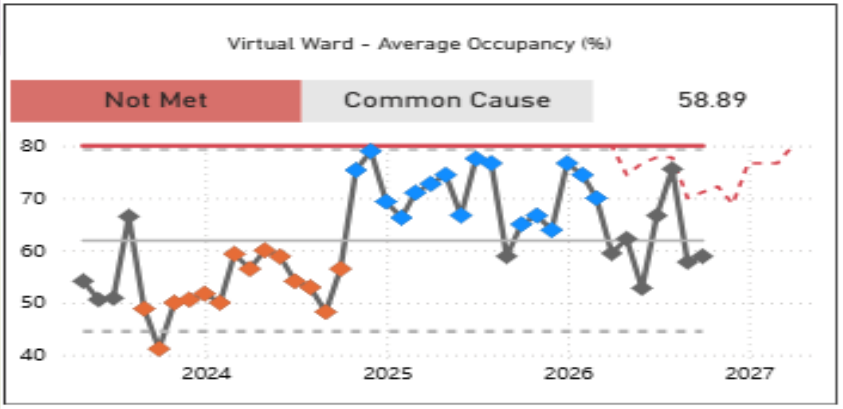


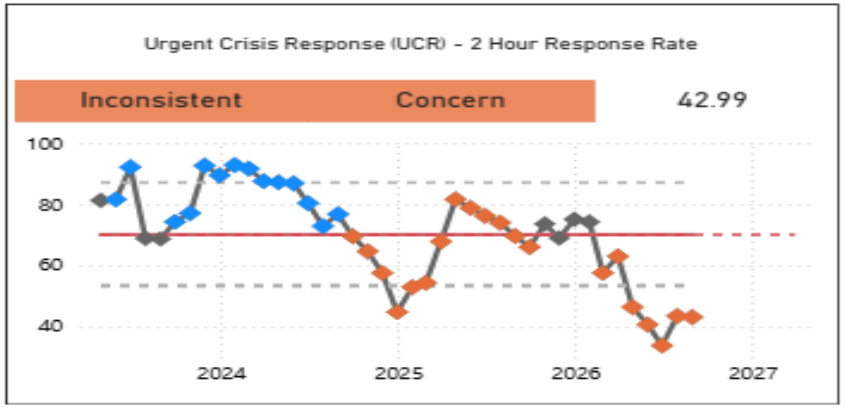
Operational Performance | Core Metrics

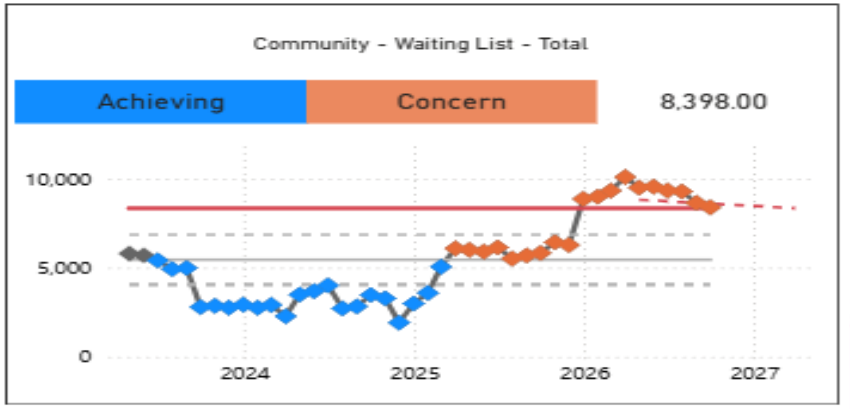


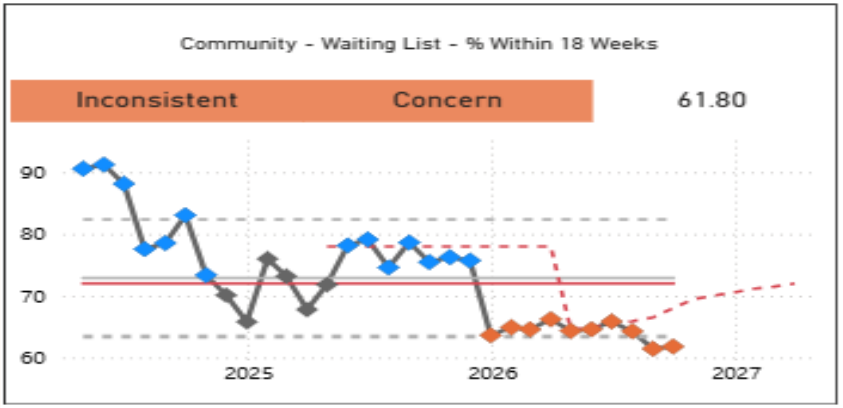






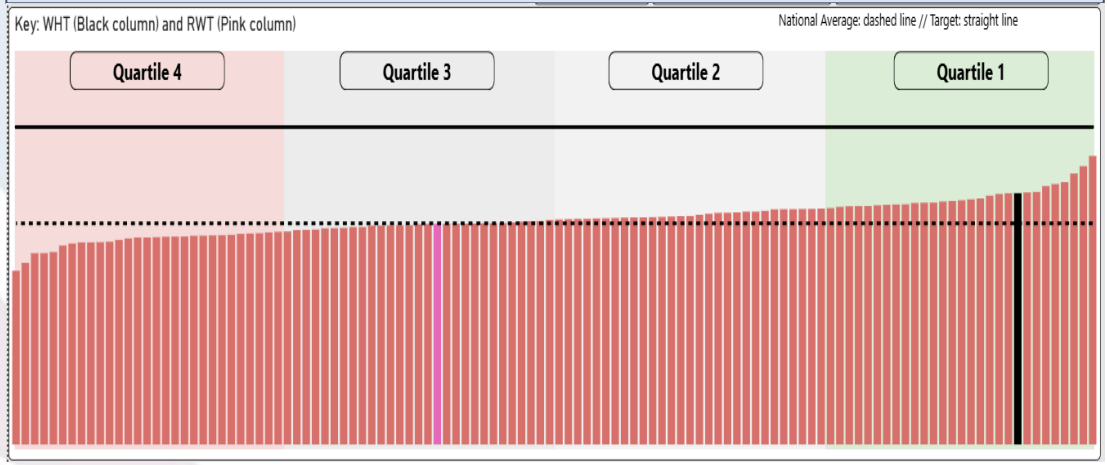




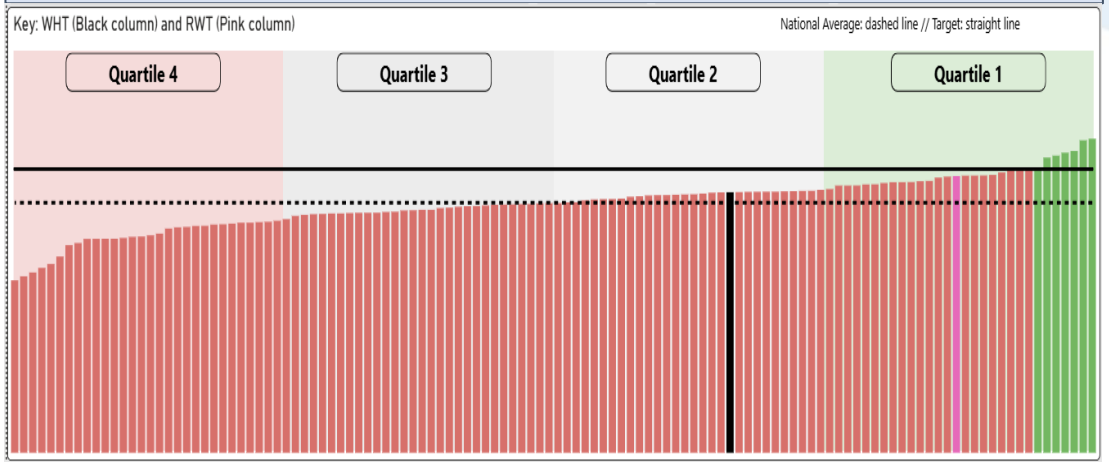


Operational Performance | Benchmarking

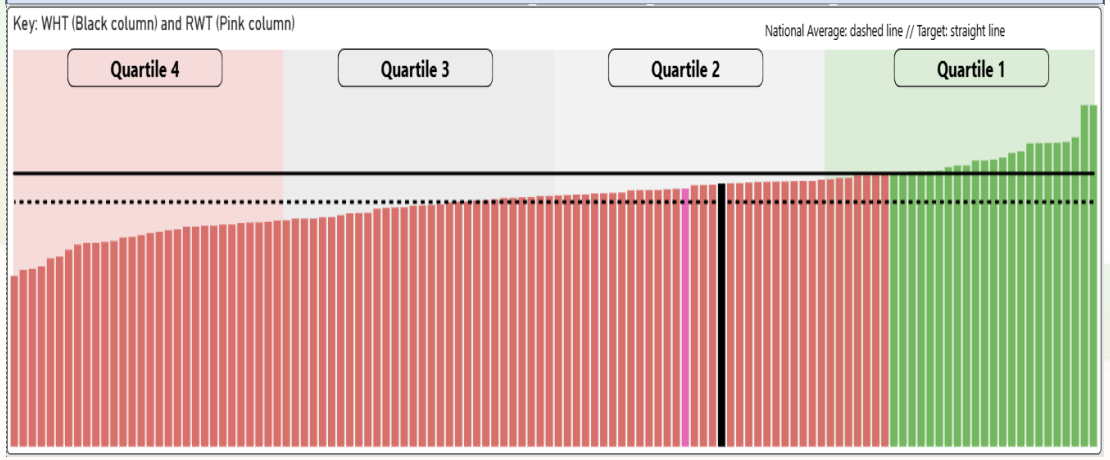
Referral to Treatment



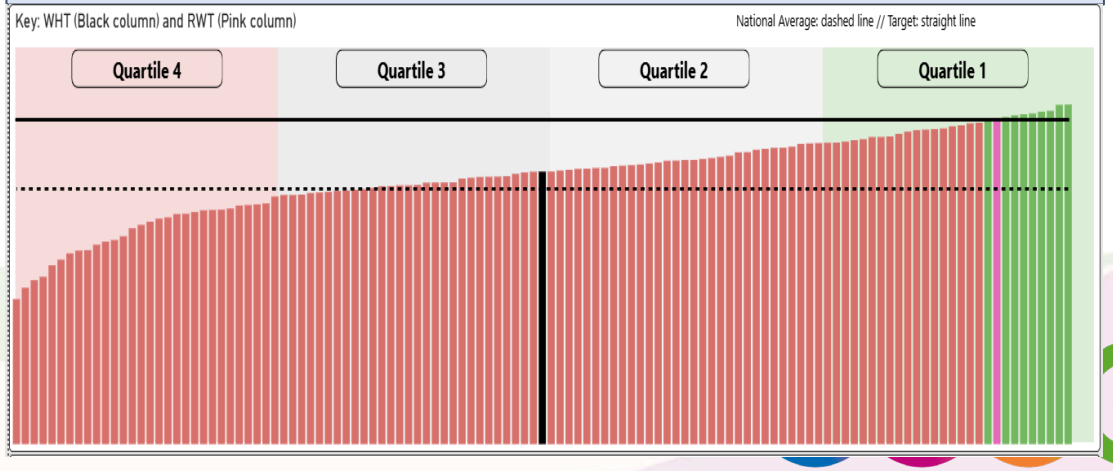
A&E 4 Hour



Cancer 62 Day



Diagnostic Waiting Times



Care Colleagues
Collaboration Communities

Finance | Executive Summary

Revenue

- The Trust was required to assume a c75% margin on growth to ensure a compliant financial plan for 26/27. This will require the growth to be achieved through productivity (e.g. patients per clinic or per list increases). This is a challenging target and will also reduce opportunity for CIP.
- As at close of Month 6 the Trust has identified opportunities and pipeline schemes to support the CIP target of £27.5m. However, a number of these schemes still require significant further work, support from commissioners with increased income or capacity to deliver. The CIP programme has a number of high-risk schemes.
- The Trust has seen Industrial Action generate a disproportionate cost pressure. The cause for this is being reviewed.

Capital

- The theatres refurbishment scheme may require further work to meet IPC requirements. This will place a further pressure on the capital programme. Work is ongoing to identify costs and this is an unknown risk at this time.

Cash

- If the position deteriorates, there is the risk of losing Deficit Support Funding

Authors



Kevin Stringer (Group Chief Finance Officer)

Care Colleagues Collaboration Communities

I&E Summary

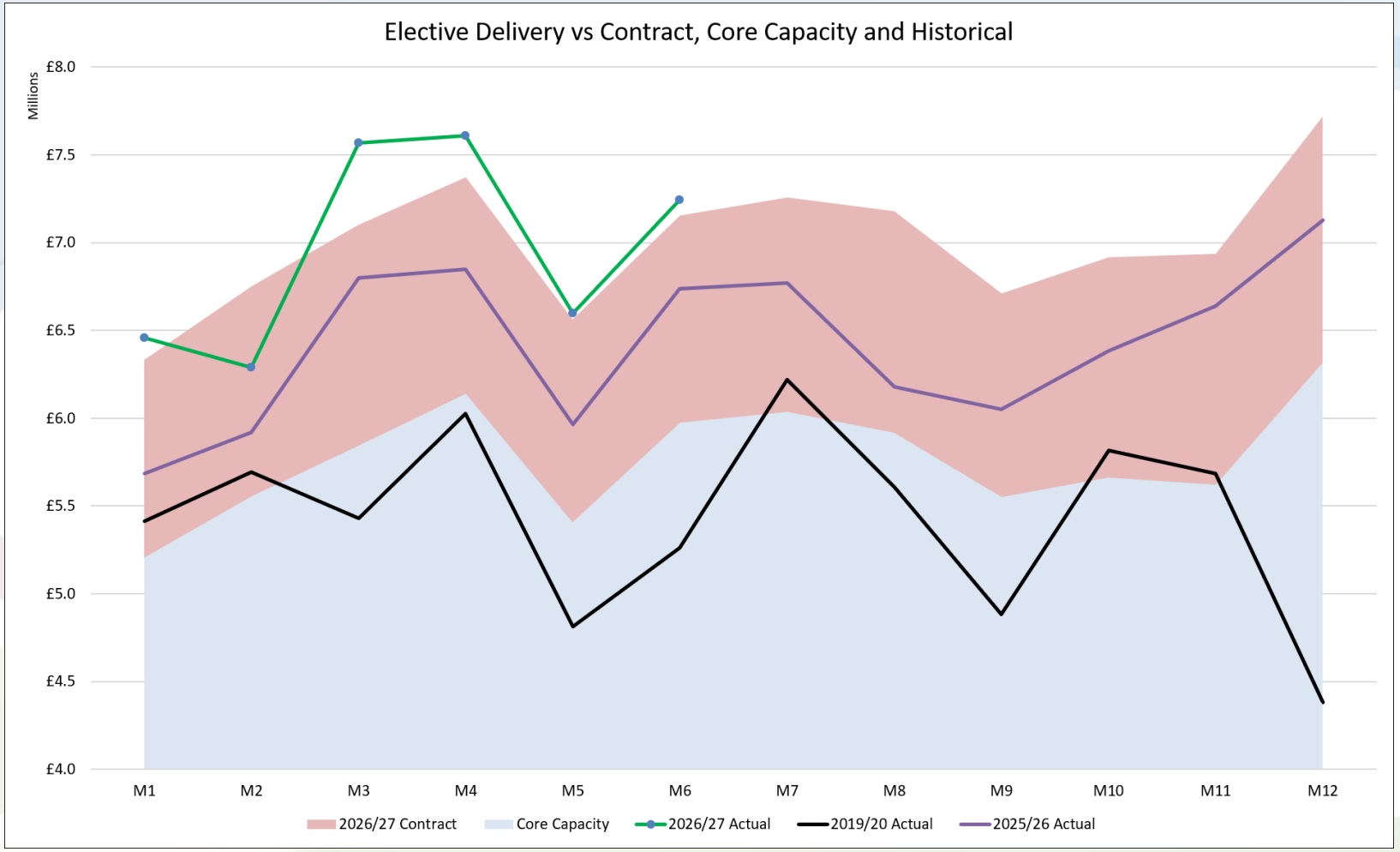
In-Month Income & Expenditure	Plan M6 £m	WHT Actual M6 £m	Surplus/ (Deficit) £m
Income	**40.1**	**41.0**	**0.9**
Expenditure			
Pay	26.4	26.8	(0.5)
Non Pay	9.7	9.9	(0.2)
Drugs	2.6	2.7	(0.1)
Other*	2.6	2.6	(0.1)
Total Expenditure	**41.3**	**42.1**	(0.8)
Net reported surplus/(Deficit)	(1.2)	(1.1)	**0.1**

Year-to-date Income & Expenditure	Plan YTD £m	WHT Actual YTD £m	Surplus/ (Deficit) £m
Income	**237.5**	**239.2**	**1.7**
Expenditure			
Pay	159.3	160.2	(0.9)
Non Pay	58.3	58.5	(0.2)
Drugs	15.2	15.1	**0.1**
Other(incl. depreciation)	15.4	15.8	(0.4)
Total Expenditure	**248.1**	**249.6**	(1.5)
Net reported surplus/(Deficit)	(10.6)	(10.4)	**0.2**

M6 Key headlines

- YTD deficit is £10.4m, slightly better than the planned deficit at £10.6m.
- Variable income is ahead of contract by £0.5m and was impacted by £0.2m IA . Blended UEC income is above contract by £4.1m driving an additional £0.8m (20%) of income.
- Education & Training income is ahead of plan, following receipt of the new years schedule, and Other income is also ahead of plan due to R&D income and recovery of P2P SLAs.
- Staffing Expenditure is overspent Year to Date, this includes the cost of Industrial Action, which was approx. £0.9m in month 1. It also includes unplanned costs for 1-1 mental health support in the ICU and under-delivery on pay CIP target of £0.4m.
- Non-Pay is overspent in outsourced services and clinical consumables offset by non-clinical spend on areas such as transport, security, and over-performance on Non-Pay CIP of £1.4m.
- Drugs spend is on plan YTD but overspent in month. This is partly offset in increased income for PbR excluded drugs.

Variable Elective Contract Performance – 2026/27 M6



Performance

- Variable contracts contain growth to deliver the required RTT step change and the significant demand growth seen in 25/26. No 26/27 organic demographic growth was agreed with commissioners, but referral growth seen allows for funded over performance subject to the usual contract terms.
- Variable activity is £0.5m above contract but would be £0.7m above contract without IA.
- While some productivity plans are delivering there are further plans to deliver later in the year.

WHT: CIP Performance Overview

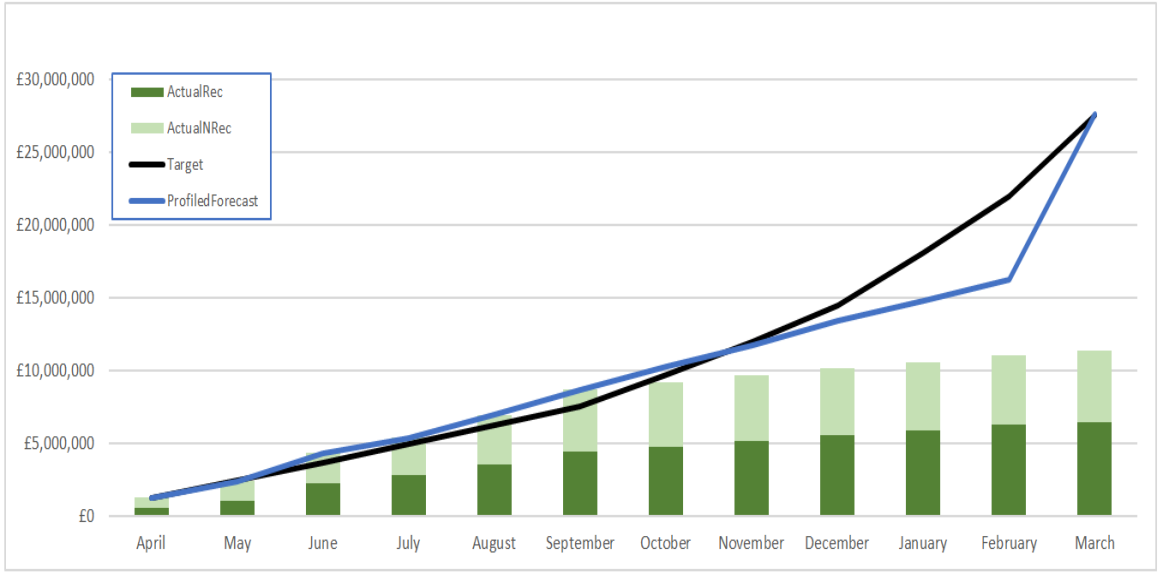
Programme Dashboard **Period:** 6

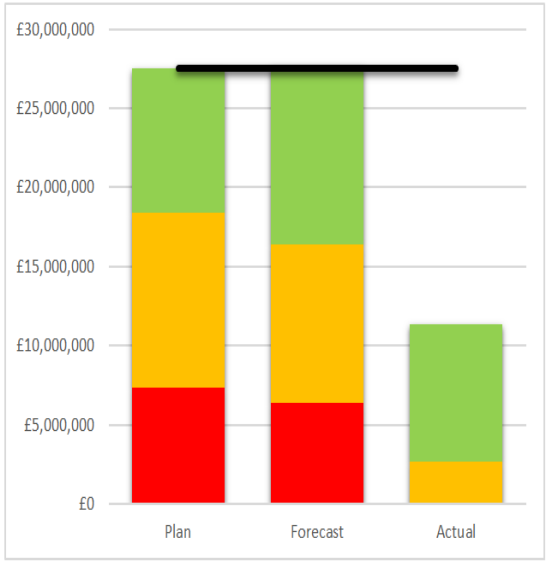
Current Position (Annual)			
	Plan	Forecast	Actual
Target		**£27,517,003**	
Recurrent	£20,144,731	£19,001,732	£6,465,162
NonRecurrent	£7,337,343	£8,630,560	£4,874,842
Subtotal	**£27,482,074**	**£27,632,293**	**£11,340,004**
Variance	**(£34,929)**	**£115,290**	**(£16,176,999)**
	99.9%	*100.4%*	*41.2%*

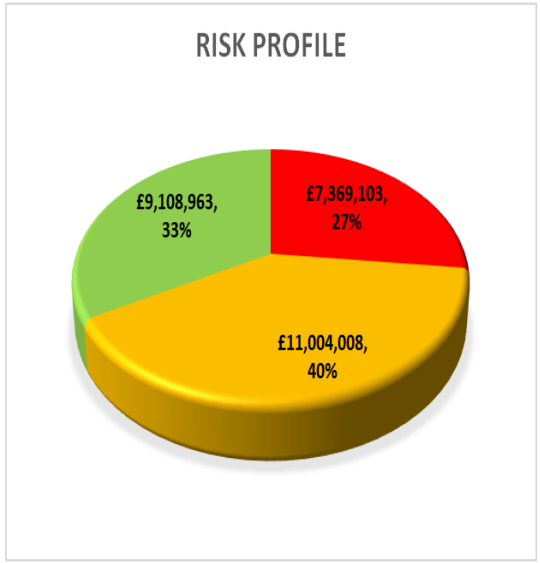
Current Position (YTD)			
	Plan	Forecast	Actual
Target		**£7,539,998**	
Recurrent		£4,386,028	£4,386,028
NonRecurrent		£4,306,634	£4,306,634
Subtotal		**£8,692,662**	**£8,692,662**
Variance		**£1,152,664**	**£1,152,664**
	112.5%	*115.3%*	*115.3%*

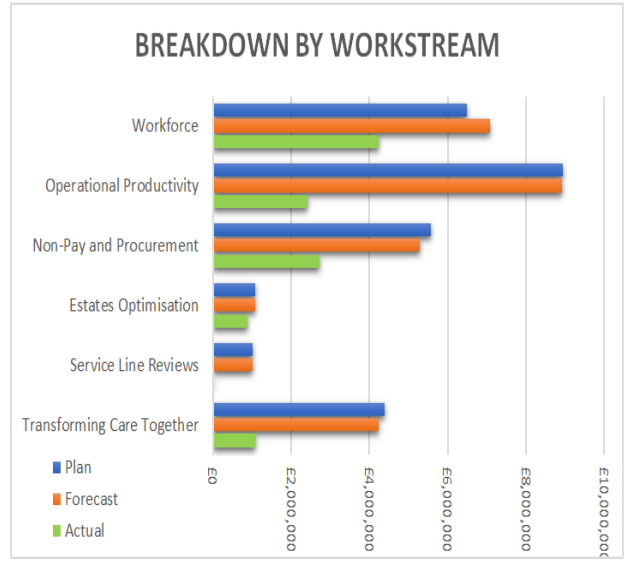
Current Position (InMonth)			
	Plan	Forecast	Actual
Target		**£1,280,168**	
Recurrent		£882,439	£882,439
NonRecurrent		£879,737	£879,737
Subtotal		**£1,762,176**	**£1,762,176**
Variance		**£482,008**	**£482,008**
	124.9%	*137.7%*	*137.7%*











Productivity

Procedures
Performance in outpatient procedures (the proportion of first and follow-up attendances attracting a procedure tariff) and theatre utilisation continues to be strong, demonstrating effective use of clinical capacity. Day-case & outpatients procedures % remain second highest quartile, whilst the average number of cases per equivalent four-hour elective session has slipped into the lowest quartile.

Outpatients
Outpatient services present clear opportunities for improvement. PIFU benchmarks in quartile 3 (2nd highest) and has remained constant with opportunities for further adoption. DNA rates has improved into quartile 3 for bench marking, and Specialist Advice usage has improved into quartile 3 (2nd highest).

Workforce Productivity and Sustainability
Workforce Productivity Growth estimate is ranked in quartile 3 (2nd highest), supported by non-elective activity per clinical WTE and high emergency consultant utilisation (both highest quartile).
In contrast, both elective activity per WTE and outpatient attendances per consultant remain in lower quartile two.
Temporary staffing expenditure continues to exceed national benchmarks, and sickness absence remains above the Trust target benchmarking in the worst quartile.

Metrics and thresholds on the internal productivity dashboard (following slides) are currently under review.

Care Colleagues
Collaboration Communities

Productivity Dashboard

WHT Productivity Dashboard

Ref no.	Theme and KPI	Definition	Target			2026/27											
			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%												
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	3.00	3.20	2.80	2.80	3.40	3.00						
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 & 1 day lengths of stay) admitted	Model Health System	N/A	N/A	7.60	7.90	7.50	7.80	7.50	7.90						
4	Bed Occupancy	Number of occupied beds divided by total number of available beds	National planning	annual	95.00%	94.06%	92.50%	92.63%	94.01%	93.85%	95.78%						
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%	18.68%	19.46%	20.81%	16.31%	14.24%	20.11%						
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%	80.70%	86.60%	88.20%	87.20%	86.00%	81.81%						
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	1.90	1.90	1.63						
8	% of theatre sessions utilised	Total number of theatre sessions utilised divided by total number of sessions funded	Internal		93%	91.34%	90.43%	96.23%	91.96%	95.46%	96.09%						
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%	79.15%	79.86%	80.37%	80.63%	80.35%	79.02%						
11	DNA Rate	Number of outpatient missed outpatient appointments divded by total outpatient appointments	Careflow	Trust Internal	8.00%	8.33%	8.25%	8.21%	8.31%	8.00%	7.51%						
12	PIFU Utilisation Rate	The number of episodes moved or discharged to a PIFU pathway divded by total outpatient activity.	National planning	annual	6.00%	5.47%	5.19%	5.81%	5.37%	5.36%	5.57%						
13	Specialist Advice Utilisation Rate	Number of processed specialist advice requests (pre or post referral) divded by total number of outpatient first attendances	National planning	NHSE	13.00%	11.67%	10.39%	11.16%	11.95%	12.26%	11.38%						
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	1,342	0	2,481	1,164	1,154	1,811						
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	£1,762	£1,767	£1,734	£1,782	£1,734	£1,734						
16	Additional income delivered through coding and counting changes	Additional income delivered through coding and counting changes		Trust Internal	tbc	£0 k	£0 k	£368 k	£0 k	£71 k	£176 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	3	3	0	0	0	0						

Productivity Dashboard

WHT Productivity Dashboard

Ref no.	Theme and KPI	Definition	Target			2026/27											
			Source	Baseline	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Non Pay																	
19	Procurement CIP	Value of procurement cost improvement savings delivered		Trust Internal	tbc	£237 k	£196 k	£202 k	£12 k	£5 k	£5 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	3.50	3.45	3.56	3.64	3.41	3.36						
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	1.69	1.63	1.88	1.95	1.72	1.73						
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	148.55	141.90	167.47	167.17	137.12	168.23						
23	A&E attendances (Type 1 & 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	508.89	494.94	502.55	595.83	496.45	528.69						
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	0.54	0.57	0.56	0.58	0.58	0.56						
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%	10.57%	11.41%	9.63%	10.20%	12.41%	10.93%						
26	Sickness Absence Rate	A percentage of overall staff who are absent because of sickness	Trust	Internal	5%	5.89%	6.30%	6.47%	6.56%	6.47%	6.41%						
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%	7.69%	8.30%	7.79%	7.88%	7.68%	7.53%						
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	4.70	4.70	4.80	4.70	4.70	4.70						
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	£1.65	£1.64	£1.59	£1.68	£1.69	£1.69						

ENC 10.3

Integrated Performance Report

The Royal Wolverhampton NHS Trust

September 2026 (Month 6)

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

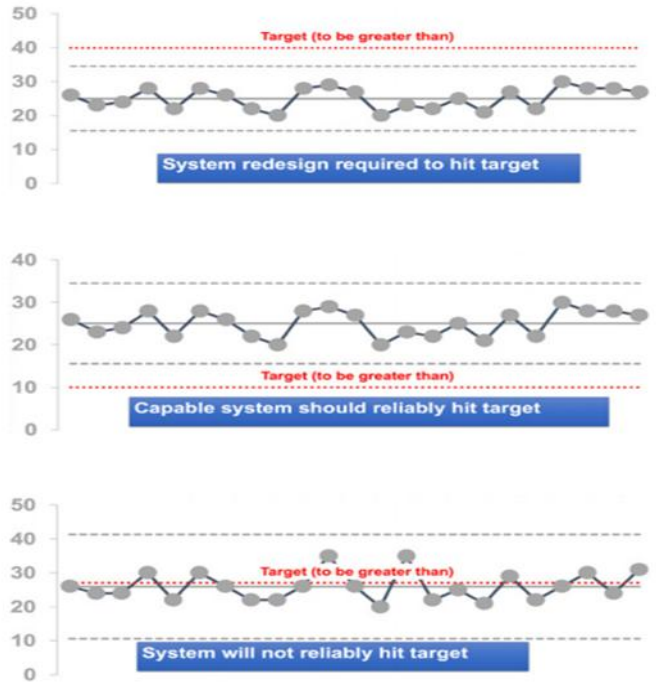
Care Colleagues
Collaboration Communities

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 CQC undertook and unannounced visit to the Emergency Department at New Cross Hospital on Tuesday 22nd and Wednesday 23rd September 26. This was a follow up visit to the inspection undertaken in November 25. No immediate concerns in the department were raised, although we were asked (as is usual CQC practice) so submit information post their visit. We currently await the draft report and findings – these will be reported in full in conjunction with the CQC.

- The Trust reported a never event in Ophthalmology (in October 26). This is the 3rd event in the current financial year. Findings of this and the other never events are subject to PSIRF investigations. The Trust is in active discussion with the ICB to help reduce the pressure on the Ophthalmology Department by the design of alternative pathways for patients with Glaucoma. A decision is expected to be reported to the next Trust Board in January 27.

- Discussions with West Midlands Fire Service Continue in relation to the sign off on the Fire Risk Assessment (FRA) for Block 32 Maternity. Works to the high-risk areas in neonates and delivery have commenced. This work will be completed in phases so as to minimise disruption to the units, whilst ensuring fire works are completed in a timely fashion. Further updates on Fire safety and development of a new Maternity suite will be provided in public in due course.

- As Autumn progresses the Trust is encouraging all staff to have their flu jabs, progress is steady rather than spectacular. There are weekly tactical meetings with senior leaders to focus on the area's and the with staff groups where take up is lower than expected.

- Pleased to report that more people have submitted to the staff survey than at this time last year, again, there are weekly meetings and walkabouts to encourage all staff, substantive and bank to have their say and feedback. Current response rate is 38%, which is above the NHS National Tracking rate and 8% higher than last year.

- I can provide re-assurance that the Trust is currently reviewing and checking Cyber action plans, particularly in light of recent attacks across Europe in relation to fridges.

Authors



Gwen Nuttall (Managing Director)

Care Colleagues Collaboration Communities

Managing Director Summary

- The Trust made its submission against the national core standards for Emergency Preparedness, Resilience and Response (EPRR) in August 26. These have been reviewed by NHS England and the ICB and the current status is that of substantial achievement - which matches the Trust own assessment rating.
- Winter planning actions have commenced, with plans for additional beds underway, an update to be provided to the committee. Other winter plans are reported to the previous Board are also in train, with additional five beds in paediatrics already opened (funded).
- Performance against metrics for elective waiting times continue to improve, which is clearly good news for patients and waiting times overall reduce, significantly the number of patients waiting over 52 weeks.
- There is a potential risk to elective services with the planned consultant industrial action on 25th/26th November 26. Services are required to run at a Christmas day level and this will be achieved, however, staff do not have to inform the Trust if they will be working and this means planning elective services needs to be sensitive to that. An update will be presented to the Trust Board meeting (likely in private) on the potential impact.
- Achievement of financial performance is a risk and a challenge. The Financial Recovery Plan, which will be discussed in detail in other sections, however, all teams are focussed on ensuring that activity is achieved as planned (see above re: Industrial Action risk), staffing levels are maintained within budget and productivity and cost avoidance measures are implemented as required.

Some good news - the Elective Orthopaedic team at Cannock were awarded the Group CEO and Chair prize at the recent staff recognition evening and the Interim Deputy COO for Div 3 presented on a national winter webinar with RWT being an exemplar site for implementation/ management of a virtual ward and digital care.

Authors



Gwen Nuttall (Managing Director)

Care Colleagues Collaboration Communities

National Oversight Framework

The new oversight framework for 2026/27 has now been published with detailed scoring overleaf. As forecast, our average scoring has not changed (2.50 compared to 2.47 in Quarter 4), however, our league position has improved to 81st (from 90th in Quarter 4 of 2025/26). The Trust remains in Segment 3 which is likely to be the case for the remainder of the financial year owing to the financial override continuing from last year.

There are now 33 indicators, an increase of 11 from the 22 indicators from last year. It is worth noting around a third of these measures are either annual or based on a rolling 12-month period which gives us less ability to change them in the short term.

As the scoring overleaf shows, the Trust has the strongest performance within the effectiveness and population health segment where most of the indicators are new. Despite the improvements made in access performance in Quarter 1 of this year, the Trust remains in Segment 3 – primarily because our RTT performance is still below the national average and our community waiting time performance is now included which is comparatively low. Our people related metrics score lowest whether that be metrics associated with staff survey results or operational metrics such as sickness absence.

Whilst the financial override prevents us from being able to move to a higher segment, our greatest opportunity to improve our segment score in the short term comes from our access performance (community, RTT and cancer specifically), sickness rate and clinical trial performance. An improvement in our staff survey results would also have a material impact, however, won't be seen until Quarter 3/4. The achievement of our financial plan will be critical to ensuring our segmentation does not reduce.

Care Colleagues
Collaboration Communities

National Oversight Framework Dashboard

				Published			Internal	Internal
				Q1 2026/27				
			Average Score	2.5				
			Overall Segment	3				
			Financial Deficit	Yes				
			Capability Rating	Amber / Green				
			Provider Rank	81 / 134				
Domain	**Domain (Sub)**	**Metric**	**Data Period**	**Value**	**Score**	**Rank**	**Aug-26**	**Sep-26**
Access to Services	Elective Care	% of cases where a patient is waiting 18 weeks or less for elective treatment	Quarterly - Latest Month in the Period	62.04%	3.30	99	63.92%	64.68%
	Elective Care	% of cases where a patient is waiting more than 52 weeks for elective treatment	Quarterly - Latest Month in the Period	1.69%	3.40	92	1.49%	1.15%
	Diagnostics	% of diagnostic referrals waiting over 6 weeks	Quarterly - Latest Month in the Period	4.77%	1.44	20	4.77%	4.90%
	Urgent Care	% of emergency department attendances admitted, transferred or discharged within four hours	Quarterly - Aggregated Quarterly Position	80.50%	2.13	26	79.70%	79.80%
	Urgent Care	% of emergency department attendances spending over 12 hours in the department	Quarterly - Aggregated Monthly Figures	11.32%	2.86	76	13.39%	12.87%
	Cancer Care	% of patients treated for cancer within 62 days of referral	Quarterly - Aggregated Quarterly Position	72.61%	2.55	47	73.99%	
	Elective Care	% of patients waiting less than 18 weeks for community care	Quarterly - Latest Month in the Period	45.76%	3.48	69	44.40%	44.56%
	Elective Care	% of patients waiting over 52 weeks for community services	Quarterly - Latest Month in the Period	11.75%	3.45	64	12.88%	12.68%
	Cancer Care	% of patients with cancer diagnosed or ruled out within 28 days of an urgent referral	Quarterly - Aggregated Quarterly Position	81.45%	1.00	35	80.15%	
Access to Services Domain Score			***Average Score***	***2.62***				
			Quartile	***3***				
Patient Safety	High Quality Care	Breadth and depth of clinical audit outliers Score	Quarterly - Using latest available data for each audit		1.00			
	Safe Culture	NHS Staff survey – raising concerns sub-score	Annual	6.04	3.55	114		
	Safe Outcomes	Number of MRSA bacteraemia cases	12 Month Rolling	4	2.93		7	7
	Safe Outcomes	Rate of C-Difficile infections	12 Month Rolling		2.00		100.00	93.83
	Safe Outcomes	Rate of E-Coli infections	12 Month Rolling		3.00		274.77	276.64
Patient Safety Domain Score			***Average Score***	***2.40***				
			Quartile	***3***				
Finance, Productivity and Innovation	Finance	Combined finance score	Quarterly		2.00			
	Innovation	Data Quality Maturity Index Score	Quarterly - Latest Monthly Position	89.90	3.33	106		
	Innovation	% of clinical trials set up within 90 days	Quarterly	44.44%	4.00	74		
	Finance	Planned surplus/deficit	Annual	-1.65%	3.00	81	-728	-17
	Productivity	Relative difference in costs	Annual	99.25%	1.00	59		
	Finance	Variance year-to-date to financial plan	Quarterly	0.00%	1.00	52	-8,585	-8,602
Finance, Productivity and Innovation Domain Score			***Average Score***	***2.58***				
			Quartile	***3***				
People	People and Culture	Healthcare Worker Flu Vaccination Rate	Quarterly	38.20%	3.63	121		
	People and Culture	NHS staff standards score	Annual	7.38	3.46	110		
	People and Culture	NHS Staff survey engagement theme sub-score	Annual	6.40	3.75	123		
	People and Culture	National Education and Training Survery satisfaction rate	Annual	75.65%	3.06	76		
	People and Culture	Sickness absence rate	Quarterly – Aggregated Monthly Figures	5.62%	2.63	85		
	Workforce	Temporary staffing agency	Quarterly		1.00			
	Workforce	Temporary staffing bank	Quarterly		1.00			
	Workforce	Temporary staffing cost relative band score	Quarterly		1.00			
People Domain Score			***Average Score***	***2.92***				
			Quartile	***4***				
Experience of Care	Experience	CQC inpatient survey satisfaction rate	Annual		2.00			
	Experience	NHS staff survey advocacy rate score	Annual	6.18	3.30	103		
	Patient Flow	% of intermediate care beds occupied by patients without criteria to reside	Quarterly - Average of the Quarter	13.20%	1.68	9	22.6%	13.2%
Experience of Care Domain Score			***Average Score***	***2.33***				
			Quartile	***2***				
Effectiveness of Care and Population Health	Outcomes	Delayed inductions rate	Quarterly - Aggregate Sitreps	13.10	1.58	24		
	Preventing Ill Health	% of acute inpatients making a supported quit attempt with an in-house tobacco dependence treatment service	Quarterly - Rolling 12 month period	30.17%	2.14	55		
	Effective Discharge	% of patients readmitted within 30 days of discharge – comparative band	Annual		1.00			
	Outcomes	Summary Hospital-level Mortality Indicator	12 Month Rolling		2.00		0.9418	0.935
Effectiveness of Care and Population Health Domain Score			***Average Score***	***1.68***				
			Quartile	***1***				

	Green
	Amber/Green
	Amber/Red
	Red

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	2.10	3.44	Sep-26	-	Common Cause	Achieving
Pressure ulcers per 1,000 occupied bed days	1.50	1.75	1.88	Sep-26	1.26	Concern	Inconsistent
Community acquired pressure ulcers per 10,000 population	0.90	0.98	0.98	Sep-26	-	Concern	Inconsistent
Observations on time (Trust wide)	90.00%	88.67%	88.08%	Sep-26	-	Common Cause	Not Met
VTE risk assessment - % within 14 hours	95.00%	83.20%	85.17%	Sep-26	-	Concern	Not Met
Sepsis screening - ED	90.00%	90.00%	94.00%	Sep-26	-	Concern	Achieving
Sepsis screening - Inpatients	90.00%	90.70%	87.60%	Sep-26	-	Improvement	Inconsistent
Clostridioides difficile	-	5	5	Sep-26	5	Common Cause	No Target Set
MRSA Bacteraemia	0	1	0	Sep-26	-	Common Cause	Inconsistent
Number of complaints as a % of admissions	0.50%	0.62%	0.69%	Sep-26	-	Concern	Inconsistent
FFT recommendation rates - Trust wide	92.00%	90.00%	84.00%	Sep-26	92.00%	Common Cause	Not Met
Care hours per patient - total nursing & midwifery staff actual	7.6	7.7	7.7	Sep-26	7.7	Common Cause	No Target Set
Care hours per patient - registered nursing & midwifery staff actual	4.5	5.0	5.0	Sep-26	-		No Target Set
SHMI	1.00	0.94	0.94	Sep-26	-		No Target Set
Never events	0	0	0	Sep-26	-	Common Cause	Inconsistent

Workforce Performance	Target / Limit	Latest Time Period	Current Month	Previous Month	Period Year (Same Period)	Variation	Assurance
Substantive (WTE) Trust	10027.42	Sep-26	10206.77	10167.25	10102.80	Concern	Not Met
Bank (WTE) Trust	519.98	Sep-26	616.43	644.17	576.61	Common Cause	Inconsistent
Agency (WTE) Trust	17.92	Sep-26	33.30	30.55	38.65	Common Cause	Inconsistent
Vacancy Rate	6.00%	Sep-26	5.97%	6.08%	5.65%	Concern	Inconsistent
Turnover Rate (12 Months)	10.00%	Sep-26	7.91%	7.48%	8.77%	Improvement	Achieving
Retention Rate (12 Months)	90.00%	Sep-26	91.79%	91.83%	91.42%	Improvement	Inconsistent
Sickness Absence (In Month)	5.00%	Aug-26	5.40%	5.36%	5.54%	Common Cause	Inconsistent
Appraisals	90.00%	Sep-26	78.05%	78.57%	81.57%	Concern	Not Met
Statutory & Mandatory Training	90.00%	Sep-26	93.45%	93.50%	94.70%	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	69.60%	63.92%	64.68%	Sep-26	82.13%	Improvement	Not Met
18 Weeks RTT - 52 wk breaches as a % of PTL	0.99%	1.49%	1.15%	Sep-26	0.00%	Improvement	Not Met
18 Weeks RTT - Total Incomplete PTL	61077	71216	71509	Sep-26	39142	Improvement	Not Met
Cancer - 28 Day Faster Diagnosis	80.00%	80.01%	80.29%	Aug-26	-	Improvement	Inconsistent
Cancer - 31 Day Treatment	94.00%	91.85%	95.33%	Aug-26	90.93%	Improvement	Inconsistent
Cancer - 62 Day Referral to Treatment	80.00%	72.65%	75.56%	Aug-26	64.34%	Improvement	Not Met
No. of patients no longer meeting the Criteria to Reside	89	70	67	Sep-26	-	Common Cause	Inconsistent
Diagnostics - % within 6 weeks from referral	-	95.23%	95.10%	Sep-26	84.70%	Improvement	No Target Set
Total Time Spent in ED - % over 12 Hours	2.00%	13.77%	11.88%	Sep-26	-	Concern	Not Met
Total Time Spent in ED - % within 4 Hours	82.00%	79.57%	79.99%	Sep-26	81.83%	Improvement	Inconsistent
Community - Waiting List - Total	-	2973	2832	Sep-26	-	Improvement	No Target Set
Community - Waiting List - within 18 weeks	-	44.40%	44.56%	Sep-26	-	Concern	No Target Set

Operational Performance (Primary Care)	Target / Limit	Previous Month	Current Month (Latest Available)	Latest Time Period	19/20 Same Period	Variation	Assurance
GP Appts - routine face to face	-	1978	2892	Sep-26	-	Common Cause	No Target Set
GP Appts - same day face to face	-	1876	2361	Sep-26	-	Common Cause	No Target Set
DNA % rate	-	4.42%	4.63%	Sep-26	-	Common Cause	No Target Set
Total triage - medical requests	-	11686	13765	Sep-26	-	Common Cause	No Target Set
Total triage - admin requests	-	4269	4895	Sep-26	-	Common Cause	No Target Set
% utilisation of same day appointments	-	82.11%	85.48%	Sep-26	-	Common Cause	No Target Set
Number of same day requests unfulfilled	-	64	70	Sep-26	-	Common Cause	No Target Set
GP list size	-	36970	36939	Sep-26	-	Common Cause	No Target Set
Appointments per 1,000 patients	-	639	752	Sep-26	-	Common Cause	No Target Set

Finance	Target / Limit	Previous Month	Current Month (Latest Available)	Latest Time Period	19/20 Same Period	Variation	Assurance
Surplus/(Deficit) (£000) - in month	601	-728	-17	Sep-26	-	Improvement	Inconsistent
Surplus/(Deficit) (£000) - YTD	-4399	-8585	-8602	Sep-26	-	Improvement	Inconsistent
Surplus/(Deficit) (£000) - FOT	-	0	0	Sep-26	-	Improvement	No Target Set
Elective Variable (£000) - in month	15695	36051	37597	Sep-26	-	Concern	Inconsistent
Elective Variable (£000) - YTD	146472	184666	222263	Sep-26	-	Concern	Inconsistent
Elective Variable (£000) - FOT	195523	443518	443518	Sep-26	-	Improvement	Achieving
Efficiency (£000) - in month	6075	2973	4795	Sep-26	-	Common Cause	Inconsistent
Efficiency (£000) - YTD	44212	16530	21325	Sep-26	-	Improvement	Inconsistent
Efficiency (£000) - FOT	57240	63448	63448	Sep-26	-	Improvement	Achieving
Capital (£000) - YTD	23691	7099	8302	Sep-26	-	Improvement	Inconsistent
Capital (£000) - FOT	29350	51161	51230	Sep-26	-		Inconsistent
Cash (£000) - in month	25878	57018	41229	Sep-26	-	Common Cause	Inconsistent
Cash (£000) - FOT	26018	44709	44709	Sep-26	-		Not Met

Quality, Safety & Patient Experience | Executive Summary

- The Trust Care Hours per Patient Day remained stable at 7.7.
- There were 75 PUSH transfers in September 26. At the time of transfer, the receiving ward had a confirmed discharge for 47% (35) of patients and a pending discharge for 52% (39). When a patient is pushed to a ward against a pending discharge, rather than a confirmed one, if that discharge is delayed or doesn't happen, the Primary patient can wait more than 45 minutes for a bed-headed space. That counts as corridor care.
- There have been 5 C-difficile cases in month, against a target of 5 equating to 39/65 of the external 2026/27 trajectory and oversight is maintained via the Infection Prevention Group.
- There have been no MRSA bacteraemia's in month.
- Complaints increased in month from 77 to 94. This is representative of 0.07% of Trust activity and the themes remain unchanged. Whilst no single outlier trend is evident, the persistent volume of delay-related complaints indicates an ongoing risk to patient experience. Targeted improvements are in progress. Nationally Trusts are reporting challenges with receiving AI generated complaints which are extensive and complex to deal with.
- Compliance against best practice Mental Health criterion remains challenged, with no positive movement of risk scores for Children and Young People, provisional findings from Adult RCEM audit for Q1 (April 26 – August 26 data) are demonstrating an overall compliance rate of 35%, which is well below the aim of 85%+. The Acute Mental Health and ED teams will work to put an action plan in place with ongoing monthly monitoring.

Authors



Lisa Carroll (Group Chief Nurse)



Brian McKaig (Chief Medical Officer)

Care Colleagues Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary

- The overall pressure ulcer rate has increase from 1.60 per 1,000 OBDs in month to 1.88 in September 26, this performance remains above the Trust's average rate of 1.26. In both acute and community care >25% of these pressure ulcers are represented in complex patients at the end of life. Themes have been identified and improvement actions are in progress. Hybrid mattress faults are also a possible contributary factor to recent pressure injury. The Mattress supplier Direct Health Care (DHC) has commenced the product replacement programme for faulty mattresses. DHC is providing free rental of Quattro low air loss mattresses for high-risk areas. The Quality team maintains oversight. This is recognised as a national issue that has been escalated to MHRA.

- The overall falls rate has increased in month to 3.44 per 1,000 occupied bed days (OBDs), which is now above the Trust's average of 2.96. There were no new themes and 16% of these were patients maintaining independence; however, this may also have been impacted by the increase in patients presenting with behavioural challenges.

- We are compliant with the Developing Workforce Safeguards standard for timely Annual Nursing establishment reviews for safer staffing.
- The National Education and Training survey is now open, and this is a scoring metric for the National Oversight Framework and promotional activities are underway.
- The administration of Influenza vaccinations to staff has commenced.

Authors



Lisa Carroll (Group Chief Nurse)



Brian McKaig (Chief Medical Officer)

Care Colleagues Collaboration Communities

Quality, Safety & Patient Experience | Executive Summary

Mortality update:
The Standardised Hospital Mortality Indicator (SHMI) is 0.9349, within the expected range for June 25 to May 26. Diagnostic groups currently alerting (internally and not an outlier) include peripheral and visceral atherosclerosis, pneumonia and epilepsy/convulsions; these remain under review through clinical pathway meetings and established mortality surveillance processes.
There has been positive improvement in sepsis mortality, with SHMI reducing from 1.1050 in February 25 to 1.0197 in October 26.

The Sepsis Team presented progress to the October 26 Clinical Pathway Meeting, including learning from the mortality audit and the improvement work undertaken. Following publication of the modern service framework, the service has mapped the recommendations into an action plan, covering priorities including staff education, accessible sepsis/infection/AMR guidance, vaccination and critical care capacity. Progress will continue to be monitored through the mortality governance arrangements.
The Trust continues to investigate the potential Non-Hodgkin Lymphoma Audit outlier notification relating to risk-adjusted two-year survival. Discussion with the national team in October 26 has informed further work on data quality and case-note review. The Haematology Team will provide a further update at the November 26 Clinical Pathway Meeting.

National Patient Safety Alert : Levemir
No prescriptions for Levemir products have been issued within the Trust during the past six months, and all identified patients have been contacted in writing regarding the change. (NatPSA: Levemir Insulin (all products) discontinuation).

Never Event: Wrong Site Surgery - (404419) Ophthalmology - Wrong-site Ophthalmic Block Administered.
28/10/26 Patient attended Ophthalmology theatres for a planned Right eye phacoemulsification and intraocular lens insertion. Following a stop before you block safety check conducted by a Consultant anaesthetist and an ODP, the patient received sedation, and was then inadvertently administered an ophthalmic block to the left eye, instead of the right eye. The error was immediately identified before surgery commenced and no wrong site surgical procedure took place . No harm was identified and duty of candour was undertaken with patient and relative. The incident has been escalated in line with Trust Governance processes. Two previous Never Events from within Ophthalmology are currently subject to a PSIRF investigation.

Authors



Lisa Carroll (Group Chief Nurse)



Brian McKaig (Chief Medical Officer)

Care Colleagues Collaboration Communities

Perinatal Service | Executive Summary

Perinatal Quality Oversight Model (PQOM) Dashboard Royal Wolverhampton NHS Trust

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		August		September	
PMRT Reviews (including babies >28 days old or not born at RWT)	5 OBS/NN		5 OBS/NN		6 OBS/NN		5 OBS/NN		5 OBS/NN		5 OBS/NN		6 OBS/NN		5 OBS/NN		5 OBS/NN (awaiting 1 NN grade)	
Grades Maternity/neonatal	A1	A1	A2	A1	A3	A1	A2	A0	A2	A0	A3	A0	A3	A1	A2	A0	A1	A
	B4	B2	B3	B2	B2	B3	B3	B2	B2	B2	B1	B3	B3	B2	B3	B0	B3	B
	C0	C0	C0	C0	C0	C0	C0	C0	C0	C1	C0	C2	C0	C0	C0	C0	C1	C
	D0	D0	D0	D0	D0	D0	D0	D0	D0	D0	D0	D0	D0	D0	D0	D0	D	D
Final MNSI Reports Received	1		1		0		0		0		0		0		0		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		1		2		1		1		0		2	
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.		Health Pregnancy event good attendance and feedback from users.		International Day of the Midwife included hearing from midwives - shared on social media		MNVP quarterly meeting theme from feedback communication and care. SC meeting update on Entonox RA NED BLSC spend monitoring with governance lead.		Service user feedback themes that women want postnatal care near to home provided in family hubs. Staff feedback to safety champions theme coping in the hot weather has proven a challenge with limited access to air conditioning on wards.		Service user feedback from PMRT 9 women Poor communication re: care (5) resolved following clarification. Extremely grateful for care received (4). Staff feedback lack of space environment for storage.		Delays in induction of labour transfers to Delivery suite. Directorate is exploring improved communication methods.	
Coroner Reg 28	0		0		0		0		0		0		0		0		0	

Care Colleagues Collaboration Communities

Perinatal Quality Oversight Model (PQOM) Dashboard

Staff Group	Jan	Feb	Mar	Apr	May	June	July	August	September	Comments
Midwives Birth to midwifery ratio Actual	27	27	27	27	26	26	26	26	26	Midwifery workforce EOI bid for NQM's to NHSE has been supported
Obstetrics RCOG Compliant on delivery suite	Yes	Yes	Yes				Yes	Yes	Yes	Audit complete and 95% compliance achieved
Neonatal Nurses BAPM Compliant	82%	79%	63%	95%	71%	63%	80%	76%	76%	Nursing numbers against actual acuity
Neonatal Doctors BAPM Compliant	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Compliant

CNST & Training Position September 2026

Staff Group	PROMPT	Fetal monitoring	NLS
Obstetricians	100%	95%	
Midwives	99%	96%	99%
Support Staff	98%	NA	NA
Anaesthetists	100%	NA	NA
Neonatal Doctors	NA	NA	100%
Neonatal Nurses	NA	NA	100%

Full compliance with Maternity Incentive Scheme Year 8 training requirements

Safety Champion feedback

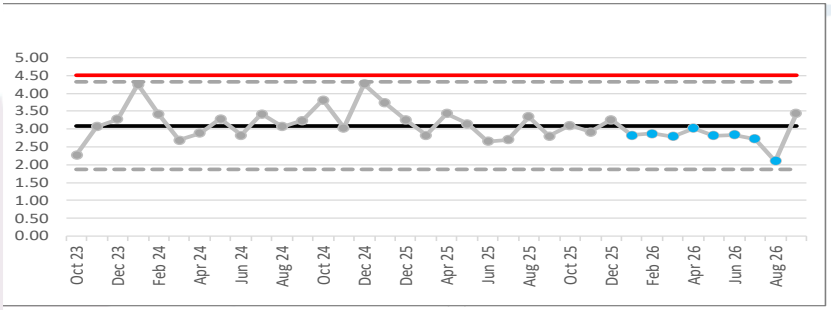
- Zero Maternity Outcomes Signal System (MOSS) signals in September 26 and critical safety drill completed.
- 10-point plan assurance position received from NHSE – 24/26 deliverables achieved. Strong assurance demonstrated in some areas. Work continues to progress with partial compliance.
- On track to achieve Maternity and neonatal Incentive Scheme for year 8.

Care Colleagues Collaboration Communities

Quality, Safety & Patient Experience | Core Metrics

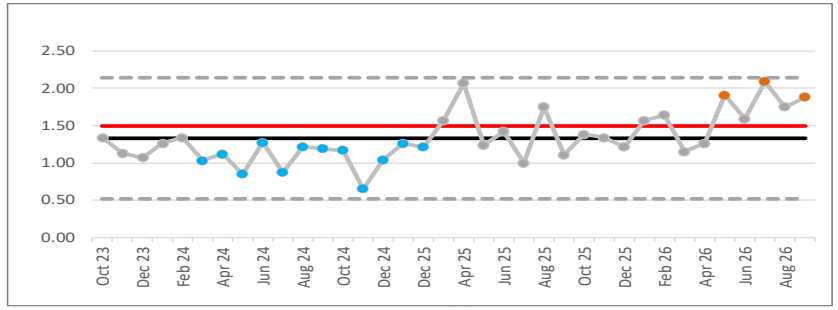
Patient falls - rate per 1,000 occupied bed days

Achieving	Common Cause	3.44



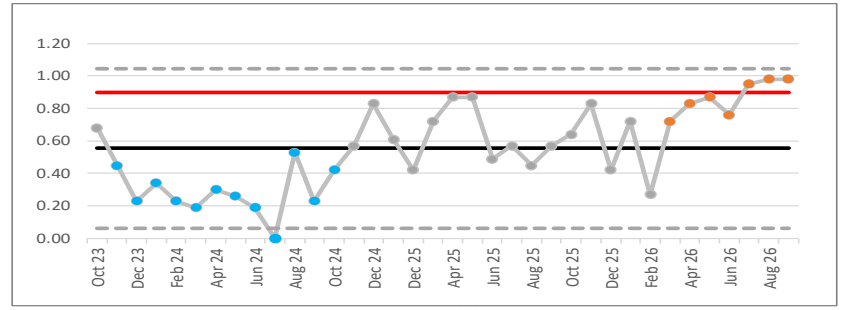
Pressure ulcers per 1,000 occupied bed days

Inconsistent	Concern	1.88



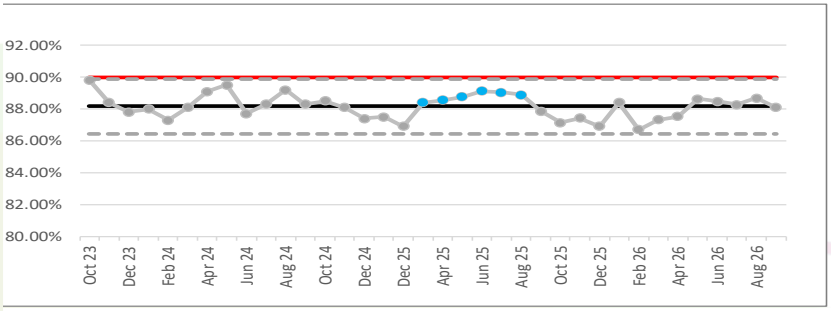
Community acquired pressure ulcers per 10,000 population

Inconsistent	Concern	0.98



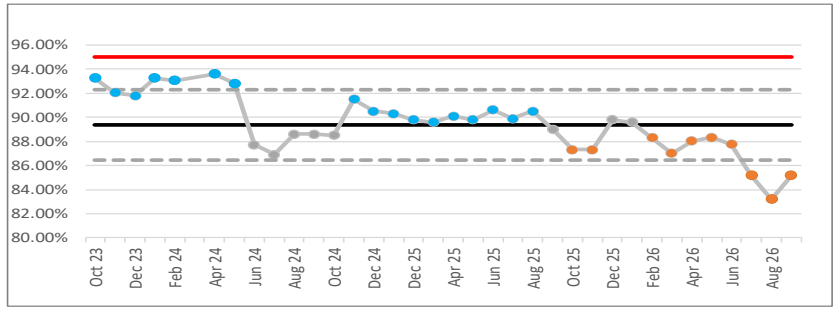
Observations on time (Trust wide)

Not Met	Common Cause	88.08%



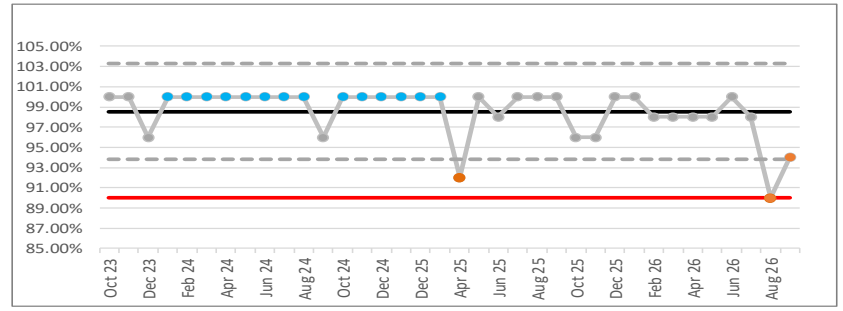
VTE risk assessment - % within 14 hours

Not Met	Concern	85.17%



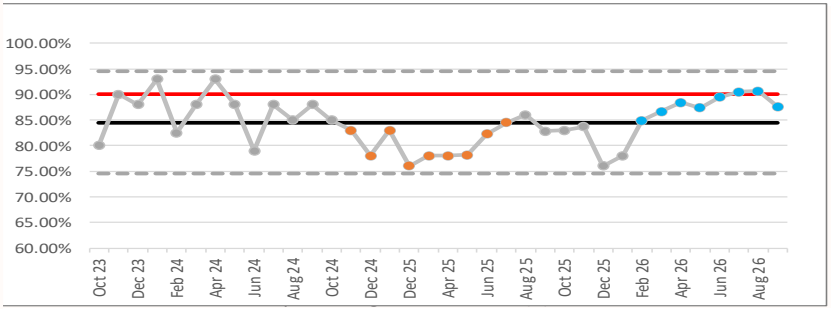
Sepsis screening - ED

Achieving	Concern	94.00%



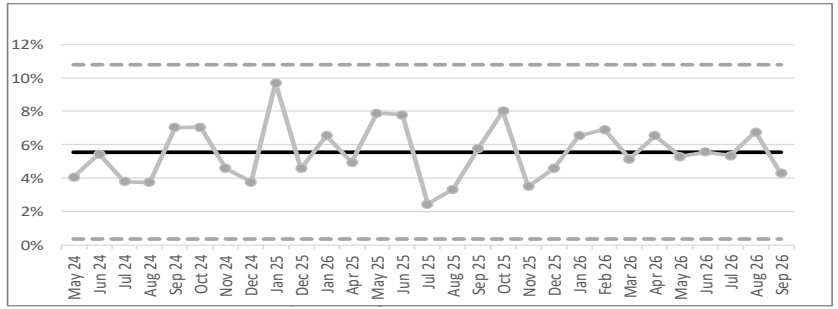
Sepsis screening - Inpatients

Inconsistent	Improvement	87.60%



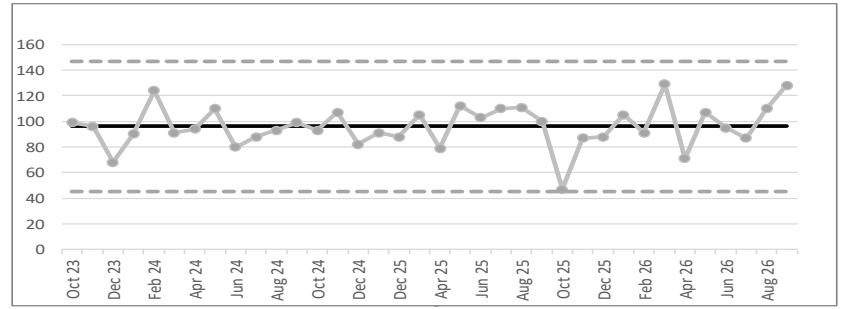
Medication error - % of incidents causing harm

No Target Set	Common Cause	4.29%



Mental health patients spending over 12 hours in A&E

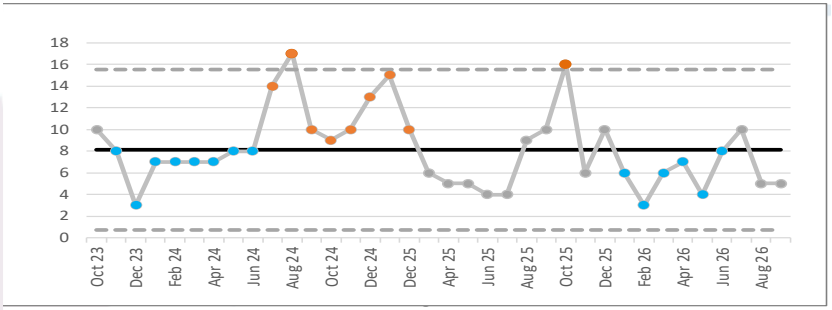
No Target Set	Common Cause	128



Quality, Safety & Patient Experience | Core Metrics

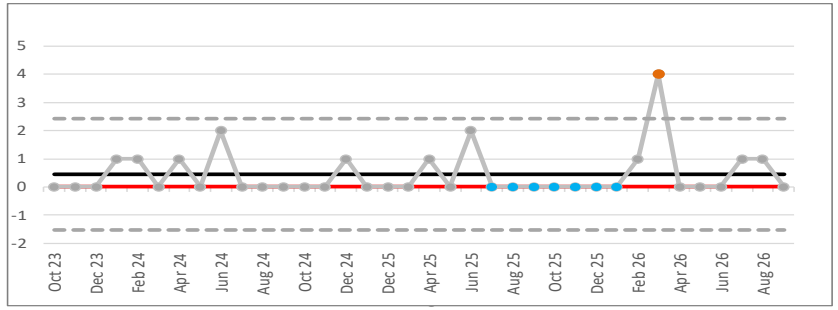
Clostridioides difficile

No Target Set	Common Cause	5



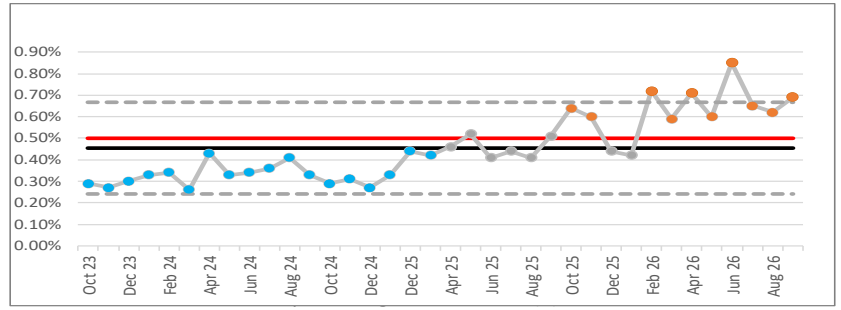
MRSA Bacteraemia

Inconsistent	Common Cause	0



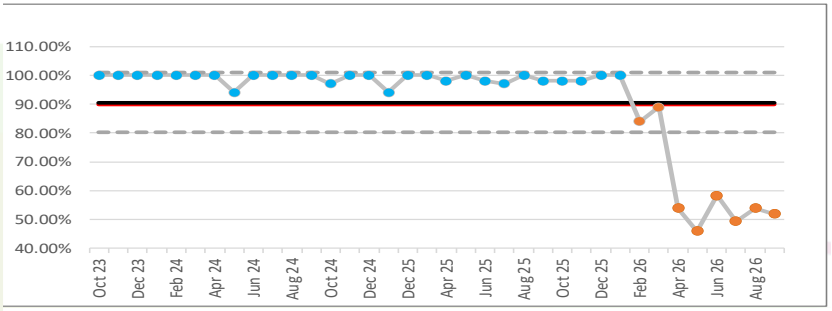
Number of complaints as a % of admissions

Inconsistent	Concern	0.69%



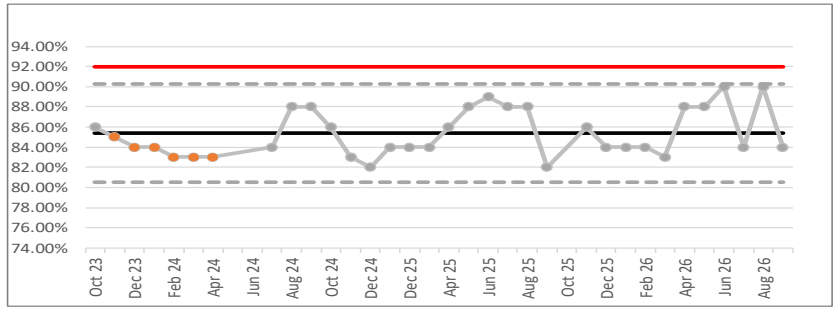
Complaints response rate against policy

Inconsistent	Concern	52.00%



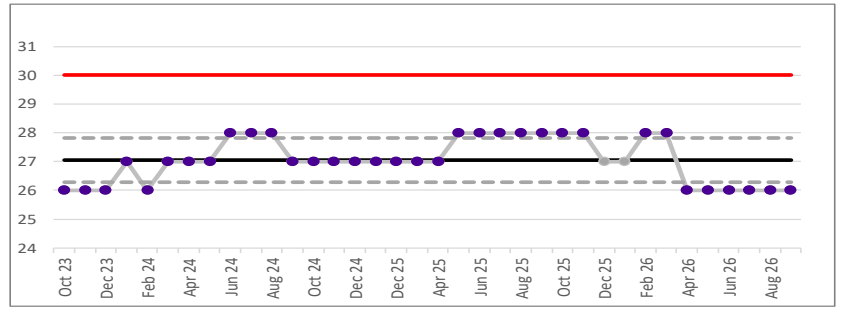
FFT recommendation rates - Trust wide

Not Met	Common Cause	84.00%



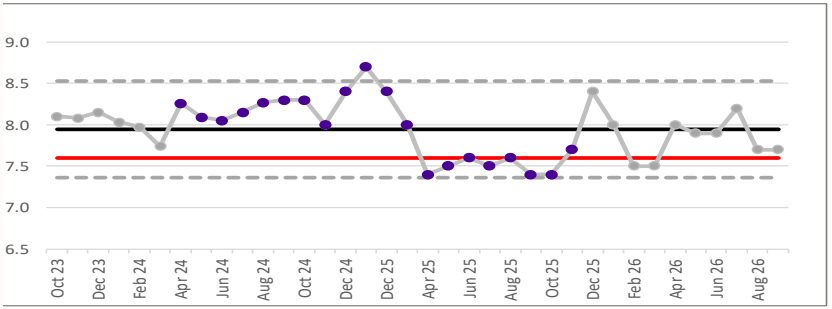
Midwife to birth ratio (1 to)

No Target Set		26.0



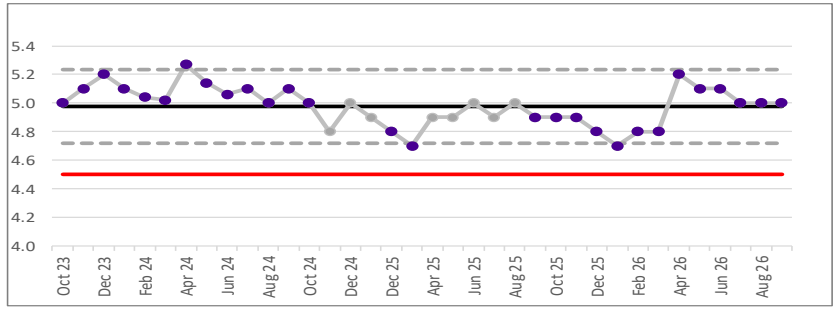
Care hours per patient - total nursing & midwifery staff actual

No Target Set	Common Cause	7.7



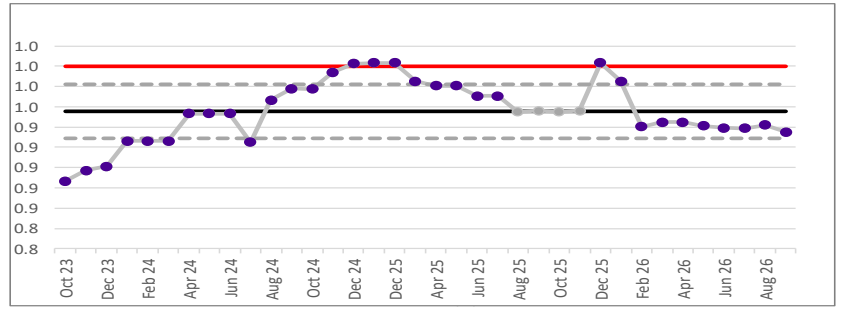
Care hours per patient - registered nursing & midwifery staff actual

No Target Set		5.0



SHMI

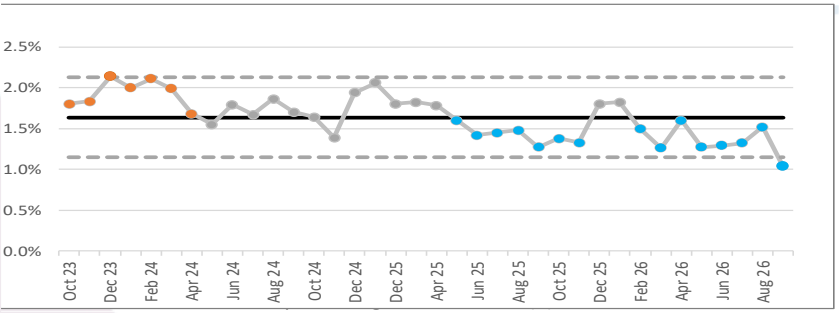
No Target Set		0.94



Quality, Safety & Patient Experience | Core Metrics

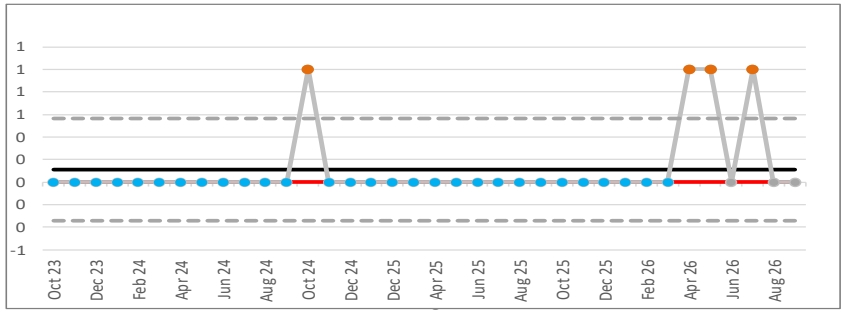
Crude Mortality Rate

No Target Set	Improvement	1.04%



Never events

Inconsistent	Common Cause	0



Care Colleagues
Collaboration Communities

People | Executive Summary

Performance against Trust 2026/27 Workforce Plan

During September 26, the overall workforce increased by 14.53 WTE (0.13%).

- The substantive workforce increased by 39.52 WTE (0.39%).
- Bank usage fell by 27.74 WTE (4.31%).
- Agency reliance rose by 2.75 WTE (9.00%).

RWT's overall workforce has increased by 25.9 WTE (0.2%) since the 25/26 year-end position, reflecting a 0.9 WTE (2.5%) reduction in agency deployment and a 66.9 WTE (9.8%) fall in bank usage, being offset by a 93.7 WTE (0.5%) increase in the substantive workforce. The RWT overall workforce is 310.5 WTE (2.9%) above the M6 26/27 workforce plan trajectory.

Performance against Key Workforce Metrics

- Appraisal compliance decreased to 78.05% in September 26, while Mandatory Training compliance continues to exceed the 90% target at 93.45%.
- In-month sickness absence increased to 5.40% in August 26. The average length of sickness absence episodes decreased to 72.8 FTE days lost during this period.
- The 12-month Turnover Rate increased to 7.91% but remains below the 10% target.
- The 12-month Retention Rate meets the 90% target and remains stable at 91.79%.

Authors



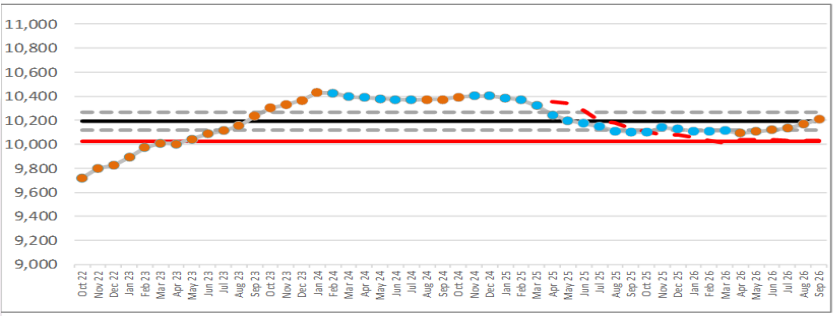
Claire Radley (People Director)

Care Colleagues Collaboration Communities

People | Core Metrics

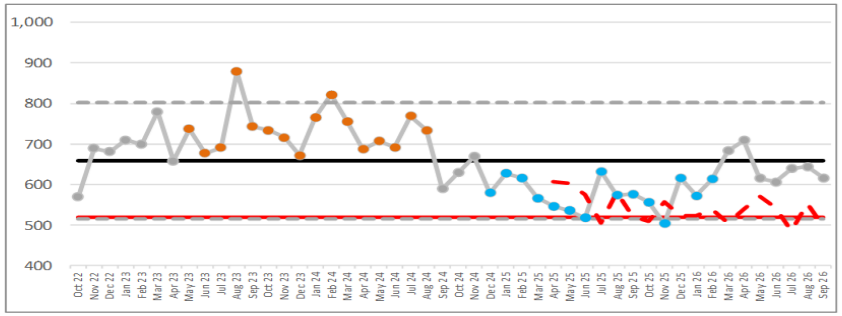
Substantive (WTE) Trust

Not Met	Concern	10206.77



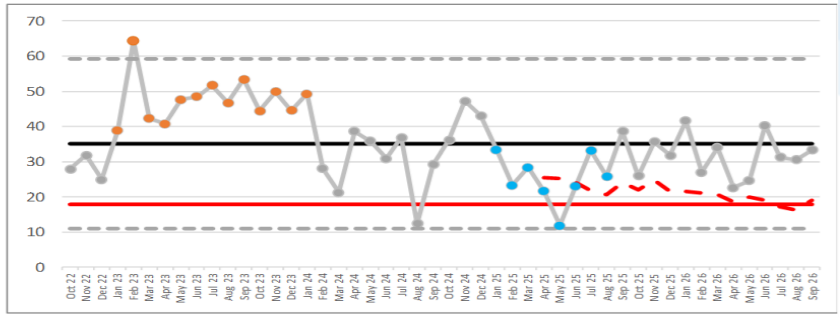
Bank (WTE) Trust

Inconsistent	Common Cause	616.43



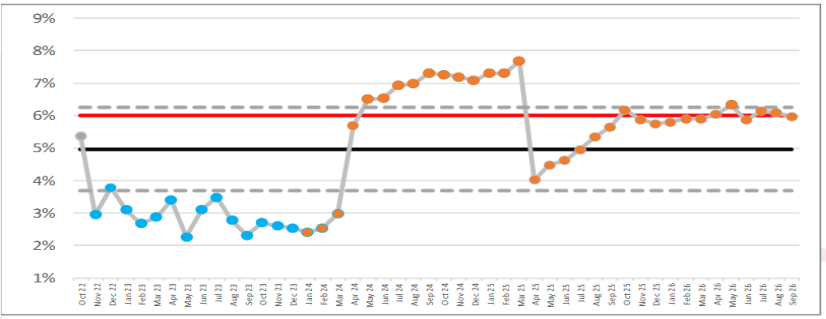
Agency (WTE) Trust

Inconsistent	Common Cause	33.30



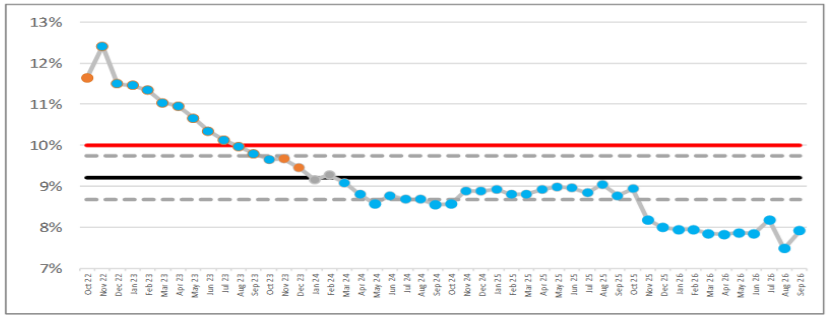
Vacancy Rate

Inconsistent	Concern	5.97%



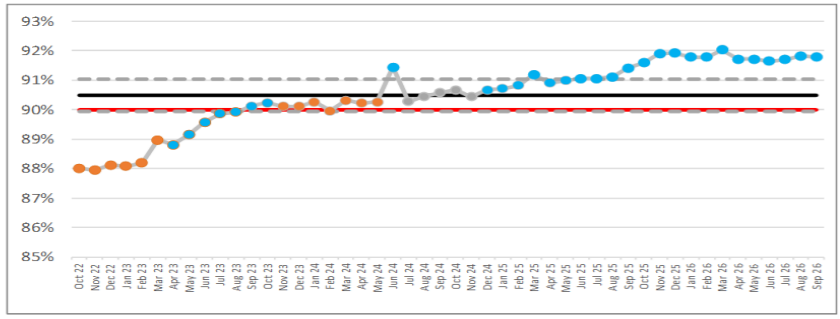
Turnover Rate (12 Months)

Achieving	Improvement	7.91%



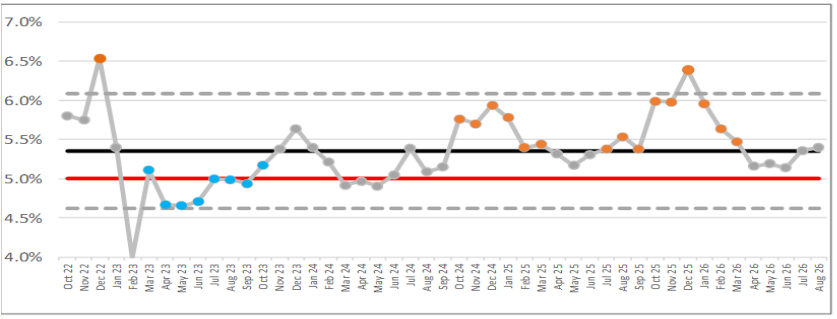
Retention Rate (12 Months)

Inconsistent	Improvement	91.79%



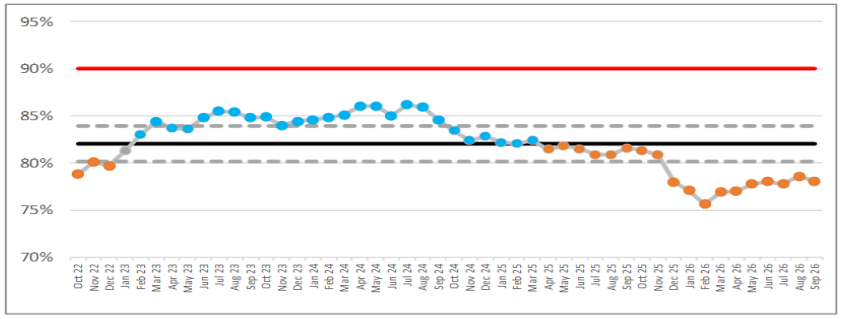
Sickness Absence (In Month)

Inconsistent	Common Cause	5.40%



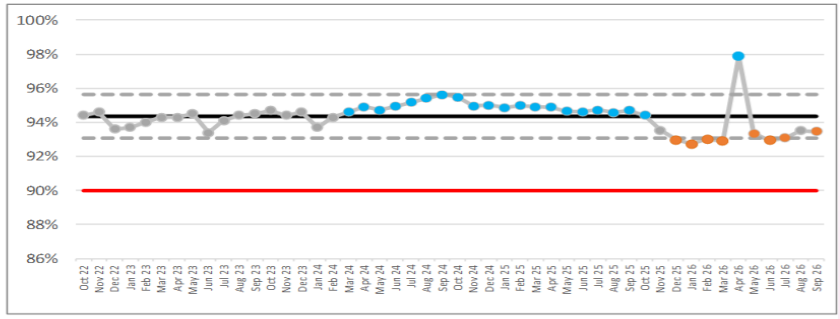
Appraisals

Not Met	Concern	78.05%



Statutory & Mandatory Training

Achieving	Concern	93.45%



Operational Performance | Executive Summary

- Performance continued to improve across key constitutional standards in September 26. Work continues on the residual issues associated with the operational delivery of Phase 1 of the EPR system particularly with regards to 'mapping' of activity to ensure completeness. Work and focus is increasing for delivery of Phase 2 of the Blueprint Programme in the coming months.
- UEC – delivery of the 4-hr patient access standard improved marginally in September 26 from 79.57% to 79.99%. The 12-hr standard remained high at 11.88% but this is a marked improvement from August's position of 16.07% and much closer to the trajectory of 8%. Ambulance handover times also improved in September26. 47.95% of patients were handed over within 15 minutes. 19.28% of patients waited longer than 45 minutes, an improvement from 32.75% in August 26. Bi-weekly meetings with NHSE and WMAS continued throughout the month to focus on the delivery of key actions to improve ambulance handover performance and eradicate over 45minute delays. Reducing the times that patients are waiting at all stages of their UEC pathway remains a key priority for the whole organisation with improvements being achieved throughout September 26.
- An unannounced CQC visit took place in ED on Tuesday 22nd and Wednesday 23rd September 26.
- Mobilisation for delivery of the Trust's Winter Plan continued throughout the month and into November 26. Additional funding has been secured to further support the reduction of unmitigated bed demand.
- This years Winter Plan links directly to the ongoing delivery of the Community First programme with a focus on interventions that reduce attendances to ED, reduce admissions and support flow through inpatient services.
- The Community Services access standard for 2-hr UCR was maintained throughout September 26 at 83.70%.
- UCR single point of access overnight at Walsall transferred to the RWT Care Coordination service at the end of October 26.

Authors



Kate Shaw
(Chief Operating Officer)

Care Colleagues
Collaboration Communities

Operational Performance | Executive Summary

- GP face to face appointments improved in September 26. 2,361 same day face to face appointments were delivered and 2,892 routine face to face appointments. The DNA rate is sustained at just over 4%.
- The Trusts planned care recovery continues with all trajectories met except the total wating list. This includes 64.68% 18-weeks RTT and now under 1,000 patients waiting over 52weeks (823) which is 1.15% of the PTL.
- Community waiting times continue to be out of standard but performance improved slightly to 44.40% in September 26. Robust validation continues and PTL oversight is in place weekly. Performance has further improved and expected to continue as additional funding to support the reduction in long waiting children and young people has been agreed.
- Plans are in place to increase and sustain RTT performance to achieve 69% by the end of March 2027 with weekly monitoring in place. The Trust is working to achieve the national Focus on Firsts requirement by the end of November 26 with the conversion of Follow-Ups to News where clinically appropriate.
- Cancer – performance for cancer for 28-day FDS (August) is above trajectory at 80.29. The 62-day standard is 75.56% for August 26, an improvement on the previous month. The trajectory for this standard is on track to be achieved at the end of October 26. There is significant pressure within the Breast Service with mitigations in place.
- DM01 – access to diagnostics remains positive with 95.10% of patients seen within 6 weeks. The works to upgrade the washers within Endoscopy at New Cross has now concluded. Works being planned at Cannock in December 26 are likely to impact on capacity and work is underway to mitigate this as much as possible.

Authors



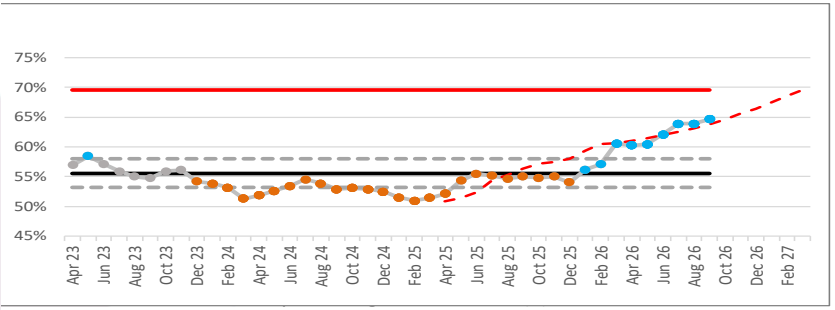
Kate Shaw
(Chief Operating Officer)

Care Colleagues Collaboration Communities

Operational Performance | Core Metrics

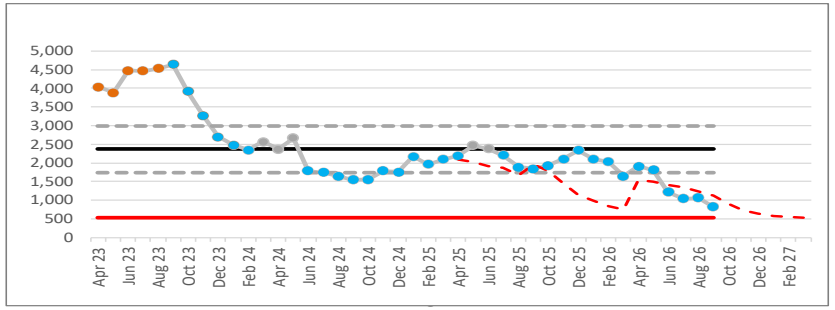
18 Weeks RTT - % Within 18 Weeks - Incomplete

Not Met	Improvement	64.68%



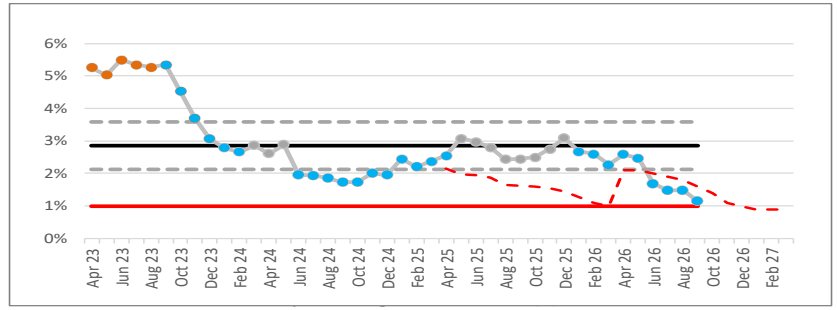
18 Weeks RTT - No. of 52 wk breaches

Not Met	Improvement	823



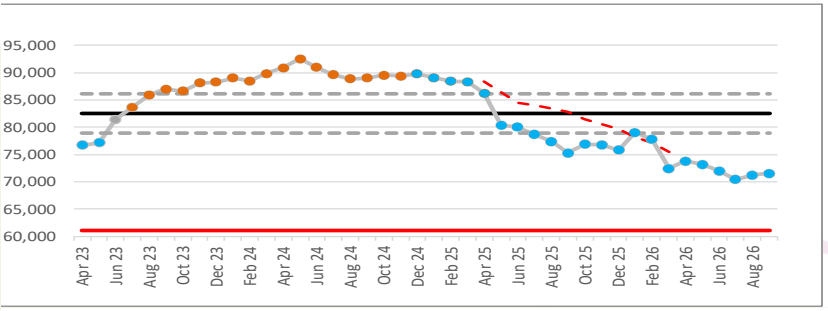
18 Weeks RTT - 52 wk breaches as a % of PTL

Not Met	Improvement	1.15%



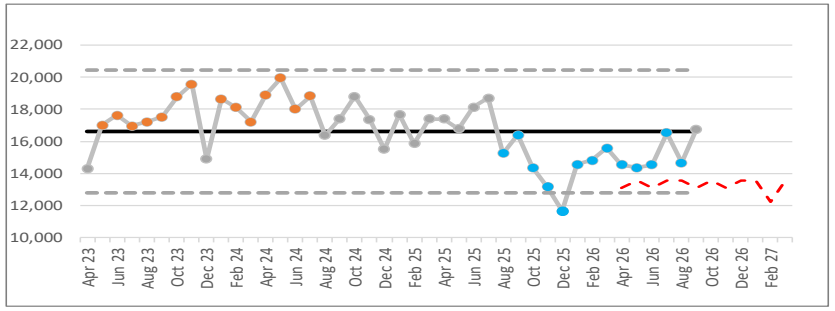
18 Weeks RTT - Total Incomplete PTL

Not Met	Improvement	71509



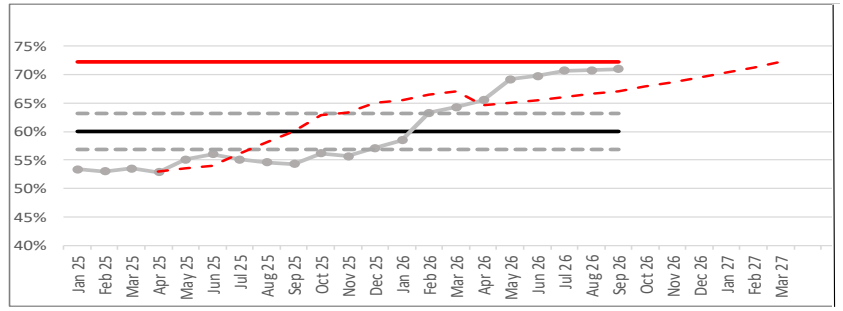
18 Weeks RTT - Clock Starts

No Target Set	Common Cause	16747



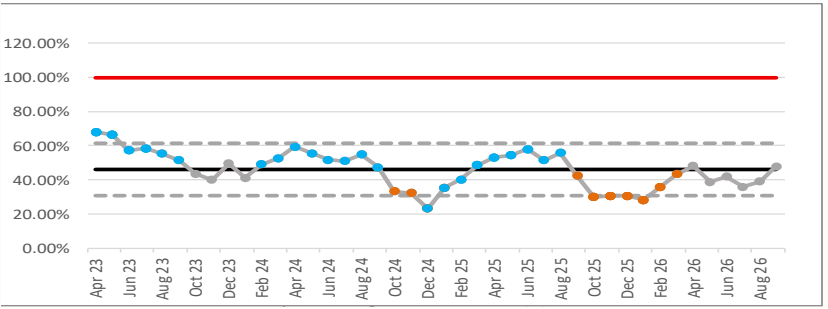
18 Weeks RTT - Time to First Appointment

Not Met	Improvement	71.00%



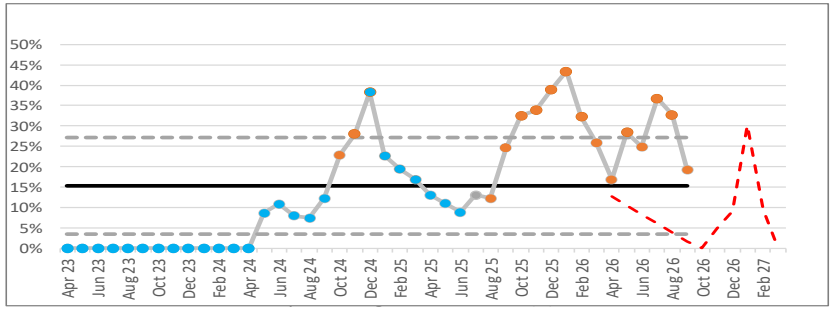
Ambulance Handover - % within 15mins

Not Met	Common Cause	47.95%



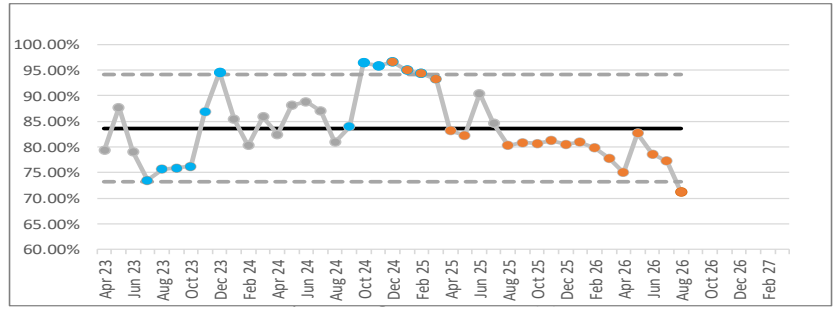
Ambulance Handover - % >45mins

No Target Set	Concern	19.28%



Cancer - 2 Week Wait

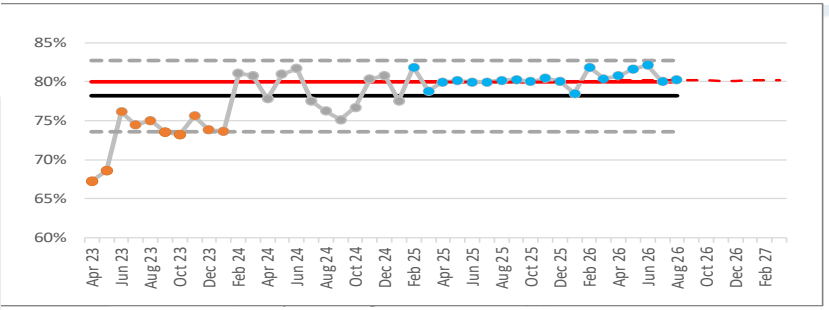
No Target Set	Concern	71.27%



Operational Performance | Core Metrics

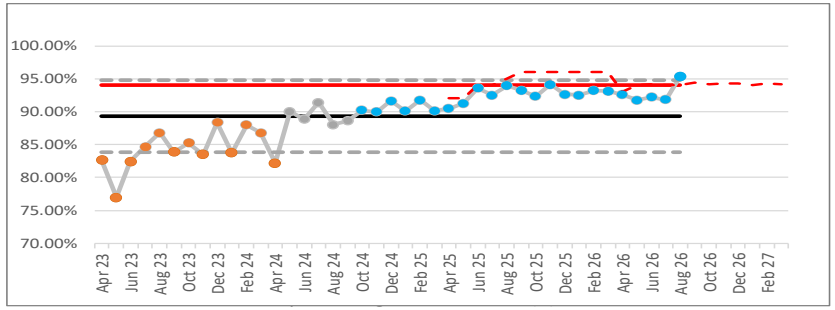
Cancer - 28 Day Faster Diagnosis

Inconsistent	Improvement	80.29%



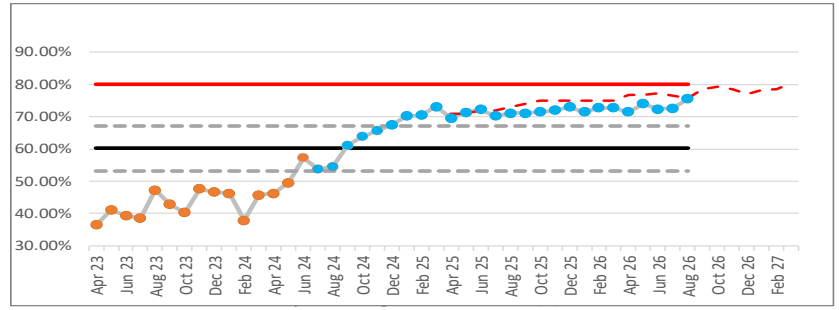
Cancer - 31 Day Treatment

Inconsistent	Improvement	95.33%



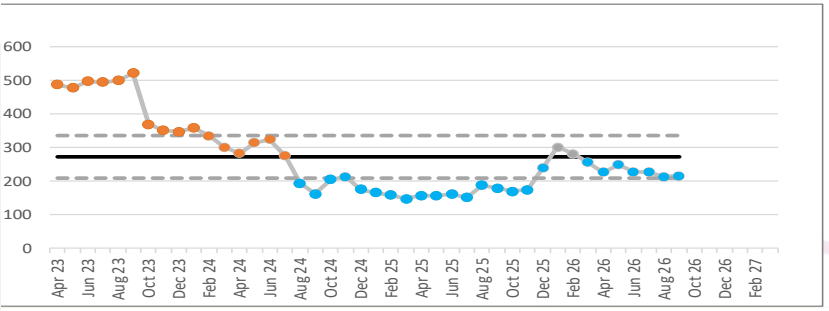
Cancer - 62 Day Referral to Treatment

Not Met	Improvement	75.56%



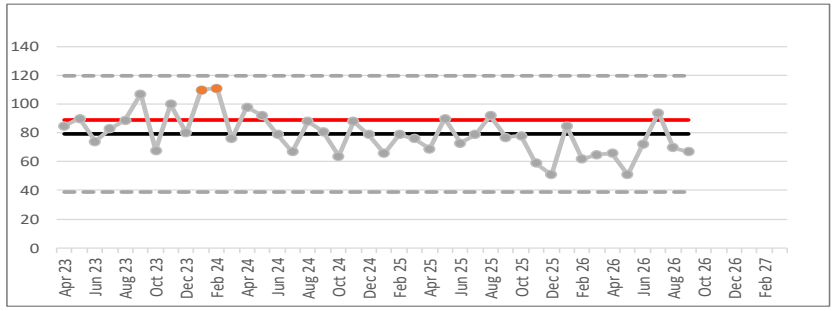
Cancer - No. of patients waiting 63+ Days for treatment

No Target Set	Improvement	215



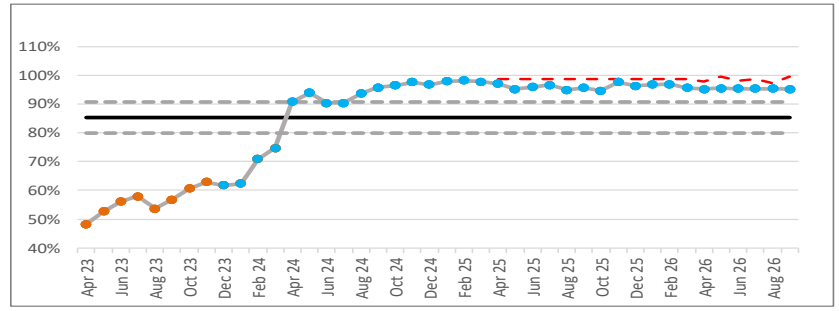
No. of patients no longer meeting the Criteria to Reside

Inconsistent	Common Cause	67



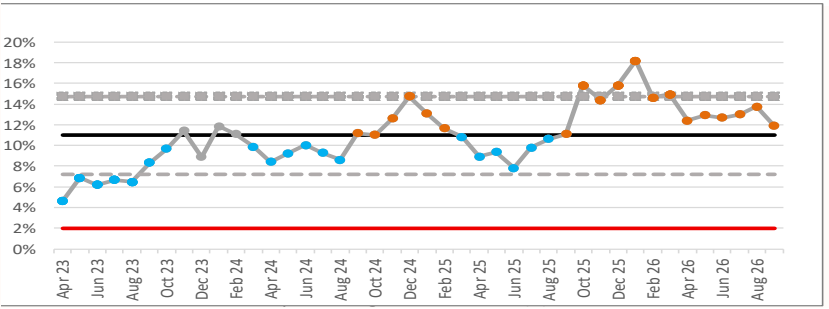
Diagnostics - % within 6 weeks from referral

No Target Set	Improvement	95.10%



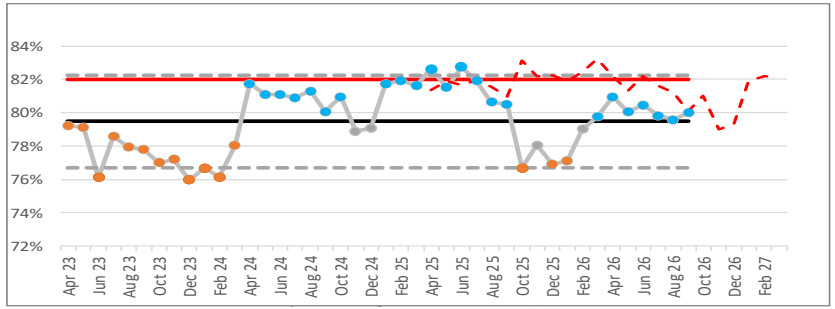
Total Time Spent in ED - % over 12 Hours

Not Met	Concern	11.88%



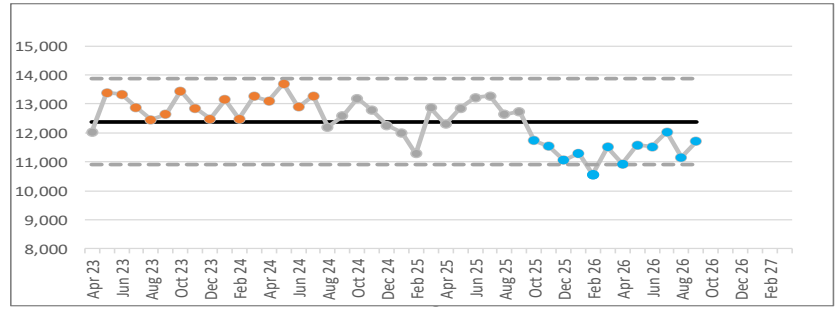
Total Time Spent in ED - % within 4 Hours

Inconsistent	Improvement	79.99%



Type 1 ED Attendances

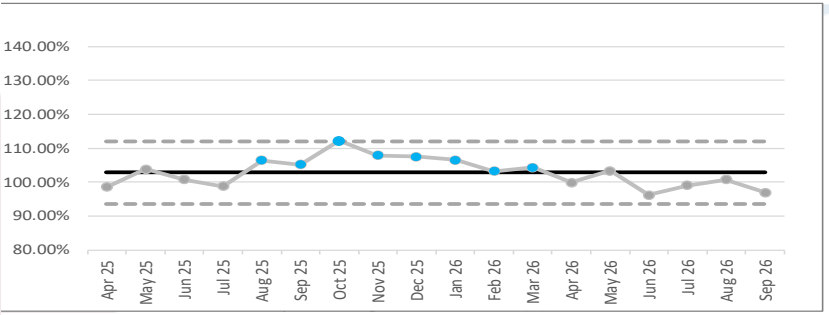
No Target Set	Improvement	11706



Operational Performance | Core Metrics

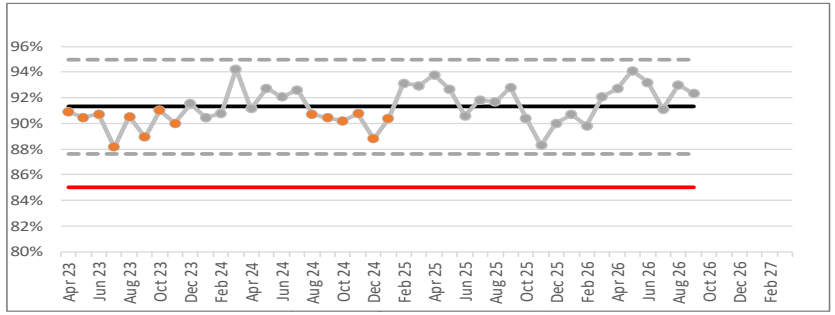
Variable Contract Delivery

No Target Set	Common Cause	96.90%



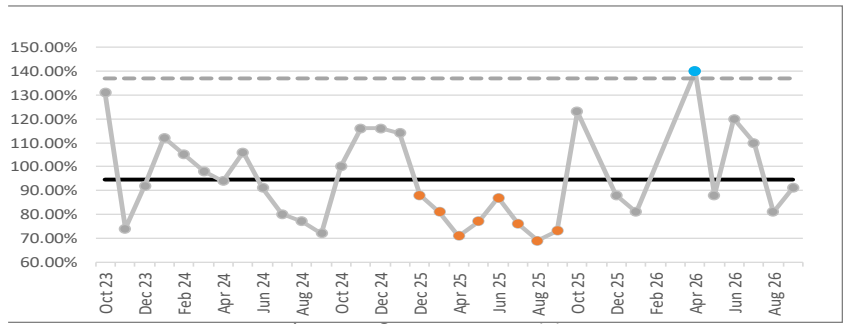
Theatres - Touch Time Utilisation (MH)

Achieving	Common Cause	92.30%



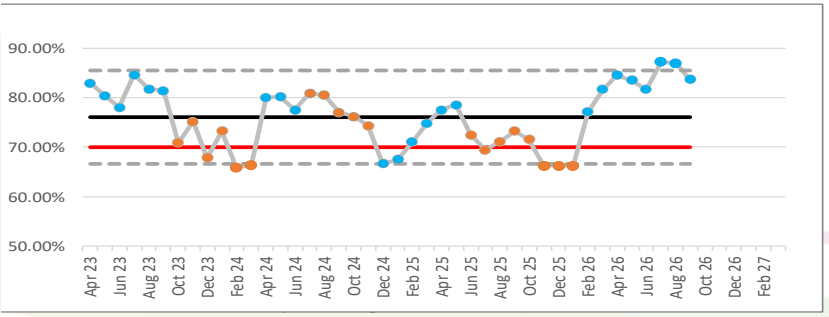
Community - Virtual Ward % Occupancy

No Target Set	Common Cause	91.00%



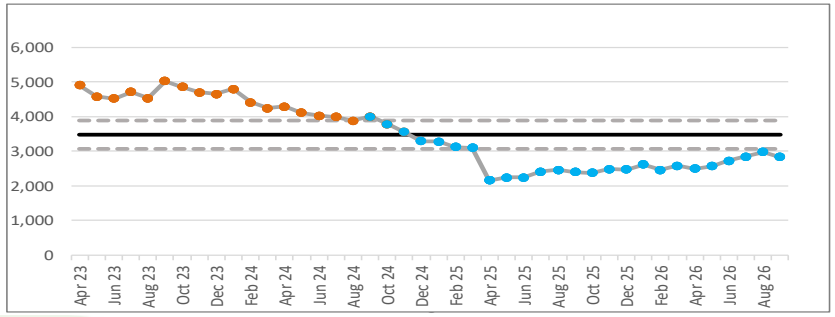
Community - Urgent Care Response (UCR) 2 Hour Response

Inconsistent	Improvement	83.70%



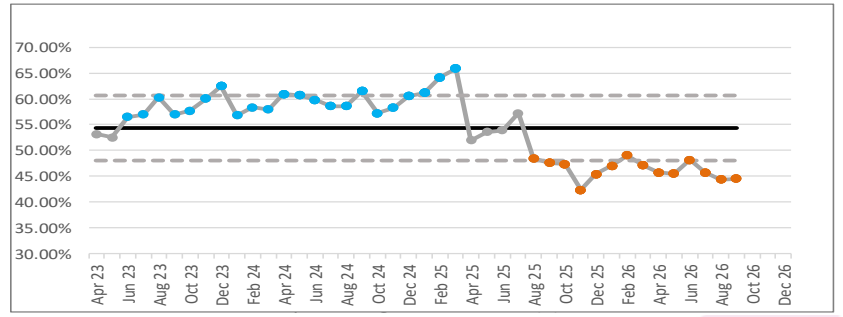
Community - Waiting List - Total

No Target Set	Improvement	2832



Community - Waiting List - within 18 weeks

No Target Set	Concern	44.56%

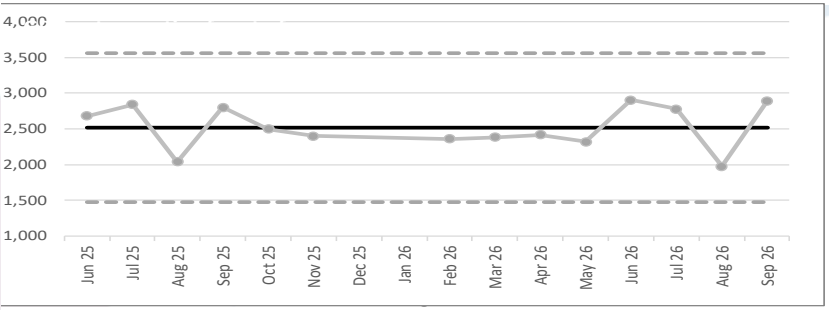


Care Colleagues
Collaboration Communities

Operational Performance (Primary Care) | Core Metrics

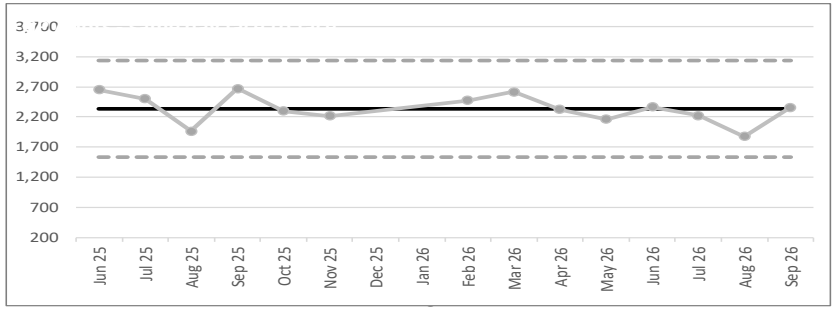
GP Appts - routine face to face

No Target Set	Common Cause	2892



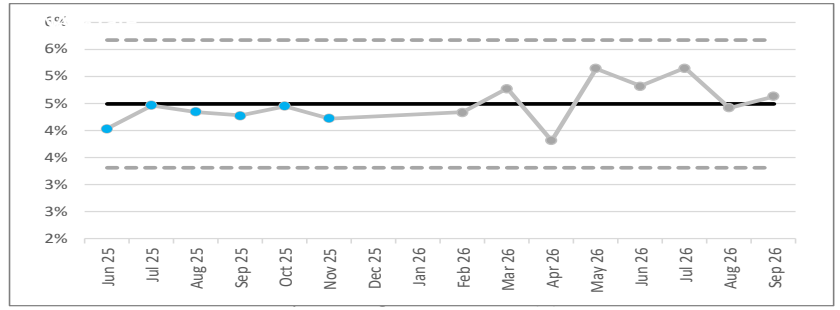
GP Appts - same day face to face

No Target Set	Common Cause	2361



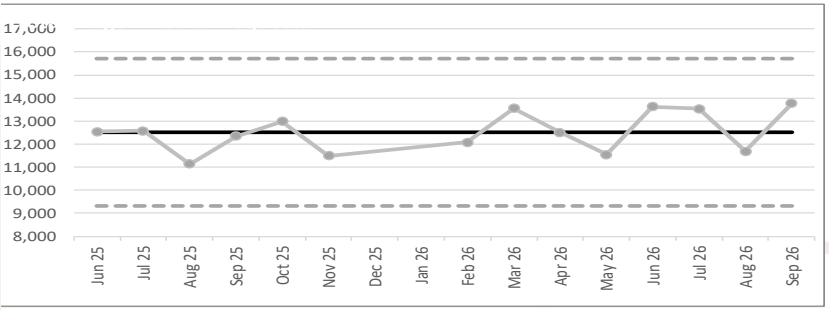
DNA % rate

No Target Set	Common Cause	4.63%



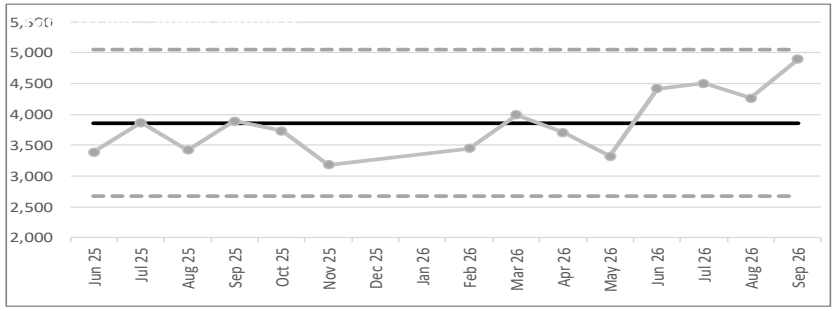
Total triage - medical requests

No Target Set	Common Cause	13765



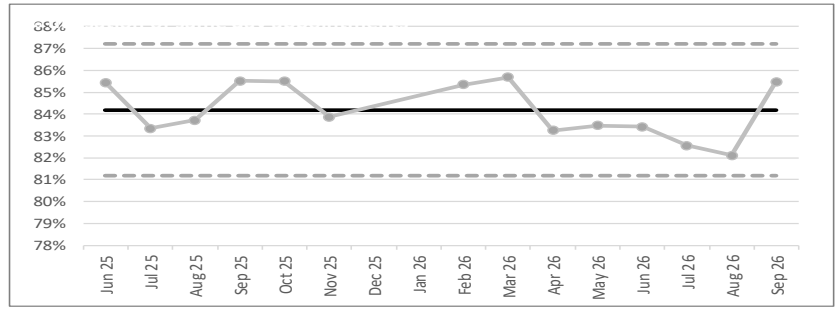
Total triage - admin requests

No Target Set	Common Cause	4895



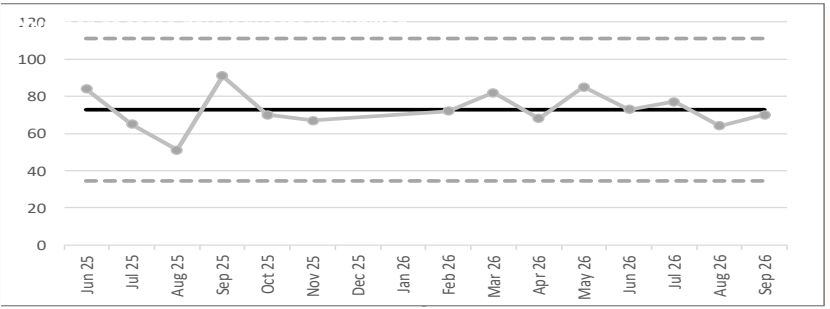
% utilisation of same day appointments

No Target Set	Common Cause	85.48%



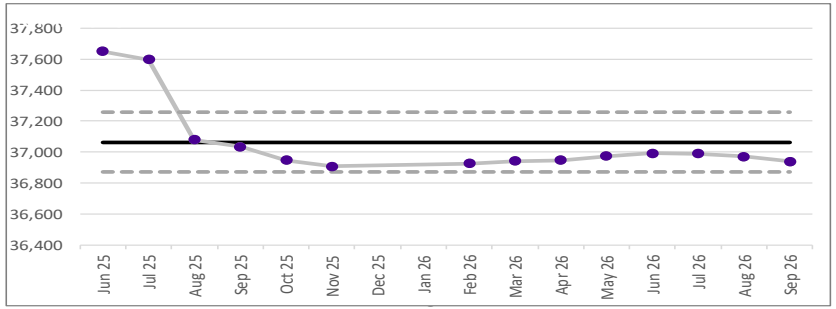
Number of same day requests unfulfilled

No Target Set	Common Cause	70



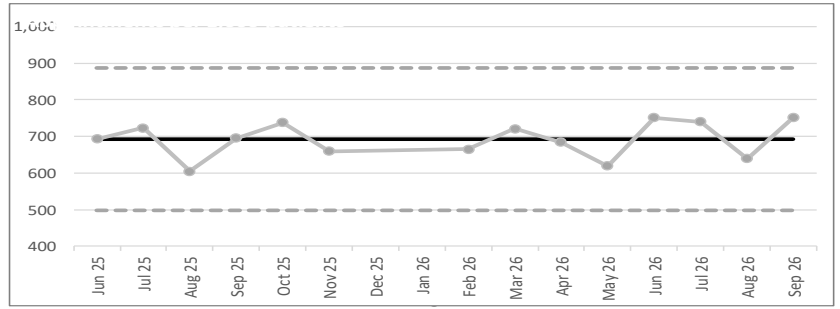
GP list size

No Target Set	Common Cause	36939

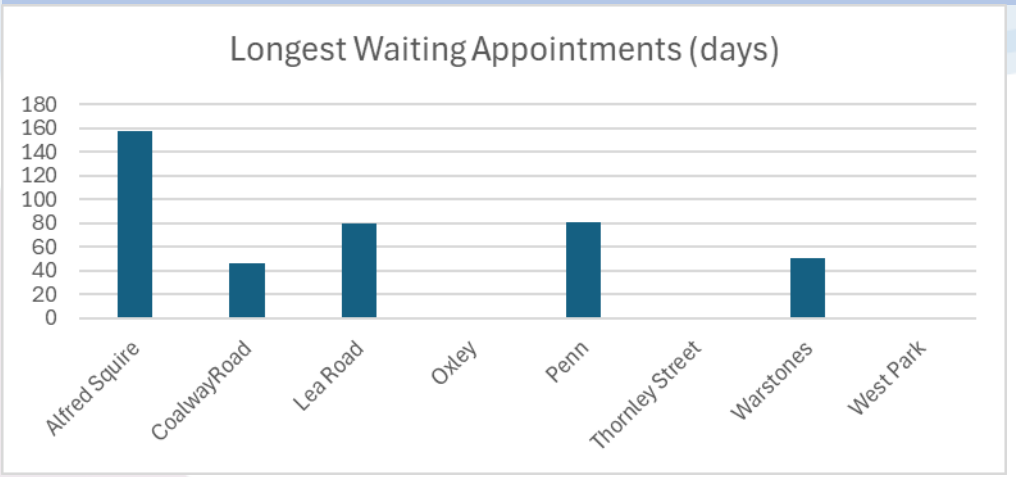


Appointments per 1,000 patients

No Target Set	Common Cause	752



Operational Performance (Primary Care) | Core Metrics



Overall demand was back up to average numbers during September 26 following a seasonal dip in August 26 (16.95% increase in total triage volume). Daily GP sessions increased from 16.75 to 20.76.

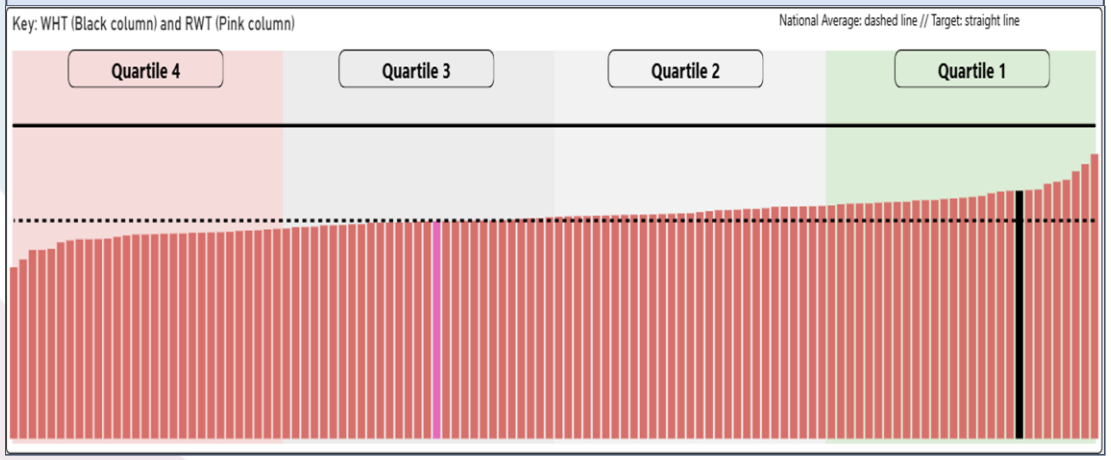
While the overall DNA percentage rate fluctuates, the raw number of wasted GP slots increased from 222 in August to 317 in September 26. We continue to benchmark very favourably when compared to the national average of 7.5%.

There is a clear structural shift from phones to digital access routes. Year-on-year, total calls dropped by 1,190, while total triage requests jumped by 1,597. Patients did not seek care less frequently; they simply moved from phone queues to digital forms.

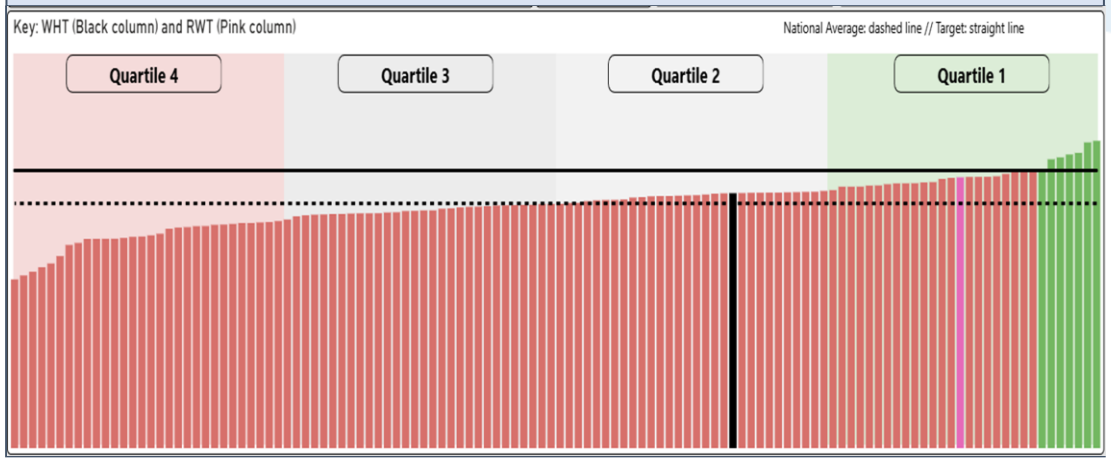
Care Colleagues
Collaboration Communities

Operational Performance | Benchmarking

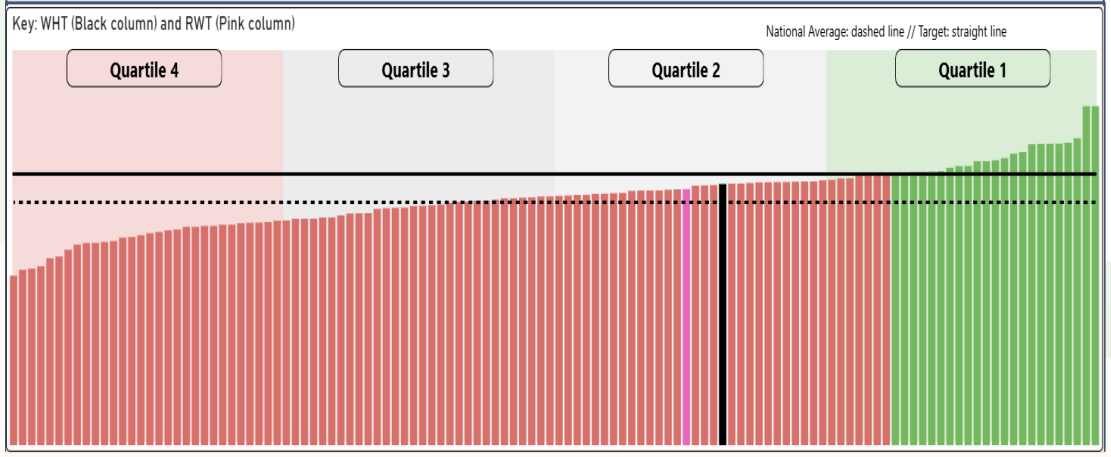
Referral to Treatment



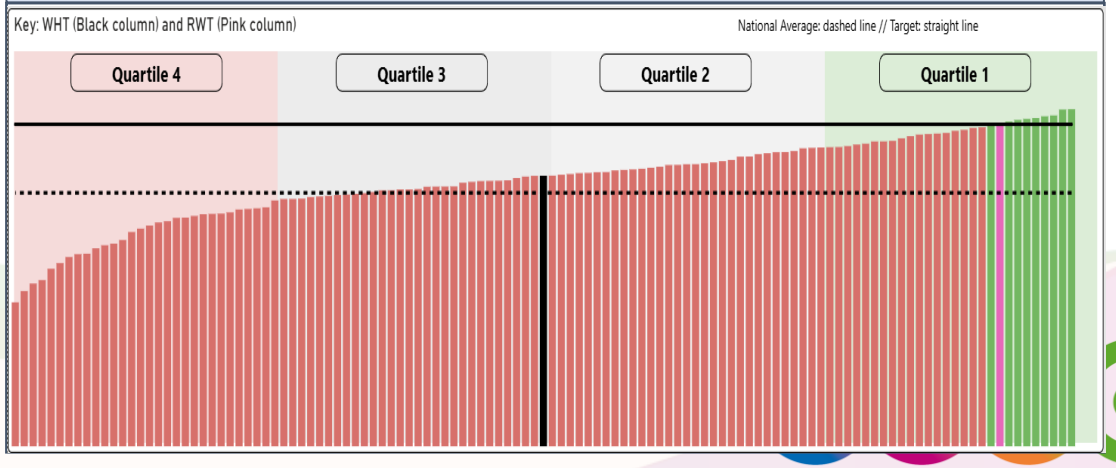
A&E 4 Hour



Cancer 62 Day



Diagnostic Waiting Times



Care Colleagues
Collaboration Communities

Finance | Executive Summary

Key Headlines – Month 6 2026/27

Performance in month 6 is £0.1m better than plan, and also £0.1m better than plan YTD.

Income is overperforming due to gains on prior year provisions. There are pressures on pay of £7.5m YTD related to bank/agency and WLI's to provide additional capacity and cover. This is partially offset by non-pay due benefit from the balance sheet releases and strategic change reserve.

The total YTD deficit is £8.60m.

CIP underachieved in month by £0.4m, bringing the YTD performance to £1.1m behind plan.

Variable activity is £0.52m below plan YTD, £0.86m below plan for Elective and £0.34m above plan for UEC.

Authors



Kevin Stringer (Group Chief Finance Officer)

Care Colleagues Collaboration Communities

Finance | I&E Summary

In-Month Income & Expenditure	RWT Plan M6 £m	RWT Actual M6 £m	RWT Surplus/ (Deficit) £m
Income	**91.7**	**93.0**	**1.3**
Expenditure			
Pay	55.7	58.2	(2.5)
Non Pay	25.9	24.1	1.8
Drugs	6.4	7.0	(0.6)
Other*	3.8	3.9	(0.0)
Total Expenditure	**91.8**	**93.1**	**(1.2)**
Net reported surplus/(Deficit)	**(0.1)**	**(0.0)**	**0.1**

Year-to-date Income & Expenditure	RWT Plan YTD £m	RWT Actual YTD £m	RWT Surplus/ (Deficit) £m
Income	**522.7**	**526.8**	**4.1**
Expenditure			
Pay	334.2	341.7	(7.5)
Non Pay	134.0	129.5	4.5
Drugs	40.3	41.1	(0.8)
Other (incl. depreciation)	22.9	23.1	(0.1)
Total Expenditure	**531.4**	**535.4**	**(4.0)**
Net reported surplus/(Deficit)	**(8.7)**	**(8.6)**	**0.1**

In month deficit of £17k, which is £83k better than the planned deficit of £100k.

- £1.6m of Strategic Change Reserves have been accessed, along with other Non Recurrent measures in month to deliver the month 6 plan position.
- Patient income is above plan in month mainly due to a gain on counting and coding backdated to April, in addition to a provision release.
- Education and Training has over-achieved in month due to additional pay award funding backdated to April being paid in relation to Resident Doctors.
- Pay is overspent in month due additional bank, agency and WLI usage to provide additional capacity and cover gaps.
- Non-pay is underspent in month due to accrual releases relating to the Strategic Change Fund (£1.6m).
- Drugs is overspent in mainly due to overspends against Ophthalmology drugs.

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

Care Colleagues Collaboration Communities

Finance | ERF Performance

Point of Delivery	RWT Plan £'000	RWT Actual £'000	RWT Variance £'000
Elective	24,482	24,058	(424)
Daycase	31,526	30,486	(1,039)
Outpatient Procedures	15,783	16,559	775
Procedures Total	**71,791**	**71,103**	**(688)**
Outpatient 1st	23,045	22,681	(364)
Diagnostic Imaging	4,650	4,575	(74)
Chemotherapy & Radiotherapy	5,938	6,204	267
Total Elective	**33,632**	**33,461**	**(171)**
Payment Variance Elective			***(860)***
A&E	16,224	18,294	2,070
NEL	101,132	102,143	1,012
Total UEC	**117,355**	**120,437**	**3,082**
Payment Variance UEC			***336***
Grand Total	**222,779**	**225,001**	**2,222**
Payment Variance			***(524)***

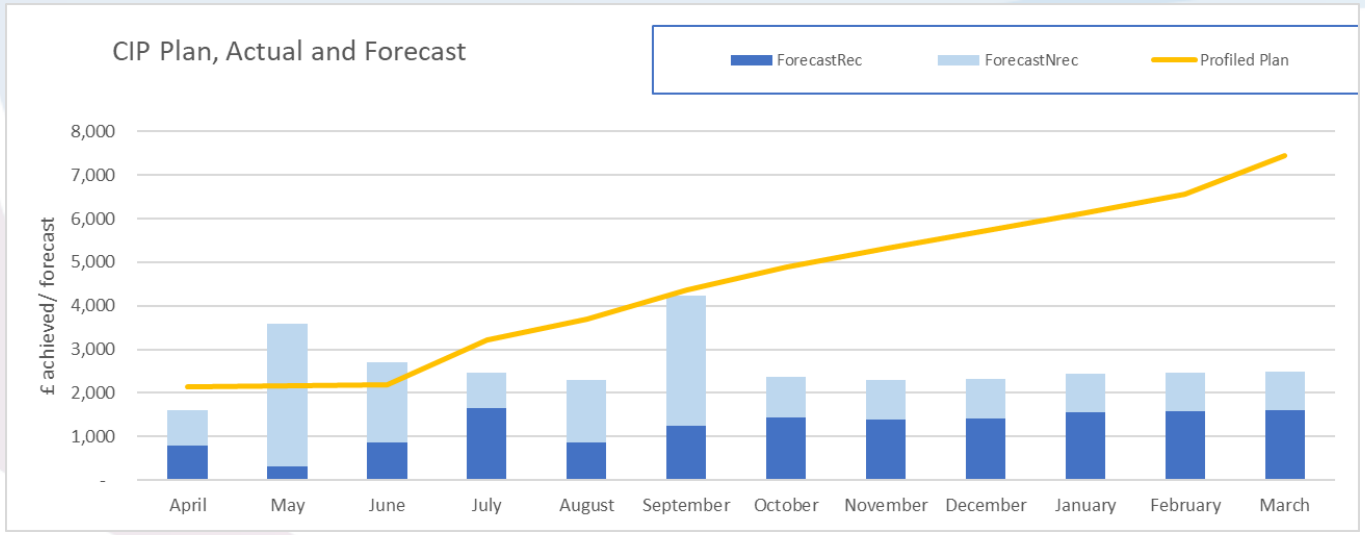
Year to date variable elective income is performing £0.86m below plan, with Division 1 under-performing by £1.73m.

UEC is performing £3.1m above plan, with a blended variance of £0.33m recognised as per guidance.

Clinical coding for September was 59% complete, static from prior month. The value of uncoded activity has been estimated at average tariff and is therefore also subject to change once coded. An estimate for uncashed outpatient has also been added to the above, as well as estimate for uncoded ED activity and other known missing coding. The total estimated YTD amounts to £19.8m.

Care Colleagues Collaboration Communities

Finance | Cost Improvement Plans



Delivery against Plan (by Division)					
Division	**Annual Target £'000**	**YTD Plan £'000**	**YTD Recurrent £'000**	**YTD Non-recurrent £'000**	**% Recurrent**
Division 1	24,190	6,515	1,004	2,823	26%
Division 2	12,813	3,415	1,551	1,344	54%
Division 3	9,621	4,118	2,397	1,209	66%
Corporate	4,283	2,068	71	1,227	5%
Estates & Facilities	3,017	1,011	458	653	41%
Trustwide	(100)	645	254	3,646	7%
Total	**53,825**	**17,772**	**5,736**	**10,901**	**34%**

In month 6 the Trust has achieved CIP of £4.0m, against a plan of £4.4m. Of the in-month achievement, 69% has been achieved non-recurrently. 53% of the in-month achievement (£2.1m) relates to non-recurrent CIP following the review and release of income provisions relating to 25/26.

Year to date the Trust has achieved £10.9m of savings non-recurrently and £5.7m recurrently. This means that two thirds of all savings have been achieved non-recurrently.

The forecast has dropped by £7.7m since month 5. The main driver of this is the removal of schemes related to Division 1 income, which, following the creation of a detailed activity and income recovery plan has shown that there will be limited opportunity for CIP.

The Corporate workforce reduction savings forecast has also been reduced to reflect the delays to MoCs.

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.

Care Colleagues
Collaboration Communities

Productivity Dashboard

RWT - Productivity Dashboard

Ref no.	Theme and KPI	Definition	Target	Basis of Target	2026/27 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)												
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)	3.52	3.58	3.40	3.05	3.98	4.16						
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)	5.68	5.87	6.04	5.97	5.86	5.87						
4	Bed Occupancy	Number of occupied beds divided by total number of available beds	95%	Nationally set	93.0%	95.2%	94.1%	93.3%	94.5%	94.5%						
5	Bed Occupancy classed as clinically ready for discharge (% of acute)	The average number of patients across the month who do not meet the criteria to reside (Question 2), divided by the total number of patients in hospital or discharged by 23:59 each day (sum of Question 3a and 3b).	22.2%	Achievement required to maintain top quartile performance	17.2%	16.0%	18.8%	19.7%	18.5%	17.3%						
Theatre Utilisation																
6	Capped elective theatre utilisation	Total capped touch time within valid elective sessions as a proportion of total planned theatre session duration	85%	Nationally set	82%	84%	83%	81%	83%	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)	2.09	2.23	2.14	2.08	2.14	2.06						
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	86%	90%	88%	87%	82%	87%						
9	CT, MRI & ultrasound utilisation		95%	Local planning target agreed												
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												
11	DNA Rate	Number of outpatient missed outpatient appointments divded by total outpatient appointments	6%	Local planning target agreed	8.8%	9.2%	9.4%	9.4%	9.2%	9.4%						
12	PIFU Utilisation Rate	The number of episodes moved or discharged to a PIFU pathway divded by total outpatient activity.	6%	Local planning target agreed	3.2%	3.4%	3.5%	4.0%	4.3%	4.5%						
13	Specialist Advice Utilisation Rate	Number of processed specialist advice requests (pre or post referral) divded by total number of outpatient first attendances	13%	Local planning target agreed	8.1%	7.7%	7.8%	8.5%	8.1%	8.2%						
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	0	0	3,422	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	2,180	2,160	2,164	2,137	2,184	2,131						
16	Additional income delivered through coding and counting changes	Additional income delivered through coding and counting changes	£970k		£0	£0	£0	£0	£0	£0						
17	Number of unfunded services being delivered	Number of services being delivered that do not have any form of funding arrangement in place	0		3	0	0	1	2							

Productivity Dashboard

					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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.	1.9%	Achievement required to maintain top quartile performance	2.16	2.16	2.27	2.27	2.15	2.31						
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.	2.3%	Achievement required to maintain top quartile performance	1.50	1.52	1.65	1.72	1.46	1.59						
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.	TBC	TBC	124.02	116.21	138.41	138.16	115.54	147.04						
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.	613	Achievement required to maintain top quartile performance	410.42	400.88	435.74	453.12	408.02	433.11						
24	Corporate services cost per £100m income (£m)	The total cost of corporate services divided by £100m.	0.27	20% reduction on March 25 position	0.31	0.31	0.32	0.31	0.32	0.32						
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	5.7%	Achievement required to improve to next quartile (top)	6.77%	6.67%	6.55%	6.65%	7.27%	6.62%						
26	Sickness Absence Rate	A percentage of overall staff who are absent because of sickness	6%	Nationally set	5.17%	5.19%	5.14%	5.36%	5.41%	5.38%						
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.	10%	Local planning target agreed	7.82%	7.86%	7.84%	8.18%	7.48%	7.91%						
28	Care hours per Patient Day	Total care hours worked by registered nurses & midwives divided by total patient bed days	7.6		8.0	7.9	7.5	8.2	7.7	7.7						
Support Services																
29	Estates and Facilities Cost per m2	Total estates and facilities running costs divided by total occupied floor area			£24.79/m2	£24.93/m2	£24.31/m2	£25.59/m2	£25.56/m2	£24.73/m2						
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			1.65	1.64	1.59	1.68	1.69	1.69						

Care Colleagues
Collaboration Communities

Tier 1 Paper Ref:	Enclosure 10.4

Report title:	NHS Staff Standards Initial baseline assessment and progress update.
Sponsoring executive:	Claire Radley, Group Chief People, Culture and Improvement Officer
Report author:	Clair Bond, People Director
Meeting title:	Group Trust Board Meeting held in Public
Date:	17 November 2026

1. Summary of key issues

The NHS Staff Standards were published in Jule 2026. Following a briefing to the Executive Committee and Group People Committee in July 2026, a detailed assessment across the six standards has been undertaken for both Trusts, highlighting areas of relative strength, material gaps and the key priorities requiring further improvement.

The assessment indicates that RWT and WHT have broadly comparable positions against the relevant NHS Oversight Framework measures, although organisational maturity varies across the six standards. Both Trusts have established policies, services and governance arrangements that provide a strong foundation for further development.

Flexible working represents the most immediate priority**,** reflecting both the lowest local maturity assessment and less favourable Staff Survey measures. Tackling racism, championing sexual safety and strengthening line management capability also require sustained leadership focus. Health and wellbeing and violence prevention demonstrate comparatively stronger operational foundations, with further work required to strengthen Group-wide strategy, accountability, organisational learning and outcome reporting.

The assessment remains provisional pending validation with staff networks, relevant governance groups and subject-matter experts, which is expected to conclude by the end of November 2026. The resulting priorities will be incorporated into the Cultural Improvement Plan, Leadership Development Strategy and Strategic EDI Delivery Plan, providing an integrated approach to improvement and assurance rather than creating six separate action plans.

The Board can be assured that the Group People Committee have reviewed a detailed assessment triangulating the following data; the published 2025 NHS Oversight Framework baseline scores; the relevant 2025 NHS Staff Survey results; and the locally led maturity assessment against the expected employer actions.

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 briefing introducing the NHS Staff Standards and requirements of NHS organisations was received by the Committee in July 2026. In October 20206, Group People Committee noted the initial assessment and identified priorities, recognised the areas where further assurance and improvement are required, and support the proposed integrated approach to delivery and ongoing oversight.

4. Recommendation(s)

The Board are asked to note the report.

NHS Staff Standards: Initial baseline assessment and progress update.

Introduction

In July 2026, the Group People Committee received a briefing relating to the publication of the NHS Staff Standards, introduced in June 2026 to support a more consistent staff experience across the NHS. They set expected employer actions across six areas:

- promoting flexible working;
- effective line management;
- health and wellbeing;
- violence prevention and reduction;
- tackling racism; and
- championing sexual safety.

The Committee were advised that a gap analysis would be completed against the expected employer actions. This follow up report provides an initial baseline assessment of both Trusts existing positions, identifying areas of relative strength, material gaps and priorities for improvement against each standard. The assessment triangulates:

1. published 2025 NHS Oversight Framework baseline scores;
2. the relevant 2025 NHS Staff Survey results; and
3. a locally led maturity assessment against the expected employer actions.

Background

In July 2026 the Group commenced a gap analysis against the expected employer actions set out against each standard. This analysis as led by subject experts to identify areas of excellence, opportunities for practice across the Group 'to level up' and importantly identify priority areas where current progress is limited.

In August 2026, NHS Employers introduced an Implementation Toolkit which provided a more detailed methodology via a series of questions to assess existing activity which could map to the NHS Staff Standards level of analysis. All NHS providers were encouraged to complete the toolkit and therefore initial the initial RWT/WHT Group analysis was aligned to the toolkit and subjected to peer review and challenge from subject leads.

The toolkit has been adapted by the BSOL/BC Cluster using a five-point maturity scale (0–4) to indicate the extent to which existing practice meets the expected actions specified for each NHS staff standard. Each question receives a whole-number score. The scores are then averaged to provide an overall maturity assessment for the relevant domain or standard with decimal points providing a more nuanced indication of maturity and progress than the individual scoring categories alone. For example: All assessments between 2.00 and 2.75 sit between *Low progress* and *Significant progress*, but the decimal scores demonstrate movement towards the higher maturity level.

A number of Trusts across Birmingham and Solihull and the Black Country Cluster (BSOL/BC) have provided the outcome of their initial assessments. It is understood that to meet a local timeframe in September, the assessments were undertaken by senior leaders and therefore subject to validation from wider stakeholders. This point is made explicitly in the context of acknowledging the variance in the outcome of the local assessment undertaken for RWT and WHT compared to BSOL/BC neighbours. The assessments have been completed by relevant subject leads and subjected to initial peer review and moderation across RWT and WHT. This provides confidence that the baseline is a reasonable initial reflection of the current position. However, assurance remains provisional until the findings have been tested with staff networks, relevant governance groups and wider stakeholders.

Overview assessment.

The table below reflects the outcome of the local maturity assessment (using the NHS Employers toolkit) against the NOF baseline data taken from the questions aligned from the 2025 staff survey against each of the standards. The table provides a high-level summary of the local assessment and identifies the stakeholder group currently responsible for the work. This assessment shows that the flexible working workstream requires initial focus as the most undeveloped standard

Staff Standard	RWT maturity	WHT maturity	RWT NOF	WHT NOF	Emerging assessment	Core Stakeholder Forum
Line management	1.3	1.7	6.24	6.71	Policy & gidance to support line management practice in place, inconsistent offer to develop capability and hold performance to account.	Joint Leadership & Management Framework Steering Group
Health & wellbeing	2	2	5.28	5.35	Credible operational foundation, requires a stronger Group strategy, governance and outcomes framework.	Joint H&WB Forum to be established (building on existing RWT Group)
Violence prevention	2.1	2.1	9.22	8.73	Established governance; learning loops require strengthening	Joint Reducing Violence and Agression Steering Group
Sexual safety	0.9	1.3	9.65	9.76	Strong NOF score but lower local maturity. Strong strategic direction established and clear action plan in place.	Joint Sexual Safety Group
Tackling racism	1.4	1.8	7.53	7.43	Requirement for stronger leadership accountability, evidence outcomes of improvement and development of core leadership expectations.	Joint Equality, Diveristy and Inclusion Group
Flexible working	0.8	0.8	6.11	6.24	Lowest local maturity and immediate priority to establish governance, policy, action plan and outcome based measures	TBC

Although the published NOF scores for RWT and WHT are broadly aligned, the local assessment indicates variable organisational maturity across the six standards. The greatest opportunities relate to strengthening leadership accountability, consistent implementation, workforce insight and mechanisms for hearing and responding to staff experience.

Assessment of each staff standard

1. Line Management

Both Trusts assess line management maturity as relatively low. Existing policies, guidance and job-description arrangements provide a foundation, but neither Trust has sufficient assurance around a clear management accountability framework, Board oversight or consistent structured support for new managers. The principal response is the implementation of the Leadership Development Strategy to enable the Cultural Improvement Programme.

2. Health and Wellbeing

Both Trusts report the same local maturity score and benefit from needs-led occupational health and wellbeing provision. The main opportunity is to consolidate the existing offer through an integrated Group leadership structure, a clearer Group wellbeing strategy and stronger Board-level oversight. Planned Occupational health and wellbeing service integration will be informed by structured assessment against the NHS Health and Wellbeing Framework. In summary there is a credible operational foundation, but it needs a stronger Group strategy, governance and outcomes framework.

3. Violence Prevention and Reduction

The two Trusts have closely aligned maturity assessments, reflecting an established shared governance approach, and the published NOF scores are comparatively strong. Further work is required to establish clear senior accountability, strengthen feedback to colleagues and provide assurance that learning and actions arising from incidents are implemented. The refreshed VPF action

plan will provide assurance against the NHS VPR standards and focus on training, risk assessment and preventative work in identified hotspot areas.

4. Championing Sexual Safety

Published NOF scores are strong, however the local assessment indicates reduced confidence at organisational level. Variation between the Trusts reflects differences in relevant policies and assessor confidence regarding zero tolerance, reporting and staff safety. A joint policy and action plan covering prevention, reporting, recording, response and learning are in development, with oversight through the Sexual Safety Joint Working Group. The apparent strength of the NOF score should not obscure gaps in policy alignment, staff confidence, reporting and consistent organisational response, however the Committee can be assured by recent detailed updates received relating to the progress against this important agenda.

5. Tackling Racism

Both Trusts identify low maturity and a need to validate the initial assessment in partnership with staff networks. The assessment highlights insufficient clarity that tackling racism is a core leadership responsibility, together with variable assurance around reporting, organisational response and support following racist incidents. The emerging Strategic EDI Delivery Plan should establish focused actions and embed anti-racism within the Cultural Improvement Plan and Leadership Development Strategy. In summary, this standard requires stronger leadership accountability, staff voice, transparent data and confidence in organisational responses and support.

6. Promoting Flexible Working

Flexible working is the lowest-scoring local maturity standard, with both Trusts receiving the same assessment and all aligned Staff Survey measures reported as less favourable than the national benchmark. Key gaps relate to Board ownership, consistent application, data and equality monitoring, and extending flexible approaches across patient-facing roles. A joint working group, policy and action plan are proposed, supported by clearer leadership expectations and improved outcome reporting. This is the clearest Group priority for immediate governance, policy and implementation action.

Conclusion

The analysis indicates that RWT and WHT have broadly comparable published NOF positions, however local maturity remains variable across the six Staff Standards. Existing policies and operational arrangements provide a foundation; however, the recurring gaps relate to leadership accountability, consistent implementation, workforce insight, staff voice and represents the clearest immediate priority, while tackling racism, sexual safety and line-management capability require strengthened assurance and sustained leadership attention.

Next Steps

The challenge is not to develop six separate action plans, but to connect the six standards to the emerging, wider cultural improvement architecture (described below), enabled by the integration of the People Directorate.

- The Cultural Improvement Plan (key segment of the TCT Strategy) will address improvement over a 3-5 year period, and with a likely early focus on collectively defining Group values and behaviours we want to see, resetting the threshold for unacceptable behaviour to build psychological safety, and improving team dynamics and performance.
- The Leadership Development Strategy will be a key enabler of the Cultural Improvement Plan, supporting managers and leaders at all stages of their career to develop and practice skill based requirements, understand their leadership impact and take accountability for people and performance outcomes.

- The Strategic Equality, Diversity and Inclusion Plan will set out our priorities addressing key inclusion challenges such as strengthening the voice and reach of staff networks, recognising and addressing inequalities experienced within our workforce and building leadership capability and accountability.

By	Deliverable	Governance
October 26	Commence leadership strategy engagement session	N/A
November 26	Complete wider stakeholder validation of staff standard local maturity assessment	
December 26	Present draft Culture Development Plan to Group People Committee	January Board
January 27	Receive 2026 Staff Survey results under embargo and triangulate analysis against draft cultural development	March Board
January 27	Commence colleague engagement / feedback sessions to identify and agree Group values (ongoing through to end of March)	
February 27	Seek approval of Strategic EDI Delivery Plan	March Board
March 27	Introduction of People Partners aligned to new Group Operating Framework	
April 27	Present Leadership Development Strategy and new Group values to GPC	May Board

Recommendations

Following discussion at Octobers Group People Committee the following recommendations were agreed.

- Noted the outcome of the initial Group maturity assessment against the six NHS Staff Standards.
- Noted the intention to validate the initial assessment undertaken by subject leads with wider stakeholders.
- Noted that validation with staff networks, subject-matter groups and relevant governance forums is expected to be completed by the end of November 2026.
- Endorsed the proposal to integrate the resulting priorities into the Cultural Improvement Plan, Leadership Development Strategy and Strategic EDI Delivery Plan, rather than establish six separate action plans.

Enclosure 11.1

Title of Report	Exception Report from Audit Committee
Author:	Paul Assinder, Group Deputy Chair
Presenter:	Paul Assinder, Group Deputy Chair
Date(s) of Committee Meetings since last Board meeting:	September 2026

Action Required

Decision	Approval	Discussion	Received or Information
Yes☐No☒	Yes☐No☒	Yes☐No☒	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Medical Leave Audit – Partial Assurance: Weaknesses were identified in checking leave entitlement, variations in leave allocations and inconsistent calculations for part-time medical staff. The matter has been escalated to the Executive Team with financial recovery being pursued where appropriate. A progress update is due for the Committee to receive at their meeting in December 2026. • Cyber Security: Significant cyber risks were noted through the Walsall assessment. Mitigating actions were noted as complete or in progress, with a further update due in February 2027. Follow-up action is also underway following the recent phishing exercise. • Counter Fraud: The Committee received an update on ongoing investigations and associated control issues. Further detail will be considered through the appropriate confidential governance route.	• Board Assurance Framework: The revised BAF is aligned to the Trust's three principal corporate objectives but remains in the process of being embedded. Confirmation has been requested that overdue reviews of high-rated Risks 438 and 53 have been completed. • Board Assurance Framework: Readiness for the planned BAF audit will be reviewed again in December 2026. • Estates and Digital Risk: A digital risk, including AI, is being drafted. An estates condition survey is underway. • Security Investment: Further investment in security infrastructure and CCTV is likely to be required. An options appraisal and business case will inform future capital plans, with a further update to the Committee due by February 2027.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Data Security and Protection Toolkit: The 2025/26 submission was assessed as Standards Met. All required actions had been completed before submission and governance arrangements have been strengthened. Multi-Factor Authentication across legacy systems remains the main challenge. • External Audit: External Audit confirmed it has sufficient resources to deliver the 2026/27 timetable, with no significant changes to auditing or accounting standards expected. • Pharmacy: Pharmacy losses have reduced following improvement work, with no suspension breaches reported. • Fit and Proper Persons: Internal Audit (RSM UK) provided Reasonable Assurance, confirming	• Group Conflicts of Interest Policy: The Committee endorsed the revised policy. • Group Scheme of Reservation and Delegation: The updated Scheme was approved for onward approval. • Historic Debt: The Committee approved the write-off of historic debts that had already been provided for and were considered unrecoverable.

that the required checks are taking place. The joint Internal Audit and Counter Fraud review generated two Counter Fraud actions. The required policy amendments were accepted and the review of potential undeclared interests identified through data matching was completed, with no concerns identified.	