

The Royal Wolverhampton NHS Trust (RWT) & Walsall Healthcare NHS Trust (WHT)
Group Trust Board Meeting– to be held in Public
Tuesday 20 May 2025 @ 10:00-12:30
Beacon Centre, Wolverhampton Rd, Wolverhampton WV4 6AZ

Trust Board Meeting - to be held in Public

Agenda No.	ITEM	PAPER REF	LEAD	PURPOSE	TIME
1	Chair's Welcome, Apologies and Confirmation of Quorum	Verbal	Sir David	To inform & assure	10:00
2	Register of Declarations of Interest	Verbal	Sir David	To inform & assure	10:02
3	Minutes of the RWT/WHT Group Trust Board Meeting held in Public on 18 March 2025	Enclosure 3	Sir David	To approve	10:04
4	Group Board Action Log and Matters Arising	Enclosure 4	Sir David	To update, inform & assure	10:06
5	Chair's verbal Update	Verbal	Sir David	To inform	10:08
5.1	Patient Voice WHT - Maternity	Verbal	L Carroll	To inform	10:13
6	Group Chief Executive's Update	Enclosure 6	J Chadwick-Bell	To inform	10:28
7	Strategy				
7.1	Partnerships & Transformation Committee (PTC) Chair's Report by Exception	Enclosure 7.1	L Cowley	To discuss, inform & assure	10:35
7.2	Strategic Transformation Programme Update	Enclosure 7.2	Simon Evans	To discuss, inform & assure	10:41
7.3	COMFORT BREAK (10 MINS) 11:16				
7.4	Group Chief Community and Partnerships Officer Report by Exception for RWT & WHT	Enclosure 7.4	S Cartwright	To discuss, inform & assure	11:26
8	Quality & Safety				
8.1	Group Quality Committee (QC) - Chair Report for RWT and WHT	Enclosure 8.1	L Toner	To discuss, inform & assure	11:32
8.2	RWT & WHT Joint Chief Nursing Officer's Update by Exception including midwifery	Enclosure 8.2	D Hickman L Carroll	To discuss, inform, assure & approve RWT Biannual Skill Mix	11:39
9	People				
9.1	Group People Committee (PC) - Chair's Report for RWT & WHT	Enclosure 9.1	D Brathwaite A Heseltine	To discuss, inform & assure	11:45

Agenda No.	ITEM	PAPER REF	LEAD	PURPOSE	TIME
9.2	Group Chief People Officer's Report by Exception for RWT & WHT	Enclosure 9.2	A Duffell	To discuss, inform & assure	11:52
10	Access & Targets				
10.1	Operational and access Reports by exception – RWT & WHT	Enclosure 10.1	G Nuttall	To discuss, inform & assure	11:58
11	Productivity & Finance				
11.1	Group Finance & Productivity Committee (FPC) - Chair's Report for RWT and WHT	Enclosure 11.1	J Dunn	To discuss, inform & assure	12:04
11.2	Group Chief Financial Officer Report for RWT and WHT – Month 12	Enclosure 11.2	K Stringer	To discuss, inform & assure	12:11
11.3	Audit Committee (AC) – Verbal Update for RWT & WHT	Verbal	J Jones K Stringer	To discuss, inform & assure	12:18
12	Any Other Business				
12.1	RWT and WHT G6/FT4 and CoS7 License Self Certification assessment & declaration	Enclosure 12.1	K Stringer	To approve	12:22
12.2	RWT & WHT Charitable Funds Committee – Chair's Report to Trustees	Enclosure 12.2	M Levermore	To discuss, inform & assure	12:24
13	Questions Received from the Public	Verbal	Sir David	To inform	12:28
14	Resolution	Verbal	Sir David	To approve	12:32
15	Date and Time of Next Meeting : Tuesday 15 July 2025 @ 10am – Venue to be confirmed	Verbal	Sir David	To note	12:34
MEETING CLOSE					

MEETING OF THE PUBLIC GROUP TRUST BOARD MEETING
TUESDAY 18TH MARCH 2025 AT 10:00AM
held at
GTG WEST MIDLANDS WV11 3SZ

PRESENT

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

Sir D Nicholson	Group Chair
Ms J Chadwhick-Bell	Group Chief Executive Officer
Ms R Barber	Joint Associate Non-Executive Director, RWT and WHT
Mr K Bostock	Group Director of Assurance
Ms D Hickman	Chief Nursing Officer, RWT
Ms L Carroll	Chief Nursing Officer, WHT
Ms S Cartwright	Group Director of Place
Ms L Cowley	Joint Non-Executive Director, RWT and WHT
Mr A Duffell	Group Chief People Officer
Mr J Dunn	Deputy Chair/Non-Executive Director, RWT
Mr S Evans	Group Chief Strategy Officer
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Ms A Heseltine	Joint Associate Non-Executive Director, RWT and WHT
Ms J Jones	Non-Executive Director, RWT
Prof M Levermore	Joint Non-Executive Director, RWT and WHT
Dr B McKaig	Chief Medical Officer, RWT
Dr Z Din	Chief Medical Officer, WHT
Ms G Nuttall	Chief Operating Officer/Deputy Chief Executive RWT
Dr J Odum	Group Chief Medical Officer
Mr K Stringer	Group Chief Financial Officer/ Group Deputy Chief Executive
Prof L Toner	Joint Non-Executive Director, RWT and WHT
Mr P Assinder	Deputy Chair/Non-Executive Director, WHT
Ms M Martin	Non-Executive Director, WHT
Lord Carter	Specialist Advisor to the Board, RWT

In Attendance

Mr K Wilshire	Group Company Secretary
Ms E Stokes	Senior Administrator (Minutes), WHT
Ms J Toor	Senior Operational coordinator, WHT
Ms R Simmons	Matron for Cardiology and Cardiothoracic Services
Ms J Wright	Director of Midwifery, WHT
Ms T Palmer	Director of Midwifery, RWT
Mr T Nash	Communications Officer, RWT & WHT
Mr P Jenkins	Senior Report, Express and Star
Mr R Purewal	Senior Healthcare Director – C2-Ai.com – Precision Healthcare
Ms C Goco	Paralegal, Waldrons Solicitors
Ms G Nightingale	Directorate Manager to Group Chief Executive Officer

Apologies

Mr W Roberts	Chief Operating Officer, WHT
Ms D Brathwaite	Joint Non-Executive Director, RWT and WHT
Dr U Daraz	Joint Associate Non-Executive Director, RWT and WHT

028/25	Chair's Welcome, Apologies and Confirmation of Quorum
	Sir David welcomed everyone to the meeting and apologies were received and noted. Sir David confirmed the meeting as quorate. Resolved: that the Group Trust Board Meeting held in public be confirmed as quorate.
029/25	Patient Voice (Royal Wolverhampton NHS Trust) – Thane Warburg's Story
	Ms Evans introduced the story of Thane Warburg who had undergone triple bypass surgery at The Royal Wolverhampton NHS Trust (RWT) and advised that the Board had received the link to watch his patient story on Youtube. She said Mr Warburg had been apprehensive about receiving treatment due to hereditary heart

	<p>concerns within his family. Ms Evans said that following treatment, Mr Warburg had said that his quality of life had been greatly improved which had allowed him to increase activity and movement. She said Mr Warburg had expressed immense gratitude to Mr Billing and the wider heart and lung team for all the care he had received.</p> <p>Ms Simmons reported that Mr Warburg's only concern during his stay at RWT had been the lack of healthy food options available on the inpatient food menu. She said fruit was always available for patients and advised that patients were encouraged to increase their calorie amount following surgery to aid recovery.</p> <p>Ms Simmons advised that the senior cardiothoracic team had worked together for several years and had helped establish an inclusive and caring team. Mr Assinder said it was important to manage patient expectations and ensure open communication throughout to inform patients of any delays in surgery. Prof Toner asked what time patients were prepared ahead of surgery. Ms Simmons advised that patients began preparations for surgery from 06:00am.</p> <p>Sir David thanked Ms Simmons and the wider cardiothoracic team for the kindness and care they provide to patients.</p> <p>Resolved: that the Patient Voice (Royal Wolverhampton NHS Trust) –be received for information and assurance.</p>
030/25	Register of Declarations of Interest
	<p>Sir David confirmed that no further declarations of interest had been received that were not already included within the register of interests.</p> <p>Resolved: that the Register of Declarations of Interest be received and noted that there were no further declarations of interest declared that were not already included within the Register of Interests.</p>
031/25	Minutes of the Previous RWT/WHT Group Trust Board Meeting held in Public on 21 January 2025
	<p>Sir David approved the minutes of the Group Trust Board Meeting held on 21 January 25 as an accurate record.</p> <p>Resolved: that the minutes of the previous meeting held 21 January 25 be received and APPROVED.</p>
032/25	RWT/WHT Group Trust Board Action Points and Matters Arising
	<p>Sir David received and noted the updates to the outstanding actions as listed below:</p> <ul style="list-style-type: none"> • Action 2421: The Quality Committee be reformed as a single Committee from April 25. <i>Prof Toner advised that the Quality Committee would meet as a Joint Committee in April 25. It was agreed that this action be closed.</i> • Action 2369: A Report to be brought to the People Committee to identify what the drivers were for sickness of staff members within the Trust, whether they were out of work or work based and identify potential solutions. <i>Mr Duffell advised that the key sickness drivers would be discussed at the March 25 Group People Committee meeting. It was agreed that this action be closed.</i> <p>Sir David confirmed that there were no outstanding matters arising.</p> <p>Resolved: that any updates to the Group Action Log and Matters Arising be received and noted.</p>
033/25	Chair's Report – Verbal
	<p>Sir David reported on the changes to the National Health Service (NHS) with the abolishment of NHS England and expected reduced workforce for local Integrated Care Boards (ICBs). He said the Government would be undertaking a spending review in 2025 which would set out the financial and 10-year plan for the NHS.</p> <p>Sir David confirmed the changes to the Non-Executive Director structures at The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) and advised that Junior Hemans, Ofrah Muflahi, Dr Gillian Pickavance, Fiona Frizzell and Angela Harding had completed their terms as Non-Executive and Associate Non-Executive Directors at their respective Trusts. He thanked them for their service and contributions to the Trusts and the Group Trust Board and wished them well.</p> <p>Sir David summarised the new structure for Non-Executives at RWT and WHT confirming his continued role as Group Chair, Mr Dunn as Deputy Chair at RWT, Mr Assinder as Deputy Chair at WHT, Ms Martin, Non-Executive Director and Audit Chair at WHT, Ms Jones, Non-Executive Director and Audit Chair at RWT, Ms Cowley, Prof Toner, Prof Levermore and Ms Brathwaite as Joint Non-Executive Directors at RWT and WHT, Dr Daraz, Ms Heseltine, Ms Barber as Joint Associate Non-Executive Directors at RWT and WHT and Lord Carter as Specialist Advisor to the Board at RWT. He confirmed Ms Cowley and Prof Toner as the Senior Independent Directors at WHT and RWT respectively. Sir David advised that the Group Trust Board would be seeking to appoint a further Joint Associate Non-Executive Director with clinical experience.</p> <p>Resolved: that the Chair's report be received for information and assurance.</p>

034/25	Group Chief Executive's Report
	<p>Ms Chadwick-Bell reported that the Group Trust Board structure had also been restructured alongside the Non-Executive Director restructure and confirmed that Dr Jonathan Odum, Group Chief Medical Officer, Kevin Bostock, Group Director of Assurance and Sally Evans, Group Director of Communications and Stakeholder Engagement would step down as active Group Trust Board members. She said that Dr Odum, Mr Bostock and Ms Evans would remain in their roles within the Trusts and thanked them for their contributions to the Board.</p> <p>Ms Chadwick-Bell advised that Mr Roberts, Chief Operating Officer WHT would be leaving the Trust in August 2025 to undertake a fellowship in America. She thanked him for all his hard work during his time at WHT. She confirmed that Mr Stringer and Ms Nuttall would step down as Deputy Chief Executive Officers to focus on the Group Financial Recovery Plan and that Mr Evans would take on the role of Group Deputy Chief Executive from 1 April 25 alongside his Group Chief Strategy Officer role. She reported that she intended to implement Managing Director roles at RWT and WHT to allow greater accountability at site level and allow Executive Directors to focus on strategic work. She said Ms Nutall had been appointed as the Managing Director at RWT and the Managing Director role at WHT would be advertised for recruitment.</p> <p>Ms Chadwick-Bell advised that following receipt of the operational guidance, RWT and WHT continued to work alongside Black Country and Integrated Care Board (ICB) colleagues to ensure a robust plan for 2025/26 and assured the Board that the Trusts would continue with their focus on patient experience and quality.</p> <p>Ms Chadwick-Bell reported on the reductions required for in spend on corporate services and said the Trusts were awaiting guidance from NHS England (NHSE) to be published. She said RWT and WHT were expected to reduce their corporate growth by 50% in Quarter 3 (Q3 September 25) and said staff at both Trusts were being kept informed of the changes happening as well as continued engagement with Trade Union colleagues.</p> <p>Ms Martin queried if there were further conversations on the prospect of merging RWT and WHT into a single Trust. Ms Chadwick-Bell advised that the merging of the Trusts was not a current priority.</p> <p>Resolved: that the Group Chief Executive's Report be received for information and assurance.</p>
035/25	WHT- Published Report on Patient Recall and Notification
	<p>Ms Chadwick-Bell advised that there were 91 patients who had been harmed due to surgery carried out by Mr Shah, a Consultant at WHT. She publicly apologised on behalf of WHT to the patients and families affected by the treatment they had received.</p> <p>Mr Bostock advised that the final Report on Patient Recall and Notification had been published on the WHT website on 11 March 2025. He summarised that Mr Shah had been appointed in 2004 as a Consultant at WHT and another Upper Limb Surgeon had also been appointed in 2010. He said between 2010- 2018 there had been 21 litigation cases related to Mr Shah's practice but these had not resulted in Mr Shah being identified as an outlier against normal expected number of cases for a surgeon carrying out multiple procedures.</p> <p>Mr Bostock advised that the first concern had been raised in October 2019 when a patient had complained to the General Medical Council (GMC) who then subsequently approached WHT. He said following this an internal audit had been carried out by the second appointed Upper Limb Surgeon who identified a higher-than-expected complication rate in a specific type of surgery (shoulder).</p> <p>Mr Bostock reported that following the findings of the internal audit, Mr Shah had been restricted from performing shoulder and elbow replacement surgery. He said Mr Shah undertook private practice at the Spire Little Aston so the Trust had informed them of the audit findings. He reported that Spire had then confirmed that they had raised concerns of problems with Mr Shah's patients who had undergone hand and wrist operations.</p> <p>Mr Bostock advised that in March 2020, the Chief Medical Officer at the Trust at the time, commissioned the Royal College of Surgeons (RCS) to undertake an Invited Mechanisms Review of the Orthopaedics Department and not specifically Mr Shah's practice. The RCS review identified some concerns with both the Department of Orthopaedics and Mr Shah's practice. He said that 5 patients had been identified from the RCS review to have suffered potential harm and a second review had been conducted with these patients by a Specialist Consultant at Wrightington Hospital which identified significant concerns regarding Mr Shah's practice and preventable harm for all 5 patients. Mr Bostock reported that following, Mr Shah had been offered further training and peer support.</p> <p>Mr Bostock reported that in April 2021 a Never Event from 2 years prior was identified by a patient claim that</p>

	<p>related to wrong site surgery and said that this Never Event had not been reported by Mr Shah or the Orthopaedic team at the time.</p> <p>Mr Bostock advised that in May 2021, a second review was undertaken by the RCS, commissioned by WHT to review Mr Shah's wider practice, which included WHT undertaking the Patient Notification and Recall Exercise to review the total number of patients (6,423) Mr Shah had operated on.</p> <p>Mr Bostock reported that Mr Shah's concern rate against global operating practice had not triggered an outlier status and this was in line with expected normality. He said when the Trust focused on Mr Shah's Upper Limb surgery cases however, there was a much higher rate of post-operative complications that were identified through post operative radiology and patient follow up. He advised that a Complex Case Assurance Group was then initiated with several external stakeholders included. He said the Group met monthly to oversee the design and governance of the process and findings were fed back by the Chief Medical Officer to the Group Trust Board held in private over the last 3 years. Mr Bostock reported that the review was conducted in collaboration with Spire Little Aston.</p> <p>Dr Odum reported that the model of managing the recall process had been recognised by NHSE as a model they would replicate to investigate further recall exercises in the future. Mr Bostock said that following review of the totality of Mr Shah's practice had identified 382 patients who had undergone procedures of concern which were based on the criteria the review panel had determined. He said of the 382 patients there were varying levels of concern from low harm/no harm to moderate/severe harm.</p> <p>Dr Din reported that a dynamic action plan had been set following the complex case review. He said there had been changes to policy validation and monitoring of clinicians if early concerns are raised. He advised that he had received a response from Mr Shah accepting the findings of the report and reported that the General Medical Council (GMC) were in the final disclosure phase of their investigation with a tribunal planned as part of the next step.</p> <p>Dr Odum reported that he had spoken with some of the patients that had been harmed because of the surgery performed by Mr Shah and apologised on behalf of WHT.</p> <p>Mr Bostock said that the implementation of new systems and posts for further oversight of scrutiny and practice had significantly reduced the likelihood of this happening again to future patients.</p> <p>Professor Levermore asked how the independent scrutiny process had provided assurance to WHT. Mr Bostock advised that the ultimate independent scrutiny would have been from a public review and the leadership team at the time of the investigation process had agreed it did not warrant public review. He said independent scrutiny had been provided by NHSE, Care Quality Commission (CQC) and Spire Healthcare who were independent from the government and NHS. Dr Odum advised that WHT had not been a part of the individual independent reviewer conversations with patients.</p> <p>Mr Assinder asked if future patients of upper limb surgery at WHT could be assured that treatment would be carried out safely and audited thoroughly. Dr Din advised that the medical assurance specialist was creating a medical dashboard to review outcomes of individual surgeons and clinicians to monitor them.</p> <p>Ms Jones asked for assurance that there were not similar cases that had happened in the past that WHT were unaware of. Mr Bostock advised that WHT had reviewed all cases Mr Shah had operated on and had reviewed samples from different categories to identify any triggers. He said had been no concerns that WHT had missed anything over the 3 year review period.</p> <p>Sir David apologised to all patients and families affected on behalf of the Trust and the Group Trust Board.</p> <p>Resolved: that the WHT – Published Report on Patient Recall and Notification be received for information and assurance.</p>
036/25	Strategy Update – Strategic Planning Framework (SPF); Planning Guidance for 2025/26
	<p>Mr Evans presented the final version of the 2025/26 Strategic Planning Framework (SPF) which provided an update on the development of the 2025/26 annual plan. He advised that the Strategic Aims and Vision for both Trusts had not changed and were featured within the Trust Strategy. He said the SPF featured the agreed headline measures of success which would be implemented across the next 10 years and that these were aligned with colleagues across the Black Country to ensure consistency.</p>

	<p>Mr Evans advised that the latest iteration of information had been taken from the Chief Executive Meeting that had taken place 13 March 2025 and that the planning process was fluid and changed daily. He reported that there were 9 specific work programmes that would be reported through the newly developed Use of Resources Programme Board, chaired monthly by the Group Chief Executive. He said delivery and outcomes of the Group would report into the Partnerships and Transformation Committee and Group Finance and Productivity Committee with the Quality Committee working to identify any quality concerns raised through the process.</p> <p>Ms Heseltine asked where Quality Impact Assessments would be signed off. Mr Evans reported that Quality Impact Assessments were completed during transformational work and would be signed off jointly by the Chief Medical Officers (CMO) and Chief Nursing Officers (CNO) to ensure full clinical oversight as well as reporting through the Resources Programme Board.</p> <p>Resolved: that the Strategy Update – Strategic Planning Framework (SPF) be received and APPROVED and the Planning Guidance for 2025/26 be received for information and assurance.</p>
037/25	Group Director of Place Report by Exception for RWT & WHT – including Community First – Update on Progress
	<p>Ms Cartwright reported that The Walsall Together Partnership Board had approved a Communications and Engagement Plan to accompany the recently approved 2025-2028 Strategy. She said the Strategy would formally launch on 1 April 25 with a series of staff roadshows diarised.</p> <p>Ms Cartwright advised that The Walsall Together Partnership Board had received the first integrated assurance and delivery report covering commissioning transformation and operational delivery across the partnership.</p> <p>Ms Cartwright reported that phase one of the engagement exercise for Women's Hubs had commenced with 20 groups across Walsall talking to women and girls about their health and wellbeing. She said funding had been identified for the 4 place partnerships across the Black Country.</p> <p>Ms Cartwright advised that the Acute Respiratory Infection (ARI) Hub would close by the end of March 25, the Family Hub programme had secured an additional year of funding and there 4 locality hubs that had been developed.</p> <p>Ms Cartwright advised that a Frailty and Falls Workshop had been held in February 25 with a wide range of key stakeholders from across the borough in attendance. She said feedback would be collated to develop an action plan surrounding the falls and frailty service and would be feed into the wider frailty work across WHT and the Black Country.</p> <p>Ms Cartwright reported that there had been an increase in the usage of Virtual Ward Beds and WHT had maintained an excellent performance from an intermediate care perspective during the winter period.</p> <p>Ms Cartwright advised that the Board-level priorities of OneWolverhampton had been constructed to ensure alignment with the key national objectives which were Integrated Neighbourhood Teams (INTs), Prevention, Community Activation and Technology Enabled Care. She said that a workshop had been held in February 2025 to ensure alignment of the INTs with the Integrated Care Board (ICB) Primary Care Transformation Strategy.</p> <p>Ms Cartwright advised that the Community First Programme Board continued to monitor progress and would report into the Partnerships and Transformation Committee. She said the Community First Programme Board Terms of Reference had been agreed in May 25 and that various population management tools were being reviewed to support identification of patients who were accessing services.</p> <p>Mr Dunn asked how Walsall Together and OneWolverhampton could strengthen collaborative working. Ms Cartwright advised that there were several joint initiatives across the partnerships that provided joint learning and best practice.</p> <p>Mr Dunn asked if appropriate support was in place for infrastructure and technology. Ms Cartwright reported that the access to digital infrastructure was a corporate risk on the WHT Risk Register and there was a firm commitment to developing the community infrastructure.</p> <p>Mr Assinder asked for more information regarding emergency medicine outreach. Ms Cartwright advised that the outreach programme would ensure an emergency physician was working within the Community Division to help avoid admission. Mr Assinder queried how the Place Based Partnerships were contributing to the economic good</p>

	<p>of the communities. Ms Cartwright advised that both partnerships had strong connections with Public Health England. Mr Assinder asked that a further discussion be scheduled for a future Group Board Development.</p> <p>Action: Ms Cartwright to schedule a session on emergency medicine outreach at a future Group Board Development Session.</p> <p>Ms Chadwick-Bell asked how the Group Trust Board could be assured on what the impact of the Outcomes Framework would be. Ms Cartwright advised that Walsall Together had implemented an Outcomes Framework 2-3 years ago with the themes within Walsall Together reporting against the Outcomes Framework. She said the WHT Outcomes Framework had influenced the ICB Outcomes Framework which would be implemented across all 4 Place Based Partnerships.</p> <p>Resolved: that the Group Director of Place Report by Exception for RWT & WHT – including Community First – Update on Progress be received for information and assurance.</p>
	SUPPORT OUR COLLEAGUES (Section Heading)
038/25	Group People Committee (GPC) – Chair’s Report for RWT & WHT
	<p>Ms Heseltine reported that the 2024 National Staff Survey Result for RWT and WHT had been published.</p> <p>Ms Heseltine advised that a summary of the key sickness drivers had been requested for discussion at the Group People Committee (GPC) meeting being held in March 25. She reported that the GPC had also requested a summary of workforce related actions identified through the Audit Committee at RWT and WHT.</p> <p>Resolved: that the Group People Committee (GPC) – Chair’s Report for RWT & WHT be received for Information and Assurance.</p> <p style="text-align: right;">The Board Convened for a 10-minute break at 11:20AM</p>
	EXCEL IN THE DELIVERY OF CARE (SECTION HEADING)
039/25	Group Finance & Productivity Committee (FPC) Chair’s Report
	<p>Mr Assinder advised that RWT and WHT had performed comparatively well against constitutional standards and targets throughout the winter period. He reported that there had been increased Urgent and Emergency Care (UEC) demand across the Integrated Care System (ICS), which had resulted in a slight deterioration to 4-hour Emergency Department and ambulance handover times across RWT and WHT.</p> <p>Mr Assinder advised that RWT and WHT continued to perform well against diagnostics and elective performance. He said RWT had been de-escalated from Tier 1 to Tier 2 for Cancer 62-day referral.</p> <p>Mr Assinder reported that at Month 10, RWT and WHT were marginally off plan and the forecast for the Trusts was to achieve the declared deficit plan of £19.9m for 2024/25.</p> <p>Mr Assinder advised that the Group Finance & Productivity Committee (GFPC) had reviewed and endorsed 3 Private Finance Initiatives (PFI) contracts to be submitted for approval at Group Trust Board.</p> <p>Ms Cowley asked if the Deloitte’s review had been effective for RWT and WHT. Mr Stringer reported that Deloitte’s had helped increase control across RWT and WHT and the areas they had identified for potential savings would be further reviewed. Sir David queried the original deficit plan for RWT and WHT. Mr Stringer advised that the original plan without deficit funding money was approx. £73m. Sir David said that if the Trusts were reporting £20m off plan then the actual deficit for this year would actually be £90m and said it was important to be clear about this.</p> <p>Resolved: that the Group Finance & Productivity Committee (FPC) Chair’s Report be received for Information and Assurance.</p>
040/25	WHT Chief Operating Officer’s Report by Exception including Elective Care and MMUH Update
	<p>Ms Nuttall presented the WHT COO report on behalf of Mr Roberts. She advised that WHT had seen an increase in Urgent and Emergency Care (UEC) attendances due to the closure of the Emergency Department at Sandwell Hospital and Midland Metropolitan University Hospital (MMUH) opening.</p> <p>Ms Heseltine asked if there had been complications in transferring Sandwell patients back to MMUH. Ms Carroll reported that WHT had not identified any impact on discharging out of area patients.</p> <p>Ms Nuttall reported that from RWT perspective, the Trust had met the 70% national target for cancer 62-day performance in January 2025.</p>

	<p>Mr Dunn asked if RWT and WHT were on target to achieve the forecasted exit run rates. Ms Nuttall reported they were expecting to achieve their forecast run rates for performance. She said there had been changes surrounding Elective Recovery Fund (ERF) allocations for Quarter 4 and that RWT and WHT were performing well against ERF. She said performance metrics had highlighted improvements across both Organisations. Mr Stringer advised that if RWT and WHT delivered against the recovery plan the exit run rate would be delivered as forecast.</p> <p>Resolved: that the WHT Chief Operating Officer's Report by Exception be received for Information and Assurance.</p>
041/25	Board Level Metrics – Performance Report for RWT & WHT
	<p>Ms Nuttall advised that the Board Level Metrics had been reported on through earlier reports and had nothing further to highlight to the Group Board.</p> <p>Resolved: that the Board Level Metrics – Performance Report for RWT & WHT be received for information and assurance.</p>
042/25	Group Chief Financial Officer Reports for RWT and WHT – Month 10
	<p>Mr Stringer advised that as part of the RWT and WHT recovery plan the Trusts had escalated their ERF however they had been advised that the ERF cap had not been approved. He said there had been further discussions with NHSE since and the assumption now was that whatever RWT and WHT had incurred collective above the ERF cap would be covered.</p> <p>Mr Stringer reported that a financial gap remained in relation to year-end target which had been identified as £9m across all 4 Provider Trusts and was confident that the Trusts would deliver their stretch of the gap.</p> <p>Ms Martin asked if capital expenditure was forecasted to meet the plan at year-end. Mr Stringer advised that following a capital review meeting yesterday, where they had reviewed all projects and risks, the Trusts were confident that they would deliver what they needed to deliver despite the challenges.</p> <p>Resolved: that the Group Chief Financial Officer Reports for RWT and WHT – Month 10 be received for information and assurance.</p>
043/25	Audit Committee – Chair's Report for RWT & WHT
	<p>Ms Jones advised that an internal audit report on the grip and control action plan was awaiting finalisation and an additional Audit Committee (AC) meeting had been scheduled for 20 March 25 with Mr Duffell in attendance to scrutinise the outcome of the grip and control audit.</p> <p>Ms Jones reported that there had been a good outcome from the NHSE review of cyber risk management with 3 remaining high risks. She said work was underway to mitigate the risks identified.</p> <p>Ms Martin advised that the Internal Audit recommendation tracker for WHT highlighted 22 overdue management actions. She said the AC would require the lead Executive Director for any overdue action to future AC meetings to set out the mitigations that were in place to control the risk.</p> <p>Ms Martin reported that the rollout of the Allocate system had been held back by lack of funding for an implementation team. She said departments that were not using Allocate were still using spreadsheet systems which resulted in lack of procedure and central oversight. Mr Duffell advised that a lack of staffing and financial resources was the contributor for not fully implementing Allocate across RWT and WHT.</p> <p>Resolved: that the Audit Committee – Chair's Report for RWT & WHT be received for information and assurance.</p>
044/25	Quality Committee (QC) – Chair's Report for RWT & WHT
	<p>Prof Toner reported RWT and WHT as amongst the 7 NHS Trusts in the West Midlands that had been identified as being outliers due to the high incidence of <i>C-Difficile</i>. She said the Integrated Care Board (ICB) and Regional Infection Prevention and Control (IPC) lead would be conducting a peer review programme across Provider Trusts.</p> <p>Prof Toner advised that work was continuing to ensure sign off a Responsible Clinician (RC) at RWT and WHT due to ongoing challenges with the care of individuals with mental health issues. Ms Cowley asked if RWT and WHT could quantify the financial and care impact on mental health patients by not having a RC. Dr Mckaig and Ms Carroll advised that RWT and WHT regularly assessed and quantified the financial impact of delays to identify cost. Dr Mckaig said the recruitment of bank staff was to ensure effective expert mental health care to patients suffering delays.</p> <p>Prof Toner reported that a weekly review of nurse sensitive indicators was being undertaken to determine any impact from substantive or temporary staffing issues. Ms Carroll and Ms Hickman confirmed that RWT and WHT</p>

	<p>were running at minimum safe staffing levels.</p> <p>Prof Toner advised that the RWT and WHT Quality Committee had received the first Health Inequalities Report and this would be an addendum to future Trust Annual Reports.</p> <p>Prof Toner reported that Martha's rule at WHT had seen a positive impact and had resulted in 3 patients moving to Intensive Care Unit (ICU) since its implementation in November 24.</p> <p>Prof Toner advised that stroke metrics for patients being seen and assessed within 24 hours at RWT continued to perform significantly below the target due to an increase in service demand. She said patients were being cared for in other medical wards until they could be assessed and moved across to the Stroke Unit.</p> <p>Prof Toner reported that 1 new red risk had been added to the RWT Corporate Risk Register Risk 6398 Boston Field Safety Notice – Risk of failure of pacemakers. She said all patients affected had been identified and actions were ongoing to facilitate battery changes by the end of March 25. Prof Toner advised that the notes of deceased patients were under review to determine if any deaths had been caused by battery failure.</p> <p>Resolved: that the Quality Committee (QC) – Chair's Report for RWT & WHT be received for information and assurance.</p>
045/25	<p>Chief Nursing Officer's Report by Exception for RWT & WHT including Director of Midwifery Reports</p> <p>Ms Hickman reported that an invited visit from NHSE and the ICB had taken place at RWT on 24 January 25 to review ongoing improvement actions within the Neonatal Unit due to ongoing prevalence of Methicillin-resistant Staphylococcus aureus (MRSA) acquisitions. She said there had been no further transmissions since January 25 and formal feedback was awaited.</p> <p>Ms Hickman advised that staff resilience was a key focus with transparent communication across all nursing levels. Ms Hickman reported the ongoing monitoring of Nurse Sensitive indicators considering the former. She said there continued to be increased visibility of the senior team across RWT ensuring Professional support and oversight.</p> <p>Ms Hickman reported that the annual RWT Workforce Safeguards Report had identified 1 area of partial compliance surrounding rostering and the benchmarking data for Allied Health Professionals (AHP). She said work was underway internally and regionally using the Getting It Right First Time (GIRFT) metrics.</p> <p>Ms Palmer advised that the Developing Workforce Safeguards for Nursing and Allied Health Professionals had been acknowledged at the RWT Quality Committee (QC). She said the report had highlighted midwifery staffing had remained at the recommend birth rate plus number. She reported that action to substantively back fill Maternity leave within the intrapartum areas had been supported for the immediate interim.</p> <p>Ms Palmer advised that she and Ms Wright were having discussions to review midwifery workforce and better align services across RWT and WHT. She reported on an unannounced Care Quality Commission (CQC) visit in October 24 the Maternity Directorate had received the report for factual accuracy checking.</p> <p>Ms Carroll advised that WHT continued to closely monitor Nurse-Sensitive Indicators with scrutiny of safe staffing demonstrating that there had been no significant adverse changes in pressure ulcers, falls or observations on time.</p> <p>Ms Carroll reported that WHT had seen a reduction in care hours per patient day during December 24, January and February 25. She said January 25 had been recorded at 8.3 and February at 7.2 with a national average of 9.6 and this would be monitored closely. Ms Carroll advised there had been 5 <i>C-Difficile</i> cases report at WHT during January and February 25 which resulted in a total of 62 cases for 2024/25 against a threshold of 87.</p> <p>Ms Carroll reported that the Hospital Sterilisation and Decontamination Unit (HSDU) business continuity incident had been resolved with a new agreed Standard Operating Procedure (SOP) for the safe decontamination of metal trays.</p> <p>Ms Carroll advised that WHT had received an unannounced CQC inspection to Medicines and Long-Term Conditions in January 25 and a visit to Intensive Therapy Unit (ITU) in February 25.</p> <p>Ms Wright reported that WHT maternity care had not been affected by the challenges to midwifery staffing. She</p>

	<p>said that in December 24 and January 25 there had been no new cases referred to Maternity and Newborn Safety Investigations (MNSI).</p> <p>Resolved: that the Chief Nursing Officer's Report by Exception for RWT & WHT including Director of Midwifery Reports be received for information and assurance.</p>
	IMPROVE THE HEALTH OF OUR COMMUNITIES (SECTION HEADING)
046/25	Partnerships & Transformation Committee Chair's Report
	<p>Ms Cowley advised that the Partnerships & Transformation Committee had agreed there was further work required to ensure that delivery partner support was focused in the correct areas to ensure effective impact.</p> <p>Sir David queried the capacity of community services to complete the required transformation work. Ms Cartwright advised that more capacity would be required from a transformation perspective.</p> <p>Resolved: that the Partnerships & Transformation Committee Chair's Report be received for information and assurance.</p>
	EFFECTIVE COLLABORATION (SECTION HEADING)
047/25	RWT Charitable Funds Committee – Chair's Report
	<p>Prof Levermore advised that restricted funds within the RWT Charity could result in significantly reduced assistance from the RWT Charity. He said future strategies needed to include proportionate and effective attention to address the concern.</p> <p>Prof Levermore reported that the Charity had received a letter of thanks from the RWT Neonatal department for supplying new cabinets.</p> <p>Resolved: that the RWT Charitable Funds Committee – Chair's Report be received for information and assurance and the Terms of Reference be APPROVED.</p>
048/25	Black Country Provider Collaborative – Joint Provider Committee Update
	<p>Mr Dunn reported that there were plans to make the Black Country Provider Collaborative (BCPC) a Sub-committee of the Group Trust Board rather than the individual sovereign Trusts RWT & WHT. He said to action this a change would be required to the formal agreement from the sovereign Trusts to the Group Trust Board.</p> <p>Resolved: that the Black Country Provider Collaborative – Joint Provider Committee Update be received for information and assurance.</p>
049/25	Any Other Business
	Sir David confirmed that no other business had been raised.
050/25	Questions Received from the Public
	<p>Sir David advised that the Group Trust Board had received questions from Dr Tinsa, Member of the Public. He read the questions aloud to Group Trust Board members as Dr Tinsa had been unable to attend the meeting in person and a written response had been through the post to Dr Tinsa.</p> <ol style="list-style-type: none"> When is the Royal College of Physician's Report anticipated in relation to excessive deaths? Dr Mckaig advised that the report had been anticipated to arrive at RWT between April-May 25. How many excessive stroke deaths have there been in the last 12 months. Dr Mckaig reported that on review of the stroke mortality data between November 23 – October 24 there was an expected number of deaths of 188.3 and 219 observed deaths. He said this resulted in 38.7 deaths above expectation and this was representative of Summary Hospital-level Mortality Indicator (SHIMI). <p>Resolved: that any other business be received for information</p>
051/25	Resolution
	<p>The Board to resolve to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960.</p> <p>Resolved: that the resolution be APPROVED.</p>
052/25	Date and Time of Next Meeting – Tuesday 20th May @10AM – Venue to be confirmed
	Sir David confirmed the date and time of the next meeting as Tuesday 20 May 2025, 10:00AM.

Enc 4.

List of action items

Agenda item		Assigned to	Deadline	Status
RWT/WHT Group Trust Board Meeting - to be held in Public 18/03/2025 7.1 Group Director of Place Report by Exception for RWT & WHT - including Community First - Update on Progress				
254 3.	Action: Ms Cartwright to schedule a session on emergency medicine outreach at a future Group Board Development Session.	● Cartwright, Stephanie	20/05/2025	■ Completed
<p><i>Explanation action item</i></p> <p>Mr Assinder asked for more information regarding emergency medicine outreach. Ms Cartwright advised that the outreach programme would ensure an emergency physician was working within the Community Division to help avoid admission. Mr Assinder queried how the Place Based Partnerships were contributing to the economic good of the communities. Ms Cartwright advised that both partnerships had strong connections with Public Health England. Mr Assinder asked that a further discussion be scheduled for a future Group Board Development.</p> <p>Action: Ms Cartwright to schedule a session on emergency medicine outreach at a future Group Board Development Session.</p> <p>Update: The item has been added to a the Group Board Development Session planner for a future meeting,</p>				

sTier 1 - Paper ref:	PublicTB (05/25) Enc 6
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Report title:	Group Chief Executive's Report
Sponsoring executive:	Joe Chadwick-Bell, Group Chief Executive
Report author:	Gayle Nightingale, Business Manager to the Group Chief Executive
Meeting title:	Group Trust Board
Date:	20 May 2025

1. Summary of key issues PublicTB
<p>Overview and priorities</p> <p>I have and would emphasise my and our thanks to our colleagues across the group for their hard work and dedication over the past months. We are and should be proud of the work we do.</p> <p>Of course, there remains more work to do. Work in these areas will be my main foci over the coming year.</p> <ul style="list-style-type: none"> - Continued development and delivery of our financial plans. <ul style="list-style-type: none"> o Recognising the scale of the challenge I have welcomed Ian Chambers who has started as our financial recovery director, along with Jo Dale as our productivity director. o These are both interim roles to support us with additional capacity and challenge to strengthen our plans and pace of delivery. o We have also commissioned Deloitte to support with the workforce reductions, given the scale of reductions required. - Re-focus of our culture work and ensuring the trusts are great places to work. This works where we have strong values and aligned behaviours and where everyone can contribute to continuous improvement and have the relevant autonomy to deliver - Working with system leaders to adapt the way we work as the NHS operating model evolves <p>Items for escalation to the board:</p> <ul style="list-style-type: none"> - Whilst we have reported good progress at RWT with relation to cancer 62 days, due to the national focus pivoting from long waits for RTT to the percentage of patients being treated in 18 weeks, RWT has been identified as an outlier. The Trust has been placed in tier one, meaning weekly oversight by NHSE. Recovery plans for specialities are in place and being reviewed weekly by the RWT Managing Director, further updates will be shared in the COO report later in the meeting. The aim is to recover sufficiently to exit tier one by the end of quarter two or sooner. - The segmentation of both Integrated Care Boards (ICB) and NHS Provider organisations was reviewed and approved by the NHS England Midlands Regional Support Group (RSG) at its meeting on 27 February 2025, it was determined that there had been no material change compared to Quarter 1 and therefore it was deemed RWT and WHT should remain in segmentation 3. The segmentation review is based on a quantitative and qualitative assessment of the five national and one local priority themes. - These national themes are quality of care, access, and outcomes, preventing ill health and reducing inequalities, financial resources, people, and leadership and capability). <p>Since my last report</p> <p>We have seen large scale change announcements describing the transition of NHS England to the Department of Health and Social Care to reduce both duplication and redirect funds from these savings to front line care.</p> <p>At a local level, we have submitted our financial plans, along with the rest of the system and we will continue our financial and workforce reductions aiming to save both money (to repurpose for front line care) along with the focus on quality of care for patients and good working conditions for staff and their health and well-being.</p> <p>NHS England (NHSE) transition to the Department of Health and Social Care (DHSC)</p> <p>As you are all aware, significant change is happening at national level with the size of NHS England (NHSE) being radically reduced. As a result, Amanda Pritchard has taken up the role of Chief Executive at Guy's and St Thomas' NHS Foundation Trust and Sir Jim Mackey is undertaking the role of Chief Executive – NHS England from 1 April 2025, to lead the transition of services from NHSE to the Department of Health and Social Care (DHSC).</p>

Since these announcements change is happening at pace with the announcement of Sir Jim Mackey's transitioning team, with noticeable plans for reform being enabled through the '10 Year plan' and the Spending Review. Following the shaping process, due to conclude September 2025, the national plan will set parameters for 2026/27 and, as far as possible, obviate the need for further Planning Guidance later this year, thereby leading to a smoother planning process for next year. The key to this change is the focus on a more devolved, rules-based system that is built on strong Board accountability.

Integrated Care Boards (ICBs)

ICBs are currently working with NHSE to define a new operating model and consider options of working across wider footprint, outline plans are expected in May 2025. There is an expectation of significantly reducing the ICBs operating costs by quarter three, with some functions moving to NHSE and other elements to providers or provider collaboratives. The Trusts will be working through options over the coming weeks and assess both opportunity and impact.

Providers/ Acute Trusts

As part of the reset programme, NHS Providers need to reduce corporate cost growth by 50% during Quarter 3 of 2025/26 with these savings being reinvested locally to enhance frontline services. The Trusts operating costs must be considered within the total financial envelope for the year, with a focus on reducing the underlying financial position and moving to an operating model which does not require financial support. Therefore, the costs are likely to mitigate the need to reduce services rather than new investment.

We have started planning for these very significant changes via the introduction of a Use of Resources (UOR) Group to review current service provision. The aim is to reduce duplication, streamline services and provide services to patients that enhance their experience and care and improves the working conditions for staff. As I noted above, we will as a group have to reduce staff numbers whilst focusing on the provisions of quality services for the communities we serve and looking after our staff's health and well-being. The initial focus on reducing workforce costs is reducing temporary workforce spend (which reduces whole time equivalent usage but not removing roles) (posts not people). We are also reducing our substantive workforce, through removal of vacant posts where assessed as appropriate, but it is anticipated there will be the requirement for redundancies, either through voluntary or compulsory redundancy. We are waiting for an announcement on the national scheme in the coming weeks. We recognise this is a difficult time for some staff and we will need to ensure the process is managed with compassion. We have not increased corporate workforce numbers since April 22, however as the 2 trusts have developed into the new Group model, there remains a degree of duplication as we move to a group approach for corporate functions, and we continue to explore options for a Black Country provider model offering greater sustainability.

GP contract 2025/26

Colleagues will be aware that the GP contract for 2025/26 has been agreed and signed. This impacts the GPs and practices we are integrated with. Please note there is a national expectation in providing a greater online offer from 1 October 2025, which includes online consultation systems open during core hours for non-urgent appointments, prescriptions, and admin requests –providing convenience for patients as well as boosting productivity. I am aware how advanced our practices are in achieving these reforms something from when we started the integration journey. We will be reviewing our primary care services with a view to providing excellent care and experience and offering a sustainable model of operating, ensuring better integration and focus on patients with long term conditions.

Covid-19 reflection day – fifth anniversary

The Covid-19 reflection day took place on Sunday 9 March 2025. Locally we held memorial events at both Walsall and Wolverhampton led by our chaplaincy teams. I would like to thank all our staff for all their hard work, support to one another and dedication as we went through Covid-19 and with the ongoing fight against this disease.

National mandatory learning

From Thursday 1 May 2025, NHS staff will be able to carry their statutory and mandatory training between all NHS organisations in England. At a local level staff will see through their electronic staff record (ESR) the facility for their training to transfer to their new organisation upon commencement within a new post and therefore only need complete any training that is deemed necessary for that organisation and any expired nationally mandatory training. We recognise the benefit of both staff time saved in not having to complete 'in date' training and the financial benefits in reducing the time required. The financial benefit is being assessed and will contribute to our future financial sustainability.

Locally in Walsall and Wolverhampton

Maternity (Perinatal) Incentive Scheme (MIS) – RWT and WHT

I am delighted to announce that both RWT and WHT have met all ten-safety actions for year six of MIS. This is a fantastic achievement against the increasing complex nature of perinatal services. The Maternity Incentive Scheme (MIS) is a financial incentive program designed to enhance maternity safety within NHS Trusts. It rewards Trusts that can demonstrate they have implemented a set of core safety actions, aiming to improve the quality of care for women, families and newborns.

Goscote Hospital – WHT

Following an internal clinical accreditation visit on 3 March 2025, I am pleased to announce that due to the continued achievement of Sapphire status (Sapphire standard means the ward has met the key set of standards and is therefore deemed excellent) this had resulted in an overall rating of Diamond for the palliative care hospital. This is the first ward in WHT to achieve such status, and in achieving the award the staff have really focussed on driving and embedding process that meets and excels in the provision of patient care. The ward also recognises the difficulties for staff caring for such poorly patients and ensures a counsellor is available to assist with their health and well-being.

Regional Chief Nurse – site visit - WHT

Professor Nina Morgan, Regional Chief Nurse and other members of the regional team visited Walsall Healthcare NHS Trust on 8 April 2025. Although I could not be there on the day, Steph Cartwright – Group Chief Community and Partnerships Officer, coordinated the visit. Nina was very keen to understand the Place model that exists at both Walsall and Wolverhampton and how we as a group are implementing the model to achieve better outcomes for the communities we serve. Everyone went away with a greater understanding on the importance of Place for GPs, the population and within the provision of hospital services which focuses on receiving care at the right time and right place to suit patients' needs.

Site and departmental visits

On 14 April 2025, I visited the RWT West Park Hospital site firstly to see the stroke and neurology rehabilitation models and had the opportunity to visit the GP Practice based there. It was a pleasure visiting the pharmacy team at WHT and talk through my career journey from pharmacy technician to Chief Executive and some of my learning and reflections along the way.

I was also asked to talk to a group of leaders about reflections and learnings as part of my own development, it was an interesting conversation and will help shape our future culture and development journey as we move forwards in the group and trust journey.

My recent activities

West Midlands Children's Network (WMCN) Board - Chair

I am delighted to announce that I have taken up the role of Chair of the West Midlands Children's Network (WMCN) Board. This is something that I am passionately proud to undertake with a view to improving standards of care providing services that meet the needs of our young people, so they have the best start in life's journey. Being a parent of five, I understand how worrying as parents it can be when your child is sick, and I will undertake to do my best to support educational awareness to both staff and parents as we navigate changes with service provision.

NHS Confederation – Acute Advisory Board

In addition to supporting the local Children's Network Board, I have joined the NHS Confederation – Acute Advisory Board to assist with looking at services provided within an acute Trust. We will be reviewing service delivery to refine services that are fit for purpose for future populations. This group will provide suggestions to Government on acute service provision.

Consultant recruitment

To support the Government's (and our) agenda to focus on getting staff back to work, I am pleased to announce the recruitment of a further Consultant in Occupational Health.

Board Matters

NHSE has introduced a new appraisal regime for all chairs, chief executives, executive directors and non-executive directors. The framework incorporates the six domains (see diagram below) of the leadership competency framework a single approach for all executive and non-executive roles and aligns with the fit and proper persons test (FPPT). It will establish clear expectations and enhance consistency in standards for board-level appraisals across the NHS.

The competency domains (six domains in bold) reflect the NHS values, and the following diagram shows how they are aligned:

Working together for patients*	Compassion
Building a trusted relationship with partners and communities	Creating a compassionate, just and positive culture
Respect and dignity	Improving lives
Promoting equality and inclusion and reducing health and workforce inequalities	Setting strategy and delivering long term transformation Driving high quality sustainable outcomes
Commitment to quality of care	Everyone counts
Driving high quality and sustainable outcomes Setting strategy and delivering long term transformation	Promoting equality and inclusion and reducing health and workforce inequalities Creating a compassionate, just and positive culture
Providing robust governance and assurance	

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

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

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

Not applicable.

4. Recommendation(s)

The Public Trust Board is asked to:

a) Note the contents of the report

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

Corporate Risk Register [Datix Risk Nos]



Title of Report		Exception Report from Partnerships and Transformation Committee		Enc No: 7.1			
Author:		Lisa Cowley, Non Executive Director, Committee Chair					
Presenter:		Lisa Cowley, Non Executive Director, Committee Chair					
Date(s) of Committee Meetings since last Board meeting:		1 April 2025 6 May 2025					
Action Required							
Decision		Approval		Discussion		Received/Noted/For Information	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> Concerns remain regarding capacity to deliver the scale of transformation programmes required, this is a known area of concern and the executive are effectively monitoring. However, we need to ensure that we are effectively prioritising resources. Further clarity is required regarding digital capacity, both hardware, systems and workforce capacity and capability to enable the transformation programme to be implemented and revised operational models to be sustainable. The committee discussed the need for effective public engagement with new ways of working and recommended that non-traditional approaches to engagement and communications should be considered. 	<ul style="list-style-type: none"> The committee discussed the new BAF and agreed the emerging group risk that the committee has oversight for. Further discussions were held regarding palliative care services in Walsall. The committee provided some areas of consideration to the executive team and agreed for the plans to progress as proposed. BCPC Community First workstream was discussed and updates provided regarding the proposal and system approach. The committee had initial discussions regarding the financial enablers for transformation and the need for the Group to be innovative in capitalising on a range of opportunities. Place based updates were provided and further discussions following board development day regarding the new operating model and role for the Group and Place within this.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> Progress report on CDC was tabled presenting the variable options for development subject to agreement on funding model approach. The committee were assured that there is sufficient demand from “new” provision as well as the potential to relocate hospital based diagnostics were appropriate. Community First workstream continues to develop strongly with specific integration and 	<ul style="list-style-type: none">

<p>collaboration projects progressing including stroke rehabilitation, frailty and care coordination.</p> <ul style="list-style-type: none"> • Outpatient transformation presented at both meetings and there are specific pilot programmes developing in certain specialties. The committee were reassured by progress, we need to ensure that the pilots can drive change faster across other specialisms and identify specialisms with potential for most significant impact. • Strategic Service Review report was received and there was discussion regarding the primary care model. 	
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Report title:	Progress on Forward Look 2025-28 Programme
Sponsoring executive:	Simon Evans, Deputy Group CEO & Chief Strategy Officer
Report author:	Kate Salmon, Deputy Chief Strategy Officer
Meeting title:	Public Trust Board
Date:	20 th May 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>The Forward Look 2025-28 programme represents a transformative plan for addressing significant challenges across the Group. It aligns with national drivers for NHS reform, focusing on elective recovery, community-based care and digitisation and is structured to enhance integration of the two Trusts. The programme operates through five major transformation workstreams, each with distinct progress and challenges. Each workstream has a Senior Responsible Officer and monthly highlight reports are submitted to Group Partnerships & Transformation Committee.</p> <p>This report provides a high-level overview of progress, the attached appendices detail the purpose, background and structure of each of the workstreams, with more information on the measures of success, next steps and risks. Below is a summary of the key issues that are consistent across the five workstreams:</p> <ul style="list-style-type: none"> • Additional transformation capacity may be required across most workstreams • Digital infrastructure limitations could impact the programmes • Significant change management challenges while maintaining operational delivery • Financial constraints could impact the pace and scope of transformation • Need for consistent approach to staff engagement across all programmes

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

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
<p>The proposals for the work streams have previously been presented to the November Trust Board,</p>

4. Recommendation(s)
<p>The Public Trust Board is asked to:</p>
<p>a) Note progress across the five transformation workstreams</p>
<p>b) Consider the key risks highlighted for each workstream</p>
<p>c) Support the need for additional investment (as required) in transformational capacity</p>
<p>d) Continue to support the Transformation Programmes of work</p>

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>		
RWT Board Assurance Framework Risk SR15	<input checked="" type="checkbox"/>	Financial sustainability and funding flows.
RWT Board Assurance Framework Risk SR16	<input checked="" type="checkbox"/>	Activity levels, performance and potential delays in treatment.
RWT Board Assurance Framework Risk SR17	<input checked="" type="checkbox"/>	Addressing health inequalities and equality, diversity and inclusion.
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	Potential cyber vulnerabilities and data breaches.
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	Data and systems Security (Cyber-attack)
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	Culture and behaviour change (incorporating Population Health)
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	Attracting, recruiting, and retaining staff
WHT Board Assurance Framework Risk NSR104	<input type="checkbox"/>	Consistent compliance with safety and quality of care standards
WHT Board Assurance Framework Risk NSR105	<input checked="" type="checkbox"/>	Resource availability (funding)
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Progress on the Forward Look 2025-28 Programme

1. Background

The national drivers for change have been clearly articulated: specifically in the areas of urgent care reform and elective recovery, the move to digitise our services to 'predict and prevent' rather than 'diagnose and treat', and that care should be delivered in the community wherever possible, with hospitals reserved for more specialist care.

The Group was already on a transformation journey with the establishment of our first Joint 5-year strategy focussing on the 4 C's – Care, Colleagues, Community and Collaboration with many programmes of work underway. With the publication of Lord Darzi's report on the state of the NHS in England the Forward Look workstreams were developed as a Group response to the identified priorities, the timing was also right to consider the next phase of the integration journey across the two Trusts.

The draft transformation proposals were discussed and agreed through Board Development sessions and Board Meetings from October 2024 to January 2025. A governance model has been developed, and a monthly highlight report is submitted to the Group Partnerships & Transformation Committee which takes responsibility for oversight of the programme. This report provides a high-level overview on the progress of our transformation journey across all the workstreams, a more detailed update can be found in the appendices. The 5 transformation programmes and the lead SROs can be seen in the table below:

Community First	-	Chief Community & Partnership Officer
Outpatient Transformation	-	Chief Medical Officer(s)
Elective Recovery	-	Chief Operating Officer(s)
Corporate Services	-	Chief People Officer
Strategic service Review	-	Chief Strategy Officer

2. Principles

The priority areas for the Group provide the ambition and focus required in helping to address the local challenges and deliver on the national ambitions. There is also a clear desire to enhance the natural integration of the two Trusts, working together to deliver the required transformation.

The guiding principles for each of the workstreams were agreed as follows:

- We need to tackle the long-term financial plan in a lateral, structured way
- Service delivery changes need to be transformative
- We need solutions that are evidenced based, AND/OR
- We will commit to rigorous academic evaluation when testing novel solutions
- We need to focus on innovation and improvement to drive through the changes
- We need to start now and not wait for further guidance/10-year plan

Three key enablers were agreed as intrinsic to the programme to deliver the required change:

- a) Digital and innovative technology needs to be integrated
- b) Our teams are highly experienced, we need to tap into their knowledge and skills
- c) We must use QI methodology to support the transformation process.

3. Summary

Work on Community First has progressed well in both Places, five workstreams are underway and the overall programme has been updated to reflect the national driver to develop a Neighbourhood Health Service, as part of the latest national policy announcements. Progress has been most notable with the recommendations for a Stroke Rehabilitation service. The programme is also closely aligned to the ward closure work and is facilitating the achievement of this through redefined pathways.

This programme will closely align with the BCPC programme that is exploring rapid improvement for community services across all four places. Work on that programme is in the planning phase and will include joint working with Local Authority partners.

Outpatient transformation is currently exploring several ambient technology solutions that can support the delivery of a new outpatient service. Trials are currently underway in RWT and will be in place at WHT in the coming weeks. This will give the opportunity of assessing two different solutions to understand the effectiveness of each. Conversations have also taken place with national exemplar sites to better understand the changes that have been made and the opportunities for rapid improvement. QI workshops have taken place with a wide range of stakeholders which has resulted in the development of three workstreams.

Work on elective and community diagnostic centres (CDC) is in the planning phase. External partners have been engaged to identify sites, locations and potential partners to support the

delivery of a future CDC. The activity forecast and modelling for the next five years has been completed which provides a clear indication of potential size and need, this also includes the workforce implications. Conversations are still underway with NHSE colleagues as both programmes of work require significant capital funding to realise the potential benefits. Other options to include private sector provision as an alternative are being explored.

The Corporate Services Transformation programme is being developed jointly with colleagues across the Black Country Provider Collaborative (BCPC). We have engaged with two external partners to help identify the opportunity assessment of working collaboratively at scale. The ambition is to provide the most effective and efficient service for all four trusts within the allocated financial envelope. We have submitted workforce and data submissions and expect to receive the first view of the opportunity assessment in mid-May.

The Strategic Service Review programme has successfully developed a diagnostic tool for use across the Group. This has been developed using QI methodology and has been piloted with three services, across both sites, and has received critical appraisal from the Chief Medical, Nursing and Operating Officers. The tool is now able to be deployed by services as a means of assessing their strategic fit and to understand the improvement opportunities that could exist. Work is now underway to prioritise the order in which this will be rolled out, service line reporting (SLR) data will be used to complete this task.

4. Risks and Issues

Whilst each programme is assessing and reporting on this individually, a summary of the key issues that are consistent across the five workstreams can be seen below:

- Additional transformation capacity may be required across most workstreams
- Digital infrastructure limitations could impact programme roll-out
- Significant change management challenges while maintaining operational delivery
- Financial constraints could impact the pace and scope of transformation
- Need for consistent approach to staff engagement across all programmes

These risks are being considered collectively through the Group Executive Team, a range of mitigations have been developed and a plan for identifying further transformational resource is being developed.

5. Recommendations

The Public Trust Board is asked to:

- a. Note progress across the five transformation workstreams
- b. Consider the key risks highlighted for each workstream
- c. Support the need for additional investment (as required) in transformational capacity
- d. Continue to support the Transformation Programmes of work

Tier 1 - Paper ref:	TB in Public (05/25) 7.4
Report title:	Group Director of Place
Sponsoring executive:	Stephanie Cartwright, Group Chief Community and Partnerships Officer
Report author:	Stephanie Cartwright, Group Chief Community and Partnerships Officer Michelle McManus, Director Place & Transformation, Walsall Together Matthew Wood, Head of the Programme and Transformation Office, OneWolverhampton
Meeting title:	Public Board
Date:	20 th May 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>This report provides an overview of developments within the Walsall Together and OneWolverhampton partnerships.</p> <p>The report includes a summary of feedback from the recent regional NHSE team visit to Walsall Together.</p> <p>Please note that Community First is covered in the separate Transformation paper to Board.</p>

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

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
<p>Walsall Together Partnership Board – May 2025</p> <p>OneWolverhampton Board – May 2025</p>

4. Recommendation(s)
<p>The Public Trust Board is asked to:</p> <p>Take assurance on the progress being made by the place partnerships in improving the health and wellbeing of our communities.</p> <p>Note the feedback from the regional NHSE team visit to Walsall Together.</p>

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>		
RWT Board Assurance Framework Risk SR15	<input type="checkbox"/>	<i>Financial sustainability and funding flows.</i>
RWT Board Assurance Framework Risk SR16	<input type="checkbox"/>	<i>Activity levels, performance and potential delays in treatment.</i>

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>		
RWT Board Assurance Framework Risk SR17	<input type="checkbox"/>	<i>Addressing health inequalities and equality, diversity and inclusion.</i>
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	<i>Potential cyber vulnerabilities and data breaches.</i>
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	<i>Data and systems Security (Cyber-attack)</i>
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	<i>Culture and behaviour change (incorporating Population Health)</i>
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	<i>Attracting, recruiting, and retaining staff</i>
WHT Board Assurance Framework Risk NSR104	<input type="checkbox"/>	<i>Consistent compliance with safety and quality of care standards</i>
WHT Board Assurance Framework Risk NSR105	<input type="checkbox"/>	<i>Resource availability (funding)</i>
WHT Board Assurance Framework Risk NSR106	<input checked="" type="checkbox"/>	<i>Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)</i>
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date: Not required		
Is Equality Impact Assessment required if so, add date: Not required		

Group Chief Community and Partnerships Officer Report

1. Executive Summary

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

2. Introduction/Background

The place partnerships are hosted by Walsall and Wolverhampton Trusts on behalf of a wide range of partners including local authority, general practice, mental health, housing and voluntary sector. The place-based partnership in Wolverhampton has been established for 2 years and is called OneWolverhampton. The place-based partnership in Walsall has been established for 7 years and is called Walsall Together. Under the Communities strategic objective, the place partnerships drive integrated care, address health inequalities and deliver care closer to home.

3. Walsall Together

As reported in March, the partnership is undertaking a series of staff roadshows across the partnership to formally launch its new strategy Collaborating for Happier Communities 2025-2028. Four roadshows to date have been well attended by staff from across our partner organisations. A full write up, links to the strategy documents and all questions and answers asked across the sessions will be made available once all sessions have been completed.

3.1 In addition to the Community First work, referenced in the Transformation report, the partnership has made progress in the following areas:

- Early implementers to pilot Integrated Neighbourhood Care Teams have been identified across several PCNs. There is a workshop on 22nd May where representatives from several organisations will meet in the neighbourhood teams to start to talk about potential areas of focus and how they will work together.
- The Frailty / Falls Steering Group has identified three priority areas of focus 1) Care Sector, 2) Physical Activity & 3) Proactive Care and Multi Agency. The latter is being led by the Clinical Director for Community Services and Walsall Together Director of Transformation. It is aligned to the Trust work around frailty within the Community First programme.
- The diabetes working group is being re-established following a discussion at the Clinical & Professional Leadership Group to identify opportunities to do things differently to improve the outcomes for Walsall people. Initial conversations include a deeper dive into the data collection across primary, community and acute services to get a better understanding of the challenges faced across Walsall. A working group is being set up to begin to shape the creative health agenda, looking at how it can be used to support primary and secondary prevention in a more creative way, as well as how it can be used as part of the citizen voice work for involving people differently. There is lots of evidence and examples of where this is currently being done for example in [Greater Manchester](#). In Walsall we have a [cultural compact](#) with links to

communities and creative health featuring strongly. There is also a clear passion for doing things in a more creative way with examples including MakerFest and the International Women's Day event.

- A regular monthly Citizen Voice meeting is now in place with good representation from across the partnership. A mapping exercise is taking place to understand what engagement/involvement is currently happening aligned to the programme, where the intelligence is being fed in and identify specific areas/gaps where value can be added.

The partnership received hosted a visit from the regional NHSE team on 8th April 2025 including the Regional Chief Nursing Officer, Director of Nursing: Professional and System Development, the Director of Workforce, Training and Education and the Deputy Director of System Co-Ordination and Oversight. The team received a presentation on Walsall Together, it's history, progress so far and plans for the future and visited the Integrated Front Door team, the ED department, the Intermediate Care team, and the Urgent Community Response, Care Co-Ordination, Enhanced Care Home and Virtual Ward teams. The feedback from the NHSE regional team that the Walsall Together partnership was the furthest ahead that they had seen in the region, that the culture of integration was visible throughout the day and that strong leadership could be seen at every level. The regional team have provided a summary of their visit which was shared with the Walsall Together Board on 8th May 2025.

Finally, the Walsall Together Executive Team met on Friday 2nd May 2025 to discuss opportunities for the future and how the partnership can develop to the next level of maturity and autonomy. A paper is currently being produced to be considered by the partners in preparation for sharing for the ICB.

4. OneWolverhampton

4.1 Board Away Day and Partnership Development:

Central to the day was the desire to develop OneWolverhampton into a more autonomous and influential entity, being viewed as the natural body to shape health and care delivery in the city. This would include autonomy regarding the commissioning and delivery of services, given the partnership's ability to understand and predict local population needs. It was recognised that the partnership can capitalise on its relative maturity to ensure it is viewed as a credible entity to effectively discharge the responsibilities described above.

Responding to the changing landscape of health and social care, discussions focused on key areas of governance, autonomy, influence over commissioning, and opportunities to enhance partnership working.

Key next steps have been agreed to support the development of the partnership, including a review of the current governance and hosting arrangements; a strengthening of joint commissioning mechanisms; conducting of a needs assessment for workforce development; and

a consideration of how we can work more closely with the city's Health and Wellbeing Together Board.

4.2 Collaborating with the community and voluntary sector to develop our Community Activation priority:

The partnership is looking to coordinate existing health champions models and establish a community of practice which can support with partnership resources. This includes access to expertise from clinicians and public health colleagues, demographic information, sharing of best practice, and administrative infrastructure. The value of collaborating with community and voluntary sector partners on this ambition is recognised and the team attended Wolverhampton Voluntary and Community Action's Alliance Meeting in April to better understand how we can support and work with the sector. This included an update on the city's demographic needs, the role of Integrated Neighbourhood Teams (INTs) and how the sector can support the wider shift to prevention and the delivery of care closer to home.

4.3 Supporting a preventative approach:

Following local engagement and influencing with colleagues across the partnership, the Dudley, Wolverhampton and South West Staffordshire Breast Screening Service has become the first service in the country to send invitations and results digitally. Women will receive a text message indicating they have a notification from the Trust. The text message will provide a link, and passcode, to access either an invite or their result if they have attended, once the link has been opened, they will review the information and any leaflets attached. They can then either accept, decline, or rebook the appointment following the instructions or review the result letter. If the link remains unopened for 24 hours, it will automatically generate a letter which they will then receive via the postal service.

4.4 Integrated Neighbourhood Teams:

The establishment of INTs continues to progress with conversations on suitable footprints now well-advanced and an agreement reached on the configuration of neighbourhood teams for the city population. The Fuller stocktake report highlights the importance of building integrated teams in every neighbourhood to improve access to urgent care and deliver continuity of care. Upcoming guidance expected this summer will recommend that neighbourhoods should have populations between 50,000 and 100,000 which fits the model developed in Wolverhampton.

A consensus has been reached that four neighbourhoods would best serve the city's needs and align with operational practicalities. This outcome is the result of a collaborative consensus-building process involving key partners. Based on the proposed footprints, the population sizes in the networks will range between 59,000 and 97,000.

To ensure the effectiveness of the 4 INTs, an early implementers model will be adopted. This model will allow for the testing and refinement of the INTs, ensuring they meet the specific needs of the neighbourhoods they serve. By implementing this model, stakeholders can evaluate the performance of the INTs, identify areas for improvement, and make necessary adjustments to optimise their impact on community health and wellbeing.

4.5 Reducing homelessness within the city

The Adult Mental Health Strategic Working Group is leading a homelessness peer support session on the 15th May. This will support the creation of a programme of work, supported by insights of those currently experiencing homelessness and those with lived experience. The session will be hosted by Good Shepherd's peer mentors that have lived experience of homelessness and will also include input and support from P3 and SUIT to inform the work going forwards.

4.6 Adult Social Care CQC Inspection

The partnership is working closely with the City of Wolverhampton Council to support their upcoming inspection. The opening leadership presentation is taking place on the 12th May with health colleagues invited to join focus groups throughout the week of the 2nd June. Partnership working forms a key component of the inspection criteria and this represents a key opportunity for us to highlight the strength of our partnership working.

Representatives from both place based partnerships will be participating in an upcoming system workshop focussed on integrated neighbourhood teams. The workshop will be part of the implementation of the Primary Care Transformation Strategy and will focus on the key components of the teams that will be similar across the system, the key outcomes they will need to achieve and the population health/risk stratification tools required to support their implementation.

The Group Chief Community and Partnerships Officer was invited to present on place based partnerships and integrated neighbourhood teams at the NHS Confederation Care Closer to Home conference on 30th April 2025, and will be presenting at the NHS ConfedExpo in June 2025 alongside Penny Dash, Sally Warren and Patricia Miller.

5. **Recommendations**

5.1 The Public Trust Board is asked to:

- a. Take assurance on the progress being made by the place partnerships in improving the health and wellbeing of our communities
- b. Note the visit to Walsall Together by the regional NHSE team and their feedback.

Title of Report	Exception Report - Group Quality Committee		Enc No: 8.1
Author:	Professor Louise Toner – Group NED		
Presenter:	Professor Louise Toner – Group NED		
Date(s) of Committee Meetings since last Board meeting:	26 th March and 30 th April 2025		
	28 th March and 30 th April 2025		
Action Required			
Decision	Approval	Discussion	Received/Noted/For Information
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<p>RWT remains in Tier 2 cancer scrutiny. However, performance metrics are on track with the exception of the 31-day metric at RWT which is at 90% with urology and gynaecology remaining the most challenging tumour sites.</p> <p>Referral to Treatment Time at RWT remains a cause for concern and discussions are taking place regarding mutual aid and other opportunities to assist in reducing the backlog.</p> <p>It was confirmed that the funding for Lung Health Checks will not be available for Wolverhampton and Walsall until January 2026 at the earliest. Funding has already been allocated to Sandwell and Dudley and the impact in terms of onward referrals is being monitored.</p> <p>It was reported that there is a meeting next week with the national team as a result of RWT's SHMI with regards to stroke mortality – a comprehensive action plan is already in place given the previous Quality Review Visit and the requested visit from the Royal College of Physicians in November 2024 (the report from the visit is still awaited). There will be feedback at the May meeting and a more detailed report at the July 2025 meeting.</p> <p>The agreed peer review across the Black Country provider trusts by the ICB and Regional Infection Control and Prevention, lead regarding the high incidence of CDI, has not, as yet, commenced.</p> <p>Despite a range of actions already in place, there continues to be a significant increase in both hospital and community pressure ulcers across both trusts. It is anticipated that the launch of the updated Quality Framework will assist in resetting the fundamentals of</p>	<p>A Formal letter has been received from the national stroke team confirming that RWT remains an outlier in terms of Stroke Mortality. A response has been sent and an invite extended to the stroke team to visit the trust to review progress against the action plan already in operation. A comprehensive report will be provided for a future meeting with members of the Stroke service invited to attend.</p> <p>Across both trust the nurse sensitive indicators e.g., falls, pressure ulcers, observations on time are being monitored very closely to determine any impact on these as a result of the current staffing challenges. This includes the allocation of specialist staff and Matrons to undertake clinical shifts on their capacity to do what is required of them in their job roles and any subsequent impacts.</p> <p>At WHT Statutory Duty of Candor (DoC), a CQC “must do” action was improving significantly; however, it was highlighted that within the surgical division there were challenges faced by the assurance team due to differences in opinion by some surgeons on where and how DoC was applicable. The Chief Medical Officer is leading on discussions with the surgical division, and he will report back to the next meeting.</p> <p>Whilst staffing within Maternity is at establishment across both trusts (Birth Rate Plus 21/22), patient acuity, sickness and maternity leave are impacting on staffing compliance in the intrapartum areas, particularly in WHT. A new Birth Rate Plus assessment is underway at RWT with a report expected in June 2025. A similar exercise has taken place at WHT. This is likely to result in a proposed increase to the current establishment, especially as the number of births has increased significantly in both</p>

care – Eat, drink, move, and help to improve the associated incidence of pressure ulcers. In addition, a deep dive is being undertaken to try to understand the reason for this increase in pressure ulcers. Pressure Ulcers continue to have the highest number of patient safety reported incidents.

The time taken for patients with mental health issues both adults and children to be seen across both trusts, particularly but not only in ED, continues to be a cause for concern, as a result this has been escalated to the CEO.

At RWT, there has been a 67% increase in complaints across the past year which includes complaints that do not meet the threshold for a Section 42. As a result, a thematic review is being conducted with a focus on the relationship, if any, between the complaints and nurse sensitive indicators.

The decision to pay staff at the lowest point in their band for bank work is continuing to cause some staffing difficulties across both trusts.

Discussion took place re the availability of Dieticians and Speech and Language Therapists, particularly at RWT; the challenges are related to recruitment and retention given the increased demands of the roles in practice. Discussions are taking place regarding these services across both trust.

Safeguarding Level 3 compliance continues to be below target across both Trusts. An update report was received from WHT identifying the improvements that have taken place with the uptake of training. In addition, the particular challenges for medical and dental staff were identified and actions are underway to further improve the situation. At RWT the quarterly report was presented which continues to demonstrate the significant volume of activity for the safeguarding team and their challenges with adults and children outside of area.

WHT is an outlier for preterm birth with a thematic review identifying that 75% of birth occurring in women 34 weeks and above, classed as late preterm births. The Trust is working with the LMNC to understand this more.

The Nashdom facility will have to close in June 2025 if funding cannot be secured to rent the accommodation.

RWT and WHT have, not, as yet, been able to implement Placental Growth Factor Testing. BCPS have completed a business case, but funding will be required from all 4 providers in the Black Country. The LMNS are cited on this.

Trusts since the last Birth Rate Plus assessment. BAPEM compliance at WHT is inconsistent and an action plan is being completed to improve compliance.

At WHT, 395 audiology patients were identified as not being on the required diagnostics pathway, (related to the system used in audiology) with some patients going back a year. All patients are being reviewed, the required diagnostic tests planned, additional staffing acquired to work through the backlog secured and any harms being identified. Audiology are now able to put patients on the right system to facilitate the diagnostic requirement. A report will be provided at a meeting of QC later in the year with ongoing feedback on progress provided at each meeting.

It was confirmed that the Committee have been tasked with “...monitoring all cases of harm linked to the ophthalmology waiting list to ensure that the risk exposure is kept under review.” This was a decision taken by the audit committee following the internal audit report.

The Committee received and discussed in detail a presentation on the analysis of the MBACE 2023 Report and the impact of the findings for the Trust, the Group, the Joint Provider Collaborative, LMNS. The LMNS are cited on this, and a cot reconfiguration paper has been developed but has not been agreed; The paper is going to the Joint Provider Collaborative (JPC). DH’s Neonatal Partnership Group Report will include information regarding the MBACE Report which will also go to the JPC. DH, BMCC and Stephanie Cartwright all sit on One Wolverhampton and Steph on Walsall Together so both place-based partnerships can be cited on this issue.

POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<p>Confirmation has been received by both Trusts that their Clinical Negligence Scheme for Trusts (CNST) Compliance Year 6 submissions have been accepted.</p> <p>The contract with Black Country Health Care for a Responsible Clinician has now been completed. The revised BAF processes and the associated emerging risks across the Group were presented and discussed. Revised Quality Framework has been launched across both trusts.</p> <p>At WHT, Cancer metrics are all being met; RTT, whilst not at 0 as planned has 107 patients waiting mainly for orthopaedic interventions.</p> <p>Diagnostics is performing very well across both trusts with cystoscopy a specific challenge at RWT, however, insourcing support has been secured. At WHT, the Audiology issue identified above has had an impact on what was a particularly good performance.</p> <p>Ambulance handover and ED performance metrics have improved across both trusts. At WHT the Temporary Escalation Space, in a designated corridor was used for 197 hours in March with patients managed via the Standard Operating Procedure. .</p> <p>Community metrics have improved across both trusts with increasing numbers of referrals and the numbers of patients avoiding admission to hospital given the various pathways available. Virtual ward usage at WHT is increasing and more pathways are under discussion to increase this further.</p> <p>Both trusts are working together to improve sepsis and VTE compliance. Martha's Rule is operational and developing further in both trusts.</p> <p>A number of cost saving measures have improved efficiency and released cost savings whilst maintaining quality and patient safety at RWT e.g., a reusable tourniquet for use by Phlebotomists in low-risk areas.</p> <p>The Family and Friends Test has not been reported on in March or April as a result of issues with the current provider. The patient experience team are leading on the way forward to resolve/manage the situation.</p> <p>The report of the CQC visit to RWT's Maternity Services in October 2024 has been received and now published. The service has been rated Good overall with all domains Good other than caring which</p>	

<p>remains outstanding and effective which moved from Requires Improvement to being rated as Good. An action plan to address suggested areas for improvement is with the CQC.</p> <p>RWT is one of a small number of Trusts to be allocated Pilot Site status for Bowel Screening – Fit at 80.</p> <p>Perinatal Mortality has reduced again at WHT, 3rd month in a row. For both Trusts the Regional Heat Maps show good overall performance, across the metrics measure and is better than the regional average.</p> <p>The Committee received the Annual Patient Voice Reports from both trusts. These were very comprehensive, and it was good to see the way the teams are working across the trusts.</p> <p>The Committee received the Healthwatch Report on the patient experience of urology services at Walsall.</p>	
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Tier 1 - Paper ref:	Enc 8.2
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Report title:	Chief Nursing Officer Summary Report
Sponsoring executive:	Chief Nursing Officers: Debra Hickman and Lisa Carroll
Report author:	Deputy Chief Nursing Officers: Amy Boden and Christian Ward
Meeting title:	Report to the Public Trust Board
Date:	20 th May 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>	
This report provides an overview of key quality, safety, and professional matters from the Chief Nursing Officer Reports discussed at the Group Quality Committee on 30 th April 2025.	
RWT:	
<ul style="list-style-type: none"> • Further review is taking place following the increased incidence of pressure ulcers for patients in the community and hospital setting, whilst other quality metrics such as incidence of Falls and Observations on Time remain within tolerance limits. • There were 55 formal complaints received in month, which remains a static position compared to the previous month. However, compared to the same reporting period for the last financial year, there has been a 67% increase (33 formal complaints March 2024). • The CQC report for Maternity Services has been published with an overall rating of "Good". • The close of the financial year 2024/25 confirms a total of 126 cases of <i>Clostridioides difficile</i> against a target of 81 cases. • Nursing skill mix review has been completed to inform budget alignment. There is an increased focus on effective roster management with an enhanced oversight framework being rolled out. 	
WHT:	
<ul style="list-style-type: none"> • <i>C. difficile</i> infections remained below target for 2024/2 at 69 against a target of 87. There were seven cases in March. • The temporary escalation space has been used only for 197 hours, limited to 3 hours per average patient episode. • Vacancies in the Nursing workforce have reduced to 110 from 126 in January 2025 • The Annual Patient Voice Report and Quality Framework 2025-2027 have been presented at the Quality Committee in March 2025. 	

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

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
Contents of the paper have been discussed at Trust Management Committee (TMC) and Quality Committee.

4. Recommendation(s)
The Public Trust Board is asked to:
Receive the paper for Approval.

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Note the work undertaken by the Chief Nursing Officers to drive continuous improvements in the provision of high-quality care and patient experience and contribute to the achievement of the Trust's and Group's Strategic objectives.

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>		
RWT Board Assurance Framework Risk SR15	<input checked="" type="checkbox"/>	<i>Financial sustainability and funding flows.</i>
RWT Board Assurance Framework Risk SR16	<input checked="" type="checkbox"/>	<i>Activity levels, performance and potential delays in treatment.</i>
RWT Board Assurance Framework Risk SR17	<input checked="" type="checkbox"/>	<i>Addressing health inequalities and equality, diversity and inclusion.</i>
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	<i>Potential cyber vulnerabilities and data breaches.</i>
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	<i>Data and systems Security (Cyber-attack)</i>
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	<i>Culture and behaviour change (incorporating Population Health)</i>
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	<i>Attracting, recruiting, and retaining staff</i>
WHT Board Assurance Framework Risk NSR104	<input type="checkbox"/>	<i>Consistent compliance with safety and quality of care standards</i>
WHT Board Assurance Framework Risk NSR105	<input type="checkbox"/>	<i>Resource availability (funding)</i>
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	<i>Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)</i>
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date: N/A		

Group Board

Report to the Public Trust Board on 20th May 2025

Chief Nursing Officers Report

1. Executive Summary

- 1.1. This report provides an overview of March's position and discussion at April's Trust committees regarding key Nursing and Midwifery recruitment and retention activities and Nurse-Sensitive Indicators (NSIs). In addition, it provides updates pertaining to wider quality initiatives.

2. Mutual Group Actions

2.1. Quality and Patient Experience

- 2.1.1. The Chief Nursing Officers are focused on embedding the new Quality Framework, launched in April 2025, focusing on nurse-sensitive indicators, including associations with increased incidence of pressure ulcers in acute and community settings across both Trusts.
- 2.1.2. The Corporate Nursing Quality Team and Assurance Directorate are combining to review the Clinical Accreditation Programme methodology. This aims to embed excellence and appropriately utilise resources across services to amalgamate the Quality Review Visit Programme and Clinical Accreditation.
- 2.1.3. In preparedness for both organisations using the same digital audit platform, audit tools, frequencies, and standards are under review to standardise approaches and expectations for quality audits.

2.2. Temporary Staffing Controls

- 2.2.1. Enhanced workforce controls were introduced in January 2025 for temporary nursing, midwifery, and AHP staffing. The roster rules aim to further scrutinise temporary staffing requirements in line with roster performance and assurances regarding roster efficiency. Approval for exceptions now rests with the Head of Nursing/Divisional Director of Nursing level for on-the-day to 72-hour requests and CNO for 72 hours onwards, in addition to the ongoing weekly confirm and challenge meetings with each Trust's Chief Nursing Officer, supported by Deloitte.
- 2.2.2. The bank rate reduction occurred on March 1, 2025. All bank rates for nursing staff have been reduced to the starting rate on the Agenda for Change pay scale for that AfC band. We have seen reduced fill rates and reduced staffing levels as staff choose not to work for the reduced pay.

2.3. ICB *Clostridioides difficile* (C. diff)

- 2.3.1. Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust have been identified along with six other Trusts in the West Midlands (including all four acute general providers in the Black Country) as outliers in the number of *Clostridioides difficile* cases. In response, the acute providers in the system have agreed to support

a peer review programme led by the ICB and Regional IPC Lead. The Trusts await feedback from the region about the commencement of this work.

3. RWT Update

3.1. Quality and Patient Experience

- 3.1.1. **Patient Experience** There were 55 formal complaints received in month, which remains a static position to previous month. However, when compared to the same reporting period for the previous financial year, there has been a 67% increase, with delay being the highest category. Section 42s that have not met the threshold has also observed an increase, thematic review is underway.
- 3.1.2. **Quality Metrics** increased incidence of pressure ulcers per 1000 bed days has been seen this reporting period. Themes remain consistent; however, there is an emergent theme of missed skin assessments. There may be some residual effects related to the Emergency Department delays reported in previous month. Analysis also seeks to explore if there is any correlation in the reducing number of falls as a potential link to hospital attributable deconditioning. Although no direct causal link can be attributed amber staffing levels remained in place with the necessary activity to ensure minimum staffing levels were maintained. The Quality Framework focuses on a range of quality improvement programmes including clinical areas embedding principles of Eat, Drink, Dress, Move to prevent avoidable deconditioning.
- 3.1.3. **Friends and Family Test (FFT)** The Trust have experienced further issues with our FFT provider where Patient Experience are working with the provider for further dialogue; contracts are being reviewed following the challenges in recent months which expire in the Summer.
- 3.1.4. **Digital** Quality Committee positively acknowledged the work undertaken via the Sepsis Screening Dashboard. BluEPRint programme scope has been revisited and with input from Clinical Decision Group and Emergency Services Steering Group, agreement to deploy Vitals across the whole of the Emergency Department at time of Go-live (September 2025) was made.

3.2. Infection Prevention

- 3.2.1. ***Clostridioides difficile*** The close of the financial year 2024/25 confirms a total of 126 cases of *Clostridioides difficile* against a target of 81 cases.
- 3.2.2. **Other Infection Metrics** will be incorporated in the Infection Prevention Annual Reports for review and focused interventions and Programmes of Work undertaken.

3.3. Maternity

- 3.3.1. **Birth Rate Plus Acuity Tool Birth Rate Plus Acuity Tool** the Birth Rate Plus (BR+) Acuity Tool demonstrates that Midwifery staffing levels within the Intrapartum areas remain consistent throughout Q4. Staffing met acuity levels 46% % of the time in October, 46% of the time in January, 64% of the time in February and 62% in March. This indicated improvement compared to Q3. A further Birthrate Plus assessment is

in progress in line with the NICE 2015 Safe Midwifery Staffing for Maternity Settings Guidance this anticipated to be available early Summer.

3.3.2. **Maternity and Neonatal Safety Incident (MNSI)** The Trust remain 100% compliant with reporting, reviewing and monitoring requirements for Perinatal Deaths.

3.3.3. **CQC Report.** Following the unannounced CQC visit in October 2024, the Maternity Directorate report has been published and action plan returned by the Directorate. The Trust remain “Good” for Maternity Services with areas for improvement in Regulation 12.

3.4. Workforce

3.4.1. **Inpatient Nursing skill mix** has been completed, with outputs informing budgets accordingly. There is a targeted focus on effective roster management which has oversight through a reset of roster surgeries and Professional check / challenge approach from Ward Sister through to CNO using a refreshed framework. Further analysis is being undertaken regards the increase in category 1c safe staffing descriptor which indicates a greater dependency being recorded, this will include need of Intravenous Medications / Controlled drug administration etc. Please see appendix 1.

4. WHT Update

4.1. Pressure Ulcers

4.1.1. One category 4 PU has been reported in the hospital during February 2025, caused by a hand splint. There were no Grade 4 Pressure Ulcers in March 2025.

4.1.2. MLTC noted an increased trend in Pressure Ulcer grade 1-3 incidence since January 2025. This has driven the rate of PU above normal variation. The Tissue Viability steering group and specialist practitioners will investigate the potential causes and develop actions to resolve this.

4.2. Falls

4.2.1. 55 and 70 falls were recorded in February 2025 and March 2024, respectively, within normal SPC variance, and the incident rate (3.12 per 1000 bed days) remained well below the Royal College of Physicians' national average of 6.1 per 1000 bed days. One fall resulting in harm in December 2024 has been reviewed, and it was found that the patient's complex medical condition contributed to the fractured neck of the femur.

4.3. Clostridioides difficile (C. diff)

4.3.1. Five cases of C. diff were reported in February 2025 and seven cases in March 2025. Preventive measures, including monitoring and learning dissemination, are in place. Progress against the 2024/25 trajectory has been closely monitored. At the conclusion of 2024-25, we remained within target (set at 87 for the year) with 69 infections. We await a new target being set for 2025-26.

4.4. Temporary Escalation Space

4.4.1. A Temporary Escalation Space (TES) was operationalised in the Emergency Department (ED) to address high patient volumes. This area is used exclusively for stable patients with low care requirements to maintain ED efficiency during peak periods. A Standard Operating Procedure (SOP) governs its use, and harm reviews and audits ensure patient safety. It has seen limited use in February and March, limited to between one to three hours per patient episode on average. In March 2025, it was used for a total of 197 hours; demand for additional clinical space has largely been managed using the seven additional RATS cubicles.

4.5. Vacancies for Registered Nurses and Midwifery

- 4.5.1. Registered Nurse and Midwifery vacancies were reduced to 110 in March 2025. Recruitment strategies, including recruiting newly qualified nurses (NQNs) in February 2025, will address gaps.
- 4.5.2. The lowest fill rate for March 2025 was for RN Day shifts at 92.81%.
- 4.5.3. In March 2025, Matrons redeployed 1864 RN and 934 CSW hours. Ward Managers were redeployed on 123 occasions and used as RNs on duty to fill an RN gap of 933 hours, affecting management time.
- 4.5.4. The CHPPD Trust average for March 2025 was 8.6. This is an improvement from previous months.

4.6. Maternity

4.6.1. Midwifery Workforce

- 4.6.1.1. Midwifery staffing remains a challenge, with maternity leave at 16.15 WTE and sickness absence at 11.62 WTE, a similar position to previous reports. When accounting for annual leave and essential study leave, the service experienced a 21% staffing gap in midwifery.
- 4.6.1.2. The 2024 service review, based on Birthrate Plus recommendations, identified the need for an additional 11.90 WTE midwives to support up to 3,800 births annually, in line with the complexity of service users. The LMNS are undertaking a review of BirthRate+ across the system.
- 4.6.1.3. In March 2025, the Birthrate Plus safe staffing acuity tool indicated that delivery suite acuity was 68%, while the antenatal/postnatal ward acuity was 33%, both below the 85% national target for fully staffed shifts.
- 4.6.1.4. The service currently has 4.08 WTE midwifery vacancies and 6.49 WTE maternity support worker (MSW) vacancies within its budgeted workforce.

4.7. Neonatal Nurse Staffing

- 4.7.1.1. In March 2025, the Neonatal Unit (NNU) continued to experience high levels of High Dependency Unit (HDU), Intensive Care Unit (ITU), and Special Care (SC) activity, consistent with previous months and reflective of a national trend observed over the past year.
- 4.7.1.2. Nursing workforce data indicates that Walsall Healthcare NHS Trust (WHT) fell below the national average for 'shifts staffed to BAPM recommendations.'

- 4.7.1.3. WHT exceeded the national average for shifts with team leader supervising. This was achieved through a review led by the Senior Nursing team, relocating all available senior nurses into clinical roles temporarily to ensure patient safety while longer-term workforce plans are developed. The supernumerary nurse in charge was moved into clinical roles as needed. No patient safety incidents were reported in March due to staffing.

4.8. Maternity and Newborn Safety Investigations (MNSI) and MBRRACE

- 4.8.1. In February 2025, one new case was referred to MNSI involving a 39/40 neonatal death, which was detailed in the March 2025 report to the Quality Committee, and all cases that meet relevant criteria have been reported to MBRRACE.

5. Recommendations

The Public Trust Board is asked to:

- a) Trust Board are asked to note and receive the report's contents for approval.

Tier 1 - Paper ref:	QC (04/25)
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Report title:	The Royal Wolverhampton NHS Trust Biannual Skill Mix Review – Phase 1.
Sponsoring executive:	Debra Hickman – Chief Nursing Officer
Report author:	Lorraine Gardener – Senior Matron – Nursing Workforce
Meeting title:	Quality Committee
Date:	30 th April 2025

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

- Undertaking of phase 1 of the bi-annual inpatient skill mix review, variation was seen in comparison of budget, SNCT scoring and professional judgement.
- No request to change Divisional budgets has been made.
- Increase in acuity scoring numbers shows improving input into the Safer Nursing Care Tool (SNCT).

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

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

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

Previous skill mix undertaken June 2024

4. Recommendation(s)

The Quality Committee is asked to:

- Review findings of the report
- Review findings in line with NSI within the report

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

RWT Board Assurance Framework Risk SR15	<input type="checkbox"/>	Financial sustainability and funding flows.
RWT Board Assurance Framework Risk SR16	<input checked="" type="checkbox"/>	Activity levels, performance and potential delays in treatment.
RWT Board Assurance Framework Risk SR17	<input type="checkbox"/>	Addressing health inequalities and equality, diversity and inclusion.
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	Potential cyber vulnerabilities and data breaches.
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	Data and systems Security (Cyber-attack)
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	Culture and behaviour change (incorporating Population Health)
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	Attracting, recruiting, and retaining staff
WHT Board Assurance Framework Risk NSR104	<input checked="" type="checkbox"/>	Consistent compliance with safety and quality of care standards
WHT Board Assurance Framework Risk NSR105	<input type="checkbox"/>	Resource availability (funding)
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)

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

Corporate Risk Register [Datix Risk Nos]



Is Quality Impact Assessment required if so, add date:

Is Equality Impact Assessment required if so, add date:

Report to the Quality Committee on THE ROYAL WOLVERHAMPTON NHS TRUST
ACUTE INPATIENT AREAS BIENNIAL SKILL MIX REVIEW



THE ROYAL WOLVERHAMPTON NHS TRUST ACUTE INPATIENT AREAS BIANNUAL SKILL MIX REVIEW

PHASE 1– January 2025

Lorraine Gardener Matron Nursing Workforce

INTRODUCTION

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

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

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

The SNCT has been rigorously validated using a substantial database over several years and is now widely used by NHS Trusts. The development of the SNCT has been supported and endorsed for use by NHS England and NHS Improvement. The SNCT now includes different staff multipliers for Acute Assessment Units, Acute Inpatient and Children and Young People's Wards, and the ED-SNCT for Emergency Departments (ED is completed in a separate report).

This tool enables the measurement of both A&D and can be applied to patients whose care can be delivered within acute adult, paediatric or acute assessment settings. A multiplier for calculating establishments will suggest Nursing Whole Time Equivalents (WTE) required to provide a safe and appropriate standard of care for each of the five levels of acuity and dependency identified by SNCT. Nurse Sensitive Indicators (NSIs) are quality indicators, which can be influenced by Nursing establishments and skill mix (appendix 1).

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

- All Adult inpatient ward areas.
- Three Acute Assessment wards/units.
- Two Paediatric inpatient wards/one Paediatric Assessment Unit.

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

In undertaking the skill mix review the A&D data is triangulated against Professional Judgement and Nurse Sensitive Indicators (NSI) and includes Falls, Pressure Ulcers, Medication Incidents, Complaints and Health Care Associated Infections (Appendix 2).

Professional judgement considers ward layout, escort duties, shift patterns and other aspects (Appendix 4).

RESULTS

OCCUPANCY, ACUITY, AND DEPENDENCY

The data in Table 1 below compares data from the previous establishment reviews undertaken biannually from Jan 2023 to Jan 2025 and shows the acuity split of patients across 'levels of care' (appendix 1). This summary shows a slight increase in the capture of acuity scores for 26479 patients in January 2025 against 25694 in June 2024. We continue to have an improved level of acuity scores being returned to support the Establishment Review.

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

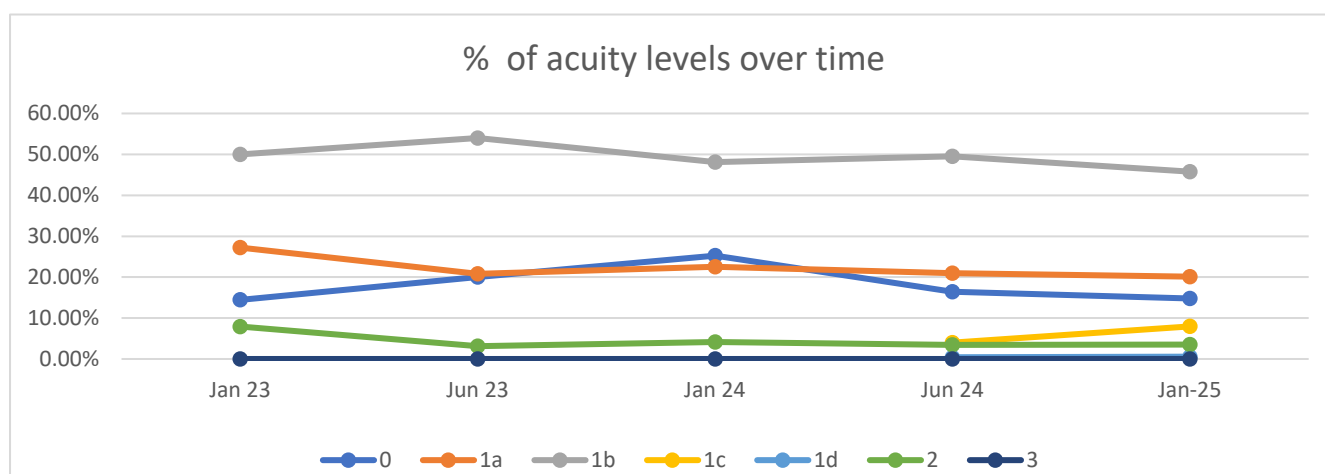
		Jan 23	Jun 23	Jan 24	Jun-24	Jan-25
Number of scores	Multiplier	19707	23498	23793	25694	26479
Level 0	0.99	14.44%	20.06%	25.25%	16.41%	14.78%
Level 1a	1.26	27.22%	20.84%	22.53%	20.99%	20.12%
Level 1b	1.89	50%	54%	48.09%	49.50%	45.78%
Level 1c	4.2	NA	NA	NA	4.00%	7.96%
Level 1d	8.38	NA	NA	NA	0.43%	0.57%
Level 2	2.53	7.93%	3.13%	4.13%	3.45%	3.55%
Level 3	5.97	0%	0%	0%	0.00%	0%
Empty beds	0.99	NA	NA	NA	5.18%	7.24%

Graph 1 below shows the change in acuity over time.

Recording of level 0 and 1a patients has continued to see a decline since Jan 2024. Importantly it is noted that since the introduction of level 1c and 1d in June 2024 level 1b patients have decreased this, suggesting that the 1b patients are now categorised as 1cs.

Previously an increase in level 2 activity was recorded over the January reviews period compared to June, potentially driven by seasonal acuity, this was not reported in Jan 2025.

Graph 1: Changes in acuity (last 5 SNCT reviews):



NURSE SENSITIVE INDICATORS (NSI) BY WARD COMPARRISON OF JAN 24 – JUNE 24 – JAN 25

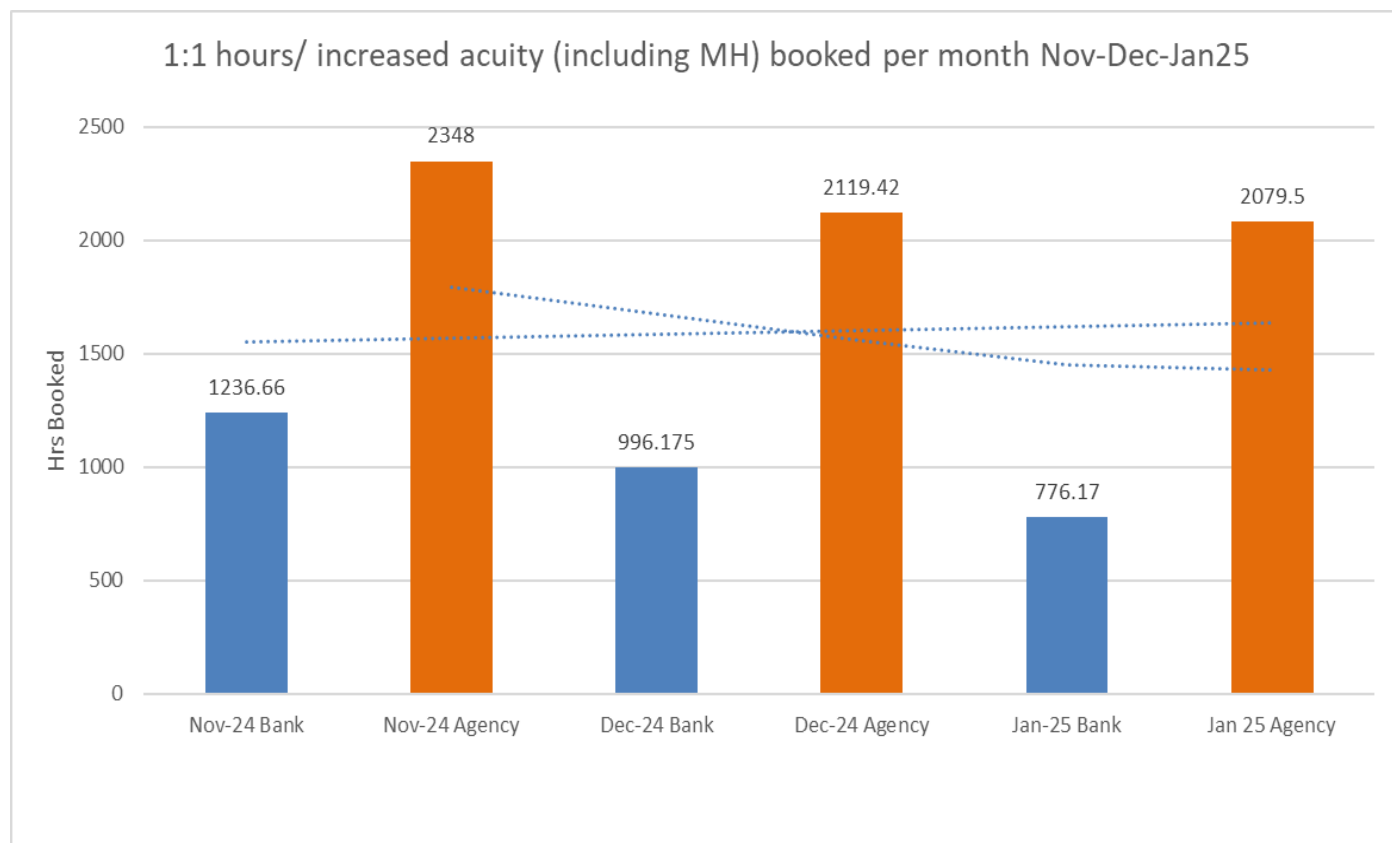
Table 2 shows NSIs by ward comparing January 24, June 24, and January 25, providing a comparison across seasonal changes.

Jan 24/Jun 24/Jan25 comparison		Nurse Sensitive Indicators												Additional Indicators Indicators					
		Jan-24	Jun-24	Jan-25	Jan-24	Jun-24	Jan-25	Jan-24	Jun-24	Jan-25	Jan-24	Jun-24	Jan-25	Jan-24	Jun-24	Jan-25	Jan-24	Jun-24	Jan-25
Jan-25	Ward	Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Pressure Ulcers	Pressure Ulcers	Pressure Ulcers	Pressure Ulcers (Moisture damage)	Pressure Ulcers (Moisture damage)	Pressure Ulcers (Moisture damage)	HCAI's	HCAI's	HCAI's (MRSA Cdiff)	Deteriorating patient (% Obs)	Deteriorating patient (% Obs)	Deteriorating patient (% Obs)	Missed critical Medications	Missed critical Medications	Missed critical Medications
Div 2	A7	0	0	0	0	1	1	0	0	0	0	0	0	87%	89%	86.60%	1.60%	1.99%	3.82%
	A8	2	0	1	0	0	0	0	3	0	0	1	1	91%	88%	85.70%	3.97%	3.46%	3.89%
	AMU	3	0	2	0	0	0	0	0	1	0	0	1	82%	80%	77.40%	4.81%	4.87%	3.92%
	C14	0	0	0	0	0	1	0	1	0	0	0	0	86%	85%	79.50%	2.30%	2.42%	2.30%
	C15	1	0	3	0	0	0	0	0	2	1	0	0	89%	93%	85.40%	2.90%	2.00%	3.22%
	C16	0	1	0	1	1	0	1	0	2	0	1	1	83%	87%	89.90%	3.87%	2.45%	3.14%
	C17	0	1	0	0	0	0	0	1	0	0	0	0	92%	94%	92.80%	2.43%	1.50%	3.30%
	C18	0	0	0	0	0	0	0	0	2	0	0	0	92%	95%	85.70%	2.71%	2.08%	3.58%
	C19	2	1	0	0	0	1	0	0	0	1	0	1	91%	89%	88.87%	2.49%	2.79%	2.98%
	C21 ASU	2	1	1	0	0	0	0	1	6	0	0	0	89%	80%	94.20%	2.66%	2.85%	2.57%
	C22	0	0	0	0	0	1	0	0	3	0	0	0	89%	90%	92.40%	3.30%	2.70%	4.08%
	C24	0	0	1	1	0	1	1	1	0	0	0	1	83%	90%	89.90%	2.80%	2.27%	4.83%
	C25	1	1	3	0	0	0	0	1	1	1	0	0	91%	91%	87.70%	3.26%	2.98%	3.32%
	C26	1	2	3	0	0	0	0	1	4	0	0	0	87%	91%	86.70%	2.04%	2.00%	2.20%
	C35 ACU	2	0	1	0	0	0	0	0	0	0	0	0	86%	89%	90.10%	3.59%	2.81%	3.27%
Div 1	C39	0	0	1	0	0	1	0	1	0	1	0	0	93%	94%	84.82%	ND	ND	ND
	CHU	0	2	1	0	0	0	0	0	0	0	1	0	86%	92%	90.40%	3.68%	2.90%	3.15%
	Fairoak	0	1	0	0	0	0	0	0	1	0	0	0	91%	85%	92.21%	1.40%	2.38%	ND
	A5	0	0	0	0	1	1	2	0	2	0	0	0	88%	79%	85.50%	4.00%	3.81%	5.51%
	A6	0	1	1	0	1	1	2	1	3	0	1	0	87%	80%	90.50%	2.69%	3.52%	4.50%
	A9	1	1	1	1	0	1	1	2	1	1	0	0	86%	83%	84.30%	3.97%	3.74%	5.06%
	A12	0	0	0	0	0	0	2	0	0	0	0	3	91%	91%	84.90%	2.56%	1.98%	4.48%
	A14	1	1	0	0	0	1	4	0	1	0	0	3	88%	89%	88.60%	1.64%	2.47%	4.21%
	B7	1	1	0	0	1	0	0	0	1	0	0	0	88%	90%	81.50%	3.00%	5.58%	4.39%
	B8	0	0	1	0	0	0	2	7	0	0	0	0	89%	88%	95.10%	5.45%	4.13%	3.79%
	B14	1	0	0	0	1	0	1	2	1	0	0	0	94%	94%	85.20%	Nil	Nil	3.79%
	D7	0	3	0	0	1	0	1	0	2	0	0	0	89%	85%	89.90%	2.66%	2.34%	3.87%
	HM	0	0	0	0	0	0	0	1	0	0	0	0	93%	93%	91.60%	2.48%	2.82%	10.03%
	SECU	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	ND	ND	ND
Div 3	A21	0	1	0	0	0	0	0	0	0	0	0	0	75%	82%	74.00%	ND	ND	ND
	A23	-	-	-	-	-	-	-	-	0	0	-	0	-	-	-	ND	ND	ND
	PAU	0	0	-	0	0	-	0	0	0	0	0	0	76%	86%	82.20%	ND	ND	ND
	HDU	-	-	-	-	-	-	-	-	0	0	-	0	-	-	-	ND	ND	ND
	NRU	0	-	1	0	-	1	-	-	1	0	-	0	96%	97%	96.36%	0.00%	0.27%	3.96%
	WD1	0	1	1	3	0	0	-	4	0	0	1	0	98%	99%	97.72%	0.66%	0.53%	1.47%
	WD2	-	0	0	1	0	0	-	0	0	0	0	1	92%	96%	93.74%	1.91%	1.67%	1.99%

Hours required to Cover 1-2-1 care

Graph 2 shows the hours of 1:1 / Mental Health care by bank and agency CSWs for the 3-months (November 2024 – January 2025).

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



ESTABLISHMENTS

Applying the SNCT multipliers (described in Table 1) to the acuity data collected, the differential between funded establishments and required establishments are calculated inclusive of 20% uplift (to provide direct comparison).

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

Accuracy of Acuity: Inter-rater reliability audits of acuity data capture alongside professional confirm and challenge on submitted ward acuity has outlined that continuous training is required for all registered Nursing staff. This includes Matrons, Ward Managers and Sisters in all areas where staffing establishment reviews use the SNCT and will ensure staff understand the importance of accurate data entry and what the data is utilised for. Acuity data collection in Jan 2025 was undertaken manually to ensure accuracy of the acuity data for each ward as per the recommendation from Carole Stiles from the National Team at NHS England

(NHSE), except Ward B7 where data was collected retrospectively from the daily SafeCare submissions made by the area.

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

- AMU is showing the greatest differences between their Professional Judgement and SNCT results, this will be reviewed again in June 25 against NSI changes.
- Following the Paediatrics business case and the Year 2 pull down of budgets the professional judgement and SNCT data are closer aligned.
- It is noted that the inpatient tool does not capture the Paediatric Assessment Units (PAU) activity fully therefore the application of a different tool will be considered for June 25 review.
- Increased acuity from input of 1c/1d patients is noted, and is to be monitored and reviewed again in June 25 with the link to temporary staffing use:

Graph 3 – Comparison of Budget / Professional Judgement / SNCT

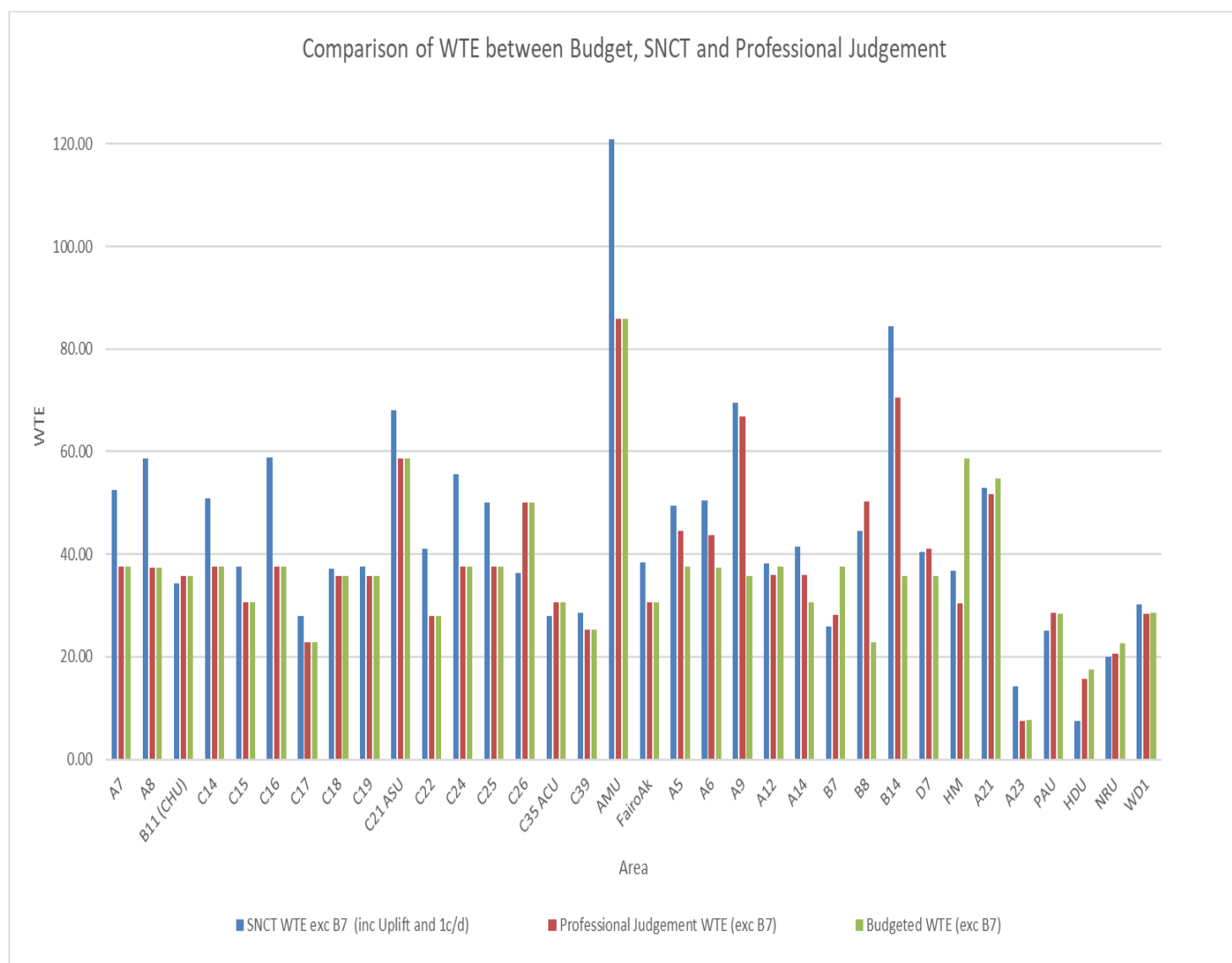


Table 3 shows the overall position of the Trust at the end of Jan 2025 in relation to individual ward data. Levels 1c/1d displayed separately to demonstrate change in recording and impact on overall SNCT result since introduction in June 24.

Table 3	No of beds	% occupancy	Nurse Sensitive Indicators (PU, Falls & HCAIs)	SNCT (WTE)		Professional Judgment (WTE)	Current budget	Difference SNCT/ Prof Judgement	CHPPD
Ward				Ward excl-B7	Inc-1c/1d	Total WTE			
A7	28	70.28%	1	41.88	53.45	38.51	38.51	15.94	6.17
A8	28	126.38%	2	42.70	59.75	38.31	38.31	22.44	6.17
B11 (CHU)	22	99.27%	4	33.77	35.29	36.83	36.83	-0.54	7.51
C14	26	99.10%	1	36.73	51.96	38.51	38.51	14.45	6.65
C15	21	96.16%	5	32.98	38.65	31.68	31.68	7.97	6.78
C16	28	85.48%	3	42.14	59.97	38.51	38.51	22.46	6.17
C17	22	92.14%	0	24.88	29.05	23.76	23.76	6.29	4.90
C18	23	98.88%	2	37.20	38.22	36.82	36.82	2.40	7.19
C19	23	98.60%	2	36.55	38.58	36.82	36.82	2.76	7.19
C21 ASU	39	98.68%	7	67.71	70.04	60.58	60.58	11.46	7.00
C22	20	98.23%	4	31.32	42.08	28.91	28.91	14.17	6.54
C24	28	98.85%	3	48.00	56.63	38.51	38.51	19.12	6.17
C25	28	98.16%	4	40.82	51.03	38.51	38.51	13.52	6.17
C26	26	99.38%	7	31.84	37.34	51.15	51.15	-12.81	8.86
C35 ACU	17	97.53%	1	23.86	28.87	31.68	31.68	-1.81	8.37
C39	18	96.59%	2	27.65	29.58	26.34	26.34	4.24	6.63
AMU	49	97.56%	1	90.32	122.84	87.89	87.89	36.95	8.06
Fairoak	27	89.63%	1	33.47	39.46	31.68	31.68	8.78	5.27
A5	27	96.54%	3	44.97	50.46	45.44	43.00	6.02	8.45
A6	27	96.89%	5	47.38	51.58	46.27	43.53	6.31	8.32
A9	37	88.06%	3	71.40	71.58	68.83	67.90	4.75	9.64
A12	25	98.45%	3	39.25	39.25	36.99	34.91	3.26	6.56
A14	25	91.10%	5	41.15	42.39	36.99	35.03	6.40	7.15
B7	16	91.53%	1	26.51	26.82	29.27	34.29	-1.45	0.00
B8	31	89.07%	1	33.27	45.62	51.32	51.61	-4.71	6.55
B14	43	95.42%	1	43.57	85.51	72.54	70.22	14.97	8.23
D7	32	71.72%	2	41.46	41.46	42.13	39.86	0.33	8.14
HM	28	79.38%	0	37.48	37.69	31.47	34.33	7.22	9.01
SECU	4	*				0.00	9.69	0.00	0.00
A21	22	110.85%	0	54.03	54.03	52.67	55.76	2.36	10.65
A23	8	41.13%	0	14.74	14.74	8.07	8.13	7.17	6.13
PAU *	14	*	0	26.00	26.00	29.51	29.33	-2.51	9.34
HDU	4	*	0	8.58	5.58	16.64	16.45	-10.06	18.32
NRU	10	95.16%	1	16.72	20.89	21.50	23.62	0.39	9.63
WD1	20	99.68%	1	29.64	31.27	29.30	29.51	2.97	6.54
WD2	24	92.47%	2	25.24	36.08	30.90	31.19	6.18	5.76

- Areas highlighted in yellow are areas with less than 16 beds where SNCT is not considered valid.
- Area highlighted in purple show a lower occupancy score reflective of closed beds for IP reasons.
- Areas highlighted in grey are areas they deliver an elective service or offers a day case service.
- *= Occupancy data not available due to admissions area

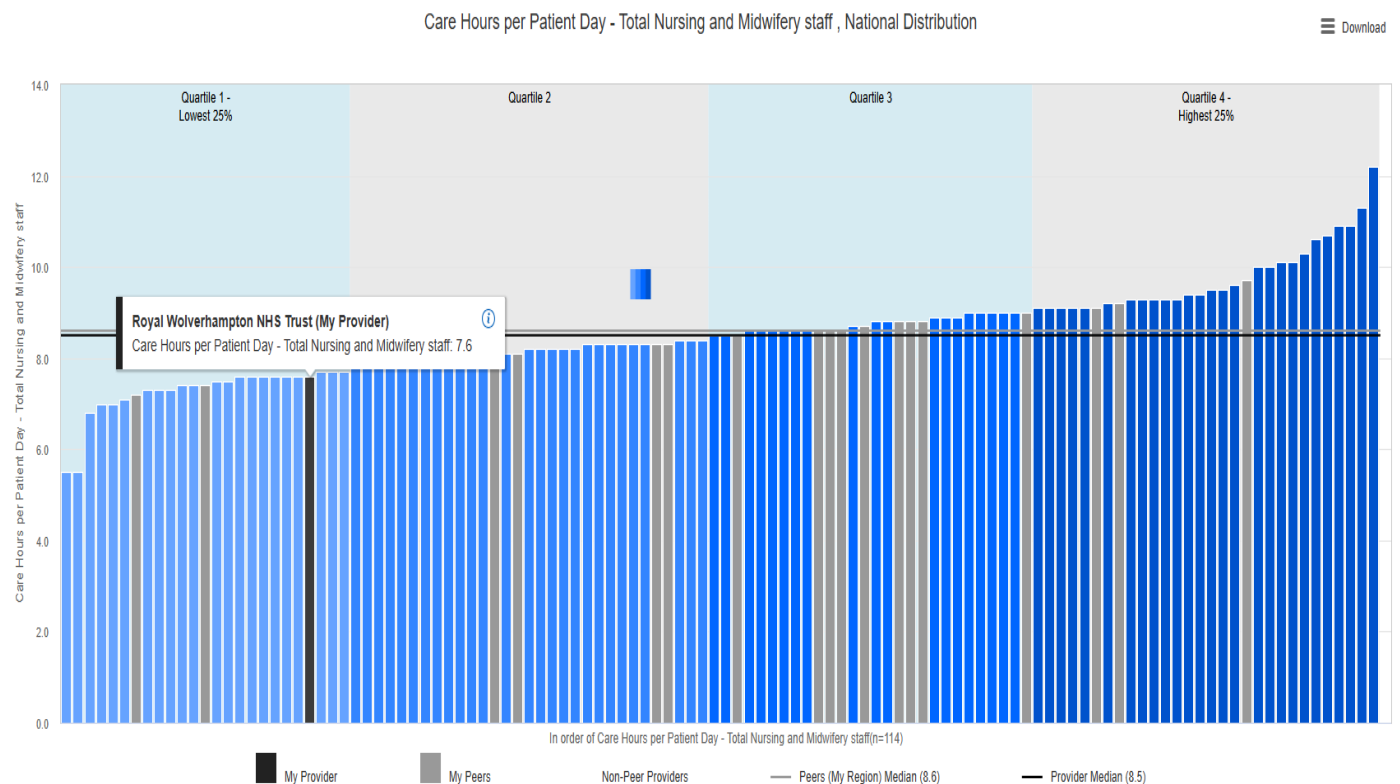
TRUST CARE HOURS PER PATIENT DAY (CHPPD)

Care Hours Per Patient Day

An additional part of the skill mix review has been to use data available on the NHS Model hospital to benchmark the Trust position with Care Hours Per Patient Day (CHPPD) (graph 4).

Graph 4 shows the position of the Trust CHPPD both nationally and when compared with peers for the review period of Jan 2025, the Trust value is 7.6 against a regional peer value of 8.6, Walsall Healthcare Trust (WHT) sat at 7.2.

Graph 4 – Care Hours per Patient Day – Total Nursing/Midwifery staff (Jan 2025):



ANALYSIS

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

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

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

The skill mix review was concluded by the Chief Nursing Officer, Nursing Workforce team, Divisional Head of Nursing for each Division, Deputy Director of Finance.

Division 1 – No change to Divisional budget:

There is a requirement to move funding from an area to support another ward within the Division, Hilton Main to support A6. This was discussed at the at tabletop meetings and has been reviewed by the CNO (individual ward detail in Appendix 3). Consideration was given to NSI, CHPPD and activity.

Division 2 – No change to Divisional budget:

There is no requirement to move funding from any wards to support other areas. There was a recognition of the difference in professional judgement versus budget and the division will complete a risk assessment to support the decision to not change establishment levels.

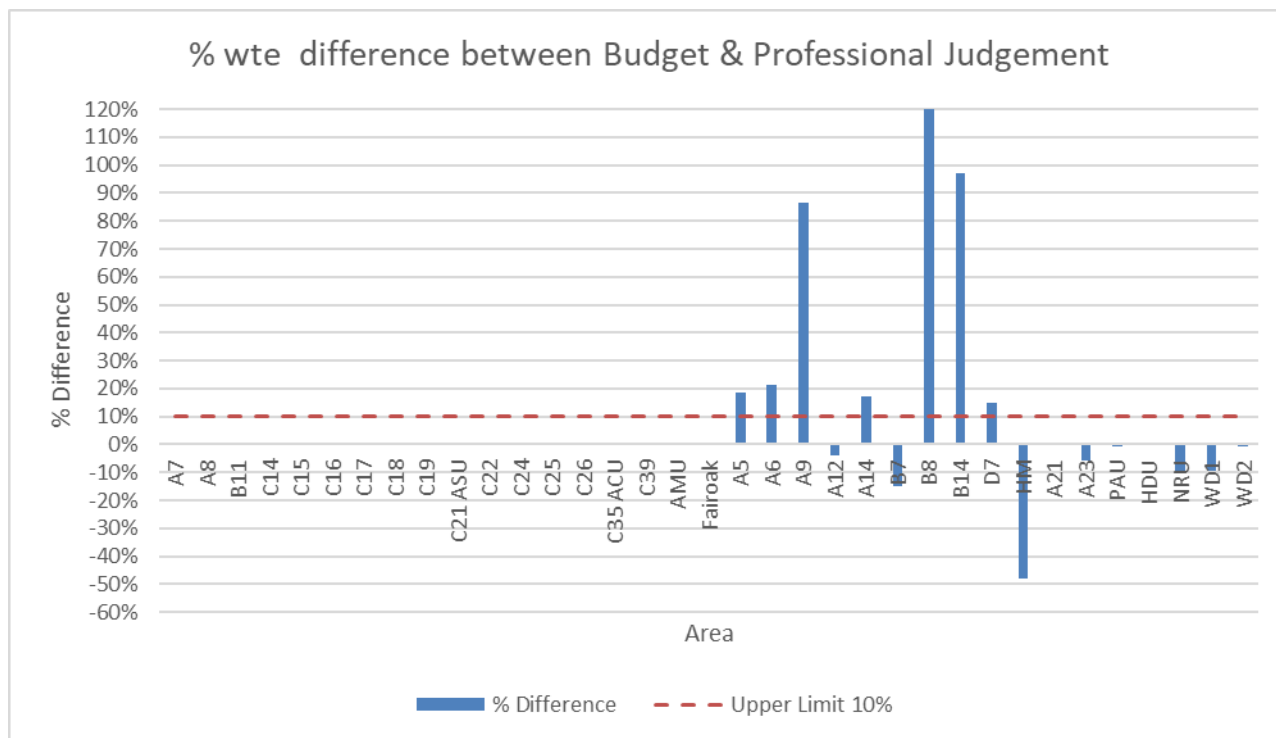
Division 3 - No change to Divisional budget:

There is no requirement to move funding from any areas with the service. An ask to increase the Band 6 management time on A21 was agreed, and a reduction and Band 7 management time to 0.4wte on A23. Paediatric staffing according to safe staffing levels required reviewed (individual ward detail in Appendix 3). Review of Ward 1 again in June once Stroke services at Walsall's Hollybank House have moved across to Ward 1 (West Park)

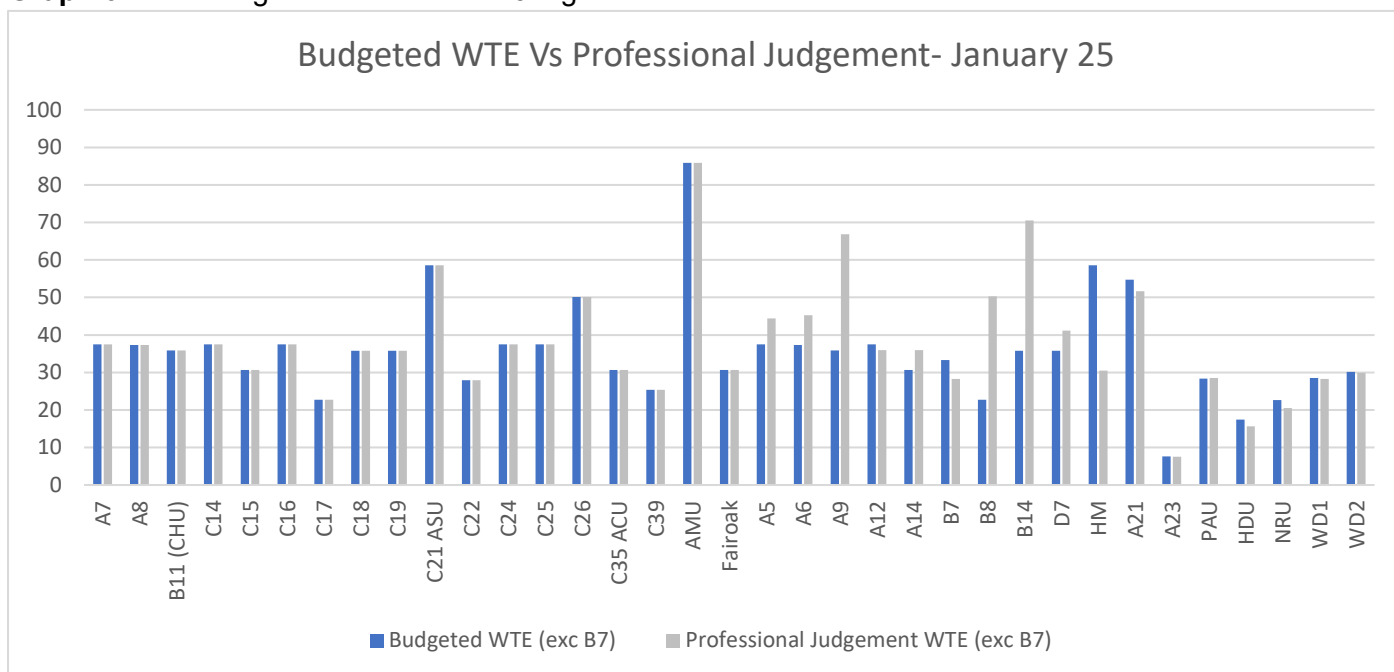
Establishment Review Data

It is accepted that being within 10% of the SNCT multiplier suggested WTE is within tolerance limits. The confirm and challenge meetings reviewed all wards and identified 7 wards (A5, A21, A9, A14, B8, B14, D7) to have a difference greater than 10% between budgeted establishment and professional judgement (Graph 5).

Graph 5- % difference between Budget and Professional Judgement



Graph 6 WTE Budget Vs Professional Judgement



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

- Ward layout/facilities: the configuration of wards and facilities affect the nursing time available to deliver care to patients, and this can be reflected in staffing establishments through professional judgement. For example, wards with a high proportion of single rooms might make adequate surveillance of vulnerable patients more difficult.
- Shift patterns: the type of shift patterns (long day versus short day) in use may affect the overall establishment required to ensure shift-to-shift staffing levels. These are monitored to understand the impact and effect on staff and patients.

Chart 7 shows the variation between the current budgeted establishment and Acuity tool results.

Chart 7 – Variation WTE Budget and Acuity Tool (SNCT) WTE Jan 25

* Positive figure= SNCT recommends higher than current budget

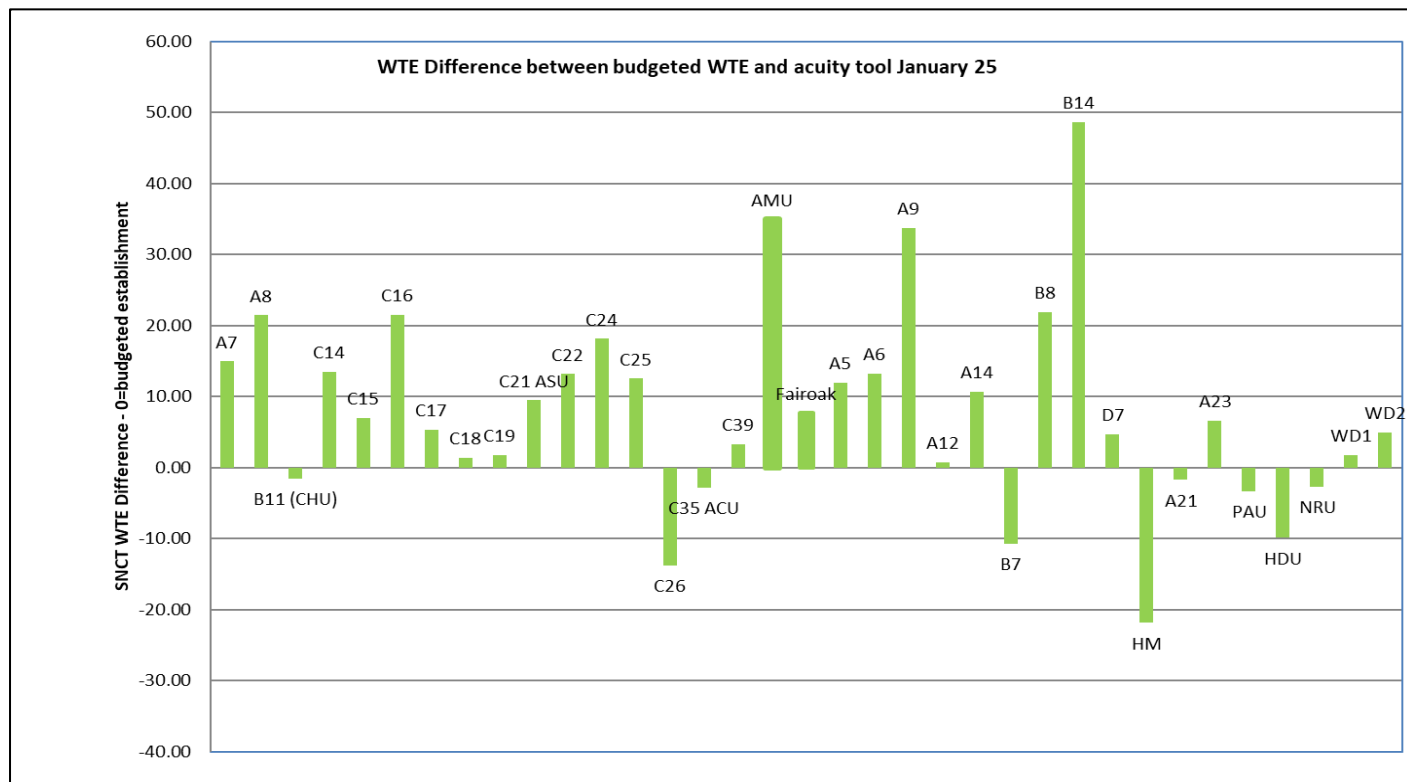
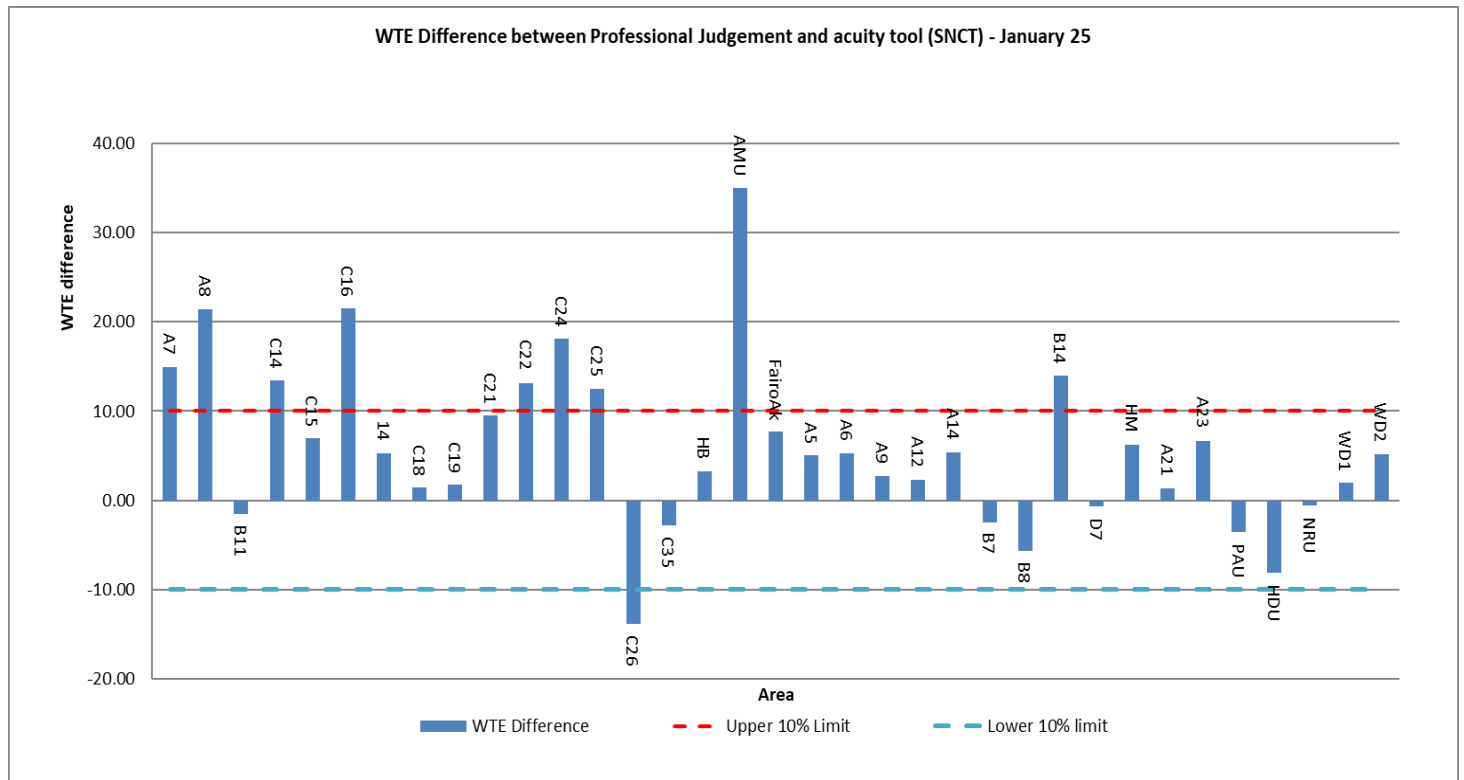


Chart 8 Shows the difference between Professional Judgement and Acuity Tool (SNCT) WTE Jan 25

Chart 8 Variation in Professional Judgement and SNCT WTE

* Positive figure= SNCT recommends higher than Professional Judgement reported



Enhanced budgetary and temporary staffing controls were introduced in Jan 25 as part of financial recovery plans. It is questioned as to the impact this may have had on professional judgements as an increased number of areas have shown a difference of more than 10% between the SNCT tool and Professional Judgement.

The SafeCare system used on the inpatient areas records staffing utilisation as follows:-

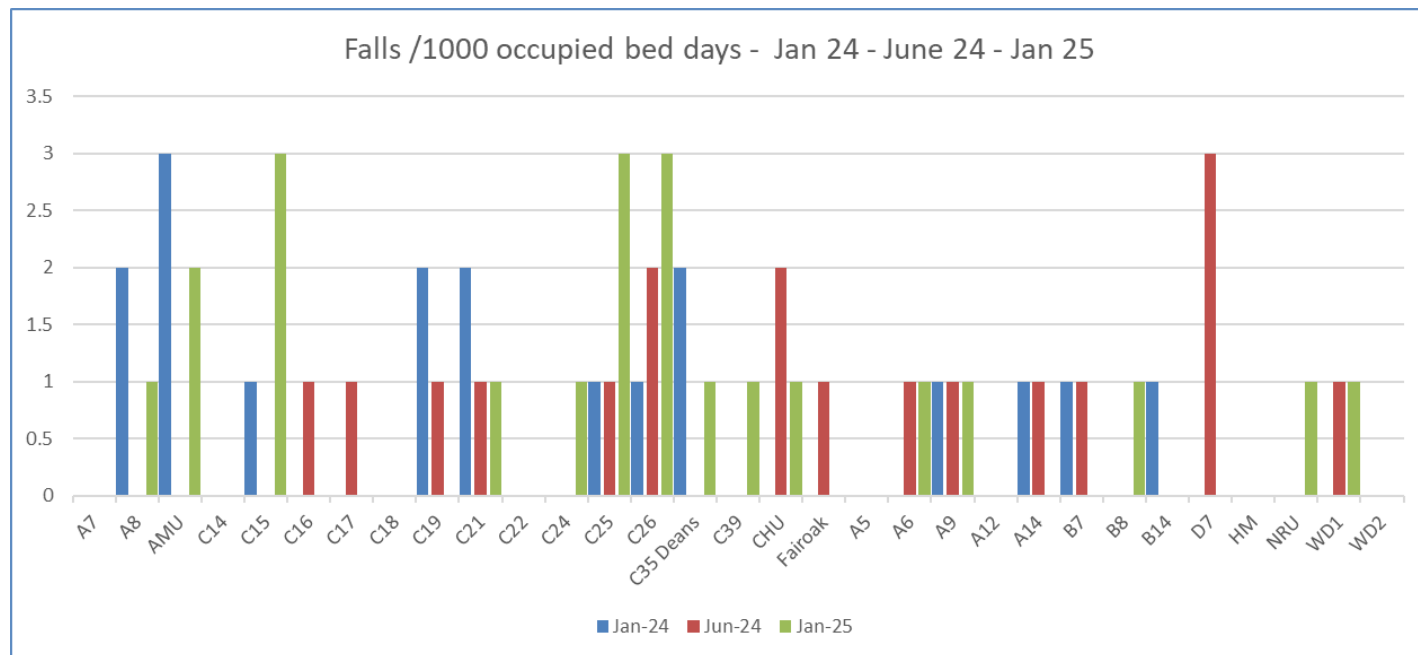
- Red – Short of nursing hours/overutilisation of staffing (above 110%)
- Amber – Short of nursing hours/overutilisation of staffing (105-110%)
- Grey – Correct level of staff based on entered patient acuity and dependency (90-105%)
- Green – Excess nursing hours/underutilisation of staffing (below 90%)

For Jan 25, the workforce average utilisation for Adult Acute and Inpatient areas, excluding ICCU and ED, was 119.9% (rated Red), reflecting a shortfall in nursing hours compared to required care hours, which was based on patient acuity and dependency as recorded in SafeCare.

ANALYSIS OF NURSE SENSITIVE INDICATORS

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

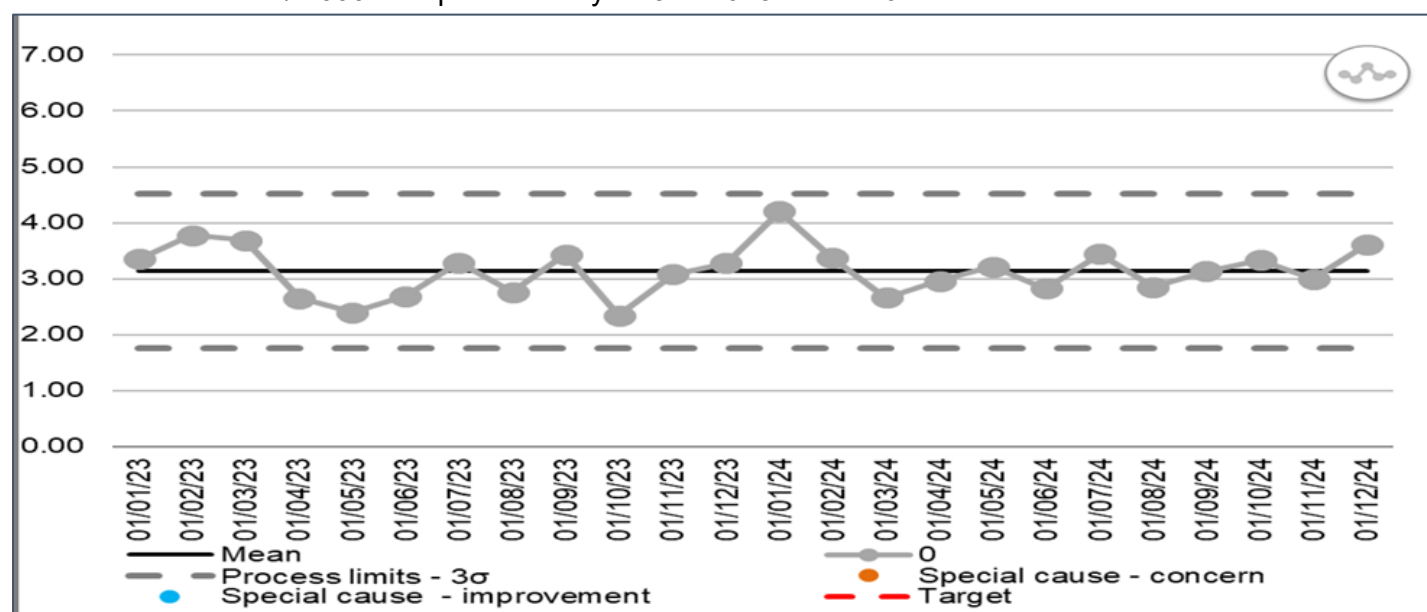
Falls



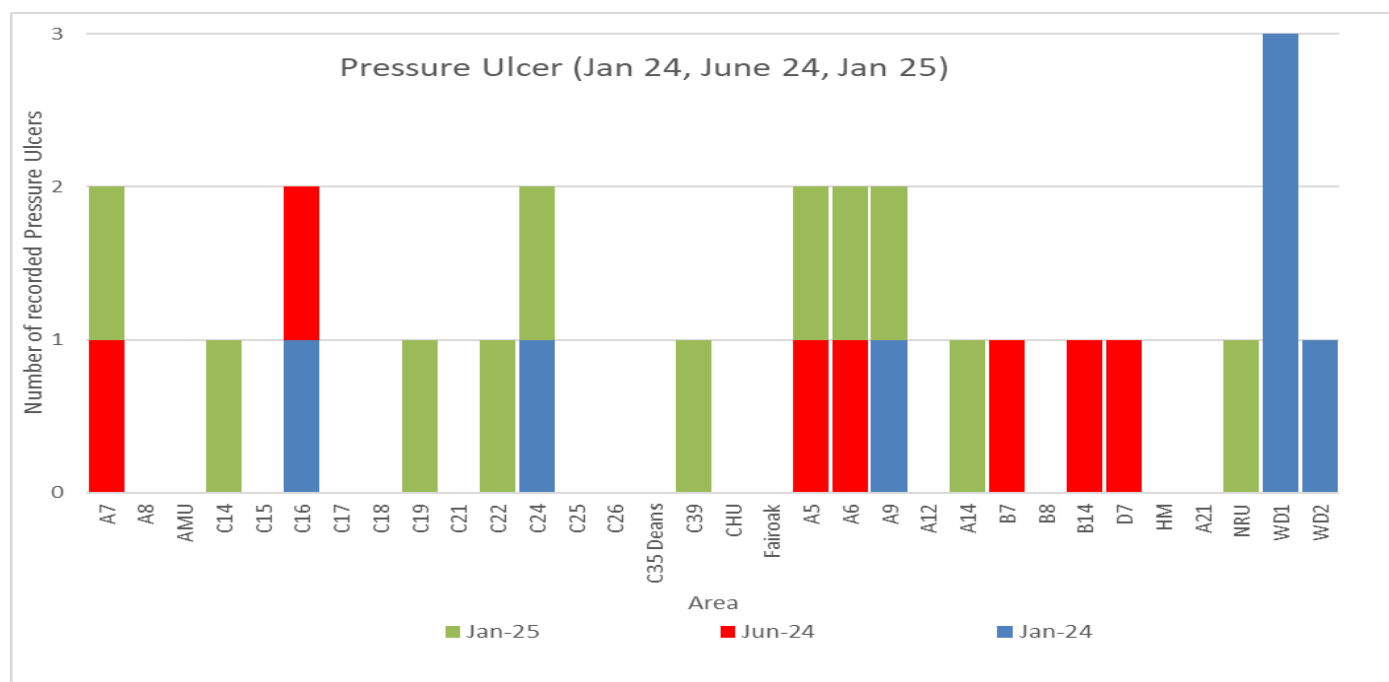
When considering falls by area 10 areas were seen to have an increase in falls from the Jun 2024 review, whilst 8 saw an improvement.

The overall trust position in line with Patient Safety Incident Response Framework (PSIRF) showed no new emergent themes identified during December and the number of reported falls remained within tolerances.

Trust Position - Falls / 1000 occupied bed days – Jan 2023 – Dec 2024



Pressure ulcers



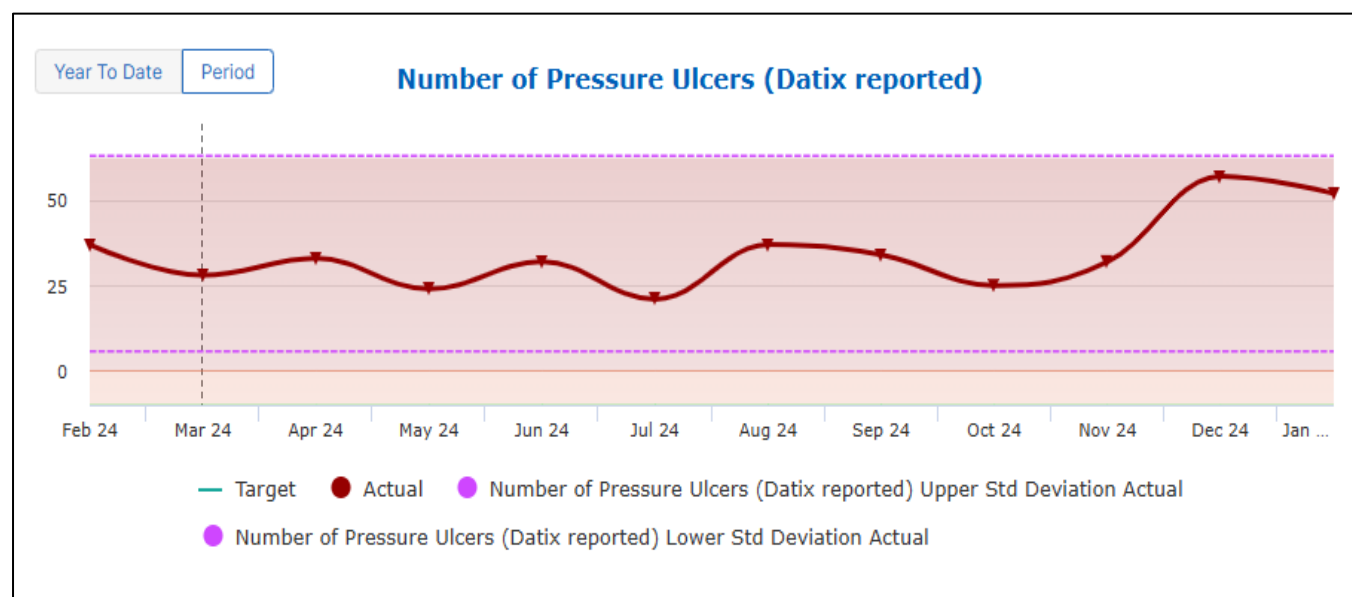
January 2025 saw a total of 11 reported pressure ulcers, an **increase** of 4 from the 7 reported in Jun 24 & Jan 24.

6 areas reported Pressure Ulcers that had not previously in the past 2 establishment reviews.

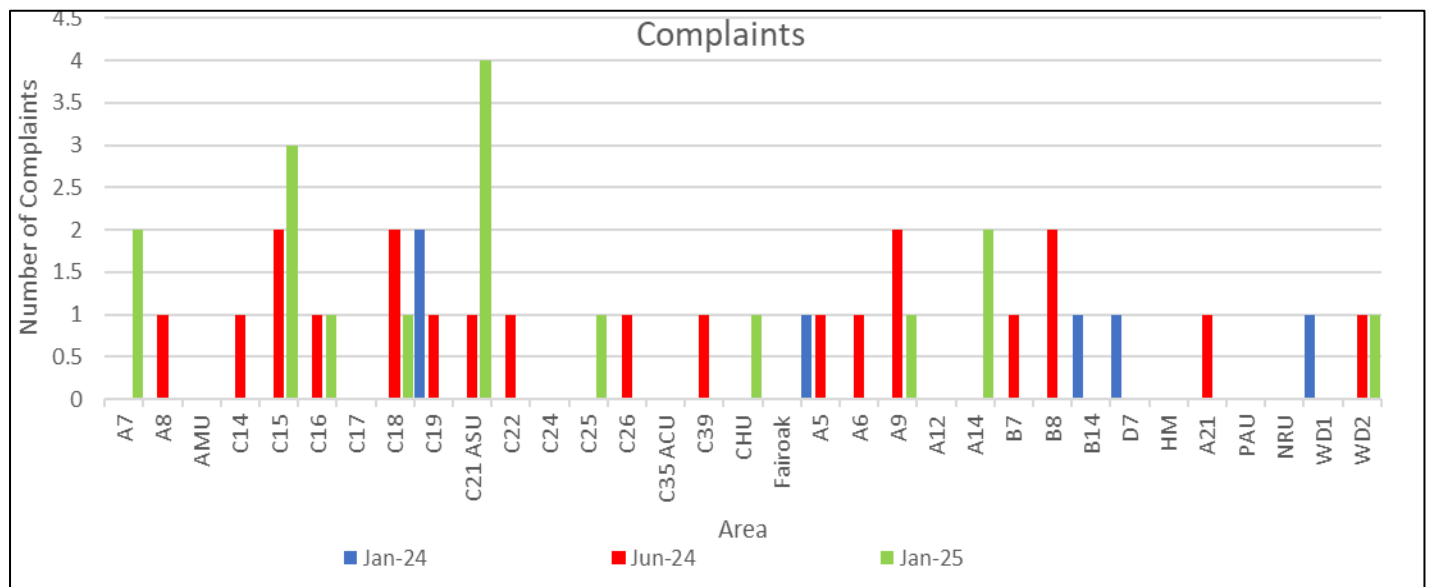
13 areas continued to have none to report.

The trust overall has continued to see a significant overall increase of pressure ulcer incidents. Division 1 has reported a rise in Trauma and Orthopaedics, correlating with longer length of stay within the Emergency Department. The chart below shows the increase since April 24 to date.

Trust Position



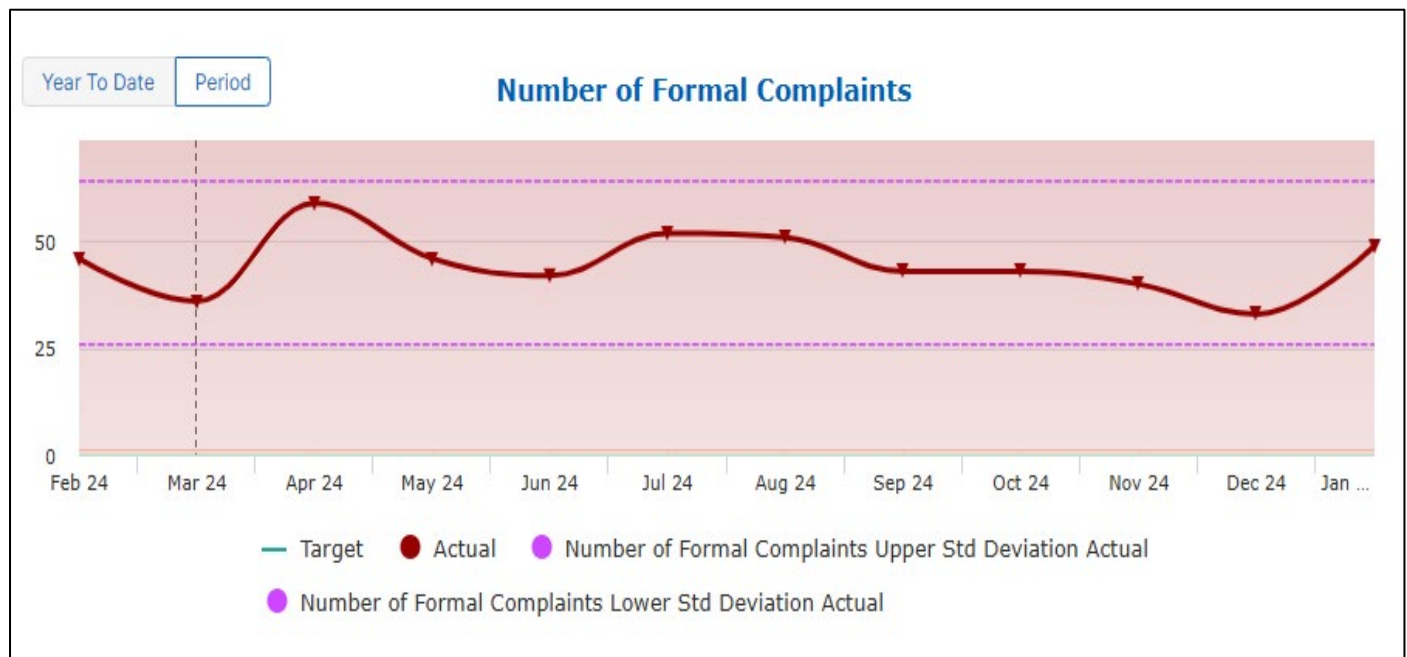
Formal Complaints



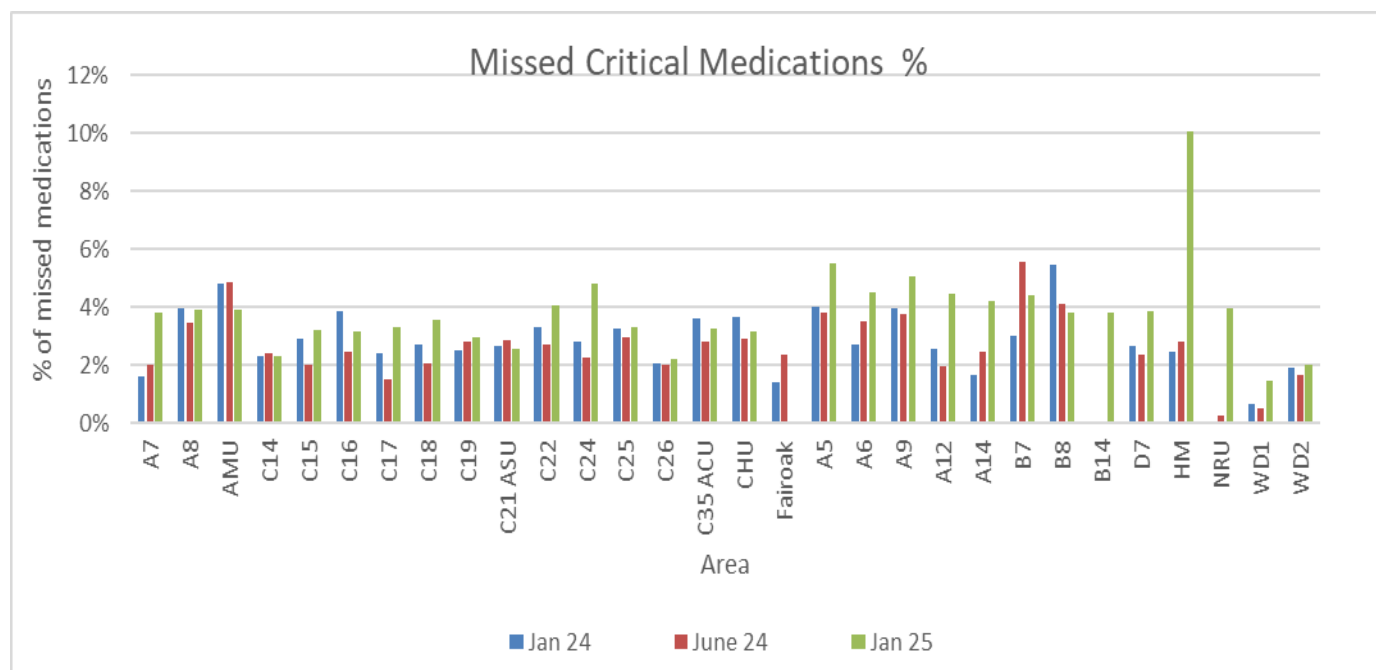
- 17 formal complaints were recorded in Jan 25 a reduction from the 21 in Jun 24.
- 6 areas reported an increase in complaints from June 24.
- 11 saw a decrease, the remaining areas saw no change.

Overall, the Trust saw a rise of complaints in January 25, this was not reflected in the data for the inpatient wards in this review.

Trust position



Critical Missed Medications



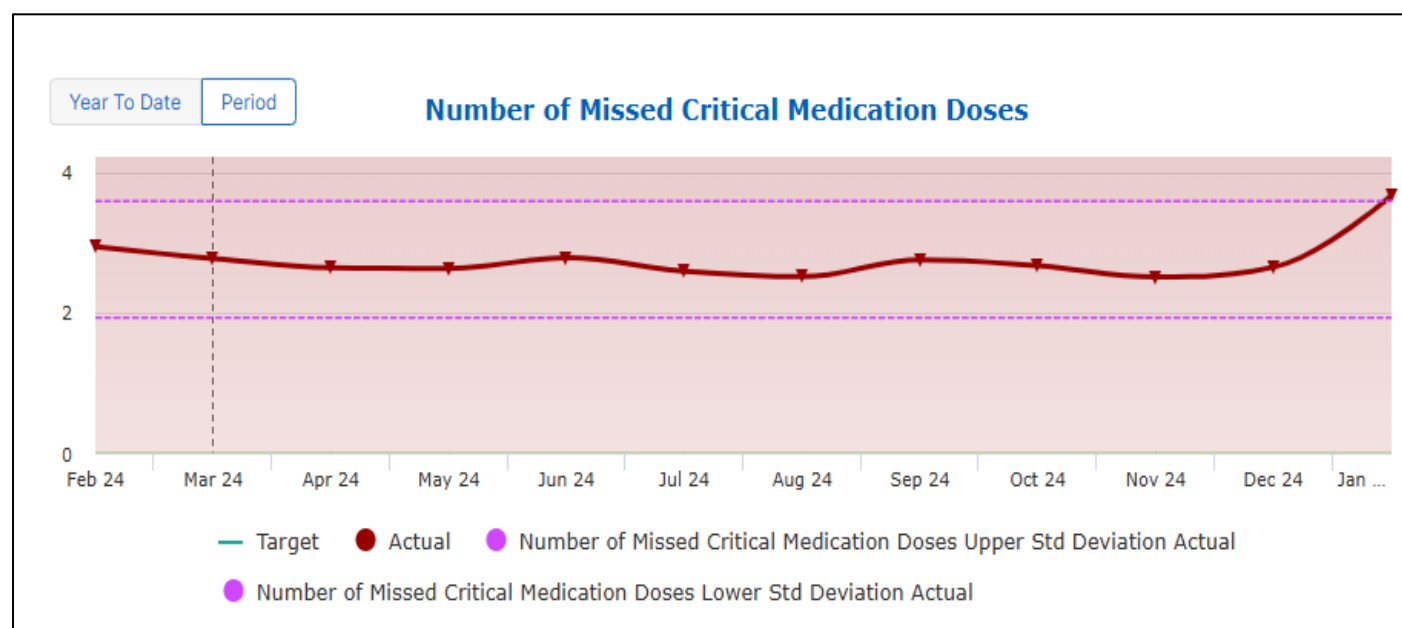
Missed Critical Medications reports the number of missed doses as a percentage, with data extracted from the Electronic Prescribing and Medicines Administration system (ePMA).

- The average % of missed medication was 3.81%.
- The lowest percentage of missed medications was seen on Ward 1 (1.47%).
- The highest percentage of missed medications was seen on Hilton Main (10.3%).

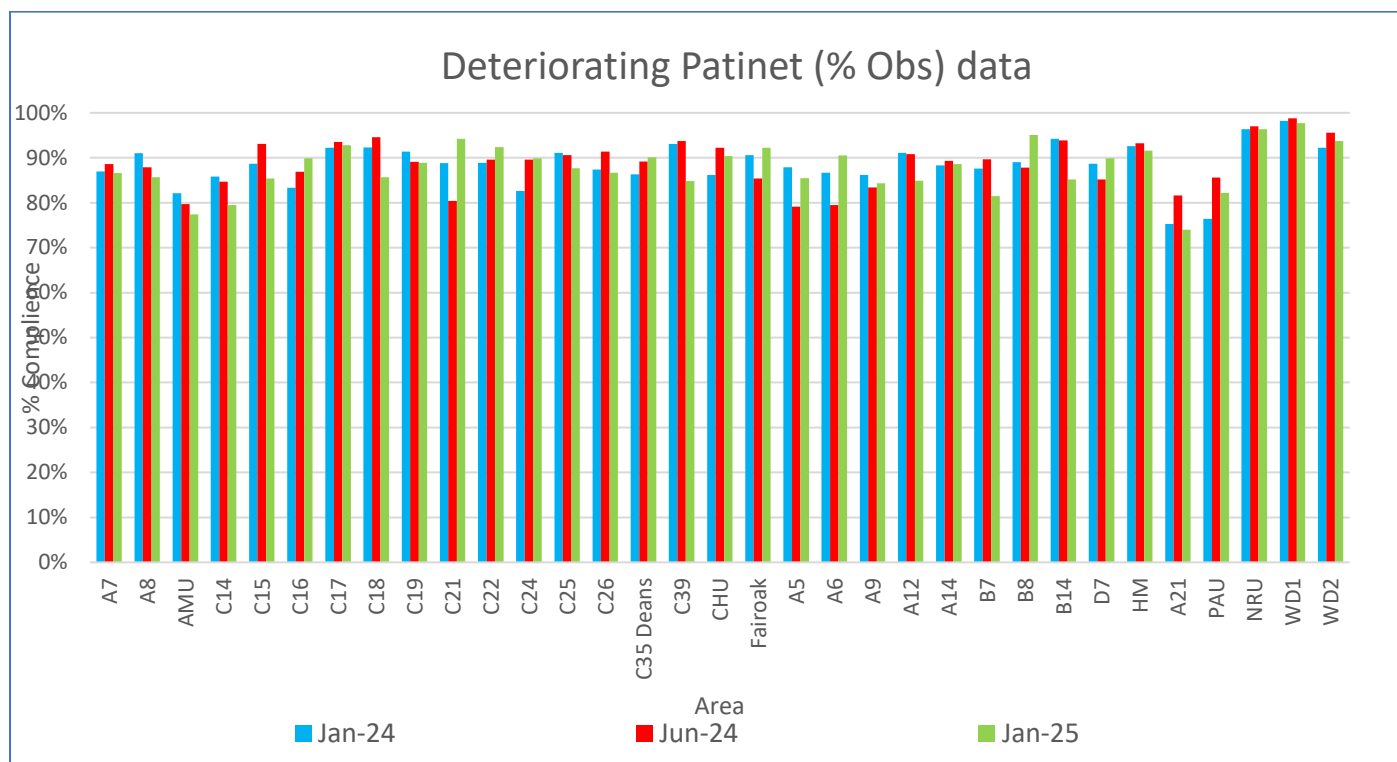
Hilton Main reported a difference of 6.22wte between SNCT (36.69wte) and their professional judgement (30.47), Hilton Main provide an enhanced recovery service for elective orthopaedic patients and have staff acting as the bleep holder for the site which can create an absence of an RN from the unit.

The Trust has started to detect a rise in missed medications since Dec 24 following a period of stability.

Trust Position



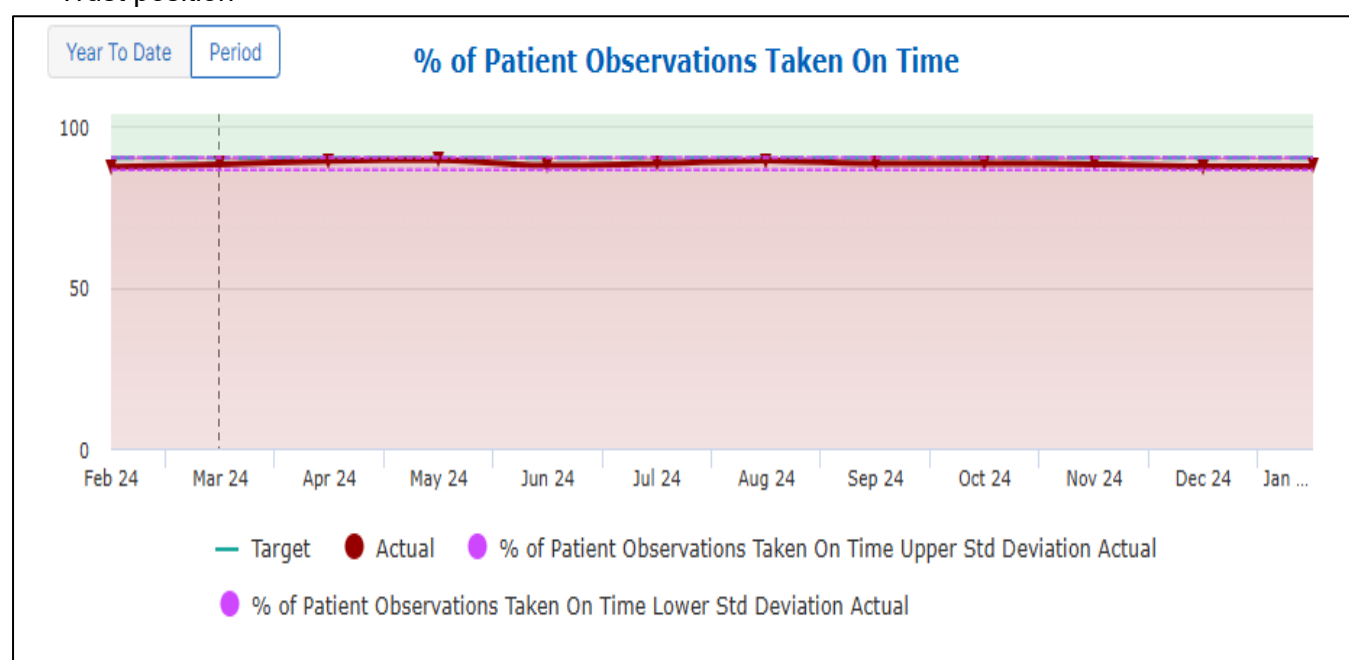
Observations on time



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

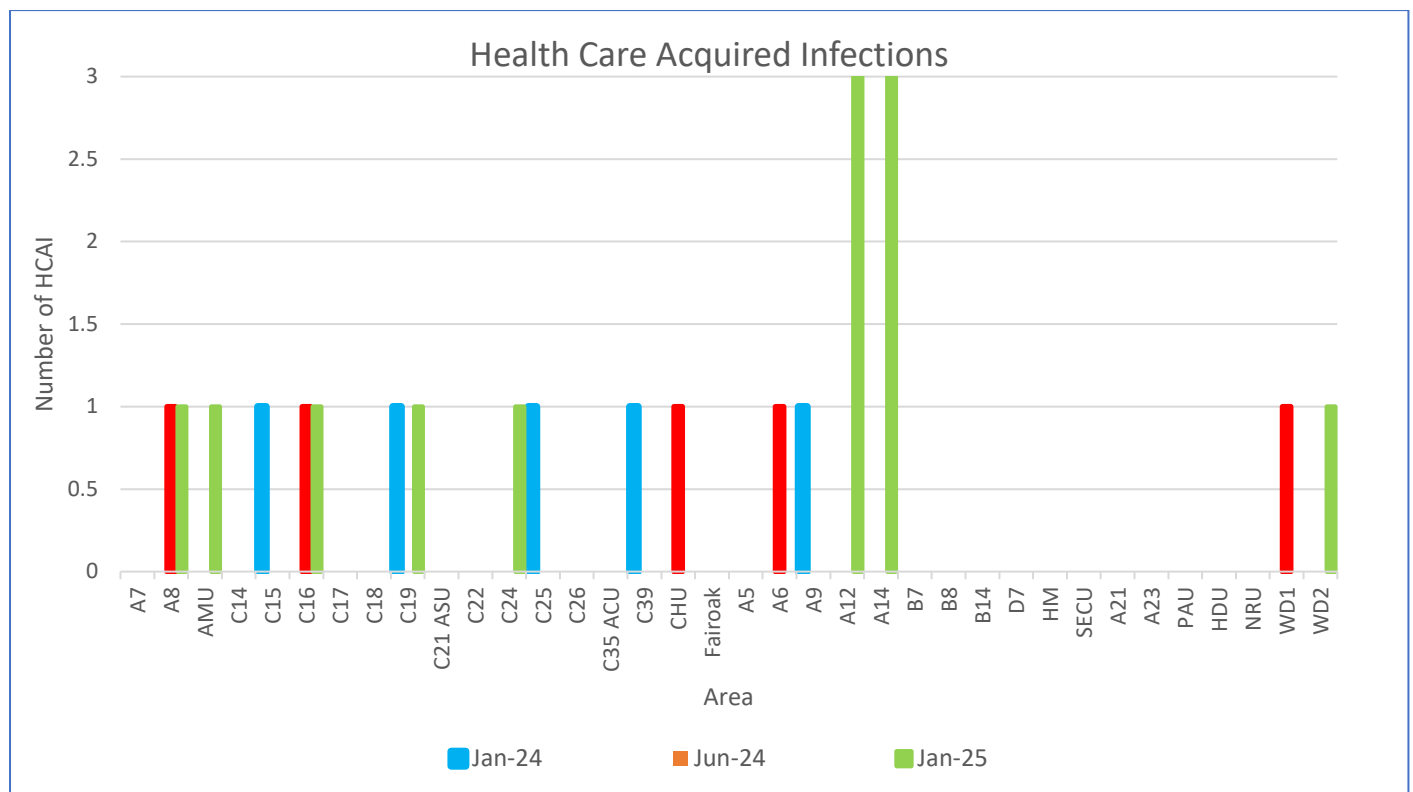
- Over all Observations on time have remained consistent with an overall average of 88%, slightly falling short of the trust target of 90%.
- AMU showed the lowest performance at 77% (80% Jun 24) and Ward 1 the highest 98% (99% Jun 24).

Trust position



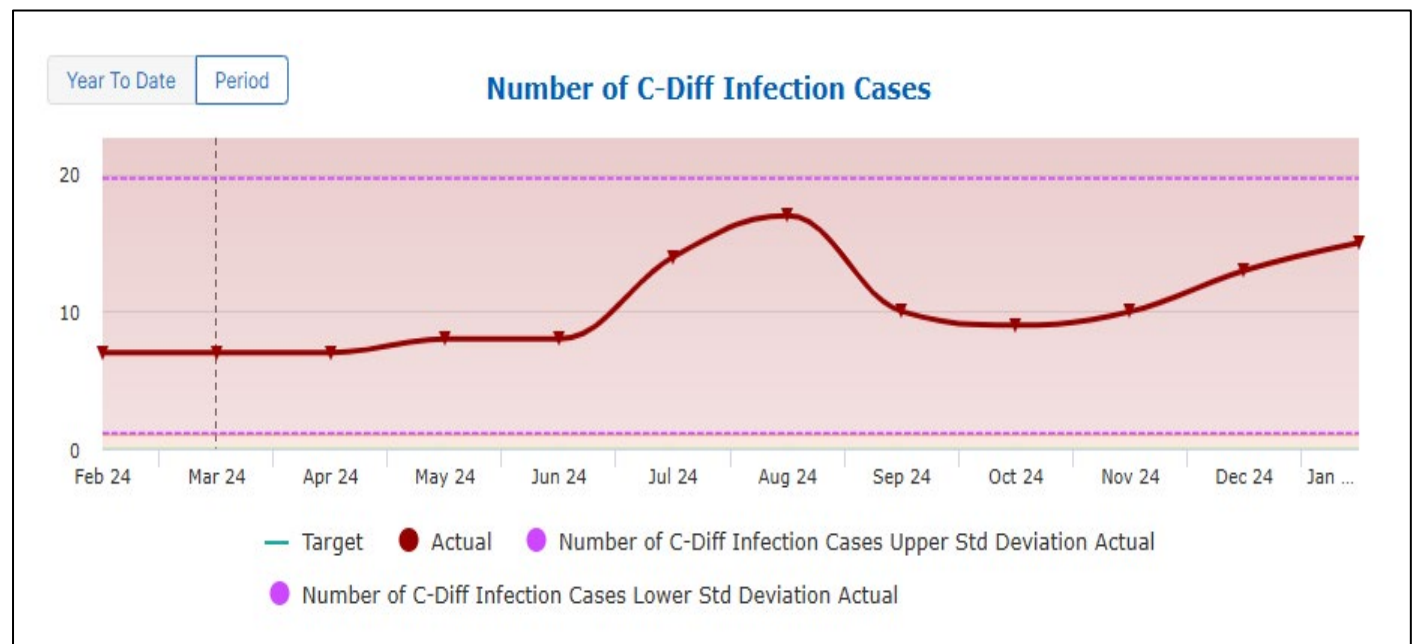
Health Care Acquired Infections (HCAIs)

HCAIs (related to Clostridioides difficile infections (C. diff))



Overall, 12 HCAIs relating to C. diff were reported in Jan 25, an increase from 5 in both Jan 24 & Jun 24. This can be seen in the Trust overall reporting data below. Considering was given to if this is a seasonal variation, however a similar peak was seen previously in August 24 (summer) but not in Jan 24.

Trust Position



APPENDIX 1 - LEVELS OF ACUITY AND DEPENDENCY

APPENDIX 2 - INDIVIDUAL WARD DETAIL

(*NSIs include Pressure Ulcers only – Moisture damage excluded)

Division 1 – brackets indicate position in June 24. All band 6 management time has been removed from the Professional Judgement forms as per CNO request which has slightly altered the professional judgement requests, and an emphasis has been placed on band 7s working 20% of their time clinically.

A5 (Trauma & Orthopaedics): Professional judgement at 44.44wte (44.95wte) against a current budget of 38.51wte (43.20wte), SNCT 49.46 (46.63wte). Difference between PJ and SNCT of 5.02wte was noted. Ratio low, needs to be improved towards 60/40 levels. Sickness is well managed. **NSIs: Complaints 1 (1); Pressure ulcers 1 (1); Falls 0 (0), Obs on time 85.5% (79.10%)** Bed occupancy 95.54%. (95.64%) CHPPD increased from 8.45 to 6.5. This was professionally supported with no additional budget. Professionally questioned around acuity increase due to 1c/1d n increase since June 24. To be reviewed again in June 25, giving consideration to the skill mix ratio of 53/47%.

A6 (Trauma & Orthopaedics): Professional judgement at 44.71wte (44.95wte) against a current budget of 43.53wte(43.73wte). SNCT 41.58wte (44.09wte). Good match between PJ and budget was noted. Ratio remained low at 54/47%low, needs to be improved towards 60/40 levels. **NSIs: Complaints 0 (1); Pressure ulcers 1 (1); Falls 1 (1), Obs on time 90.50% (79.05%)** Bed occupancy 96.89% (98.77%). CHPPD increased from 7.0 to 8.32. This was professionally supported to increase the staffing levels by moving wte from Hilton Main ward. This would see an increase of 0.8wte band 5s and 1.84wte in the band 2/3 line. This will be reviewed again in June to establish the impact on NSIs.

A9 (Surgical Emergency Unit): Professional judgement at 68.83wte (69.3wte) against a current budget of 67.90wte (73.50wte). SNCT 71.58wte (69.42wte). Note that SDEC has been split out of the budget since June 24split **NSIs: Complaints 1 (2); Pressure ulcers 1 (0); Falls 1 (1), Obs on time 84.30% (83.40%)**. Bed occupancy 88.06% **CHPPD** increased from 8.1 to 9.64. No deterioration in NSIs seen since the SDEC split, and minimal use of level 1cs and no 1ds identified. Request from CNO to division to review band 7 supervisory time in line with other areas offering an 80/20% split.

A12 (Female surgical): Professional judgement at 36.99wte (37.23wte) against a current budget of 34.91wte (35.11wte). SNCT 37.35wte (39.25wte). Previous change in June 24 from HON to increase band 2 line by 1.50wte by reducing band 5 line and utilising some budget from B7. **NSIs: Complaints 0 (0); Pressure ulcers 0 (0); Falls 0 (0), Obs on time 84.90% (90.08%)** Bed occupancy 98.45 (97.87%). CHPPD increased from 5.9 to 6.56. No use of 1c/1d levels of care.

A14 (Male surgical): Professional judgement at 36.99wte (37.23wte) against a current budget of 35.03wte (35.23wte). SNCT 43.29wte (38.82wte). Previously HON requested to increase the band 5 line by 0.58, reduce band 4 line by 1wte and increase the band 2 line by 1.94 a total ask of 1.38 on the template by utilising some budget from B7. **NSIs: Complaints 2 (0); Pressure ulcers 1 (0); Falls 0 (1), Obs on time 88.6% (89.30%)** Bed occupancy 91.10% (93.20%). CHPPD increased from 6.4 to 7.15. This was professionally supported for the addition of a twilight shift which needs to fit within current Divisional budget by considering a movement of band 4 funding and movement from B7 if an option. Jan 25 saw the use of 1c/1d levels reduced from 1.45 to 1.24.

B7 (Head & Neck): Professional judgement at 29.27wte (29.51wte) against a current budget of 34.29wte (34.89wte). SNCT 26.82wte (29.84wte). Following the Jan 24 establishment SDEC was split from the main roster. **NSIs: Complaints 0 (1); Pressure ulcers 0 (1); Falls 0 (1), Obs on time 81.50% (89.70%)** Bed

occupancy 91.53%. CHPPD increased from 7.8 to 8.0. Request to review again in June 25 as data obtain for Jan 25 through SafeCare system. No 1c/1d levels recorded in Jan 25

B8 (Cardiothoracic): Professional judgement at 51.32wte (51.56wte) against a current budget of 51.61wte (43.0wte) SNCT 45.62wte (45.13wte). Level 2 patients had SNCT Acute Adult multipliers applied as agreed and Use of 1c/1d use of (1.66) 1.86wte. Reduction in NSIs since. Skill mix reduced Jun 24 to 75/25 from 78/22, recorded at 76/24 Jan 25. **NSIs: Complaints 0 (0); Pressure ulcers 1 (0); Falls 0 (0), Obs on time 82.2% (.87.80%)** Bed occupancy 89.07% (92.37%) CHPPD declined from 7.0 to 6.5.

B14 (Cardiology): Professional judgement at 71.54wte (72.98wte) against a current budget of 69.22wte (69.62wte) SNCT 85.51wte (73.70wte). Level 2 patients had SNCT Acute Adult multipliers applied as agreed, L2AUU 37.38 and level 1c/1d 4.56. Skill mix remains at 76/24 following increase in June 24. **NSIs: Complaints 0 (2); Pressure ulcers 0 (2); Falls 1 (0), Obs on time 95.10% (93.90%).** Bed occupancy 95.42% (94.34%). CHPPD increased to 8.23 (7.5). Professional discussion around increase Band 7 by 1 WTE, to review again in June 25 following implementation of band 2 / 3 review.

D7 (Elective Surgical ward): Professional judgement at 42.13wte (41.73wte) against a current budget of 39.86wte (40.06wte). SNCT 41.14wte (41.73wte). **NSIs: Complaints 0 (0); Pressure ulcers 0 (1); Falls 0 (1), Obs on time 89.90% (85.20%).** CHPPD increased from 6.7 to 8.14. ERAS based on ward area Mon- Friday to support to review again in June 25 with model of 30 beds. No use of 1c/1d levels of care.

Hilton Main (Trauma & Orthopaedic): Professional judgement at 31.47wte (31.71wte) against current budget of 39.86wte (35.05wte). SNCT 41.46wte (31.83wte). **NSIs: Complaints 0 (0); Pressure ulcers 0 (0); Falls 0 (0), Obs on time 91.60% (93.20%)** Bed occupancy 71.72% (75.71%). CHPPD increased from 7.0 to 9.1. Does not include the Enhanced Recovery service (ERS) in this data. Decision to transfer of 0.8wte band 5 and 1.84wte band 2/3 across to ward A6 from Hilton Main. Review impact in June 25.

Division 1 - Overall Divisional position: Review of management time for all Band 7 reducing to 0.2wte. Movement of budget from Hilton Main to A5 to support in increased Band 5 and Band 2 staffing. Noted recording of 1c/1d acuity levels across the division mostly remained static or reduced, however an increase was observed on A5 and Bed occupancy ranged from 79.38% (D7) to 98.45% (A12).

Division 2 – brackets indicate position in Jun 24. All band 6 management time has been removed from the Professional Judgement forms as per CNO request which has slightly altered the professional judgement requests, and an emphasis has been placed on band 7s working 20% of their time clinically.

A7 (Gastroenterology/COE): Professional judgement at wte 38.51wte (38.9wte) against current budget of 38.91wte (40.15wte). SNCT 53.45wte (34.6wte). **NSIs: Complaints 2 (1); Pressure ulcers 1 (0); Falls 0 (0), Obs on time 86.60% (88.60%)** CHPPD decreased to 6.17 (9.1). A decrease in level 1c/1d was noted 11.57wte (16.05wte) A fall in occupancy to 70% (93.45%) was also seen and discussed, this was generated from a combination of empty and blocked (IP) beds review again in June 25.

A8 (Gastroenterology): Professional judgement at 38.51wte (38.9wte) against current budget of 38.51wte (38.91wte). SNCT 59.75wte (53.55wte). QIA submitted in January 24. **NSIs: Complaints No data (0); Pressure ulcers 0 (0); Falls 1 (0), Obs on time 85.70% (87.90%)** Bed occupancy 126.38% CHPPD improved from 4.9 to 6.17. Increase in missed critical medication doses seen alongside a decrease in recording observations on time. Professionally questioned around acuity increase due to 1c/1d use at 17.05wte.

Clinical Haematology Unit (CHU) B11: Professional judgement 36.83 wte (37.23wte) against a budget of 36.83wte (38.51te). SNCT 35.29wte (36.84wte). Divisional HoN reports this is showing as a successful move. **NSIs: Complaints 1 (1); Pressure ulcers 0 (0); Falls 1 (2), Obs on time 90.40% (92.20%)** Bed occupancy 99.27% (99.09%). CHPPD reduced from 7.2 to 6.87. Level 1c/1d reduced significantly to 1.53wte (16.05wte). Previously (2024) Increase of band 5 by 0.40 and movement of HCA budget to fund part of the C26 band 5 and identify a reduction in workforce of 1.72wte.

C14 (Respiratory): Professional judgement 36.83wte (38.90wte) against a budget of 38.51wte (38.91wte). SNCT 51.96wte (37.46wte). **NSIs: Complaints No data available (0); Pressure ulcers 1 (0); Falls 0 (0), Obs on time 79.5% (84.7%)** Bed occupancy 99.01% (97.69%). CHPPD increased from 6.2 to 8.54. Level 1c/1d increased significantly to 15.23wte (0.94wte).

C15 (Diabetes): Professional judgement 31.68wte (32.08wte) against a budget of 31.68wte (32.08wte). SNCT 38.65wte (27.44). HON had no requests on this template. **NSIs: Complaints 3 (1); Pressure ulcers 0 (0); Falls 3 (0), Obs on time 85.40% (93.10%)** Bed occupancy 96.16% (99.52%). CHPPD slightly increased to 6.78 (6.2). 1c/1d use decreased to 5.67wte (8.55wte).

C16 (Diabetes): Professional judgement 38.51wte (38.90wte) against a current budget of 38.51wte (38.91wte). SNCT 59.97wte (55.24wte). **NSIs: Complaints 1 (2); Pressure ulcers 1 (2); Falls 0 (1), Obs on time 89.90% (86.90%)** Bed occupancy 85.48% (96.55%). CHPPD improved from 5.8 to 6.17. Use of 1c/1d use increased to 17.83wte (11.23wte) to be reviewed in June 25.

C17 (Diabetes): Professional judgement 24.38wte (24.36wte) against a current budget of 23.76wte (24.36te). SNCT 29.05wte (23.31). **NSIs: Complaints 0 (1); Pressure ulcers 0 (0); Falls 0 (1), Obs on time 92.80% (93.50%)** Bed occupancy 92.14% (98.33%). CHPPD decreased to 4.90 (6.4). This was professionally supported. Professional judgement static despite the use of 1c/1d increase to 4.17 (1.48), to be reviewed in June 25.

C18 (Care of the Elderly): Professional judgement of 36.83wte (37.23wte) and a current budget of 36.82wte (37.23wte). SNCT 38.22wte (38.91wte). **NSIs: C18 Complaints 1 (0); Pressure ulcers 0 (0); Falls 0 (0), Obs on time 85.70% (94.60%)** Bed occupancy 98.88% (99.28%). CHPPD increased to 7.19 from 6.5. This was professionally supported. Use of level 1c/1d reduced to 1.02wte (3.68wte).

C19 (Care of the Elderly): Professional judgement of 36.83wte (37.23wte) and a current budget of 36.82wte (37.23wte). SNCT 38.58wte (42.18wte). **NSIs: Complaints 0 (2); Pressure ulcers 1 (0); Falls 0 (1), Obs**

on time 88.87% (89.10%) Bed occupancy 86.60% (99.42%). CHPPD remained constant at 7.19. Budget to be used for other areas. This was professionally supported. Use of level 1c/1d significantly reduced to 2.03wte (7.14wte).

Stroke Unit (C21): Professional judgement of 60.79wte (61.58wte) against a budget of 60.58wte (61.58wte) SNCT 70.04wte (89.92wte). **NSIs: Complaints 4 (1); Pressure ulcers 1 (0); Falls 1 (1), Obs on time 94.20% (80.40%)** Bed occupancy 98.68% (95.47%). CHPPD declined from 6.9 to 6.6. This was professionally supported. Use of level 1c/1d increased to 2.33wte (0.54wte) to be reviewed in June 25.

C22 (Renal): Professional judgement of 29.11wte (29.51wte) against a current budget of 28.91wte (29.51wte). SNCT 42.08wte (38.65wte). **NSIs: Complaints 0 (1); Pressure ulcers 1 (0); Falls 0 (0), Obs on time 92.40% (89.60%)** Bed occupancy 98.23% (97.33%). CHPPD increased to 6.54 from 6.2. This was professionally supported. Professionally questioned around acuity increase use 1c/1d increased to 10.76wte (7.02wte) to be reviewed in June 25.

C24 (Renal): Professional judgement of 38.51wte (38.90wte) against a current budget of 38.51wte (38.91wte). SNCT 56.63wte (47.63wte). CHPPD increased to 6.17 from 4.7. **NSIs: Complaints 0 (1); Pressure ulcers 1 (0); Falls 1 (0), Obs on time 89.90% (89.60%)** Bed occupancy 89.85% (97.86%). CHPPD improved from 4.9 to 6.17. This was professionally supported. Professionally questioned around acuity increase due to 1c/1d use at 8.63wte (0.31wte) to be reviewed in June 25.

C25 (Renal): Professional judgement of 38.51wte (38.90wte) against a current budget of 38.51wte (38.91wte). SNCT 51.03wte (50.48wte). **NSIs: Complaints 1 (0); Pressure ulcers 0 (0); Falls 3 (1), Obs on time 87.70% (90.60%)**. CHPPD improved from 5.3 to 6.17. Bed occupancy 98.16% (92.26%). This was professionally supported. Use of level 1c/1d decreased to 10.21wte (12.47wte) to be reviewed in June 25.

C26 (Respiratory): Professional judgement of 51.37wte (51.77wte) against a current budget of 51.15wte (46.62wte). SNCT 37.34wte (43.92wte) and 12.88wte L2AAU. **NSIs: Complaints 0 (0); Pressure ulcers 4 (1); Falls 3(2), Obs on time 86.70% (91.40%)**. Bed occupancy 99.38% (97.95%). CHPPD increased from 7.8 to 8.86. This was professionally supported. Professionally questioned around acuity increase due to 1c/1d 5.50wte from 3.87wte to be reviewed in June 25.

Deanesly (Oncology) C35: Professional judgement of 31.68wte (32.08wte) against a current budget of 31.68wte (34.07wte). SNCT 28.87wte (25.83wte). **NSIs: Complaints 0 (1); Pressure ulcers 0 (0); Falls 1 (0), Obs on time 90.10% (89.20%)**. Bed occupancy 97.53% (98.82%). CHPPD increased from 7.1 to 8.37. This was professionally supported. Professionally questioned around acuity due to 1c/1d increasing from 0.41wte to 5.01wte be reviewed in June 25.

C39 (Care of the Elderly): Professional judgement of 26.53wte (26.93wte) against a budget of 26.34wte (26.94wte). SNCT 29.58wte (24.86wte). **NSIs: Complaints 0 (0); Pressure ulcers 1 (0); Falls 1 (0), Obs on time no results 84.82% (93.70%)** Bed occupancy 96.59% (98.70%). CHPPD increased from 6.2 to 6.63. This was professionally supported. Use of 1c/1d seen 1.93wte (0).

Fairoak (Rehabilitation): Professional judgement of 31.68wte (32.08wte) against a budget of 31.68wte (32.08wte). SNCT 39.46wte (35.09wte). No concerns around NSIs. **NSIs: Complaints 0 (0); Pressure ulcers 0 (0); Falls 0 (1), Obs on time 92.21% (85.40%)** Bed occupancy 89.63% (99.75%). CHPPD improved from 5.1 to 5.27. This was professionally supported. Professionally questioned around acuity increase due to 1c/1d use at 5.99wte (0.73wte) to be reviewed in June 25.

Acute Medical Unit (AMU): Professional judgement of 88.09wte (88.88wte) against a budget of 87.89wte (88.89wte). SNCT 122.84wte (105.57wte). **NSIs: Complaints 0 (1); Pressure ulcers 0 (0); Falls 2 (0), Obs on time 77.40% (79.70%)** Bed occupancy 97.56% (96.80%). CHPPD increased from 7.7 to 8.06. Significant increase in 1c/1d use 32.52wte (14.55wte) to be reviewed in June 25.

Division 2 - Overall position:

All areas are covered within Divisional budget movement and no further ask at this review. Noted some areas have seen an increase in 1c/1d acuity levels being seen across all areas resulting in increased use of bank /agency staffing with required skills (this requires further monitoring and review in June 25. Bed occupancy remains within efficient territory for all areas with the exception of A7 this will be reviewed again in June 25.

Division 3 – brackets indicate position in June 24. All band 6 management time has been removed from the Professional Judgement forms as per CNO request which has slightly altered the requests, within the exception of A21.

A21 (Paediatric Ward): Professional judgement of 52.67wte (55.24wte) against a budget of 55.76wte (52.61wte). SNCT 54.03wte (51.88wte). **NSIs: Complaints 0 (1); Pressure ulcers (0); Falls 0 (1), Obs on time 74.70% (81.60%)** Bed occupancy 110.85% (99.36%). CHPPD increased from 8.5 to 10.65. This was professionally supported. Issue remains around PAS data raised which combines data with HDU resulting in a raised bed occupancy figure. Agreement for Band 6 to have 0.2wte Management time due to size of team managed alongside the 0.8wte allocated to the Band 7.

A23 Paediatric surgical ward: Professional judgement of 8.07wte (9.1wte) against a budget of 8.13wte (8.13wte). SNCT 14.74wte (18.72wte). HON requests to reduce band 7 management time to 0.4wte and remove band 6 management time of 0.2wte. **No NSI data available.** This was professionally supported. Professional questioned as to how accurate the review of the establishment is with the Inpatient tool; due to a bed base of 8, consideration to be given as to how this can be reviewed more accurately in June 25.

Paediatric Assessment Unit (PAU): Professional judgement of 29.51wte (29.51wte) against a budget of 29.33wte (29.33wte). SNCT 26wte (10.19wte). **NSIs:** No data was available for Jan 25. **Obs on time 82.20% (85.60%)** Bed occupancy 29.26% (62.62%). CHPPD has reduced from 10.8 to 9.34. Professionally questioned on using a portal establishment tool to better capture acuity, to be trailed in June 25.

Ward 1 (Medically fit): Professional judgement of 29.30wte (29.51wte) against a budget of 29.51wte (29.51wte). SNCT 31.27wte (23.40wte). **NSIs: Complaints 0 (0); Pressure ulcers 0 (0); Falls 1 (0), Obs on time 97.72% (98.80%)** Bed occupancy 99.68% (98.67%). CHPPD increased from 6.2 to 6.54. This was professionally supported. Increase in 1c/1d levels of care 1.63wte (0wte). HON had no request for change of template at this review due to Hollybank stroke service moving to Ward 1, will be reviewed again in June 25 giving consideration to the National stroke model for staffing.

Ward 2 (Stroke rehabilitation): Professional judgement of 30.90wte (31.18wte) against a budget of 31.19wte (31.19wte). SNCT 36.08wte (34.41wte). **NSIs: Not all data was available for Jan 25. Complaints 1 (0); Pressure ulcers ND (0); Falls ND (0), Obs on time 93.74% (95.6%)** Bed occupancy 92.47% (95.83%). CHPPD reduced to 5.76 from 6.1. This was professionally supported. Professionally questioned around acuity 1c/1d use remains high at 10.84wte (10.39wte) to be reviewed in June 25. HON has requested no change at present as ward now working towards a rehab model. Consideration to recruitment of RMNs within current budget to support 1c/1d activity.

Neuro Rehabilitation Unit (NRU): Professional judgement of 21.50wte (21.79wte) against a budget of 23.62wte (23.62wte). SNCT 20.89wte (18.49wte). HoN had no further request at this review. **NSIs: Complaints 0 (0); Pressure ulcers 1 (0); Falls 1 (0), Obs on time 96.36% (97.00%)** Bed occupancy 95.16% (99.33%). CHPPD 9.9 to 9.63. This was professionally supported. Use of 1c/1d levels of care 4.17wte (0).

Division 3 - Overall position:

All areas are covered within Divisional budget movement and no further ask at this review. Noted that PAU data does not reflect activity, and this is to be reviewed in June 2025. Area to be reviewed again in June 2025 once changes to service (Hollybank Stroke service / Ward 1) have been implemented. Consideration to be given to future recruitment of Registered Mental Health workers to support with 1:1 care.

APPENDIX 4

Professional Judgement Framework template to be completed in line with Professional Judgment guidance issued by the National Quality Board (NQB) (2023):

1. Professionally do you agree with the proposed staffing establishment?
2. Is the new recommended staffing establishment different from the current staffing establishment or the establishment of similar wards? If so, list reasons.
3. Is the ward operating with high number of vacancies, high staff turnover, sickness absence and/or using a high level of temporary staffing?
4. Has there been any changes to the ward since the last establishment review?
5. Are the current staff being rostered properly?
6. Who assessed patients' A&D levels? Have they received training, and do they have the experience?
7. How many days of SNCT A&D ratings were collected? (30 days minimum is recommended).
8. Does this ward have a high patient turnover/throughput?
9. Does the layout of this ward add to workload e.g. because of distance or difficulty observing patients?
10. Does the number of beds on the ward increase the relative staffing requirement?
11. Does the amount of work on this ward vary between times of day and day of the week?
12. What is 'usual' care for this ward?
13. Is there a lot of specialising /enhanced care/1-1/2-1 (Level 1c/1d on the new SNCT matrix)?
14. Does anything else make this ward unusual in any way?
15. Are there any particular clinical skills required? Does the establishment allow for this?
16. What is the level of skill and experience for the team as a whole?
17. What shift patterns are used? Does this meet the ward requirement to build their roster?
18. Any other anomalies for this ward team which need to be considered?

ESTABLISHMENT REVIEW PERIOD:

WARD:

DATE OF MEETING:

NAMES OF ATTENDEES:

Matron:

Ward Manager:

Finance:

Divisional Head of Nursing sign off on template to be submitted.

REFERENCES

- a. 'Hard Truths' Commitments NHS England <http://www.england.nhs.uk/2014/04/01/hard-truths/> April 2014
- b. Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - Safe sustainable and productive staffing. National Quality Board, July 2016 <http://www.england.nhs.uk>
- c. Griffiths P, Ball J, Murrells T, Jones S, Rafferty AM (2016b) Registered nurse, health care support worker, medical staffing levels and mortality in English hospital Trusts a cross-sectional study. *BMJ open* 5:e008751
- d. NHS England (2014) Five Year Forward <http://www.england.nhs.uk/ourwork/futurenhs>
- e. NHS England (2016) Leading Change, Adding value: A framework for nursing, midwifery, and care staff <http://www.england.nhs.uk/ourwork/leading-change>.
- f. NICE (2013) Safe staffing for nursing in adult inpatient wards in acute hospitals. <http://www.nice.org.uk/guidance/SG1>
- g. NQB (2016) How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability <http://www.england.nhs.uk/ourwork/part-rel/nqb>.
- h. The Safer Nursing Care Tool The Shelford Group – 2023 [Safer Nursing Care Tool - Shelford Group](#) (used under licence for RWT).
- i. Developing Workforce Safeguards – 2018 NHSI.
- j. National Quality Board (2023) C, Griffiths P, Casey A, Chable R, Chapman H, Radford M, and Watts N (2023) Professional Judgement Framework: a guide to applying professional judgement in nurse staffing reviews. doi: 10.5258/SOTON/P1102 University of Southampton. [Professional judgement framework: a guide to applying professional judgement in nurse staffing reviews - ePrints Soton](#)

Title of Report	Exception Report from Group People Committee		Enc No: 9.1
Author:	Clair Bond (WHT) & Emma Ballinger (RWT) People Directors HR & OD		
Presenter:	Dawn Brathwaite, Non-Executive Director & Chair of Group People Committee		
Date(s) of Committee Meetings since last Board meeting:	28 March 2025 25 April 2025		
Action Required			
Decision	Approval	Discussion	Received/Noted/For Information
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> Concerns regarding the impact of delivering the workforce plan on staff morale and engagement were discussed. This was specifically discussed in relation to the staff survey results and the results demonstrating a deterioration in staff experience and of those recommending each trust as a place to work and receive care. Sickness absence remains a challenge for both trusts and could deteriorate during 25/26 with a challenging year predicted. National pay discussions are delayed and some concerns that the outcome could result in further strike action should unions reject any national pay offer. 	<ul style="list-style-type: none"> M12 for 24/25 workforce plan performance was presented along with the 25/26 Workforce Plan submission was presented. It was noted that the M12 positions were near to the recovery plans implemented. Assurance was provided that 25/26 workforce delivery plans have been developed for some areas and that other areas these are in development. Workforce plan progress will be presented monthly to the Group People Committee. A summary paper has been requested for the Allocate developments being proposed at the trusts which are linked to e-rostering and bank and agency management.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<p>The Committee received update reports on:</p> <ul style="list-style-type: none"> Monthly workforce metrics Job Planning NHS Staff Survey results 2024 Sickness Absence Board Assurance Framework Flu Annual Report (RWT) Employee Relations (RWT, WHT is due in May 2025) 	<ul style="list-style-type: none"> March: Workforce Targets and Thresholds agreed but with an action for the committee to review in 6 months' time. April – The committee is recommending that the revised Terms of Reference are agreed and supported by the board. In addition, the 25/26 Programme of work was agreed.

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Report title:	Joint Executive Summary Workforce Report
Sponsoring executive:	Alan Duffell, Group Chief People Officer
Report author:	Seb Smith-Cox, Group Head of Workforce Intelligence & Planning
Meeting title:	Group Public Trust Board
Date:	20 th May 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>	
The report provides assurance regarding key workforce metrics for both Trusts.	
At RWT	
<ul style="list-style-type: none"> • Turnover is below target at 8.80%, offering assurance of long-term target achievement but maintaining a stable trend. • The Retention Rate meets the 90% target at 91.19%, offering limited assurance regarding long-term target achievement, with performance improving. • The 7.68% vacancy rate has maintained assurance, in the context of a 24-month trend, that the 6% target will be met, though performance is worsening. Vacancy rates should be viewed within the context of the WTE reduction initiative aligned with the 24/25 workforce plan. • The rolling 12-month absence rate has yet to offer long-term target achievement assurance, with current outturns exceeding the Trust target. The in-month absence rate is above the Trust target with a Feb-25 outturn of 5.29%. • Mandatory training (Generic) compliance rates exceed the 90% target, with performance remaining stable at 97.31%, providing long-term target achievement assurance. • Appraisal compliance performance increased to 82.40% during Mar-25, with a lack of assurance, within a 24-month trend, that the 90% target could be met. 	
At WHT	
<ul style="list-style-type: none"> • The 12-month turnover rate (9.3%) reflects stabilised performance, now achieving the 10% target. • Despite a reduction month on month, assurance can be provided that the 12-month retention rate, currently 91.3%, will meet the 90% target following continued performance trend improvement. • The 10.1% vacancy rate offers limited assurance, in the context of a 24-month trend, that the 6% target will be consistently met, with performance getting worse. • There is no current assurance of meeting the rolling 12-month sickness absence rate target of 5%, with the rise to 6.8% during March 2025 confirming a worsening performance trend. • The mandatory training compliance rate of 90.1% provides limited assurance, in the context of a 24-month trend, that the 90% target will be consistently met, with the performance trend currently improving. • There is no assurance that appraisal compliance, currently at 76.8%, will consistently achieve the 90% target, although the performance trend is getting better. 	

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

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

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note and discuss the content of this report within the context of Trust performance management objectives, and strategic objectives related to people and organisational development.
b)
c)

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>		
RWT Board Assurance Framework Risk SR15	<input type="checkbox"/>	<i>Financial sustainability and funding flows.</i>
RWT Board Assurance Framework Risk SR16	<input type="checkbox"/>	<i>Activity levels, performance and potential delays in treatment.</i>
RWT Board Assurance Framework Risk SR17	<input type="checkbox"/>	<i>Addressing health inequalities and equality, diversity and inclusion.</i>
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	<i>Potential cyber vulnerabilities and data breaches.</i>
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	<i>Data and systems Security (Cyber-attack)</i>
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	<i>Culture and behaviour change (incorporating Population Health)</i>
WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	<i>Attracting, recruiting, and retaining staff</i>
WHT Board Assurance Framework Risk NSR104	<input type="checkbox"/>	<i>Consistent compliance with safety and quality of care standards</i>
WHT Board Assurance Framework Risk NSR105	<input type="checkbox"/>	<i>Resource availability (funding)</i>
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	<i>Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)</i>
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Executive Summary Workforce Report

March 2025

Trust Board
Alan Duffell
Group Chief People Officer

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

Executive Summary

National

- Both Trusts continue to participate in the national reform programme for Mandatory and Statutory Training as set out within the 25/25 NHS Operating Plan. The timetable for delivery of the national programme, (known as Optimise, Rationalise and Reform) has been extended until June 2025 and both Trusts are progressing well against the required actions.
- NHS England are procuring and delivering a future NHS workforce solution that will build on and replace ESR. As part of the preparedness phase of the delivery programme, each Trust has submitted an Organisational Readiness Assessment. To support this process the Group will establish a joint ESR Improvement strategy and will be engaging early with colleagues from Digital services.

System

- In M8 and in response to the financial position, both Trusts have implemented further measures to limit further growth in workforce costs.
 - A vacancy pause was introduced with an estimated 24/25 group benefit of £0.50m. Any posts deemed critical to service delivery continue to be approved by the relevant Divisional Leadership team and subject to an Executive level vacancy panel for agreement. For 25/26 the vacancy panels shall remain in place and a report of approved posts will be reviewed by the Group Chief People Officer and Group Chief Executive.
 - Bank rates have been implemented to the bottom of the band for all AfC roles for all bank shifts. Bank only workers were with effect from 1 December 2024 and substantive members of staff working bank shifts from 1st March 2025.
 - Both Trusts are actively engaged in the scoping phase of the Black Country Provider Collaborative Corporate Service Transformation Programme having attended workshops and completed required data returns.

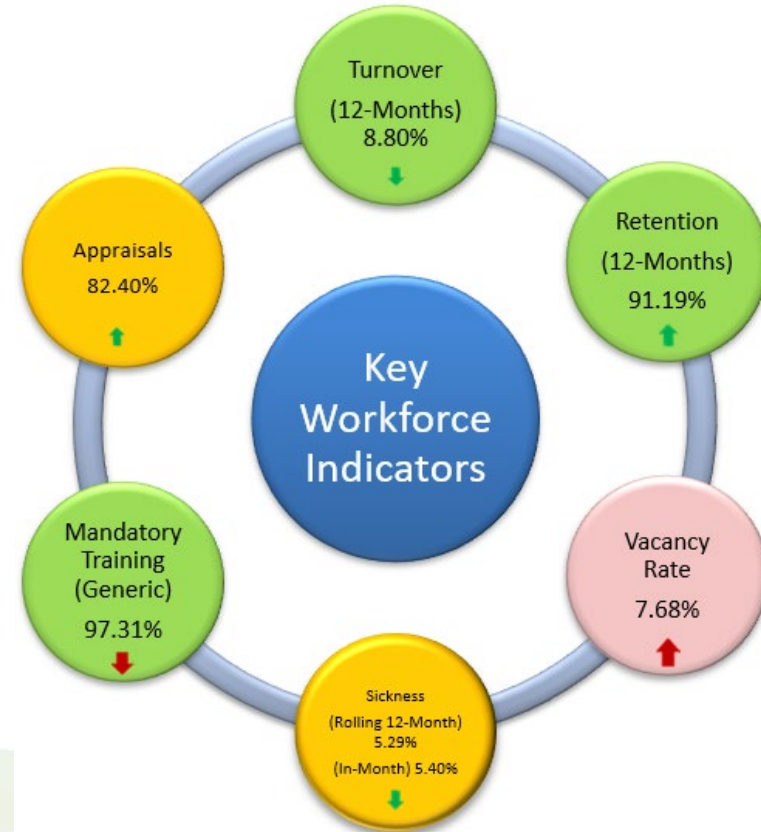
Group

- Workforce planning submission have been the area of focus during March with iterations of the plans continuing, revised submissions are due in April 2025.
- Both Trust's have continued to focus on the 2024 NHS Staff Survey results and developing actions plans at a trust and divisional level. This final response rate for RWT was 34% and for WHT was 54%, the benchmarking reports for all trusts were published nationally in March 2025.
- Covid and Flu vaccinations uptake levels were low nationally for 24/25 and this trend has been reflected in the uptake of both vaccines across the group. Vaccination planning has commenced for 25/26.

Key Workforce Metrics

RWT Key Highlights

- Turnover is below target at 8.80%, offering assurance of long-term target achievement but maintaining a stable trend.
- The Retention Rate meets the 90% target at 91.19%, offering limited assurance regarding long-term target achievement, with performance improving.
- The 7.68% vacancy rate has maintained assurance, in the context of a 24-month trend, that the 6% target will be met, though performance is worsening. Vacancy rates should be viewed within the context of the WTE reduction initiative aligned with the 24/25 workforce plan.
- The rolling 12-month absence rate has yet to offer long-term target achievement assurance, with current outturns exceeding the Trust target. The in-month absence rate is above the Trust target with a Feb-25 outturn of 5.29%.
- Mandatory training (Generic) compliance rates exceed the 90% target, with performance remaining stable at 97.31%, providing long-term target achievement assurance.
- Appraisal compliance performance increased to 82.40% during Mar-25, with a lack of assurance, within a 24-month trend, that the 90% target could be met.



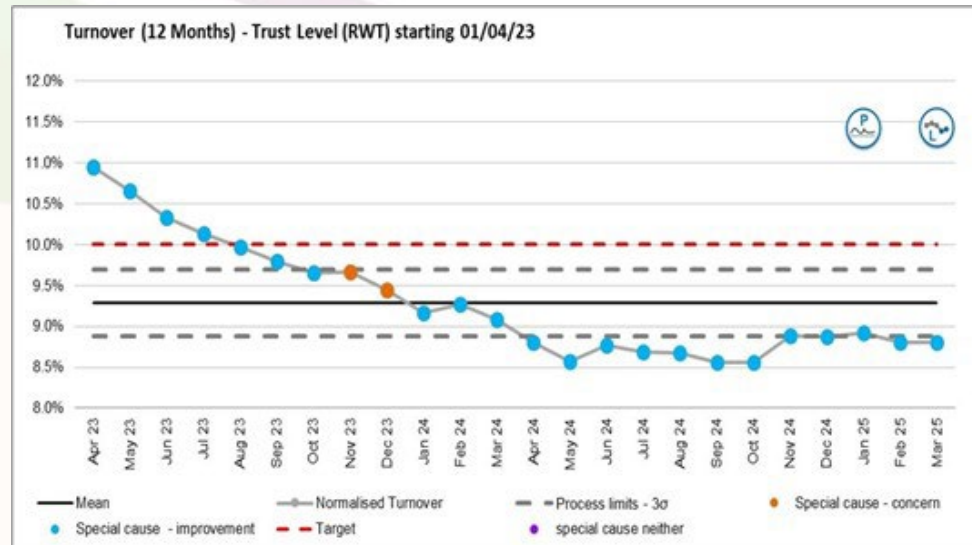
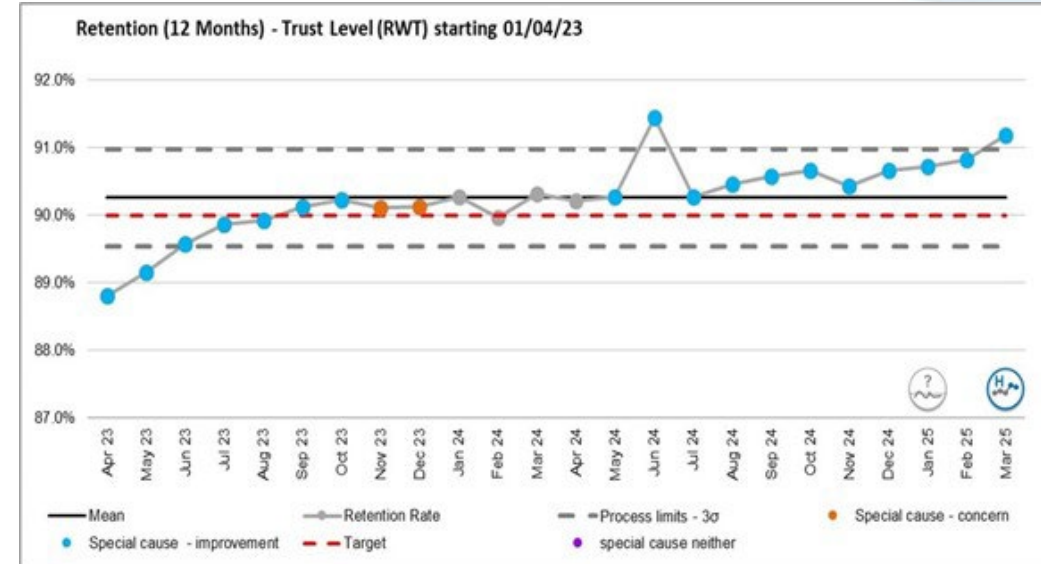
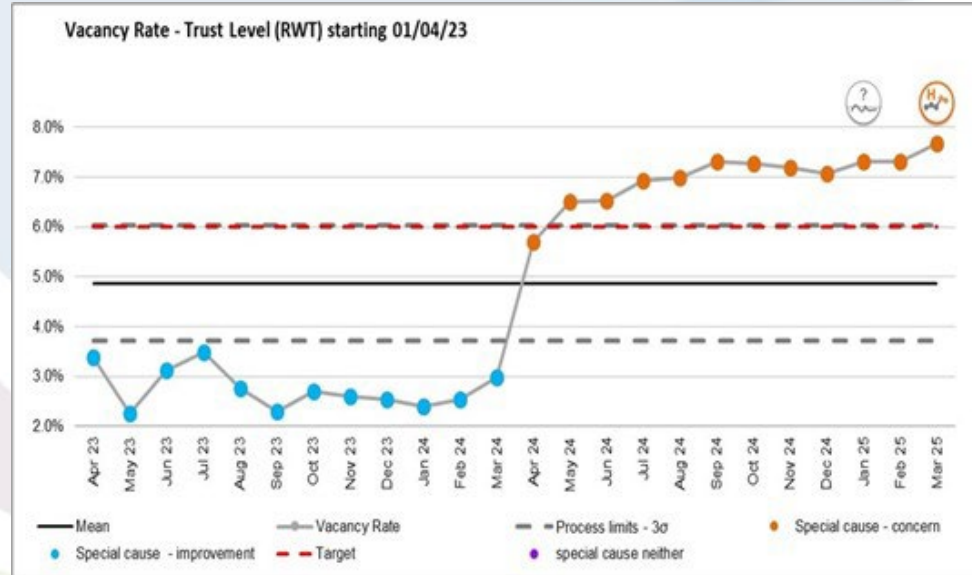
Key Workforce Metrics

WHT Key Highlights

- The 12-month turnover rate (9.3%) reflects stabilised performance, now achieving the 10% target.
- Despite a reduction month on month, assurance can be provided that the 12-month retention rate, currently 91.3%, will meet the 90% target following continued performance trend improvement.
- The 10.1% vacancy rate offers limited assurance, in the context of a 24-month trend, that the 6% target will be consistently met, with performance getting worse.
- There is no current assurance of meeting the rolling 12-month sickness absence rate target of 5%, with the rise to 6.8% during March 2025 confirming a worsening performance trend.
- The mandatory training compliance rate of 90.1% provides limited assurance, in the context of a 24-month trend, that the 90% target will be consistently met, with the performance trend currently improving.
- There is no assurance that appraisal compliance, currently at 76.8%, will consistently achieve the 90% target, although the performance trend is getting better.



Attract, Recruit & Retain – RWT Trust



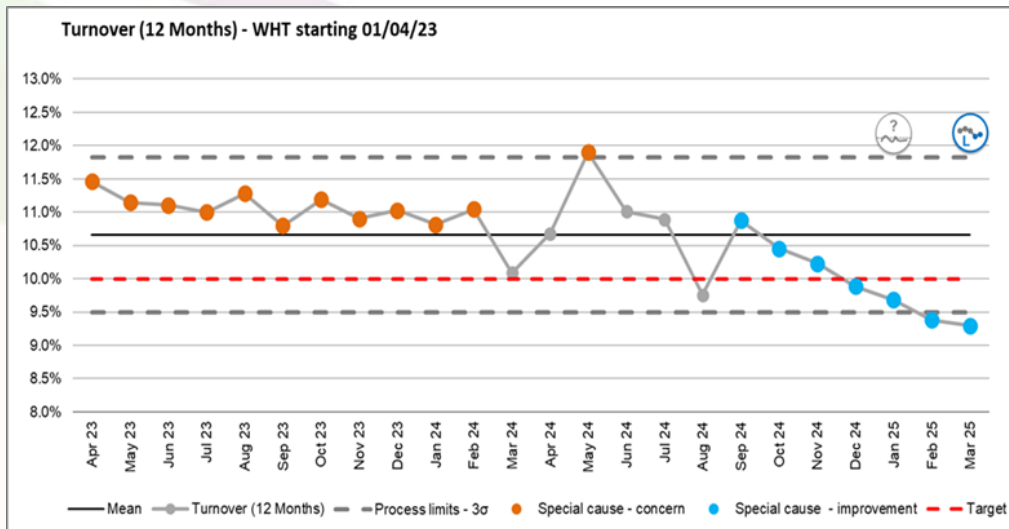
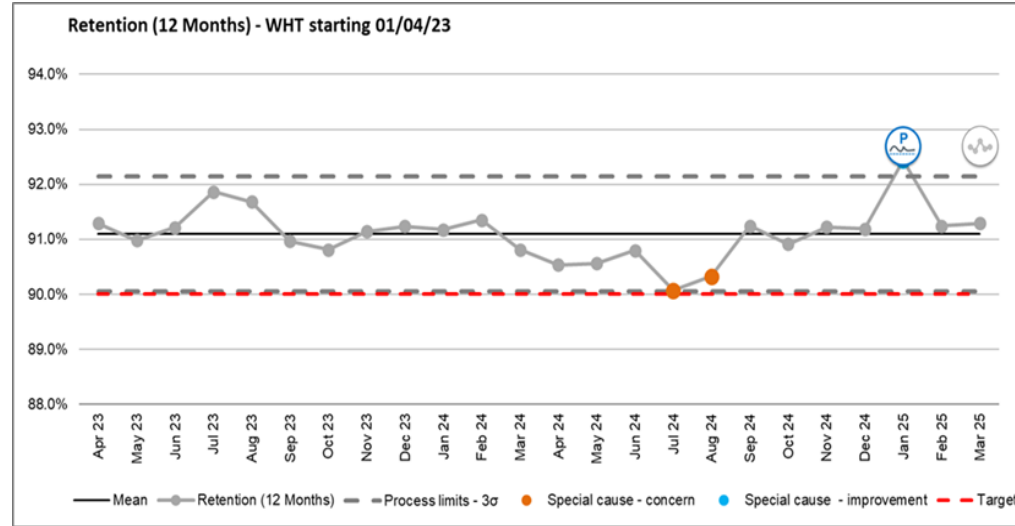
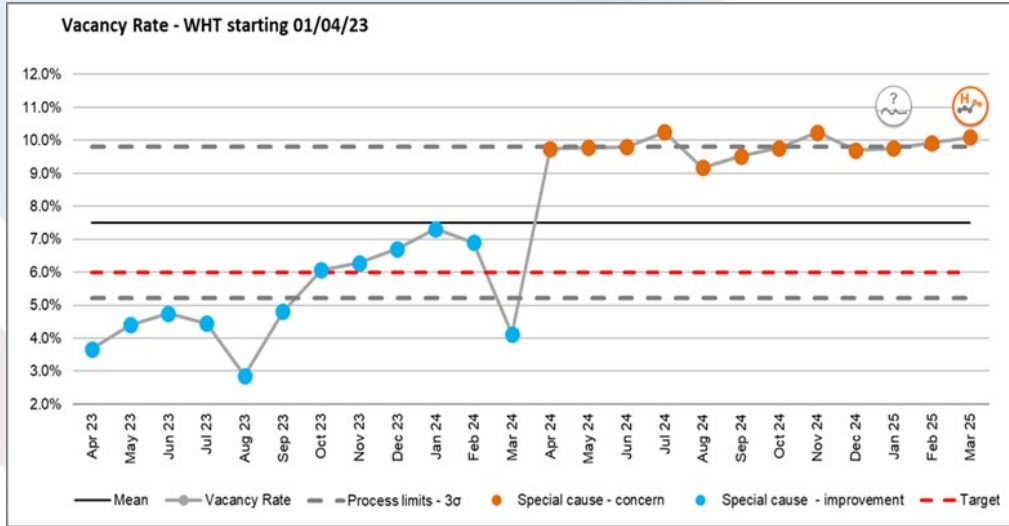
Key Issues & Challenges

- The vacancy rate remains above target at 7.68%, offering limited assurance of long-term target achievement.
- The highest rates are against Allied Health Professionals, Healthcare Scientists, Medical & Dental, Infrastructure Support and Support Clinical Staff, all returning vacancy levels above target.
- 12-month retention has increased month-on-month, and the current 91.19% rate continues to meet the target. The trend remains stable in a tight range, although there remains limited assurance that the target can be maintained long-term.
- 12-month normalised turnover has remained stable at 8.80%, maintaining an improving trend. Normalised turnover performance now meets the standard for all but the Additional Clinical Services and Administrative and Clerical staff groups.

Key Actions & Progress

- Active work continues to identify hard-to-fill posts.
- Recruitment has outpaced turnover which will impact the workforce reduction plans.
- DPR meetings for 25/26 are scheduled to review workforce metrics at a divisional level.

Attract, Recruit & Retain – WHT Trust



Key Issues & Challenges

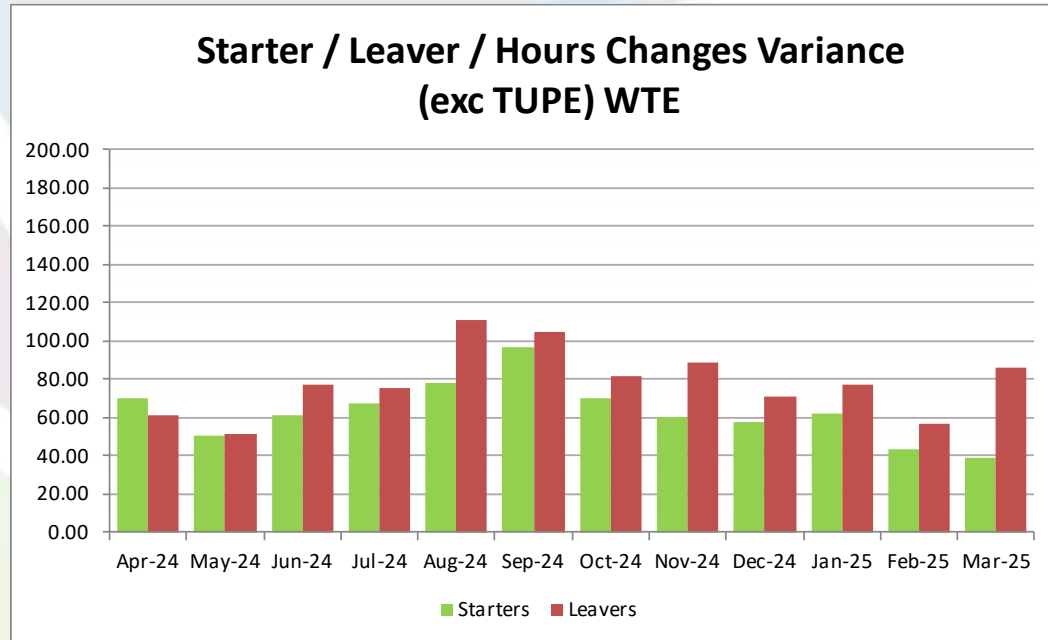
- The reported vacancy position reflects a month-on-month 2.03 FTE reduction in the budgeted establishment, reconciled against a 10.45 FTE reduction in the actual workforce, as per the month-end finance ledger.
- Most budgeted establishment increases align with the Administrative and Clerical (A&C) staff group, whereby A&C funding increased by 4.42 FTE.
- Most actual workforce increases align with the Allied Health Professionals (AHP) staff group, whereby AHP actual increased by 4.88 FTE.
- 12-month Retention and Turnover trends should be viewed within the context of strategic WTE reductions, with work-life balance, external promotion and relocation remaining the top reasons for voluntary resignation.

Key Actions & Progress

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

Attract, Recruit & Retain

RWT :



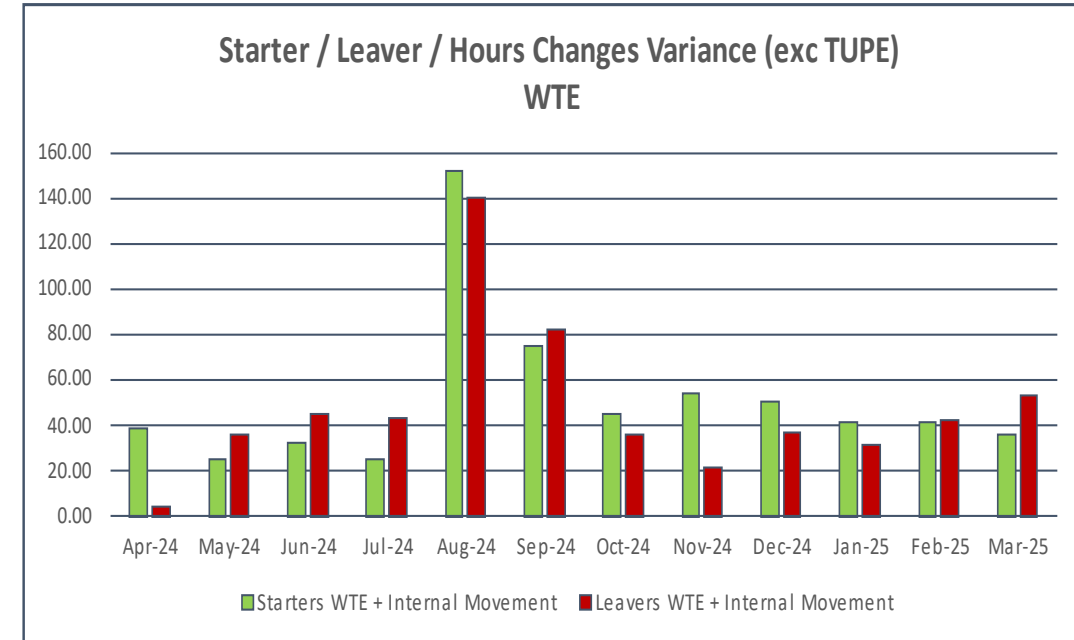
Key Issues & Challenges

- There were more external leavers (86 WTE) than external starters (39 WTE) during March 2025.
- This external turnover is offset by the triangulation of internal movements and contract changes, totalling +1 WTE during March 2025, resulting in a reduced substantive position.

Key actions & Progress

- Recruitment continues to be closely monitored via the enhanced workforce controls and vacancy panels at a divisional and trust level.
- DPRs continue to monitor staffing establishment vs staff in post.

WHT :



Key Issues & Challenges

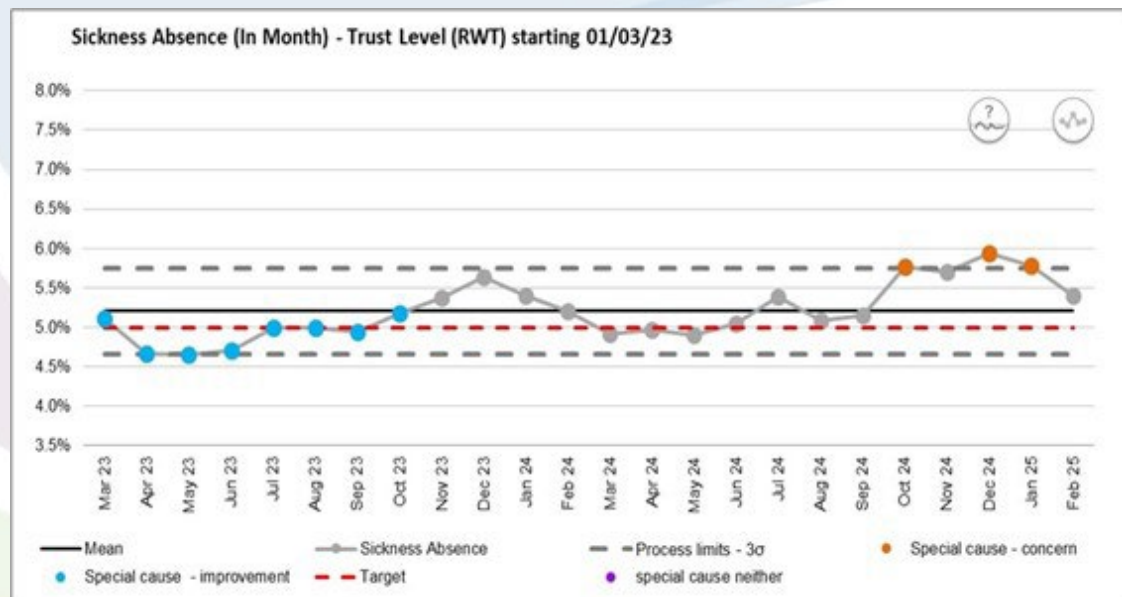
- There were more external leavers (53 WTE) than external starters (36 WTE) during March 2025.
- This external turnover is further offset by the triangulation of internal movements and contract changes, totalling -2.32 WTE during March 2025, indicative of month-on-month substantive growth.

Key actions & Progress

- Work with the divisions to develop workforce plans for 25/26 continues in order to meet the 25/26 workforce plan targets

Health and Wellbeing

RWT :



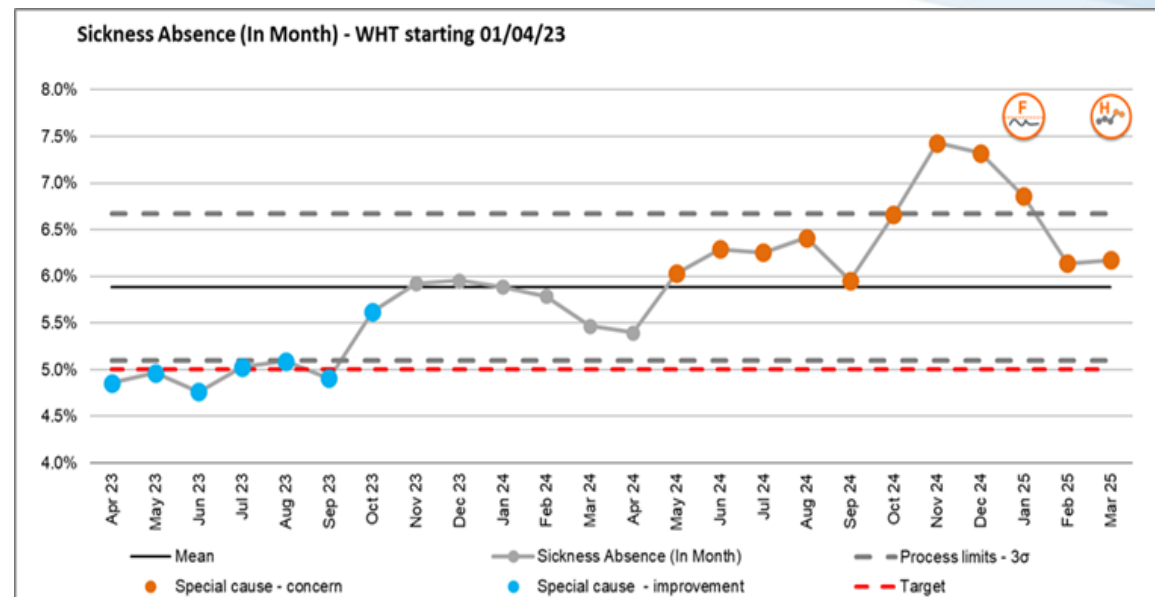
Key Issues & Challenges

- Sickness absence is reported one month in arrears, to align reporting with WHT investment is required.
- The in-month sickness figure is above target, at 5.40%.
- Short-term sickness for February 2025 is 1.80% and within the historical threshold and has been improving trajectory.

Key actions & Progress

- A paper is being developed for Executive team consideration to align reporting processes with Walsall Healthcare Trust, but it is recognised that this may require short term resource investment to implement.
- Sickness reduction plans continue to be closely monitored at a divisional and trust level with an internal 25/26 target to reduce sickness by 1% when compared to M10 actuals.
- Digital sickness training being explored for My Academy.

WHT :



Key Issues & Challenges

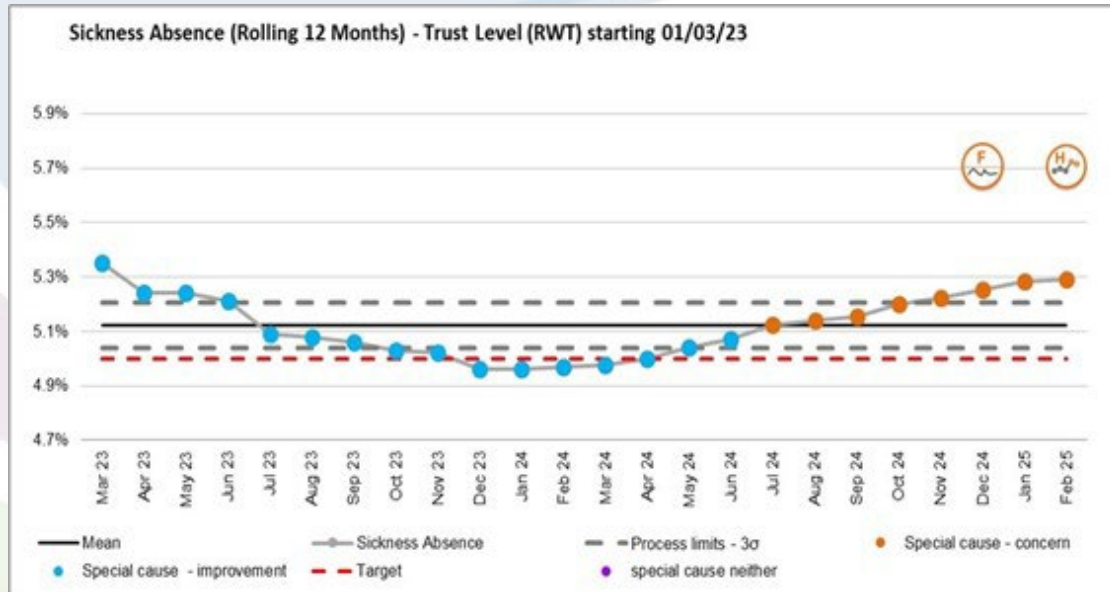
- In-month sickness absence, 6.18% during March 2025, is above the 24-month average. Performance within the two-year trend is unstable, with a consistent negative trend.
- Reduced sickness absence within clinical divisions continues to be offset by increased short-term absence within corporate areas and rising long-term sickness episodes among Estates & Facilities colleagues.
- 24.19% of staff have triggered the absence management policy by having three or more sickness absence episodes during the 12 months to March 2025.

Key actions & Progress

- Sickness reduction plans continue to be closely monitored at a divisional and trust level with an internal 25/26 target to reduce sickness by 1% when compared to M10 actuals.

Health and Wellbeing

RWT :



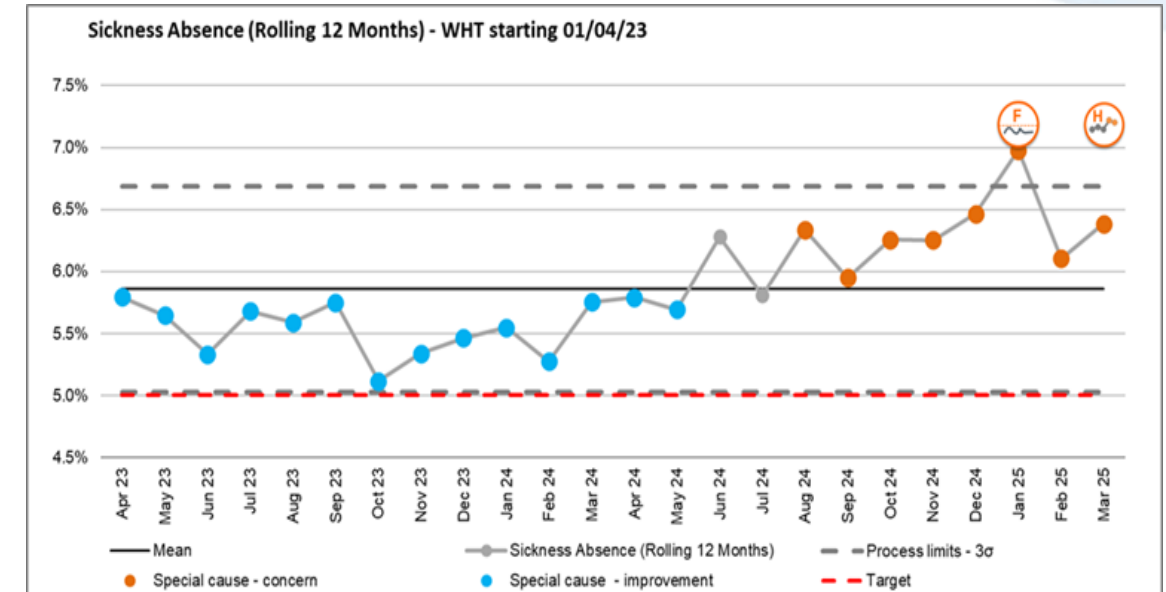
Key Issues & Challenges

- The rolling 12-month sickness figure has also increased slightly to 5.29%.
- Long-term absence is 3.49%, above the threshold and steadily worsening.

Key actions & Progress

- Both Trust are working in partnership via the OH and HWB teams with the Assurance Directorate and Health and Safety Teams to review the policies and processes in place to support colleagues experiencing stress.
- Stress risk assessment work has been developed at a group level and resources to support individuals and teams experiencing stress are being explored.

WHT :



Key Issues & Challenges

- The rolling 12-month sickness absence rate, whereby sickness absence during the 12 months to March 2025 was 6.77%, remains above the 5% target, with no current assurance that the long-term trend will reduce.
- Stress/anxiety accounted for over a quarter of all days lost to long-term sickness absence during the past 12 months, with musculoskeletal injuries and gastrointestinal problems the other leading reasons for sickness episodes lasting 28 days or more.

Key actions & Progress

- Both Trust are working in partnership via the OH and HWB teams with the Assurance Directorate and Health and Safety Teams to review the policies and processes in place to support colleagues experiencing stress.

Workforce Total

WHT :

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
Item Description	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
STAFF NUMBERS	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Substantive	4,574.05	4,563.40	4,550.86	4,532.46	4,544.11	4,536.90	4,548.01	4,578.55	4,591.81	4,601.84	4,601.08	4,585.31
Bank	402.61	410.43	448.60	459.18	468.94	472.43	506.72	518.69	499.82	520.66	510.77	475.20
Agency	56.84	44.39	38.79	39.79	37.10	24.47	20.27	22.75	24.70	21.39	21.68	24.49
Total WTE	5,033.49	5,018.22	5,038.25	5,031.42	5,050.15	5,033.80	5,074.99	5,119.99	5,116.34	5,143.89	5,133.53	5,085.00

RWT :

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
Item Description	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
STAFF NUMBERS	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Substantive	10,389.16	10,379.41	10,371.50	10,369.57	10,373.77	10,373.63	10,391.49	10,401.97	10,401.69	10,384.90	10,370.41	10,323.78
Bank	686.72	706.75	692.15	768.96	733.86	589.02	629.00	669.47	579.26	627.04	616.51	566.66
Agency	38.54	35.84	30.91	36.92	12.43	29.21	36.18	47.07	43.03	33.43	23.26	28.33
Total WTE	11,114.42	11,122.00	11,094.56	11,175.45	11,120.06	10,991.86	11,056.67	11,118.51	11,023.98	11,045.37	11,010.18	10,918.77

Workforce – Substantive by Staff Group

WHT :

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
ACTUAL SUBSTANTIVE STAFF BY STAFF GROUP	4609.42	4574.05	4563.40	4550.86	4532.46	4544.11	4536.90	4548.01	4578.55	4591.81	4601.84	4601.08	4585.31
Registered Nursing, Midwifery and Health Visiting Staff	1599.70	1586.36	1580.15	1579.39	1571.66	1571.50	1601.45	1615.83	1622.14	1631.11	1640.53	1637.40	1637.32
Allied Health Professionals	316.26	311.27	312.23	305.74	302.51	301.71	309.31	312.73	316.36	318.19	317.76	324.84	324.52
Registered Scientific, Therapeutic and Technical Staff	93.35	92.71	97.21	97.21	100.91	102.98	102.18	102.18	103.46	103.61	102.39	100.86	98.84
Healthcare Scientists	40.03	41.63	41.88	43.12	42.21	42.21	41.21	41.21	40.79	40.72	42.12	41.32	41.32
Support to Clinical Staff	882.29	876.87	872.12	872.14	875.65	875.55	855.33	849.27	851.90	855.36	851.61	853.82	843.28
NHS Infrastructure Support	1133.70	1127.12	1121.83	1115.59	1110.04	1102.78	1091.72	1089.28	1096.22	1092.62	1095.97	1091.93	1087.08
Medical and Dental	544.08	538.10	537.99	537.68	529.48	547.38	535.70	537.50	547.68	550.20	551.45	550.92	552.96

RWT :

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
ACTUAL SUBSTANTIVE STAFF BY STAFF GROUP (WTE)	10395.46	10389.16	10379.41	10371.50	10369.57	10373.77	10373.63	10391.49	10401.97	10401.69	10384.90	10370.41	10323.78
Registered Nursing, Midwifery and Health Visiting Staff	3064.34	3047.38	3038.78	3033.91	3033.03	3024.43	3021.07	3016.11	3023.11	3026.30	3015.24	3010.31	2988.86
Allied Health Professionals	623.03	629.69	619.80	622.55	620.25	623.54	631.08	638.22	638.17	636.85	637.69	638.40	637.38
Registered Scientific, Therapeutic and Technical Staff	226.22	216.71	219.61	224.11	234.61	238.13	235.24	236.40	240.08	240.80	242.90	242.74	239.94
Healthcare Scientists	520.96	518.64	517.48	517.10	517.30	514.24	512.93	510.20	511.20	512.20	511.50	512.72	514.13
Support to Clinical Staff	2007.96	2019.82	2042.48	2039.20	2024.62	2019.42	2017.05	2020.29	2012.45	2014.69	2017.24	2015.56	2021.87
NHS Infrastructure Support	2759.67	2763.38	2759.84	2760.50	2776.76	2771.02	2772.16	2768.73	2772.35	2758.90	2751.34	2737.58	2713.36
Medical and Dental	1193.29	1193.54	1181.43	1174.12	1163.01	1182.98	1184.11	1201.54	1204.60	1211.93	1208.99	1213.10	1208.25

Group Performance Report

Presenters / Lead Executives:

Gwen Nuttall – Managing Director (RWT)

Will Roberts – Chief Operating Officer (WHT)

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



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Developing the approach:

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

Latest Developments:

- Metrics contained within the dashboard have been agreed with Executive Directors.
- The definitions of the metrics are being aligned across both trusts (e.g. same approach for numerators / denominators).
- Supporting processes which underpin the production of performance metrics have been shared.
- There are differences between the supporting processes across RWT and WHT which has limited some alignment (e.g. date ranges within SPC charts).
- Following a request from F&P committee the report was expanded to include 2 community metrics; 2-hour urgent care response and virtual ward occupancy.
- A further request from F&P committee was to include community waiting lists, this has been included in the report produced for November committee meeting.
- To maintain a succinct number of metrics, the Outpatients with procedure metric has been removed.
- No changes applied for March 2025 report (produced April 2025)

ASSURE:

- RWT remain upper quartile for 4-hour UEC performance, whilst WHT remains in the 2nd quartile, performance remains above the national average for both Trusts.
- Ambulance handover within 30mins, out of 14 Trusts in the West Midlands the Trusts are ranked 5th (RWT) and 4th (WHT).
- Both Trusts continue to show statistical improvement for DM01, both are above the national average for performance, upper quartile and exceeded the national target of 95% in February.
- WHT achieved all 3 national cancer metrics in February and is 1st quartile for all 3 standards.
- WHT remains 1st quartile for RTT 18 weeks.

ADVISE:

- RWT: RTT performance - this remains a challenge, all specialties have individual trajectories, this will be monitored through the weekly performance meeting.
- WHT - Community waiting list, the increase in the number of patients reported is due to the impact of the improvement plan for data capture, there has been an increase in the number of services returning waiting list details.

ALERT:

- RWT RTT 18 weeks remains challenging.
- WHT Type 1 ED attendances were 1.65% increase compared to March 2024, Year to date (April 2024 – March 2025) total attendances are 8.5% increase compared to the same period in 2023/24.
- WHT DM01 – Audiology - Upon review of the backlog of patients awaiting a follow-up appointment, it has been identified that 396 patients were also waiting a diagnostic procedure that meets the criteria to be reported under the 6-week DM01 constitutional standard. The root cause of this challenge relates to the separate Auditbase Software being used in Audiology to record the reasoning for follow up care. Careflow did therefore not captured the requirement for the diagnostic procedure.

A report has gone to the Group Executive setting out the following actions: The allocation of £62,600 to support the completion of this cohort of diagnostic procedures. This falls within the Trust's ERF allocation.

Reporting of the 396 patients externally via our DM01 submissions; this will affect Trust performance against the 6-week constitutional standard.

Mutual aid with RWT is being reviewed.

Any harm due to delay to diagnosis will be reported and investigated in line with the Trust's PSIRF Policy.



ASSURE:

- ED 4 hour wait remains above target, ranking the best performing Acute Trust in the West Midlands and in the upper quartile for national ranking at 15th.
- Patients with no criteria to reside improved during March and remains below target.
- RTT incomplete waiting list size remains stable and below trajectory.
- 6 Week Wait (DM01) Diagnostic performance is currently 97.77% against a trajectory of 95.5% for the month. Cystoscopy is the biggest outlier, although performance is improving. Additional capacity continues to be utilised from an outsourcing company.
- RTT 78 weeks was at zero for March 25.

ADVISE:

- Ambulance handover times (<15 & 30 mins and >60 mins) have all shown improvement during March 25, however, remain below target. Continued work with WMAS with regard to admission avoidance and use of alternative pathways.
- RTT 65 and 52 weeks were all above trajectory at the end of March 25. Additional sessions (theatres and diagnostics) to manage challenged specialities.
- Clock starts remain high; this remains around 20% higher than 19/20 levels.
- Cancer – all cancer targets have seen improvement during February 25 (following final upload). 62 day achieved the target of 70% and was reported at 70.45%.

ALERT:

- RTT performance – although this has shown some improvement during March this remains a challenge.



ASSURE:

- Ambulance Handover within 30 minutes was at 76.45% for March. The trust is ranked fourth regionally for ambulance handovers.
- WHT's 4-hour EAS national ranking in March was 40th out of 121 reporting Acute Trusts and 5th in the West Midlands region.
- In February, all 3 national cancer metrics achieved the national thresholds.
- 18-week RTT incomplete performance is 69.54%, ahead of the forecast trajectory of 68.03%. February's 2025 performance places The trust is 12th nationally (top decile) and 1st regionally.
- The Trust's diagnostic performance for patients waiting less than 6 weeks for March is 91.44%, falling short of the national threshold of 95% but still displaying higher special cause statistical variation (improving). The Trust was top quintile, ranked 11th out of 121 acute Trusts nationally and 3rd regionally in February.
- The Trust is delivering 118% of 2019/20 ERF-eligible activity.

ADVISE

- Although improving, UCR performance remained below the 70% national constitutional standard in March.
- The Trust did deliver the standard of no patients waiting more than 65 weeks (1 patient choice) at the end of the month
- Community waiting list, the increase is due to the improvement plan for data capture, there has been an increase in the number of services returning waiting list details.

ALERT:.

- Type 1 ED attendances at WHT were 1.65% increase compared to March 2024, Year to date (April 2024 – March 2025) total attendances are 8.5% increase compared to the same period in 2023/24.
- WHT DM01 – Audiology - Upon review of the backlog of patients awaiting a follow-up appointment, it has been identified that 396 patients were also waiting a diagnostic procedure that meets the criteria to be reported under the 6-week DM01 constitutional standard. The root cause of this challenge relates to the separate Auditbase Software being used in Audiology to record the reasoning for follow up care. Careflow did therefore not captured the requirement for the diagnostic procedure. A report has gone to the Group Executive setting out the following actions: The allocation of £62,600 to support the completion of this cohort of diagnostic procedures. This falls within the Trust's ERF allocation. Reporting of the 396 patients externally via our DM01 submissions; this will affect Trust performance against the 6-week constitutional standard. Mutual aid with RWT is being reviewed. Any harm due to delay to diagnosis will be reported and investigated in line with the Trust's PSIRF Policy.

RWT Performance Matrix:

This matrix provides an “at a glance” view of performance

Performance Reporting - RWT

ASSURANCE



No Target

Last Minute Cancelled Ops - No Date
≤28 days
Cancer - 2 Week Wait
Cancer - 28 Day Faster Diagnosis
Total Time Spent in ED - % within 4
hours
Theatres - Touch Time Utilisation

18 Weeks RTT - No. of 52 wk breaches
18 Weeks RTT - No. of 65 wk breaches
18 Weeks RTT - No. of 78 wk breaches
Cancer - 31 Day Treatment
Cancer - 62 Day Referral to Treatment
Diagnostics - % within 6 weeks from
referral

Cancer PTL - patients waiting 63 days
and over
Community Waiting List

No. of patients no longer reaching the
Criteria to Reside
Deliver % of Activity Delivered in
2019/20 (ERF)
Maintain 80% virtual ward bed
occupancy
Delivery of 70% 2-hour Crisis Response
Standard

Ambulance Handover - % within 15
mins

18 Weeks RTT - Clock Starts
Type 1 ED attendances

18 Weeks RTT - Total Incomplete PTL

Ambulance Handover - % over 60 mins

18 Weeks RTT - % within 18 weeks -
Incomplete
Ambulance Handover - % within 30
mins
Total Time Spent in ED - % over 12
hours











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VARIATION



WHT Performance Matrix:

This matrix provides an “at a glance” view of performance










































			ASSURANCE			
			PASSING 	HIT OR MISS 	FAILING 	No Target
VARIATION	IMPROVING  			- Cancer - 2 Week Wait (WHT)	- 18 Weeks RTT - % Within 18 Weeks - Incomplete (WHT) - 18 Weeks RTT - No. of 52 wk breaches (WHT) - 18 Weeks RTT - No. of 65 wk breaches (WHT) - 18 Weeks RTT - No. of 78 wk breaches (WHT) - 18 Weeks RTT - Total Incomplete PTL (WHT) - Diagnostics - % within 6 weeks from referral (WHT) - Community - Virtual Ward % Occupancy	- Cancer - No. of patients waiting 63+ Days for treatment (WHT)
		NOT CHANGING 		- Last Minute Cancelled Ops - No date <=28 days (WHT) - Cancer - 28 Day Faster Diagnosis (WHT) - Cancer - 31 Day Treatment (WHT) - Cancer - 62 Day Referral to Treatment (WHT) - Theatres - Touch Time Utilisation (MH) (WHT)		- 18 Weeks RTT - Clock Starts (WHT) - Type 1 ED Attendances (WHT)
	WORSENING  			- Ambulance Handover - % within 30mins (WHT) - Ambulance Handover - % within 60mins (WHT) - Total Time Spent in ED - % within 12 Hours (WHT) - Total Time Spent in ED - % within 4 Hours (WHT) - Community - Urgent Care Response (UCR) 2 Hour Response	- Ambulance Handover - % within 15mins (WHT)	

Performance Dashboard - RWT

Performance Reporting - RWT

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
18 Weeks RTT - % within 18 weeks - Incomplete	Mar 25	51.46%	92.00%			58.06%	55.39%	60.73%
18 Weeks RTT - No. of 52 wk breaches	Mar 25	2090	0			2536	1896	3176
18 Weeks RTT - No. of 65 wk breaches	Mar 25	2	0			660	467	852
18 Weeks RTT - No. of 78 wk breaches	Mar 25	0	0			186	114	257
18 Weeks RTT - Total Incomplete PTL	Mar 25	88354	95690			76931	73783	80078
18 Weeks RTT - Clock Starts	Mar 25	17383	-			16355	12157	20553
Ambulance Handover - % within 15 mins	Mar 25	48.71%	65.00%			45.13%	28.01%	62.25%
Ambulance Handover - % within 30 mins	Mar 25	75.39%	95.00%			77.58%	60.42%	94.73%
Ambulance Handover - % over 60 mins	Mar 25	14.11%	0.00%			10.88%	-0.74%	22.51%
Last Minute Cancelled Ops - No Date <=28 days	Mar 25	0	0			0	-1	2
Cancer - 2 Week Wait	Mar 25	92.92%	93.00%			83.97%	70.25%	97.69%
Cancer - 28 Day Faster Diagnosis	Mar 25	78.30%	77.00%			72.92%	65.69%	80.15%
Cancer - 31 Day Treatment	Mar 25	84.47%	96.00%			83.69%	74.21%	93.18%
Cancer - 62 Day Referral to Treatment	Mar 25	63.82%	70.00%			49.75%	39.57%	59.93%
Cancer PTL - patients waiting 63 days and over	Mar 25	148	-			319	245	392
No. of patients no longer reaching the Criteria to Reside	Mar 25	76	89			86	39	134
Diagnostics - % within 6 weeks from referral	Mar 25	97.77%	95.50%			69.06%	60.76%	77.36%
Total Time Spent in ED - % over 12 hours	Mar 25	11.14%	0.00%			8.45%	4.67%	12.23%
Total Time Spent in ED - % within 4 hours	Mar 25	81.61%	78.00%			78.81%	74.26%	83.36%
Type 1 ED attendances	Mar 25	12867	-			12715	11072	14358
Deliver % of Activity Delivered in 2019/20 (ERF)	Mar 25	116%	115%			115%	112%	119%
Theatres - Touch Time Utilisation	Mar 25	92.94%	85.00%			88.27%	81.94%	94.60%
Maintain 80% virtual ward bed occupancy	Mar 25	81.00%	80.00%			101.00%	65.02%	136.98%
Delivery of 70% 2-hour Crisis Response Standard	Mar 25	74.80%	70.00%			74.73%	64.61%	84.85%
Community Waiting List	Mar 25	3099	-			5054	3979	6128

Performance Dashboard – WHT

KPIs	Latest month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
18 Weeks RTT - % Within 18 Weeks - Incomplete	Mar-25	69.54%	68.03%	92%			61.82%	59.32%	64.32%
18 Weeks RTT - No. of 52 wk breaches	Mar-25	107	0	0			926.32	693.97	1158.67
18 Weeks RTT - No. of 65 wk breaches	Mar-25	1	0	0			212.51	100.26	324.76
18 Weeks RTT - No. of 78 wk breaches	Mar-25	0	0	0			55.64	28.91	82.36
18 Weeks RTT - Total Incomplete PTL	Mar-25	28681	27858	27858			31070.14	29545.89	32594.38
18 Weeks RTT - Clock Starts	Mar-25	8805	8014				7799.38	6513.09	9085.66
Ambulance Handover - % within 15mins	Mar-25	26.95%	65%	65%			44.03%	29.76%	58.29%
Ambulance Handover - % within 30mins	Mar-25	76.45%	92%	95%			88.27%	77.07%	99.46%
Ambulance Handover - % within 60mins	Mar-25	89.24%	100%	100%			96.51%	91.09%	101.93%
Last Minute Cancelled Ops - No date <=28 days	Jan-25	0	0	0			2.44	-3.50	8.39
Cancer - 2 Week Wait	Feb-25	95.15%	93%	93%			77.39%	60.33%	94.45%
Cancer - 28 Day Faster Diagnosis	Feb-25	87.38%	77%	77%			74.55%	60.56%	88.55%
Cancer - 31 Day Treatment	Feb-25	100.00%	96%	96%			96.26%	89.97%	102.55%
Cancer - 62 Day Referral to Treatment	Feb-25	77.40%	70%	70%			75.20%	60.33%	90.08%
Cancer - No. of patients waiting 63+ Days for treatment	Mar-25	21					55.40	16.69	94.11
No. of patients no longer meeting the Criteria to Reside	Mar-25	49	68	68					
Diagnostics - % within 6 weeks from referral	Mar-25	91.44%	95%	95%			85.75%	78.65%	92.86%
Total Time Spent in ED - % over 12 Hours	Mar-25	7.60%	2%	2%			4.68%	0.59%	8.77%
Total Time Spent in ED - % within 4 Hours	Mar-25	75.30%	78%	78%			75.45%	69.98%	80.91%
Type 1 ED Attendances	Mar-25	9339					8359.36	7019.03	9699.69
Deliver % of Activity Delivered in 2019/20 (ERF)	Mar 25 YTD	118.00%	106%	106%					
Theatres - Touch Time Utilisation (MH)	Mar-25	85.90%	85%	85%			82.84%	73.00%	93.00%
Community - Virtual Ward % Occupancy	Mar-25	72.73%	80%	80%			58.10%	42.56%	73.64%
Community - Urgent Care Response (UCR) 2 Hour Response	Mar-25	67.76%	70%	70%			77.78%	59.24%	96.31%
Community - Waiting List - Total	Mar-25	6089							

Title of Report		Exception Report from Group Finance & Productivity Committee		Enc. 11.1
Author:		John Dunn, Group Finance & Productivity Committee Joint Chair		
Presenter:		John Dunn, Group Finance & Productivity Committee Joint Chair		
Date(s) of Committee Meetings since last Board meeting:			27/03/2025	
Action Required				
Decision	Approval	Discussion	Received/Noted/For Info	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED /WORK UNDERWAY
<ul style="list-style-type: none"> RTT reporting for 18 weeks has changed and all Trusts are required to achieve 60% performance by the end of March 2025 or at least a 5% improvement. RWT have been placed in tier 1. WHT have been asked to participate as a pioneer due to good RTT 18 week performance, however, there will be difficulties achieving the 5% improvement as well as providing mutual aid to other Trusts. WHT Type 1 ED attendances were 1.65% increase compared to March 2024, Year to date (April 2024 – March 2025) total attendances are 8.5% increase compared to the same period in 2023/24. WHT DM01 – Audiology – Upon review of the backlog of patients awaiting a follow-up appointment, it has been identified that 395 patients were also waiting a diagnostic procedure that meets the criteria to be reported under the 6-week DM01 constitutional standard. 	<ul style="list-style-type: none"> A detailed implementation plan has been requested for Allocate. Private Trust Board to receive a briefing paper re RTT Recovery Plan. The Committee requested sight of the 2 weekly national tier 1 reports. Workforce reporting have been asked to include an underpinning plan against each of the monthly targets. The Committee ToR review date will be brought forward to May 25 following changes to BAF reporting.

DECISIONS MADE

Interpreting & Translation (EREAF: 4918) – Endorsed.

Solar Farm Update – Endorsed.

Finance System & Collaboration Paper (Confidential) – Endorsed.

BAF – The Committee accepted the oversight and review of the new risks. GBR1 and GBR3. The tolerance and primary risk assessment statement scores were set and agreed.

POSITIVE ASSURANCES TO PROVIDE

- Diagnostic performance remains good for both Trusts, remaining in the top quartile.
- RWT remain upper quartile for 4-hour UEC performance, whilst WHT remains in the 2nd quartile, performance remains above the national average for both Trusts.
- Ambulance handover within 30mins, out of 14 Trusts in the West Midlands the Trusts are ranked 5th (RWT) and 4th (WHT).
- Both Trusts continue to show statistical improvement for DM01, both are above the national average for performance, upper quartile and exceeded the national target of 95% in February.
- WHT achieved all 3 national cancer metrics in February and is 1st quartile for all 3 standards.
- WHT remains 1st quartile for RTT 18 weeks.
- The Trusts' £21.2m deficit was split between RWT (£13m) and WHT (£8.2m). Both Trusts delivered favourably against the Recovery Plan agreed by the Trust Board; WHT were £0.5m better than planned and RWT were £0.8m better than planned. Draft Annual Accounts have been produced for both Trusts and were submitted within the NHSE deadline. The External Audit has now commenced.

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Report title:	Group Chief Financial Officer – Month 12 Financial Report 2024/25
Sponsoring executive:	Kevin Stringer, Group Chief Finance Officer
Report authors:	James Green, Director of Operational Finance RWT Dan Mortiboys, Director of Operational Finance WHT
Meeting title:	Group Trust Board Meeting
Date:	20 th May 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>This report presents the financial performance of the Group for the period April 2024 to March 2025, with the notable points being:</p> <ul style="list-style-type: none"> Both Trusts are reporting a deterioration against plan in month, recording a combined adverse to variance to plan of £2.4m. The year-to-date variance to plan for the group is £17.6m. Performance against the Elective Recovery Fund target is positive with the Group performance being £10.m ahead of plan year to date. The Group efficiency challenge for the year is £96.3m. Actual delivery was £85.m resulting in a group variance of £10.8m, largely contained to an unidentified target at RWT. Capital expenditure was £12.3m more than plan for the year date due additional PDC received. The Trusts met the CRL and CDEL targets. Both Trusts achieved a positive cash balance at year end.

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

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
Group Finance & Productivity Committee

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note the contents of the report
b) Receive the report for assurance

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>		
RWT Board Assurance Framework Risk SR15	<input checked="" type="checkbox"/>	Financial sustainability and funding flows.
RWT Board Assurance Framework Risk SR16	<input type="checkbox"/>	Activity levels, performance and potential delays in treatment.
RWT Board Assurance Framework Risk SR17	<input type="checkbox"/>	Addressing health inequalities and equality, diversity and inclusion.
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	Potential cyber vulnerabilities and data breaches.
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	Data and systems Security (Cyber-attack)
WHT Board Assurance Framework Risk NSR102	<input type="checkbox"/>	Culture and behaviour change (incorporating Population Health)

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

WHT Board Assurance Framework Risk NSR103	<input type="checkbox"/>	<i>Attracting, recruiting, and retaining staff</i>
WHT Board Assurance Framework Risk NSR104	<input type="checkbox"/>	<i>Consistent compliance with safety and quality of care standards</i>
WHT Board Assurance Framework Risk NSR105	<input checked="" type="checkbox"/>	<i>Resource availability (funding)</i>
WHT Board Assurance Framework Risk NSR106	<input type="checkbox"/>	<i>Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)</i>
Corporate Risk Register [Datix Risk Nos]	<input type="checkbox"/>	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Group Financial Performance

for the month of March 2025

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

I&E Summary

Overall, the Group finished the financial year off plan by £17.6m, £10.7m for RWT and £7.0m for WHT. This has deteriorated by £2.4m in month with RWT being £1.4m worse than plan and WHT being £1.0m worse than plan.

<u>In-Month Income & Expenditure</u>	RWT			WHT			Group position		
	Plan	Actual	Surplus/	Plan	Actual	Surplus/	Plan	Actual	Surplus/
	M12	M12	(Deficit)	M12	M12	(Deficit)	M12	M12	(Deficit)
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	125.6	127.5	1.9	36.7	40.0	3.2	162.3	167.5	5.1
Expenditure									
Pay	93.0	94.0	(1.0)	22.6	25.6	(3.0)	115.6	119.6	(4.0)
Non Pay	19.9	21.6	(1.7)	5.0	4.2	0.8	24.9	25.8	(0.9)
Drugs	6.8	6.8	0.0	2.2	2.4	(0.1)	9.0	9.2	(0.1)
Other*	3.4	4.0	(0.6)	5.0	7.0	(2.0)	8.4	11.0	(2.6)
Total Expenditure	123.1	126.4	(3.3)	34.9	39.1	(4.2)	158.0	165.5	(7.5)
Net reported surplus/(Deficit)	2.5	1.1	(1.4)	1.8	0.8	(1.0)	4.3	1.9	(2.4)

<u>Year-to-date Income & Expenditure</u>	RWT			WHT			Group position		
	Plan	Actual	Surplus/	Plan	Actual	Surplus/	Plan	Actual	Surplus/
	YTD	YTD	(Deficit)	YTD	YTD	(Deficit)	YTD	YTD	(Deficit)
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	1,035.2	1,038.9	3.7	440.6	463.0	22.3	1,475.8	1,501.9	26.0
Expenditure									
Pay	672.0	672.6	(0.6)	279.3	296.3	(17.0)	951.3	968.9	(17.6)
Non Pay	242.0	246.4	(4.4)	59.9	66.0	(6.1)	302.0	312.4	(10.5)
Drugs	81.5	82.3	(0.9)	29.4	30.6	(1.2)	110.9	113.0	(2.1)
Other(incl. depreciation)	42.1	50.6	(8.5)	73.2	78.2	(5.1)	115.3	128.8	(13.6)
Total Expenditure	1,037.6	1,051.9	(14.4)	441.9	471.2	(29.3)	1,479.4	1,523.1	(43.7)
Net reported surplus/(Deficit)	(2.4)	(13.0)	(10.7)	(1.2)	(8.2)	(7.0)	(3.6)	(21.2)	(17.6)

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

Following the deficit support funding the adjusted RWT annual plan is £2.4m deficit from £52.9m, with £67.6m of efficiencies required.

The WHT adjusted annual plan (following deficit support funding) is £1.2m deficit by year end from £24.9m, with £28.7m of efficiencies required.

Key month 12 items within the position

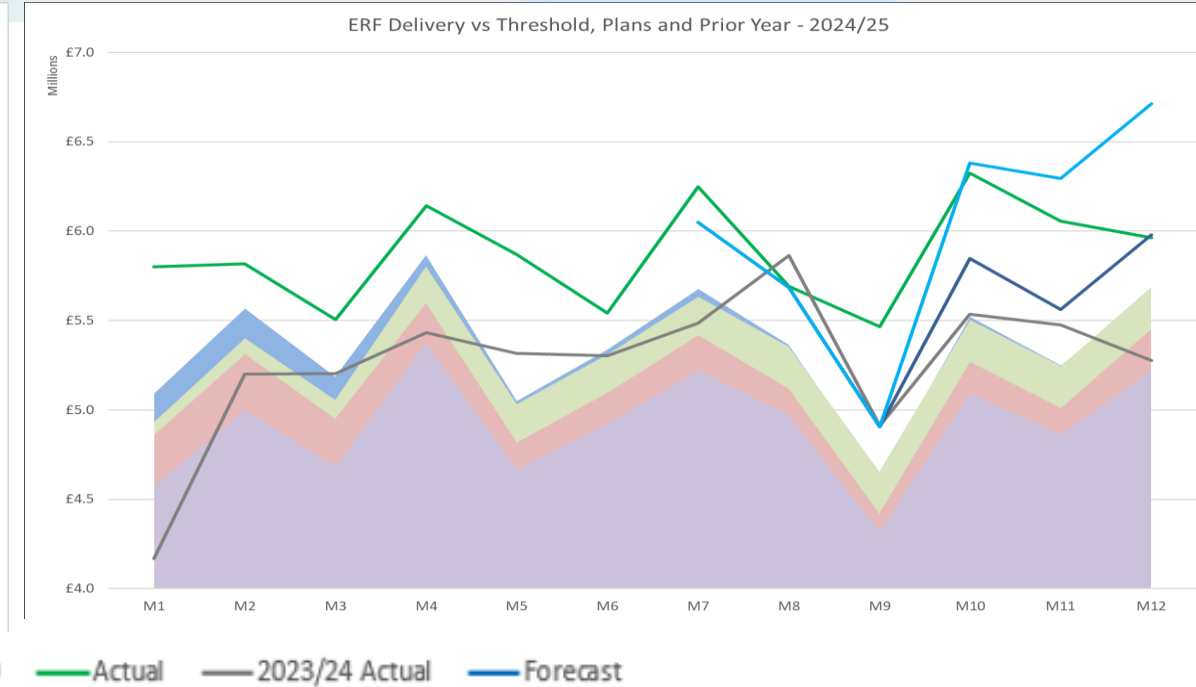
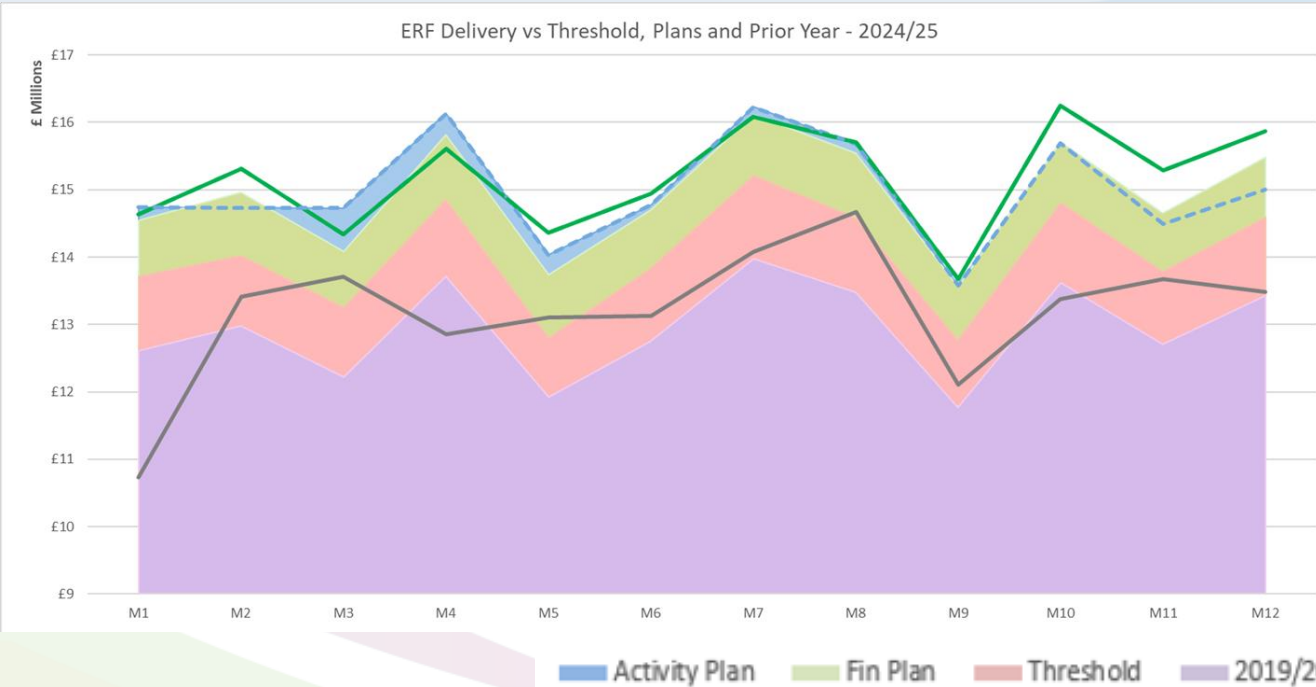
These include:

- **Income** over-performed against plan by £5.1m in month, with an over-performance of £1.9m at RWT and over-performance of £3.2m at WHT- this included income support for MMUH, overperformance on Education and Training income and continued overperformance on ERF. ERF performance in month was £0.2m below plan for WHT and £0.7m ahead of plan for RWT. This took the YTD overperformance across all income lines to £26.0m (of which £10.4m is ERF), with income overperformance offsetting relatable expenditure.
- **Pay** is £4.0m adverse to plan in month and £17.6m adverse for the year, with RWT being £0.6m below plan and WHT being £17.0m below plan for the year due to MMUH impact, capacity ward funding ceasing, premium temporary staff and industrial action. In month RWT accounted a provision for the Band 2-3 uplift backpay of £3.4m, of which there was a reserve budget for £2.3m of it.
- **Non-Pay** is overspent by £0.9m in month and £10.5m for the year, primarily at WHT around activity, including ERF and in/outsourcing. Both organisations have pressures around utilities, insulin pumps and other excluded devices.
- **Drugs** had an overspend of £0.1m in month and is overspent for the year by £2.1m. These are largely associated with activity and high-cost drugs which remain under block funding arrangements across both organisations.
- **Efficiency performance** was £1.3m favourable to plan in month, £10.8m adverse for the year, this is all at RWT largely due to steep increase in CIP target not being identified. Workforce reductions were behind plan at both organisations but are partially being offset by other pay underspends and CIP over performance elsewhere.

ERF Performance - 2024/25 YTD M12

RWT

WHT



Assumptions & Basis

Technical ERF guidance and adjusted ERF thresholds have been published and adopted.

- POD and divisional targets are based on activity plans agreed with services during the planning round, this is presented by the blue area, this is more accurate regarding expected delivery.
- The financial plan and how we get monitored and paid by the national team is represented by the green area, which is the same total plan delivery but phased in-line with the national threshold phasing.
- Thresholds and divisional targets may change upon adoption of any new investments
- The activity plan target as a percentage of 19/20 baseline is 115% for RWT and 110% for WHT. At year end RWT performed at 116% of the 19/20 baseline and WHT at 118%. The RWT plan has been increased in-line with recovery plan initiatives and was originally 112%.
- The ICB has confirmed that Trust will be paid for activity achieved and the ERF cap impact will be held with the ICB.

CIP Performance YTD

	RWT				WHT				Group position			
	Annual	Plan	Actual	Variance	Annual	Plan	Actual	Variance	Annual	Plan	Actual	Variance
	Plan £m	YTD £m	YTD £m	£m	Plan £m	YTD £m	YTD £m	£m	Plan £m	YTD £m	YTD £m	£m
Key schemes												
Workforce & Pay Reductions	22.4	21.1	13.9	(7.2)	9.8	9.8	5.6	(4.2)	32.2	30.9	19.5	(11.4)
Out of System contracts	7.3	7.3	7.3	0.0	6.5	6.5	9.4	2.9	13.8	13.8	16.7	2.9
Other Income and Coding	2.5	1	1.8	0.8				0.0	2.5	1.0	1.8	0.8
ERF stretch	2.1	2.9	3	0.1	4.5	4.5	5.6	1.0	6.6	7.4	8.6	1.1
Other Productivity	10.2	11.6	19.2	7.6				0.0	10.2	11.6	19.2	7.6
Pathology Network	0.9	0.9	0.7	(0.2)				0.0	0.9	0.9	0.7	(0.2)
Medicines management	1.1	1.3	2.1	0.8	0.6	0.6	0.8	0.1	1.7	1.9	2.9	0.9
Procurement	2.4	1.1	2.7	1.6	2.0	2.0	1.8	(0.2)	4.4	3.1	4.5	1.4
Diagnostic & other clinical services	4.3	2.6	4.5	1.9				0.0	4.3	2.6	4.5	1.9
Divisional & other schemes (pipeline)	0.7	0.5	0.4	(0.1)	5.3	5.3	5.6	0.2	6.0	5.8	6.0	0.1
Previously unidentified	2.7	1.1	1.2	0.1				0.0	2.7	1.1	1.2	0.1
Unidentified - remaining	11	16.2	0	(16.2)				0.0	11.0	16.2	0.0	(16.2)
Net reported surplus/(Deficit)	67.6	67.6	56.8	(10.8)	28.7	28.7	28.7	(0.0)	96.3	96.3	85.5	(10.8)

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

In month 12 RWT underperformed by £0.5m against a plan of £8.4m, WHT over-performed by £1.8m against a plan of £3.9m, mainly due to non-recurrent income gains. The year end shortfall against plan was £10.8m and predominantly related to RWT and contained within Workforce schemes and the balance of unidentified schemes.

Statement of Financial Position

STATEMENT OF FINANCIAL POSITION Statement of Financial Position for the month ending March 2025				RWT			WHT		
	Mar 2024	Mar 2025	Movement				Mar 2024	Mar 2025	Movement
	Actual	Actual	YTD				Actual	Actual	YTD
	£000	£000	£000				£000	£000	£000
NON CURRENT ASSETS									
Property, Plant and Equipment - Tangible Assets	518,093	539,624	21,531				249,613	250,913	1,300
Intangible Assets	7,472	9,351	1,879				8,284	8,021	(263)
Other Investments/Financial Assets	11	16	5				0	0	0
Trade and Other Receivables Non Current	1,116	1,154	38				1,463	1,164	(299)
PFI Deferred Non Current Asset	1,597	1,919	322				0	0	0
TOTAL NON CURRENT ASSETS	528,290	552,064	23,774				259,360	260,098	738
CURRENT ASSETS									
Inventories	9,049	9,766	717				3,802	3,182	(620)
Trade and Other Receivables	45,357	37,810	(7,547)				31,044	20,665	(10,379)
Cash and cash equivalents	29,457	50,886	21,429				20,062	36,745	16,683
TOTAL CURRENT ASSETS	83,863	98,462	14,599				54,908	60,592	5,684
TOTAL ASSETS	612,152	650,526	38,374				314,268	320,690	6,422
CURRENT LIABILITIES									
Trade & Other Payables	(95,216)	(104,146)	(8,930)				(59,035)	(54,359)	4,676
Liabilities arising from PFIs / Finance Leases	(11,792)	(8,731)	3,061				(9,417)	(10,047)	(630)
Provisions for Liabilities and Charges	(2,171)	(7,882)	(5,711)				(156)	(135)	21
Other Financial Liabilities	(8,881)	(12,138)	(3,257)				(442)	(2,610)	(2,168)
TOTAL CURRENT LIABILITIES	(118,061)	(132,897)	(14,836)				(69,050)	(67,151)	1,899
NET CURRENT ASSETS / (LIABILITIES)	(34,198)	(34,435)	(237)				(14,142)	(6,559)	7,583
TOTAL ASSETS LESS CURRENT LIABILITIES	494,091	517,629	23,538				245,218	253,539	8,321
NON CURRENT LIABILITIES									
Trade & Other Payables	(179)	0	179				0	0	0
Other Liabilities	(23,915)	(31,567)	(7,652)				(180,952)	(178,876)	2,076
Provision for Liabilities and Charges	(1,437)	(2,170)	(733)				(290)	(271)	19
TOTAL NON CURRENT LIABILITIES	(25,531)	(33,737)	(8,206)				(181,242)	(179,147)	2,095
TOTAL ASSETS EMPLOYED	468,561	483,892	15,331				63,976	74,392	10,416
FINANCED BY TAXPAYERS EQUITY									
Public Dividend Capital	316,202	337,782	21,580				256,563	276,052	19,489
Retained Earnings	39,091	26,691	(12,400)				(261,266)	(272,121)	(10,855)
Revaluation Reserve	114,495	120,643	6,148				68,679	70,461	1,782
Financial assets at FV through OCI reserve	(1,418)	(1,414)	4				0	0	0
Other Reserves	190	190	0				0	0	0
TOTAL TAXPAYERS EQUITY	468,561	483,892	15,332				63,976	74,392	10,416

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

- RWT – Trade and other receivables movement of £7.5m timing of accrued income; Spec Chem Prelim Data Accruals; and prepayments. Trade and other payable £8.9m increases of managed service contract and electricity credits to be re-invoiced. Tangible Assets and Liabilities are both impacted by renewals of GEM Centre and Phoenix Centre leases. Most of the movement in Other Financial Liabilities relates to deferred income non recurrent projects such as PASEMR.
- WHT - Trade receivables are high YTD due to LA, ERF, SDF and variable diagnostics performance. Trade payables/accruals have reduced from March 24 due to the payment of invoices and release of balance sheet provisions within the plan. This is also reflective of the current cash balance movements.

Capital

- Whilst capital has been under pressure during 24/25 additional resources have been made available by NHSE and successfully secured by RWT and WHT.
- Capital expenditure for the year was £73.3m (£53.3m RWT and £20.0m WHT), an overspend of £12.3m which relates to RWT due to additional PDC received in year. Within the spend £8.3m relates to PSDS grant funded schemes and donated assets (£4.2m RWT and £4.1m WHT).
- During the year WHT received an extra £6m of capital funding to expand UEC facilities in light of MMUH opening (and Sandwell A&E closing). Through a short form business case, this funding has now been cash backed by NHSE.

Cash

- Following the receipt of YTD cash backed deficit support, both organisations have increased cash reserves and did not require further cash support.

Better Payment Practice Code

- The Trust has a national target to reach 95% of invoices, in value and volume, to be paid within 30 days of receipt. Both organisations have been impacted by working capital management and are below the target in month and year to date.

BPPC Performance	RWT		WHT	
	In-Month	YTD	In-Month	YTD
Value	96%	92%	87%	88%
Volume	89%	88%	89%	91%

Tier 1 - Paper ref:	PublicTB (20/05/25) 12.1
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Report title:	Provider Licence Self Certification 2024/25
Sponsoring executive:	Kevin Stringer, Group Chief Finance Officer
Report author:	James Green, Operational Director of Finance
Meeting title:	Group Trust Board (Public meeting)
Date:	20 th May 2025

1. Summary of key issues <i>two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>Each NHS Provider is required to self-certify that it has complied the provisions of its licence to operate. The key statement reads:</p> <p><i>“Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.”</i></p> <p>The forms attached confirm compliance with the requirements, and a formal submission to NHS England is required.</p> <p><i>Please not that section 3 of the form is only applicable to Foundation Trusts.</i></p>

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

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
N/A

4. Recommendation(s)
<p>The Public Trust Board is asked to:</p> <p>a) Confirm support for the self-certification and approve the submission to NHS England</p>

5. Impact <i>[indicate with an ‘X’ which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>		
RWT Board Assurance Framework Risk SR15	<input type="checkbox"/>	Financial sustainability and funding flows.
RWT Board Assurance Framework Risk SR16	<input type="checkbox"/>	Activity levels, performance and potential delays in treatment.
RWT Board Assurance Framework Risk SR17	<input type="checkbox"/>	Addressing health inequalities and equality, diversity and inclusion.
RWT Board Assurance Framework Risk SR18	<input type="checkbox"/>	Potential cyber vulnerabilities and data breaches.
WHT Board Assurance Framework Risk NSR101	<input type="checkbox"/>	Data and systems Security (Cyber-attack)

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Walsall Healthcare NHS Trust

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

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Conditions G6 and CoS7

The Royal Wolverhampton NHS Trust

Insert name of organisation



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence

Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These self-certifications are set out in this template.

How to use this template

- 1) Save this file to your Local Network or Computer.
- 2) Enter responses and information into the yellow data-entry cells as appropriate.
- 3) Once the data has been entered, add signatures to the document.

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

ConfirmedOK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Please Respond

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Please Respond

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Please Respond

Statement of main factors taken into account in making the above declaration
In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature	Signature
<div></div>	<div></div>
Name Sir David Nicholson	Name Joe Chadwick-Bell
Capacity Chairperson	Capacity Chief Executive
Date 1st April 2025	Date 1st April 2025

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Conditions G6 and CoS7

Walsall Healthcare NHS Trust

Insert name of organisation



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence

Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

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Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

ConfirmedOK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Please Respond

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Please Respond

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Please Respond

Statement of main factors taken into account in making the above declaration
In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature	Signature
<div>NameSir David Nicholson</div> <div>CapacityChairperson</div> <div>Date1st April 2025</div>	<div>NameJoe Chadwick-Bell</div> <div>CapacityChief Executive</div> <div>Date1st April 2025</div>

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

Title of Report	Exception Report from Charity Committee		Enc No: 12.2
Author:	Professor Martin Levermore NED		
Presenter:	Professor Martin Levermore, Position NED		
Date(s) of Committee Meetings since last Board meeting:	Monday 28 April 2025		
Action Required			
Decision	Approval	Discussion	Received/Noted/For Information
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> Operational costs continue to exceed investment income or other forms of charitable activity income that is unrestricted, without greater emphasis on how to improve the unrestricted funds this will severally curtail the Charity's ambitions moving forward. The YTD expenditure is £146k overspent, a swing from £42k under spend as at Q3. The global trading climate is bearing pressure on the ROI for Charity's short- and long-term portfolio. 	<ul style="list-style-type: none"> No major actions undertaken or works underway.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> As of 31st March 2025, there have been no issues of fraud within the year. The last such instance was in October 2022. The team completed the NHS cyber fraud awareness training in November 2024. A total of £799,000 had been transferred to the Trust for payments made in 2024/25 on behalf of the charity. The total annual spend budget for 2024/25 is £912k, which is in line with the Charity Commission guidance, being 33.3% of the opening balance excluding endowments. 	<ul style="list-style-type: none"> No attempt at this time should be made to make liquid investments to offset against increasing operational overheads. Request for procurement to undertake a comparative exercise on the investment firms Sarasin and Brewin Dolphin for the committee to be able to make a recommendation to Corporate Trustees as to whether to remain with existing supplier or to move.