Walsall Healthcare NHS Trust
Trust Board Meeting to be held in Public

Wednesday 2 August 2023

Meeting Pack A (Main Agenda and Papers)

Meeting Pack B (Sections 18 onward - Reports for Reference/Information)

MEETING PACK A

Bundle Trust Board Meeting to be held in Public 2 August 2023

1 Chair's Welcome, Apologies and Confirmation of Quorum
Lead: Sir David Nicholson, Group Chair
Welcome:
Stephanie Cartwright, Group Director of Place
Apologies Received:
Professor David Loughton, Group Chief Executive
Ned Hobbs, Deputy Chief Executive/Chief Operating Officer
Dan Mortiboys, Interim Director of Finance
Professor Patrick Vernon, Chair, Walsall Together
In Attendance:
Will Roberts, Deputy Chief Operating Officer (Representing Ned Hobbs)
For Agenda Item 2 - Patient Voice - Emma Cahill & Annette Ellison, Community Division
For Agenda Item 3 - Staff Story -Reza Hassan, Jamil Aslam, Karen Degville, Diane Roper, Oscar Rubio
For Agenda Item 11.3 (Enc 22) - Freedom to Speak Up - Suleman Jeewa

2 Patient Voice (See link to video in description box below)
Presenters: Emma Cahill and Annette Ellison, Community Division
Lead: Lisa Carroll, Chief Nursing Officer
Action: To Inform
Please copy and paste the link below into your Chrome browser to view the video on Youtube
https://youtu.be/VF6iJXowOEw

3 Staff Story
Lead: Alan Duffell, Group Chief People Officer
Action: To Receive
In Attendance:
Reza Hassan, Junior Doctor
Jamil Aslam, Senior Medic
Karen Degville, Receptionist
Diane Roper, Clinical Support Worker
Oscar Rubio, Registered Nurse

4 Declarations of Interest
Lead: Sir David Nicholson, Group Chair
Action: Board Members to advise of any conflicts of interest pertaining to any item on the agenda which are not declared on the attached register.

Declarations of Interest - July 23 - v3

5 Minutes of the Previous Meeting held 7 June 2023
Lead: Sir David Nicholson, Group Chair
Action: To Receive and Approve

Draft Public June Board Minutes 100723

6 Action Log and Matters Arising
Lead: Sir David Nicholson, Group Chair
Action: To receive updates on actions outstanding and any Matters Arising

Action items (2)

7 Chair's Report - Verbal
Lead: Sir David Nicholson, Group Chair
Action: To Inform

8 Group Chief Executive's Report
Lead: Kevin Stringer, Group Deputy Chief Executive/Group Chief Finance Officer
Action: To Inform and Assure
Comprises:
Trust Management Committee Chair's Report (Reading Room 18.1)
Research and Education (Reading Room 18.2)

4 WHT. Chief Executive Trust Board report 02.08.23

9 Excel in the Delivery of Care (Section Heading)

9.1 Elective Performance and Recovery Progress Report
Lead: Will Roberts, Deputy Chief Operating Officer
Action: To Inform and Assure
(Elective Performance and Recovery Slidedeck - Reading Room 18.3)

5. Trust Board - Elective Performance and Recovery Update 26072023 v3

Lead: Paul Assinder, Deputy Chair/Chair of Finance and Performance Committee
Action: To Inform and Assure
IQPR Finance and Performance Report - Reading Room 18.4.1

6 Chairs Report Performance Finance Committee August 2023

9.2.1 Chief Financial Officer Report
Lead: Kevin Stringer, Group Chief Financial Officer
Action: To Inform and Assure
Comprises:
Group Chief Financial Officer Monthly Position (Reading Room 18.4)

7 Group CFO Report

9.3 Audit Committee - Chair's Report
Lead: Mary Martin, Non-Executive Director/Chair of Audit Committee
Action: To Inform and Assure

8 Chairs Report Audit Committee August 2023

9.4 Charitable Funds - Chair's Report
Lead: Paul Assinder, Deputy Chair/Chair of Charitable Funds Committee
Action: To Inform and Assure

9 Chairs Report Charitable Funds Committee August 2023

9.5 Quality, Patient Experience and Safety Committee - Chair's Report
Lead: Dr Julian Parkes, Non-Executive Director/Chair of Quality, Patient Experience and Safety Committee
Action: To Inform and Assure
(IQPR Quality, Patient Experience and Safety - Reading Room 18.4.2)

10 Chairs Report - July QPES FINAL

QPES Chairs report June 23

9.5.1 Chief Nursing Officer Report
Lead: Lisa Carroll, Chief Nursing Officer
Action: To Inform and Assure
Comprises:
Patient Experience and Complaints Report (Reading Room 18.5)
Safeguarding Report (Reading Room 18.6)
Special Education Needs & Disability (SEND) (Reading Room 18.7)
West Midlands Children's Network Review (Reading Room 18.8)

11 CNO report to board August 2023

9.5.2 Director of Midwifery Report
Lead: Joselle Wright, Director of Midwifery
Action: To Inform and Assure
(Full report in Reading Room 18.9)

12 Midwifery Report for Public Trust Board

9.5.3 Infection Prevention & Control Quarterly Report
Lead: Lisa Carroll, Chief Nursing Officer
Action: To Approve
(Delivery Plan in Reading Room 18.10)

13 IPC Update- Trust Board- May-June 2023

9.6 Chief Medical Officer Report
Lead: Dr Manjeet Shehmar, Chief Medical Officer
Action: To Inform and Assure
Comprises:
Pharmacy and Medicines Optimisation Report (Reading Room 18.11)
Mental Health Report (Reading Room 18.12)
Annual Revalidation & Appraisal Report (Reading Room 18.13)

14 CMO report to board August 2023

9.6.1 Learning from Deaths Report
Lead: Dr Manjeet Shehmar, Chief Medical Officer
Action: To Inform and Assure
(Full report is available in the Reading Room 18.14)

15 Learning from Deaths - Trust Board August 2023 (002)

9.7 Group Director of Assurance Regulatory Report - Verbal
Lead: Kevin Bostock, Group Director of Assurance
Action: To Inform and Assure

10 Improve the Health of our Communities (Section Heading)

Lead: Matthew Dodd, Interim Director of Integration
Action: To Inform and Assure

16 Walsall Together

10.1.1 Walsall Together - Draft Terms of Reference

Lead: Matthew Dodd, Interim Director of Integration
Action: To Approve

17 WTPB Highlight Rep Appendix 1 Walsall Together Partnership Board TORs DRAFT Jul23 v2.2

10.2 Care at Home
Lead: Matthew Dodd, Interim Director of Integration Group Director of Place
Action: To Inform and Assure
Comprises:
Draft ICB Delegation Policy (Reading Room 18.15)
Partnership Operational Performance Pack (Reading Room 18.15)

18 Care at home report July2023 v2

11 Support our Colleagues (Section Heading)

11.1 People and Organisational Development Committee - Chair's Report
Lead: Junior Hemans, Chair, People and Organisational Development Committee
Action: To Inform and Assure
(IQPR People and Organisational Development - Reading Room 18.4.3)

19 Chairs Report -Committee-Board - PODC

11.2 Group Chief People Officer Report
Lead: Alan Duffell, Group Chief People Officer
Action: To Inform and Assure
Comprises:
Workforce Metrics Report (Reading Room 18.16)

20 Exec Report to Board 2 August 2023 Workforce Metrics June 2023 v1.0

11.2.1 EDI Annual Report 2023 - Public Sector Equality Duty - For Approval
Lead: Alan Duffell, Group Chief People Officer
Action: To Approve
(Public Sector Equality Duty (PSED) Annual Report 2022-2023 - Full Report in Reading Room 18.17)

21 EDI Annual Report 2023 - Public Sector Equality Duty Board Board - August 23 v1.0

11.3 Freedom to Speak Up - Annual Report
Presenter: Suleman Jeewa, Freedom to Speak Up Guardian
Lead: Kevin Stringer, Group Deputy Chief Executive/Group Chief Financial Officer
Action: To Inform & Assure

22 FTSU Board - August 23

12 Effective Collaboration (Section Heading)

12.1 Strategic Delivery Plan – Year 1 (2023/24) of Joint Strategy
Lead: Simon Evans, Group Chief Strategy Officer
Action: To Approve

23 Strategic Delivery Plan Front Sheet
Strategic Delivery Plan - 23.24

13 Any Other Business

14 IQPR - Executive Summary
Lead: Kevin Stringer, Group Deputy Chief Executive/Group Chief Financial Officer
Action: To Inform and Assure

24 TB_202306_ExecutiveSummary

15 Questions from the Public
Lead: Sir David Nicholson, Group Chair

16 Resolution
Lead: Sir David Nicholson, Group Chair
The Board to resolve to invite the Press and Public to leave the meeting due to the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960
Action: that the resolution be Approved

17 Date and Time of Next Meeting

18 PART B - READING ROOM (Section Heading)

18.1 Trust Management Committee - Chair's Report

WHT. Trust Board report of TMC 20.07.23
WHT. Trust Board report of TMC 29.06.23

18.2 Research and Development Report

R&D - July 23

18.3 Elective Performance and Recovery Slidedeck

RR 3 Elective Performance and Recovery Update 02082023 v2

18.4 Group Chief Financial Officer Report - Month 3 Position

Group CFO Report Public Board Aug 23 - Month 3 Position

18.4.1 IQPR Finance and Performance
TB_202306_PFC

18.4.2 IQPR - Quality, Patient Experience and Safety
TB_202306_QPES

18.4.3 IQPR - People and Organisational Development
TB_202306_PODC

18.5 Patient Experience & Complaints Report
Patient voice report Bi-monthly Apr- May 23

18.6 Safeguarding Report
Safeguarding Annual Report July 2023 - Final

18.7 Special Education Needs and Disability
Trust board letter for SEND executive lead 150623 (002)
Health Professional Guide to the Send Code of Practice

18.8 West Midlands Children's Network Review
CNO - Visit Feedback Letter WHT (003)

18.9 Director of Midwifery Report
Maternity Report to Public Trust Board August 2023

18.10 Infection, Prevention and Control - Joint Delivery Plan
01043 Joint IPC Delivery Plan v2

18.11 Pharmacy and Medicines Optimisation Report
Medicines Management Report - Trust Board August 2023

18.12 Mental Health Report
MH report to board August 2023 180723 - CW Final
Mental Health Report August 2023 Trust Board Part A
Mental Health Overview Report Trust Board Part B

18.13 Annual Revalidation & Appraisal Report
Revalidation Report - Trust Board August 2023
Revalidation Report - Trust Board August 2023 - Appendix 1 ROST Closure Report

18.14 Learning from Deaths
Learning from Deaths - Trust Board August 2023 Full Report

18.15 Care at Home Appendices
Care at Home Appendix 2 - DRAFT ICB Delegation Policy v0.2 (002)
5. Appendix 1 Partnership Operational Performance Pack July 2023

18.16 Metrics Workforce Report
Trust Workforce Metrics

18.17 EDI Annual Report 2023 - Public Sector Equality Duty
Public Sector Equality Duty.doc WHC.docx revised SYR

18.18 Quality Accounts 2022-23 - For Information
WHC_11820314_30.06.23_V_1 Final Published Version

18.19 Annual Report 2022-23 - For Information
WHC_11820314_30.06.23_V_1 Final Published Version

18.20 Minutes of Previous Committee Meetings

18.20.1 Finance and Performance Committee
Performance & Finance Committee Meeting Minutes June 2023 APPROVED AT COMMITTEE

18.20.2 Quality, Patient Experience and Safety Committee
QPES Minutes June 2023 - Approved by Group 210723

18.20.3 People and Organisational Development Committee
Minutes - PODC - May 2023 Approved and Signed

Employee	Current Role	Interest Type	Interest Description (Abbreviated)	Provider
Sir David Nicholson	Chair	Outside Employment	Chairman	Sandwell & West Birmingham Hospitals NHS Trust
Sir David Nicholson	Chair	Outside Employment	Non-Executive Director	Lifecycle
Sir David Nicholson	Chair	Outside Employment	Visiting Professor	Global Health Innovation, Imperial College
Sir David Nicholson	Chair	Shareholdings and other ownership interests	Sole Director	David Nichoslon Healthcare Solutions
Sir David Nicholson	Chair	Outside Employment	Member	IPPR Health Advisory Committee
Sir David Nicholson	Chair	Outside Employment	Advisor	KMPG Global
Sir David Nicholson	Chair	Outside Employment	Senior Operating Partner	Healfund (Investor in healthcare Africa)
Sir David Nicholson	Chair	Loyalty Interests	Spouse	National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS
Sir David Nicholson	Chair	Outside Employment	Chairman	The Royal Wolverhampton NHS Trust
Sir David Nicholson	Chair	Outside Employment	Chairman	The Dudley Group NHS Foundation Trust
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Outside Employment	Professor of Nursing Sciences	Birmingham City University
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Loyalty Interests	Visiting Professor (Unpaid assignment)	Staffordshire University
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Loyalty Interests	Teaching (Fellow)	Higher Education Academy
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Loyalty Interests	Member	Royal College of Nursing
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Shareholdings and other ownership interests	Director	Ann-Marie Cannaby Ltd
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Outside Employment	Principal Clinical Advisor	British Telecom
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Outside Employment (ended)	Honorary Fellow (unpaid assignment)	La Trobe University, Victoria, Australia
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Outside Employment	Member of the Advisory Panel - Volunteer role	Cavell (Charity) Advisory Panel
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Loyalty Interests	Group Chief Nurse Officer	The Royal Wolverhampton NHS Trust
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Outside Employment	Advisory Board Member	Charkos Global Ltd
Professor Ann-Marie Cannaby	Deputy Chief Executive/Group Chief Nurse	Outside Employment (Unpaid)	Professor of Vice-Chancellor's Health Advisory Board	Coventry University
Ms Catherine Griffiths	Director of People and Culture	Shareholdings and other ownership interests	Director	Catherine Griffiths Consultancy ltd
Ms Catherine Griffiths	Director of People and Culture	Loyalty Interests	Member	Chartered Institute of Personnel (CIPD)
Professor David Loughton	Chief Executive	Outside Employment	Chair	West Midlands Cancer Alliance
Professor David Loughton	Chief Executive	Loyalty Interests	Member of Advisory Board	National Institute for Health Research
Professor David Loughton	Chief Executive	Loyalty Interests	Chief Executive	Royal Wolverhampton NHS Trust
Professor David Loughton	Chief Executive	Loyalty Interests	Member	Companion of Institute of Health and Social Care Management (CIHSCM)
Ms Dawn Brathwaite	Non-Executive Director	Outside Employment	Consultant/Former Partner	Mills & Reeve LLP
Mr Edward Hobbs	Chief Operating Officer/Deputy Chief Executive	Loyalty Interests	Father – Governor Oxford Health FT	Governor Oxford Helath FT
Mr Edward Hobbs	Chief Operating Officer/Deputy Chief Executive	Loyalty Interests	Sister in Law – Head of Specialist Services St Giles Hospice	St Giles Hospice
Mr Edward Hobbs	Chief Operating Officer/Deputy Chief Executive	Outside Employment	Director of Operational Improvement for Urgent & Emergency Care (0.2 WTE)	NHS England
Dr Julian Parkes	Non-Executive Director	Loyalty Interests	Daughter – Nurse in ED at Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust
Dr Julian Parkes	Non-Executive Director	Loyalty Interests	Trustee	Windmill Community Church in Wolverhampton
Mr Junior Hemans	Non-Executive Director	Outside Employment	Visiting Lecturer	Wolverhampton University
Mr Junior Hemans	Non-Executive Director	Outside Employment	Company Secretary	Kairos Experience Limited
Mr Junior Hemans	Non-Executive Director	Outside Employment	Chair of the Board	Wolverhampton Cultural Resource Centre
Mr Junior Hemans	Non-Executive Director	Outside Employment	Chair of the Board	Tuntum Housing Assiciation (Nottingham)
Mr Junior Hemans	Non-Executive Director	Outside Employment	Director	Libran Enterprises (2011) Ltd

Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Member	Labour Party
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Business Mentor	Prince's Trust
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Non-Executive Director	The Royal Wolverhampton NHS Trust
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Wife works as a Therapist at The Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Second Cousin works as a Pharmacist at The Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust
Mr Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshere Associates
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Secretary of the Club which is a registered Co-operative with the Financial Conduct Authority.	The Royal British Legion (Beeston) Social Club Ltd
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Trustee, Director and Managing Committee member of this registered Charity and Limited Company since May 1988.	Foundation for Professional in Services for Adolescents (FPSA)
Mr Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshere Associates
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Company Secretary	Royal Wolverhampton NHS Trust
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Committee member of registered Charity and Limited Company – Foundation for Professional in Services for Adolescents (FPSA)	Foundation for Professional in Services for Adolescents (FPSA)
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Interim Company Secretary	Dudley Integrated Healthcare NHS Trust
Mr Kevin Bostock	Group Director of Assurance	Shareholdings and other ownership interests	Sole director	Sole director of 2 limited companies Libra Healthcare Management Limited trading as Governance, Risk, Compliance Solutions and Libra Property Development Limited
Mr Kevin Bostock	Group Director of Assurance	Loyalty Interests	Group Director of Assurance	The Royal Wolverhampton NHS Trust
Mr Kevin Bostock	Group Director of Assurance	Outside Employment	Trustee of a Health and Social Care Charity	Close Care Charity No 512473
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Outside Employment	Treasurer West Midlands Branch	Healthcare Financial Management Association
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Loyalty Interests	Brother-in-law is the Managing Director	Midlands and Lancashire Commissioning Support Unit
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Loyalty Interests	Member	CIMA (Chartered Institute of Management Accounts)
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Gifts	Spade used for 'sod cutting'.	Veolia
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Loyalty Interests	Chief Financial Officer and Deputy Chief Executive	Royal Wolverhampton NHS Trust
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Outside Employment	Interim Director of Finance	The Dudley Group NHS Foundation Trust
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Royal College of Paediatrics and Child Health (RCPCH) Officer for Research	RCPCH
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - RCPCH Assistant Officer for exams	RCPCH
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Chair of NHS England/Improvement Children and Young People's Asthma Effective Preventative Medicines Group	NHSE/I
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Consultant Paediatrician and Clinical Lead for Respiratory Paediatrics at University Hospitals of North Midlands NHS Trust (UHNM)	University Hospitals of North Midlands NHS Trust
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Guardian of Safe Working and Deputy Clinical Tutor UHNM (ends 1st October 22)	University Hospitals of North Midlands NHS Trust
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - West Midlands National Institute for Health Research (NIHR) Clinical Research Scholar	West Midlands Institute for Health and Clinical Research
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Director of Medical Education at UHNM (commenced 1st Sept 22)	University Hospitals of North Midlands NHS Trust
Prof Louise Toner	Non-Executive Director	Outside Employment	Non-Executive Director	The Royal Wolverhampton NHS Trust
Prof Louise Toner	Non-Executive Director	Outside Employment	Professional Advisor	Birmingham City University
Prof Louise Toner	Non-Executive Director	Outside Employment	Trustee	Wound Care Alliance UK
Prof Louise Toner	Non-Executive Director	Outside Employment	Trustee	Birmingham Commonwealth Society
Prof Louise Toner	Non-Executive Director	Outside Employment	Teaching Fellow	Advance HE (Higher Education)
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Chair of Education Focus Group and Member of Board of Directors	Birmingham Commonwealth Association

Prof Louise Toner	Non-Executive Director	Loyalty Interests	Member	Greater Birmingham Commonwealth Chamber of Commerce
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Member	Bsol Education Partnerships Group
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Member/Advisor	Health Data Research UK
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Royal College of Nursing	Member
Prof Louise Toner	Non-Executive Director	Outside Employment (Ended 30/4/22)	Associate Dean	Faculty of Health, Education and Life Sciences at Birmingham University
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Required Registration to practice	Nursing and Midwifery Council
Dr Manjeet Shehmar	Chief Medical Officer	Shareholdings and other ownership interests	(Ended December 22) - Company Director Association of Early Pregnancy Units UK Non paying, no profit UK speciality Society for Early Pregnancy. Executive Board Member Secretary Board Member	Association of Early Pregnancy Units UK
Dr Manjeet Shehmar	Chief Medical Officer	Loyalty Interests	(Ended December 22) - Executive Member Association	Early Pregnancy Units UK
Dr Manjeet Shehmar	Chief Medical Officer	Loyalty Interests	(Ended December 22) - Company Director	Company Director Association of Early Pregnancies Units UK
Dr Manjeet Shehmar	Chief Medical Officer	Outside Employment	Private Practice	Little Aston Hospital Spire
Dr Manjeet Shehmar	Chief Medical Officer	Loyalty Interests (non-remunerated)	First Aid Provision	RSSB Spiritual Organisation
Ms Mary Martin	Non-Executive Director	Outside Employment	Trustee/Director, Non Executive Member of the Board for the Charity	Midlands Art Centre
Ms Mary Martin	Non-Executive Director	Outside Employment (Ended 08/12/22)	Trustee/Director, Non Executive	B:Music Limited
Ms Mary Martin	Non-Executive Director	Outside Employment	Director/Owner of Business	Martin Consulting (West Midlands) Ltd
Ms Mary Martin	Non-Executive Director	Outside Employment	Residential property management company	Friday Bridge Management Company Limited (residential property management company)
Mr Matthew Dodd	Interim Director of Integration	Loyalty Interests	Wife working as a Physiotherapy Assistant at Birmingham Community Health Care	Wife
Ms Ofrah Muflahi	Associate Non-Executive Director	Outside Employment	UK Professional Lead	Royal College of Nursing
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	Royal College of Nursing
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Mentor	The Catalyst Collective
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Husband an employee of the Royal College of Nursing UK	Husband
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	Q Community at Health Foundation
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Husband Director of OBD Consultants, Limited Company	Husband
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	UK Oncology Nursing Society
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	The Seacole Group
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member of Health Inequalities Task Group	Coalition for Personalised Care
Mr Paul Assinder	Non-Executive Director	Outside Employment	Honorary Lecturer	University of Wolverhampton
Mr Paul Assinder	Non-Executive Director	Loyalty Interests	Governor	Solihull College & University Centre
Mr Paul Assinder	Non-Executive Director	Loyalty Interests	Director	Rodborough Consultancy Ltd.
Mr Paul Assinder	Non-Executive Director	Loyalty Interests	Voluntary Role as Treasurer (unpaid)	Parkinson's UK Midlands Branch
Ms Sally Evans	Group Director of Communications and Stakeholder Engagements	Outside Employment	Group Director of Communications and Stakeholder Engagement	Royal Wolverhampton NHS Trust
Ms Sally Rowe	Associate Non-Executive Director	Loyalty Interests	Executive Director Children's Services	Walsall MBC
Ms Sally Rowe	Associate Non-Executive Director	Loyalty Interests	Trustee	Association of Directors of Children's Services
Mr Simon Evans	Group Chief Strategy Officer	Loyalty Interests	Group Chief Strategy Officer	Royal Wolverhampton NHS Trust
Mr Alan Duffell	Group Chief People Officer	Loyalty Interests	Member (unpaid)	UK and Ireland Healthcare Advisory Board for Allocate Software (Trust Supplier)
Mr Alan Duffell	Group Chief People Officer	Loyalty Interests	Member	Chartered Management Institute
Mr Alan Duffell	Group Chief People Officer	Loyalty Interests	Member	CIPD (Chartered Institute for Personnel and Development)
Mr Alan Duffell	Group Chief People Officer	Outside Employment (Ended)	System Workforce Lead	BC&WB System Workforce SRO
Mr Alan Duffell	Group Chief People Officer	Outside Employment	Interim Chief People Officer	The Dudley Group NHS Foundation Trust
Mr Alan Duffell	Group Chief People Officer	Outside Employment	Group Chief People Officer	The Royal Wolverhampton NHS Trust
Mr Alan Duffell	Group Chief People Officer	Outside Employment	Provider Collaborative HR & OD Lead	Black Country Provider Collaborative
Mr Alan Duffell	Group Chief People Officer	Outside Employment	Member	NHS Employers Policy Board
Dr Jonathan Odum	Group Chief Medical Officer	Loyalty Interests	Group Chief Medical Officer	The Royal Wolverhampton NHS Trust
Dr Jonathan Odum	Group Chief Medical Officer	External private employment	Private out-patient consulting for general medical/hypertension and nephrological conditions	Wolverhampton Nuffield Hospital
Dr Jonathan Odum	Group Chief Medical Officer	External Role	Chair	Black Country and West Birmingham ICS Clinical Leaders Group

Dr Jonathan Odum	Group Chief Medical Officer	External Association Fellowship	Fellow of the Royal College of Physicians	Royal College of Physicians of London
Mr Daniel Mortiboys	Interim Director of Finance	No interests to declare		
Ms Claire Bond	Deputy Director of People and Culture	No interests to declare		
Ms Carla Jones-Charles	Director of Midwifery	No interests to declare		
Ms Fiona Allinson	Associate Non-Executive Director	Outside Employment	Exam Invigilator	St Benedicts High School, Alcester
Ms Fiona Allinson	Associate Non-Executive Director	Loyalty Interests	Son works for Provider	Care Quality Commission
Ms Fiona Allinson	Associate Non-Executive Director	Outside Employment	Trustee	The Shakespeare Hospice
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional - Lay Member	Walsall ICB (Walsall Place)
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	Onward
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	Housing Plus Groups, Homes Board
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	Customer Service Committee, A2Dominion
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	OPCC NWP Join Audit Committee
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional - Magistrate	Ministry of Justice
Ms Rachel Barber	Associate Non-Executive Director	Indirect	Health Assistant	Sister in Law - Wolverhampton Royal Hospital Health NHS Trust
Ms Stephanie Cartwright	Group Director of Place	Nil Declaration		
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Sister - Consultant Surgeon - Colorectal	The Royal Wolverhampton NHS Trust
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Sister - Chiropodist	Solihull Hospital
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Member	The Royal College of Surgeons
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Sister-in-Law - GP	GP at Practice in Manchester
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Member	Medical Protection Society
Mr William Roberts	Deputy Chief Operating Officer	Loyalty Interests	Wife is a Vascular Surgery Training Registrar	West Midlands Deanery
Mr Rajpal Virdee (tenure of contract ended 31/12/22)	Associate Non-Executive Director	Loyalty Interests	Lay Member	Employment Tribunal Birmingham
Mr Rajpal Virdee (tenure of contract ended 31/12/22)	Associate Non-Executive Director	Loyalty Interests	Vice President of Pelsall Branch Conservative Party Association (from 19th June 2021)	Conservative Party Association
Mr Rajpal Virdee (tenure of contract ended 31/12/22)	Associate Non-Executive Director	Loyalty Interests	Deputy Chair	Aldridge-Brownhills Conservative Association
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Trustee	Nishkam Healthcare Trust Birmingham
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Outside Employment	Appointed as an unpaid Trustee for the Charity	Pathway Healthcare for Homeless People (ended April 2022)
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Director	EJC Associates
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Chair	The Royal Wolverhampton NHS Trust
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Honorary Professor	University of Warwick
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Honorary Professor	University of Birmingham
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Outside Employment	Advisor to Health Holding Company and Board Member of Makkah Health Cluster and Al Bahah Health Cluster, Kingdom of Saudi Arabia	Health Holding Company, Kingdom of Saudi Arabia
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Outside Employment	UK Special Representative for Healthcare to Saudi Arabia	British Embassy Riyadh
Mr Russell Caldicott (left April 2023)	Chief Finance Officer	Loyalty Interests	Member of the Executive	West Midlands Healthcare Financial Management Association (HFMA)
Mr Russell Caldicott (left April 2023)	Chief Finance Officer	Loyalty Interests	Director	Plan 4 E-Health

Walsall Healthcare NHS Trust

MEETING OF THE PUBLIC TRUST BOARD
HELD ON WEDNESDAY 7TH JUNE 2023 AT 10.00AM
HELD VIRTUALLY VIA MICROSOFT TEAMS

PRESENT

Sir D Nicholson	Group Chair
Prof D Loughton	Group Chief Executive
Prof A-M Cannaby	Deputy Chief Executive/ Group Chief Nurse and Lead Executive for Safeguarding
Mr K Bostock	Group Director of Assurance
Mr A Duffell	Group Chief People Officer
Mr S Evans	Group Chief Strategy Officer
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Mr K Stringer	Group Chief Financial Officer
Mr N Hobbs	Chief Operating Officer
Ms C Griffiths	Chief People Officer
Ms L Carroll	Director of Nursing
Ms J Wright	Director of Midwifery, Gynaecology and Sexual Health WCCSS
Dr M Shehmar	Chief Medical Officer
Mr M Dodd	Interim Director of Integration
Mr K Wilshere	Group Company Secretary
Ms M Martin	Non-Executive Director
Dr J Parkes	Non-Executive Director
Ms D Brathwaite	Non-Executive Director
Prof L Toner	Non-Executive Director
Mr J Hemans	Non-Executive Director
Ms R Barber	Associate Non-Executive Director
Ms O Muflahi	Associate Non-Executive Director
Ms S Rowe	Associate Non-Executive Director
Ms F Allinson	Associate Non-Executive Director

In Attendance

Prof P Vernon	Chair, Walsall Together
Ms J Toor	Senior Operational Coordinator
Ms E Stokes	Senior Administrator
Ms N Dixon	Lead Nurse, Capacity and Patient Flow
Ms R Dawson	Sister, Discharge Lounge
Ms V Mckenzie	Staff Nurse, Discharge Lounge
Ms V Perry	Trainee Nurse Associate
Dr S Harlin	Observer
Ms A Hennessey	Care Quality Commission
Mr G Perry	Associate Director, Patient Relations and Experience
Ms R Virk	Divisional Director of Nursing, Division of Medicine & Long Term Conditions
Ms J Patel	Ward Manager
Dr Senthilkumar	Consultant

Apologies

Dr J Odum	Group Chief Medical Officer
Mr P Assinder	Non-Executive Director/ Deputy Chair

527/23	**Apologies for absence**
	Sir David welcomed all to the meeting, apologies were received and noted, and the meeting was confirmed as quorate.
528/23	**Declarations of Interest from Directors and Officers**
	Sir David confirmed that no further declarations of interest had been received. **Resolved: that the Declarations of Interest from Directors and Officers be received and noted.**

529/23	**Minutes of the Meeting of the Board of Directors held in Public on 5 April 23**
	Sir David confirmed the minutes of the meeting held on 5 April 2023 as an accurate record. **Resolved: that the minutes of the last meeting be received and APPROVED.**
530/23	**Matters Arising and Board Action Points from the Minutes of the Board of Directors Meeting held in Public on 5 April 23**
	Sir David confirmed there were no matters arising and the action log was reviewed and updates received as follows: **Action 467 – Ms Carroll to confirm the implementation of the Oliver Mcgowan Learning Disability training –** Ms Carroll confirmed that the training was in place across the Trust and a report would be provided to the Trust Board at the end of Quarter 1 **– this action was closed.** **Action 690 – Mr Evans to provide a report to the Trust Board on the structure and format for strategic development and where different responsibilities would lie –** Mr Evans confirmed this action was in progress and an update would be provided at the Trust Board meeting to be held 2 August 23. **Resolved: that the updates to the action log were received and noted.**
531/23	**Patient Voice**
	Ms Virk and Ms Patel introduced the Patient Voice story of Sheila Haynes who had received care on Ward 15 at Walsall Healthcare NHS Trust. Ms Patel reported that Ms Haynes had had a positive experience during her hospital stay and highlighted the impact of staff taking additional time and effort to help and support Ms Haynes had made her feel comfortable and safe. She said that Ms Haynes story was very positive and thanked all the different staff members that had cared for Ms Haynes. Ms Toner reported that the story showcased the benefits patients receive from being treated as individuals and the different requirements of each patient being taken into consideration. Ms Allinson asked how the Patient Voice story would be shared internally within the Trust. Ms Virk advised that the story would be featured at the Divisional Quality Board meeting and the story had been shared with Ward Managers across the Medicine Division. Ms Barber asked for assurance that staff were providing personal individual care to patients across the Trust. Ms Carroll advised that the Trust had a Fundamentals of Care Programme which highlighted the importance of compassion in practice and this was shared with staff when starting within the Organisation and reinforced throughout staff development. Mr Hemans suggested that the Patient Voice story learning be shared with the Trust's Civility Programme. **Resolved: that the Patient Voice Report be received and noted.**
532/23	**Staff Story- Capacity and Patient Flow**
	Mr Duffell introduced Ms Dawson, Ms Dixon, Ms Mckenzie and Ms Perry from the Capacity and Patient Flow team at Walsall Healthcare NHS Trust (WHT) who then provided the Board with a brief background on their roles at the Trust. Mr Duffell asked what key challenges were faced by the team on a daily basis and how they felt working for WHT. Ms Dixon advised that the key challenge within the department was ensuring the flow of patients throughout the Hospital. Ms Dixon reported that the Discharge Team had appointed substantive staff and had a designated department within the Trust. Ms Dixon said that she and the team thoroughly enjoyed their job roles at WHT and following the recruitment of substantive staff this had helped the department continue to provide a fantastic service to patients.

	Ms Martin asked how Ms Perry felt her studies at the University of Wolverhampton had helped her with her trainee role. Ms Perry advised that she was supported by the senior nursing team with their knowledge shared to help further support her studies. Ms Brathwaite asked if there were any improvements that could be made which the team felt could help the department to run more efficiently and smoothly. Ms Dawson reported that the department did not have a dedicated pharmacist which would help improve the service provided to patients. Ms Dawson advised that the Department had faced delays with the Patient Transport Service collecting patients in a timely manner. Prof Loughton advised that he was aware of the Trust's issues with the Patient Transport Service and work was happening to help resolve the long waiting times for patients. Ms Rowe advised that she had started her career as a hospital social worker based at WHT and said that she would welcome a visit to the department to offer her insight and experience. **ACTION: Ms Rowe to visit the Capacity and Patient Flow team at Walsall Healthcare NHS Trust.** **Resolved: that the Staff Story – Capacity and Patient Flow be received and noted.**
533/23	**Chair's Report – Verbal**
	Sir David advised that he had nothing further to report that was not already included on the agenda. **Resolved: that the Chair's Report – Verbal be received and noted.**
534/23	**Chief Executive's Report**
	Prof Loughton advised on the appointment of a further 2 Consultants in emergency medicine which increased the number of Consultants in the Trust's Accident and Emergency to 16. Prof Loughton reported that the Clinical Senate had reviewed the move of emergency urology from Walsall Healthcare NHS Trust (WHT) to The Royal Wolverhampton NHS Trust (RWT) and the move of urology day cases from RWT to WHT. He said there had been some minor recommendations noted and work would continue against those. Prof Loughton advised of his continued work with Compton Hospice and advised that Compton Hospice's infrastructure and access to charitable funds would benefit the patients of Walsall. Prof Loughton reported that he had met with Mr Rafferty the interim Vice Chancellor at the University of Wolverhampton and said Mr Rafferty continued to value the partnership between the University of Wolverhampton and WHT. Prof Loughton advised that he had participated in a review of the Walsall Proud Partnership and he continued to personally receive great value from the partnership meetings. He said he would continue to work with the Police Commander, Walsall Housing Group and local schools to deal with the significant knife crime issues within Walsall. Prof Loughton reported that he had attended a research roadshow with Aston University and through the partnership the Trust had received a significant number of medical students. He advised that Wolverhampton had been successful in their bid to continue to host the National Institute for Clinical Research until 2030. Prof Loughton advised that the research activity from WHT and RWT had been merged under 1 management team and he was in talks with colleagues in Sandwell and Dudley to merge research and development functions across the Black Country. Prof Loughton reported that Mr Taylor, Chief Executive of the NHS Confederation had visited the Trust and had been impressed by Walsall Together and Mr Vernon's leadership of the partnership as Chair.

	Mr Evans provided an update on the continued work within the Black Country Provider Collaboration and the clinical programme and ensuring focus on reducing inequalities and improving access. He said work was ongoing to identify additional risks across the Black Country relating to sustainable services. Mr Evans advised that the Trust continued to look at how to support staff to work in an integrated way across all 4 Trusts. He said the Trust would look to establish a Joint Provider Committee that would sit across all 4 Trusts which would ensure the Trust met the needs of the population of the Black Country. Mr Evans reported that a terms of reference and collaboration agreement was in draft and following legal advice would then be presented to the Trust Board for comment. Mr Evans reported that the final element of the Black Country Provider Collaborative was to take responsibility of the programmes of work that were the key elements of the Integrated Care Board (ICB). He said the Provider Collaborative would have responsibility during 2023/24 but would not be able to take formal delegated responsibility for any areas within the ICB following guidance released by NHS England. **Resolved: that the Chief Executive's Report be received and noted.**
535/23	**Strategic Delivery Plan – Year 1 (2023/24) of Joint Strategy**
	Mr Evans reported on the Strategic Delivery Plan – Year 1 (2023/24) and highlighted the plan detailed how the Trust would deliver against objectives set within year 1. He advised that the Trust Board had previously signed off the Joint Strategic Plan for the next 5 years and introduced the strategic aims (4Cs) within the Trust. Mr Evans advised that the report detailed the plans to ensure the Trust had good oversight monitoring and that the Board could receive assurance from its relevant Sub-committees of the Board. Mr Evans advised that the Plan was aligned to the National planning requirements for 2023/24 and said that some of the targets within the report were different to the constitutional standards to ensure the Trust received recognition for its' journey post Covid-19. Mr Evans reported that work was progressing on a range of objectives within the Trust and Walsall Together as part of the Place-based Partnership. Ms Martin asked for assurance that the Trust had trajectories in place to measure the current performance against the final target for the year. Mr Evans advised that the Sub-committees of the Board would need to hold the Trust to account for the delivery of the objectives and there were trajectories in place. **Resolved: that the Strategic Delivery Plan – Year 1 be received and APPROVED.**
536/23	**Walsall Together – Chair's Report**
	Prof Vernon advised that he would be chairing a session at the NHS Confederation Conference on NHS Integrated Care Systems. He said that following a successful conversation with Mr Taylor, Chief Executive of the NHS Confederation, he would also be taking part in a podcast with several other NHS leaders. Prof Vernon reported that he would be meeting with Mr Assinder, Deputy Chair of Walsall Healthcare NHS Trust (WHT) to explore how to further consolidate the relationship between Walsall Together and WHT. He said Walsall Together had approved their interim terms of reference subject to delegation. Prof Vernon advised that an upcoming away day would allow the Walsall Together partnership opportunity to reflect on the challenges within the partnership and plan for key challenges the partnership would face in the future. Prof Vernon reported that Walsall Together were focussing patient stories on children and young people as previously this had been lacking. He said a summit focussed on young people in the future had also been planned.

	Prof Vernon advised that Birmingham City Council had passed a resolution that young carers should be protected under the Council. He asked for WHT to consider recognised young carers as a protected characteristic and said he would have further discussions with the Integrated Care Board (ICB) surrounding this. **Action: Alan Duffell to liaise with Matthew Dodd, Walsall Together to consider recognising young carers as a protected characteristic at Walsall.** Ms Martin asked for assurance that senior executive members on the Board were providing support to Walsall Together during the discussions with the ICB. Prof Vernon reported that the Trust needed to continue to ensure effective seamless discharges from hospital into the community. Mr Dodd advised that Walsall Together would continue mitigating any impact of a reduction of out of hospital funds. **Resolved: that the Walsall Together – Chair's Report be received and noted.**
537/23	**Finance and Performance Committee - Chair's Report for April 2023**
	Ms Martin advised that it was very early into the new financial year 2023/24 and the Trust was being challenged to meet the new budget. She said the key area of challenge for the Trust remained the requirement to decrease the use of agency staff within the Trust. She reported that the Cost Improvement Programme required the Trust to find £17.2M of savings in 2023 and that schemes were being identified. Sir David asked if Ms Martin was assured of the deliverability of the plan, from the Committee's perspective. Ms Martin advised that the Committee was not assured of the plans deliverability as work was still ongoing with individual divisions. She said however, that the Committee were assured that the Trust continued to track the different measures and receive updates on recovery. Ms Martin advised that the Trust's biggest challenge had been the industrial disputes which had delayed patient treatment. **Resolved that the Performance and Finance Committee Chair's Report be received and noted.**
538/23	**Quality, Patient Experience and Safety Committee – Chair's Reports for April and May**
	Dr Parkes reported that 70% of inpatients received antibiotics within 1 hour for sepsis. Dr Parkes advised that the funding for Complex Discharge, Virtual Wards and Enhanced Care Home Support would be significantly below the current funding the Trust received from the Integrated Care Board (ICB) which would result in cuts in those services which was a concern for the Trust. He said medically stable discharge patients had continued to progress well with pathways reduced to the lowest numbers since 2021 with an average of 38 patients medically stable for discharge. Sir David asked Executive Directors for assurance surrounding funding for out of hospital funding. Mr Evans confirmed that conversations with the ICB were ongoing and an agreement had not yet been confirmed. Dr Parkes reported that cardiac physiology investigations had significantly reduced from 412 to 53 and non-obstetrical ultrasound had recovered completely post Covid-19. Ms Rowe asked how close the Trust was to being compliant in Safeguarding Level 3 Adults and Children training. Ms Carroll advised that all divisions had trajectories in place and progress continued to be monitored through the Safeguarding Group Monthly. She said the Trust was set to be fully compliant by August 23. **Resolved: that the Quality, Patient Experience and Safety Committee Chair's Report be received and noted.**
539/23	**People and Organisation Development Committee - Chair's Report for May 2023**

	Mr Hemans advised that recruitment within the Trust continued to excel and work was ongoing on the retention of staff to understand the reasons for people leaving and how the Trust could better support people to keep them within the workforce. Mr Hemans reported that the Trust had received a report from the Guardian of Safe Working which had highlighted several reports that managers had failed to sign off on. He said that Dr Shehmar was working with Consultants to ensure reports were signed off on a timely basis. Dr Shehmar advised that the Guardian of Safe Working Report had been presented at the Medical Education Group and several education events had been scheduled to inform staff who were expected to complete the reports. Mr Hemans reported that the Trust had a joint People Plan with The Royal Wolverhampton NHS Trust and the Trust was in the process of producing a respective local action plan centred around retention, recruitment and civility which would be finalised soon and then be presented at a future Trust Board meeting. Ms Muflahi asked if the Civility and Respect Programme would be internally or externally sourced. Ms Griffiths advised that the Programme would be internally sourced and that a policy framework had been completed. Ms Muflahi asked for assurance in relation to the responses that had been received from internationally recruited nurses and midwives. Ms Griffiths reported that the Trust had completed a detailed engagement exercise with internationally recruited staff and many actions had been raised following the survey. She said that the Trust continued to have regular meetings with the international cohort to make sure the Trust Board was cited on any actions flagged. Mr Hemans advised that the Board Assurance Framework had been updated to include the updated concerns that were required including monitoring for Equality, Diversity and Inclusion and Culture. **Resolved: that the People and Organisational Development Chair's Report for May 2023 be received and noted.**
540/23	**Audit Committee – Chair's Report – May 2023**
	Ms Martin thanked the new joint Cyber Security Team across Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust and said that the joint team had enhanced the support available within the Trust. Ms Martin reported that the Trust had received an advisory report from the Trust's internal auditors RSM surrounding operating theatres efficiency and the opportunity to enhance the Trust's efficiency and productivity. Mr Hobbs advised that the Trust had an action plan in place in response to the review with individual leads assigned to the actions and said that a large proportion of the actions were already complete. He said oversight would be split between the relevant subcommittees to monitor progress. **Resolved: that the Audit Committee – Chair's Report – May 2023 be received and noted.**
541/23	**Report of the Chief Financial Officer – Months 12 (2022/23) and 1 (2023/24)**
	Mr Stringer reported on the month 12 finance report (2022/23) and advised that the Trust had delivered against all key statutory targets and delivered a £49K surplus on a £393M turnover. He thanked the executive team and budget managers for their support and advised that the report was now being reviewed by the external auditors. Mr Stringer reported on the month 1 finance report (2023/24) and the significant challenges the Trust faced. He advised on the deficit plan for the financial year 2023/24 of £14.05M and said this was part of a deficit plan across the wider system and all 4 acute Trusts were working through different levels of planning. Mr Stringer advised that the Trust's position at month 1 was £1.1M off plan against a plan of £2.8M deficit. He said that alongside a difficult plan, some of the elements in the plan were

	outside of the Trust's control. Mr Stringer reported that the impact of strike costs and the Trust's inability to deliver elective recovery had totalled £800K. Mr Stringer reported that the Cost Improvement Programme at £17.2M was challenging and said that there whilst there were detailed schemes in place, a large percentage remained unidentified which required more work to be undertaken by executives and divisions. He said an additional Non-Executive Director Committee had been set up across Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust to further scrutinise and ensure performance in areas which included the Cost Improvement Programme. **Resolved: that the Report of the Chief Financial Officer – Months 12 (2022/23) and 1 (2023/24) be received and noted.**
542/23	**Director of Nursing Report**
	Ms Carroll reported that the Trust had ceased agency use in all but exceptional circumstances. She said that the Emergency department would cease agency use by July 23 and Paediatrics was on track to cease agency use by August 23 with any new requests for agency staff requiring sign off by herself. Ms Carroll advised that the Trust had reported 4 falls in April 23 which had resulted in serious harm to the patients of which 3 of the falls had been reported as Serious Incidents currently under investigation and a report would be presented to the Board once the investigations had concluded. She said that falls overall had diminished in number across the Trust. Ms Carroll reported on the concern surrounding *C-Difficile* cases and said the Trust had received a threshold of a maximum of 26 cases for the year which had decreased from the 27 cases in 2022. She said the Trust had reported a total of 50 cases in 2022. Ms Carroll advised that the Trust had so far reported a total of 4 cases for 2023. Ms Brathwaite asked for assurance of when the Trust could predict *C-Difficile* cases would begin to fall. Ms Carroll reported that this was a whole system concern and the Trust needed to ensure timely sampling which would help determine if the cases were community health associated or hospital health associated. Ms Carroll advised that the Trust had members from the UK Health Security Agency (UKHSA), NHS England and the Integrated Care Board on its' Infection Prevention Control Committee who provided assurance on all actions the Trust was taking and that a comprehensive plan was in place. Ms Carroll reported that the deep clean of the Modular Block had commenced and Ward 4 had been deep cleaned and another ward was in the process of being relocated so that a deep clean could commence. She said that lessons learned and practice would be shared across the West Midlands. Ms Allinson asked if there were plans for the Trust to invite back the children and young people as part of the Little Voices initiative that had taken place in April 23. Ms Carroll advised that this had been the first Little Voices event and it would continue to be widened out across the Trust. Ms Carroll reported that the Trust had been commissioned to write an article in the Journal of Paediatrics and Child Health surrounding the Little Voices initiative. **Resolved: that the Director of Nursing Report be received and noted.**
543/23	**Bi – Annual Skill Mix Review**
	Ms Carroll advised that the Bi-Annual Skill Mix Review takes place in January and June of each year. She said the Trust had used the Safer Nursing Care Tool and Professional Judgement which are recognised as National best practice. Ms Carroll reported that following the review there had been no recommended changes required to the Trust's skill mix. Ms Carroll reported that the Trust would be looking at developing a timetable to ensure all walk-in departments and clinical areas outside of the Wards were included. She said the next data collection would begin in June 23.

	Ms Martin asked why the outcome of the Bi-Annual Skill Mix Review in January 23 had taken so long to be presented to the Board. Ms Carroll advised that the analysed data had not been ready for the Trust Board meeting in April 23 and therefore had been presented at the June 23 Trust Board meeting. Prof Cannaby advised that the Trust had received assurance from NHS England surrounding the Trust's processes. **Resolved: that the Bi-Annual Skill Mix Review be received and APPROVED.**
544/23	**Midwifery Service Report**
	Ms Wright reported on midwifery staffing which was now improving but had been recorded on the Trust's Risk Register as a score of 16. She said there had been no patient harm or staff consequence relating to midwifery staffing being recorded as a risk on the Risk Register. Ms Wright advised that the Trust had been recognised by the junior medical force as a place to train and work and this had helped with successful recruitment into the Trust. She said there had been a significant vacancy gap within the non-clinical workforce and the Trust was completing a management of change process moving band 2 staff to band 3 as part as a national ambition to ensure staff were working towards a standard to support midwifery staffing. Ms Wright advised that the three-year delivery plan had launched in March 23 and would be the overarching maternity report and would supersede several Ockenden reporting requirements. She said the report was cited on the format of the Trust's single delivery plan and would be presented monthly to provide the Board assurance that the recommendations within the three-year delivery plan were being met alongside collaboration with The Royal Wolverhampton NHS Trust. Ms Wright reported that 1:1 care in labour continued to be maintained and the Trust's stillbirth rate continued to have a monthly downward trajectory which had been helped by Consultant Ward Rounds, 24 hour Consultant Cover, a full implementation of the Saving Babies Lives and the Trust's 10 safety actions as part of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme. Prof Cannaby welcomed Ms Wright to the Board as the Director of Midwifery, Gynaecology and Sexual Health. Prof Cannaby asked for an update on the progress of the Midwifery Led Unit (MLU). Ms Wright reported that the MLU would be moved onsite, and a handover was expected by the end of June 23 with a refurbishment involving the Maternity Voices Partnership to ensure the facilities were what patients required. **Resolved: that the Midwifery Services report be received and noted.**
545/23	**Group Chief People Officer – Workforce Report**
	Mr Duffell advised that the Trust would be undertaking an in depth review of the Trust's turnover and retention rates and the findings would be presented at future People Organisational Development Committee (PODC) meetings. Mr Duffell reported that the Trust had reported a technical vacancy of a minus figure as it measured vacancy position against budgeted establishment and headcount. He said this had resulted in some of the change over from the previous financial year 2022/23 to the new financial year 2023/24 and data cleansing work would continue to address the problem. Mr Duffell reported that the Trust had recorded a vacancy rate of Nursing and Midwifery below 1% which was exceptional for the Trust. Mr Duffell reported on the upcoming junior doctor industrial action which had been scheduled to take place 14 June 23. He said the Royal College of Nursing (RCN) were out to ballot with their members to identify if they proposed to take strike action. Mr Duffell advised that the RCN were taking an aggregated approach rather than by individual Trusts which meant if the threshold nationally was reached, irrespective of the results for individual Trusts, all Trusts would be mandated to take industrial action for all RCN members across the NHS in England.

	Sir David asked if the Chief Medical Officer, Chief Operating Officer and Director of Nursing had plans in place to mitigate the upcoming industrial action. Prof Loughton advised he had received assurance that the Trust had plans in place to manage the upcoming industrial action strikes. **Resolved: that the Group Chief People Officer – Workforce Report be received and noted.**
546/23	**Chief Medical Officer Report – Verbal**
	Dr Shehmar provided detailed summaries of the 7 Day Audit, Pharmacy and Medicines Optimisation and Mortality Report which were included within the Chief Medical Officer Report. **Resolved: that the Chief Medical Officer Report - Verbal be received and noted.**
547/23	**7 Day Audit**
	Dr Shehmar advised that the 7 Day Audit report was a biannual report. She said that an audit had taken place in January 23 which reviewed the Trusts compliance against the 7-day standards. Dr Shehmar reported that the 2 standards that the Trust was previously not compliant against were Standard 2 Consultant Review within 14 hours and Standard 8 Ongoing Consultant review. Dr Shehmar reported that the Trust had shown improvement and met both standards. She said that the Division of Surgery had not met the compliance target but improvement had been noted and work was ongoing to ensure the standards were met at the next audit report. Dr Shehmar advised that the Trust had asked for 142 patients notes to be audited, however only 58 had been received. She said work would continue to ensure more patient notes were available for review. Prof Toner asked if the number of patient notes requested had been less due to patient notes not being available or not being able to be located within the Trust. Dr Shehmar reported that many of the notes requested were not available or had admission episodes that had not been filed within notes. Dr Shehmar reported that the Trust had job planning cycles in place and was on track for a consistency panel to take place annually in the Autumn with 51% of job plans signed off. Ms Martin queried the implementation timeline for Electronic Patient Records. Dr Shehmar advised that the Trust's focus was on ensuring the scanning bureau was functional to ensure paper notes that were in current circulation could be scanned and made available electronically. She said that a programme of work on Electronic Patient Records was currently going through funding reviews and work would be ongoing. **ACTION: Dr Shehmar and Mr Stringer to provide an update to the Trust Board on the implementation timeline of Electronic Patient Records.** Prof Loughton reported that the medical records department was not fit for purpose and was a health and safety issue. He said the Trust was in the process of rapidly relocating the medical records department. Mr Stringer confirmed that a modular block and been purchased and staff working within medical records would be relocated by December 23. Mr Stringer advised that the installation of the scanning bureau and the scanning of notes would begin. He said the Head of Health Records at The Royal Wolverhampton NHS Trust was supporting Walsall Healthcare NHS Trust medical records department to ensure the discipline of collating notes. Dr Shehmar confirmed that she and Mr Stringer were leading the electronic patient record work and updates were being provided monthly to the Medical Advisory Committee. Ms Muflahi asked if electronic patient records would be accessible to patients as well as staff. Dr Shehmar confirmed that the records would be available to staff and not available to patients.

	Resolved: that the 7 Day Audit Report be received and noted
548/23	**Pharmacy and Medicines Optimisation Report**
	Dr Shehmar advised that the Trust continued to make progress against the Section 29A warning notice received following an inspection of Pharmacy by the Care Quality Commission in October 22. She said weekly audits of prescribing and controlled drugs continued and the Trust had a transparent dashboard within Medicines Management which allowed focus on the key areas of concern and highlighted where improvements had been made. Dr Shehmar reported that several electronic drug storage units had been installed throughout the Trust and were being utilised by staff. She said the Trust continued to work to implement an electronic prescribing module across the Trust. Dr Shehmar advised the Trust had received an external Executive Letter Audit Review on 16 March 23 of the aseptic unit. She said the Trust had received several recommendations verbally but had not received formal feedback. She reported that the Trust had begun work on the recommendations received and agreed for Walsall staff to receive Chemo care training provided by the Royal Wolverhampton NHS Trust. Dr Shehmar reported that following a Home Office Inspection in May 23 the Trust had not yet received a formal response but no concerns had been raised verbally. Sir David asked why the ward audit of medicines management continued to show gaps in compliance. Dr Shehmar advised that the current drug chart did not have space available for individual prescribers signatures and stamps and the new Drug Chart that had been approved would rectify this issue and be implemented across the Trust in July 23. **Resolved: that the Pharmacy and Medicines Optimisation Report be received and noted.**
549/23	**Mortality Report**
	Dr Shehmar reported on the NHS Digital published Summary Hospital-level Mortality Indicator (SHMI) value for the 12-month rolling period November 22 to October 23 was 1.003 which was within the expected range for the Trust excluding palliative care. Dr Shehmar advised that the Trust had completed structured judgment reviews under the Learning from Deaths Programme and provided an avoidable death rate of 1.2%. She said the cases would be presented for wider review through the governance structure. Dr Shehmar reported that the Community Medical Examiner Programme would be made mandatory from April 24 and that through the Integrated Care System Mortality Review Group the Trust continued to roll out the programme ahead of the mandated time. Dr Shehmar advised on the continuing improvement programme surrounding colorectal cancer following work that been received through the Integrated Care System Acute Collaboration. Dr Shehmar reported that the Trust had a robust 104-day harms and breaches programme to ensure actions were followed up through cancer improvements and said that the Trust had agreed a different pathway of care for thoracic surgery from Heartlands Hospital who had reported capacity issues to The Royal Wolverhampton NHS Trust. Dr Shehmar advised the Trust had been awarded a national prize for improvements in fractured neck of femur sepsis and end of life pathways. She said the Trust had begun to disseminate the Gold Standard Framework across the Trust. Ms Martin asked why the Trust had not received the learning from the 4 reported Learning Disabilities Mortality Reviews (LeDeR) that had taken place in January 23, February 23 and March 23. Dr Shehmar advised that the reviews had not been commissioned by the Trust but requested by the LeDeR Programme. She explained that the Trust had escalated and followed up for the learning outcomes and once received these would be shared with the Trust's Mortality Review group and the Integrated Care System Mortality Review Group.

	Ms Allinson asked if the Trust's recorded amount of LeDeR deaths was in line with the normal ratio recorded or if the backlog had affected the Trust's reporting. Dr Shehmar advised that the backlog had affected the Trust's reporting as additional reviews had been added to the previously reported reviews. Dr Shehmar reported that the Trust was not an outlier of LeDeR deaths. Ms Muflahi asked if Dr Shehmar could expand on the Gold Standard Framework and the requirements for the Trust. Dr Shehmar advised that the Gold Standard Framework was a National framework introduced to recognise and support conversations surrounding end of life care and had been implemented across several of the Trust's care of the elderly wards. **Resolved: that the Mortality Report be received and noted.**
550/23	**Any Other Business**
	Sir David confirmed that no other business had been raised.
551/23	**IQPR – Executive Summary**
	Resolved: that the IQPR – Executive Summary be received and noted.
552/23	**Questions from Members the Public**
	Sir David confirmed that no questions had been received from the Public.
553/23	**Date and Time of Next Meeting – Wednesday 2 August 2023**
	Sir David confirmed the Date and time of Next Meeting – Wednesday 2 August – 10:00AM-12:00PM. **The meeting concluded at 12:13PM.**
554/23	**Resolution**
	To consider passing a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business about to be transacted, publicity on which would be prejudicial to the public interest.

Walsall Healthcare
NHS Trust
24 July 2023 16:52

List of action items

Agenda item		Assigned to	Deadline	Status
Trust Board Meeting to be held in Public 07/06/2023 12.2 7 Day Audit				
839.	Minute Ref - 547/23 - 7 Day Audit	Shehmar, Manjeet Stringer , Kevin	02/08/2023	Pending
	Explanation action item Ms Martin queried the implementation timeline for Electronic Patient Records. Dr Shehmar advised that the Trust's focus was on ensuring the scanning bureau was functional to ensure paper notes that were in current circulation could be scanned and made available electronically. She said that a programme of work on Electronic Patient Records was currently going through funding reviews and work would be ongoing. ACTION: Dr Shehmar and Mr Stringer to provide an update to the Trust Board on the implementation timeline of Electronic Patient Records.			
Trust Board Meeting to be held in Public 05/04/2023 8 Joint Steering Group - Chair's Report				
690.	Joint Steering Group - Minute Ref 494/23	Evans, Simon	02/08/2023	Completed
	Explanation action item Update: Mr Evans has provided a report on the agenda for the Board Meeting to be held on 2 August 2023. Ms Martin asked if an update could be provided to the Board to discuss how the Joint Steering Group would work alongside the Acute Care Collaboration Programme. Mr Evans reported that a piece of work was underway across all 4 Trusts under the new leadership of Sir Nicholson to map the current structures to the Board agendas and relevant subcommittees. He said the Joint Steering Group was unique to Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust and work would continue to understand how the Joint Steering Group aligned with work happening elsewhere within other Trusts. Mr Evans advised that this work would be completed by the end of June 23. ACTION: Mr Evans to provide a report to the Public Trust Board meeting to be held 2 August 23 on what the structure and format would be and where different responsibilities would lie for strategic development.			

Agenda item		Assigned to	Deadline	Status
Trust Board Meeting to be held in Public 07/06/2023 9 Walsall Together - Chair's Report				
838.	Minute Ref 536/23 - Walsall Together – Chair's Report	Dodd, Matthew Duffell, Alan	02/08/2023	Completed
	Explanation action item Prof Vernon advised that Birmingham City Council had passed a resolution that young carers should be protected under the Council. He asked for WHT to consider recognised young carers as a protected characteristic and said he would have further discussions with the Integrated Care Board (ICB) surrounding this. Action: Alan Duffell to liaise with Matthew Dodd, Walsall Together to consider recognising young carers as a protected characteristic at Walsall.			
	Explanation Duffell, Alan This has been discussed with Matthew Dodd who is now exploring options to take this forward at an ICS level			
Trust Board Meeting to be held in Public 07/06/2023 6 Staff Story - Capacity and Patient Flow				
837.	Minute Ref 532/23 - Staff Story- Capacity and Patient Flow	Rowe, Sally	02/08/2023	Completed
	Explanation action item Ms Rowe and Ms Brathwaite visited the Discharge Lounge on 17 July 2023. Ms Rowe advised that she had started her career as a hospital social worker based at WHT and said that she would welcome a visit to the department to offer her insight and experience. ACTION: Ms Rowe to visit the Capacity and Patient Flow team at Walsall Healthcare NHS Trust.			

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting – to be held in Public on 2 August 2023		
Title of Report:	Chief Executive's Report	Enc No: 4
Author:	Gayle Nightingale, Executive Assistant to the Group Chief Executive	
Presenter/Exec Lead:	Kevin Stringer, Group Chief Financial Officer/ Group Deputy Chief Executive	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☒
Recommendations: The Board is asked to note the contents of the report.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☒ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	Risk Description: None Is Risk on Risk Register: Yes☐No☒ Risk Score (if applicable):		
Resource Implications:	Revenue: None Capital: None Workforce: None Funding Source: None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Well-led
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☒No☐	Accountability through local influence and scrutiny
	Other	Yes☐No☒	Details:
CQC Domains	**Responsive: Well-led:**		
Equality and Diversity Impact	None identified as a result of this report.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Walsall Healthcare NHS Trust

Summary of Key Issues using Assure, Advise and Alert
Assure Assurance relating to the appropriate activity of the Chief Executive Officer.
Advise None in this report.
Alert None this report.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Walsall Healthcare NHS Trust

Chief Executive's Report

Report to Trust Board Meeting to be held in Public on 2 August 2023

EXECUTIVE SUMMARY

This report indicates my involvement in local, regional and national meetings of significance and interest to the Board.

RECOMMENDATIONS

To note the report.

1.0	**Review**
	This report indicates my involvement in local, regional and national meetings of significance and interest to the Board.
2.0	**Consultants**
	There has been one Consultant appointment since the June 2023 Board report: **Radiology** Dr Mohamed Wahaballa
3.0	**Policies and Strategies**
	Policies for June 2023 • Policies, Procedures and Guidelines – Quarter 3 Report • CP977 V2 - Sensitive Disposal of all Pregnancy Remains less than 24 weeks Policy • IP990 V2 - Vancomycin Resistant Enterococci (VRE) and Glycopeptide Resistant Enterococci (GRE) Policy • IP991 V5 – Patient Infestations (Ectoparasites) Policy • OP982 V3 - Administration of Intravenous Therapies Policy • OP984 V1 - Neurological Observations for Inpatients Incurring an Actual or Suspected Head Injury Policy **Policies for July 2023** • Policies, Procedures and Guidelines - Quarter 4 Report • CP62 V5 - Consent for Post-Mortem Examination and Retention and Use of Organs Policy • IG002 V3 - Information Security Incident Management Policy • IG988 V6 - Information Governance and Management Framework Policy • IP989 V5 - Management of Scabies Policy • OP986 V8 - Blood Transfusion Policy • OP987 V5 - Foot Care in Diabetes Policy • Cell Pathology ICE E-requesting Trust-wide Standard Operating Procedure (SOP) • Manor Learning and Conference Centre (MLCC) Room Booking Trust-wide SOP
4.0	**Visits and Events**
	• Since the last Board meeting, I have undertaken a range of duties, meetings and contacts locally and nationally including: • Since Friday 27 March 2020 I have participated in weekly virtual calls with Chief Executives, led by Dale Bywater, Regional Director – Midlands – NHS Improvement/ England • 24 May 2023 – chaired the virtual West Midlands Cancer Alliance Board, chaired the virtual Joint Staff Briefing • 25 May 2023 – chaired the virtual Trust Management Committee (TMC) • 30 May 2023 - virtually met with Mark Axcell, Chief Executive – Integrated Care System (ICS) • 1 June 2023 - met with Pat Usher and Jane Wilson, Joint Staff-side Leads • 5 June 2023 - participated in the virtual Black Country Collaborative Executive Group meeting and virtually met with Richard Upton as part of the Walsall Proud Partnership review

	• 6 June 2023 – participated in the Black Country Provider Chief Executives and ICS Chief Executive virtual meeting • 9 June 2023 – undertook the formal opening of the New Urgent and Emergency Care Centre • 13 June 2023 – attended the 'Getting it Right First Time (GIRFT) virtual webinar on meeting the demand for Rheumatology Outpatient services • 15 June 2023 – participated in a Wolverhampton Local Authority hosted visit with Professor Chris Witty, Chief Medical Director – NHS England and Chief Medical Adviser to the UK Government • 16 June 2023 – virtually met with Kerrie Allward, Director of Adult Social Services, Walsall Council, virtual met with Wendy Morton MP and Eddie Hughes MP and met with Mike Fry - Chairman, The Walsall Hospital Company PLC and presented at the Trust's Volunteer Awards • 19 June 2023 – participated in the virtual Local Medical School Liaison Committee with Healthcare Education England (HEE) and Birmingham Medical School and undertook Institute of Safety and Occupational Health (ISOH) Executives and Directors virtual training • 20 June 2023 – undertook a virtual Non Executive Directors (NEDs) briefing, participated in the Black Country Provider Chief Executives and ICS Chief Executive virtual meeting and attended a Care Quality Commission (CQC) Section 29a virtual feedback session following which held several virtual action sessions leading to a rescinding of the Section 29a • 21 June 2023 – participated in a virtual Regional Cancer Board and participated in Walsall Council's Chief Executive Stakeholder interviews • 23 June 2023 - virtually met with Mark Axcell, Chief Executive – Integrated Care System (ICS) and participated in a Black Country ICS and NHS England Financial Plan Delivery meeting • 26 June 2023 – participating in a virtual Black Country ICS Organisation Development (OD) discussion and attended the joint Sustainability staff webinar • 28 June 2023 – chaired the virtual Staff Briefing • 29 June 2023 – chaired the virtual Trust Management Committee (TMC) and attended along with Dr Jonathan Odum - Group Medical Director, a GP Collaboration Inaugural event with North Staffordshire Local Medical Committee (LMC) • 30 June 2023 - participated in a virtual Institute of Health and Social Care Management (IHSCM) Executive Advisory Committee meeting and attended a thank you event for the International Midwifery programme • 3 July 2023 - attended Amanda Pritchard's – Chief Executive, virtual briefing on the newly launched NHS Workforce Plan • 4 July 2023 – undertook a radio interview with BBC West Midlands on the newly launched NHS Workforce Plan • 5 July 2023 – participated in the Joint Trust Board Development session and presented awards to staff at the Joint Clinical Quality Improvement (CQI) ceremony and joined in various NHS75 Birthday Celebration events • 6 July 2023 – met with Dr Helena Lee, ST5 Geriatric Chief Registrar and met with Pat Usher and Jane Wilson, Joint Staff-side Leads • 11 July 2023 – chaired the virtual West Midlands Cancer Board and chaired the virtual West Midlands Acute Provider meeting • 12 July 2023 – along with the Mayor of Walsall launched the Walsall Connected community initiative and participated in the virtual Local Negotiating Committee (LNC) • 13 July 2023 – met with Suleman Jeewa and Samiya Begum, Freedom to Speak Up Guardians • 14 July 2023 – hosted a visit by Wendy Morton MP to the newly opened Urgent and Emergency Care Centre and virtually met with Professor John Raftery - Vice Chancellor, University of Wolverhampton • 17 July 2023 – virtually met with Aileen Farrer - Manager and Ros Nicklin – Chair, Healthwatch Walsall and participated in a Health and Well Being Board (HWBB) Development session • 18 July 2023 - undertook a virtual Non Executive Directors (NEDs) briefing, participated in a virtual Walsall Proud Partnership meeting and participated in the Black Country Provider Chief Executives and ICS Chief Executive virtual meeting,

	• 20 July 2023 – participated in a Black Country virtual finance meeting with Julian Kelly, Chief Financial Officer, NHS England, attended a virtual NHS Providers - Roundtable on Trust Board Engagement with Health Services Research and participated in a Black Country Quarterly System Review meeting (QSRM) • 21 July 2023 - virtually met with Kerrie Allward, Director of Adult Social Services, Walsall Council and virtual met with Wendy Morton MP and Eddie Hughes MP
5.0	**Board Matters**
	Professor Ann-Marie Cannaby, Group Chief Nurse/ Deputy Chief Executive – Walsall, left the Trust on Friday 14 July 2023 to take up the post of Prof Vice Chancellor – Health and Life Sciences at Coventry University. On behalf of the Trust Board I would like to take this opportunity to thank her for all her support and hard work in improving services for staff and patients and appointed Paul Assinder, Non Executive Director (NED) as Deputy Chair.

Any Cross-References to Reading Room Information/Enclosures:

- **Trust Management Committee Reports (Reading Room)**
- **Research and Education Report (Reading Room)**

Walsall Healthcare NHS Trust

Trust Board	
Meeting Date:	Wednesday 2nd August 2023
Title of Report:	Elective Performance and Recovery Update
Action Requested:	To assure and inform members of the Board. Members are to note the contents of the report.
For the attention of the Board	
Assure	This paper provides a summary update to the Board on performance against the NHS Constitutional Standards for Elective care and recovery of access to elective care. <u>Cancer Care</u> • In May 2023, for 62-day Cancer performance the Trust was materially better than the West Midlands average (47.3%) and the national average (58.7%) with 68.6% of our patients treated within 62 days of GP referral in May 2023. The Trust have maintained a reduction in the number patients over 62 days on a cancer PTL from April 2023. The Trust have a continued emphasis on the reduction in total number of patients over 62 days on a cancer pathway, and current performance is meeting the trajectory to reduce the number of patients on an active cancer pathway that are over 62-days to 61 or less by March 2024. Timely Cancer treatment is vital to treat the disease early, which is associated with improved survival rates. • The 28 Day Faster Diagnosis Standard was achieved within May 2023 with a compliance of 87.9%, against a trajectory of 67.6%, ranking the Trust 9th out of 120 Trusts in the country. • Over 93% of patients referred with Breast symptoms were seen within 2 weeks – the first month this standard has been met since July 2020. <u>Elective Care</u> • With the exception of one patient who exercised patient choice to wait longer (treated in July), the Trust again delivered the national standard to have no patients waiting in excess of 78 weeks since the end of March 2023. • The Trust has a trajectory to meet the national standard of no patients waiting in excess of 65 weeks by end of March 2024. Performance is in line with trajectory at present with a total of 287 65 week waits in June 2023 against a trajectory of 368. As a Trust we were the only provider in the Black Country to meet our trajectory in June. As of 9th July there are a total of 9,293 patients in the March 2024 65 week wait cohort.

- The specialities with the highest number of patients within the March 2024 65 week cohort are Trauma & Orthopaedics, Oral Surgery and General Surgery. There are several initiatives being undertaken within Trauma & Orthopaedic to reduce risk to delivery of reduction in waiting lists, including increasing the number of elective patients booked onto theatre lists and utilising outpatient procedure rooms to treat patients having procedures under local anaesthetic outside of the theatre environment, therefore increasing theatre availability within the specialty. In order to increase capacity to treat patients within General Surgery and Oral Surgery a business case has been developed to request investment into additional elective theatre session capacity. This business case is expected before Investment Group in August 2023.
- Significant work has been undertaken to review outpatient clinic booking utilisation with a statistically significant improvement from 88% over January to December 2022 to over 90% from March – July 2023. Work to reduce our DNA rate in order to further increase clinic attendance is ongoing.
- The most significant risk to delivery of the 65 wait week backlog reduction is the ongoing industrial action affecting junior doctor and consultant medical staff.

- Increased elective and daycase activity was realised in June 2023 with 111% daycase and inpatient elective admissions completed compared with the pre-COVID level of June 2019. In line with the Trust's commitment to reduce elective waiting times for patients, and to maximise Elective Recovery Fund income, several further schemes to expand planned care capacity are in train, including:
  - Extending elective surgical operating theatre timetable from 74 sessions per week to 80 sessions per week through the above referenced business case.
  - Approved (June 2023) Endoscopy expansion business case.
  - Maximising utilisation of Cardiac pacing suite procedure room, and development of lead lined procedure room (incorporated in 23/24 Capital programme).

- Overall theatre session utilisation during June was 92%. The key factor to reduced utilisation from May (97%) was Junior Doctor strikes. Excluding June industrial action days, theatre session utilisation was 99%.

Advise	Cancer care • Overall compliance against the 2 week wait suspected cancer pathway has been 83.3% during May 2023 against a target of 93%. Under-performance has been driven by patients referred for suspected skin cancer, with patients experiencing longer waiting times than we would wish following an increase in Dermatology referrals, consultant sickness, and constrained ability to deploy additional clinics due to industrial action. Over May, access to suspected Skin Cancer clinics was recovered to below 14 days, however booking rose to 26 days again across June and into the first half of July. Remedial actions include an additional 40 suspected skin cancer clinic slots deployed in the second half of June, conversion of a further 40 routine outpatient slots into suspected cancer slots, and then the recurrent switch of routine Dermatology outpatient slots to suspected skin cancer from the end of July. As of 25th July 2023, suspected skin cancer patients were back being booked at day 13. Timely care for patients with cancer is vital given the clear evidence that clinical outcomes (including survival rates) correlate with the stage of the cancer disease on diagnosis, and thus detecting and treating cancer early directly improves patient outcomes. • The Trust have applied to the NHSE/GIRFT Elective Hub Accreditation process.
Alert	Diagnostic access • There are challenges with Endoscopy capacity at present with patients on a suspected cancer pathway waiting up to 3-4 weeks for diagnostic endoscopy. These challenges have the potential to increase the overall waiting time of patients on cancer pathways and negatively impact both 62 day Referral to Treatment and 28 day Faster Diagnostic Standard cancer performance. In addition, of the 1,815 routine diagnostic requests waiting over 6 weeks within the Trust at the end of June 2023, 1,601 are awaiting Endoscopy. A business case to substantively increase Endoscopy capacity utilising evening and weekend sessions was approved at Performance & Finance committee in June 2023, and is expected to be implemented by the end of October 2023. Elective access • The Trust's 18-week RTT performance for June 2023 has 57.18% of patients waiting under 18 weeks, the national ranking position has improved slightly from 78th to 75th (out of 122 reporting Trusts) for May 2023 performance. In addition, the Trust's proportion of incomplete RTT waiting list that is over 52-weeks is ranked 9th best in the Midlands (out of 20 Midlands Acute Trusts).

	• The Trust had to postpone a further 543 outpatient appointments and 54 elective surgical procedures during junior doctor and consultant Strikes in July 2023, to release doctors to maintain safe inpatient and emergency care. The Trust fully supports the rights of its staff to take industrial action. In the context of planned care waiting times, however, medical staff industrial action represents the single greatest risk to elective access recovery that the Trust currently faces.
Author and Responsible Director Contact Details:	Sian Webley Divisional Director of Operations – Division of Surgery Sian.webley3@nhs.net Ned Hobbs – Chief Operating Officer Ned.Hobbs1@nhs.net 01922 603351
Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Effective Collaboration	b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall
Resource Implications:	Elective Recovery Fund income for additional outpatient first attendances, outpatient procedures, elective daycase and elective inpatient admissions.
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision. Cancer performance metrics are always reported 1 month in arrears. National benchmarking metrics are always reported 1 month in arrears.
CQC Domains	**Responsive: Well-led:**
Equality and Diversity Impact	There is evidence that socioeconomic factors impact the likelihood of requiring secondary care elective services and the stage of disease presentation at the point of referral. Consequently, the Restoration and Recovery of elective services, and the reduction of waiting times for elective services must be seen through the lens of preventing further exacerbation of existing health inequalities too. The published literature evidence base for differential access to secondary care services by protected characteristic groups of the community is less well developed. However, there is clear evidence that young children and older adults are higher users of services, there is

	some evidence that patients who need interpreters (as a proxy for nationality and therefore a likely correlation with race) are higher users of healthcare services. And in defined patient cohorts there is evidence of inequality in use of healthcare services; for example, end of life cancer patients were more likely to attend ED multiple times if they were men, younger, Asian or Black. In summary, further research is needed to make stronger statements, but there is published evidence of inequity in consumption of secondary care services against the protected characteristics of age, gender and race.
Risks: BAF/ TRR	Corporate Risk 25 – Failure to achieve 18 week constitutional standards
Risk: Appetite	
Public or Private:	Board
Other formal bodies involved:	NHSE Black Country ICB
References	Delivery plan for tackling the COVID-19 backlog of elective care - https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/02/C1466-letter-delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care.pdf
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Walsall Healthcare NHS Trust

Trust Board Meeting to be held in Public
on 2 August 2023

Title of Report	Performance & Finance Committee Chair's Report	Enc No: 6
Author:	Paul Assinder	
Presenter:	Chair of Committee	
Dates of Committee Meetings since last Board meeting:	June and July 2023	

Action Required of Committee/Group			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☐No☒	Yes☒No☐	Yes☐No☒	Yes☒No☐
Recommendations: The Board are asked to note the increased risk to the achievement of the 2023/24 Financial Plan			

ALERT

- **Endoscopy**
  A review of clinical prioritisation of patients on waiting lists in endoscopy has taken place, which has focused upon patients who are awaiting surveillance endoscopy. Mr Hobbs assured the committee that additional, weekend endoscopy capacity has been organised to address 581 long waiters. An appropriate entry has been made in the Risk Register and the Committee will monitor mitigation and recovery processes.

- **Elective 18 Weeks Target**
  This continues to be adversely impacted by industrial action (364 OPA and 22 procedures cancelled in June). The Trust performance at 57% (target 85%) remains competitive with peers.

- **Suspected Skin Cancer Referrals**
  Average wait has increased to 25 days at 31st May due to staff sickness and industrial action. Again, the Committee will monitor mitigation and recovery processes.

- **Financial Performance 2023/24 YTD**
  The reported Month 2 deficit position (£6.8m) is itself £1.4m adverse to plan. The Committee is extremely concerned about the robustness of the plan:
  - Only £8.5m of required £17.2m efficiency opportunities have been identified to date.
  - Temporary workforce spending continues in some areas above plan.
  - Elective Recovery Fund (ERF) Income targets are being missed.

- **Working Capital**

The Trust's total working capital fell into a negative balance for the first time in recent memory, in May.

Walsall Healthcare NHS Trust

ADVISE

- **2022/23 Audited Accounts**

The Committee noted significant difficulties (both technical accounting issues and staffing capacity issues) that hindered the production and audit of the Trust's 2022/23 Accounts. However, a 'clean' audit report was eventually issued and the accounts were submitted on time.

ASSURE

- **Sustainability & Carbon Reduction**
  The Committee received a helpful baseline carbon usage report (58k tonnes in 2020/21) and received an outline carbon reduction strategy.

- **Endoscopy Expansion Business Case**
  The Committee approved a business case for the expansion of endoscopy services at the Manor Hospital. It yields a positive financial benefit in 2023/24 and in a full year of operation.

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	Note new risks to endoscopy waiting times and working capital. Is Risk on Risk Register: Yes☒No☐ Risk Score (if applicable):		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led Standards
	NHSE	Yes☒No☐	Details: Well-led Standards
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☒No☐	Details: Well-led Standards, Licence assessment, Code of Governance
	NHS Constitution	Yes☒No☐	Details: Well-led Standards, Licence assessment, Code of Governance
	Other	Yes☐No☒	Details:

Summary of Key Issues:
As noted above

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards

Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes☐No☒	Date:
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date
	Other	Yes☐No☒	Date:
Any Changes to Workplan to be noted	Yes☐No☒		Date:

Walsall Healthcare NHS Trust

EXCEPTION REPORT FROM PERFORMANCE & FINANCE COMMITTEE CHAIR

MATTERS FOR THE BOARD's ATTENTION
ACTIVITY SUMMARY • Endoscopy Expansion Business Case • Sustainability & Carbon Reduction Plan • Plan for the development of an Estates Strategy
Matters presented for information or noting The Board should note the establishment of an Annual Operating Plan Oversight Group, in association with RWT to focus in detail upon the development of a financial recovery plan.
Chair's comments on the effectiveness of the meeting:

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting – to be held in Public on 2 August 2023		
Title of Report:	Group Chief Finance Officer Report	Enc No: 7
Author:	Dan Mortiboys, Interim Director of Finance	
Presenter/Exec Lead:	Kevin Stringer, Group CFO	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☐
Recommendations: The Board is asked to note the contents of the report			

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: Risks 2081 and 2082 deal with the risk of deficit in year and the financial sustainability of the Trust respectively. On Risk Register: Yes☒No☐		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	The Report summarises the overall financial position of the Trust at Month 3		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☒	Details:
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains			
Equality and Diversity Impact	None recorded		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☒No☐	Date: 26 July 2023 PF Committee
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Walsall Healthcare NHS Trust

Summary of Key Issues using Assure, Advise and Alert
Assure
Advise
Alert The Trust is reporting a YTD deficit of £10.223m at the end of Month 3. This is £2.539m adverse to the revised plan and £5.044m adverse to the original plan submitted to NHS England. It is essential the trust looks to minimise the deficit for the current year and develops financial recovery plans in the medium term. There remains a high level of unidentified CIP (£8.25m) and £4.91m of the £8.95m identified CIP remains high risk.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Walsall Healthcare NHS Trust

Trust Board Meeting to be held in Public on 04 August 2023

Title of Report	Audit Committee Chair's Report	Enc No: 8
Author:	Mary Martin	
Presenter:	Chair of Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	04 July 2023	

Action Required of Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☒

Recommendations:

To note this report

ALERT

- The Head of Internal Audit Annual report was "There are weaknesses in the framework of governance, risk management and control such that it could become, inadequate and ineffective." This overall opinion was influenced by three negative internal audit reports being issued in the year. They covered Sepsis, Effective Rostering and Covid Recovery. The committee expressed their disappointment at this rating.
- The Internal Audit advisory report on Operating Theatres found evidence of inefficiency with many opportunities to improve performance. Some staff are motivated and trying to achieve transformational change, however, there needs to be widespread cultural change and the freedom to challenge current practices. There has been some misunderstanding as to how the internal audit recommendations will be taken forward. The chair will discuss with the lead internal auditor who will then meet with the divisional leads.
- The internal Audit recommendations from the review of Health records audit need to be updated as the new Group Head of Health Records had now generated further improvements and put together a long term plan. The committee was very concerned about the problems with continuing with paper records.
- Data Security and Protection Toolkit (DSPT) Report
  NHS Digital set a series of assertions for review, and WHT completed a self-assessment. The internal auditors noted that the evidence provided was unsatisfactory in a number of cases and deemed overall as 'unsatisfactory'. This is a down grade from previous years. The assertions have been made harder due to the level of cyber-attacks across the NHS. The Committee expressed their disappointment at this rating.

ADVISE

- This year the Trust has had a revaluation exercise carried out on fixed assets as well as having managed a large capital programme.
- At the time of the meeting there was still ongoing work around the valuation and accounting adjustments required in connection with leases. These were all finally resolved, and the auditor was able to sign off the financial statements in time for the submission deadline.
- The level of interim finance staff had negatively affected the preparations for the year end in the opinion of the External Auditors. These staff had been in post for the interim accounts in the main and no issues had been raised however the finance department will be looking to have a permanent team in place, and ensuring a clear training plan is implemented. At the same time, WHT and RWT are reviewing ways of sharing finance team resources across the Trusts.

ASSURE

Walsall Healthcare NHS Trust

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	A new Board Assurance Framework has been introduced and is in line with the new Strategic Objectives. A thorough review will be undertaken at the next meeting in September.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led Standards
	NHSE	Yes☒No☐	Details: Well-led Standards
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☒No☐	Details: Well-led Standards, Licence assessment, Code of Governance
	NHS Constitution	Yes☒No☐	Details: Well-led Standards, Licence assessment, Code of Governance
	Other	Yes☐No☒	Details:

Summary of Key Issues:
As per the Alert, Advise and Assure

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)			
	Working/Executive Group	Yes☐No☒	Date:
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date
	Other	Yes☐No☒	Date:
Any Changes to Workplan to be noted	Yes☐No☒		Date:

Walsall Healthcare
NHS Trust

EXCEPTION REPORT FROM THE AUDIT COMMITTEE CHAIR

MATTERS FOR THE BOARD's ATTENTION MM to follow up progressing the recommendations of the Theatre Efficiency review and the Health Records review with RSM.
ACTIVITY SUMMARY The annual report and accounts were approved subject to the final adjustments being circulated after the meeting. (This took place on 29 June)
Matters presented for information or noting • The Security review was reviewed. • Declarations of Interest 22/23 report was received.

Walsall Healthcare NHS Trust

Trust Board Meeting to be held in Public on 2 August 2023

Title of Report	Charitable Funds Chair's Report	Enc No: 9
Author:	Paul Assinder	
Presenter:	Chair of Committee	
Date of Committee Meetings since last Board meeting:	12 June 2023	

Action Required of Committee/Group			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☐No☒	Yes☒No☐	Yes☐No☒	Yes☒No☐

Recommendations:

To note this report

ALERT

- **Charitable Funds Investment Portfolio**

The Committee noted that the value of investments, managed on the Charity's behalf by Brewin Dolphin, was, as at 31 March 2023, valued at £700,157.06 and that the overall movement in total investment during the year is a reduction of £62,000. This is unfortunately consistent with market movements generally over this period and reflects a negative economic climate in the world economy. Income generated during the year was £17,000.

ADVISE

- **Expenditure Below £5k approved by Fund Managers**
  Expenditure totalling £33,327 worth of items for Q4 was reviewed by the Committee and endorsed.

- **Expenditure Requests £5k to £99,999**
  The 'Little Voices Application'
  The Committee ratified Chair's Action taken in the previous quarter to approve the allocation of £7,322 from the John Wilson Legacy Fund, towards the development of a patient app for children being admitted to hospital and for use following discharge.

- **Quarterly Review of Income & Expenditure**

Total charitable fund balances as at 31 March 2023 was £1,405,807.53. With outstanding expenditure of £168,373.95 there was a balance of £1,237,433.58.

ASSURE

- **Charity Reserves Policy**

The reserve policy has been reviewed against a typical annual spending cycle and modelled fixed commitments and it is recommended that the Reserves Policy should remain set at £500k. The policy will be reviewed annually.

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	None.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led Standards
	NHSE	Yes☒No☐	Details: Well-led Standards
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☒No☐	Details: Well-led Standards, Licence assessment, Code of Governance
	NHS Constitution	Yes☒No☐	Details: Well-led Standards, Licence assessment, Code of Governance
	Other	Yes☐No☒	Details:

Summary of Key Issues:
As noted above

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
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Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes☐No☒	Date:
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date
	Other	Yes☐No☒	Date:
Any Changes to Workplan to be noted	Yes☐No☒		Date:

Walsall Healthcare NHS Trust

EXCEPTION REPORT FROM PERFORMANCE & FINANCE COMMITTEE CHAIR

MATTERS FOR THE BOARD's ATTENTION
ACTIVITY SUMMARY As noted above in Assure, Advise and Alert
Matters presented for information or noting As noted above in Assure, Advise and Alert
Chair's comments on the effectiveness of the meeting • **Changes in Terms of Reference and proposals on new membership** The Committee has undertaken its annual review of its Terms of Reference. There was only one significant proposed change to the Terms of Reference of the Committee; an amendment to Committee membership; i) to remove the Director of Nursing ii) to add the Group Director of Communications and Stakeholder Engagement. The Chair is to seek further Non Executive input into the Committee, as provided for in the ToRs.

Walsall Healthcare NHS Trust

Trust Board Meeting to be held in Public
on 02 August 2023

Title of Report	Quality, Patient Experience and Safety	Enc No: 10
Author:	Dr Julian Parkes	
Presenter:	Chair of Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	21st July 2023	

Action Required of Committee/Group			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☒No☐

Recommendations:

- That the Board note the report and matters of concern

ALERT
Positive assurances & highlights of note for the Board/Committee

- Endoscopy remains the most challenged diagnostic modality in the Trust. As at the end of June 2023, 1601 out of the 1875 outstanding diagnostics waiting over 6 weeks across the Trust are endoscopies. A business case has been approved and recruitment has commenced
- The national shortage of Health Visitors continues to be reflected locally. Recruitment to these roles and supporting roles continues
- VTE Compliance remains below target at 89.95%.
- Level 3 children's and adult's safeguarding training has been moved to be online with a joint training package with RWT. No figures are available yet for numbers completing the training
- There have been 6 cases of C Diff in June 2023, 4 were deemed avoidable

ADVISE
Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought

- Skin cancer access had recovered in May but has since increased again to 25 days. A plan is in place for further recovery, albeit currently at the expense of routine Dermatology capacity. It has now recovered to 14 days
- The 18-week RTT performance is stable in relation to other trusts nationally. Now at 75th out of 122 reporting Trusts
- In May 2023 the Trust did not achieve the 2WW GP referral for suspected cancer with a performance of 83.3%
- There are currently 169 overdue incident actions
- Midwifery staffing remains on the risk register with a score of 16
- There are 17.83 WTE Maternity Support worker vacancies. Improvements should be seen by September
- Perinatal mortality rate has fallen slightly this month. Stillbirth rate remains the same and is slightly above target. Investigations continue
- System development funding is being used to expand the virtual ward offer with several additional

pathways

- MCA (Mental Capacity Act) compliance was 45% in June 2023, a significant reduction
- The CQC Section 31 warning notice has been stood down, as has the Section 29A warning notice. Written confirmation of this verbal feedback is awaited. Intensive work continues in the area of prescribing safety

ASSURE
Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee

- Ambulance hand over times continue to be one of the best 2 in the West Midlands
- 75.7% of patients were managed in ED within 4 hrs against a national expectation of 76%
- Medically stable for discharge (MSFD) patients on the pathways remain low at 39
- The average Length of Stay as MSFD remains low at 2.7days
- 68.6% of patients were treated within the 62 day performance target for cancer referrals, which is significantly above the West Midlands average.
- Despite increased levels of activity, performance remains strong in the Community Based Hospital Avoidance and Step Up bed service together with virtual ward performance.
- Falls per 1000 bed days was 2.92 in June
- Timeliness of observations was 92.06% in June
- There has been a significant fall in hospital acquired pressure ulcers since the introduction of pressure relieving mattresses.
- One hour antibiotic times for sepsis were achieved in 82.97% in ED and 89.8% inpatients in June, figures which are comparable with the best performing trusts nationally
- The most recent SHMI (published July 2023 for Feb 2022 to Jan 2023 in 0.9904. The HSMR is lower than the national average at 99.81

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Safe, effective, caring, well led, responsive
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☒No☐	Details:
	Legal	Yes☒No☐	Details:Legal implications to CQC notices
	NHS Constitution	Yes☒No☐	Details:
	Other	Yes☐No☐	Details:
Summary of Key Issues:			
As per report. Diagnostics, health visiting, VTE and C diff remain a challenge			

Walsall Healthcare
NHS Trust

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes☐No☒	Date:
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☒No☐	Date: 2/8/23
	Other	Yes☐No☐	Date:
Any Changes to Workplan to be noted	Yes☐No☒		Date:

Walsall Healthcare NHS Trust

EXCEPTION REPORT FROM COMMITTEE CHAIR

MATTERS FOR THE BOARD's ATTENTION
ACTIVITY SUMMARY **Presentations/Reports of note received including those Approved** Presentations received included • Constitutional Standards and Acute Services Restoration and Recovery • Community Services Report • Safe High Quality Care Oversight report • Maternity Services update • Serious Incident Update • 104 day harm update • CQC Action Plan update • Clinical Audit and Effectiveness • Infection Control • Patient experience • Biannual claims and litigation report • Learning from deaths quarterly report
Matters presented for information or noting None.
Chair's comments on the effectiveness of the meeting: The meeting was quorate and effective with widespread discussions about the issues on the agenda

Trust Board/Committee/Group Chairs Assurance Report

Walsall Healthcare NHS Trust

Name of Committee/Group:	Quality, Patient Experience and Safety
Date(s) of Committee/Group Meetings	23rd June 2023
Chair of Committee/Group:	Dr Julian Parkes
Date of Report:	23rd June 2023

ALERT **Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee**	• Following a review, 581 patients have exceeded their due date for surveillance endoscopy. A plan is in place to complete these endoscopies by October • Endoscopy remains the most challenged diagnostic modality in the Trust. A business case has been submitted and will be received by Performance & Finance Committee this month. • The national shortage of Health Visitors continues to be reflected locally. Recruitment to these roles and supporting roles continues • There are some gaps in the junior doctor rota in obstetrics which continue to present a challenge • Funding for complex discharge, virtual wards, enhanced care home support and Long Covid are unlikely to continue at current levels. A cost pressure of £4.74m has been identified in addition to an efficiency target of £2.6m • VTE Compliance remains below target at 89.68%. • Level 3 children's and adult's safeguarding remains below target. • There have been a total of 13 cases of C Diff in the first 2 months of the year. Target for the whole year has been set at 26 • There have been a cluster of stillbirths and perinatal mortality cases in May. Investigations have commenced • The Data Security and protection toolkit reports as "standards not met" with 15 out of 113 standards not being met
ADVISE **Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought**	• Cardiac physiology investigation waiting times have recovered • Skin cancer access had recovered in May but has since increased again to 25 days. A plan is in place for further recovery, albeit currently at the expense of routine Dermatology capacity. • The 18-week RTT performance is stable in relation to other trusts nationally. Now at 78 out of 122 reporting Trusts • One hour antibiotic times for sepsis were achieved in 81.97% in ED and 81.9% inpatients in May • There are currently 180 overdue incident actions • Midwifery staffing remains on the risk register but has been downgraded from a score of 20 to 16 • MCA (Mental Capacity Act) compliance was 67.74% in May 2023, and has stabilized but is not at the 100% target • An action plan was presented following an audit into theatre usage and performance

ASSURE **Positive assurances & highlights of note for the Board/Committee**	• Ambulance hand over times continue to be one of the best 3 in the West Midlands • 79.8% of patients were managed in ED within 4 hrs against a national expectation of 76% • Medically stable for discharge (MSFD) patients on the pathways remain low at 39 • The average Length of Stay as MSFD remains low at 2.7days • 60.7% of patients were treated within the 62 day performance target for cancer referrals, which is significantly above the West Midlands average. • 93% of patients with breast symptoms were seen with 2weeks. This is the first time this target has been hit since July 2020 • Despite increased levels of activity, performance remains strong in the Community Based Hospital Avoidance and Step Up bed service together with virtual ward performance. • Falls per 1000 bed days was 2.55 in May • Timeliness of observations was 92.08% in May
Recommendation(s) to the Board/Committee	That the Board note the report and matters of concern
Changes to BAF Risk(s) & TRR Risk(s) agreed	None
ACTIONS **Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)**	•
ACTIVITY SUMMARY **Presentations/Reports of note received including those Approved**	Presentations received included • Constitutional Standards and Acute Services Restoration and Recovery • Community Services Report • Safe High Quality Care Oversight report • Maternity Services update • Serious Incident Update • 104 day harm update • CQC Action Plan update • Clinical Audit and Effectiveness • Infection Control • Patient experience • DSP Toolkit report • Internal Audit on theatre utilization and performance
Matters presented for information or noting	
Self-evaluation/ Terms of Reference/ Future Work Plan	• Terms of Reference received
Items for Reference Pack	•

Walsall Healthcare NHS Trust

Trust Board Meeting – to be held in Public On Wednesday 2 August 2023		
Title of Report:	Chief Nursing Officer Report	Enc No: 11
Author:	Caroline Whyte – Deputy Director of Nursing caroline.whyte3@nhs.net	
Presenter/Exec Lead:	Lisa Carroll – Chief Nursing Officer lisa.carroll5@nhs.net	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☐No☐
Recommendations: The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or approval.			

Implications of the Paper:			
Risk Register	Yes ☒ No ☐ Risk Number: • 2245 - Available midwives being below agreed establishment level – score 16 • 2540 - Trust-wide: Ineffective safeguarding systems – score 12 • 3043 - Suboptimal paediatric nursing ratios – score 16 • 3061 - CYP and adults with learning disabilities are not receiving care in line with local and national best practice standards – score 12		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	Workforce: agency costs for paediatric nurses, pending business case allocation of funds.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Registration and licensing Well-Led
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☒No☐	Details: Health & Safety Act
	Legal	Yes☒No☐	Details: Duty of Candour Claims and Litigation
	NHS Constitution	Yes☒No☐	Details: Constitutional Standards
	Other	Yes☒No☐	Details: Professional registration issues
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	None identified in this report.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: TMC July 2023 QPES July 2023
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

NHS
Walsall Healthcare
NHS Trust

Summary of Key Issues using Assure, Advise and Alert
Assure • Safeguarding adult and children's training is achieving the Trust target for levels 1 and 2 training. • Falls per 1000 bed days were 2.92 in June 2023 (2.55 in May 2023). Weekly falls accountability meetings are continuing, identifying lessons for shared learning. • The nursing and midwifery vacancy rate is 3% as of the end of May 2023, a slight increase on the previous month. • Agency cessation plans continue to see a dramatic reduction in the usage of agency nursing staff, with a robust risk assessment process in place for the agreement of agency usage. • Within the ED department, 82.97% of patients received antibiotics within the first hour in June 2023 (81.97% in May 2023); for inpatients, 89.80% received antibiotics within the first hour (81.90% in May 2023). These figures are comparable with the highest performing Trusts nationally. • The timeliness of observations for June 2023 was 90.48% (May 92.03%), including ED and 92.06% (May 92.47%), excluding ED. Results have been in excess of the Trust target for the past 2 months. • A reduction was seen in hospital acquired pressure ulcers (4 in June 2023) since the introduction of new pressure relieving mattresses. • The Trust won Employer Contribution of the Year Award for collaboration with Walsall College for work supporting T-Level students. • In May and June 2023, over 80% of in-patient's and patient's attending ED received their antibiotics within the first hour.
Advise • Safeguarding adult and children's training level 3 is now available for completion via MyAcademy. • MCA compliance for June 2023 was 45.00% (90.32% in May 2023). • West Midlands Children's Network undertook a review of Paediatric Critical Care and Surgery in the trust in June 2023.
Alert • There were 6 cases of C.difficile in June 2023 (4 avoidable) and 9 cases in May 2023 (2 avoidable). This is part of a nationally seen trend in rising cases of C.difficile.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care
Support our Colleagues	• Be in the top quartile for vacancy levels
Effective Collaboration	• Improve clinical service sustainability • Progress joint working across Wolverhampton and Walsall

Walsall Healthcare NHS Trust

Report to Trust Board Meeting to be held in Public – 2nd August 2023

EXECUTIVE SUMMARY

This report summarises the key highlights of the Chief Nursing Officers' portfolio. This includes quality, patient experience, workforce, infection prevention & control, safeguarding and education. More detailed information in available within the reading room.

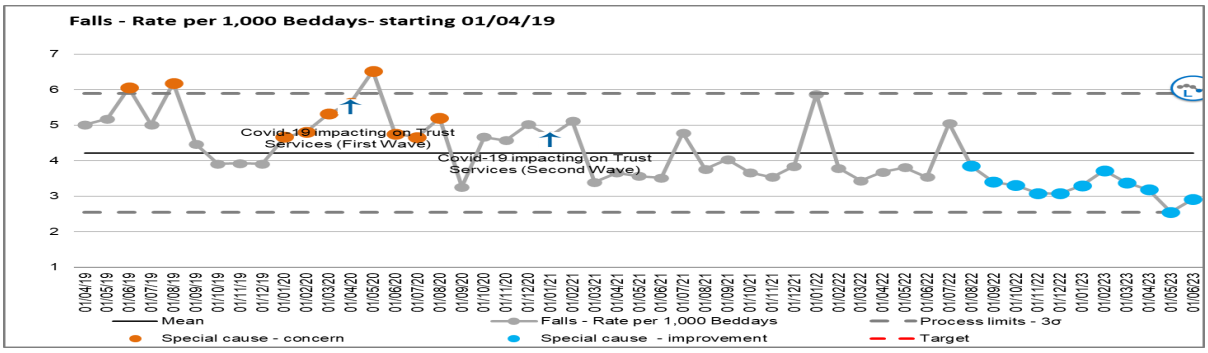
BACKGROUND INFORMATION

1.0 Quality

1.1 Falls

- The number of Trust falls recorded for June 2023 is 47 (42 May 2023).
- Chart 1 shows falls per 1000 bed days; June 2023 was 2.92 (2.55 in May 2023).
- There was 1 severe harm fall in June 2023, this has been determined not be an SI due to all interventions and assessments taking place for the patient.
- The Falls Steering Group continues to support the implement of an enhanced risk assessment for patients at high risk of falls.

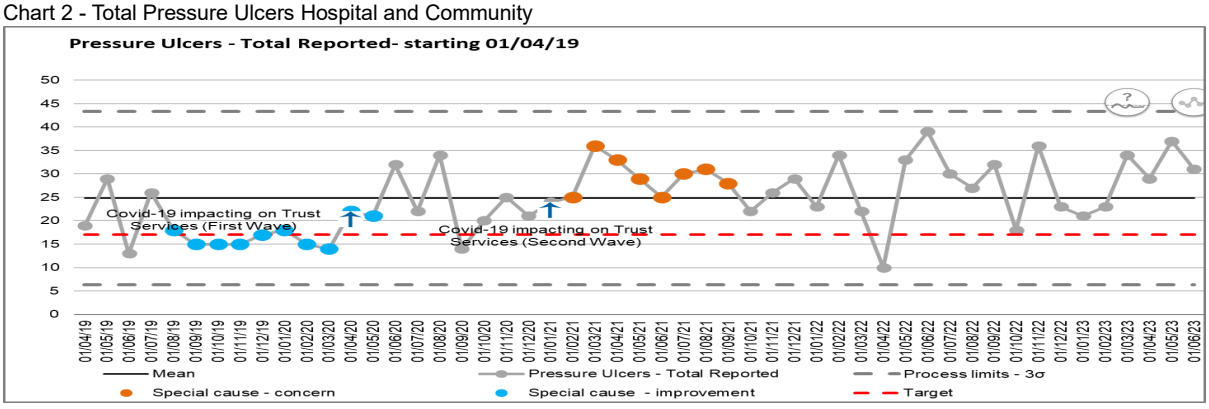
Chart 1 - Falls per 1000 bed days (hospital)



1.2 Tissue Viability

- June 2023 data demonstrates a small decrease from May 2023 in pressure ulcer incidents (Chart 2); however, the hospital data demonstrates a positive trajectory of improvement with a total of 4 incidents for the month. There has been a rise in community pressure related incidents. The division report an improved reporting culture.

Chart 2 - Total Pressure Ulcers Hospital and Community

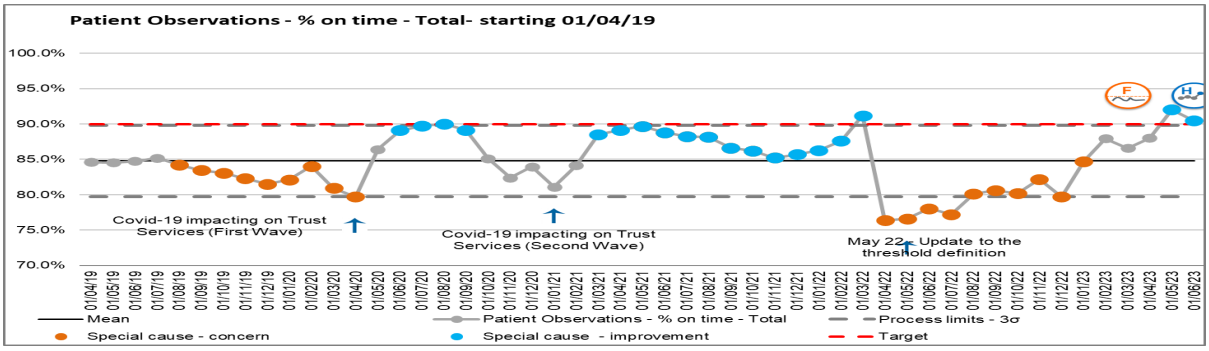


1.3 Observations on Time

- The timeliness of observations for June 2023 was 90.48%, including ED and 92.06%, excluding ED. May 2023 results were 92.03% including ED (Chart 3) and 92.47%, excluding ED. This is the second consecutive month that the 90% target has been achieved.

- 21 out of 26 clinical areas achieved the 90% target. Focus is required on ED and AMU who have not yet reached target in month. Wards 1, 11 and 15 have seen a slight deterioration in month. The quality team are supporting these clinical areas to improve their compliance.

Chart 3 - Patient Observations on Time



1.4 Clinical Accreditation Scheme

- The Clinical Accreditation Scheme was launched at the beginning of April 2023.
- Eleven wards have been reviewed through April and May 2023. Seven wards have been accredited, 2 ward areas have been awarded Emerald, 2 areas awarded Ruby and 3 areas 'Working Towards Accreditation' to date (Table 1). The remaining four wards are awaiting discussion via the clinical accreditation board before a rating is agreed.

Table 1 – Accreditation results

Date	Ward / Dept	Level Awarded
05 04 2023	Ward 1	Ruby
14 04 2023	Ward 2	Emerald
21 04 2023	Ward 3	Working towards accreditation
28 04 2023	Ward 4	Working towards accreditation
03 05 2023	Ward 15	Ruby
19 05 2023	Ward 17	Working towards accreditation
31 05 2023	Ward 7	Emerald

1.5 Deteriorating Patients

- A business case is being developed to support a 24/7 sepsis outreach service.
- As of May 2023, 36% of clinical staff had completed the Royal College of Physicians e-Learning package. This is a reduction from 64% but is as a result of an additional 543 members of staff identified as being required to complete the training. A data cleanse is in progress to ensure all relevant medical and nursing staff have the competency assigned to their MyAcademy.

1.6 Nursing Quality Audits

- Divisional confirm, challenge and support meetings where audit results are discussed, and action plans produced to improve results and celebrate successes are established across the Trust. The table below details the audit results from January 2023 to date (Table 2). Improvements in quality audits are evident in month.

Table 2 - Trust overall – Audit Compliance

NHS Walsall Healthcare NHS Trust	Walsall Healthcare NHS Trust Quality Dashboard - Average Scores 2023														
	CARE OF THE DYING	CATHETER AUDIT	CONTINENCE	DETERIORATING PATIENT & SEPSIS	DOCUMENTATION	ENVIRONMENT	FALLS & DECONDITIONING	IPC	MEDICINES MANAGEMENT	NUTRICIAN & HYDRATION	ORAL CARE	PAIN MANAGEMENT	PATIENT EXPERIENCE	PHARMACY AUDIT (WARD & AREAS - pharmacy responsiblity)	TISSUE VIABILITY
2022 Average	93.1%	67.3%	80.6%	74.6%	92.4%	89.8%	85.0%	95.7%	90.7%	85.8%	87.3%	92.3%	90.8%	91.5%	78.6%
JANUARY	95.7%	67.5%	83.2%	77.8%	91.7%	93.7%	78.8%	95.0%	91.7%	91.2%	89.4%	95.7%	88.0%	83.5%	79.5%
FEBRUARY	95.9%	82.3%	93.4%	97.5%	92.3%	92.5%	87.6%	95.3%	92.0%	89.2%	96.1%	98.1%	95.8%	82.4%	96.0%
MARCH	93.1%	87.0%	82.4%	98.9%	86.4%	92.9%	85.7%	94.2%	92.8%	92.0%	88.8%	97.2%	95.8%	100.0%	90.6%
APRIL	99.6%	91.5%	80.1%	99.0%	88.0%	93.2%	89.4%	95.7%	92.8%	90.5%	91.8%	94.5%	95.6%	84.2%	88.1%
MAY	90.4%	81.5%	77.7%	97.0%	87.3%	91.8%	90.6%	95.2%	93.1%	89.8%	87.8%	96.4%	96.7%	85.6%	91.2%
JUNE	96.9%	85.7%	90.7%	95.8%	92.3%	92.6%	90.7%	95.8%	94.3%	84.3%	95.4%	95.4%	96.8%	77.1%	89.9%

1.7 Medicines Management

- An unannounced CQC inspection took place on the 20th June 2023, this was a follow up visit following the Section 29a notice that was served on the organisation in relation to medicines management. Following this inspection, the CQC wrote to the Trust to notify of serious concerns and issued a letter of intent of urgent enforcement action under Section 31 of the Health and Social Care Act.
- The Trust responded to the CQC on the 23rd June 2023, and they have confirmed verbally that they will not be taking enforcement action. The inspection report is awaited.

1.8 Infection Control

- Bi-monthly Infection control report on board agenda.

Clostridiodes difficile (C. diff):

- A total of 6 C. *diff* toxin cases were reported during June 2023. Out of the 6 cases, 4 were deemed avoidable. In May there were 9 cases, 2 were avoidable.
- The national Trust target for 2023/24 has been set at 26 which is a reduction of one on 2022/23 target – Table 3 provides the current trajectory given this new target.

Table 3 - C. Diff cases

2023/24	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Max Cases per Month	2	2	2	2	2	2	2	2	3	3	2	2
Actual cases per month	4	9	6									
Cumulative YTD projected	2	4	6	8	10	12	14	16	19	22	24	26
Acute Cumulative actual	4	13	19									

1.9 Patient Experience

- The patient experience team have entered initiatives for recognition into the Patient Experience network national Awards'. Bi-monthly patient voice report is available in the reading room.

1.10 Adult and Children's Safeguarding and Associated Training

- At the time of report writing validated data had not been received for safeguarding training. Adult and Children's level 3 training is now available via MyAcademy.
- Further data cleansing is in progress whilst correct competencies are aligned to staff; this alignment may result in a drop in in the compliance figures whilst staff are undertaking training.
- The annual safeguarding report 2022 / 2023 is available to view in the reading room.

1.11 Special Educational Needs and Disability (SEND)

- A letter from the CNO at the ICB has been received into the Trust on the 15th June 2023; to request that an executive lead for SEND is identified. The CNO has been identified as the lead for WHT. Further information is available in the reading room.

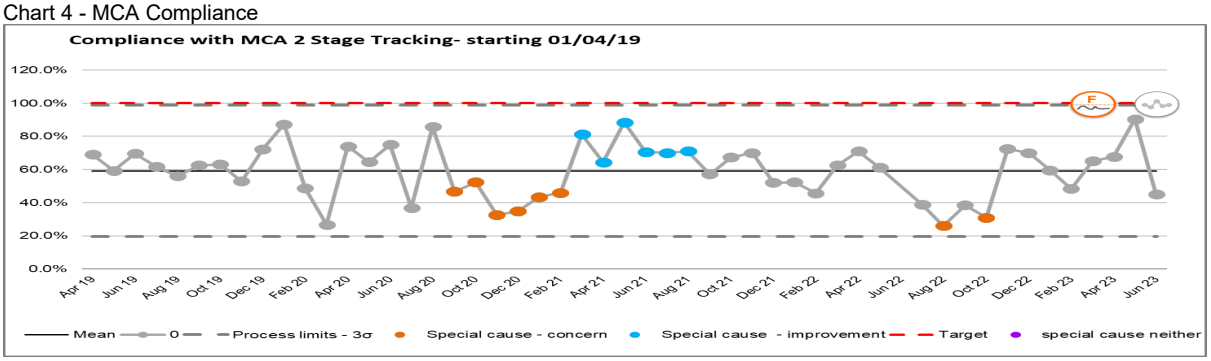
1.12 West Midlands Children's Network Review

West Midlands Children's Network undertook a review of Paediatric Critical Care and Surgery in the trust in June 2023. Details of their findings are available in the reading room. Recommendations following the review are noted and an action plan will be monitored via the CYP trust wide board meeting.

1.13 Mental Capacity Assessment (MCA)

- MCA compliance for June 2023 was 45.00% (90.32% in May 2023, Chart 4). An MCA action plan is monitored via the Trustwide Safeguarding Group.

Chart 4 - MCA Compliance



1.14 Sepsis

- Within the Emergency Department (ED), 82.97% (Chart 5) of patients received antibiotics within the first hour in June 2023 (81.97% in May 2023). For inpatients, 89.80% (Chart 6) of patients received antibiotics within the first hour in June 2023 (81.90% in May 2023).
- Sepsis performance and actions to improve are overseen by the Deteriorating Patient Group.

Chart 5 - ED Sepsis Performance

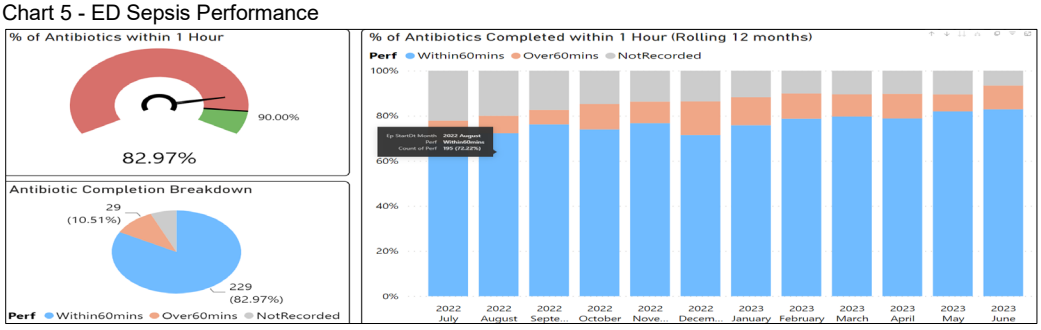
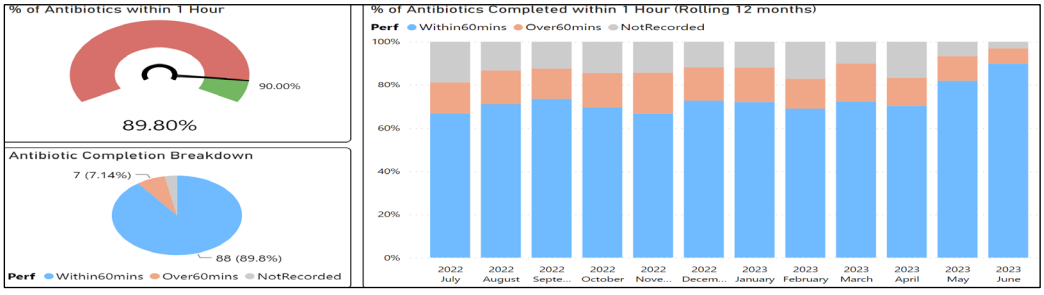


Chart 6 - Inpatient Sepsis Performance

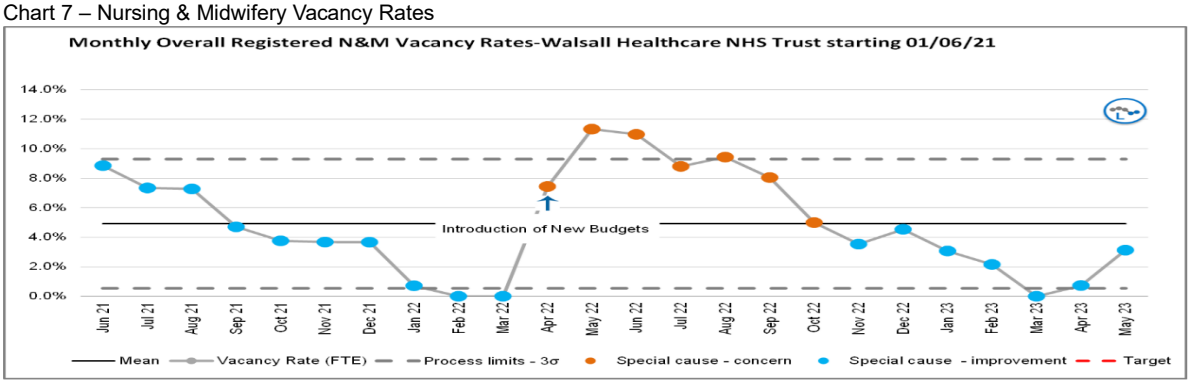


2.0 Workforce

2.1 Nursing and Midwifery Vacancies

- In May 2023, the total number of Registered Nurse/Midwife vacancies increased to 3% (Chart 7). The CFN programme continues in 2023/2024.

Chart 7 – Nursing & Midwifery Vacancy Rates

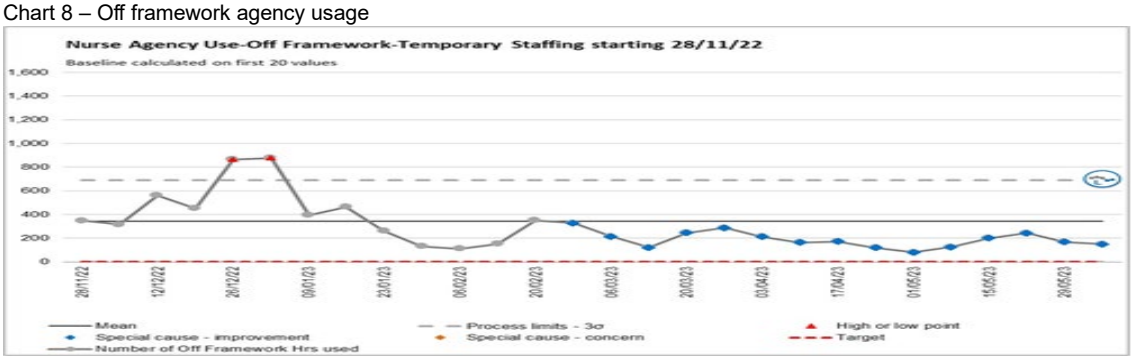


2.2 Agency Cessation

Agency use was ceased on the 1st April 2023 in all but a few areas and exceptional circumstances.

- Both the ED and Paediatrics have active recruitment plans and trajectories which will facilitate agency cessation within 6 months.
- The Trust continues to build the bank of mental health CSWs. Agency staff are currently utilised when bank cannot fill following a risk assessment to maintain patient safety.
- Agency authorisation now requires risk assessments to have been completed and reviewed by senior divisional leadership before being presented to the Chief Nursing Officer or on call Director for authorisation.
- Minimal agency usage for tiers 1 & 2 was used throughout May / June 2023. Off framework agency usage is illustrated in chart 8.

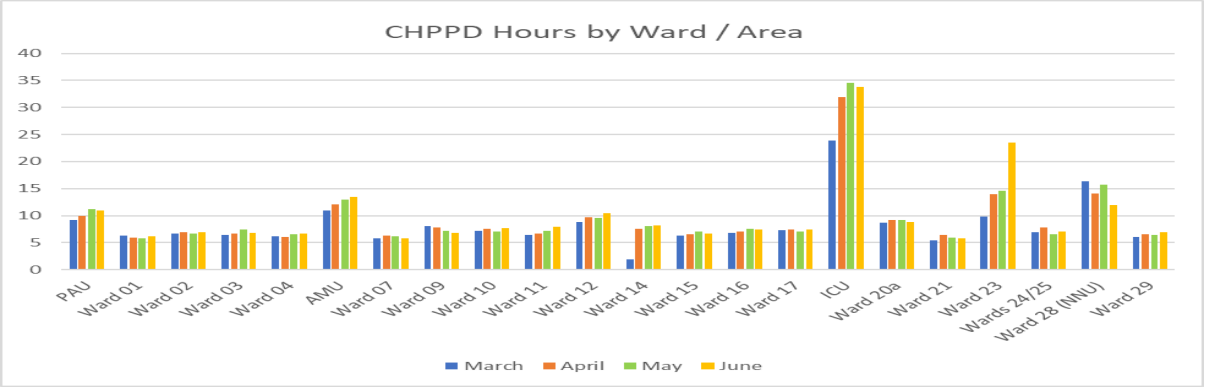
Chart 8 – Off framework agency usage



2.3 Care Hours per Patient Day

- CHPPD trust average for June 2023 was 8.2. This has seen an increase from May 2023 (8.1 CHPPD) in comparison to the national average of 9.5, however this has not been updated on Model Hospital since February 2023 - the national figure is an amalgam of all NHS inpatient facilities who provide data – including paediatrics and mental health units /hospitals /trusts.

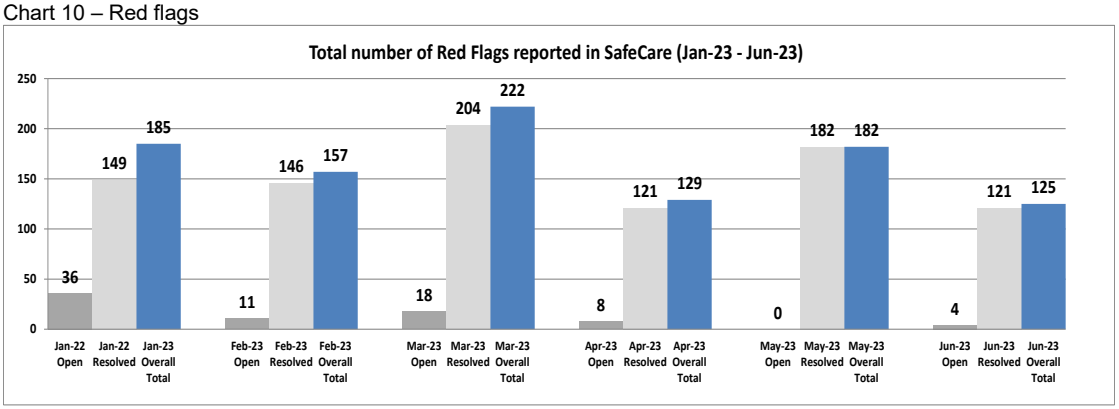
Chart 9 - Care Hours Per Patient Day by Area



2.4 Red Flags

- A total of 125 Red Flags were raised on the safecare system in June 2023.
- There were 4 unresolved Red Flags (0 reported in May 2023).
- 121 red flags were resolved and closed during June 2023. (Chart 10).

Chart 10 – Red flags



3.0 Education

- Standards for Student Supervision and Assessment S(SSA) training compliance is now at 68%, a 2% improvement on the previous month.
- In response to the National Education and Training Survey (NETS) an action plan is in place. Progress is reported via NMAAF and the Education and Training Steering group. NHSE are visiting the Trust on the 28th July 2023 in response to the NETS results and will meet with students and staff to review progress against the action plan.
- My Focus on My Academy will be launched in September 2023
- The Trust won the Employer Contribution of the Year Award for collaboration with Walsall College for work supporting T-Level students.

RECOMMENDATIONS

To note the contents of the report.

Reading Room Information/Enclosures:

- Annual safeguarding report 2022 / 2023
- Patient voice report – April / May 2023
- Trust board letter for SEND executive lead
- Health professional guide to the SEND code of practice
- West Midlands Children's Network Review

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Trust Board Meeting – to be held in Public/Private on 2 August 2023		
Title of Report:	Maternity Services Report	Enc No: 12
Author:	Jo Wright Director of Midwifery, Gynaecology and Sexual Health josellewright@nhs.net Vinita Gurung Clinical Director for Obstetrics and Gynaecology vinita.gurung@nhs.net	
Presenter/Exec Lead	Jo Wright, Director of Midwifery, Gynaecology and Sexual Health Lisa Carroll, Chief Nursing Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐ No☐	Yes☐ No☐	Yes☒ No☐	Yes☐ No☐

Recommendations:

The Board is asked to note the contents of the report and in particular the items referred to the Board for discussion relating to Clinical Negligence Scheme for Trusts (CNST) submissions.

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: Available midwives being below agreed establishment level. On Risk Register: Yes☒No☐ Risk Score (if applicable) :16		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None Risk Description Is Risk on Risk Register: Yes☐No☒ Risk Score (if applicable):NA		
Resource Implications:	(if none, state 'none') Revenue: none Capital: none Workforce: none Funding Source:		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Safe: Caring: Responsive: Well-led:
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☒No☐	Details: CNST
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

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Equality and Diversity Impact	None identified in this report		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure • Maternity Outreach Service commenced June 2023 • The Trust was able to maintain 1:1 care in labour throughout the reporting period. • Fellowship midwives are beginning to transition into the midwifery establishment.
Advise • Stillbirth and Neonatal Death figures remain below the national average. • Perinatal Mortality Review Tool Quarterly report completed as per CNST. • Health Safety Investigation Branch referrals completed in accordance with CNST.
Alert • High level of sickness and maternity leave in midwifery staffing. • High maternity support worker (MSW) vacancy. • Midwifery Staffing on risk register score of 16.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement. • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels. • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing. • Improve overall staff engagement. • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequality strategy.
Effective Collaboration	• Improve population health outcomes through provider collaborative. • Progress joint working across Wolverhampton and Walsall

Walsall Healthcare NHS Trust

Maternity Services Report

Report to Trust Board Meeting to be held in Public on 2nd August 2023

The purpose of the report is to provide a monthly update to assure the Trust Board around areas resource, culture and engagement with women, families, and our workforce.

BACKGROUND INFORMATION

1.0 Growing and Retaining our Workforce: Maternity Workforce Update

Staffing challenges increased in June, due to long-term and short-term sickness. The team are currently reviewing the data to understand the cause of this, as this work continues robust management as per policy of sickness absence is ongoing. Maternity leave has also increased for the month of June. In addition, other staffing challenges include other forms of leave which place additional pressures on midwifery staffing. The staffing vacancy for maternity support workers was 17.83wte, there is an ongoing management of change for MSW which will conclude in September 2023 by which time the protected vacancies can be recruited into. No adverse incidents have been identified via safeguard that have been linked to shortfalls in staffing and vacant shifts have been managed within the service with MWs and MSWs undertaking additional shifts.

1.2 Incorporating fellowship midwives into the service.

The service recruited 18 fellowship midwives (FM) in 2022 who are transitioning into the midwifery establishment. The FM hosted a day where they tell us about their experiences. The midwives initially had a challenging time on arrival however with additional support they now feel part of the team. Prior to support being offered only 20% of the FM felt satisfied with their experience and compared to 100% when support was put in place.

2.0 Listening to, and working with, women and families with compassion.

The service continues to receive positive feedback from our service users. A theme that was noted for the month of June was the way demeanour and attitude of clerical and reception staff. The maternity service will be a pilot site for a customer services training, and this will be starting within the upcoming months.

3.0 Standards and structures that underpin safer, more personalised, and more equitable care.

3.1 Births within the service remain consistent, WHT serves women from an ethnically diverse population with 38% of service users identified themselves as from a non-British White background with Pakistani, Indian, Bangladeshi, and Black African being the largest ethnicities within this group.

3.2 In June a Maternity Outreach Service was established in one of the most deprived areas of Walsall, to take services to women who are marginalised and historically have poor outcomes. The outreach service will be holistic and incorporate clinical, social and psychological support.

3.3 Maternity service acuity was 65% for June against a national recommendation of 85%, there were 19 occasions where red flags were triggered, these were delays in the induction of labour process and 1 episode of delayed assessment in maternity triage. Where staffing proved, challenging specific actions were taken to maintain safety and 100% of women received 1:1 care in labour. To support and maintain safety during times of increased acuity several managerial and clinical actions were also taken these actions centred around commencing and pausing induction of labour.

4.0 Developing and sustaining a culture of safety, learning, and support.

The perinatal mortality rate reduced slightly from 3.86:1000 in May to 3.56:1000 June. The Stillbirth still birth rate remains the same at 3.56:1000. On review of still birth cases there were several where care within maternity services would not have changed the outcome. The maternity team continues to review all perinatal mortality cases via the governance process, Avoiding Term Admissions to Neonatal Unit reviews and the Perinatal Mortality Review Tool.

4.1 Perinatal Mortality Review Tool

In Quarter 4 2022/2023 there were 16 cases of fetal loss, a total of 6 were eligible for PMRT review, excluded cases included late fetal loss, termination of pregnancy. All 6 internal cases met the CNST standards. There was one neonatal death >22/40 which met the criteria for external PMRT review, this also met the CNST standard.

4.2 Health Safety Investigation Branch (HSIB)

The latest HSIB report dated 25th May 2023 details updates from 2019, since 2023 there have been 35 referrals, 62% of these were rejected, 37% have been accepted. Of these cases 10 investigations have been concluded and 3 are ongoing. There has been full compliance with reporting of HSIB cases to date. One of the themes recognised in the reports was fetal monitoring, taking this into consideration of this a new way of delivering fetal monitoring education was implemented and as a result of this there has been a decrease in separation of mother and baby and neonatal morbidity.

RECOMMENDATIONS

- Members of the Board are asked to review and note the contents of this report.

Any Cross-References to Reading Room Information/Enclosures:

- Trust Board report in full – Reading Room

Walsall Healthcare NHS Trust

Trust Board Meeting – to be held in Public on 2nd August 2023		
Title of Report:	Infection Prevention Update: May/June 2023	Enc No: 13
Author:	Amy Boden, Deputy Director Infection Prevention	
Presenter/Exec Lead:	Lisa Carroll, Chief Nursing Officer and DIPC	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☒
Recommendations: The Board is asked to note the contents of the report.			

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: Risk ID 351: Managing Clostridoidies difficile in accordance with national recommendations to prevent a breach in National target of 26 cases. Score 12. Risk ID 354: Colleagues not meeting hand hygiene standards leading to increased risk of infection. Score 9. On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	Updates to BAF following publication of new National IPC BAF to manage all elements of infection prevention rather than a focus on respiratory infections.		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details:
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☒No☐	Details:
	Legal	Yes☒No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

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Equality and Diversity Impact	Not applicable to this report on this occasion.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☒No☐	Date: TMC July 2023
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

- Multi-modal actions are taking place to prevent the incidence of *C.difficile*. WHT attendance at a C.difficile collaborative event showcased actions that the trust were undertaking.
- The deep clean programme is currently on target for completion as set out in the prioritisation plan.
- Three inpatient wards had periods of increased incidence of C.difficile reported in June. Ribotyping of these samples were all different.
- Audits undertaken by the IPCT as per the annual programme have been completed for quarter 1 as planned.
- 601 staff received additional training from the IPCT during June 2023, specifically with a focus on principles of cleaning.

Advise

- The IPC Team have been supporting a variety of Quality Improvement Projects and educational campaigns in response to Infection Prevention/ Antimicrobial Stewardship incidents, demonstrating local improvements
- Antibiotic "time out" sessions are taking place with the combined infection service for targeted interventions to improve antibiotic prescribing.
- The IPCT are increasing participation with patient voice to improve elements of IPC.
- Focus of the month campaign in June 2023 focused on preventing and managing UTIs.
- The IPCT team have had nine abstracts accepted for this years National Infection Prevention Society conference. IPC Practitioner Harmony Owhotake has been shortlisted for a Nursing Times Award in the Rising Star Category.

Alert

- The Trust are over trajectory for the financial year for *C.difficile* cases, with 19/26 cases by end of June 2023.
- Quarter 1 hand hygiene and PPE audits have demonstrated an overall reduction in compliance compared to previous quarters.
- 20/50 cases of C.difficile from previous financial year are associated with antibiotic treatment for healthcare acquired pneumonia, which is also a driver towards the business case for a mouth care team to prevent pneumonia.
- An MSSA bacteraemia was reported in June 2023 associated with a peripheral cannula as source.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Safe and responsive urgent and emergency care
Support our Colleagues	• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement
Effective Collaboration	• Improve clinical service sustainability • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Walsall Healthcare NHS Trust

Infection Prevention Update: May/June 2023

Report to Trust Board Meeting to be held in Public on 2nd August 2023

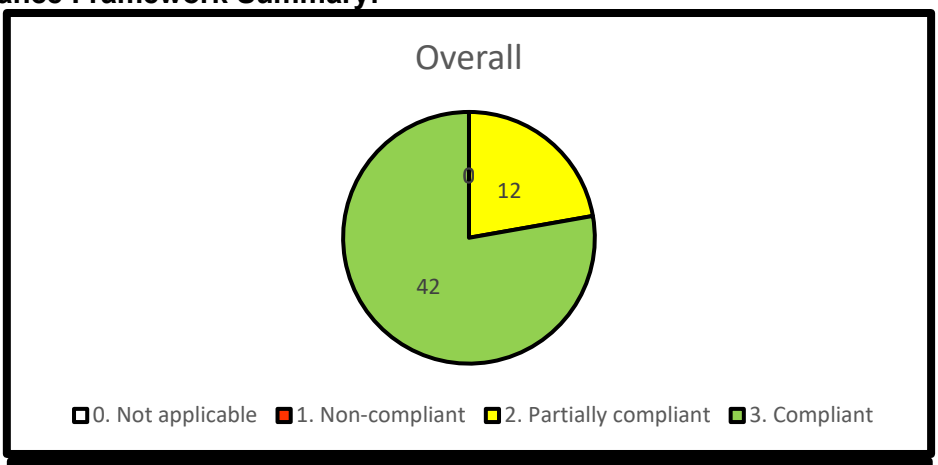
EXECUTIVE SUMMARY

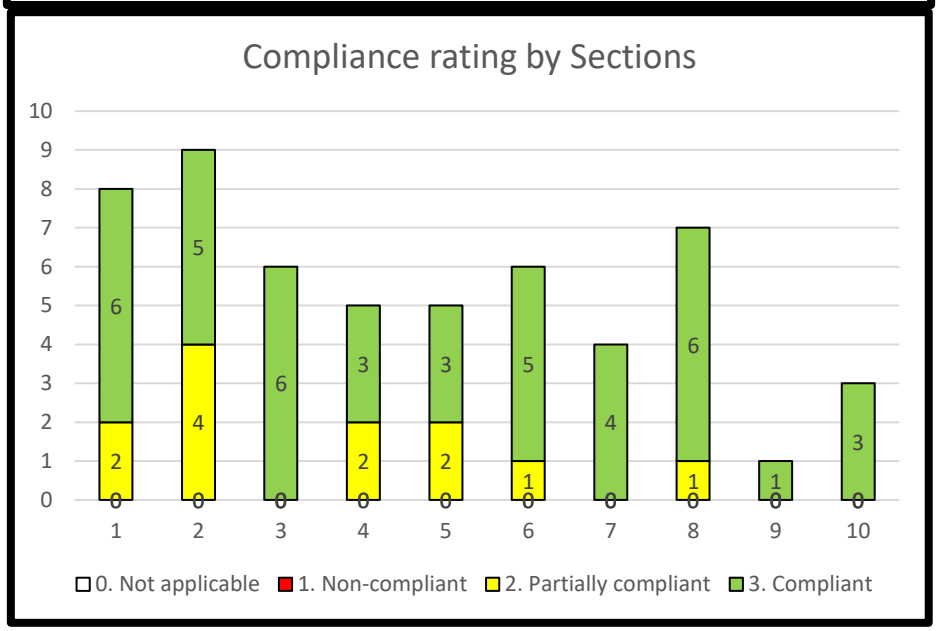
This report summarises key highlights of Trust infection prevention activity and risk. This includes a summary of the Infection Prevention BAF review, gap analysis and actions undertaken to achieve compliance with the Health and Social Care Act 10 criterion, surveillance of health care associated infections, outbreaks and actions undertaken by the Trust to prevent incidents.

The Collaborative Infection Prevention Delivery Plan can be found in the reading room.

BACKGROUND INFORMATION

1.0 Board Assurance Framework Summary:





Details of updates captured in IPC BAF

1.1. Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks their environment and other users may pose to them

- The Trust do not have a surgical site infection surveillance team, leading to not being able to undertake routine surveillance of all surgical procedures. The IPCT support divisions with investigations and an SSI group takes place. Recruitment is taking place for a part time surveillance practitioner for SSIs.
- Hand hygiene competency training takes place in a training facility which differs to the clinical environment to fully assess all aspects of hand washing. IPCT are working with the training team to source a solution to improve the training provided.
- The IPCT have had 9 abstracts accepted for a National conference with 2 being presentations and 7 poster presentations. Subjects include a framework to support CFNs, the gloves off project, the little voices campaign, CPE prevalence, CPE management, indoor air quality, mouth care matters, introduction of a nursing associate role and MRSA decolonisation project.

1.2. Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection

- Following a resolved water safety incident in June 2023, revision of the terms of reference of the water safety group has taken place, to gain improved assurance on water controls across the organisation.
- Environmental infection prevention audits are taking place throughout quarter 1 as per annual programme of work. This has identified elements of waste segregation that does not meet the HTM, including clinical waste bins in clean utility spaces. A full waste review will be undertaken by support services with support from the IPCT to incorporate Trust wide actions
- The deep clean programme is underway with modular block prioritised, followed by wards 16 and 17 that will enable ventilation improvement works to take place. Prioritisation was based on where IPC incidents associated with C.difficile have been. Elements of the deep clean have identified areas missed prior to sign off. Risk is mitigated through a combined sign off process between IPC, divisional representation and facilities to ensure the environment is visibly clean and assured of deep clean completion prior to reoccupying the space.
- Recent infection prevention audits have identified themes around decontamination of equipment/environment. A review of cleaning responsibilities is taking place with head of facilities as part of a relaunch on responsibilities in IPC.

1.3. Criterion 3: Ensure appropriate antimicrobial stewardship to optimise service user outcomes and reduce the risk of adverse events and antimicrobial resistance

- The IPC Team in combination with the antimicrobial pharmacist and consultant microbiologist are supporting Qi projects to improve prescribing for these system infections, including CURB scoring for pneumonia and appropriate sampling for patients with suspected UTI. Progress is reported via the AMS report at Infection Prevention and Control Committee. Improvements have been observed during case reviews of CURB-65 scoring being undertaken when prescribing for community acquired pneumonia and all KPIs demonstrate improvements in AMS reports.
- A business case to prevent pneumonia is currently under review to implement a Mouth Care Team across areas with high incidence of pneumonia. Pneumonia is the most common health care associated infection at the Trust; therefore, reduction in this prevents antibiotic use. A review of the 50 cases of *C.difficile* in previous financial year has identified 20 cases are associated with antibiotics for healthcare acquired pneumonia.
- Antibiotic “time out” sessions on focused wards with Consultant Microbiologist/Antimicrobial Pharmacist. Improvements are being found in focused areas.

1.4. Criterion 4: Provide suitable accurate information on infections to patients/service users, visitors/carers and any person concerned with providing further support, care or treatment in a timely fashion.

- Patient information leaflets are available for different infections and generated from the infection prevention team. These are not all available digitally, therefore the IPC team will incorporate these into the intranet page with communications to promote access.

- The IPC team are reviewing with patient experience revitalised patient resources on accessing different clinical areas to engage service users and visitors with infection prevention.

1.5. Criterion 5: Ensure early identification of individuals who have or at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others.

- Educational campaign on stool sampling has improved staff knowledge from an initial baseline of 33% health care workers answering correctly to 76%. There has been a correlation with improved staff knowledge on prompt sampling and severity of illness in patients with *C.difficile,* with only 20% of patients having mild onset at baseline and now 63% of cases are mild onset with 0 severe cases of infection. Stool sampling requests have increased by 82% since the campaign and focused work from the IPC Nursing Associate.

1.6. Criterion 6: Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

- Quarter 1 hand hygiene and PPE audits demonstrated an overall reduction in compliance in comparison to previous quarters. Director of IPC has requested action from divisions and briefings to ward managers and matrons are being provided in July on IPC responsibility.
- Additional training has been provided by the IPCT in areas on an active audit cycle. 601 staff have received additional training in June 2023.

1.7. Criterion 8: Provide secure and adequate access to laboratory/diagnostic support as appropriate

- There are increasing challenges in isolation demand due to patients in hospital with risk factors that meet the criteria for CPE screening. BCPS currently provide a culture-based method for processing CPE screens. The team are currently liaising with BCPS for a PCR based method, providing more accurate and faster results which in turn would improve isolation demand/appropriate prioritisation in the Trust.
- To mitigate risk presently, the IPC team have developed a new risk assessment with capacity team for high priority isolation of CPE. The team are undertaking surveillance of CPE positive cases locally to determine the risk assessment.

2.0 Performance

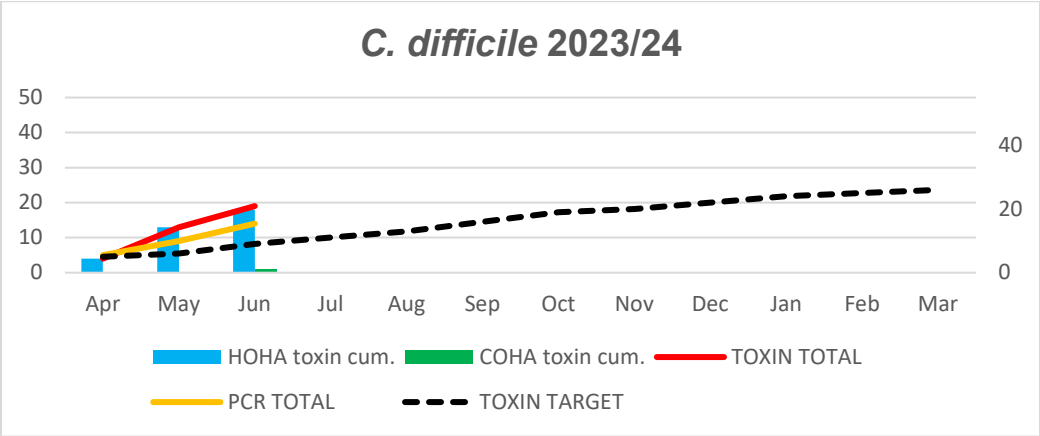
2.1. Clostridioides difficile

Clostridioides difficile Toxin.

The National Trust target for 2023/24 is 26 – a total of **5** HOHA and **1** COHA CDIs have been reported for June 2023.

The cumulative trajectory for the year:

2023/24	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Max Cases per Month	2	2	2	2	2	2	2	2	3	3	2	2
Actual cases per month	4	9	6									
Cumulative YTD projected	2	4	6	8	10	12	14	16	19	22	24	26
Acute Cumulative actual	4	13	19									



Multimodal actions are taking place across the Trust, highlighted earlier in the report as part of the IPC BAF review.

2.2. MRSA Bacteraemia

There has been 1 MRSA bacteraemia this financial year, confirmed in April 2023. This was attributed to the MLTC division (Ward 4). The post infection review highlighted blood culture contaminate as source of result. This is incorporated into the business case for the implementation of a 24/7 blood culture phlebotomy service and a local action plan is in progress from the division in response to this incident.

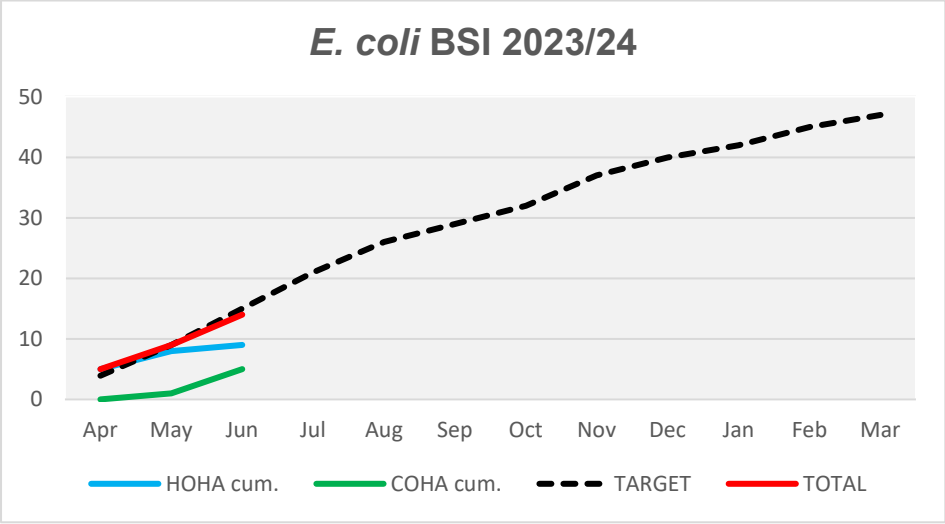
2.3. MSSA Bacteraemia

There is no National target set for MSSA bacteraemias; in the absence of a target, the Trust have a locally set target of 11 cases, based on reducing from previous financial year surveillance data. There has been 4 cases of MSSA bacteraemia to date this financial year. A case in June was deemed as peripheral cannula as source with learning identified, attributed to Ward 29. Local actions are underway in response to this which are being reported back to IPCC.

2.4. Gram-negative Baceraemias

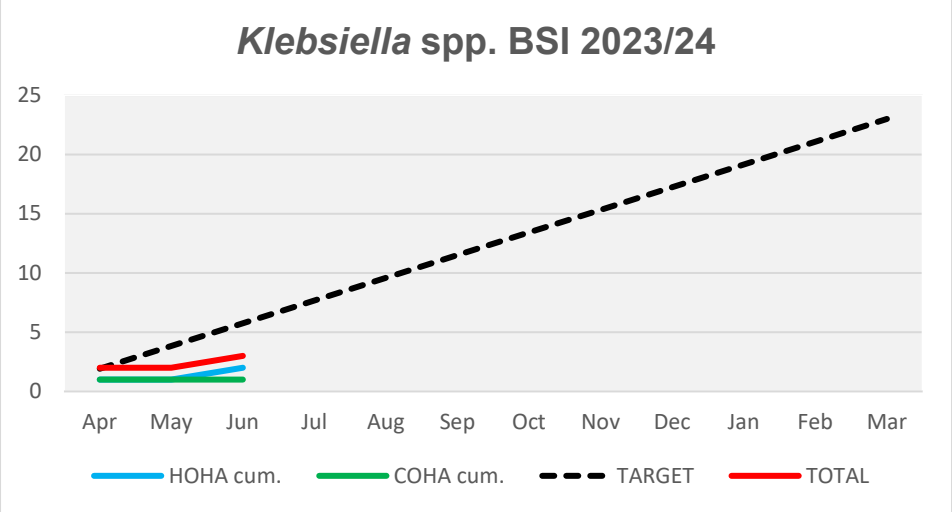
E. coli Bacteraemia.

The National Trust target for 2023/24 is 47 – a total of 1 HOHA and 4 COHA E. coli bacteraemias have been identified in June 2023.



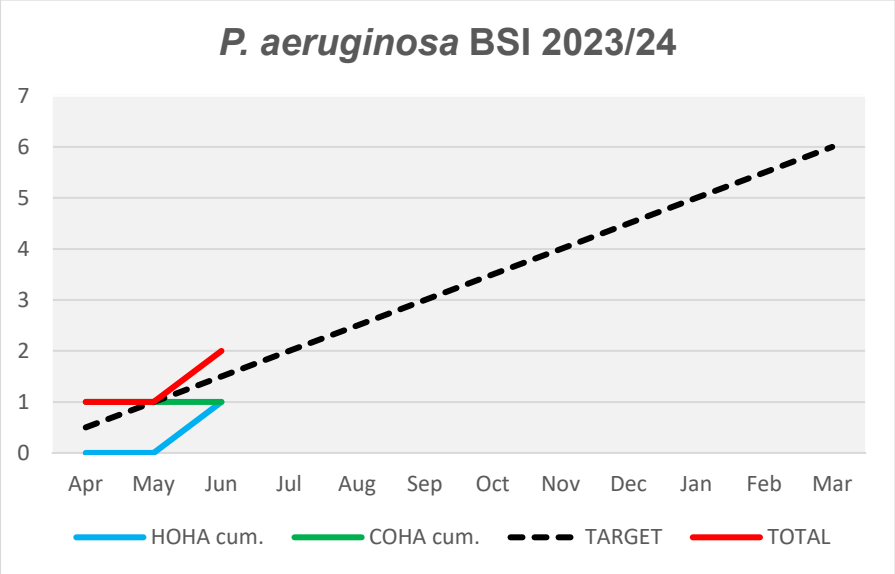
2.5. Klebsiella species Blood cultures.

The National Trust target for 2023/24 is 23 – 1 HOHA Klebsiella spp. have been identified in June 2023 within Surgical division.



2.6. Pseudomonas aeruginosa blood culture.

The National Trust target for 2023/24 is 6 – 1 HOHA Pseudomonas aeruginosa bacteraemia was identified in June 2023 within the MLTC division.



The Infection Prevention Team are participating in a Gram-negative steering group across the Midlands and work on Quality Improvement projects locally to prevent different system infections, including pneumonia and urinary tract infections.

2.7. Surgical Site Infections
During June, 13 cases were investigated for surgical site infection.

Operation	Total no of cases investigated	Superficial infection	Joint space Infection	Deep Infection	Not classed as an SSI	Case review outstanding
T&O	7	2	0	0	2	3
Breast	2	1	0	0	1	0
Maternity	4	1	0	0	1	2
Total	13	4	0	0	4	5

The trust has participated in the Surgical site Hips & knees mandatory period, this was during January to March 2023. The results showed the following outcome:

SSI Jan 23 - March 23		
Category	**Total**	**SSI**
Hip	32	0
Knee	31	0
Total	**63**	**0**

2.8. Outbreaks

0 Ward closures in June 2023.

2.8.1. Bay closures June 2023:

- **4 bay** closures for COVID contacts across all divisions during the month due to unexpected COVID-19 case being confirmed in the bay.
- **3 bay** closures for confirmed CPE case in a bay.
- **1 bay closures** due to multiple patients with loose stool (negative results).

2.8.2. Other outbreaks/HCAI Incidents

- Ward 2; suspected PII – previously initiated in April 2023, new cases identified in May and June.
- Ward 14; suspected PII – two cases identified of C.difficile infections within 28 days.
- Ward 12; suspected PII – two cases identified of C.difficile infections within 28 days.

End of report

NHS
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NHS Trust

Trust Board Meeting – to be held in Public On August 2nd 2023		
Title of Report:	Chief Medical Officer Report	Enc No: 14
Author:	Dr Manjeet Shehmar – Chief Medical Officer manjeet.shehmar@nhs.net	
Presenter/Exec Lead:	Dr Manjeet Shehmar – Chief Medical Officer manjeet.shehmar@nhs.net	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☐No☐
Recommendations: The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or approval.			

Implications of the Paper:			
Risk Register	Yes ☒ No ☐ Risk Title: 2439 *CYP Mental Health quality of care Score 12* 2581 *CYP Mental Health delays in access to Tier-4 bed score 12* 3002 *Adult Mental Health quality of care score 16* 2737 *Trust-wide: Medicines Management* score 16 3012 *360 whole practice appraisals and medical governance* score 4 3078 *Reputational and financial damage due to adverse publicity score 6* 3238 *Trust-wide: Trust guidelines score 6* 3031 Non-patient safety issues within the HEE Improvement Plan Score 9		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	Workforce: Costs for pharmacy workforce business case and Associate Director of Medical Professional Standards Electronic Patient Record costs for implementation and on costs		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well led, responsive, effective, caring
	NHSE	Yes☒No☐	Details: Specialised Commissioning
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☒No☐	Details: Responsible Officer Regulations
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☒No☐	Details: GMC, ICS
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	NA		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: MPSG July 2023
	Board Committee	Yes☒No☐	Date: TMC July 2023
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☒No☐	Date: PFIC, PODC & QPES July 23

Walsall Healthcare
NHS Trust

Summary of Key Issues using Assure, Advise and Alert
Assure • There continues to be good progress with 336/ 391 case notes assessed (85% complete) with a target to complete by end July 2023 • Duty of Candour (DoC) for Royal College of Surgeon's initial review is complete. More detailed review of some patient care to be completed to assess for harm and decision on DOC for those patients. The project remains within budget. • The Section 29A Notice for MLTC in October 2023 for medicines management has been stepped down (verbal notification). The ICS visited the Trust in July to review medicines management across the Trust and did not find any patient safety concerns. (Reading Room 18.8) • A new interim Chief Pharmacist has been appointed • During January 2023 - June 2023 there was 74 Mental Health Act Assessments. 14 of those were detained to WHT with the remainder to Mental Health Trust Beds or discharged home. There have been no deaths of patients held under the Mental Health Act in the Trust. (Reading Room 18.9)
Advise • The Trust is bringing together the various investigations and learning including an external review • The Trust plans to implement an EPMA the legal requirements for procurement, and benefits realisation is required to ensure costs to the Trust in the future are covered. In the meantime, a new drug chart has been rolled out with an MDT education programme. • Increased acuity for patients attending Walsall Healthcare NHS Trust (WHT) with mental health concerns. These are predominantly working age adults.
Alert • Moderate/ severe harm (Duty of Candour trigger) has been apportioned in 25% of the total cases reviewed with 66 legal claim cases. • Increased demand for Mental Health inpatient admission/beds resulting in extended wait times in the Emergency Department and the Acute Medical Unit. • Increased acuity for patients attending Walsall Healthcare NHS Trust (WHT) with mental health concerns. These are predominantly working age adults.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Walsall Healthcare NHS Trust

Report to Trust Board Meeting to be held in Public – 2nd August 2023

EXECUTIVE SUMMARY

This report summarises the key highlights of the Chief Medical Officers' portfolio. This includes quality, learning from deaths, medical workforce, mental health, medicines management, medical professional standards, research & development and medical education. More detailed information in available within the reading room.

BACKGROUND INFORMATION

1.0 Upper Limb Surgery Patient Recall

1.1 The recall programme continues on track with a harm rate reaching Duty of Candour in 25% of patients and follow up appointments have been arranged. Review of a sample of these cases by RCA has highlighted wider learning themes which have been triangulated with other improvement programmes to gain assurance that they have been addressed with consideration of Trust wide lessons.

1.2 GMC and Wider Learning investigations continue including around raising concerns and themes around radiology quality.

Table 1: RCA Summary Themes

RCA Summary: Issues Identified	Previous or Current Investigation / Action
Recruitment / Appointment of clinical staff	NHS England Higher Level Responsible Officer (RO) Review A: Associate Director of Medical Professional Standards post A: Establishment of Medical Governance Post
Appraisal	
Lack of MDT	Royal College of Surgeons Review A: Gap analysis outside of T&O, and extend across organisation
Failure to follow up / Failure to recognise ongoing complications	A: Guideline for Standardised Follow Up Process within T&O Consider pilot site for new National Consultant Outcome System (GIRFT Recommendation) Datix Cloud implementation for input to medical appraisal and theatre quality outcomes dashboard
Morbidity and Mortality Review	A: Internal Review with Governance/Assurance Team
Clinical Director Role & Training	Standardised Job Description now in place. A: Further Development with Training is required
Trust and Divisional Governance	A: Internal Review (Including Recruitment and Appraisal Processes
Open and Transparent Culture / Freedom to Speak Up	Ibex Gayle Investigation
New Techniques	New organisational policy is in place. A: To review current policy and review effectiveness

2.0 Learning from Deaths

- The Learning from Deaths Report is presented
- SHMI value for the 12 month rolling period (published by NHS Digital July 2023) February 2022 to January 2023) is 0.9904 which is within the expected range

3.0 Medicines Management

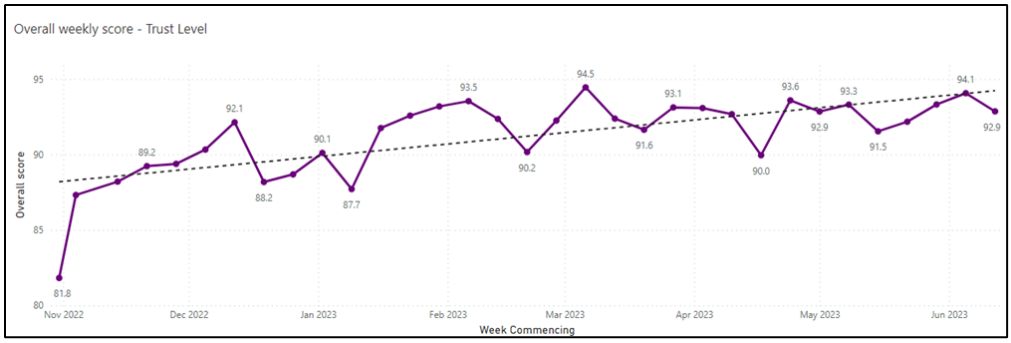
3.1 An unannounced CQC inspection took place the 20 June 2023, this was a follow up visit following the 29a notice that was served on the organisation in relation to medicines management. Following this inspection, the CQC wrote to the Trust to notify of serious concerns they had and a potential 'Section 31 urgent enforcement action. This was in relation to the following:

- Inhalers not consistently being administered or available.
- Diabetes care and the use of insulin, particularly in relation to monitoring patients' blood sugars.
- Drug charts not being transcribed correctly.
- Security of medications in cupboards and fridges.

CQC visit in June 23 letter of intent to move to section 31a has been stepped down verbally to the Director of Assurance

3.2 There is the need for an increased pharmacy establishment to continue to manage medicines across all wards.13 Technician vacancies out of 52.3 = 24% and 8.2 Pharmacist vacancies out of 25.78 = 32%. A business case is planned for submission to Investment Group in September

3.3 Weekly Audit Data (Tendable)
The ward weekly audits comprise 13 audit criteria which covers drug storage, patient identification, prescribing quality, recording of patients' weights, allergy recording, and CD record keeping. The audits are carried out by the matron or deputy and the results for each ward is discussed at the care group huddle. Data is presented below on a weekly basis with the overall scores for each criterion across the Trust.



Gaps are seen in adherence to documentation of the nature of the allergy recorded on the chart and in all prescribed medication has prescribers name in block capitals or stamp. The new drug chart will enable better documentation. Focus will be on omitted doses, high risk medications such as insulin and timely administration and availability of medications.

4.0 Mental Health

In 2021 Walsall Healthcare NHS Trust (WHT) registered as a provider of mental health with the CQC - allowing pateints to be detained under the Mental Health Act (MHA) to the organisation. Being a detaining authority places a responsibility onto the hospital managers (Trust Board) to ensure any MHA detention is completed in a lawful way upholding patients human rights. As an organisation it must be evidenced that there is compliance with the Mental Health Act 1983 and the Code of Pratice 2015.

- Risk 3002 – Adult Mental Health Quality of Care score 16 – describes the Trust's compliance with a risk remaining of sub optimal care and harm to adults who present in a mental health crisis, due to external service gaps requiring and MOU. This in turn may contribute to a breach in part of the MHA. Both Trust executives are working to resolve with the mental health team with an MOU. Other mental health risks sit outside the trust and have been escalated to the ICB.

During January 2023 - June 2023 there was 74 Mental Health Act Assessments. 14 of those were detained to WHT with the remainder to Mental Health Trust Beds or discharged home. There have been no deaths of patients held under the Mental Health Act in the Trust. Increased acuity for patients attending Walsall

Healthcare NHS Trust (WHT) with mental health concerns. These are predominantly working age adults. Increased demand for Mental Health inpatient admission/beds resulting in extended wait times in the Emergency Department and the Acute Medical Unit. Work is ongoing with the mental health team to improve access.

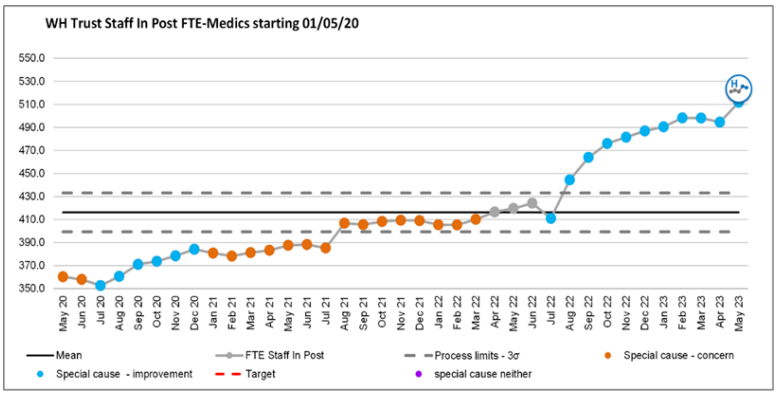
5.0 Medical Workforce

Temporary spend on medical staffing are overspent by (£3,836k) YTD, driven by Locum Bookings (£2,714k), Agency Bookings (£970k) and offset by Medical under establishment [32.80wte], £320k. This is a reduction of £2,431K from last month.

Main drivers for bookings against Agency and Locums relates to:

- Vacancy Bookings over and above agreed budgets
- Demand Bookings (£678k YTD, £132k in month)
- Sickness (£172k YTD, £62k in month)
- Total strike bookings £384,546 YTD
-

Chart Full Time Equivalent Medical Staff Recruitment per month



A new locum sign off process has been established with review of Divisional trajectories for reduction of spend through Divisional Performance Reviews.

6.0 LocSSIPS

LocSSIPs are a set of guidelines developed by the National Patient Safety Agency to improve patient safety during invasive procedures.

Chart LocSSIPS Audit compliance April and May 2023

Division	Area	Apr Compliance	May Compliance
Community	Community - CIT		Awaiting
Community	Community - Podiatry	100%	100%
Community	Community - Diabetes-Podiatry	100%	
Community	Community - Children's		100%
MLTC	Cardiac Intervention Suite	100%	100%
MLTC	Emergency Department	48%	43%
MLTC	Endoscopy	100%	100%
MLTC	Gastroenterology (Ward 16)	100%	100%
MLTC	Ward 15	100%	
MLTC	Pleural Procedures Clinic	100%	88%
MLTC	AMU	73%	Awaiting
Surgery	Chemotherapy	100%	100%
Surgery	Maxilofacial / Dental	100%	100%
Surgery	Intensive Care Unit	74%	80%
Surgery	Ophthalmology	100%	100%
Surgery	Outpatient - Vascular	100%	100%
Surgery	Outpatient - Dermatology	78%	100%
Surgery	Foot and Ankle Steroid Injection	100%	86%
Surgery	Outpatient - Orthopaedic		
Surgery	Urology	100%	Awaiting
WCCSS	Imaging	94%	90%
WCCSS	Gynaecology		100%
WCCSS	Maternity	93%	86%
WCCSS	Paediatrics/Neonates		
Trust Wide Compliance		86%	84%

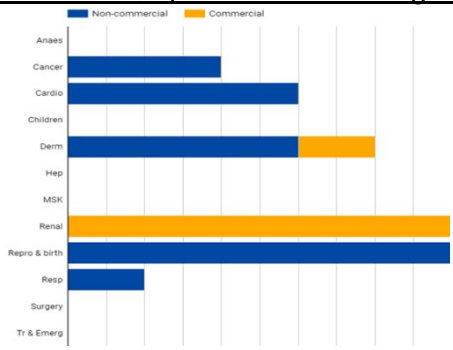
The most recent compliance figure across the Trust stands at 84% in May 2023 (86% in April 2023). The table below demonstrates compliance in a range of settings. Area with significant gaps is the emergency department (ED) scoring at 43% which is a decrease in April 2023 (48%).
Quality improvement initiatives have been commenced in ED, AMU and trauma and orthopaedics with reporting to PSG.

7.0 Electronic Patient Record
The business case for Frontline Digitisation has been approved in principle however needs to show benefits that limit or negate the impact of the future recurrent revenue costs. The programme Manager is working with Divisional teams for resubmission.

Loose filing – A process for managing legacy loose files is in place and will be progressed through a wider rollout when additional staff are on site.

8.0 Clinical Guidelines
Work continues with Divisions to update and review guidelines. There are 38 guidelines ready for submission to the Guidelines group for ratification and TMC in September.

9.0 Research and Development
The Trust is working with partners to increase opportunities for research. There are 26 studies opened, 6 in set up and 14 in the pipeline. Graph3: Shows Main Specialities recruiting for June 2023.
Giant Panda (Maternity/Smoking), BADBIR(Dermatology), Add-Real (Dermatology), A-Star (Dermatology) Chemobrain (Cancer) and Giant Panda Maternity services. We still await our first recruit into the Victor study (MSD Commercial Study) its proving difficult to find patients which meet the criteria, screen fails for the study has been increased by the sponsor to 10. (Reading Room).
Chart Main Specialities recruiting for June 2023



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10.0 Medical Education
Medical Professional Standards are covered in the Responsible Officer Report.

NHSE update for acute and general medicine for May has been accepted and next update due in August, revisit in November 2023. The GMC Training report will be released week commencing 17th July 2023.

All FYI trainees have passed the Prescribing Safety Exam (PSA) and 25 licences are now available for clinical fellows.

RECOMMENDATIONS

To note the contents of the report.

Reading Room Information/Enclosures:

- Chief Pharmacist Report – Pharmacy and Medicines Optimisation Report
- Mental Health Report
- Annual Revalidation and Appraisal Report

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Trust Board Meeting – to be held in Public On 2nd August 2023		
Title of Report:	Learning from Deaths Report (April 2023 – June 2023)	Enc No: 15
Author:	Mr Salman Mirza Deputy CMO salman.mirza@nhs.net Mrs Lorraine Moseley Business Manager lorraine.moseley3@nhs.net	
Presenter/Exec Lead:	Dr Manjeet Shehmar Chief Medical Officer manjeet.shehmar@nhs.net	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☐No☐
Recommendations: • The Board is asked to note the contents of the report			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None as a result of this report		
Resource Implications:	None		
Report Data Caveats	Data is correct at the time of reporting. NHS Digital reporting is 3 months in arrears.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-Led
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☒No☐	Details:
	Legal	Yes☒No☐	Details:
	NHS Constitution	Yes☒No☐	Details: Duty of Candour
	Other	Yes☒No☐	Details: Professional registrations
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	• The equality and diversity implications to the trust for patients with learning disabilities are managed according to the trust policy and LeDeR recommendations. • National legislation relating to the review of child and perinatal deaths has been implemented.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date:20/7/23 – Mortality Group
	Board Committee	Yes☒No☐	Date:21/7/23 - QPES
	Board of Directors	Yes☒No☐	Date: Trust Board – August 2023
	Other	Yes☐No☐	Date:

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Summary of Key Issues using Assure, Advise and Alert
Assure The most recent published SHMI value for the 12 month rolling period (published by NHS Digital July 2023) February 2022 to January 2023) is 0.9904 which is within the expected range (this relates to the acute Trust excluding palliative care). Please note - this is the most up to date data available at the time of writing the report.
Advise • The medical examiner team reviewed 100% of the total eligible inpatient deaths for the period covered by this report. • Community ME is now being rolled out to all Walsall GP Practices with 48% of GPs signed up to the programme. • 3 LeDeR deaths were reported during this period.
Alert • A further delay to the implementation of the Community ME service has been announced with current plans that this becomes statutory April 2024. However, the team continue to liaise with GPs. • There are currently 9 SJRs outstanding, however good progress is being made within specialties to clear this.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care
Support our Colleagues	• Improve overall staff engagement
Effective Collaboration	• Progress joint working across Wolverhampton and Walsall

Walsall Healthcare NHS Trust

Learning from Deaths Report (April 2023 – June 2023)

Report to Trust Board Meeting to be held in Public on 2nd August 2023

Introduction

This report details:

1. **Performance** data relevant to the trust, compared with regional and national comparator sites, where appropriate
2. **Key areas for attention**, together with analysis, actions and outcomes
3. **Future actions** and developments in understanding mortality data

1. Update on Standardised Mortality Rates (SMRs) and inpatient data relevant to these calculations

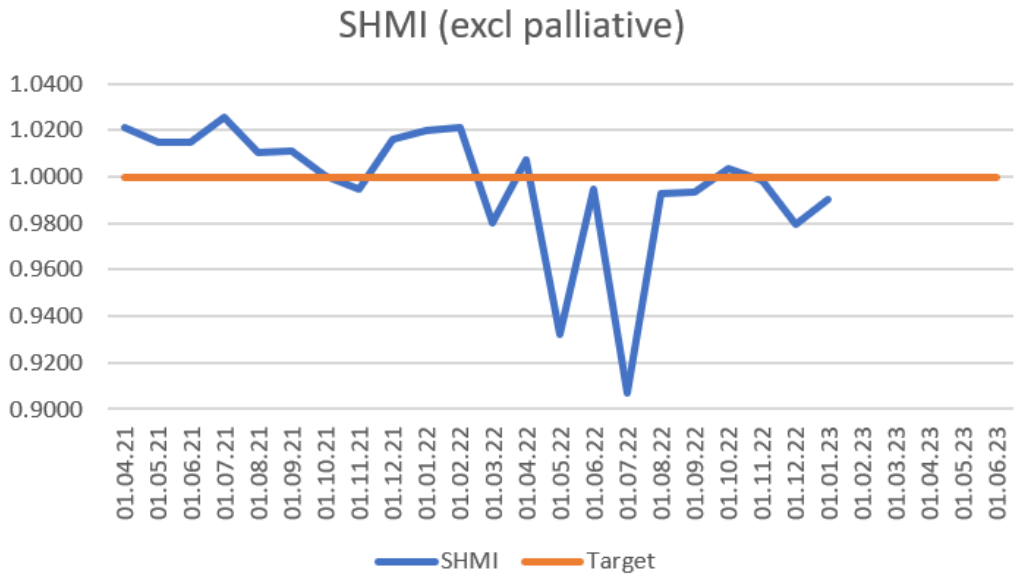
1.1 Activity levels over this period is as follows:

	Admissions	Hosp Deaths	Total Discharges	Covid Deaths
April 23	7424	117	7432	18
May 23	8409	111	8394	7
June 23	8332	89	*	2

*verified data not available at time of writing

1.2 SHMI (Inpatient deaths plus 30 days post discharge - please note data not updated at the time of writing)

The most recent published SHMI value for the 12 month rolling period (published by NHS Digital July 2023) February 2022 - January 2023 is 0.9904 which is within the expected range (this relates to the acute Trust excluding palliative care).



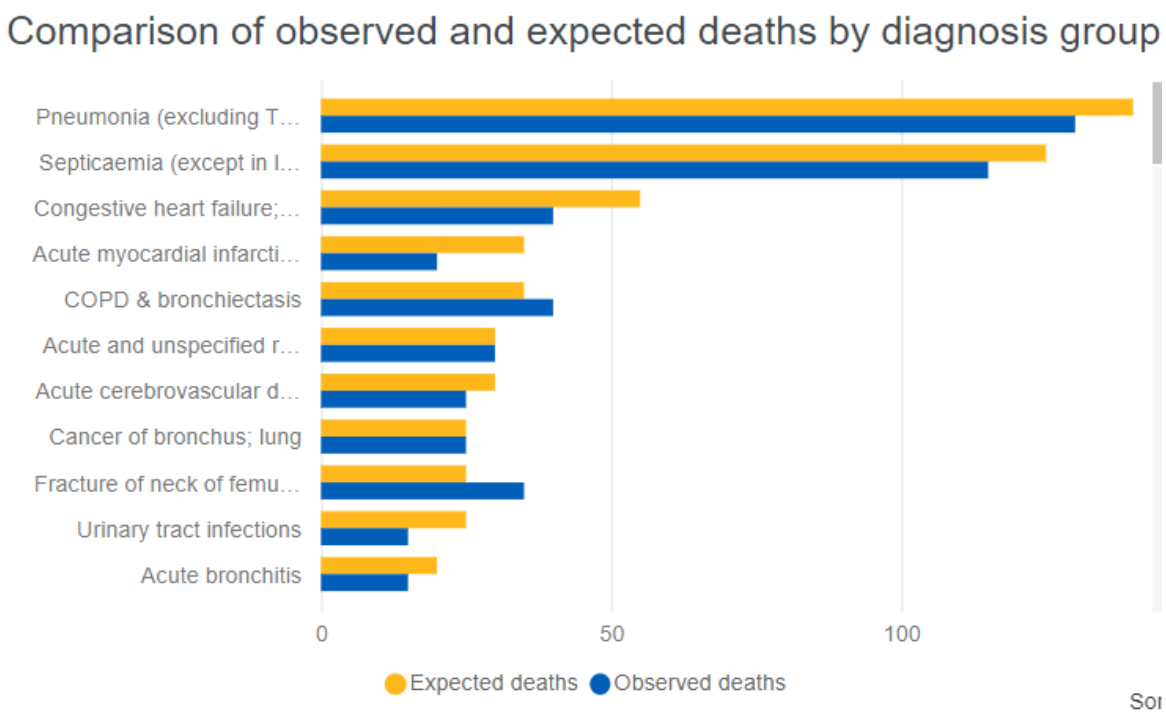
SHMI in comparison with neighbouring Trusts (*NHS Digital)

Trust	February 2022 - January 2023
Walsall Healthcare NHS Trust	0.990
The Royal Wolverhampton NHS Trust	0.898
The Dudley Group NHS Foundation Trust	1.119
Sandwell And West Birmingham Hospitals NHS Trust	1.072

The overall Trust SHMI breakdown is as follows:

Site code	Site name	Provider spells	Observed deaths	Expected deaths	SHMI value
RBK02	Manor Hospital	61,830	1,475	1,490	0.9904
RBK49	Holly Bank House	110		15	
RBK83	Walsall Hospice	150	110	10	14.2402
E0Z3F	Walsall Manor Hospital Elective Surgical Hub	470			

Comparison of observed and expected deaths:

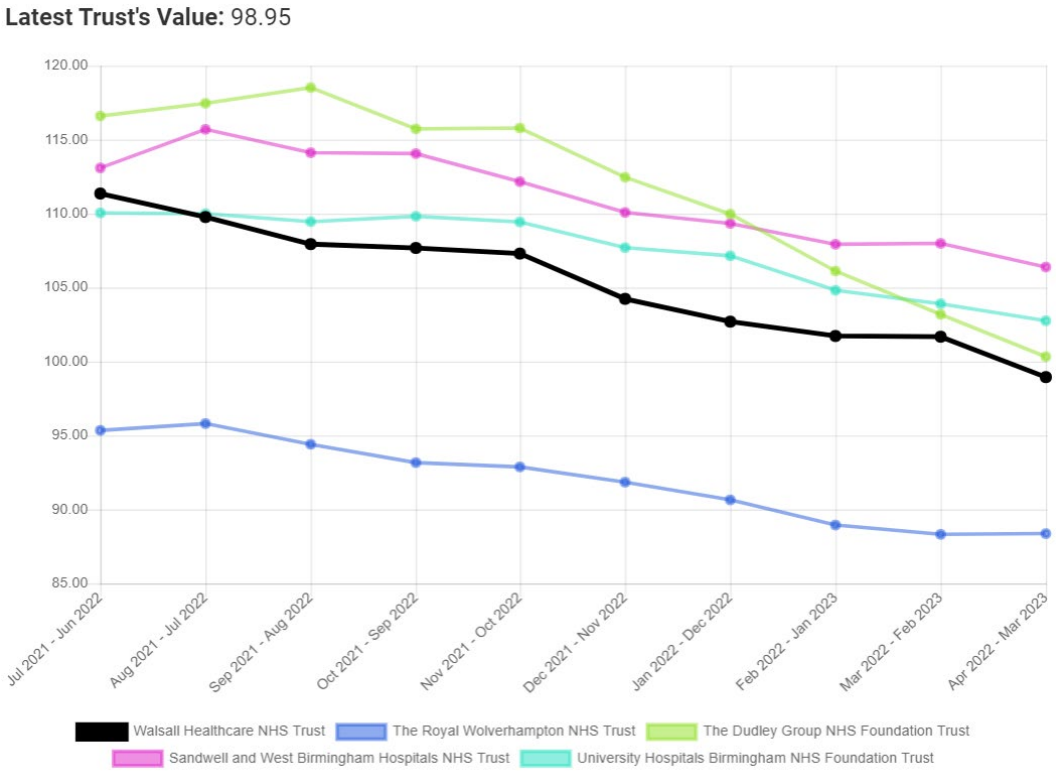


It can be seen from the above that there are two areas where observed deaths are higher than expected deaths: COPD & bronchiectasis and fracture of neck of femur. Investigations are currently taking place within the T&O team to identify possible areas of concern and the outcome will be reported in future reports. Patient level data has been provided to the respiratory team and the outcome of review will be reported in future reports.

2. HMSR

The chart below is taken from available data within HED and illustrates the Trust's performance in relation to peer group. HMSR for this period is lower than the national average (99.81) and continues to show a steady reduction in HMSR.

The following table includes the expected HMSR level to March 2023 and illustrates a continued decrease in HMSR.



3. Ethnicity

We are currently reviewing reporting of this data and an improved report will be published as soon as possible. Please note, previous data related to covid deaths only, future reports will review all deaths.

Alerts

The Trust received the following alerts during this period:

Summary Hospital-Level Mortality Indicator (Monthly SHMI) - 18 :: 24 - Cancer of breast	April 2022 - March 2023	267.83	
Summary Hospital-Level Mortality Indicator (Monthly SHMI) - 140 :: 253 - Allergic reactions, 254 - Rehabilitation care; fitting of prostheses; and adjustment of devices, 255 - Administrative/social admission, 256 - Medical examination/evaluation, 257 - Other aftercare, 258 - Other screening for suspected conditions (not mental disorders or infectious disease), 259 - Residual codes; unclassified, 260 - E Codes: All (external causes of injury and poisoning)	April 2022 - March 2023	288.25	
Mortality Cumulative Summary Aggregated (HSMR) - 127 - Chronic obstructive pulmonary disease and bronchiectasis	February 2023	3.26	

Patient level data has been provided to the specialties for subsequent reporting at Mortality Surveillance Group.

There were no HSMR alerts for the Trust during this period.

The full report and reporting on previous alerts can be found in the Reading Room.

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Trust Board Meeting – to be held in Public on 2 August 2023		
Title of Report:	Walsall Together Partnership Board	Enc No: 16
Author:	Rachael Gallagher - Personal Assistant, Walsall Together	
Presenter/Exec Lead:	Professor Patrick Vernon – Chair, Walsall Together patrick.vernon1@nhs.net	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☐No☐

Recommendations:

Trust Board is asked to BE ASSURED on the contents of the report and the work of the Walsall Together partnership in contributing to the Trust strategic objective to improve the health and wellbeing of the local communities.

The Board is asked TO APPROVE the updated Terms of Reference for the Walsall Together Partnership Board (appendix 1).

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None for this report.		
Resource Implications:	Workforce: There is a commitment from the ICB to ensure that resource implications are considered alongside the delegation policy and in anticipation of any delegation to place-based partnerships in advance of April 2024. There will be resource requirements from across partner organisations, including several support functions, to undertake the process outlined in the delegation policy.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☒	Details:
	NHSE	Yes☐No☒	Details: not at this stage
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details: not at this stage
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains	**N/A**		

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Equality and Diversity Impact	No impact.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: WTPB 19th July 2023
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure • Mr Paul Assinder chaired June's meeting as deputy for Professor Patrick Vernon • Operational demand remains elevated, and work is ongoing to review how data is reported and how to also incorporate additional performance information from other areas of the system • Board has reviewed the draft delegation policy sent from the ICB and agreed next steps with regards to understanding the scope of functions to be delegated, and the associated legal implications • Members agree that is essential to illustrate the impacts of reduced funding across the scope of partnership services • Board has received an initial iteration of the partnership Outcomes Framework, including a demonstration of how it will be linked to performance and transformation in future
Advise • This report covers items discussed in June and July's meetings
Alert • Several partners were absent from the June meeting; although quoracy remained, only core business was conducted • Board approved that Partnership Board meetings will be held bi-monthly (6 meetings per year); updated Terms of Reference are appended for Trust Board to ratify the amendments

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve clinical service sustainability • Implement technological solutions that improve patient experience

Walsall Healthcare NHS Trust

Walsall Together Partnership Board Highlight Report

Report to Trust Board Meeting to be held in Public on 2 August 2023

EXECUTIVE SUMMARY

Junes Meeting

1.1. **Patient story –** June's user story came from a patient representative on the End-Of-Life Steering Group. The presenter has a clinical and NHS background who joined a local patient participation group at a local GP surgery and since joined the steering group with an ambition to support the patient's voice and wishes when realising a dignified death. The presenter has an active role on the steering group providing challenge to statutory services, pathways, and strategies on behalf of patients. Board was also briefed on some of the work done to date within the steering group and board were assured that excellent progress is being made within the group on behalf of the partnership.

1.2. **Operational Report –** Board was briefed on the highlights of May's operational data. Demand in the system is still elevated. Board was assured that work is ongoing to incorporate additional data into the report which will provide better insight into systems demands and pressures.

1.3. **Transformation Programme –** The most recent transformation reports were shared with board members prior to the meeting and board was assured that the appropriate actions were being taken to identify mitigations for the 2 projects at risk. Oversight and governance for the transformation project remains with CPLG.

1.4. **Communications Brief –** Board approved the paper for circulation across the partnership.

1.5. **Place Development** – The draft delegation policy from the ICB was shared with partners for review and comment. Board was assured that the paper includes detail of the proposed delegation responsibilities as previously approved by members. Board agreed to review the document ahead of the scheduled away day so discussions can be held to understand the scope of the ask.

1.6. **Finance Deep Dive –** The paper presented to board gives a partial overview of the impact of the reduced finances, covering Walsall Healthcare Trust services. The paper will be a live document that will be reviewed and updated via the Joint Planning Group. Board was assured that the right impact assessments are being conducted and plans are in situ to flex up services if additional funding were to be made available.

Julys Meeting

1.7. **Operational Report** - Operational data remains stable, and the report now includes Virtual Wards data. Board were informed that the report is being refreshed and will utilising the metrics within the Outcomes Framework which will provide a broader perspective and assurance of all partner organisations operational issues and risks.

1.8. **SDF/Ageing Well Funding** – Board was informed of the updated funding position. 2 million pounds has been allocated after discussions with the ICB which will fund services as proposed in June's paper. The funding will focus on providing out of hospital services and

used flexibility as system pressures dictate. Board was assured that work is ongoing to source additional funding sources and identifying system efficiencies. Board approved the paper.

1.9. **Transformation Programme** – Julys transformation programme reports illustrates 3 projects at varying levels of escalation and board resolved to take assurance that work is ongoing to mitigate the risks identified. Board approved the recommendation that Virtual Wards would be removed from the transformation programme for 2023/24 due to a lack of funding for expansion. The impact of the existing services will continue to be reported for assurance purposes via the Operational Report.

1.10. **Place Development** – Board received a paper that included a summary of some of the discussion points from the Board Away Day, an update on progress with the ICB draft Delegation Policy, an update on clinical leadership funding, an overview of activity undertaken by the Director of Place Development, and next steps for Walsall Together. Board was asked to approve the meeting frequency to move to bi-monthly which was approved.

The ICB is proposing to delegate statutory responsibilities to place based partnerships on 1st April 2024. Work is in progress to understand the legal and resource implications for Walsall Healthcare and wider partners. Executive oversight from Walsall Healthcare is recommended in addition to the Group Director of Place, particularly from finance and governance functions. Further information will be presented to the Trust Board within the Care at Home report.

1.11. **Our Relationship with the Voluntary Sector** – Board members from the voluntary sector presented a paper for discussion with board members detailing the work of the voluntary sector within the partnership. Current issues within the sector were also outlined, a strategic forward approach was proposed including how to identify additional funding sources. Board was receptive to the suggestions detailed in the paper and members agreed that senior leadership within the partnership should spend time within the sector to get a feel for the operational functions of the sector. Board approved the paper in principle subject to the recommendations being translated into tangible actions.

1.12. **All Age Autism Framework** – Members of the All Age Autism Framework team presented board members with an overview of work done to date to develop the framework. The framework will help inform decision makers and support place-based priority setting taking a whole life approach also incorporating the wider determinants of health. Board was informed of the approach taken to develop the framework and were asked how the framework can be incorporated into the work of Walsall Together in particular the Population Health agenda. Board agrees to make links into the Population Health and Family Hubs groups.

1.13. **WTPB** - The amended ToR was approved by board members, subject to updating the meeting frequency to 6 meetings per year. The ToR will be presented to Trust Board for ratification.

1.14. **Partnership Outcomes Framework** – A progress update of the framework was shared with board. The intention of the framework is to support the move to more integrated delivery and will provide the metrics against which all providers of health and care services in scope of Walsall Together will be measured. A practical demonstration of the framework

in use was shared with board and members agreed that it should be shared at Trust Board when finalised.

BACKGROUND INFORMATION

Under the 'Communities' strategic objective, WHT is the Host Provider for the integration of Walsall Together partners, addressing health inequalities and delivering care closer to home. The Walsall Together Partnership Board is a sub-committee of the Walsall Healthcare Trust Board.

RECOMMENDATIONS

Trust Board is asked to BE ASSURED on the contents of the report and the work of the Walsall Together partnership in contributing to the Trust strategic objective to improve the health and wellbeing of the local communities.

The Board is asked TO APPROVE the updated Terms of Reference for the Walsall Together Partnership Board (appendix 1).

Any Cross-References to Reading Room Information or other Enclosures:

- The Care at Home report contains more detail pertinent to the implications associated with the ICB draft Delegation Policy, including the policy document itself.

Walsall Healthcare
NHS Trust

WALSALL TOGETHER PARTNERSHIP BOARD

TERMS OF REFERENCE: Version 2.2

RATIFIED BY THE WALSALL HEALTHCARE NHS TRUST BOARD ON: DRAFT not yet ratified

NEXT REVIEW DUE: April 2024

1. CONSTITUTION

The Board of Directors of the Walsall Healthcare Trust as Host Provider of the Walsall Together Partners established the Integrated Care Partnership Board and whose name was later changed to the Walsall Together Partnership Board ("WTPB"). The WTPB is a committee of the Walsall Healthcare Trust and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. PURPOSE

2.1. The Committee will be responsible for decision making and strategic direction and outcomes, including responsibility for the delivery of the Walsall Together Business Plan.

2.2. The Committee will have responsibility for the oversight of service integration contractually in scope for the system integration and transformation.

2.3. The Committee is authorised by the board to investigate any activity within its terms of reference. The Committee is authorised by the Board to obtain outside legal or independent advice and to see the attendance of outsiders with relevant experience and expertise if it considers necessary.

3. MEMBERSHIP

3.1. As the Committee is one focused on partnership working across the borough of Walsall, the WTP Board will include members of Partner organisations.

3.2. The Membership of the Committee shall consist of:

- An independent Chair, to be appointed by the Walsall Healthcare NHS Trust Chairman to Chair the Partnership Board*;
- Two Non-Executive Directors (one from each NHS provider Trust);
- Group Director of Place, Walsall Healthcare NHS Trust;
- Director of Place Development & Transformation, Walsall Together;
- Associate Medical Director, Walsall Together
- Communications & Engagement Lead, Walsall Together;
- Chief Strategy and Partnerships Officer, Black Country Healthcare NHS Foundation Trust;
- Director of Adult Social Care, Walsall Council;
- Director of Public Health, Walsall Council;

- Director of Children's Services, Walsall Council;
- Chair, Walsall Community Network
- Chief Executive, One Walsall;
- Primary Care Representatives;
- Director of Governance, Walsall Healthcare NHS Trust;
- Corporate Director, Walsall Housing Group representing Housing:
- Healthwatch representative

*Appointed in collaboration with partner organisations

3.2 Professional Representation:

- Clinical lead for in-scope hospital services;
- Clinical lead for mental health;
- Professional lead for nursing and AHPs;
- Professional lead for Adult Social Care;
- Professional lead for Children's Services.

4. ATTENDEES

Black Country Integrated Care Board and Walsall Council Commissioning are welcome to attend as participating attendees. Other executive directors/managers from across the partnership should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director/manager.

5. ATTENDANCE

It is expected that each member attends a minimum of 80% of meetings and performance will be reported for each member in terms of attendance at the end of each financial year.

6. DECISION MAKING

6.1. A quorum shall be 2 Non-Executive Directors and one representative from each partner organisation.

6.2. It is recognised that each of the partners has their own regulatory and statutory responsibilities and partners have their own internal governance arrangements. There may be some matters where partners respective Boards/Governing Bodies need to retain the ability to reserve the approval of some decisions for that Board/Governing Body. The limits of that authority will be recorded in partner's respective Schemes of Delegation. Partners therefore acknowledge that the relevant individuals may not have the appropriate levels of delegated authority to make decisions at meetings of the Walsall Together Partnership Board. Accordingly, some decisions will need to be considered and approved by partner's individual Boards/Governing Bodies before final resolution by the Walsall Together Partnership Board.

6.3. All decisions will be made by consensus of the partnership.

7. FREQUENCY OF MEETINGS

The WTPB will meet bi-monthly, 6 times a year or as otherwise agreed by the partners.

8. CHANGES TO TERMS OF REFERENCE

Changes to the terms of reference including changes to the Chair or membership of the WTPB are a matter reserved to the Board of the Walsall Healthcare NHS Trust.

9. ADMINISTRATIVE ARRANGEMENTS

9.1. The Chair of the WTP Board will agree the agenda for each meeting with the Executive Director of Walsall Together. The WTP Board shall be supported administratively by the Executive PA who's duties in this respect will include:

- Agreement of agenda with Chair and attendees and collation of papers with all partner organisations;
- Taking the minutes;
- Keeping a record of matters arising and issues to be carried forward;
- Advising the committee on pertinent issues/areas;
- Enabling the development and training of Board members.

9.2. All papers presented to the WTP Board should be prefaced by a summary of key issues and clear recommendations setting out what is required of the WT Boards.

10. ANNUAL CYCLE OF BUSINESS

The Walsall Together Partnership Board will develop an annual cycle of business for approval by the Trust Board meeting at its first meeting of the financial year. The Walsall Together work plans informs the standing agenda items as described within the terms of reference, to ensure that all regulatory and legislative items are adequately reviewed and acted upon.

11. REPORTING

The Chair of the WTP Board will on behalf of the Trust Board provide a highlight report monthly to each of the partner organisations outlining key actions taken with regard to the issues, key risks identified and key levels of assurance given.

12. STATUS OF THE MEETING

All WTP Board meetings will meet in private. Matters discussed at the meeting should not be communicated outside the meeting without prior approval of the Chair of the Committee.

13. MONITORING

The WTPB will prepare an Annual Report setting out the issues that have been considered by it and details of assurance provided.

14. DUTIES

14.1 The primary responsibility of the Walsall Together Partnership Board will be the integration of services deemed to be “in scope” and not for the delivery of those services.

14.2 The functions of the Walsall Together Partnership Board would be to:

- 14.2.1 Provide strategic leadership and oversight of service delivery and outcomes for in-scope services and for Walsall Together Programme Work Streams;
- 14.2.2 Promote and encourage commitment to the Partnership Principles and Partnership Objectives amongst all Participants;
- 14.2.3 Monitoring and review of key interdependencies between Partners to ensure that benefits of the new model is fully realised for the benefit of citizens, patients, carers and their families;
- 14.2.4 Oversee the development of, and transition to, new models of care in priority areas/in scope services;
- 14.2.5 Make decisions in the context of the shared vision for the Walsall Together Partnership, and as detailed in the Alliance Agreement;
- 14.2.6 Consider investment and any disinvestment decisions across the partnership;
- 14.2.7 Collectively hold Walsall Together partners to account for upholding the commitments made in the Business case, and the Alliance Agreement;
- 14.2.8 To provide assurance that needs of the community and citizens are best serviced by the proposed partnering arrangements;
- 14.2.9 Provide direction on the options for pursuing greater authority and responsibility for decision-making at Place.

14.3 To review the risk implications of the partnership arrangements.

14.4 To establish meaningful patient and public engagement in planning for the future.

Walsall Healthcare
NHS Trust

Trust Board Meeting to be held in Public On 2 August 2023		
Meeting Date:	2nd August 2023	Enc: 18
Title of Report:	Care at Home Report	
Action Requested:	To Inform and Assure	
Author and Responsible Director Contact Details:	Michelle McManus, Director of Transformation & Place Development Matthew Dodd, Director of Integration	
For the attention of the Board		
Assure	• ***Avoiding Hospital Admissions:*** Referrals were stable for services such as Care Navigation Centre, Rapid Response team and the Integrated Front Door service. • ***Medically Stable for Discharge:*** The level of patients awaiting discharge pathways 1-3 remained low at 38 patients. The average LOS for being medically stable was 2.95 days • ***Increased funding:*** The funds being allocated via the Service Development Fund, Ageing Well, Community Infrastructure and Long Covid streams have increased from the levels reported to the Board and Committees in June 2023. A proposal has been submitted to the ICB which enables a range of services previously identified as being at risk, to be funded for full or part of 2023/24	
Advise	• ***Virtual Wards:*** The adult virtual wards continued to offer 80 virtual beds covering respiratory, heart failure, palliative care, hospital at home and frailty pathways during June. Referrals into the service have increased but remain below the service capacity	
Alert	• ***Risks around winter funding:*** Inherent in the funding proposal to the ICB for the use of the SDF allocations, are planning assumptions around both the allocation of winter funds and the pre-commitments against them • ***ICB Draft Delegation Policy:*** the ICB is proposing to delegate statutory responsibilities to place based partnerships on 1st April 2024. Work is in progress to understand the legal and resource implications for Walsall Healthcare and wider partners. Executive oversight is recommended in addition to the Group Director of Place.	
Links to Trust Strategic Aims & Objectives		
Excel in the delivery of Care	**a) Embed a culture of learning and continuous improvement** **b) Safe and responsive urgent and emergency care**	
Improve the Healthcare of our Communities	**a) Develop a health inequalities strategy** **b) Deliver improvements at PLACE in the health of our communities**	
Effective Collaboration	**a) Improve population health outcomes through provider collaborative** **b) Improve clinical service sustainability** **c) Implement technological solutions that improve patient experience** **d) Progress joint working across Wolverhampton and Walsall** e) **Facilitate research that improves the quality of care**	
Resource Implications:	Bids have been submitted to NHSE around the development of virtual wards and hospital at home schemes related to the use of technology	
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.	
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**	

Walsall Healthcare
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Equality and Diversity Impact	The issue of health inequalities continues to receive growing prominence locally and nationally. It is reflected in the strategic objectives of the partnership and the associated BAF risk for Walsall Healthcare.
Risks: BAF/ TRR	BAF Risk - Failure to deliver care closer to home and reduce health inequalities
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	WMBC ICB
References	
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Walsall Healthcare NHS Trust

Brief/Executive Report Details	
Brief/Executive Summary Title:	Care at Home Report

Care at Home Executive Summary
July 2023

1. PURPOSE OF REPORT

This report provides an overview performance, risk, assurance, and transformation in the Care at Home Strategic domain during June 2023.

Detailed discussions in these areas have been covered in the relevant Board Committees in previous months in addition to review by the Walsall Together Partnership Board.

2. BACKGROUND

Under the Communities strategic objective, WHT is the Host Provider for the integration of Walsall Together partners (formally established in April 2019), addressing health inequalities and delivering care closer to home.

The Health and Care Act (2022) formalised Integrated Care Systems (ICS) as legal entities with statutory powers and responsibilities. A key plank of ICS policy is that much of the activity to integrate care, improve population health and tackle inequalities will be driven by organisations collaborating over smaller geographies within ICSs referred to as 'places'.

WHT provides vehicle for governance by establishing a place-based Board (Walsall Together Partnership Board - WTPB) and management structure within the framework of its existing corporate structure. The WTPB has oversight of operational performance for community services.

3. PERFORMANCE, ASSURANCE AND RISK – COMMUNITY SERVICES

The key risks to community services and assurances around the level of service provision are included in Appendix 1 and the Walsall Together Partnership Board members have been briefed on these risks in July.

The WT Partnership Management Team and WT Tactical Command continue to focus on the impact of operational performance and pressures on the citizens of Walsall and how it affects their health & well-being.

3.1 Demand: Demand for Community Locality Services remained stable in June

3.2 Capacity:

Locality Teams: The Locality Community Teams delivered 5,739 hours of care and met 95.3% of the demand in month

Virtual Wards: The adult virtual wards continued to offer 80 virtual beds covering respiratory, heart failure, palliative care, hospital at home and frailty pathways during June. Referrals into the service have increased but remain below the service capacity. The service has developed plans to reduce capacity to align more closely with demand and reduce the staffing required

Discharge & Step-Up Pathways: The level of patients awaiting discharge pathways 1-3 remained low at an average of 38.25 patients, with the average LOS as being medically fit running at 2.95 days.

4. Funding for out of hospital services:

The funds allocated via the Service Development Fund, Ageing Well, Community Infrastructure and Long Covid streams have increased from the levels reported to the Trust Board and Committees in June 2023. A proposal has been submitted to the ICB which would enable a range of services previously identified as at risk, to be funded for full or part of 2023/24. The risks associated with the allocation and proposed use of funds have been outlined to Walsall Together Partnership Board and Walsall Healthcare Trust Finance & Performance Committee.

5. RISK REGISTER

The following risk has been de-escalated from the Corporate Risk Register for management by the Walsall Together Partnership Board following completion of all outstanding actions and updates to the controls in place (risk reduced from level 16 to level 10):

- Risk 2370 – Delays in presentations for other, non-COVID, conditions may further exacerbate health inequalities and increase the risk of premature mortality.

6. PLACE-BASED PARTNERSHIP DEVELOPMENT

ICB (Draft) Delegation Policy: This was issued in May 2023 (Appendix 2) and describes the process required to achieve delegation of statutory functions from the ICB to provider organisations in advance of 1st April 2024. Officers from the ICB are arranging meetings with leads in each Place Based Partnership to discuss the range of statutory ICB functions that are being in scope for delegation, and what resources will be available to support the transition process.

Walsall Together is developing a framework to provide assurance to NHS England (NHSE) and the ICB. This is based on work previously undertaken within the partnership using the NHS Transactions Guidance, CQC Well Led framework and Thriving Places guidance. Walsall Together is working closely on this with Place and Provider Collaborative Leads across the Black Country. A joint session has been held with consultants to understand the legal implications of delegation and the comparable advantages and disadvantages between this and equivalent contracting approaches (e.g. Lead Provider contracts). Further work is required to understand the scope of functions proposed and the full legal implications of achieving delegation. It is assumed that Walsall Healthcare Trust would receive the delegation on behalf of Walsall Place. As such, it is recommended that there is Executive oversight of the work in addition to the Group Director of Place, initially to include Finance and Governance.

Outcomes Framework: A partnership outcomes framework is being reviewed through place governance fora. The framework will support the transition to place-based arrangements, and potentially to population-based budgets. It will be clearly aligned to existing performance metrics and support the measurement of how the partnership is delivering on the Trust strategic objective of *improving the health of our immediate communities*.

National profile: Following the visit from the CEO of NHS Confederation in May 2023, and the excellent feedback received, there has been increasing interest in the work of the partnership.

- CEO of Chamber UK (an organisation that publishes and broadcasts political insight and analysis for community leaders in civil society, business, local, regional and national government), has invited Walsall Together to present its model of partnership working and outcomes framework to an event, *Integrating Healthcare Seminar (Midlands)*, in November 2023
- Partnership Chair, Professor Patrick Vernon, joined Matthew Taylor, Amanda Sullivan (Chief Executive of Nottingham and Nottinghamshire ICB), and Kevin Lavery (Chief Executive of Lancashire and South Cumbria ICB) on the Health on the Line podcast, taking about integrated care systems: one year on. Professor Vernon talked positively about the work in Walsall, local leadership, level of trust and influencing place-based working at system level - Integrated care systems: one year on | NHS Confederation
- Director of Place Development & Transformation attended a Chatham House roundtable with NHS Confederation, Department of Health & Social Care (DHSC), and the Office for Health Improvement & Disparities (OHID) in support of the consultation on the Major Conditions strategy. An overview of the themes from the roundtable and next steps can be found using this link Prevention, integration and implementation | NHS Confederation
- Partnership Chair has successfully secured a slot for Walsall Together to present at the King's Fund conference for place-based partnerships (further details and a date to be confirmed)

7. RECOMMENDATIONS

Members of the Trust Board are asked to note the contents of this report.

APPENDICES

Appendix 1: Operational Performance Report for June 2023: Walsall Together (Reading Room)
Appendix 2: ICB draft Delegation Policy (Reading Room)

Walsall Healthcare NHS Trust

Trust Board Meeting to be held in Public on 2nd August 2023

Title of Report	Highlight Report from the People and Organisation Development Committee Chair	Enc No:19
Author:	Catherine Griffiths – Chief People Officer Walsall Healthcare NHS Trust	
Presenter:	Junior Hemans – Non Executive Director and Chair of the People and Organisation Development Committee	
Date of Committee Meetings since last Board meeting:	• 26th June 2023 • 24th July 2023	

Action Required of Committee/Group			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
No	No	No	Yes

Recommendations:

The Board is asked to note the Trust is within the 10th most improved nationally this year on the Freedom to Speak Up Index. The annual FTSU report, received at PODC in July is on the Board agenda.

The Board is asked to note representation of black, Asian and minority ethnic employees at senior level (Band 8a and above) matches local population and was improved by 10% in this year to 28%. Further to note the targets for representative workforce are adjusted each year to reflect the population served.

The Board is asked to note the retention metric and target has been amended for consistency with RWT to focus on 12-month retention rate with a target of 88%, The Trust meets the 12-month retention target with performance at 90.4%. PODC took assurance from detailed work to improve the 24-month retention performance (which requires improvement) and will report further for assurance.

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	No change to BAF Risks or Score the BAF and CRR approved by committee in July 2023.		
Compliance and/or Lead Requirements	CQC	Yes	Details: Well Led Domains
	NHSE	Yes	Details: Health and Wellbeing Framework
	Health & Safety	Yes	Details: Statute and Governance Frameworks
	Legal	Yes	Details: Equality and Employment Statute and Governance Frameworks
	NHS Constitution	Yes	Details: NHS Constitution and Values
	Other	Yes	Details:

Summary of Key Issues:

1. The Freedom to Speak up Index shows the Trust as the 10th most improved nationally, with a visit from the National Guardian's Office to be arranged.

2. The Equality Objectives contained within the EDI strategy for 2020-2023 are achieved, the committee noted the positive work on increasing representation of black, Asian and minority ethnic colleagues at senior level – Band 8a and above – which increased by 10% from 18% to 28%. The target was based on population served and is reviewed each year. In addition, performance on workforce equality standards is improved, PODC reviewed WRES and WDES reports during July and received an update of the work of the LGBTQ+ group.

3. Recruitment continues to perform well, with vacancy rates for the nursing and midwifery workforce at 3.9% for June with 302 Clinical Fellows in post. The Trust is compliant overall at 5% vacancy rate against a vacancy target of 7%. The Trust meets its strategic objective of being the top quartile for vacancy rates.

4. The anchor employer approach continues to ensure the Trust brings local people onto the career pathways for health and social care with positive impact on longer term health outcomes within the local population, in addition to positive impact on vacancy rates and retention within the Trust in the short term. The vacancy rate at the trust is within target and improving, turnover is improving at 10.4% against a target of 10%.

5. The 12-month retention target has been aligned with that of the Royal Wolverhampton NHS Trust with a target of 88%, the Trust meets this target at performance 90.4%. There is a continued focus on retention at 24-months for the nursing and midwifery and AHP workforce to improve retention and assure effective on-boarding (including accommodation), specific work is taking place with Clinical Fellows on the culture of speaking up to ensure all are supported. PODC took assurance from a report focusing on retention for Nursing and Midwifery and AHP workforce and sustaining the reduction in use of agency.

6. The committee were pleased to note partnership work with local businesses and the community relating to the Trust pledging the apprenticeship levy locally to further develop training and development opportunities for the community.

7. The committee noted the progress of the Civility and Respect program within the Trust and noted the further work on workforce equality standards to address differential staff experience relating to compassionate culture.

8. Mandatory training compliance requires further improvement, with projected compliance across the Trust to reach target in September 2023. The transfer to My Academy self-service portal for all training completes in August.

9. IPDR compliance requires improvement across the Trust and the committee will review in September for assurance on progress.

10. Sickness in month is within target at 4.76% for June, this meets the amended target. The rolling 12-month figure is still above the Trust target (5%) due to higher levels of absence evident in Q3 and Q4 of the year 2022-2023, projected to reach compliance Q4 2023-2024.

11. The committee received and approved the Revalidation Annual Report & Statement of Compliance 2022/23 medical workforce.

12. The committee received and took assurance on the NHS National Quarterly Pulse survey noting improvement trend on motivation, however static trend on advocacy. The Staff Survey Oversight group are monitoring action plans and preparing for 2023 National Staff Survey.

Walsall Healthcare
NHS Trust

Links to Trust Strategic Aims & Objectives)	
Excel in the delivery of Care	a) Embed a culture of learning and continuous improvement
Support our Colleagues	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	a) Develop a health inequalities strategy b) Deliver improvements at PLACE in the health of our communities
Effective Collaboration	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care

Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Y	Date: monthly
	Committee	Y	Date: monthly
	Board of Directors	Y	Date weekly
	Other Health & Wellbeing SG Education & Training SG EDI SG JNCC LNC	Y	Date: monthly
Any Changes to Workplan to be noted	No changes to Workplan		Date:

Walsall Healthcare NHS Trust

EXCEPTION REPORT FROM PEOPLE AND ORGANISATION DEVELOPMENT COMMITTEE CHAIR

ALERT
Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee

1. Retention at 24 months and for nursing and midwifery and AHP workforce remains under review to provide a mitigation plan which can give assurance to Board on workforce availability in the longer term for nursing and midwifery and AHP workforce. The committee received assurance on the plan to improve retention and will review progress and outcomes against this.

ADVISE
Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.

2. Further assurance required to recover IPDR performance Trust wide to reach target by end Q3.

3. Further assurance required on Trust culture and staff experience of bullying and harassment, and performance against the 'compassionate culture' elements of the Workforce Equality Standards. Although staff engagement improved within the 2022 National Staff Survey, further improvement is required on compassionate culture and eliminating discrimination.

ASSURE
Positive assurances & highlights of note for the Board/Committee

4. Improved FTSU Index – 10th most improved nationally for 2022 National Staff Survey.

5. Equality Strategy 2020-2023 and equality objectives met as planned, joint approach being planned to support the delivery of the joint Trust Strategy. Improvement of 10% on representation at senior level to 28% of workforce (8a and above for black Asian and minority ethnic staff).

6. The Trust vacancy rate at 5% trust wide, meets Trust target and is within top-quartile.

7. The approach to anchor employer and partnerships continues to develop with benefits for health outcomes for the local population and communities served and with benefits for the trust in retention and growing the workforce for the future.

ACTIVITY SUMMARY
Presentations/Reports of note received including those Approved

1. EDI Annual Report and Public Sector Equality Duty approved and referred to Trust Board for information.

2. Freedom to Speak Up Quarterly Report – 2022-2023 Q 4 report (January to March 2023) – referred to Trust Board for information. Freedom to Speak Up Annual report 2022-2023 referred to Trust Board for information.

ACTIVITY SUMMARY
Presentations/Reports of note received including those Approved

1. Leadership and Talent Management update received by committee for review.
2. LGBTQ+ progress update and review received by committee for review.
3. Board Assurance Framework and Corporate Risk Register received by committee for review, and approval no escalation.
4. Trust Workforce Metrics report received by committee for review, 24-month retention escalated.
5. Safer Staffing report received by committee for review.
6. Update on Integrated Care Board activity received.
7. Update on workforce elements of 'Grip and Control' activity received.
8. Update on National Workforce Plan received.
9. Pulse Survey and Staff Survey Action Plan received.
10. Revalidation Annual Report & Statement of Compliance 2022/23 medical workforce approved.

Matters presented for information or noting

Health and Safety Group Minutes
Education Steering Group Minutes
Joint Negotiating and Consultative Committee Minutes - May 2023
Local Negotiating Committee Minutes
Board Assurance Framework

Chair's comments on the effectiveness of the meeting:

Effective meeting and decision making, clear escalations to Trust Board.

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Trust Board Meeting – to be held in Public on 2nd August 2023		
Title of Report:	Executive Report to Trust Board – June Workforce Metrics Report	Enc No: 20
Author:	Seb Smith-Cox – Workforce Intelligence, Planning & Analytics Lead	
Presenter/Exec Lead:	Alan Duffell – Group Chief People Officer Catherine Griffiths – Chief People Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☒
Recommendations: The Board is asked to note performance against the workforce metrics for the month of June in summary within this report and note the full report is enclosed within the reading room.			

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: Workforce availability On Risk Register: Yes☒No☐ Risk Score (if applicable) : 12		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None: None Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: None Capital: None Workforce: Workforce availability Funding Source: None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☒No☐	Details:
	Legal	Yes☒No☐	Details:
	NHS Constitution	Yes☒No☐	Details: Core principles Constitution.
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

NHS
Walsall Healthcare
NHS Trust

Equality and Diversity Impact	All workforce policies and procedures are required to be compliant with all relevant employment legislation and the Equality Act 2010. All workforce metrics are available through the EDI reporting tool to review data for any differential equality impact and assess impact.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☒	Date: 19th July 2023 (DPR)
	Board Committee	Yes☒No☐	Date:24th July 2023
	Board of Directors	Yes☒No☒	Date: 20th July 2023 (TMC)
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee

The report provides assurance regarding key workforce metrics;

- Retention measures- positive assurance on 12-month retention measure, further assurance required on 24-month retention performance for nursing and midwifery workforce, action plan reviewed by committee.
- Sickness absence rates – positive assurance and improvement trend, in month absence below target at 4.76%, third consecutive month. Rolling 12-month absence rate above 5%.
- Training compliance – below target level, plan, and profile in place for recovery by September data set.
- Annual appraisal compliance – gap in assurance, performance below target, recovery against target profiled for November.

Advise

Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought.

- The 202 FTE (4.3%) vacancy position reflects a month-on-month 26 FTE increase in the budgeted establishment, reconciled against a 56 FTE increase in the actual workforce. The management of, and recruitment to, vacant positions remains stable.
- A review of Registered Nursing & Midwifery (RN&M) exit information confirms that 1 in 4 RN&M colleagues who leave the Trust do so seeking external promotion; whilst this is 1 in 5 for 5 medics. Combined with this remuneration-related leaving reason, relocation, and a desire for a better work-life balance account for 50% of RN&M voluntary resignations. 40% of M&D leavers declare a desire for better work-life balance when exiting the Trust.
- In-month sickness absence, which was 4.76% during June 2023, confirmed a trend of special cause improvement below the 5% target. The largest drivers for sickness absence were stress/anxiety (long-term), gastrointestinal problems (short-term) and musculoskeletal problems (short and long-term). These three top reasons for absence accounted for 48% of FTE days lost during June 2023. Whilst the rolling-12 months trend doesn't offer assurance of meeting the target, the 2023 calendar year downtrend reflects strategic improvements regarding attendance management.
- The downtrend trajectory continues for Mandatory Training compliance, although assurance regarding target achievement remains intact. Operational successes regarding the MyAcademy rollout mean that divisional teams can once again re-engage with self-service training compliance insights, which have historically led to a target achieving improvement trajectory.
- The Appraisal compliance trend is on a sustained negative trajectory, with no assurance available for target achievement. Service leads are being supported by HR partners to monitor and then manage the compliance gap at the divisional level, with operational leads asked to ensure that recovery plans are in place for the areas of greatest concern.

Walsall Healthcare NHS Trust

Alert
Positive assurances & highlights of note for the Board/Committee

- Priority is now given to the Retention (12 Months) key performance indicator (KPI), within June 2023 outturns offering assurance that 90%+ of colleagues are retained beyond their first year of service. This change to reporting content further aligns workforce performance management approaches across the collaborative partnership. The Retention (12 Months) indicator assures progress towards associated talent retainment objectives, whilst the sustained improvement trajectory for Turnover (12 Months) provides further evidence that people and organisational development initiatives to enhance the colleague experience are having a positive impact.

- The full report relating to June 2023 Workforce Metrics is enclosed in the reading room – three key metrics, retention, vacancy rate and sickness are rated green because they meet target, two key metrics mandatory training compliance and turnover are rated amber because they have a recovery plan and are within tolerance for meeting target, one key metric appraisal is rated red because it is outside the tolerance set for target and the recovery plan goes beyond two months.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Progress joint working across Wolverhampton and Walsall

Walsall Healthcare NHS Trust

Trust Board Meeting – to be held in Public on 2nd August 2023		
Title of Report:	EDI Annual Report 2023 – Public Sector Equality Duty	Enc No: 21
Author:	Sabrina Richards – Talent, Resourcing and EDI Lead	
Presenter/Exec Lead:	Alan Duffell – Group Chief People Officer Catherine Griffiths – Chief People Officer	

Action Required of the Board/Committee/Group (Please remove action as appropriate)			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☒No☐	Yes☒No☐	Yes☐No☒

Recommendations:

The Board is asked to note the contents of the EDI Annual Report – Public Sector Equality Duty enclosed within the reading room, note that the People and Organisation Development Committee reviewed and approved the report and its recommendations in June 2023.

The Board is asked to approve the report and note the report will be published on the Trust website to demonstrate compliance with the Public Sector Equality Duty, Equality Act 2010.

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: Organisation culture On Risk Register: Yes☒No☐ Risk Score (if applicable) : 16		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: none Capital: none Workforce: workforce availability Funding Source: none		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☒No☐	Details:
	Legal	Yes☒No☐	Details: Public Sector Equality Duty
	NHS Constitution	Yes☒No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

NHS
Walsall Healthcare
NHS Trust

Equality and Diversity Impact	The specific duties of the Equality Act 2010 require public sector bodies to publish an annual equality, diversity, and inclusion report to demonstrate compliance with the PSED and how the organisation is meeting the three general aims which are to • Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. • Advance equality of opportunity between people who share a protected characteristic and those who do not.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☒No☐	Date:27th June 2023
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure
Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee

1. Continued need for action on culture and staff experiences of discrimination, remains a gap in assurance, mitigations are contained within Board Assurance Framework [WHT NSR 106 Equality Diversity]

Advise
Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought

The full report provides significant evidence of action and compliance with the public sector equality duty and progress with national standards (WRES/WDES) on equality and highlights gaps in assurance and action plan.

Alert
Positive assurances & highlights of note for the Board/Committee

There is continued positive assurance on representation of black Asian and ethnic minority colleagues at senior level 8a and above at the Trust and continued evidence of the impact of the anchor employment partnership work with the Walsall community.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Progress joint working across Wolverhampton and Walsall

Walsall Healthcare NHS Trust

Trust Board Meeting – to be held in Public 2nd August 2023		
Title of Report:	Freedom to Speak Up Annual Report	Enc No: 22
Author:	Suleman Jeewa – Lead Freedom to Speak Up Guardian	
Presenter/Exec Lead:	Professor David Loughton, CBE Group Chief Executive	

Action Required of the Board/Committee/Group (Please remove action as appropriate)			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☒No☐	Yes☒No☐	Yes☐No☒

Recommendations:

- The Board is asked to note the contents of the report and the analysis of the number of concerns generated through Freedom to Speak Up from 1st April 2022 – 31st March, 2023.
- The Board is asked to note the Trust is in the top ten most improved in terms of the Freedom to Speak Up sub-score.
- The Board is asked to note the decline in the proportion of cases reported anonymously, indicating a growing confidence in the guardian route.

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: Organisation culture On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None: None Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: none Capital: none Workforce: staff experience and FTSU index scores from National Staff Survey Funding Source: none		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☒No☐	Details: National Staff Survey FTSU
	Health & Safety	Yes☒No☐	Details:
	Legal	Yes☒No☐	Details:
	NHS Constitution	Yes☒No☐	Details:
	Other	Yes☒No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

Equality and Diversity Impact	Black, Asian or minority ethnic employees often face more barriers than non BAME employees when raising concerns. The Freedom to Speak Up Guardians are all from a diverse background, it is hoped that colleagues will feel the Guardians may understand the barriers they may face to speaking up and this will encourage them to raise concerns. Currently, there are four FTSU Champion Team Members from three divisions, a recruitment drive is planned over the next month to encourage FTSU champions in each department.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: 20th July 2023 TMC
	Board Committee	Yes☒No☐	Date: 24th July 2023 PODC
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure **Positive assurances & highlights of note for the Board/Committee** • The FTSU service supports colleagues to escalate patient and staff safety concerns which when appropriately addressed contribute to establishing a culture of openness and safety. • Visible presence of the Freedom to Speak Up Team across the trust. The trust is in top ten most improved nationally for the FTSU index.
Advise • Analysis of the number of concerns generated through Freedom to Speak Up from April 1st, 2022 – March 31st, 2023, shows increased reporting of concerns compared with last year.
Alert • Poor behaviour remains a cause for concern, 48.6% of cases reported include an element of bullying and harassment, this is above the national position (31.3%). A joint behavioural framework (RWT and WHT) is being developed.

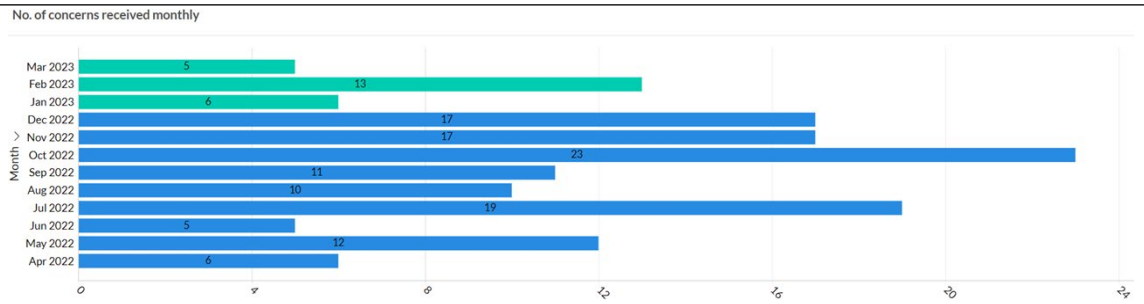
Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement
Support our Colleagues	• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Brief/Executive Summary Title:	Annual Report of the Freedom to Speak Up Guardians
Purpose of Report 1.0	This is a report of the concerns raised to through Freedom to Speak Up (FTSU) for the period 1st April 2022 to 31st March 2023. The comparison of the number and themes of concerns are detailed with the previous years.
Background 2.0	All NHS trusts and providers of NHS care subject to the NHS standard contract are required to appoint a Freedom to Speak Up (FTSU) Guardian and follow the National Guardians Office (NGO)'s guidance on speaking up. The NGO supports the healthcare system in England on Speaking Up Through leading, training and supporting an expanding network of FTSU Guardians. FTSU guardians support workers to speak up. They also proactively work with organisations to tackle barriers to speaking up. Workers voices' form one of the pillars of the NHS People Plan. Guardians are key in ensuring workers are heard, particularly those groups of workers facing barriers to speaking up. FTSUGs are one of many routes through which workers may raise concerns. Information about the speaking up cases raised with Freedom to Speak Up (FTSU) forms part of a bigger picture of an organisation's speaking up culture and arrangements. Data from each trust is reported to the NGO on a quarterly basis and incudes the professional background and grade of those who Speak Up. Demographic data such as gender, age, ethnicity, sexuality, and any other protected characteristics (those included in the 2010 Equality Act) can be reported at the discretion of each individual trust. This information will help to understand the FTSU Guardian's 'reach' across the organisation and identify groups which may be using the FTSU route more or less frequently.
Details 3.0	The report also reveals a decline in the proportion of cases reported anonymously, indicating a growing confidence in the guardian route. This table details the number and type of concern received and escalated though the FTSU route.

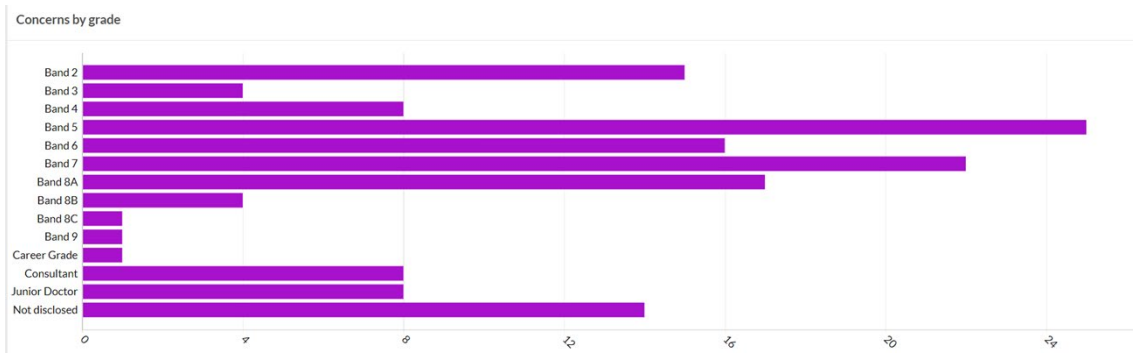
There were 144 cases raised during the period 1st April 2022 - 31st March 2023, compared to 110 cases raised in the previous year.

2022/23	Total number of cases brought to Freedom to Speak Up Guardians	Number of cases raised anonymously	Number of cases with an element of patient safety/quality	Number of cases related to behaviours, including bullying/harassment
Q1 2022/23	23	8	2	14
Q2 2022/23	40	16	2	17
Q3 2022/23	57	11	2	32
Q4 2022/23	24	0	4	7
Total	144	35	10	70

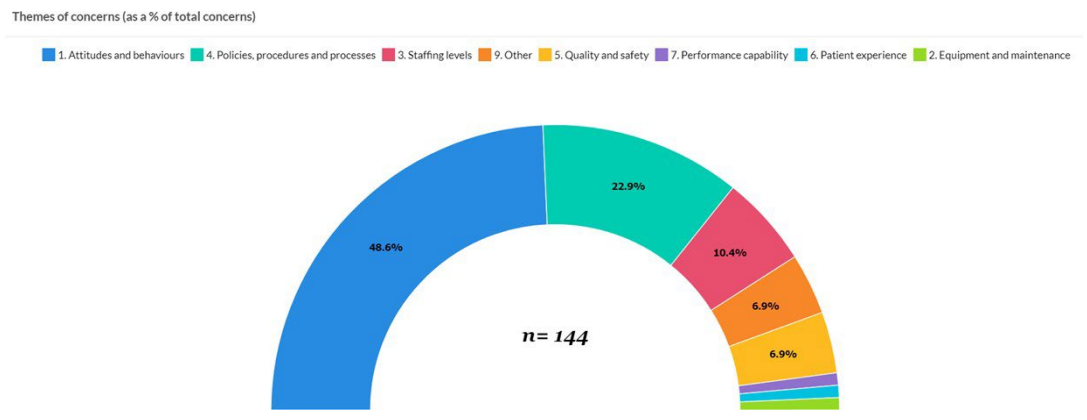
2021/2022	Total number of cases brought to Freedom to Speak Up Guardians and Champions	Number of cases with an element of patient safety/quality		Number of cases related to behaviours, including bullying/harassment	
Q1 2021/22	36	10	28%	12	33%
Q2 2021/22	10	0	0	2	20%
Q3 2021/22	33	3	9%	12	36%
Q4 2021/22	31	5	16%	12	39%
Total	110	18	16%	38	35%



The peak in the number of concerns occurred from OCT 2022. October is Speak Up month when there is a campaign to increase the awareness of Speaking Up through a range of engagement and publicity activities. The above chart shows the effectiveness of Speak Up Month and the rise in concerns raised.



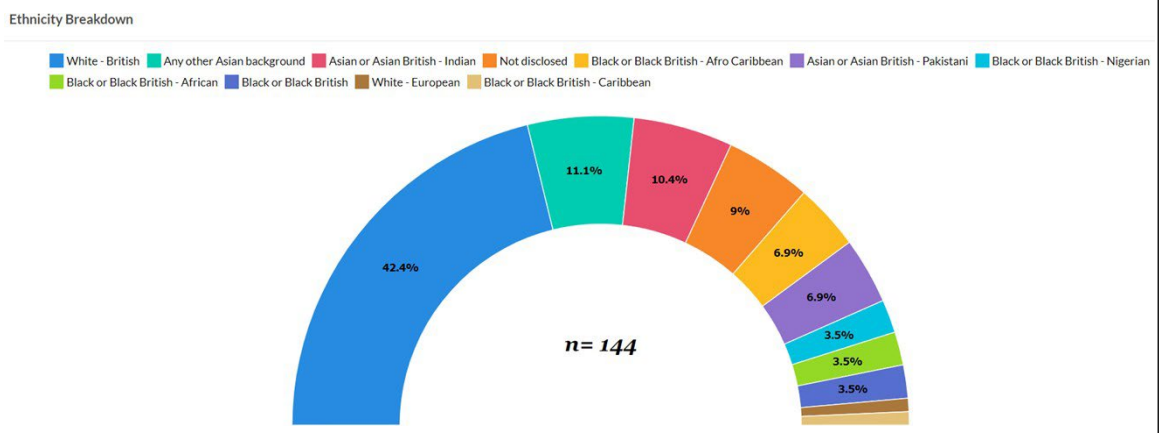
This graph illustrates that there are staff of most grades whose concerns are presented in the data. It is also evident that staff groups graded at band 3 and very senior managers are underrepresented. Plans are already in place and commenced for the FTSU team to attend ward managers and Matrons forums.



The NGO reported nineteen per cent (19.3%) of cases raised included an element of patient safety/quality, up from 18.8% 2021/22. In Walsall Healthcare Trust, 16.4% of cases brought through this route included an element of patient safety/quality.

Poor behaviour remains a cause for concern, with the highest proportion of cases, over a third (31.3%) including an element of behaviours, such as bullying/harassment across all trusts. This is reflected in Walsall, where in the

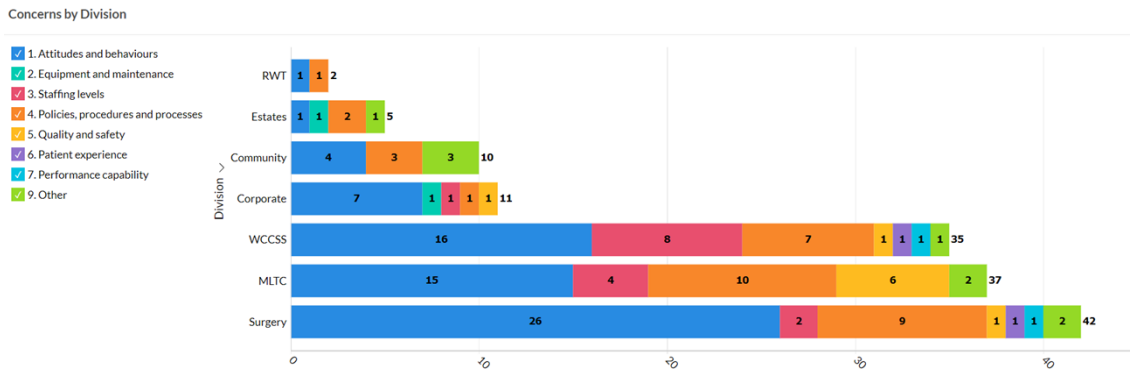
same period, 48.6 % of cases included an element of bullying and harassment. There has been a decrease (22.9%) compared to (34.5%) in the reporting of a policy, process, or procedural nature.



The percentage of Black and Minority Ethnic (BAME) employees who work for WHT is 31%.

Here it is illustrated that concerns from colleagues from a non-BAME background represent 42.4% of the total concerns. This is a slight over representation of colleagues from a BAME background raising concerns though this route.

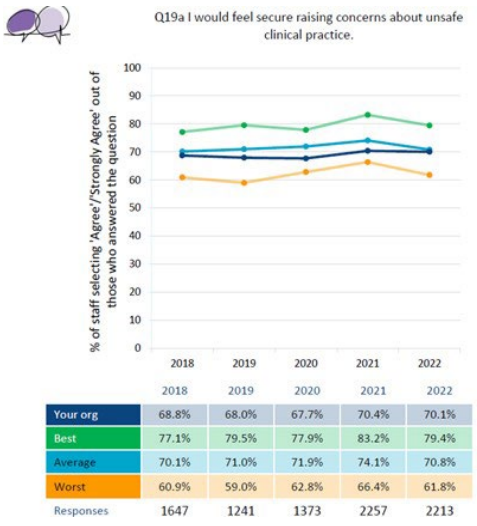
Colleagues are aware that that Speaking Up ensures escalation as all concerns are logged by Guardians and followed up. The guardians will always thank colleagues for raising concerns and work with the organisation to address issues. The role of the guardian is to challenge and hold the organisation to account to effectively support colleagues. This action by the guardians empowers BAME employees who are statistically more likely to face more barriers and taken less seriously than their white colleagues



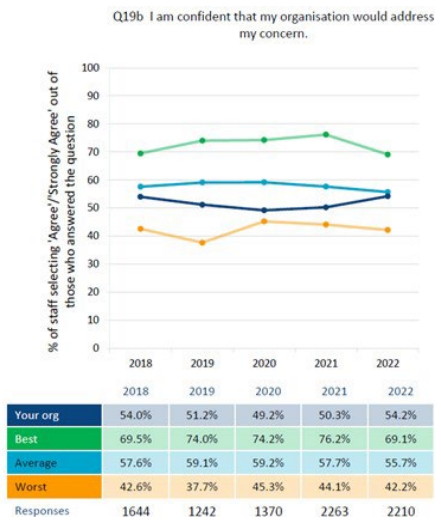
The division of Medicine and Long-term Conditions (MLTC) have the most employees and normally have the highest number of concerns reported through this route, this year Surgery has had an increase in the numbers of concerns raised. Majority of concerns raised anonymously by international nurses feeling unsupported.

In our 2021 staff survey, question 19a highlighted that 70.4% of staff responded with a positive agree or strongly agree to the statement, “I would feel secure

raising concerns about unsafe clinical practice.” In the 2022 staff survey this has dropped to 70.1%.
Whereas question 19b highlighted that 54.2% of staff responded with a positive agree or strongly agree to the statement, ‘’ I am confident that my organisation would address my concern.’’ This is an increase from the 2021 staff survey of 50.3%.
Our trust has been congratulated on being in the top ten most improved in terms of the Freedom to Speak Up sub-score (called the Raising Concerns sub-score in NHS Staff Survey reports). The sub-score is made up of the four questions relating to speaking up.



	2018	2019	2020	2021	2022
Your org	68.8%	68.0%	67.7%	70.4%	70.1%
Best	77.1%	79.5%	77.9%	83.2%	79.4%
Average	70.1%	71.0%	71.9%	74.1%	70.8%
Worst	60.9%	59.0%	62.8%	66.4%	61.8%
Responses	1647	1241	1373	2257	2213



	2018	2019	2020	2021	2022
Your org	54.0%	51.2%	49.2%	50.3%	54.2%
Best	69.5%	74.0%	74.2%	76.2%	69.1%
Average	57.6%	59.1%	59.2%	57.7%	55.7%
Worst	42.6%	37.7%	45.3%	44.1%	42.2%
Responses	1644	1242	1370	2263	2210

Freedom to Speak Up Index
Improvements in Raising Concerns

	2021	2022	2022 Av
I would feel secure raising concerns about unsafe clinical practice	70%	70%	71.90%
I am confident that my organisation would address my concern	50%	54%	56.70%
I feel safe to speak up about anything that concerns me in this organisation	53%	56%	61.50%
If I spoke up about something that concerned me I am confident my organisation would address my concern	41%	44%	48.70%

FTSU Training
The latest NGO report also reveals a decline in the proportion of cases reported anonymously, indicating a growing confidence in the guardian route. In 2022/23,

9.3 percent of cases were reported anonymously. This continues the downward trajectory from 2017, when 17.7% of cases were raised anonymously.

"Over four-fifths (82.8%) of those who gave feedback to their guardian about their experience said they would speak up again. It is their comments which highlight why the Freedom to Speak Up Guardian role is so important and the benefits it can bring for worker wellbeing, staff retention and patient care."

FTSU team would like to thank the executive team for allowing our team to present at the TMC meeting, the session was very successful with the whole executive team engaging in the session. The training figures below show an increase in the uptake of FTSU training. The ask now is to carry on with the increase, encourage teams to undertake the training.
The aim is to further improve in next years Freedom to Speak Up sub scores in the NHS staff surveys.

FTSU Training 2023 - All Colleagues				
Division	**Compliant**	**Non-Compliant**	**Grand Total**	**Percentage**
Chief Executive Directorate (Div)	3	11	14	**21%**
Community (Div)	158	807	965	**16%**
COVID Vaccs Prog - Saddlers Centre (Div)		1	1	**0%**
Digital Services (Div)	22	109	131	**17%**
Directorate of Transformation & Strategy (Div)	5	12	17	**29%**
Estates and Facilities (Div)	8	358	366	**2%**
Finance Directorate (Div)	8	51	59	**14%**
Governance Directorate (Div)	8	26	34	**24%**

Medical Directorate (Div)	25	90	115	**22%**
Medicine & Long-Term Conditions (Div)	108	1027	1135	**10%**
Nurse Directorate (Div)	18	74	92	**20%**
Operations Directorate (Div)	4	25	29	**14%**
People & Culture Directorate (Div)	20	53	73	**27%**
Staff Experience & Workforce Projects (Dep)	1	2	3	**33%**
Surgery (Div)	149	803	952	**16%**
Walsall Together (Div)	3	11	14	**21%**
Women's, Children's & Clinical Support Services (Div)	73	763	836	**9%**
Grand Total	**613**	**4223**	**4836**	**13%**

FTSU Training 2023 - Managers				
Division	**Compliant**	**Non-Compliant**	**Grand Total**	**Percentage**
Chief Executive Directorate (Div)	2	4	6	**33%**
Community (Div)	14	60	74	**19%**
Digital Services (Div)	2	12	14	**14%**
Directorate of Transformation & Strategy (Div)		3	3	**0%**
Estates and Facilities (Div)	1	6	7	**14%**
Finance Directorate (Div)	1	8	9	**11%**
Governance Directorate (Div)		6	6	**0%**
Medical Directorate (Div)	2	12	14	**14%**
Medicine & Long-Term Conditions (Div)	6	42	48	**13%**
Nurse Directorate (Div)	2	12	14	**14%**
Operations Directorate (Div)		1	1	**0%**
People & Culture Directorate (Div)	5	8	13	**38%**

Staff Experience & Workforce Projects (Dep)		1	1	**0%**
Surgery (Div)	7	44	51	**14%**
Walsall Together (Div)	1	1	2	**50%**
Women's, Children's & Clinical Support Services (Div)	4	45	49	**8%**
Grand Total	**47**	**265**	**312**	**15%**

Training figures 2022

Division	Total in Division	Completed All Worker	Completed Manager
Chief Executive Directorate	14	1	1
Community	955	12	4
Digital Services	131	2	0
Directorate of Transformation & Strategy	15	0	0
Estates and Facilities	361	1	0
Finance Directorate	61	4	1
Governance Directorate	34	0	0
Medical Directorate	110	0	0
Medicine & Long-Term Conditions	1085	7	0
Nurse Directorate	89	1	0
Operations Directorate	31	1	0
People & Culture Directorate	84	3	7
Pre Assessment Unit	16	0	0
Surgery	931	9	0
Walsall Together	12	0	0
Women's, Children's & Clinical Support Services	892	2	4
Grand Total	**4821**	**43**	**17**

Recommendations 4.0

- Note the report and discuss the contents within
- Commit to making Speaking Up routine day-to-day practice.
- Ensure concerns are heard and responded to, supporting the guardians to seek the assurance that is required.

	• Raise awareness, FTSU in the Speak Up Month October. • Recruit FTSU champions in each area/department • Sessions on Compassionate Leadership/Civility Saves Lives in senior leadership/ ward managers/matrons meetings. • Focus on areas reluctant to raise concerns, Estates, facilities etc.

Walsall Healthcare NHS Trust

Appendix 1

Walsall Healthcare
NHS Trust

National Guardian
Freedom to Speak Up

National Guardian Office
2nd Floor
2 Redman Place
Stratford
London E20 1JQ

By e-mail

David Laughton
CEO, Walsall Healthcare NHS Trust

14 June 2023

Dear David,

The National Guardian's Office has recently published analysis of the Freedom to Speak Up questions as outlined in the NHS Staff Survey 2022 Fear and Futility: what does the staff survey tell us about speaking up in the NHS? - National Guardian's Office .

I would like to congratulate your organisation on being in the top ten most improved in terms of the Freedom to Speak Up sub-score (called the Raising Concerns sub-score in NHS Staff Survey reports). The sub-score is made up of the four questions relating to speaking up.

The best organisations embrace speaking up because it is the right thing to do, for worker engagement, for inclusion, for learning and improvement, and ultimately, for patient safety and high quality services.

I am interested in learning what interventions you feel have contributed to this improvement in your staff survey results and would welcome the opportunity to visit you and colleagues at Walsall Healthcare NHS Trust.

If this is of interest, please contact Jerina.brown@nationalguardianoffice.org.uk and she will look into finding a mutually agreeable date.

I look forward to hearing from you.

With warm regards
Dr Jayne Chidgey-Clark National Guardian for the NHS

Cc: Suleman Jeewa – Freedom to Speak Up Guardian

Walsall Healthcare NHS Trust

EQUALITY IMPACT ASSESSMENT

Gender	Race	Disability
No adverse impact	Proactive work undertaken by FTSUGs. Roadshows to promote and raise the profile of the service. Breaking down barriers, to encourage colleagues to raise concerns which will be escalated on their behalf, issues to be addressed with positive outcomes, improved morale, and confidence in the service. Working in partnership with divisional leaders to identify issues that could concern staff. Working collaboratively with Networks, Staffs ide and the Equality, Diversity & Inclusion Lead to identify areas of concern, share soft intelligence and to support staff.	No adverse impact
Religion/beliefs	**Sexual Orientation**	**Age**
No adverse impact	No adverse impact	No adverse impact
Pregnancy	**Partnership Status**	**Carers**
No adverse impact.	No adverse impact	No adverse impact

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting – to be held in Public on 2 August 2023		
Title of Report:	Strategic Delivery Plan – Year 1 (2023/24) of Joint Strategy	Enc No: 23
Author:	Tim Shayes - Deputy Chief Strategy Officer – Planning, Performance and Contracting Tel 01902 694366 Email timothy.shayes@nhs.net	
Presenter/Exec Lead:	Responsible Director – Simon Evans, Chief Strategy Officer Email: simon.evans8@nhs.net	

Action Required of the Board/Committee/Group (Please remove action as appropriate)			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☒No☐	Yes☐No☐	Yes☐No☐

Recommendations:

The Board is asked to approve the Strategic Delivery Plan for 2023/24

Implications of the Paper:			
Risk Register Risk	This delivery plan supports a reduction in associated BAF risks.		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None from the plan specifically		
Report Data Caveats	Not applicable		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details:
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☒No☐	Details:
	NHS Constitution	Yes☒No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	Not applicable for this report		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☒	Date: Various
	Board Committee	Yes☒No☐	Date: Various
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

Delivery metrics, and the relevant sub-committees that oversee them, have been agreed to provide assurance over the achievement of strategic objectives.

Walsall Healthcare
NHS Trust

Advise Regular updates will be provided against these metrics through the sub-committee structure and objectives have been aligned to sub-committees.
Alert Some metrics are outside of the control of WHT alone, e.g., PLACE based objectives.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Walsall Healthcare NHS Trust

Strategic Delivery Plan – Year 1 (2023/24) of Joint Strategy

Report to Trust Board Meeting to be held in Public on 2 August 2023

EXECUTIVE SUMMARY

The attached, represents the Trusts Strategic Delivery Plan for 2023/24 (i.e., year one of Our Joint Strategy).

Since its presentation to June's board meeting, the objectives for 2023/24 have been aligned to our sub-committee structure and agreed with the respective non-executive chair and lead executive directors.

The sub-committees will oversee progress against the relevant objectives and report progress into Board on a bi-monthly basis (either through existing routine reporting or a bespoke report)

In addition, the objectives of the committees have been aligned to the objectives within this plan.

RECOMMENDATIONS

The Board is asked to approve the Strategic Delivery Plan for 2023/24.

Strategic Delivery Plan 2023/24

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

Care Colleagues
Collaboration Communities

Context

In 2022, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust signed off our five-year strategy. The strategy set out a clear vision, to work together to improve the health and wellbeing of the populations we serve. In doing so, it focused on four strategic aims (collectively known as the 'Four C's):

1. **Care** - we will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.
2. **Colleagues** - we will be inclusive employers of choice in the Black Country that attract, engage, and retain the best colleagues reflecting the diversity of our populations.
3. **Communities** - we will positively contribute to the health and wellbeing of the communities we serve.
4. **Collaboration** - we will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.

The Four C's are underpinned by a set of strategic objectives – more specific, time bound measures detailing how we will measure our achievement of our strategic aims. These objectives may change over the length of this strategy in line with changes within the environment in which we are operating.

The strategy was launched towards the end of the 2022 calendar year alongside the reinforcement of each individual Trust's values and the new collective vision.

Since launching the strategy, we have:

- Developed and launched the enabling Quality and Patient Safety Strategy and are developing the People and Organisational Development Enabling strategy (both joint strategies between the two Trusts)
- Met the ambition to clear 104 week waits by the end of 2022/23.
- Maintained the best ambulance handover times in the region in Walsall and significantly improved those in Wolverhampton.
- Continued to explore opportunities for collaborative working between our two Trusts including with the transfer of Urology staff to RWT.
- Maximised our community offer with increasing numbers of patients being referral to virtual wards and ultimately avoiding admission.

Whilst we are making progress, we still have much work to do:

- We are faced with an unprecedented financial challenge as the NHS works to restore productivity levels to and beyond pre-pandemic levels whilst dealing with high inflation.

- Our waiting lists remain high and our capacity is limited.
- We need to deliver more services in a preventive manner if we are to change the future demands on our services and improve life chances for our population.
- There are areas within the Trusts where recruitment remains a challenge.

Annual Objectives for 2023/24

This annual plan sets out what we need to deliver in the next 12 months to continue to improve and ultimately achieve our vision.

The table below sets out the annual objectives to be achieved by 1 April 2024. Alongside our own internal aspirations, these objectives align to:

- NHS England operational planning guidance 2023/24. This guidance sets out the national priorities (and specific targets) across the NHS to improve quality and access. We have prioritised the metrics that will have the biggest impact for patients. We have strived to be ambitious whilst remaining credible in what we are saying we can deliver.
- Care Quality Commission (CQC). The Care Quality Commission quality standards are the basis on which our CQC rating is given, and it is this rating that many use to assess the quality of service we offer.
- NHS Staff Survey and People Plan. Our emphasis on Colleagues comes from the NHS People Plan and NHS Staff Survey with direct alignment between these and our Colleague strategic objectives.
- As with our strategy, we have considered other national strategies and guidance in setting the below objectives, e.g., the NHS Long Term Plan and the emerging Five-Year Joint Forward View in our Black Country Integrated Care System.

In setting these objectives we have considered those that will have the biggest impact on the populations we serve and the colleagues who work with us. Whilst we expect our strategic aims to remain unchanged over the next five years, we recognise that the environment in which we are working is constantly changing and that our strategic objectives may need refreshing from time to time. These changes will be considered through the annual planning process.

Strategic Aim	Strategic Objective	Board Level Metric	Method of assurance	Receiving Committee
Care	- We will embed a culture of learning and continuous improvement at all levels of the organisation	- 10% increase on previous year in the percentage of staff responding positively in the annual staff survey when asked if they are able to suggest and make improvements in their area.	Improvement Plan	Quality, Governance and Assurance Committee (QGAC)/Improvement, Innovation and Research Group (currently)
	- We will prioritise the treatment of cancer patients, focused on improving the outcome of those diagnosed with the disease	- Reduce the 62 day cancer backlog to 217 in RWT and 39 in Urology by the end of March 2024.	Cancer action plan	Quality, Governance and Assurance Committee (QGAC)/Quality, Patient Experience and Safety (QPES) Group & Performance and Finance Committee
	- We will deliver safe and responsive urgent and emergency care in the community and in hospital	- Delivery of the urgent 2 hour Urgent Community Response standard - Delivery of the 76% 4 hour A&E target	Emergency Care Action Plan	Quality, Governance and Assurance Committee (QGAC)/Quality, Patient Experience and Safety (QPES) Group & Performance and Finance Committee
	- We will deliver the priorities within the National Elective Care Strategy	- Eliminate 78 weeks by the end of June 2023 and 65 weeks by the end of March 24 (excluding patient choice)	Elective Recovery Plan	Quality, Governance and Assurance Committee (QGAC)/Quality, Patient Experience and Safety (QPES) Group & Performance and Finance Committee
	- We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations	- Delivery of the agreed financial plan	Finance strategy	Finance and Performance Committee
Colleagues	- Be in the top quartile for vacancy levels across the organisations, recruiting and retaining staff	- Be in the top quartile for vacancy levels across the organisations, recruiting and retaining staff by March 2024.	Enabling people strategy	People and Organisational Development Committee
	- Deliver year on year improvements in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing	- Deliver an improvement on 2022/23 in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing by March 2024.	Enabling people strategy	People and Organisational Development Committee
	- Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged	- Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged	Enabling people strategy	People and Organisational Development Committee
	- Deliver year on year improvement in Workforce Equality Standard performance	- Deliver an improvement on 2022/23 in Workforce Equality Standard performance by March 2024.	Enabling people strategy	People and Organisational Development Committee
Collaboration	- Work as part of the provider collaborative to improve population health outcomes	- Identify, implement and report on a agreed set of outcome measures for each of the projects within the provider colloborative programme	Provider colloborative project plan	Joint Provider Committee
	- Improve clinical service sustainability by implementing new models of care through the provider collaborative		Provider colloborative project plan	Joint Provider Committee
	- Implement technological solutions that improve a patient's experience by preventing admission or reducing time in hospital	- Increase from March 23 in the number of patients being cared for in virtual wards by March 2024.	Digital Enabling Strategy	Improvement, Innovation and Research Group (currently)/ Digital innovation, infrastructure & IT platforms (DIP) group
	- Progress joint working across Wolverhampton and Walsall that leads to a demonstrable improvement in service outcomes	- Reduce the Urology waiting list across both Trusts by March 24, compared with the position at the end of March 23.	Integration Plan	Joint Provider Committee
	- Facilitate research that establishes new knowledge and improves the quality of care of patients	- Increase the number of researchers and participant numbers beyond the level of achieved in 2019/20 by March 24	New research and development strategy	Improvement, Innovation and Research Group (currently)/ Digital innovation, infrastructure & IT platforms (DIP) group
Communities	- Develop a strategy to understand and deliver action on health inequalities	Develop and implement a Health Inequalities Strategy with measurable outcomes in 2023/24.	Health Inequalities Delivery Plan	Quality, Governance and Assurance Committee (QGAC)/Quality, Patient Experience and Safety (QPES) Group
	- Achieve an agreed, Trust-specific, reduction in the carbon footprint of clinical services by 1st April 2025	Achieve a 5% reduction in the carbon footprint at WHT and a 15% reduction in RWT by the end of March 24 compared to 2020/21.	Sustainability Plan	Finance and Performance Committee
	- Work together with PLACE based partners to deliver improvements to the health of our immediate communities	Reduction in the number of medically fit for discharge patients from 2022/23 at RWT and maintenance of the number in WHT.	Place Dashboard/Care at home report	Finance and Performance Committee

Key Projects

It is important that the objectives above are reflected in our 'business as usual'. Notwithstanding this, there are some key projects of note that support their delivery.

CARE

Whilst it is a collective responsibility of all that work at the Trusts to embed a culture, our Quality Improvement programme will be intrinsic to the achievement of this. The programme focuses on how we will embed quality improvement at all areas of both organisations and includes targeted actions to increase training levels in Quality Improvement (QI) as well as the introduction of a quality management system.

Regular performance forums are in place that oversee cancer and long waiting performance – intrinsic to this, and the delivery of our financial plan, will be our ability to deliver the maximum amount of activity possible. The plans submitted are based on a combination of core capacity as well schemes targeting improved productivity or additional activity. Progress against these is reported through our elective recovery forums and ultimately, to Performance Finance Committee. The challenges vary by Trust – Wolverhampton has a greater challenge over long waiting patients with a reliance on capacity outside of the Trust. Therefore, the collaborative work taking place between the respective Trusts, as well as across the provider collaborative, is vital in making best use of capacity.

Timeliness of urgent care is a symptom of the effectiveness of the entire system. The delivery of schemes within the community, such as virtual wards or RITs, that avoid admission or expedite discharge are therefore critical to the timely admission and flow of patients presenting at A&E. Alongside this are the internal programmes within the Trusts focused on ensuring the timely flow of patients throughout our hospitals.

The delivery of our financial plan will be heavily dependent on the effectiveness of our Cost Improvement Plan. Our Financial Recovery Group's oversee this programme which focuses on identifying opportunities for improved productivity such as our theatre efficiency and opportunities for more effective working. Tools such as GIRFT and Model Health System are used to identify where this opportunity exists.

COLLEAGUES

We will launch our Joint People and Organisational Development Enabling Strategy in 2023/24 – the first joint strategy between our organisations that covers our approach to meeting our Colleague related objectives. Our key focus being on retaining our workforce by strengthening the compassionate and inclusive culture necessary to deliver outstanding care.

In response to the results of the staff survey, action plans are being developed at Trust, Division and Directorate level that focus on the actions tailored to the results of those areas. We know that there are different challenges across different areas within the Trusts, with some posts being particularly hard to fill. Working alongside operational colleagues in these areas, we will work together to attract staff using a tailored approach to the challenge in question.

At Trust level, we will continue to develop and promote our health and wellbeing offer, expanding on initiatives already in place such as the foodbank. We expect to recruit and train additional mental health first aid trainers in 2023/24 and review the wellbeing calendar of events.

COLLOBORATION

Our collaboration efforts take a dual focus – the collaboration opportunities between our respective organisations and those of the Black Country Provider Collaborative. The common theme across both programmes is in identifying services who could be made more sustainable and deliver improved outcomes for patients through joint working.

A corporate work programme is underway within the Black Provider Collaborative to identify opportunities for collaborative work in corporate areas. Options appraisals are due for consideration in the early part of the year of the initial priority areas as well as scoping due to commence on other potential areas of opportunity. In addition to this, the introduction of the Joint Committee across the four Trusts should support decision making.

The opportunities for collaboration between our respective Trusts continue to grow. In 2023/24, the shared urology service will hit a new milestone with the transfer of the waiting list at WHT to RWT as we continue to track the benefits of the service against the business case. Equally the transition of the Community Diagnostic Centre from mobile provision to static facilities which see capacity shared across both Trusts to support timely diagnosis of patients, including those with cancer.

Finally, whilst not due to go live until 2025, work continues to progress the business case for the additional theatre activity at Cannock – offering the opportunity to consolidate orthopaedic activity at an Elective Hub and increasing the elective capacity remaining at New Cross and Walsall Manor sites.

Further opportunities for collaborative working, both in clinical services and non-clinical, will continue to be scoped and progressed.

COMMUNITIES

In 2023/24, we will launch our first health inequalities strategy that detailing the work we continue to take in understanding health inequalities and ultimately, reducing them. The strategy will cover our priorities, progress so far and the measures we seek to achieve going forward.

We also continue the implementation of our green plan to reduce the carbon footprint of our organisations. Some of the key initiatives to support this ambition are the continued reduction of anaesthetic gases, the reduced prescribing of metered dose inhalers, an increase in the level of recycling and the implementation of the NHS Net Zero Building Standards.

The respective PLACE partnerships across both organisations are integral to the achievement of our communities related objectives as we focus on initiatives to reduce the number of patients in hospitals, either by expediting discharge or avoiding admission in the first place.

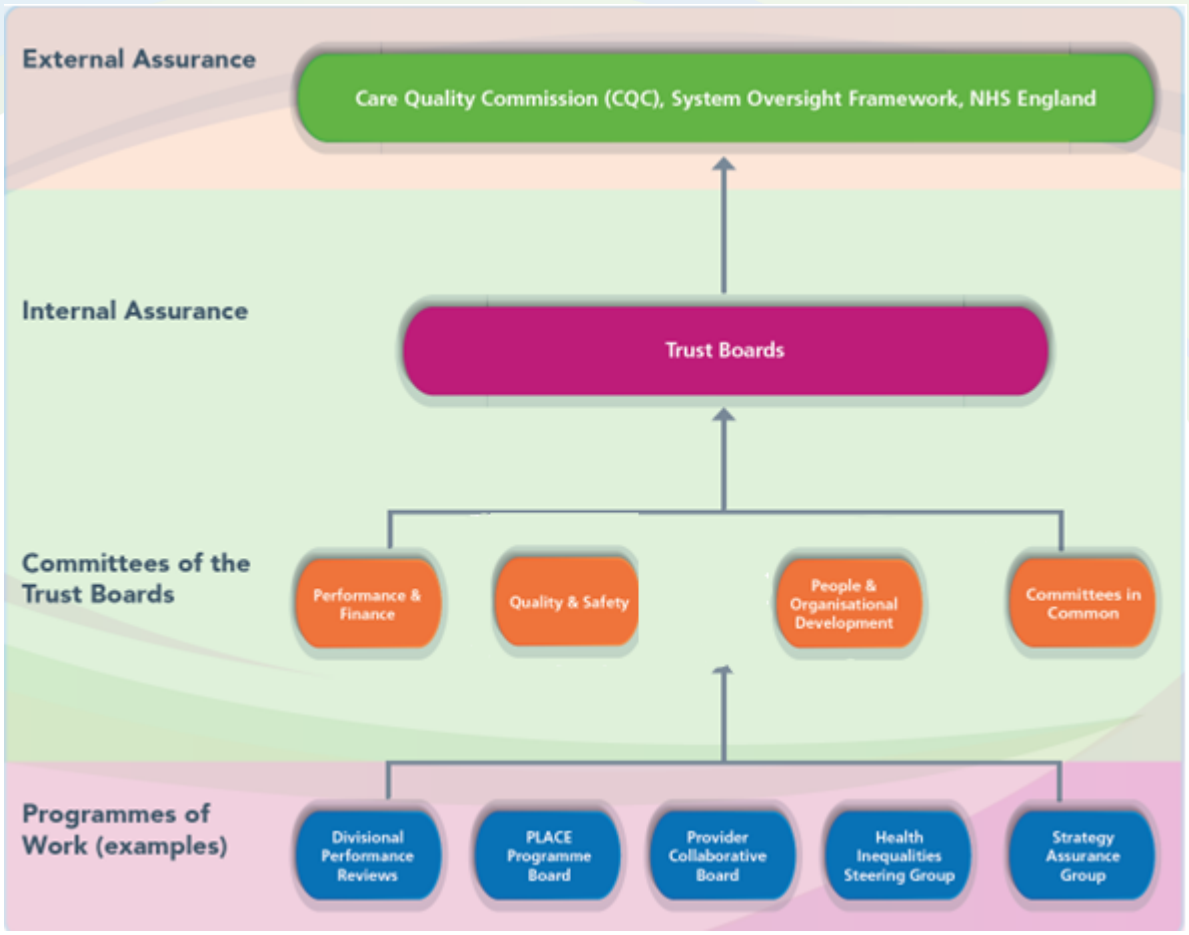
Reporting to Board

In making clear our areas of focus for 2023/24, we must also ensure that we embed this focus throughout the organisation. Our governance structure detailed within Appendix 1 demonstrates how we report into Board and the image above demonstrates how objectives align to these committees.

The sub-committees of the Board are responsible for monitoring the achievement of the metrics aligned to their area of responsibility. Our report and agenda templates will be updated to make it clearer how content relates to our areas of priority.

Over the last two years we have consolidated the information that we take to Board – focusing on those indicators of most significance. Alongside this, we have developed an Integrated Quality and Performance Report (IQPR) that provides the key performance information across various disciplines within the Trust, e.g., Finance, Quality, Performance and HR.

Appendix 1 – Governance Structure



Walsall Healthcare NHS
NHS Trust

Integrated Quality & Performance Report

June 2023

Caring for Walsall together

How to Interpret SPC (Statistical Process Control) charts

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: orange indicates concerning **special cause variation** requiring action; blue indicates where improvement appears to lie, and **grey** indicates no significant change (**common cause variation**).

Assurance icons: Blue indicates that you would consistently expect to achieve a target. Orange indicates that you would consistently expect to miss the target. A **grey** icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

Where icons indicate an area needs attention, you could give more detail by attaching the full SPC chart and narrative describing the context, issues and actions in an appendix.

IQPR Ragging Methodology

Performing against Trajectory	SPC Assurance	SPC Variation	Rationale	Ragging Applied
Yes			Monthly performance has achieved the set trajectory *and is showing continual improvement in* performance over recent months. In some cases, the current process is fully capable of achieving the target set for the metric.	Green
Yes				Green
Yes				Green
Yes			Monthly performance has achieved the set trajectory but performance across recent months is showing inconsistencies against set trajectories and targets	Amber
Yes				Amber
Yes				Amber
Yes				Amber
Yes				Amber
Yes				Amber

Performing against Trajectory	SPC Assurance	SPC Variation	Rationale	Ragging Applied
No			Monthly performance has not achieved the set trajectory and is showing continual decline in performance over recent months. In some cases, the current process is not capable of achieving the target set for the metric.	Red
No				Red
No				Red
No			Monthly performance has not achieved the set trajectory but performance across recent months is showing improvements towards set trajectories and targets	Amber
No				Amber
No				Amber
No				Amber
No				Amber
No				Amber

Walsall Healthcare NHS
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EXECUTIVE SUMMARY

QUALITY	PERFORMANCE
• Trust wide CQC action plan with responsible executive directors and identified leads has been established. • VTE compliance for June was 89.95%. Divisional teams continue to report on their performance and improvement plans into Patient Safety Group (PSG) and actions plan provided to CQRM • The prevalence of timely observations for June 2023 was 90.48% compared to 92.03% in May 2023. Excluding the ED performance was 92.47%. • Falls per 1000 bed days was 2.92 in June 2023 and in line with the previous consistent performance. • 4 avoidable cases of C.Diff were reported in June 2023. • The percentage of patients screened who received antibiotics within 1 hour within the Emergency Department was 82.97% by E-sepsis in June 2023 (Adults and children). • Safeguarding adults and children's training is achieving trust target for all level 1 and level 2 training. Level 3 adult and children's training remains below trust target. Improvement plans report into safeguarding committee and additional training is being provided by the safeguarding team.	• 75.7% of patients were managed within 4 hours of arrival at ED, close to the national target of 76%. National ranking was 30th out of 123 Trusts with regional ranking 5th. • WHT continued to deliver some of the best ambulance handover times (<30mins) in the West Midlands at 90% , performance has been in the top 3 regionally since November 2020. • In May 2023, performance for 62-day GP RTT Cancer was materially better than the West Midlands average (49.7%) and the national average (61.0%) (n.b. regional and national benchmarks refer to April 2023 due to reporting times) with 68.6% of patients treated within 62 days of GP referral. WHT is ahead of the trajectory to reduce patients waiting in excess of 62 days. • WHT 18-week RTT performance was 57.6% of patients waiting under 18 weeks at the end of June, national ranking 75th (out of 120 Trusts May 2023). The Trust's 52-week waiting time performance is 9th best in the Midlands (out of 20 Trusts). With the exception of one patient who exercised patient choice to wait longer, the Trust again delivered the national standard to have no patients waiting in excess of 78 weeks. The Trust is in line with trajectory for the number of patients waiting >52 weeks, and ahead of trajectory for the number of patients waiting >65 weeks. 21 theatre sessions wwere given up in June due to the Junior Doctors Strike Board should note the following risks: •The Trust's 6 Week Wait (DM01) Diagnostics performance is now 52nd best (May 2023), out of 120 Trusts. Endoscopy remains the service with the highest number of patients waiting over 6 weeks. June's performance reported 22.5% of patients waiting over 6 weeks at Trust level. •There will be further impact of junior doctor strikes on July's theatre activity.
WORKFORCE	**FINANCE**
•In-month sickness absence, which was 4.76% during June 2023, confirmed a trend of special cause improvement below the 5% target. •The downtrend trajectory continues for Mandatory Training compliance, although limited assurance regarding target achievement remains intact. •The Appraisal compliance is 75.6% during June 2023 with a trend of a sustained negative trajectory, with no assurance available for target achievement.	• The Trust has agreed a Deficit plan of £14m for 2023/24 with the ICB. •The overall ICB Month 3 year to date position is £46.1m deficit against a planned deficit of £31.2m, (£14.9m variance). This represents a further deterioration from month 2, at which point the deficit was £32.8m, £13.3m adverse to plan and represents an increase in the level of in-month deficit. •The Trust has delivered a deficit of £10.223m at Month 3, this is £2.539m above the planned deficit of £7.684m. This being driven by Income that was £1.850m higher in the month, Staffing costs £3.280m above plan & non-pay costs £0.742m above plan.

MEETING PACK B
REPORTS FOR REFERENCE/INFORMATION

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting – to be held in Public on 2 August 2023	
Title of Report:	Chair's report of the Trust Management Committee (TMC) held on 20 July 2023 – to note this was a virtual meeting
Author:	Gayle Nightingale, Executive Assistant to the Group Chief Executive
Presenter/Exec Lead:	Kevin Stringer, Group Chief Financial Officer/ Group Deputy Chief Executive

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☒
Recommendations: The Board is asked to note the contents of the report.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: None On Risk Register: Yes☐No☒ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	Risk Description: None Is Risk on Risk Register: Yes☐No☒ Risk Score (if applicable):		
Resource Implications:	Revenue: None Capital: None Workforce: None Funding Source: None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

NHS
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Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: 29 June 2023
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure None in this report.
Advise Matters discussed and reviewed at the most recent Trust Management Committee (TMC).
Alert None in this report.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Walsall Healthcare NHS Trust

Chair's report of the Trust Management Committee (TMC)

Report to Trust Board Meeting to be held in Public on 2 August 2023

EXECUTIVE SUMMARY

Chair's report of the Trust Management Committee (TMC) held on 20 July 2023 – to note this was a virtual meeting

RECOMMENDATIONS

To note this report.

1	**Key Current Issues/Topic Areas/ Innovation Items:**
	• Review of Terms of Reference for the Trust Management Committee (TMC).
2	**Exception Reports**
	• There were none this month.
3	**Items to Note – all of the following reports were reviewed and noted in the meeting**
	• Chief Nursing Officer Report • Midwifery Services Report • Infection Prevention Report • Divisional Quality and Governance Report – Medicines and Long-Term Conditions Report • Divisional Quality and Governance Report – Surgery Report • Divisional Quality and Governance Report – Women's, Children's and Clinical Support Services Report • Divisional Quality and Governance Report – Community Services Report • Integrated Quality Performance Report (IQPR) • Trust Financial Position (Revenue and Capital) - Month 3 Report
4	**Items to be Noted or Approved - Statutory or Mandated Reports (1/4, 6 monthly and Annual) – all of the following reports were reviewed, discussed* and noted in the meeting**
	• Mental Health Report • Revalidation Steering Group Report • Learning from Deaths Report • Contracting and Business Development Verbal Update • Walsall Together Report • Workforce Metrics Report • Research and Development Report • Corporate Trust Risk Register (TRR) and Board Assurance Framework (BAF) Report
5	**Business Cases – approved**
	• There were none this month.
6	**Policies approved**
	• Policies, Procedures and Guidelines - Quarter 4 Report • CP62 V5 - Consent for Post-Mortem Examination and Retention and Use of Organs Policy • IG002 V3 - Information Security Incident Management Policys • IG988 V6 - Information Governance and Management Framework Policy • IP989 V5 - Management of Scabies Policy • OP986 V8 - Blood Transfusion Policy • OP987 V5 - Foot Care in Diabetes Policy

	• Cell Pathology ICE E-requesting Trust-wide Standard Operating Procedure (SOP) • Manor Learning and Conference Centre (MLCC) Room Booking Trust-wide SOP
7	**Other items discussed**
	There were none this month.

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting – to be held in Public on 2 August 2023	
Title of Report:	Chair's report of the Trust Management Committee (TMC) held on 29 June 2023 – to note this was a virtual meeting
Author:	Gayle Nightingale, Executive Assistant to the Group Chief Executive
Presenter/Exec Lead:	Kevin Stringer, Group Chief Financial Officer/ Group Deputy Chief Executive

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☒
Recommendations: The Board is asked to note the contents of the report.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: None On Risk Register: Yes☐No☒ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	Risk Description: None Is Risk on Risk Register: Yes☐No☒ Risk Score (if applicable):		
Resource Implications:	Revenue: None Capital: None Workforce: None Funding Source: None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

NHS
Walsall Healthcare
NHS Trust

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: 29 June 2023
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure None in this report.
Advise Matters discussed and reviewed at the most recent Trust Management Committee (TMC).
Alert None in this report.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Walsall Healthcare NHS Trust

Chair's report of the Trust Management Committee (TMC)

Report to Trust Board Meeting to be held in Public on 2 August 2023

EXECUTIVE SUMMARY

Chair's report of the Trust Management Committee (TMC) held on 29 June 2023 – to note this was a virtual meeting

RECOMMENDATIONS

To note this report.

1	**Key Current Issues/Topic Areas/ Innovation Items:**
	• There were none this month.
2	**Exception Reports**
	• There were none this month.
3	**Items to Note – all of the following reports were reviewed and noted in the meeting**
	• Director of Nursing Report • Midwifery Services Report • Divisional Quality and Governance Report – Medicines and Long-Term Conditions Report • Divisional Quality and Governance Report – Surgery Report • Divisional Quality and Governance Report – Women's, Children's and Clinical Support Services Report • Divisional Quality and Governance Report – Community Services Report • Integrated Quality Performance Report (IQPR) • Trust Financial Position (Revenue and Capital) - Month 2 Report
4	**Items to be Noted or Approved - Statutory or Mandated Reports (1/4, 6 monthly and Annual) – all of the following reports were reviewed, discussed* and noted in the meeting**
	• Infection Prevention Report • Contracting and Business Development Verbal Update • Walsall Together Report • Workforce Metrics Report • Equalities Annual Report • Freedom to Speak Up Report • Black Country Collaborative Report • Integrated Care System (ICS) Development Report • Research and Development Report • Corporate Risk Register Heat Map Report • Data Protection Security Toolkit Report
5	**Business Cases – approved**
	• Business Case for the funding of West Midlands Imaging Network (WMIN) • Business Case for the funding of a Post Implementation Review – Diabetes Transactional Care • Business Case for the funding of Learning and Disabilities (L&D) and Autism
6	**Policies approved**
	• Policies, Procedures and Guidelines - Quarter 3 Report

	• CP977 V2 - Sensitive Disposal of all Pregnancy Remains less than 24 weeks Policy • IP990 V2 - Vancomycin Resistant Enterococci (VRE) and Glycopeptide Resistant Enterococci (GRE) Policy • IP991 V5 – Patient Infestations (Ectoparasites) Policy • OP982 V3 - Administration of Intravenous Therapies Policy • OP984 V1 - Neurological Observations for Inpatients Incurring an Actual or Suspected Head Injury Policy
7	**Other items discussed**
	There were none this month.

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Paper for submission to the Trust Board Meeting – to be held in Public On 2 August 2023		
Title of Report:	R&D Report	Enc No: To be completed by Board Administrator
Author:	Catherine Dexter: Catherine.dexter3@nhs.net Tel 01922 721172 ext. 5797 Dr Manjeet Shehmar-Medical Director: manjeet.shehmar@nhs.net Pauline Boyle: Group Director of Research and Development e: pboyle@nhs.net t: 07494919851	
Presenter/Exec Lead:	Dr Manjeet Shehmar	

Action Required of the Board/Committee/Group
Note the report
Recommendations: The Board is asked to note the content of the report

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☒ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☒No☐	Details: Research to improve health and care
	Life Sciences Vision	Yes☒No☐	Details: Research to address the Country's health, wealth, and resilience
CQC Domains	Well-led		

Walsall Healthcare NHS Trust

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☒No☐	Date: TMC 27.07.23
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure Good range of specialties recruiting Increased commercial activity
Advise Research support for staff undertaking academic courses needs to reviewed within existing regional resource
Alert None

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Walsall Healthcare NHS Trust

Research and Development

Report to Trust Board Meeting to be held in Public on 2 August 2023

EXECUTIVE SUMMARY

- A good range specialities are currently recruiting, in set up or have submitted an Expression of Interest (EOI) form for studies.
- Commercial activity continues to increase with five studies open, two in set up and six in the pipeline.
- The number of requests for support from staff undertaking academic courses has increased significantly. Work is underway to combine resources across the region to ensure staff are supported efficiently.
- A follow-on meeting with Aston University will take place on 10 October. Anyone interested in working with Aston University will be asked to give a short brief of their research idea so that Aston University can arrange viewing of the appropriate facilities.
- Pharmacy have identified a pharmacist that will support clinical trials and is currently undertaking training.
- Plans are underway, along with other Black Country providers, to maximise commercial opportunities.
- Work is underway to clearly identify the drug cost saving from commercial clinical trials to the ICB.

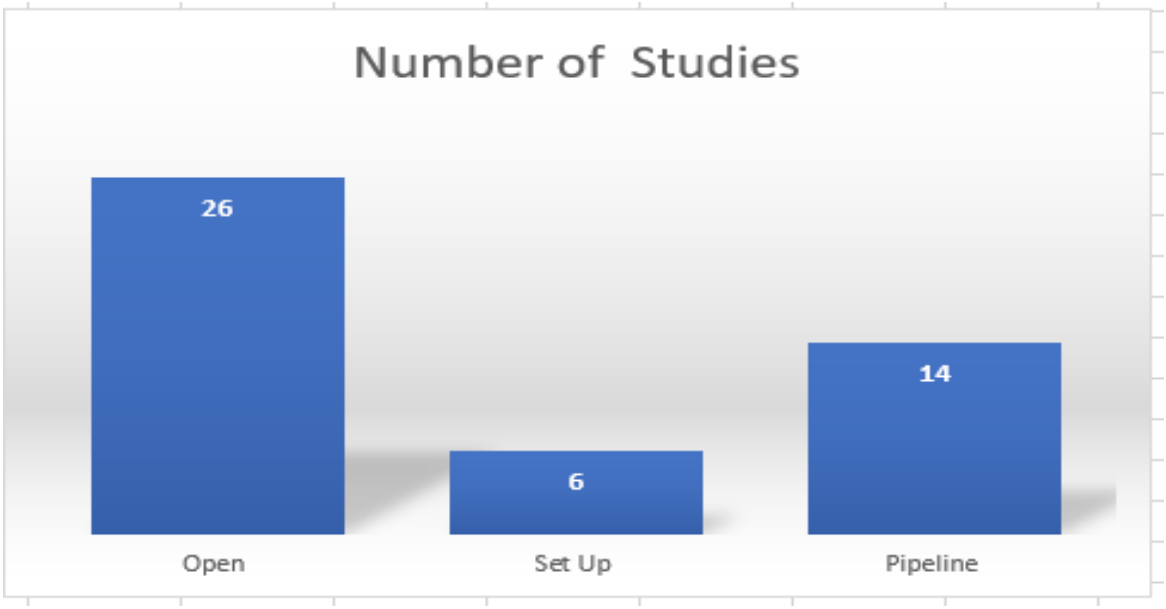
BACKGROUND INFORMATION

Table1: Outlines Speciality areas Walsall Healthcare NHS Trust are currently Research active.

Specialities Opened	Specialities In Set up	Specialities in the pipeline/potential /EOI's
Cancer	Paediatrics/Children	Cancer
Critical Care	Cardiovascular	Renal
Respiratory plus TB	Musculoskeletal	Anaesthetics
	Surgery	Obstetrics and Gynaecology
Dermatology	Dermatology	Sexual Health -HIV
Cardiovascular		Dermatology-Paediatrics
Maternity/Women's	Cancer	
Children		
NuRS Study	Respiratory	
Paediatrics		
Tissue/Viability/Diabetes		
Maternity/Smoking cessation		
Education Related (RESTORE-2)		

Surgery (RACER -Knee/Hip)		
Emergency Medicine		
Pre Natal		

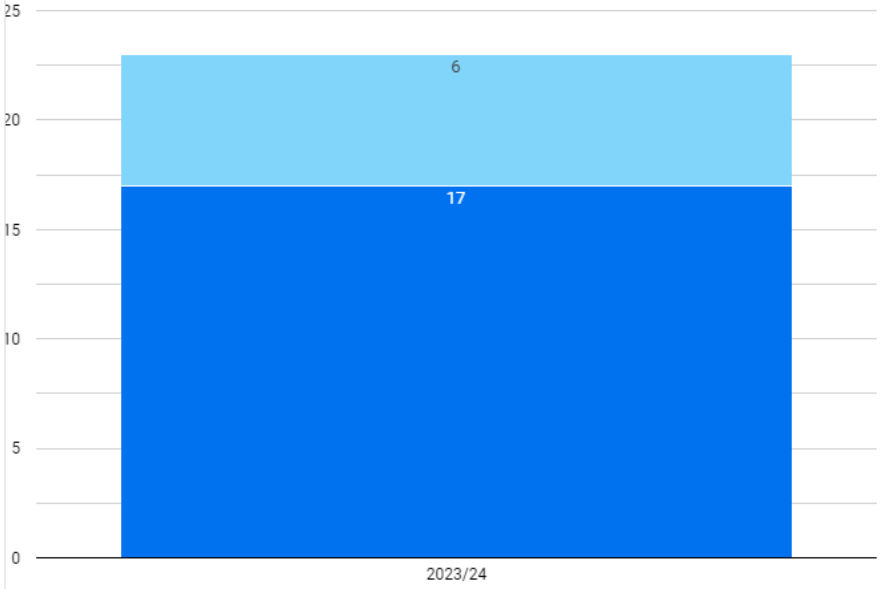
Graph 1: Reflects the number of studies opened, in set up and in the pipeline

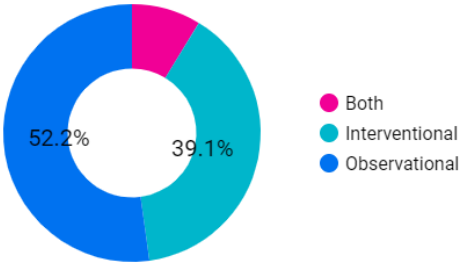


Site selection notification received for new BAYER Renal (CKD) study. This will be the 1st time WHT have worked with BAYER. Still awaiting outcome of site selection for the commercial HIV Sexual Health Study. Overall R&D have **6** Commercial studies in the pipeline, **2** Commercial studies in set up and **5** Commercial studies opened.

Own account research across the Trust

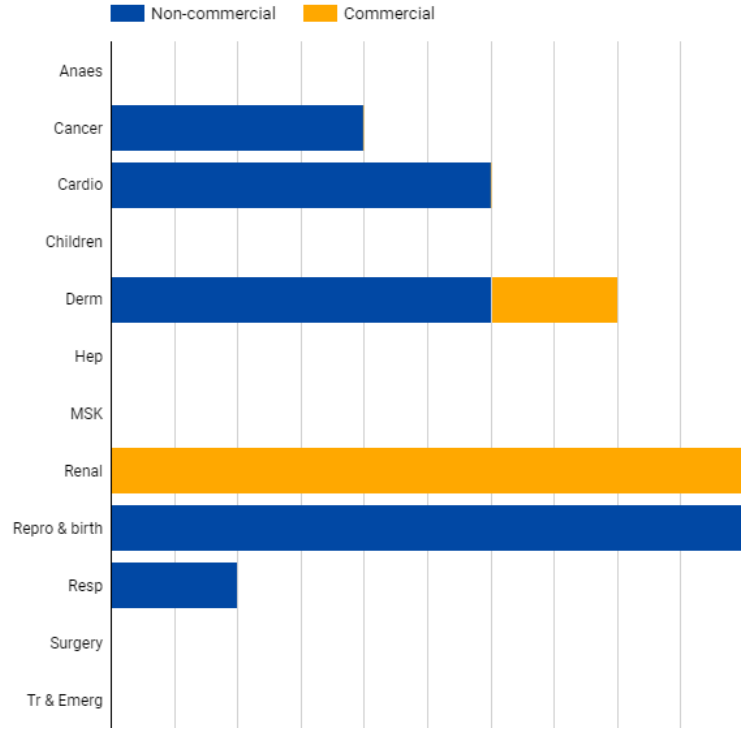
Influx of queries being received from staff undertaking academic courses and requiring help/support re projects. **Graph2:** Shows recruitment from March 2023 at Walsall Healthcare NHS Trust.





Overall Recruitment across the WM's as of the 26/06/2023= 11,322
Commercial recruitment across the WM's as of the 26/0623=2,859

Graph3: Shows Main Specialities recruiting for June 2023.
Giant Panda (Maternity/Smoking), BADBIR(Dermatology), Add-Real (Dermatology), A-Star (Dermatology) Chemobrain (Cancer) and Giant Panda Maternity services. We still await our first recruit into the Victor study (MSD Commercial Study) its proving difficult to find patients which meet the criteria, screen fails for the study has been increased by the sponsor to 10.



The team continue to scope for studies which reflect the needs of Walsall's population

RECOMMENDATIONS

To receive and note the report

Any Cross-References to Reading Room Information/Enclosures:

Elective Performance and Recovery Update

July 2023

Authors:

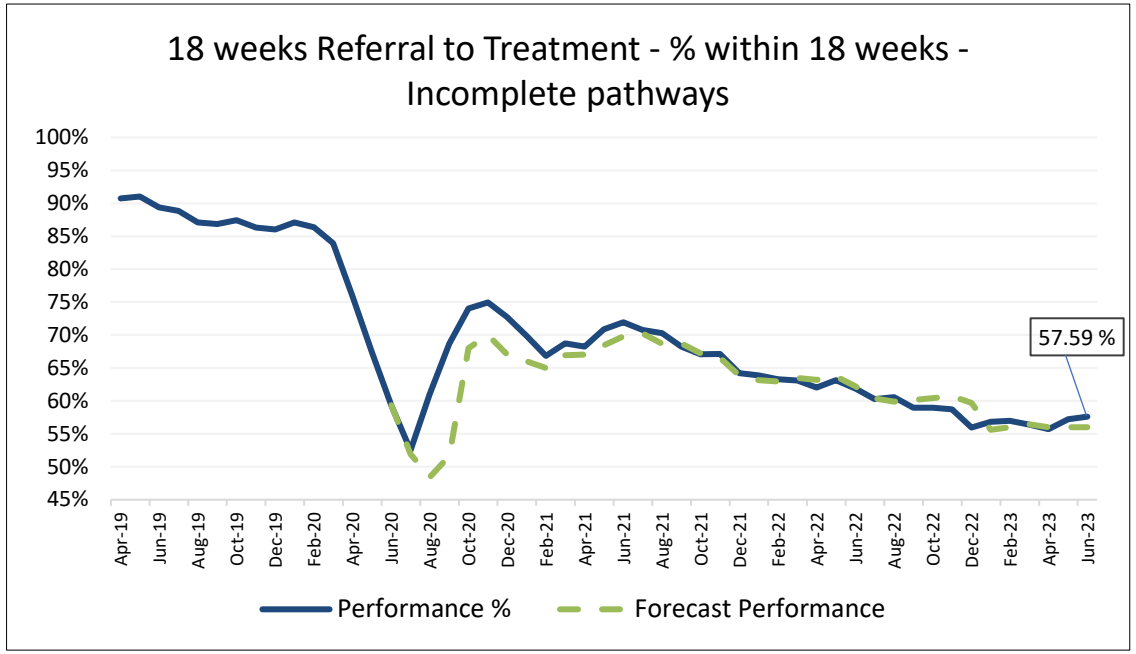
Sian Webley – Divisional Director of Operations, Division of Surgery

Executive Lead: Ned Hobbs - Chief Operating Officer

Elective Access

Constitutional standard and locally agreed trajectory

18 Weeks RTT Incomplete Pathways



In June 2023, the 18-week RTT incomplete performance is 57.59%, which is above the forecast trajectory of 56%, and a further marginal improvement on May 2023.

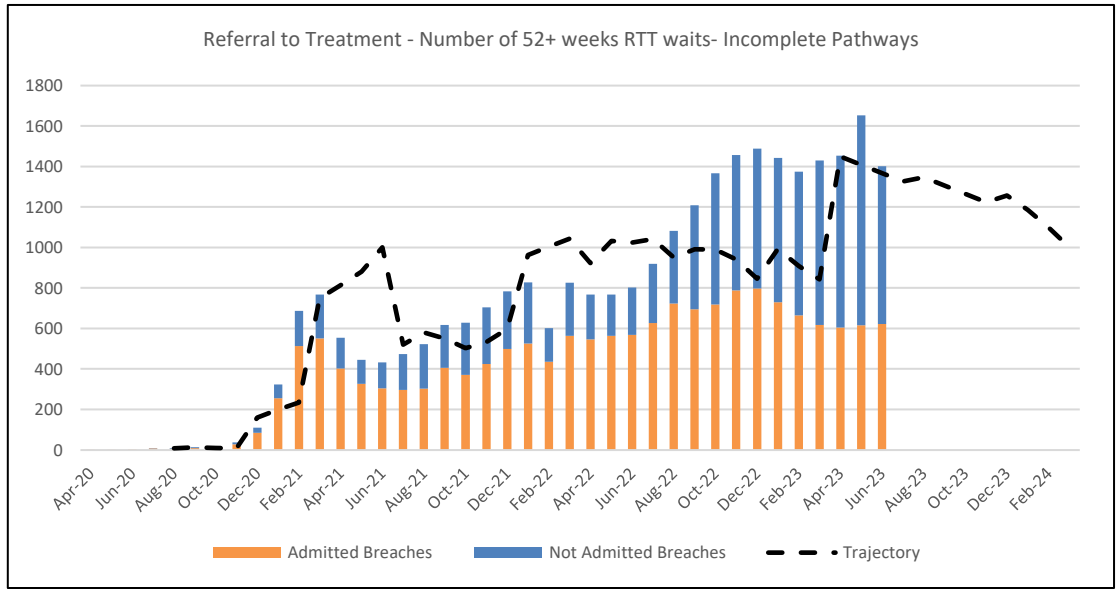
Whilst the RTT performance remains relatively stable, good progress is being made with reducing long waits. The Trust reported one patient waiting in excess of 78 weeks during June. The patient declined dates during June and preferred due to their personal circumstances to have their surgery during July. This is the fourth consecutive month the Trust has achieved no patients waiting > 78 weeks (excluding patient choice). The Trust supported with mutual aid for Gynae cases waiting at RWT, which continues.

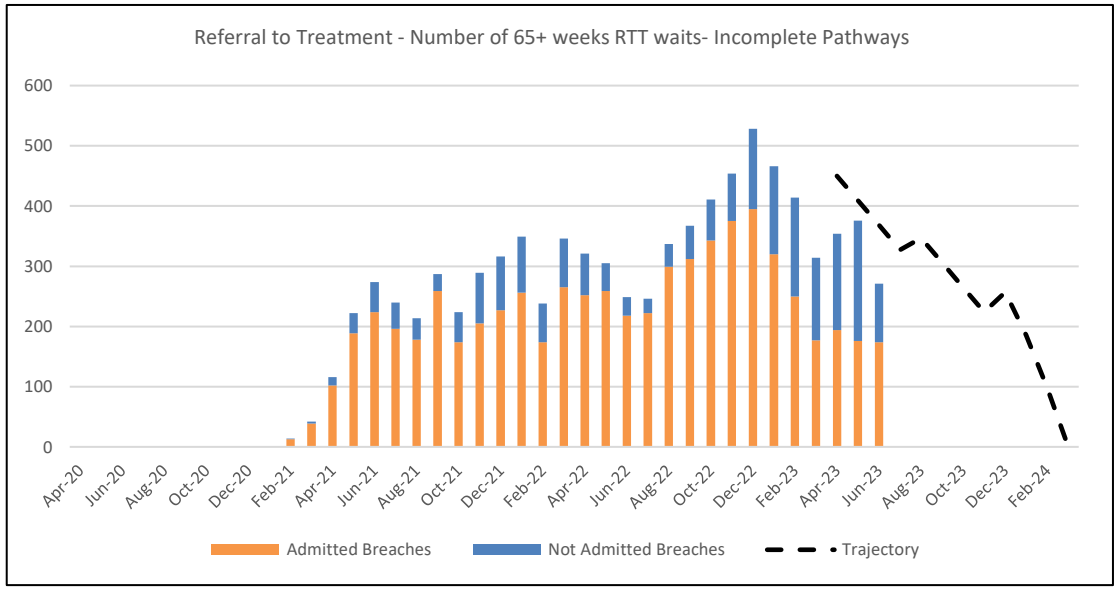
May 2023 performance places the Trust in a position of 75th (out of 120 reporting general Acute Trusts) across the NHS for 18-week RTT incomplete performance.

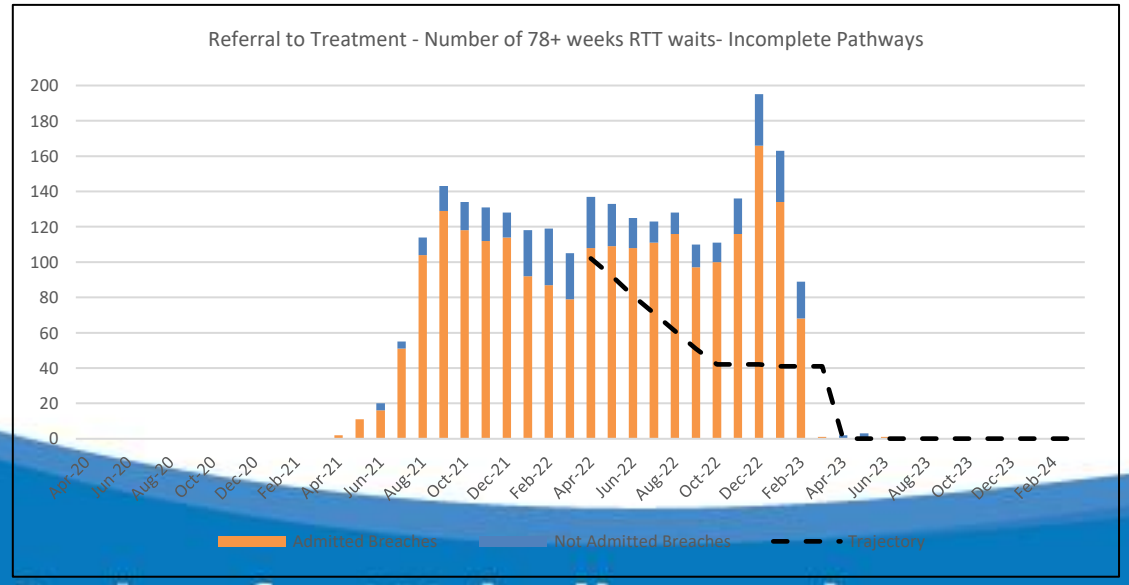
Divisional Performance:

	April 2023	**May 2023**	**June 2023**
MLTC	67.38%	69.47%	67.91%
SURGERY	47.58%	49.00%	49.97%
WCCS	79.04%	79.54%	78.03%

Performance against constitutional standards - 18 & 52 week performance





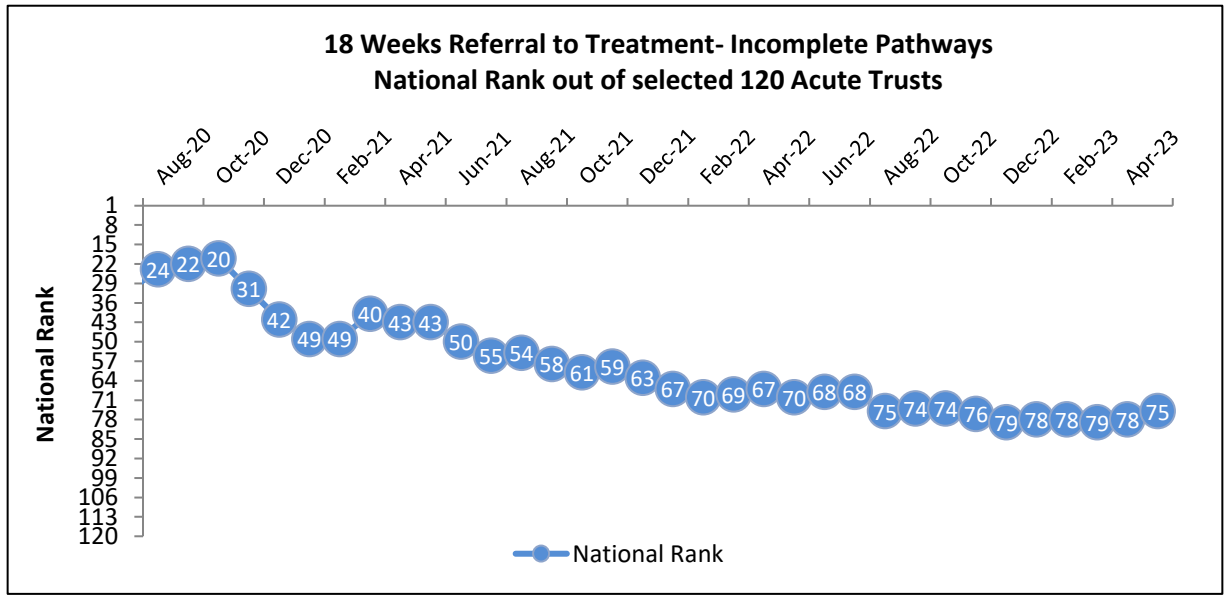


Performance meetings continue to provide scrutiny and oversight – at a patient level – to ensure the Trust maintains on a trajectory to treat non-admitted patients waiting in excess of 52 weeks and admitted patients waiting in excess of 78 weeks. The Trust achieved the standard of zero patients waiting > 78 weeks, other than those exercising patient choice. The Trust is in line with trajectory for the number of patients waiting >52 weeks, and slightly ahead of trajectory for the number of patients waiting >65 weeks.

Patients will be managed in line with the Trust's Elective Access Policy. The Trust continues to accelerate its Outpatient improvement programme, with a focus on clinic utilisation and reducing DNA rates.

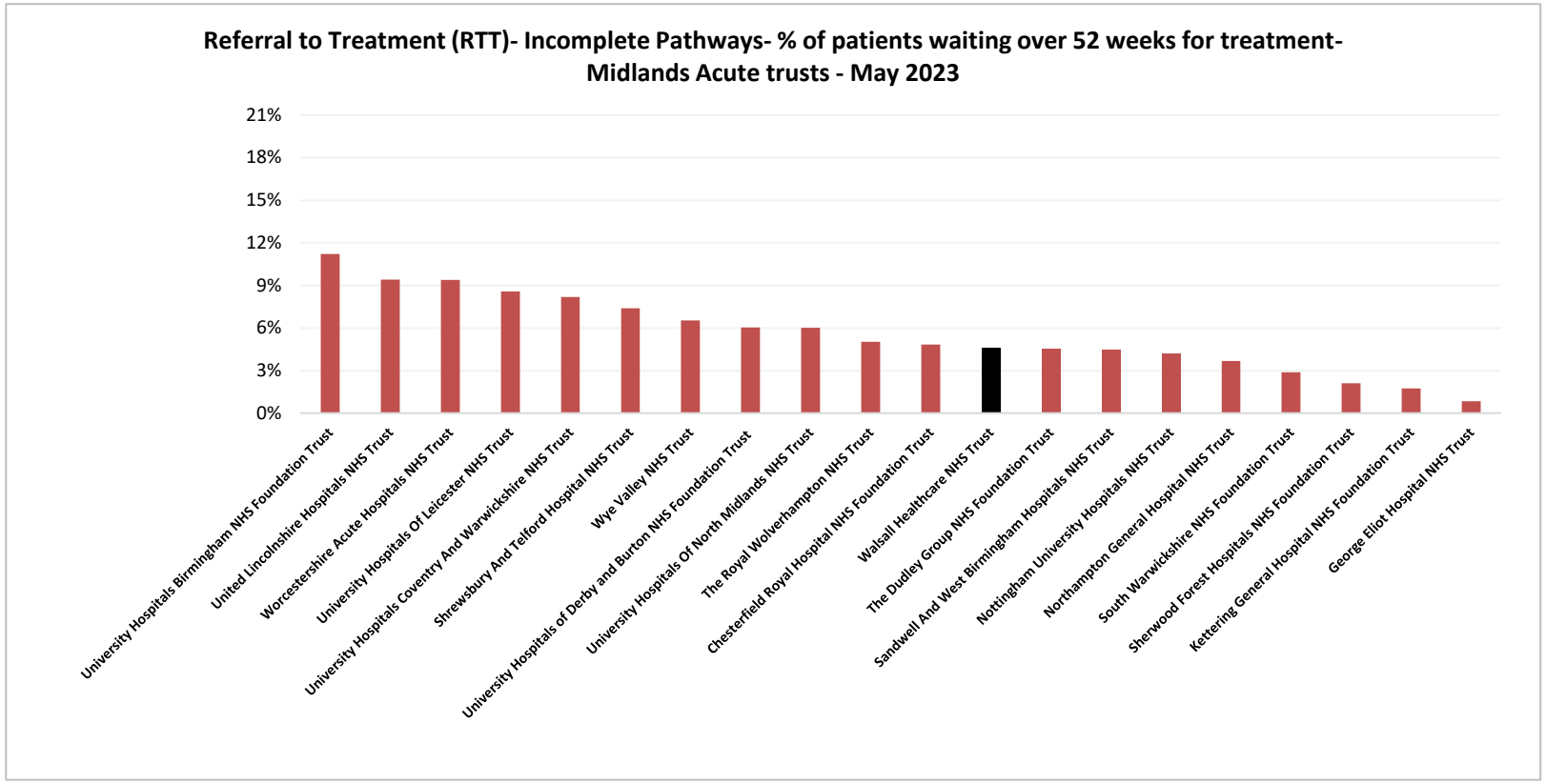
Elective theatre cases have been assessed (in line with Federation of Surgical Specialty Associations guidance[1]), to ensure that patients are placed in order of priority for the available theatre lists. 1. https://fssa.org.uk/_userfiles/pages/files/covid19/prioritisation_master_26_02_21.pdf

Performance against constitutional standards- National Position



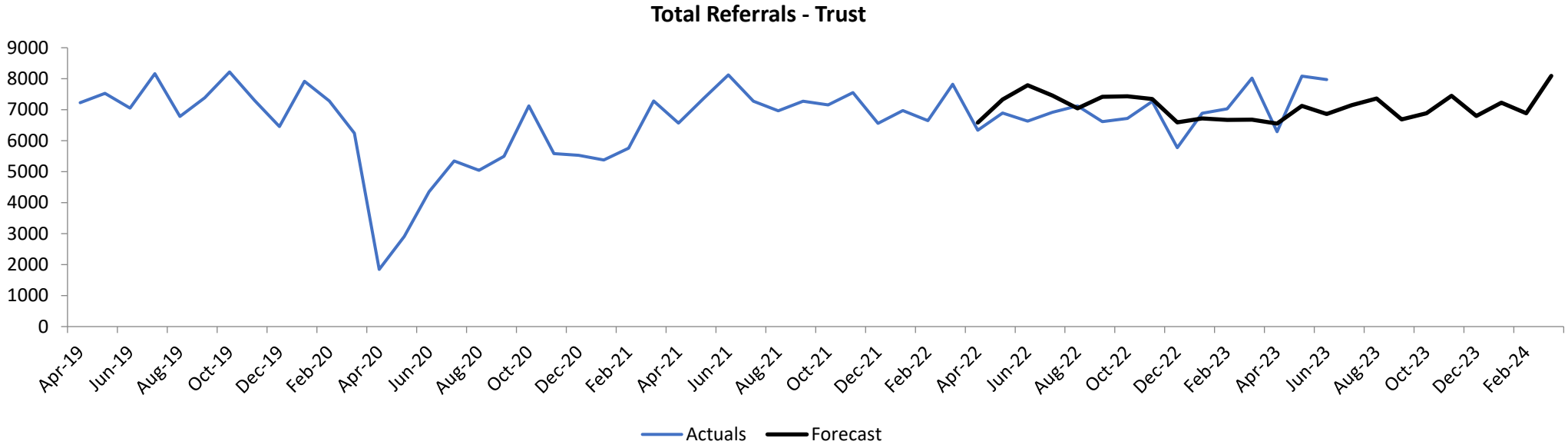
May 2023 performance places the Trust at the position of 75th (out of 120 reporting general Acute Trusts) across the NHS for 18-week RTT incomplete performance.

Performance against constitutional standards- 18 & 52 week performance



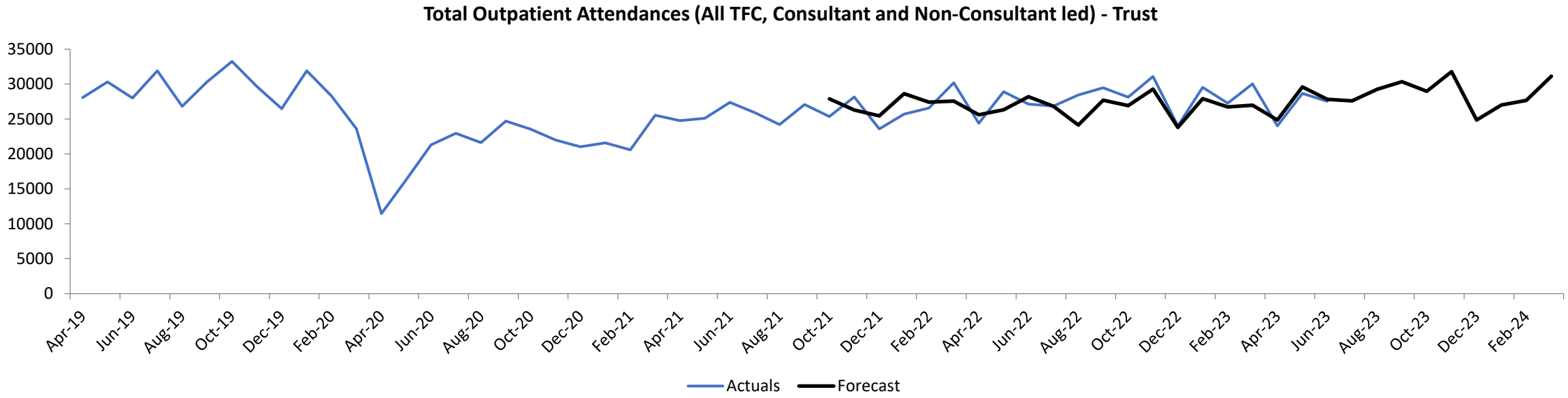
WHT is at 9th position in May for the lowest proportion of its elective waiting list over 52 weeks in the Midlands.

Restoration & Recovery – Referrals



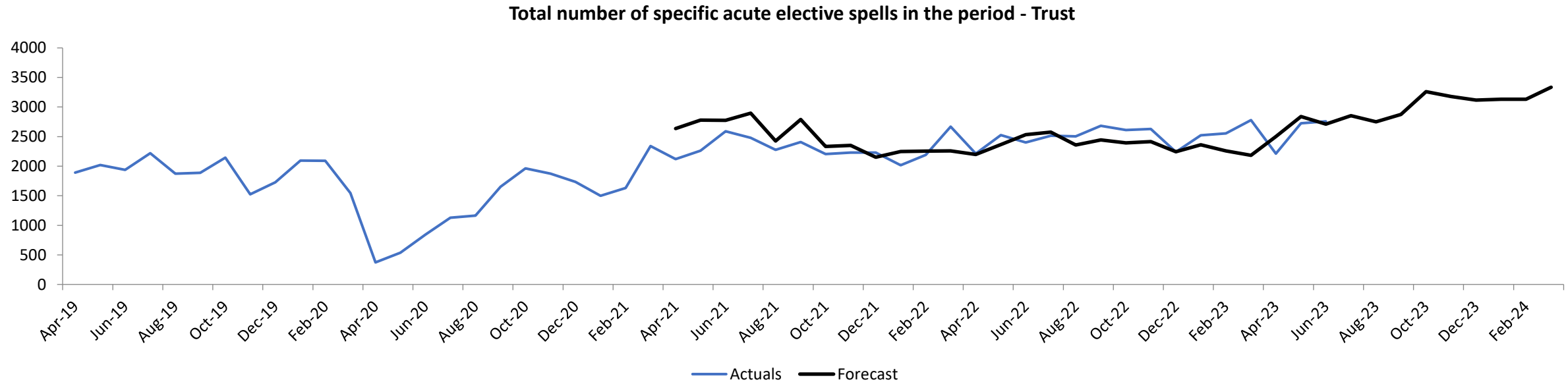
- Overall referrals received into the Trust are at:
  - 113 % of pre-Covid norm (comparing June 2023 to June 2019) this is subject to refresh due to delays with referral entry.
  - 9% above the internal forecast year to date.
- The move to utilising the national Electronic Referrals Services functionality of Advice & Guidance (A&G) & Referral Assessment Service (RAS) (designed to provide GP's with advice and reduce inappropriate referrals) may have affected restoration percentage, reported data for A&G & RAS may have provided an additional 13% of referrals if A&G and RAS functionality was not available.
- See Appendix for breakdown by treatment function.
- Data source: monthly referral return (MRR) previous months data refreshed in line with submission timetable.
- Excludes Urology.

Restoration & Recovery – Outpatients



- Overall Trust outpatient activity is restored to:
  - 98% of pre-Covid norm, when comparing June 2023 with June 2019 (this is subject to rise due to clinic outcoming latency)
  - Compared to the forecast outpatients activity is 97.5% of the submitted forecast (financial year to date).
- Divisional restoration activity is presented and discussed at the fortnightly Restoration & Recovery meetings. Heightened scrutiny continues on high volume specialties, namely: Orthopaedics, General Surgery, Pain Management and Oral Surgery.
- Excludes Urology

Restoration & Recovery – Electives / Day cases



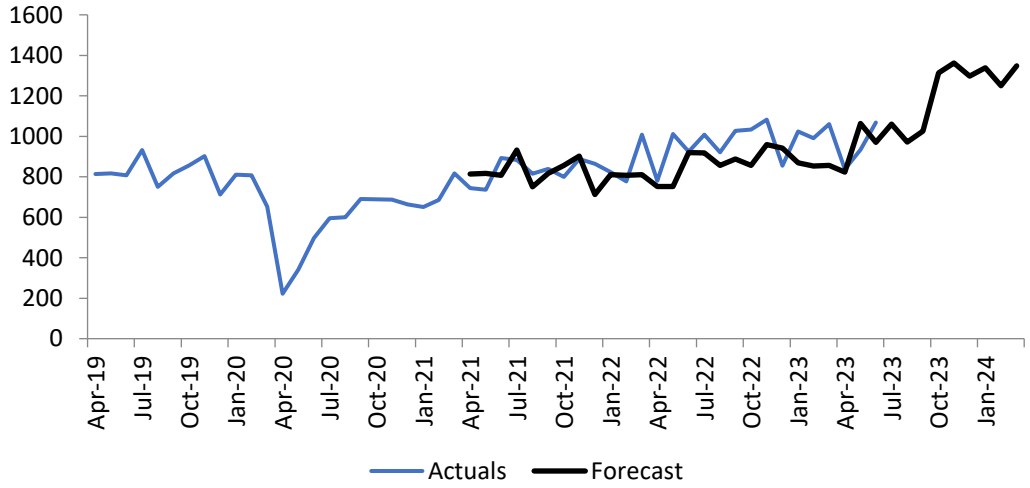
- Elective inpatient and day case activity* restored to 111% when comparing June 19/20 to June 23/24. When including medical oncology, activity is restored to 142%.
- Compared to forecast, at May 2023 year to date, activity levels are 95.5% of the submitted forecast.
- Data subject to refresh.

Notes:

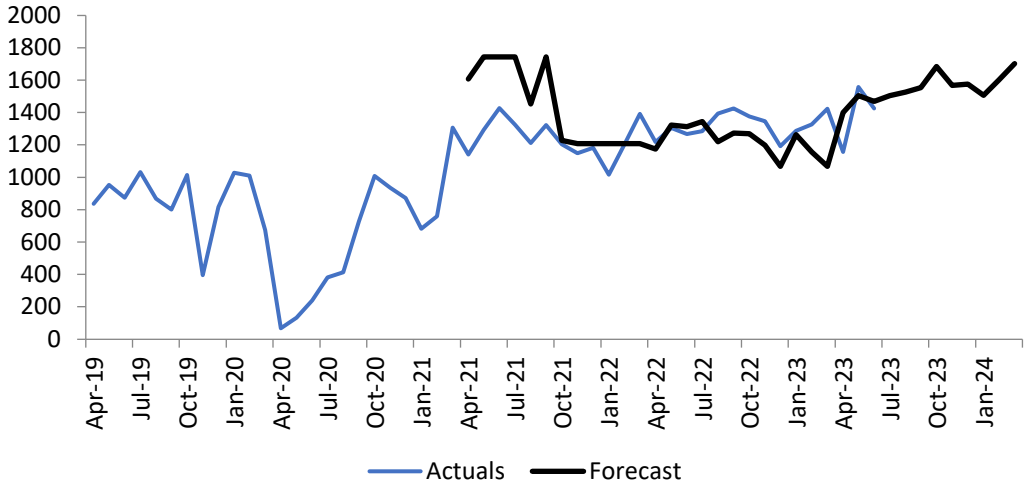
- Excludes urology .
- *Excluding Medical Oncology, which has moved from being recorded as a regular day attender in 2019/20 to elective activity in 2022/23.
- **includes Medical Oncology

Restoration & Recovery – Electives / day cases

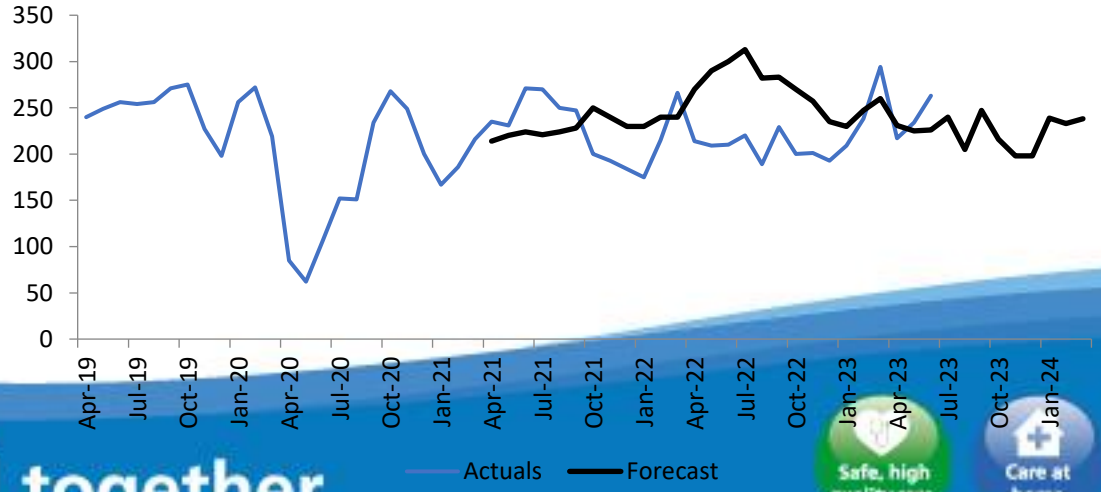
Total number of specific acute elective spells in the period - MLTC



Total number of specific acute elective spells in the period - SURG

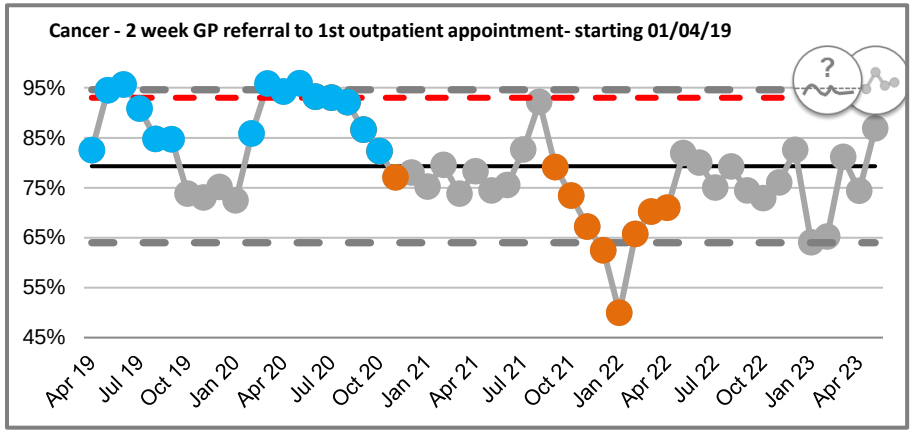


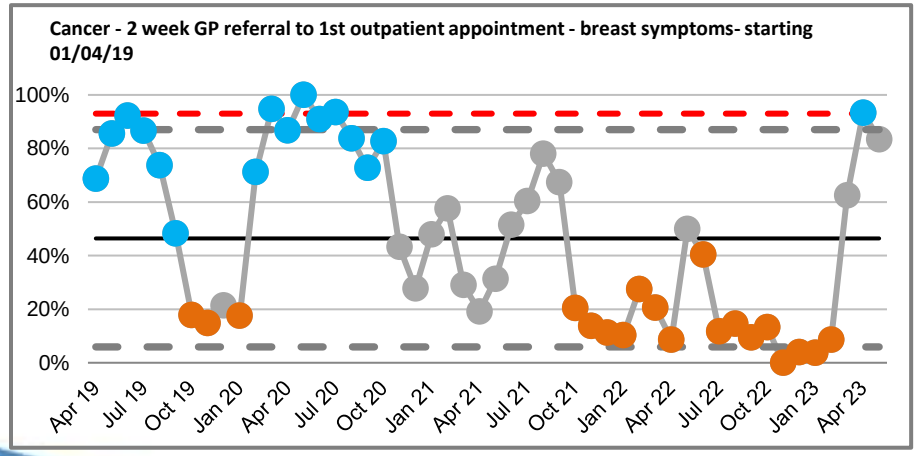
Total number of specific acute elective spells in the period - WCCSS



Cancer

Performance against constitutional measures
Cancer 2 Week wait Metrics





Mean
Process limits - 3σ
Special cause - improvement
Measure
Special cause - concern
Target

In May '23 the Trust did not achieve 2WW GP referred (suspected Cancer), with performance of 86.8%. Breast Symptomatic also did not achieve with a performance of 83.3%.

Booking days continue to be variable across challenged tumour sites. Once a delay in booking to the standard of 14 days occurs, this can impact performance for several weeks. Table below is census 26.7.23, RDC is the Rapid Diagnostic Centre, for referrals with vague symptoms or of unknown primary.

Booking days as of 26/07/2023

SPECIALITY	BOOKING AT DAY	DATE
BREAST	09	03/08
COLORECTAL	09	03/08
DERMATOLOGY	13	07/08
GASTROENTEROLGY	02	27/07
GYNAECOLOGY	13	07/08
HEAD & NECK	10	04/08
ORAL	10	04/08
RESPIRATORY	08	02/08
HAEMATOLOGY	06	31/07
RDC	09	03/08

Trajectories have been requested from the cancer services

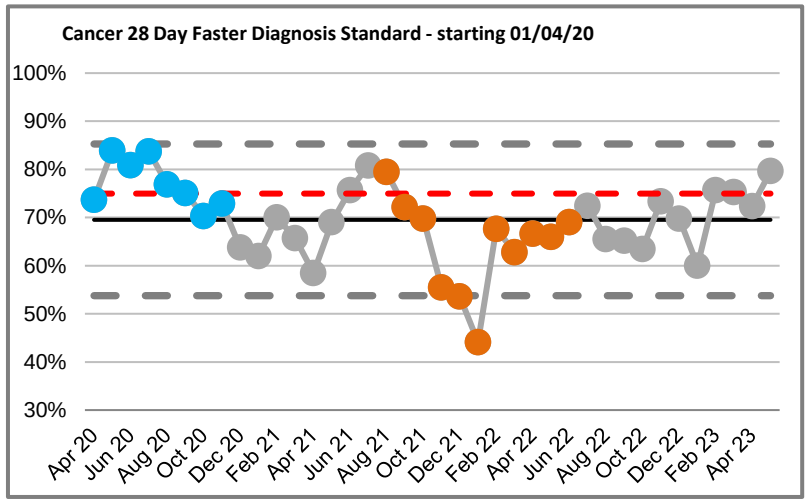
Performance against constitutional measures
Cancer 28 Days faster Diagnosis Standard

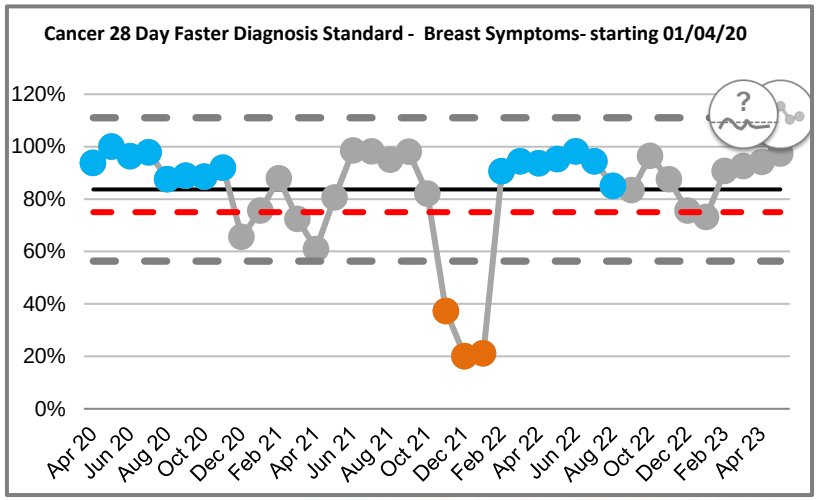
Mean
Measure
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

28 day faster diagnosis was achieved across all measures. See update on 2 week wait performance (feeds into the 28 day faster diagnostic measure's)

The Breast Service continue to offer triple assessment and pathways are regularly meeting access standard for the Faster Diagnostic Standard. See slide on actions/update for details.

Standards around the prioritisation of urgent imaging have been revisited, with improvement expected. Imaging modalities have introduced new standards for the prioritisation of requests. Patients on cancer pathways have a bespoke prioritisation code, which is expected to lead to further improvements against the Faster Diagnosis Standard.





Trajectories

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
67.47%	67.60%	70.59%	73.74%	75.00%	75.08%	75.03%	75.00%	75.05%	75.00%	75.00%	75.00%

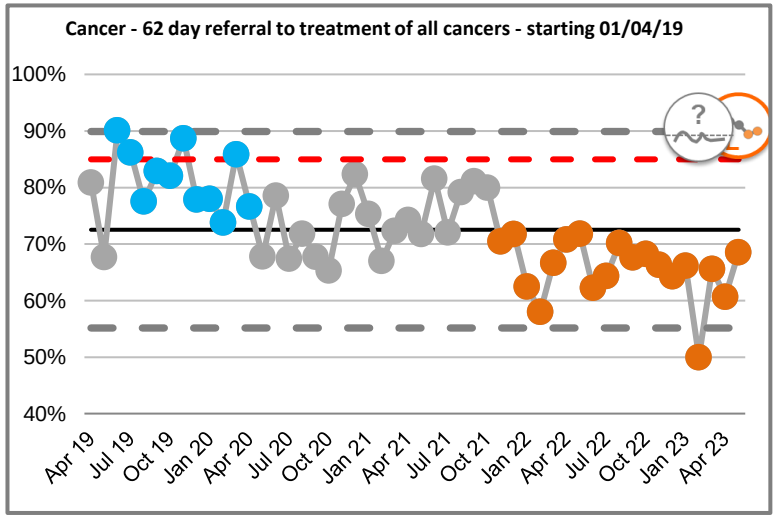
Performance against constitutional measures

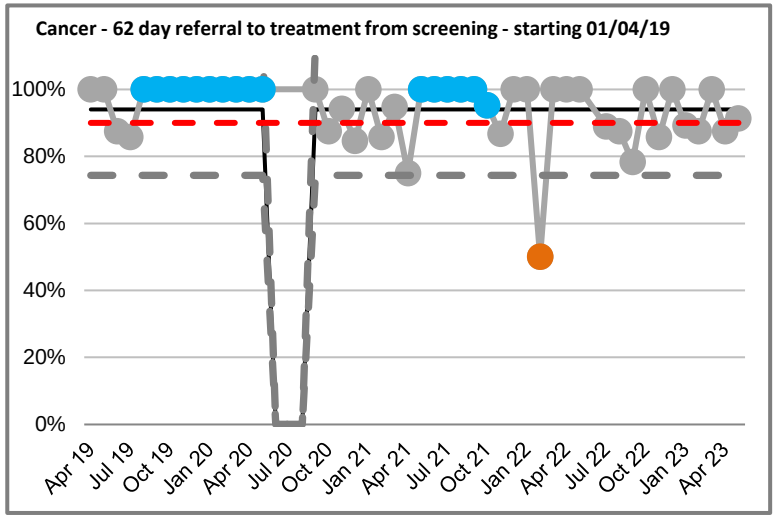
Cancer 62 Day Metrics

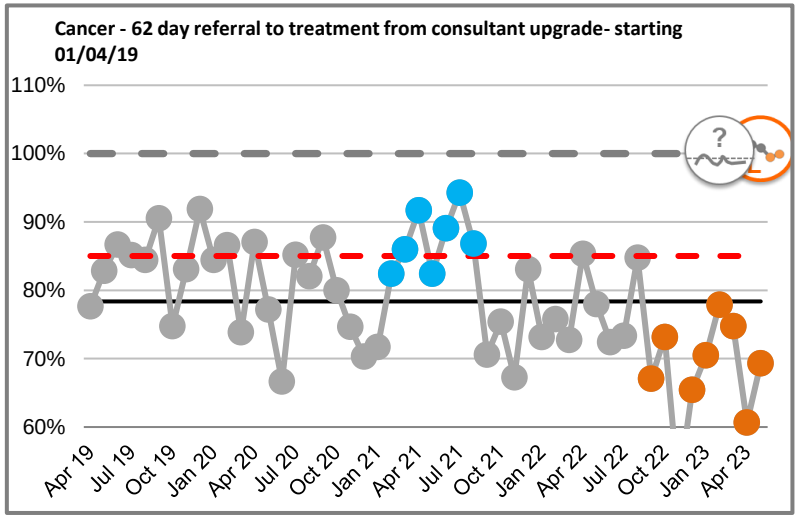
Mean
Measure
Process limits - 3σ
Special cause - concern
Special cause - improvement
Target

Performance against the 62 day standard remains the key focus with Cancer Services, in particular reducing the number of patients waiting > 62 days for treatment. May shows an increase in performance for GP RTT <62 days of 68.6%. Whilst we are not yet seeing performance of completed pathways meet the standard, the emphasis to delivery of this measure is to reduce the volume of incomplete patients waiting greater than 62 days.

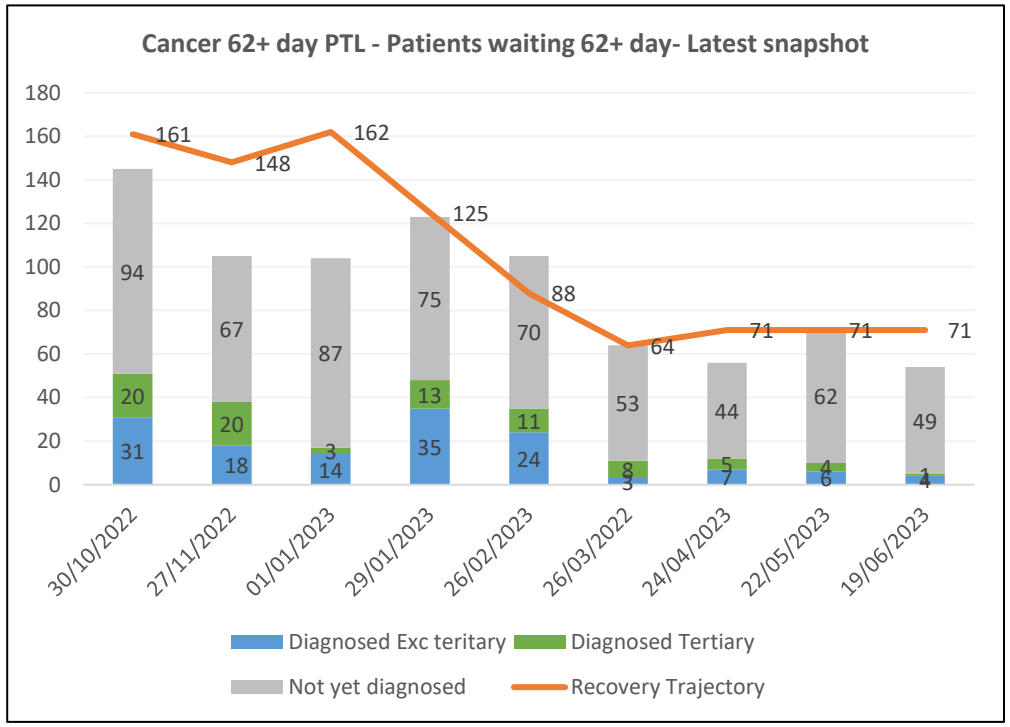
Whilst monthly rankings are subject to volatility due to relatively small denominators, the Trust has delivered an underlying improvement in relative 62-day GP referral to treatment performance over the last 2 years.

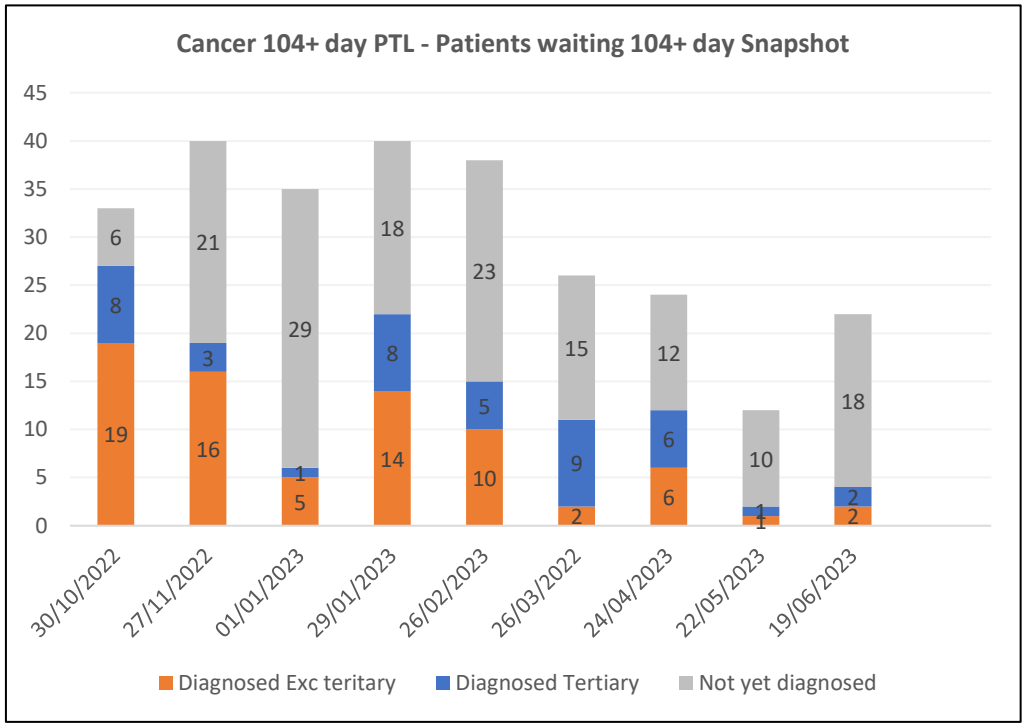






Cancer 62+ Days PTL



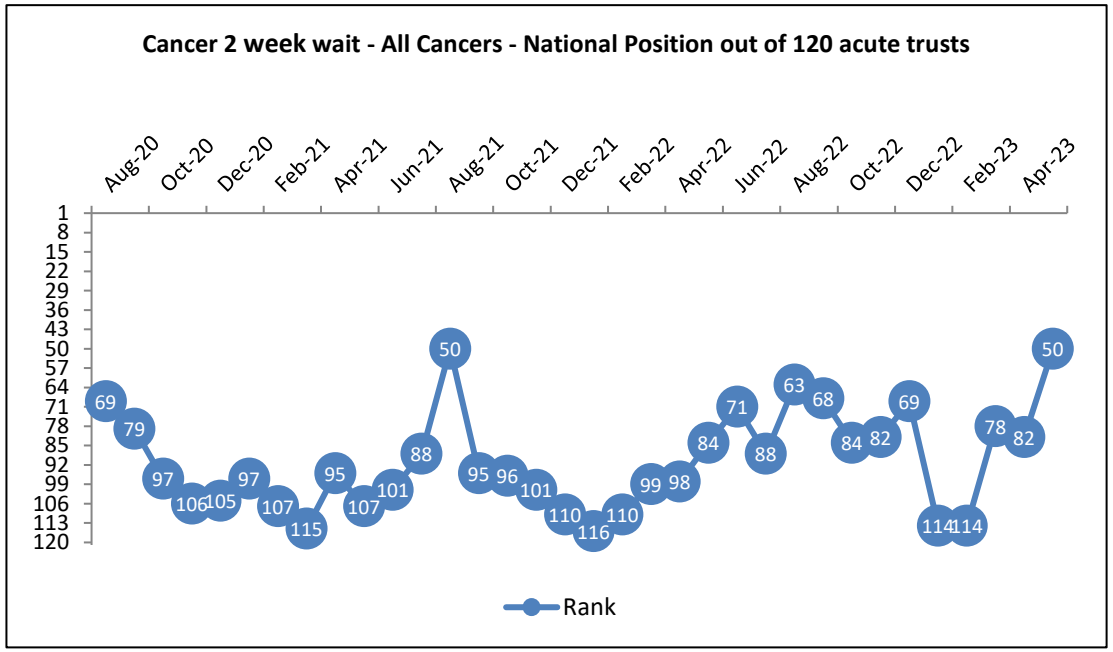


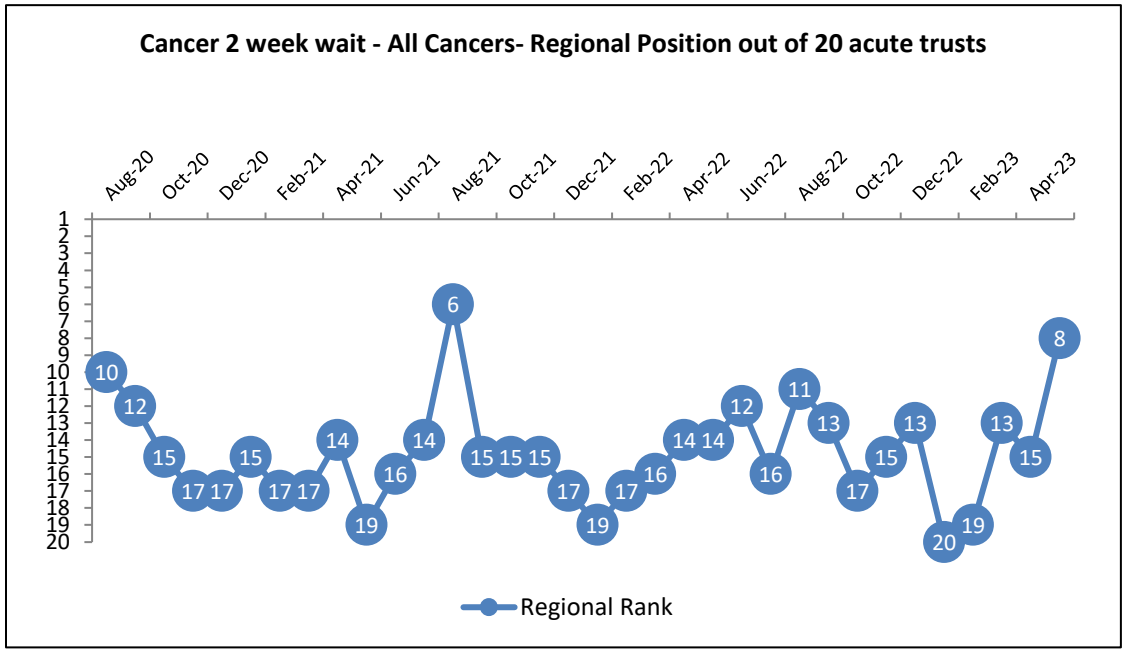
Trajectories as part of the national planning submissions are below

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
123	117	111	106	100	95	89	84	78	72	67	61

NHSE WHT trajectory was to achieve 72 by March 2024

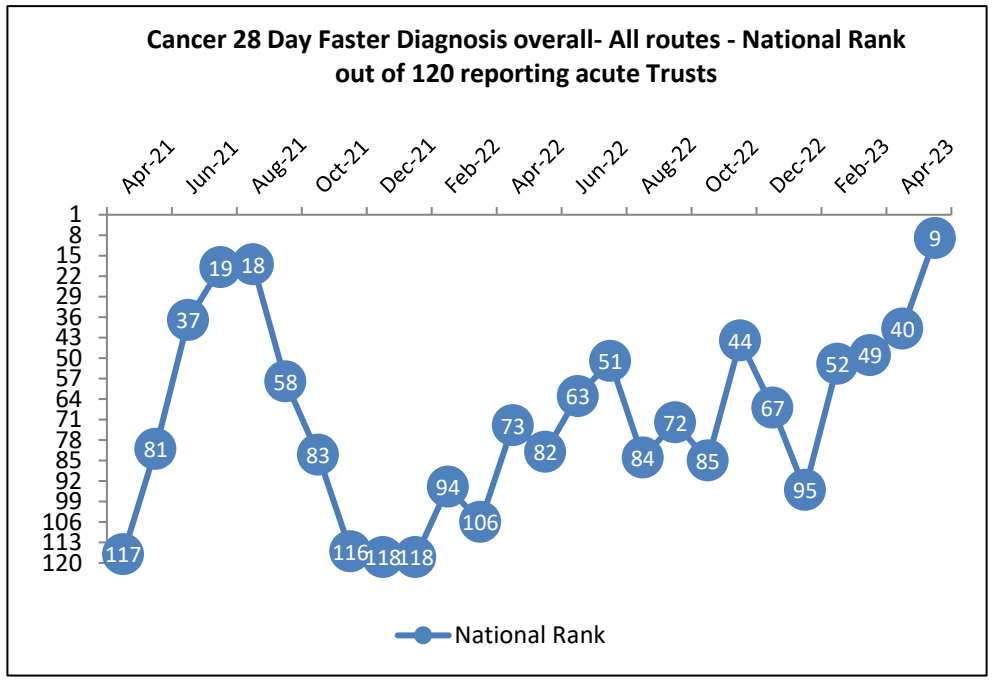
Cancer 2 Week - National Position





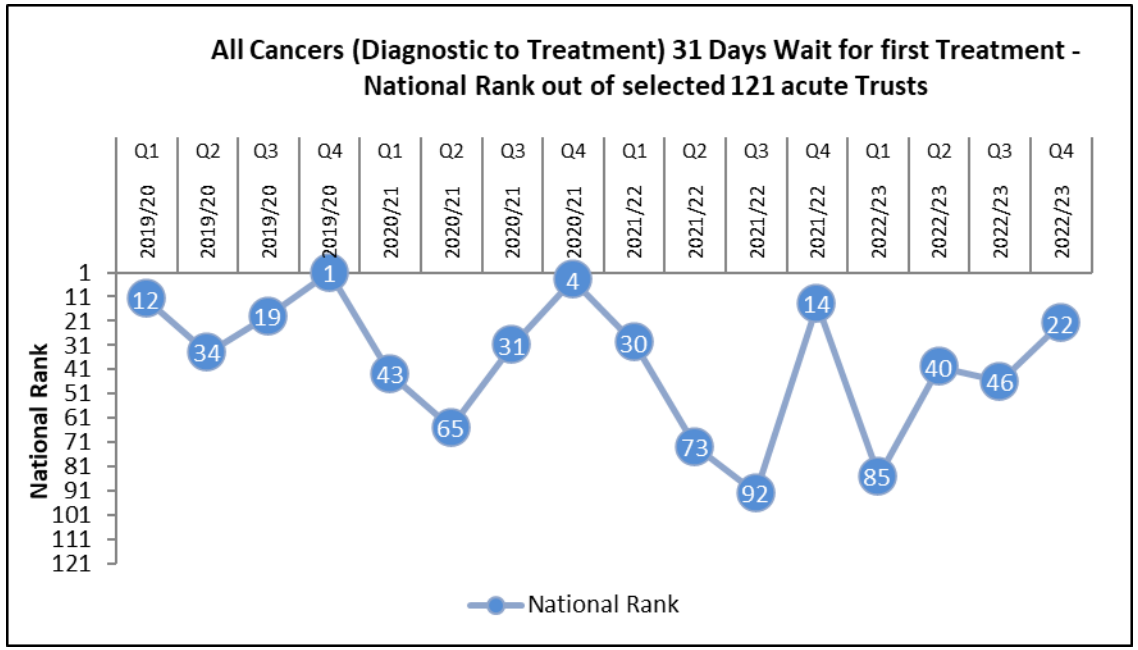
Access to suspected Dermatology clinics has affected the Trust's ranking for 2 week wait performance for May and June, in addition to access within H&N, Lung and Urology, but underlying performance improvement can be seen. The Trust was ranked 50th out of 122 acute Trusts in May 23.

Cancer 28 Day Faster Diagnosis – National Position

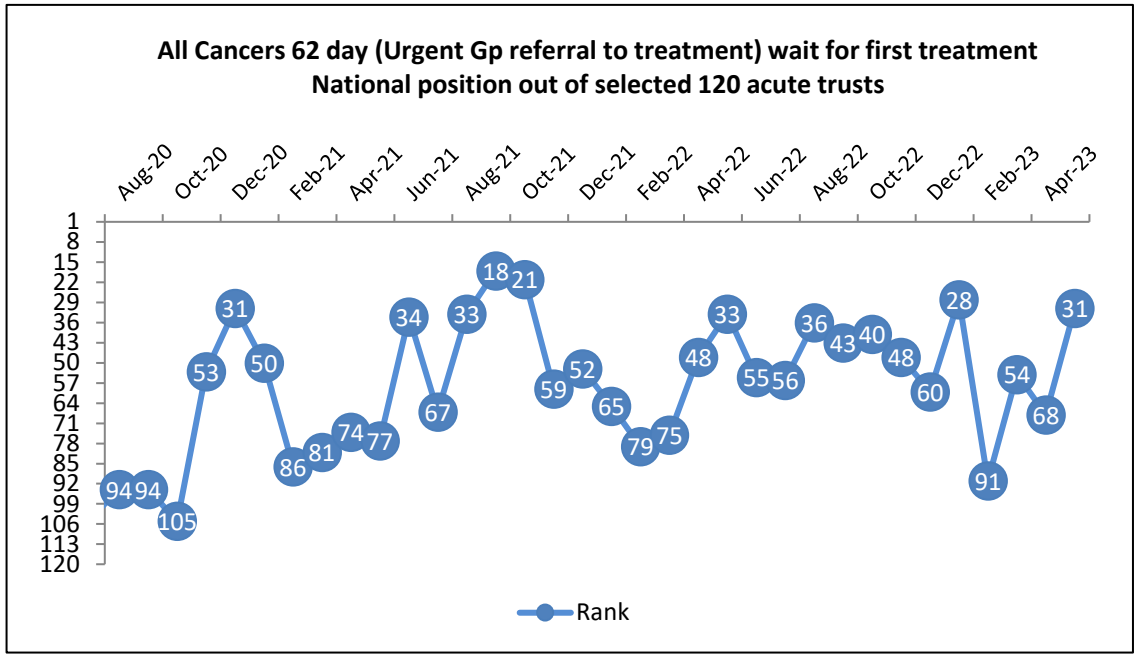


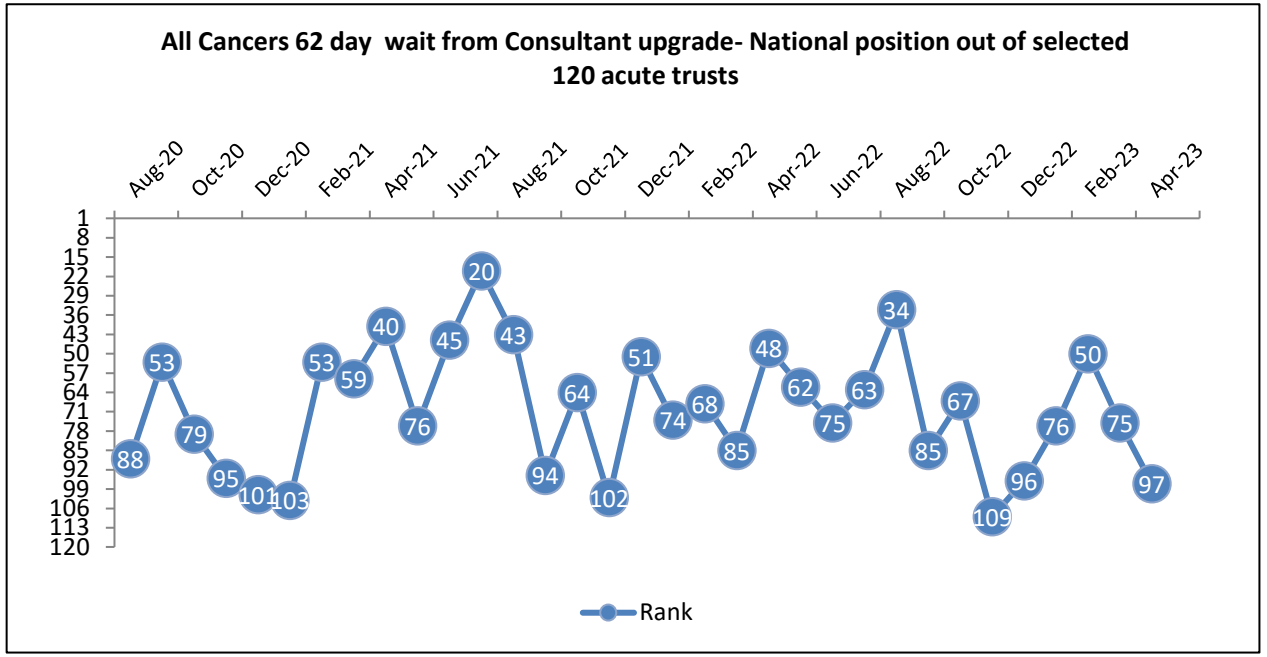
Improved diagnostic access for Cancer modalities, and improved use of one-stop assessment and diagnostic cancer clinics in various tumour sites are supporting 28-day FDS performance. There is an improved National ranking for May of 9th out of 120 acute Trusts.

Cancer 31 day- National Position (Quarterly)



Cancer 62 Day – National Position





Whilst monthly rankings are subject to volatility due to relatively small denominators, the Trust has delivered an underlying improvement in relative 62-day GP referral to treatment performance over the last 3 years, reducing total numbers of patients waiting. The Trust was ranked 31st out of 120 reporting general acute Trusts for May 2023 performance.

Report of the Group CFO

for the month of July 2023

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

Care Colleagues
Collaboration Communities

Summary

Overview of Financial Performance

The Trust is reporting a YTD deficit of £10.223m at the end of Month 3. This is £2.539m adverse to the revised plan and £5.044m adverse to the original plan submitted to NHS England.

Income is behind plan by £1.241m due largely to planned Donated Asset income of £2.993m YTD, this adverse variance is offset by one off income for nursing recruitment, Eduction & Training income (offset by costs), rebates for insurance and IT and overperformance on interest receivable.

Pay is overspent by £1.809m. While substantive pay is underspent due to vacancies, this underspend is more than offset by temporary staffing costs. The Trust has also incurred extra providing cover for junior doctor strikes and the increased pay award is £0.075m more than the additional income received offsetting a small pressure due to pay award costing more than anticipated (0.075m).

For non pay drugs are overspent by £0.440m on volume of usage and £0.140m on inflation. Clinical supplies and services overspend is being driven by increased usage of hearing aids in audiology, YMS Endoscopy outsourcing and wheelchairs. Non Clinical Supplies and other non pay overspend is driven by various inflationary pressures, adhoc / unfunded costs linked to security, small works etc in addition to cost pressures from insourcing and outsourcing to maintain diagnostic performance.

System Updates

The ICB has a YTD deficit of £46.1m, £14.9m adverse to plan (2.2%) with 5 out of 8 organisations off plan. Against plan there are £5m of demand pressures; including £3m within Mental Health, £6.6m of CIP underperformance (largely within 3 organisations), £2.5m relating to a plan phasing issue, an estimated £4.5m of direct costs from industrial action, and £2.5m of agency. These are partially supported by other underspends elsewhere.It should be noted that the YTD position is supported by £8.7m of planned Balance Sheet support and that whilst the agency expenditure is higher than the internal plans across all organisations, collectively it is still within the ICB agency cap.Capital Allocation: The ICB has a YTD underspend against its planned capital allocation spend of £13.4m (73.2%) but is forecasting to spend its total allocation of £88.4m.CDEL is underspent by £43.2m YTD (67.3%) but is currently forecasting a small £1.2m (0.6%) over spend by year end.

Capital

The 23/24 Trust capital programme is £24.403m. The constituent parts of the programme are £9.053m of Capital Resource Limit (CRL) from Black Country ICB, £12.6m of Public Sector Decarbonisation Scheme (PSDS) and £2.75m from NHSE for Front Line Digitisation. YTD expenditure on the programme is £0.886m against a plan of £6.912m. Programmes are suffering from differing delays. Discussions are continuing with PSDS and NHSE in regards to the Trusts theatres modernisation programme and for clinical purposes it has been proposed that works in the Old ED to develop hot imaging have a higher clinical priority than develop the ED Shell Space (beds for AMU). The Trust continues to forecast all funds being deployed in the financial year.

Risks

The Trust continues to have significant risk to its Revenue position. These risks are scrutinised through the Performance and Finance Committee but include achieving and developing CIP plans and income disputes with the Commissioners

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YTD I&E Performance – Walsall Healthcare Trust

	Plan £000s	Actual £000s	Variance £000s
Income			
Healthcare Income	87,466	87,020	(446)
Other Income (Education&Training)	1,898	2,467	569
Other Income (Other)	5,191	3,827	(1,364)
Subtotal Income	**94,555**	**93,314**	**(1,241)**
Pay Expenditure			
Substantive Salaries	(61,678)	(56,427)	5,252
Temporary Nursing	(3,348)	(4,834)	(1,486)
Temporary Medical	(241)	(3,925)	(3,684)
Temporary Other	(139)	(2,030)	(1,891)
Subtotal Pay Expenditure	**(65,407)**	**(67,216)**	**(1,809)**
Non Pay Expenditure			
Drugs	(5,535)	(6,120)	(584)
Clinical Supplies and Services	(4,366)	(4,890)	(524)
Non-Clinical Supplies and Services	(7,369)	(8,091)	(722)
Other Non Pay	(9,950)	(10,553)	(604)
Depreciation	(3,478)	(3,478)	(0)
Subtotal Non Pay Expenditure	**(30,697)**	**(33,132)**	**(2,435)**
Interest Payable	(3,208)	(3,255)	(47)
Subtotal Finance Costs	**(3,208)**	**(3,255)**	**(47)**
Total Surplus / (Deficit)	**(4,757)**	**(10,288)**	**(5,532)**
Donated Asset Adjustment	(2,927)	65	2,993
Adjusted Surplus / (Deficit)	**(7,684)**	**(10,223)**	**(2,539)**
Plan Re-profile	2,505		(2,505)
Submitted Plan Profile	**(5,179)**	**(10,223)**	**(5,044)**

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I&E Performance – Drivers of the Overspend

Driver	M1	M2	M3	YTD
	£000's	£000's	£000's	£000's
Excess Inflationary Pressures				
Drugs (incl volume)	141	201	242	584
Energy (incl contracts and leases)	97	18	224	339
RPI linked contracts (non PFI)	28	28	28	85
Business Rates	23	23	23	69
Excess Inflationary Pressures - sub total	**290**	**270**	**517**	**1,077**
Other Funding Pressures				
Pay award - 23/24			75	75
Other Funding Pressures - sub total	**0**	**0**	**75**	**75**
Drivers outside WHT Control				
Jnr Dr Strike - Acting Down	304	0	304	608
Jnr Dr Strike - Temp Costs	101	12	88	201
Jnr Dr Strike - Deductions	(48)	0	(31)	(79)
Jnr Dr Strike - Lost Income	225	0	86	311
ERF Over-performance	0	0	0	0
Drivers outside WHT Control - sub total	**582**	**12**	**447**	**1,041**
Other Drivers				
CIP (excess of 5%)	329	73	(195)	207
Non-pay increase deep dive			233	233
Other	(105)	(14)	25	(94)
Other Drivers - sub total	**224**	**59**	**63**	**346**
Total variance to plan	**1,096**	**341**	**1,102**	**2,539**

N.B.

The strike impact articulated is understated due to issues with temporary staffing data

- The submitted plan included risks associated with known inflation above the planned levels agreed by the system. There are also other adverse variances to plan which are outside of the control of WHT.
- This table details inflationary pressures, other funding pressures, uncontrollable costs and other drivers of the month 3 position
- Non-pay includes security costs, actions has been taken to reduce this in future months

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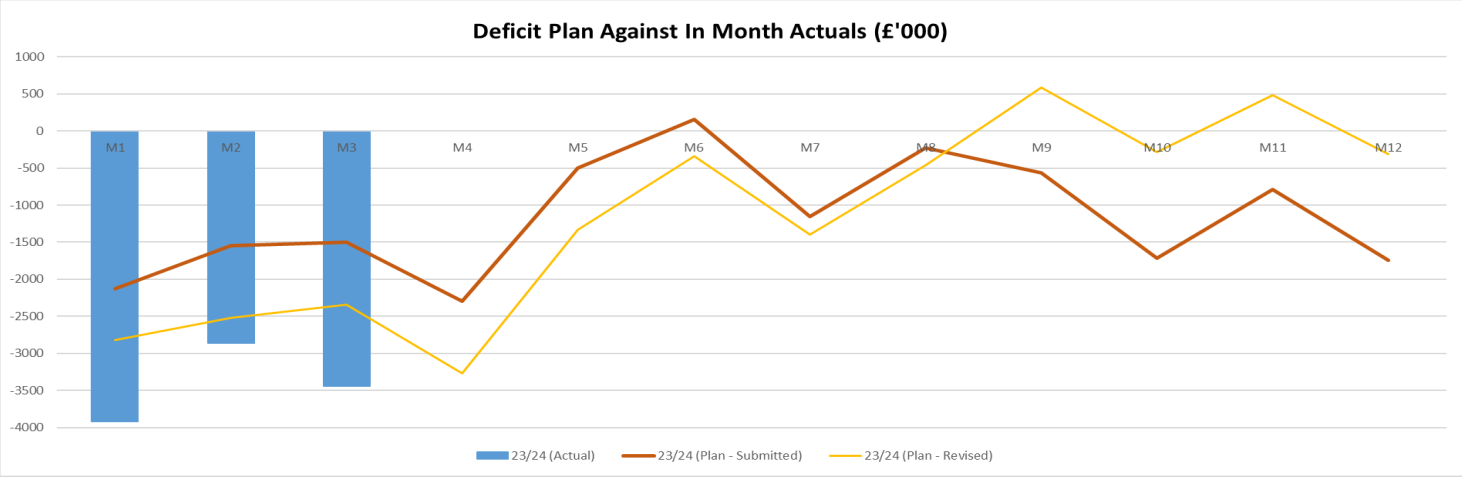
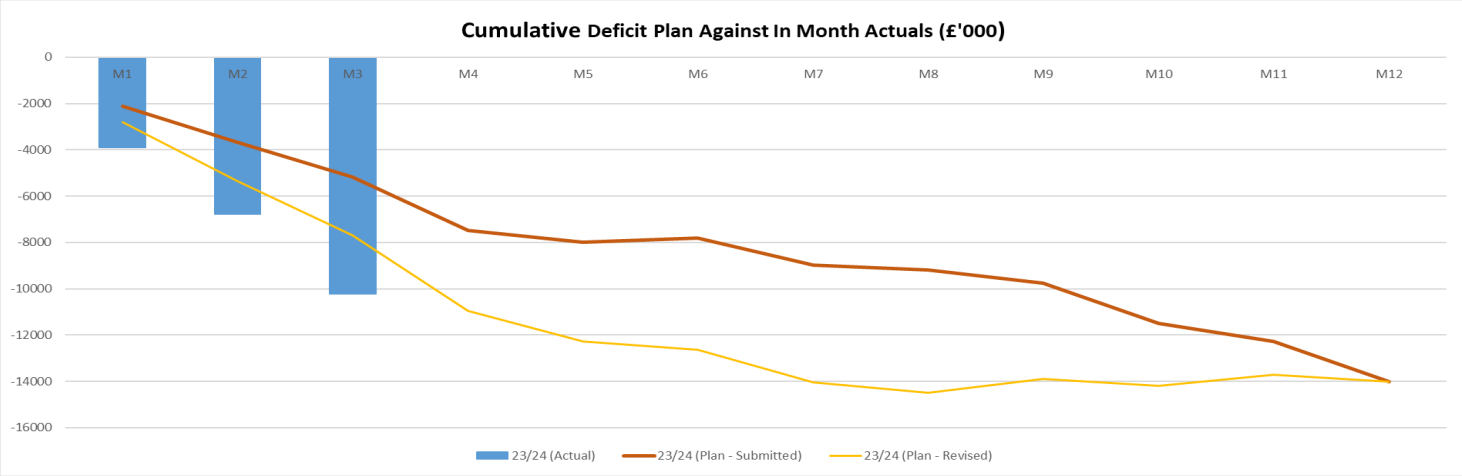
I&E Performance – Walsall Healthcare Trust





- Revised Plan was for a deficit of £7.684m at Month 3. YTD actual shows an adverse variance to plan of £2.539m

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Statement of Financial Position

STATEMENT OF FINANCIAL POSITION Statement of Financial Position for the month ending June 2023	Balance as at 31/03/23	Balance as at 30/6/23	Year to date Movement
	'£000	'£000	'£000
Non-Current Assets			
Property, plant & Equipment	242,431	240,538	(1,893)
Intangible Fixed Assets	6,012	5,812	(200)
Receivables greater than one year	693	88	(605)
Total Non-Current Assets	**249,136**	**246,438**	**(2,698)**
Current Assets			
Receivables & pre-payments less than one Year	27,929	29,291	1,362
Cash (Citi and Other)	38,358	27,284	(11,074)
Inventories	3,629	3,922	293
Total Current Assets	**69,916**	**60,497**	**(9,419)**
Current Liabilities			
NHS & Trade Payables less than one year	(62,290)	(56,922)	5,368
Other Liabilities	(711)	(5,174)	(4,463)
Borrowings less than one year	(6,527)	(6,168)	359
Provisions less than one year	(183)	(183)	-
Total Current Liabilities	**(69,711)**	**(68,447)**	**1,264**
Net Current Assets less Liabilities	**205**	**(7,950)**	**(8,155)**
Non-current liabilities			
Borrowings greater than one year	(120,584)	(119,989)	595
Total Assets less Total Liabilities	**128,757**	**118,499**	**(10,258)**
FINANCED BY TAXPAYERS' EQUITY composition :			
PDC	252,913	252,913	-
Revaluation	65,284	65,284	-
Income and Expenditure	(189,440)	(189,440)	-
In Year Income & Expenditure		(10,258)	(10,258)
Total TAXPAYERS' EQUITY	**128,757**	**118,499**	**(10,258)**

Working Capital

As the Trust financial position deteriorates it is important to understand and assess the movement in working balances, to ensure cash is available to service:

- Payments to our staff
- Payments to our suppliers of goods and services
- Payment for capital works and repayment of loan liabilities (PFI)

The Trust has maintained a positive cash balance, the reduction centring upon the movement in working balances and cash outflow to service trade and capital creditors. The cash position remains positive, though at planned deficit levels (noting also balance sheet flexibility release will not provide cash to service increased costs above I&E outturn) the Trust needs to carefully manage and project cashflows to maintain payment terms for suppliers (in addition to staff).

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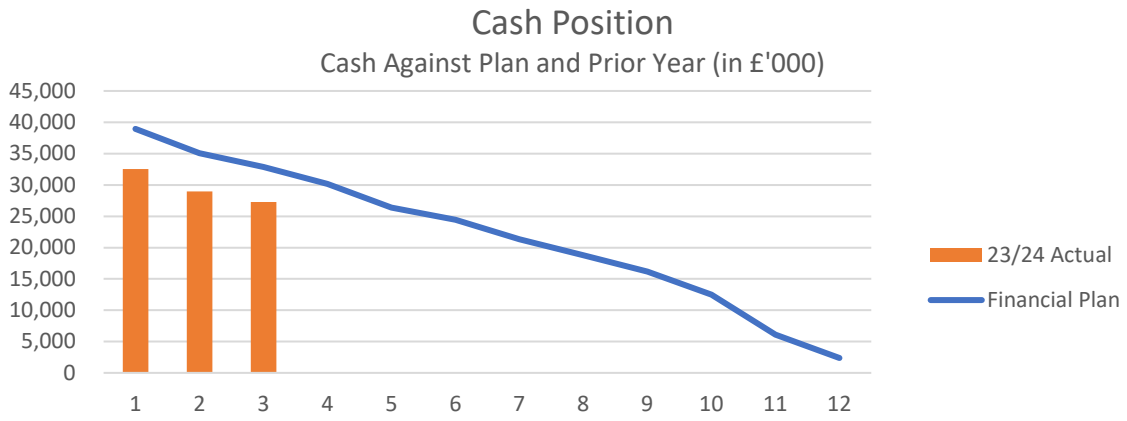
Cashflow

CASHFLOW STATEMENT Statement of Cash Flows for the month ending June'23	Year to date Movement
	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	(9,091)
Depreciation and Amortisation	3,477
Donated Assets Received credited to revenue but non-cash	0
Fixed Asset Impairments	0
(Increase)/Decrease in Trade and Other Receivables	(462)
Increase/(Decrease) in Trade and Other Payables	7,485
Increase/(Decrease) in Other Liabilities	0
Increase/(Decrease) in Stock	(289)
Increase/(Decrease) in Provisions	0
Other movements in operating cash flows	0
Interest Paid	(2,711)
Dividend Paid	(805)
Net Cash Inflow/(Outflow) from Operating Activities	(2,396)
Cash Flows from Investing Activities	
Interest received	**431**
(Payments) for Property, Plant and Equipment	**(8,092)**
Initial Indirect costs in respect of new right of use assets	**0**
Receipt from sale of Property	**0**
Net Cash Inflow/(Outflow)from Investing Activities	**(7,661)**
Net Cash Inflow/(Outflow) before Financing	(10,057)
Cash Flows from Financing Activities	(1,017)
Net Increase/(Decrease) in Cash	**(11,074)**
Cash at the Beginning of the Year 2023/24	38,358
Cash at the End of the May	27,284

The cash balance as at 30 June 2023 is £27.3m, a £1.7m decrease on the previous month and a decrease of £5.6m on financial plan. The cash balance has moved by £11.1m (decrease) on the closing balance at March 2023 of £38.4m.



Income	£m	
	78.2	CCG
	5.9	NHS ENGLAND
	2.5	Education and Training Income
	2.2	Local Authorities
	3.3	Other Income
	92.1	

Expenditure	£m	
	(67.2)	Pay related costs including Tax, NI and Pension costs
	(29.2)	Non Pay
	(3.5)	Capital
	(0.5)	Dividend
	(2.7)	Interest Payable
	(103.2)	
	(11.1)	

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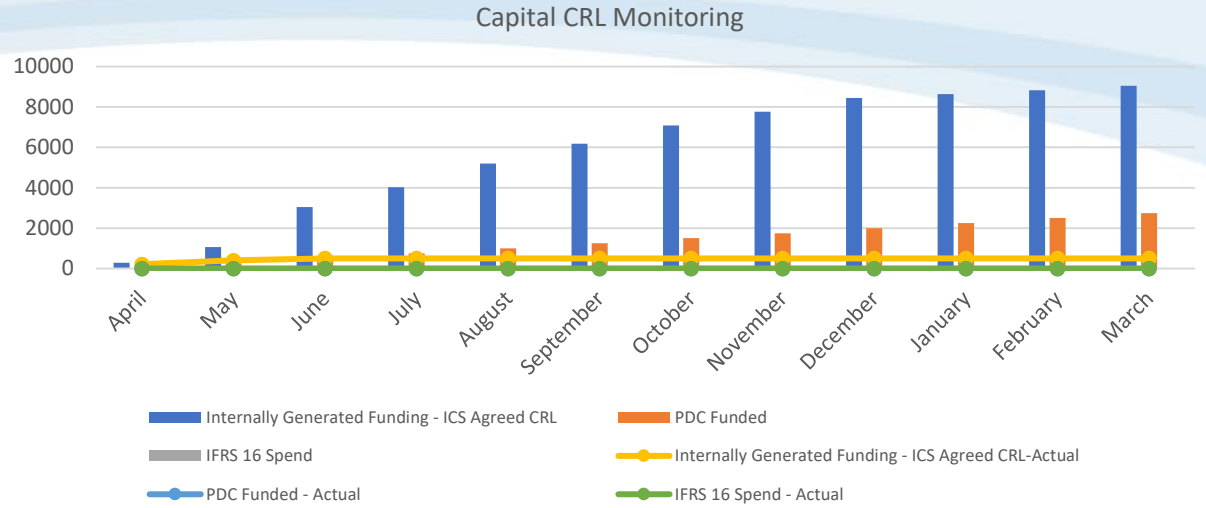
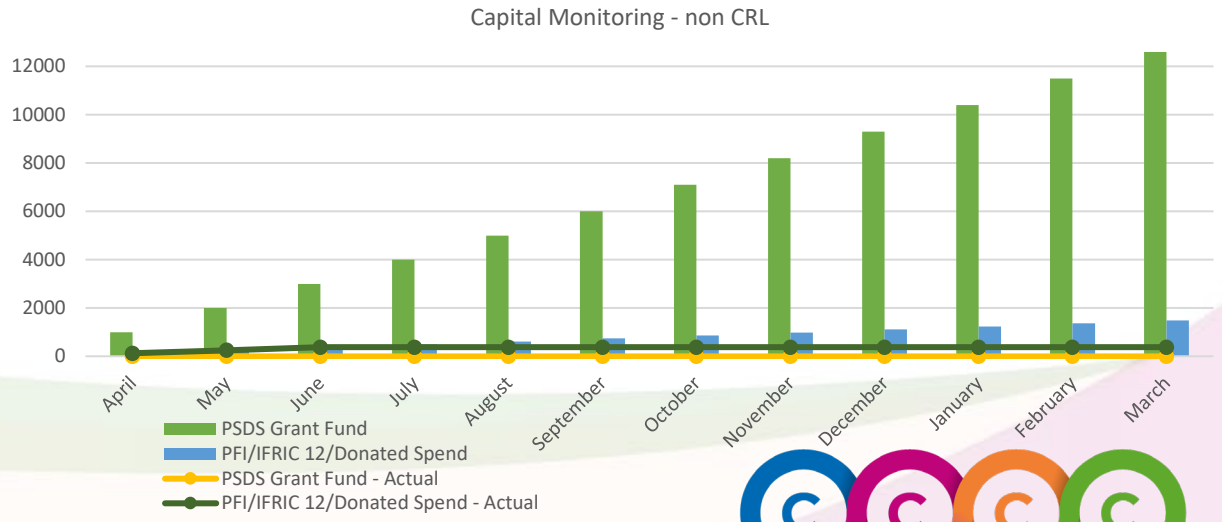
Capital

The trust has spent £0.9m of Capital YTD to 30th June 2023, which is an underspend of £6.0m against planned YTD Capital of £6.9m. Of the £0.9m YTD Spend:

- £0.5m relates to capital spend which the ICS is measured against, which is an underspend of £4.5m vs plan due to timing of orders. There has been no spend YTD on PDC Funding leading to a variance of £0.5m vs plan YTD whilst supporting business cases undergo approval. The trust expects to meet the CRL plan of £11.8 at the end of the year.
- The balance of the YTD Capital spend of £0.4m relates to PFI/IFRIC 12 capital while the variance of £1m vs plan is as a result of no actual cost yet against the PSDS grant funds.
- BCPS request to transfer CRL allocation of £53k to support high priority replacement schemes.

Scheme	M3 YTD Budget	M3 YTD Spend
	£'000s	£'000s
Estates:		
PFI Lifecycle:	372	379
ED Shell Space	1,000	0
Lead Lined Room	-	0
Estates Lifecycle	240	316
New Build-Non Clinical (PSDS Match Funding)	1,000	0
Theatre Refurb	3,000	11
Health Records	600	
Estates Total	**6,212**	**706**
Medical Equipment:		
Medical Equipment	100	180
Mako Robot		0
Endoscopy Stack		0
Medical Equipment Total	**100**	**180**
Information Management & Technology:		
IT Equipment	100	0
Information Management & Technology Total	**100**	**0**
Additional Funding in Year;		
IM&T PDC Funding	500	0
Additional Funding Total	**500**	**0**
Grand Total	**6,912**	**886**





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Efficiencies

- The Cost Improvement Programme (efficiency) identified £8.95m of savings for 2023/24 against a divisional target of £17.2m, a shortfall of £8.25m in schemes needed. 54.9% of the identified savings schemes rated as high risk. Significant work is needed to identify further schemes / mitigations to close the remaining CIP gap.
- At Month 3 there has been delivery of £1.04m against a plan of £1.31m, see below. However, if the plan was phased in equal twelfths the Trust would need to secure £4.3m YTD and have therefore an adverse variance of £3.26m (CIP plans and unidentified schemes are back phased).

Division	Target	YTD Target	YTD Plan	YTD Actual	Variance
Community	2,621,000	655,251	265,033	290,209	25,176
DoS	3,474,000	868,500	382,823	84,088	(298,735)
Estates	1,250,000	312,501	21,638	33,854	12,216
MLTC	3,908,000	977,001	2,063	38,000	35,937
WCCSS	3,882,000	970,500	158,155	68,150	(90,005)
Corp (IMT)	444,000	111,000	113,650	113,819	169
Corp (HR)	242,000	60,501	37,437	73,314	35,877
Corp (Fin)	360,000	90,000	76,000	112,641	36,641
Corp (Nurs)	314,000	78,501	57,326	57,326	0
Corp (Comms)	21,000	5,250	6,624	6,624	0
Corp (COO)	188,000	47,001	22,062	26,240	4,178
Corp (MD)	253,000	63,249	30,414	30,414	0
Corp (Gov)	173,000	43,251	51,282	51,282	0
Corp (Improv)	70,000	17,499	54,751	54,751	0
Trust Wide (Pro	0	0	29,521	0	(29,521)
Grand Total	**17,200,000**	**4,300,005**	**1,308,779**	**1,040,712**	**(268,066)**

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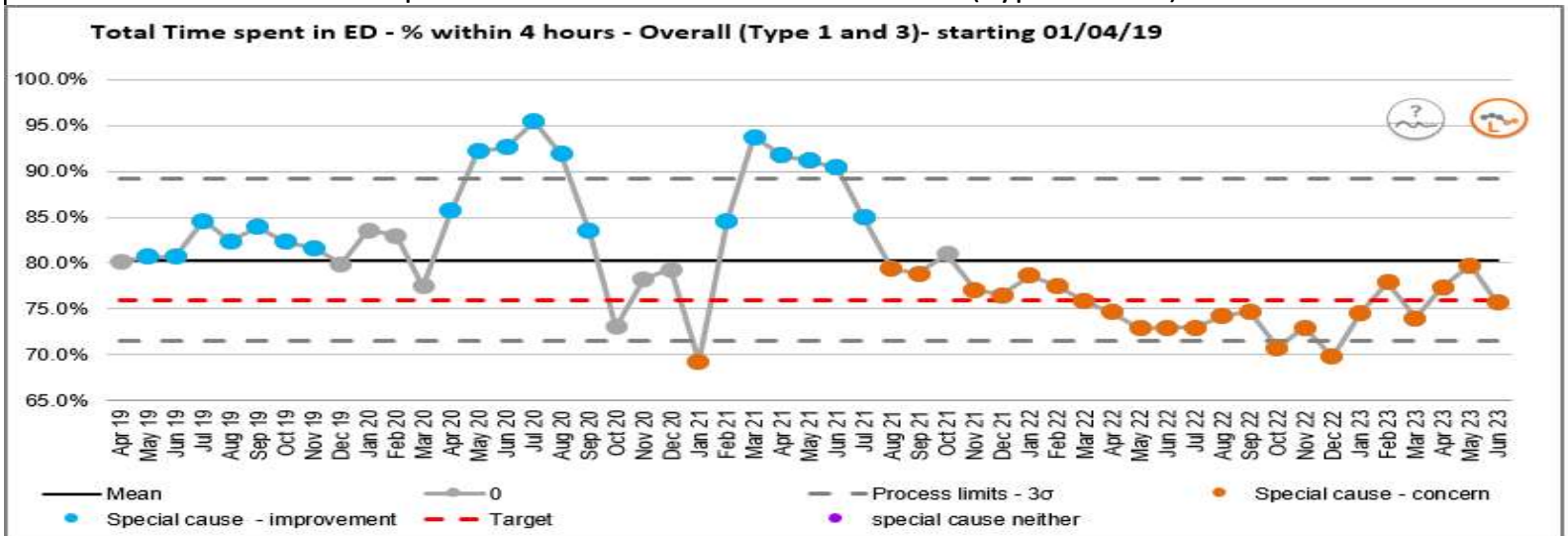
Walsall Healthcare NHS
NHS Trust

P&FC

		Reporting Period	Actual	Trajectory	2023/24 Target	SPC Assurance	SPC Variation
PERFORMANCE & FINANCE COMMITTEE							
%	18 weeks Referral to Treatment - % within 18 weeks - Incomplete	Jun-23	57.59%	56.00%	92.00%		
No.	18 weeks Referral to Treatment - No. of patients waiting over 52 weeks - Incomplete	Jun-23	1401	1368	1000		
No.	18 weeks Referral to Treatment - No. of patients waiting over 65 weeks - Incomplete	Jun-23	271	368	0		
No.	18 weeks Referral to Treatment - No. of patients waiting over 78 weeks - Incomplete	Jun-23	1	0	0		
%	Ambulance Handover - Percentage of clinical handovers completed within 30 minutes or recorded time of arrival at ED	Jun-23	90.02%		95.00%		
%	Cancer - 2 week GP referral to 1st outpatient appointment	May-23	86.84%		93.00%		
%	Cancer - 2 week GP referral to 1st outpatient appointment - breast symptoms	May-23	83.33%		93.00%		
%	Cancer - 28 Day Faster Diagnosis - % Compliance - Overall	May-23	80.73%	70.59%	75.00%		
%	Cancer - 62 day referral to treatment from screening	May-23	91.30%		90.00%		
%	Cancer - 62 day referral to treatment of all cancers	May-23	68.57%		85.00%		
No.	Cancer - No. of patients waiting 63+ Days for treatment	May-23	72	111	61		

		Reporting Period	Actual	Trajectory	2023/24 Target	SPC Assurance	SPC Variation
%	% of Service Users waiting 6 weeks or more from Referral for a Diagnositc Test	May-23	21.11%		1.00%	F	H
%	Total Time spent in ED - % within 4 hours - Overall (Type 1 and 3)	Jun-23	75.67%	76.00%	76.00%	?	L
%	Percentage of patients spending more than 12 hours in ED	Jun-23	4.47%	3.50%	2.00%	?	
%	Locality Teams - % of Hours Demand Unmet	Jun-23	4.70%		20.00%	F	L
Ave	MSFD - Average number of Medically Fit for Discharge Patients in WMH	Jun-23	38		50	?	L
%	Urgent Crisis Response (UCR) - 2 Hour Response Rate	Jun-23	92.13%		70.00%	?	
%	Rapid Response - % Admission Avoidance	Jun-23	100.00%		87.00%	?	
£	Total Income (£000's)	Jun-23	32137	See Financial Performance for further detail			H
£	Total Expenditure (£000's)	Jun-23	35581	See Financial Performance for further detail			H
£	Total Temporary Staffing Spend (£000's)	Jun-23	3450	See Financial Performance for further detail			H
£	Capital Expenditure Spend (£000's)	Jun-23	229	See Financial Performance for further detail			

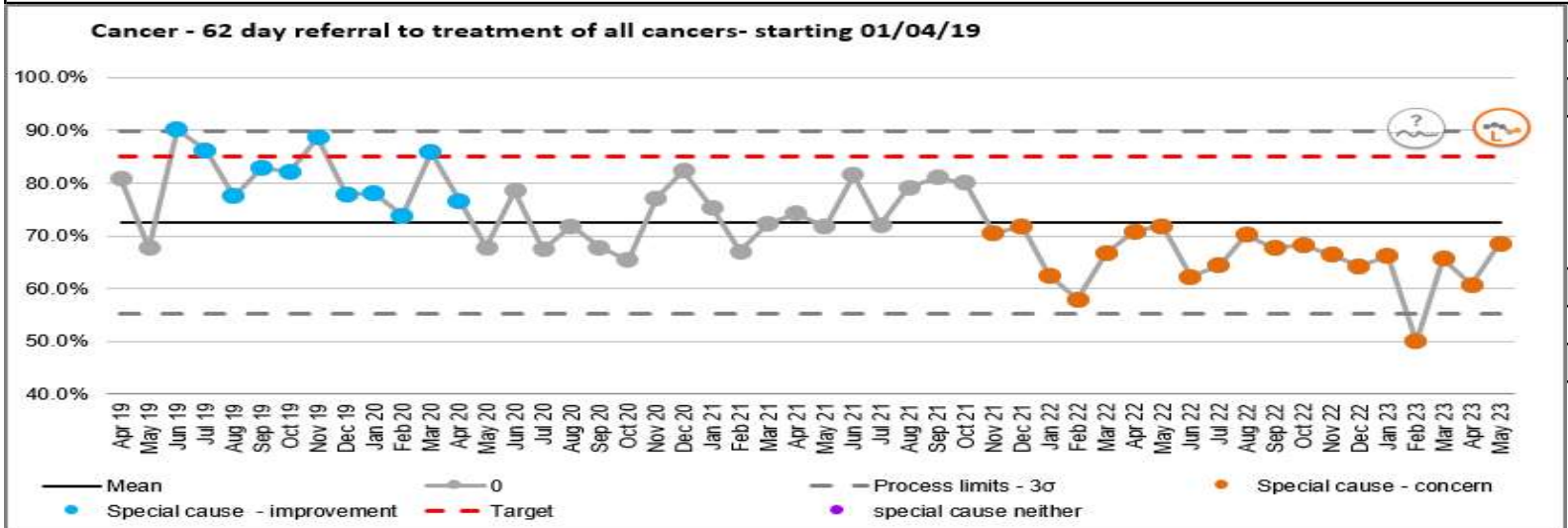
Metric Name: Total Time spent in ED - % within 4 hours - Overall (Type 1 and 3)



Month
Jun-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
76% (from April 2023)
Target Achievement
Variation Indicates Inconsistently Passing and Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Percentage of A+E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A+E department. Trust's latest National ranking is 30th out of 123 Trusts, regional ranking was 5th out of 21 reporting Trusts.	National target changed to 76% April 2023, the Trust falled just short this target with a performance of 75.7%. Statistical special cause concern will continuel until sustained improvement in performance is demonstrated.	- High cubicle occupancy caused by exit block for patients needing medical admission. - Ability to improve Non Admitted pathway. - Ability to effectively manage the increase in Mental Health presenting patients to ED.	- Commencement of the new Middle Grade Rota, delivering a minimum of 1 additional Doctor for 22 ½ hours per day. - Expectations have been re-set regarding the timeliness of triage, assessment and clinical planning for non-admitted patients	- Dedicated space for Mental Health Pathway has been allocated but will not be ready until August due to the works required by Estates. - Relocation of Ambulatory Emergency Care into the old ED footprint -Substantively opening ward 14 to 27 beds following receipt of financial allocation from NHSE

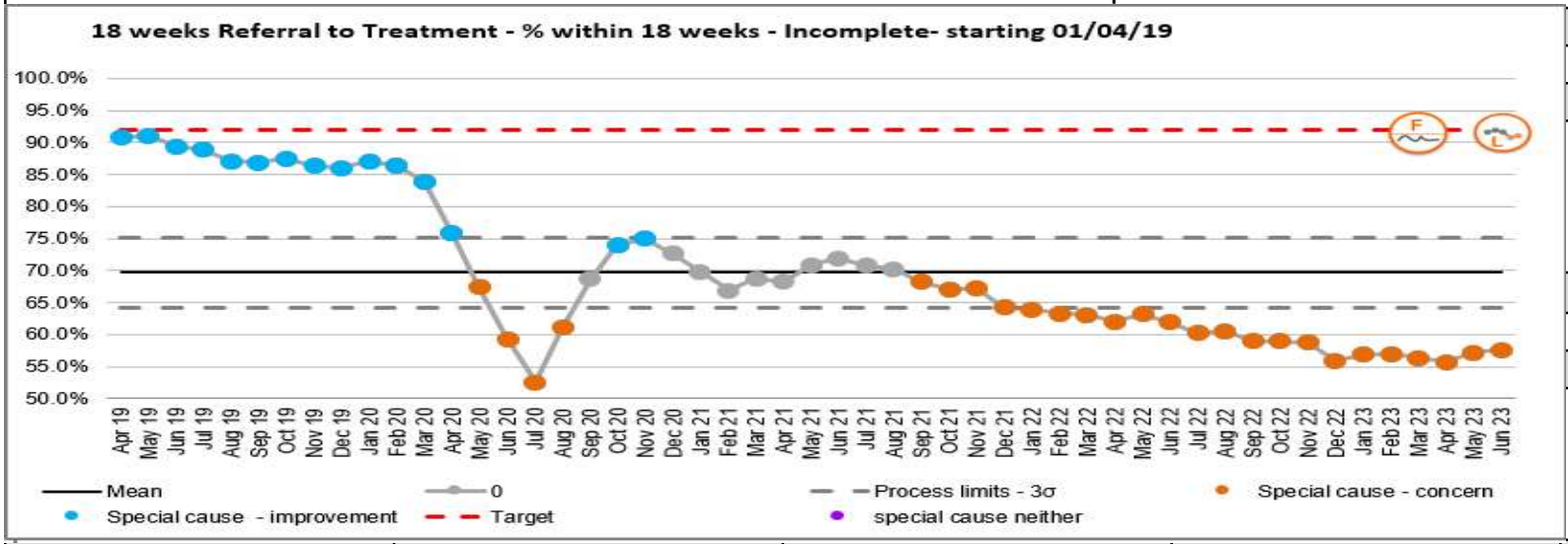
Metric Name: Cancer - 62 day referral to treatment of all cancers



Month
May-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
85.00%
Target Achievement
Variation Indicates Inconsistently Passing and Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer. Latest bench marking reports the Trust 31st out of 120 reporting Trusts.	There remains statistical special cause concern with 19 data points below average. May shows a performance level of 68.6% materially better than the West Midlands average (49.7%) and the national average (61.0%) (n.b. regional and national benchmarks refer to April 2023 due to reporting times	- The core risks to delivery are currently timely endoscopy access (specifically for colonoscopy) and urgent histopathology results, as delivered by the Black Country Pathology Service. -Most challenged tumour sites are dermatology & urology	- Tele-derm live with limited GPs, capacity shared with RWT. - Endoscopy business case approved at P&F committee. - Urology waiting list data migrated to RWT 31st May. - The Backcountry Pathology Services recovery plan has begun to improve turnaround times, but not yet back to expected level.	To support delivery of this measure the focus is to reduce the volume of patients greater than 62 days. Good progress is being made with the Trust ahead of its trajectory for reduction with 54 patients reported to be waiting over 62 days as at 19th June compared to the 111 submitted trajectory.

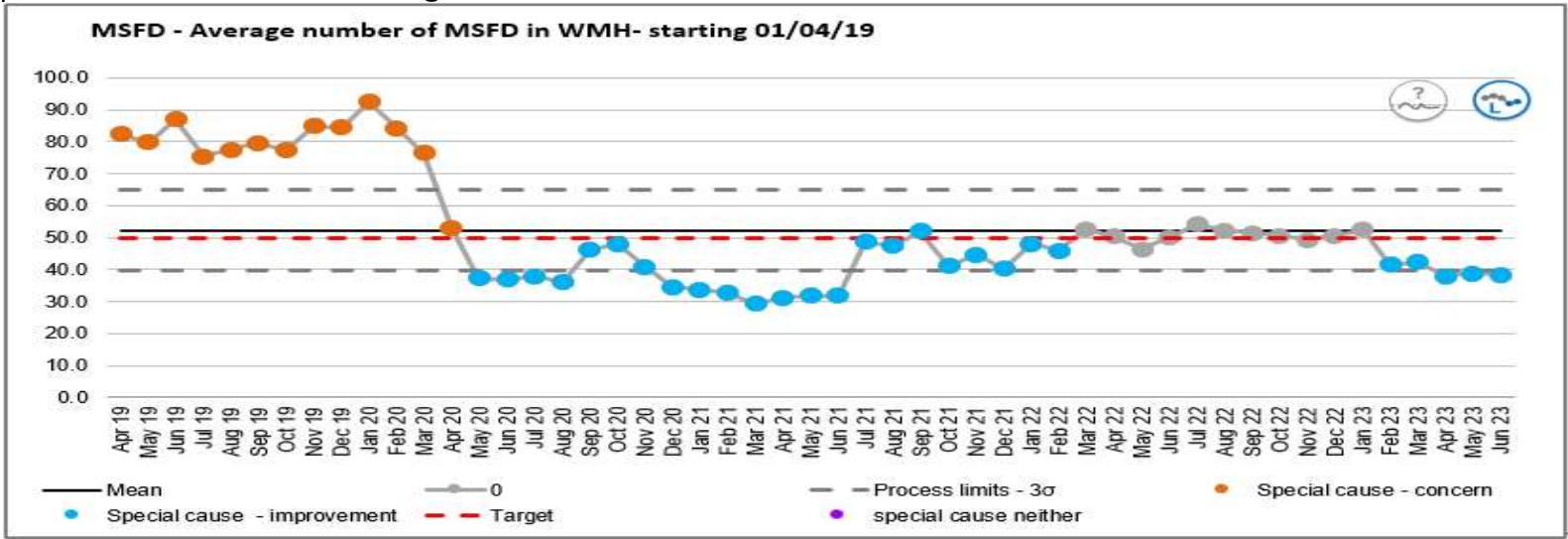
Metric Name: 18 weeks Referral to Treatment - % within 18 weeks - Incomplete



Month
Jun-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
92.00%
Target Achievement
Variation Indicates Consistently Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral. National ranking position is now 75th (out of 120 reporting Trusts) for May 2023 performance.	Performance remains statistical special cause concern in June but is slightly above the trajectory at 57.6%. The Trust's 52-week waiting time performance is 9th best in the Midlands out of 20 Trusts. The Trust reported 1 patient waiting over 78 weeks (patient choice)	- June saw 92% elective theatre sessions utilised with 21 theatre sessions given up due to the Junior Doctors Strike -In-session utilisation has increased to 82.2%. - There continues to be monthly variation in DNA rate.	-The Outpatient Improvement Plan, supported by Four Eyes insight has established weekly task and finish group for 6 weeks, aiming to improve DNA rate by a further 2%. -Preassessment project commenced to support reduction in short notice cancellations due to unfit for procedure	The Trust continues to accelerate its Outpatient improvement programme, with a focus on clinic utilisation and reducing DNA rates. Theatre lists are not stood down without the approval of the Divisional Director of Operations.

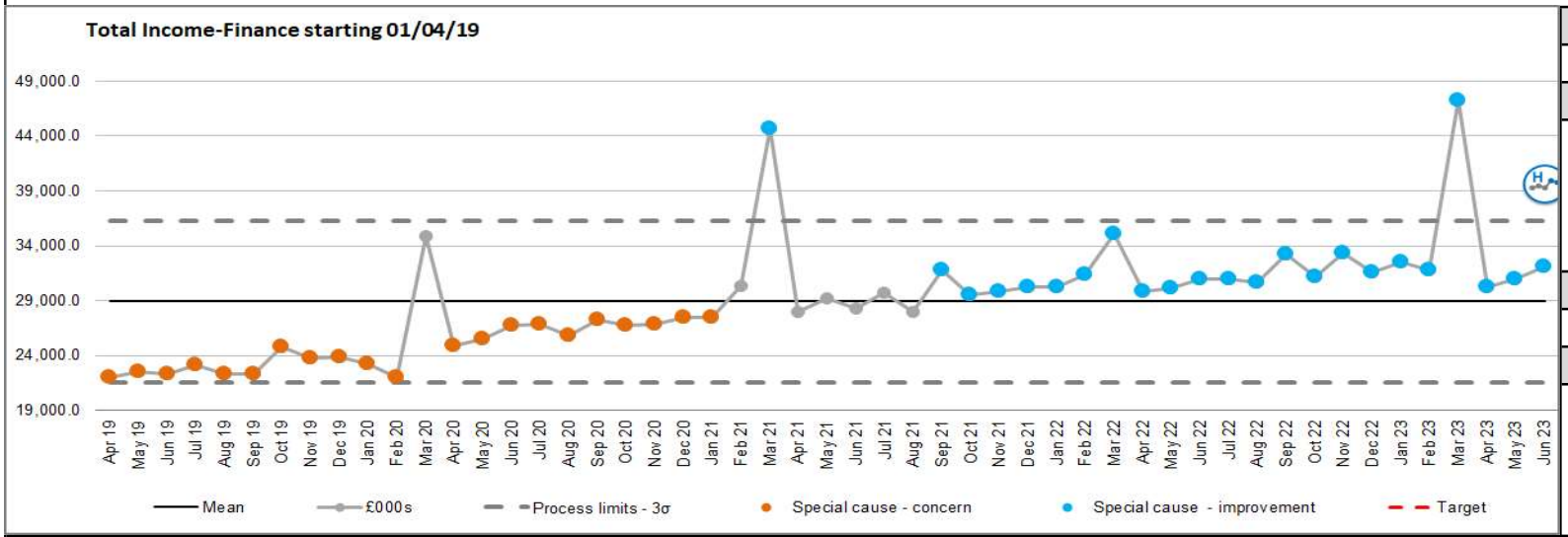
Metric Name: MSFD - Average number of MSFD in WMH



Month
Jun-23
Variance Type
Common Cause - No Significant Change
Target
50
Target Achievement
Variation Indicates Consistently Passing the Target

Background	What the chart tells us	Issues	Actions	Mitigations
The number of medically stable for discharge patients (average). These are patients who do not need hospital bed for their acute management (ICS pathways 1-4)	The Service delivered a strong performance in June, with the number of MSFD patients at 38.	Demand is always high for the discharge plans that the Intermediate Care Service deliver. The Length of Stay in June was at an average of 3 days demonstrating good flow through the pathways.	Work continues to make efficiencies in the discharge and ICS pathways to ensure minimal delays for patients.	Flexibility to respond to meet demand through a resilient workforce is in constant review to maintain and support acute patient flow.

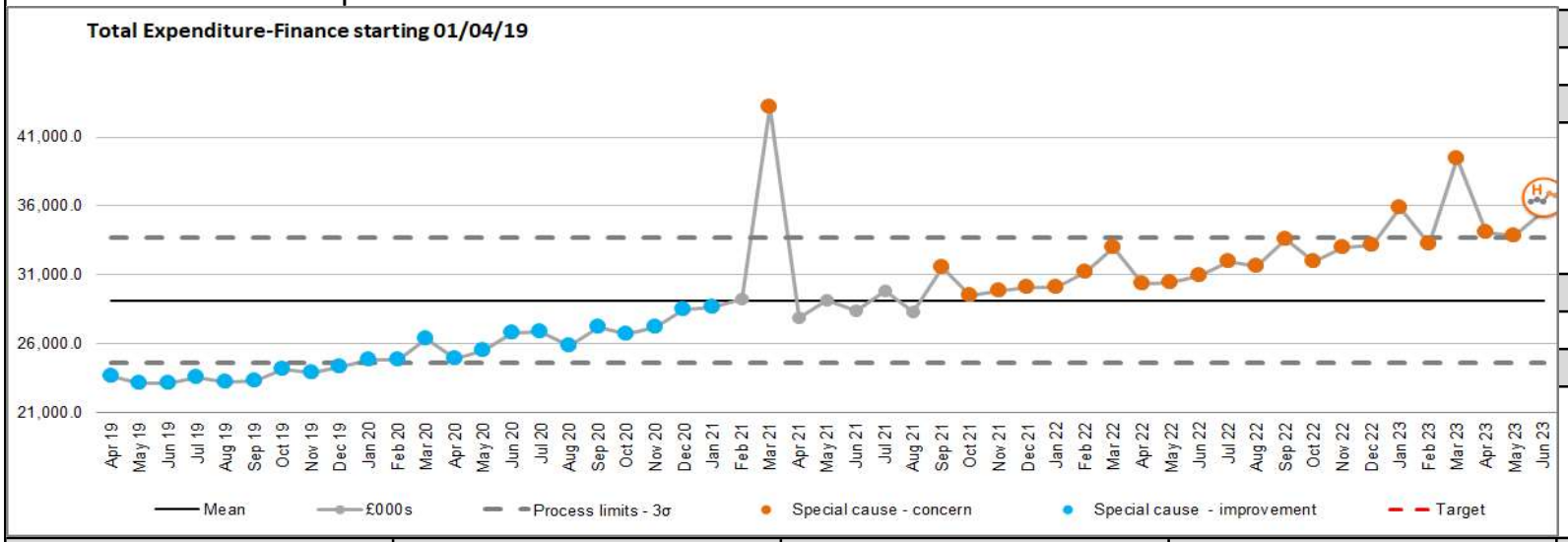
Metric Name: Total Income



Month
Jun-23
Target
Target Achievement

Background	What the chart tells us	Issues	Actions	Mitigations
Total income for the Trust	Statistically increase over time, maintaining above upper limit.	It is likely income will decline as the pandemic impact reduces and allocation to ICB's have Covid funding removed	The Trust needs to seek appropriate sources of income and cost efficiency to live within the funding envelope	Variable funding sources including risk share and elective recovery funding to be managed to secure as much income as possible to support the Trust planned delivery of breakeven for the financial year.

Metric Name: Total Expenditure

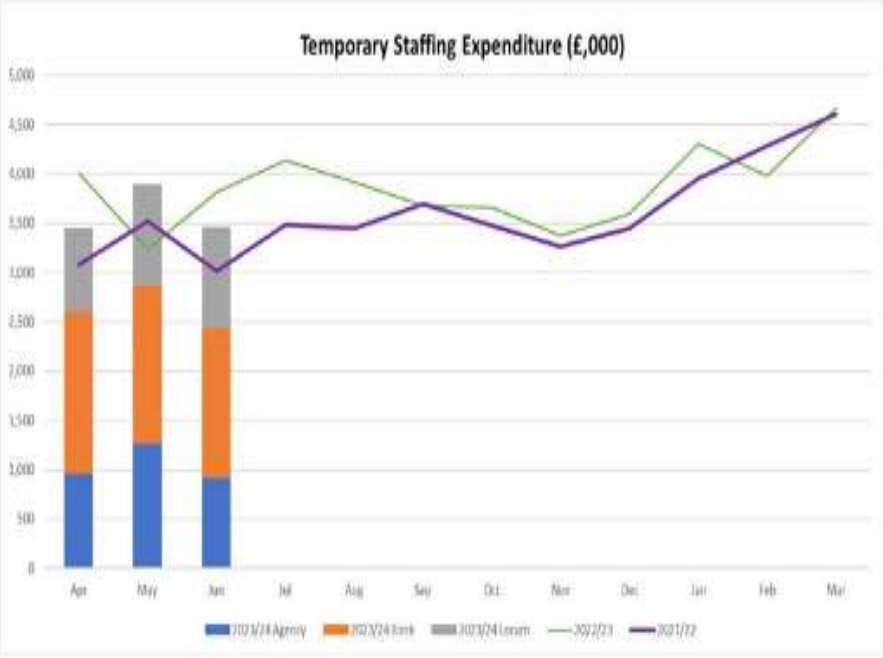


Month
Jun-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
Target Achievement

Background	What the chart tells us	Issues	Actions	Mitigations
Total expenditure for the Trust	Statistically increase over time	Expenditure will need to decrease from historically high levels post pandemic	Cost efficiency must be targeted, £26m in 23/24	Delivery of the 2023/24 efficiency target of £26m. The Trust to move back into more 'normal' business, delivery of £17m Efficiency target from operations and £9m from non recurrent resources, removal of agency usage and cessation (where safe to do so) of COVID designated expenditure

Financial Performance to June 2023 (Month 3)

	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
Subtotal Income	94,555	93,314	(1,241)
Subtotal Pay Expenditure	(65,407)	(67,216)	(1,809)
Subtotal Non Pay Expenditure	(30,697)	(33,132)	(2,435)
Subtotal Finance Costs	(3,208)	(3,255)	(47)
Total Surplus / (Deficit)	(4,757)	(10,288)	(5,532)
Donated Asset Adjustment	(2,927)	65	2,993
Adjusted Surplus / (Deficit)	(7,684)	(10,223)	(2,539)



Financial Performance

- The Trust has submitted a deficit plan of £14.05m for 2023/24
- The Trust has reprofiled the submitted deficit plan
- The financial settlement offered to the Trust for 2023/24 has a considerable decrease in revenue. Trust plans show a higher % reduction in income than other acute providers in the system.
- The income movements following Covid-19 rescinding and changes to IPC guidelines has resulted in reduced income allocations for the 2023/24 financial year. It will be important the Trust moves quickly into financial recovery and more 'normal' operational performance
- The Trust is in discussion with BC ICB on a range of services that have traditionally being funded outside block but have not been in 2023/24 or 2022/23. The Trust may wish to terminate these services on the basis 50% of the funding has been offered.
- The Trust has delivered a deficit of £10.223m at Month 3, this is £2.539m above the planned deficit of £7.684m.
- Income was £1.241m lower than plan, Staffing costs were £1.809m above plan and non-pay costs were £2.435m above plan.
- Due to strike action ERF targets are being revised and transfer of the Urology baseline is being agreed with RWT. Due to this ERF performance is TBC but is broadly on plan.

Capital

- Trust Board approved a level of capital expenditure of £25m for the 2023/24 financial year. This includes £2.5m of PDC funding for digital aspirant schemes and £12.6m grant funding for decarbonisation projects.
- The capital plan in 2023/24 is not fully funded and projects need to be prioritised to live within the available envelope.
- Year to Date Capital expenditure for Month 3 was £0.886m against a plan of £6.9m.

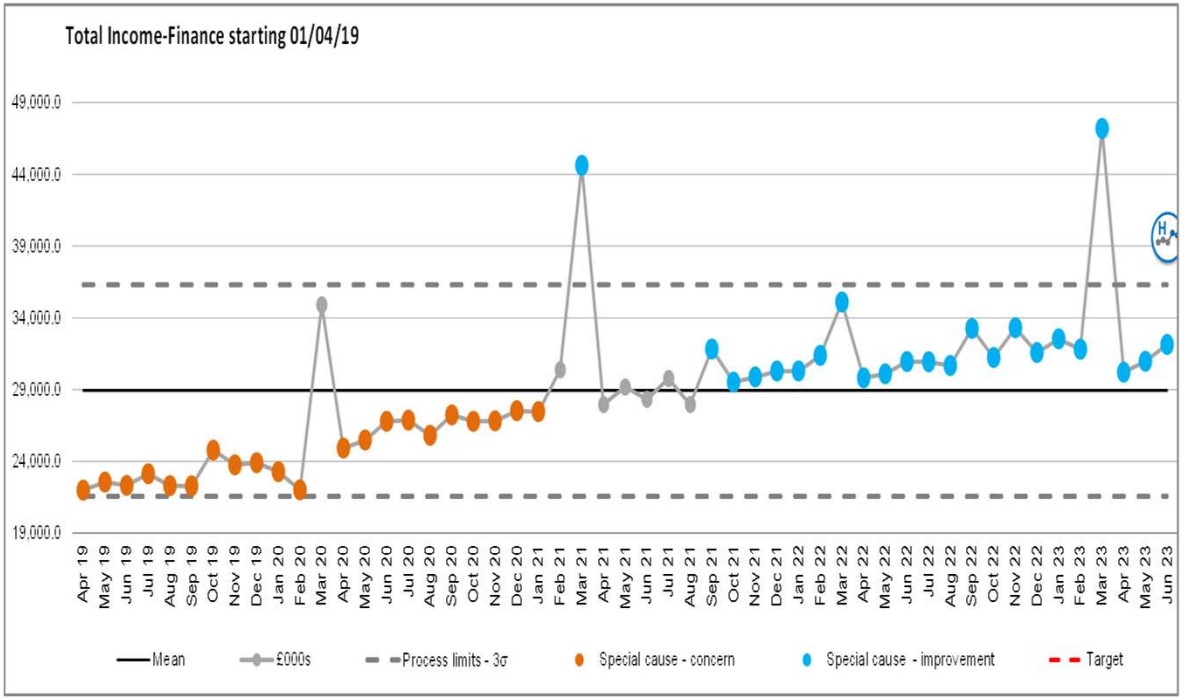
Cash

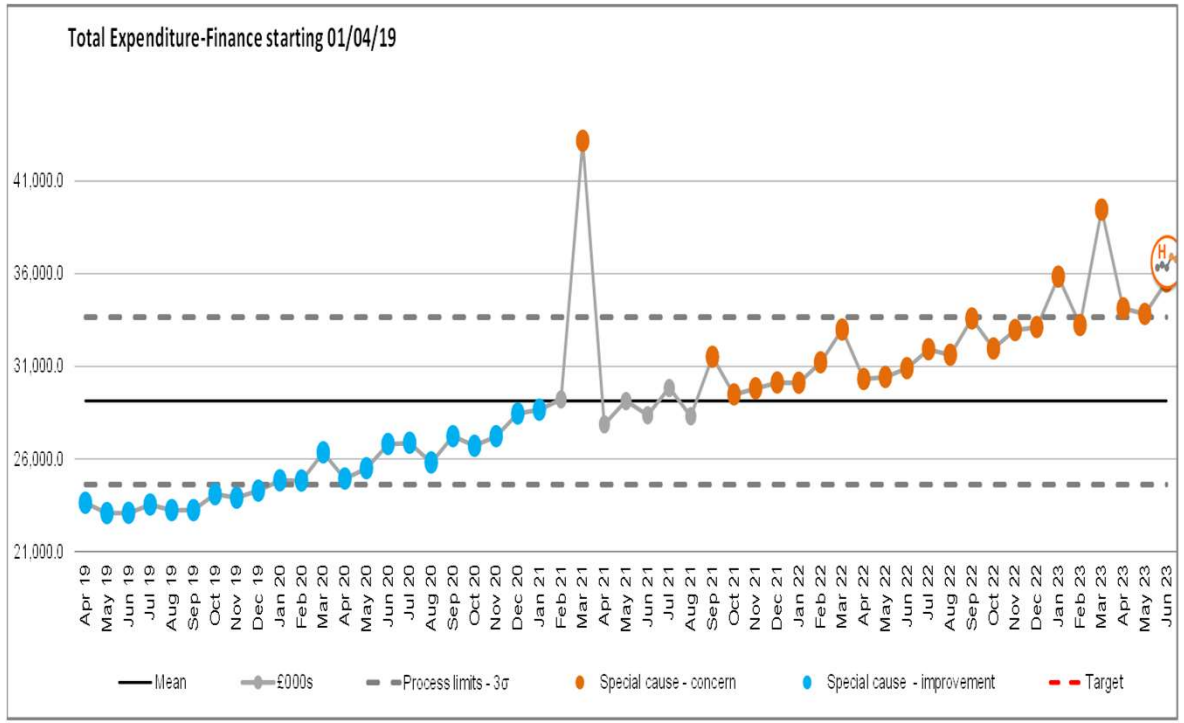
- The Trust currently holds a healthy cash position but this is planned to be utilised throughout 2023/24

Efficiency attainment

- Efficiency and Cost Improvement Programme plans are currently £8.2m short of the £17.2m target
- At Month 3 there has been delivery of £1.0m against a plan of £1.3m. However, if the plan was phased in equal twelfths the Trust would need to secure £4.3m YTD and have therefore an adverse variance of £3.3m (CIP plans and unidentified schemes are back phased).

Income and expenditure run rate charts





Income additional information

- Income spiked in March 2023 due to the 23/24 pay award non-consolidated retrospective payment funding
- Income has reduced in 2023/24 due to covid allocation reductions, WHT losing more income proportionally compared to other providers in the system
- January and February 2020 income reduced as the Trust moved away from plan, losing central income from the Financial Recovery Fund (FRF) and Provider Sustainability Fund (PSF) during these months
- March 2020 saw the Trust move back on plan and receive the quarters FRF and PSF in month accordingly.
- April's income reflects the emergency budget income allocation (increasing monthly to reflect the increase in the top up of funding received).
- February 2021 saw the receipt of additional NHSEI Income allocation to offset the 'Lost Income' assumed in the Deficit Plan.
- In March 2021 the Trust received non recurrent income - £3.2m for annual leave accrual, £4.5m to offset the value of Push stock, £3.7m Digital Aspirant funding, £0.6m in respect of donated equipment.
- The increased income in September 2021 relates to accrued income to offset the impact of the pay award arrears.

Expenditure additional information

- Expenditure spiked in March 2023 due to a provision for the 23/24 pay award non-consolidated retrospective, as the funding was received in that month
- March 2020 costs increased to reflect the Maternity theatre impairment £1m & Covid-19 expenditure
- Costs increased in support of COVID-19, with June and July seeing these costs increase further for elective restart and provision for EPR, Clinical Excellence Awards impacts on cost base, noting a reduction in expenditure in August due to the non recurrent nature of these. Spend increased again in September due to back dated Medical Pay Award, increased elective activity and non recurrent consultancy spend and increased further in Q4 20/21 driven by the additional pressures of a second wave of COVID activity.
- March 21 spend includes non recurrent items such as Annual leave accrual, adjustments for Push stock, and non recurrent spend on the Digital Aspirant Programme offset by income.
- In September 2021 the back dated pay award was paid to staff, increasing in month spend by £2.5m

Walsall Healthcare NHS
NHS Trust

QPES

		Reporting Period	Actual	Trajectory	2023/24 Target	SPC Assurance	SPC Variation
QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE							
No.	Clostridium Difficile - No. of cases	Jun-23	6	2	26	?	H
No.	MRSA - No. of Cases	Jun-23	0	0	0	?	
%	VTE Risk Assessment	Jun-23	89.91%		95.00%	?	L
%	Sepsis - ED - % of patients screened who received antibiotics within 1 hour - E-Sepsis Module - Adults	Jun-23	86.38%		90.00%	F	H
%	Sepsis - ED - % of patients screened who received antibiotics within 1 hour - E-Sepsis Module - Paeds	Jun-23	36.84%		90.00%	F	
No.	Falls - No. of falls resulting in severe injury or death	Jun-23	1	0	0	?	
Rate	Falls - Rate per 1000 Beddays	Jun-23	2.92				L
No.	National Never Events	Jun-23	0	0	0	?	L
No.	Serious Incidents (inc cat 3 & 4 pressure ulcers, HCAI's & Falls) - Hospital Acquired	Jun-23	4				
No.	Serious Incidents (inc cat 3 & 4 pressure ulcers, HCAI's & Falls) - Community Acquired	Jun-23	0				
Rate	Midwife to Birth Ratio	Jun-23	27.5	28	28	?	
No.	Pressure Ulcers (category 2, 3, 4 & Unstageables) - Hospital	Jun-23	4				
No.	Pressure Ulcers (category 2, 3, 4 & Unstageables) - Community	Jun-23	27				

Metric Name: Clostridium Difficile - No. of Cases

2022/2023

	Actual	Traj.
Apr	0	2
May	1	2
Jun	4	2
Jul	1	2
Aug	2	2
Sep	6	2
Oct	7	2
Nov	4	2
Dec	5	3
Jan	7	3
Feb	3	2
Mar	10	3

CUMULATIVE

	Actual	Traj.
Apr	0	2
May	1	4
Jun	5	6
Jul	6	8
Aug	8	10
Sep	14	12
Oct	21	14
Nov	25	16
Dec	30	19
Jan	37	22
Feb	40	24
Mar	50	27

2023/2024

	Actual	Traj.
Apr	4	2
May	9	2
Jun	6	2
Jul		2
Aug		2
Sep		2
Oct		2
Nov		2
Dec		3
Jan		3
Feb		2
Mar		2

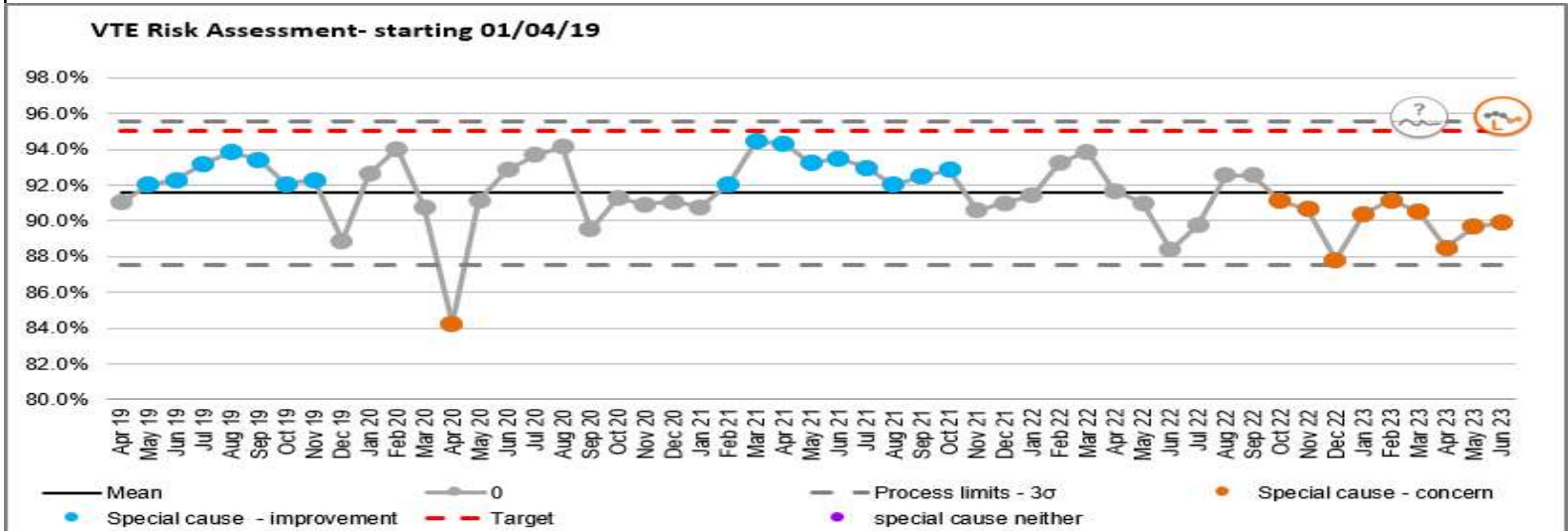
CUMULATIVE

	Actual	Traj.
Apr	4	2
May	13	4
Jun	19	6
Jul		8
Aug		10
Sep		12
Oct		14
Nov		16
Dec		19
Jan		22
Feb		24
Mar		26

Month
Jun-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
26
Target Achievement
Variation Indicates Inconsistently Passing and Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Minimise rates of Clostridium difficile The thresholds for 23/24 have been published, WHT has been allocated no more than 26 cases for 2023/24. This is a reduction of 1 case compared to 2022/23 (threshold was 27)	There were 6 cases reported in June taking the year to date to 19.	A total of 4 C.Diff toxin cases were reported during June 2023, of these cases were deemed avoidable.	Continued emphasis on training, enteric audits to identify cleaning issues for resolution, antimicrobial stewardship, commode use reduction, gloves off campaign, appropriate sampling in event of loose stool and subsequent isolation.	N/A

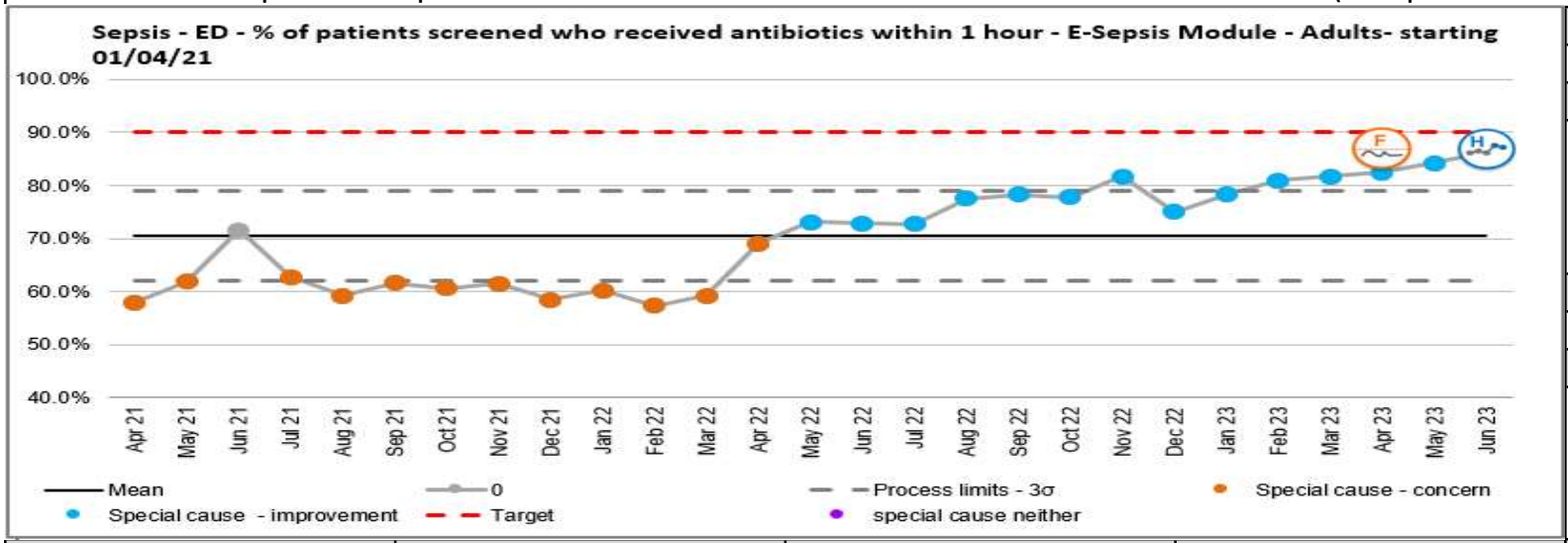
Metric Name: VTE Risk Assessment



Month
Jun-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
95.00%
Target Achievement
Variation Indicates Inconsistently Passing and Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
VTE risk assessment: all admitted patients aged 16 or over undergoing risk assessment for VTE (agreed cohorts applied)	Performance remains below the target of 95%, within normal variation. June compliance was 89.95% which is a slight improvement on May performance.	Monthly reports continue to be sent to Divisions, in addition to the daily reporting to consultants. The arrivals lounge has encounted a techniacl issue which has affected the electonic VTE recording.	IT has resolved the arrivals lounge technical issue which should support compliance. Additionally, audits have shown a number of process and IT issues which are now being worked through in QI projects.	Hospital acquired thrombosis (HATS) are reported on Safeguard and discussed at Divisional Quality Boards. HATS are also reported to the Thrombosis Group and each Division continues to report on the outcome of investigations.

Metric Name: Sepsis - % of patients screened who received antibiotics within 1 Hour - ED (E-Sepsis Module) - Adults



Month
Jun-23
Variance Type
Special Cause of Improving Nature or Lower Pressure
Target
90.00%
Target Achievement
Variation Indicates Consistently Falling Short of the Target

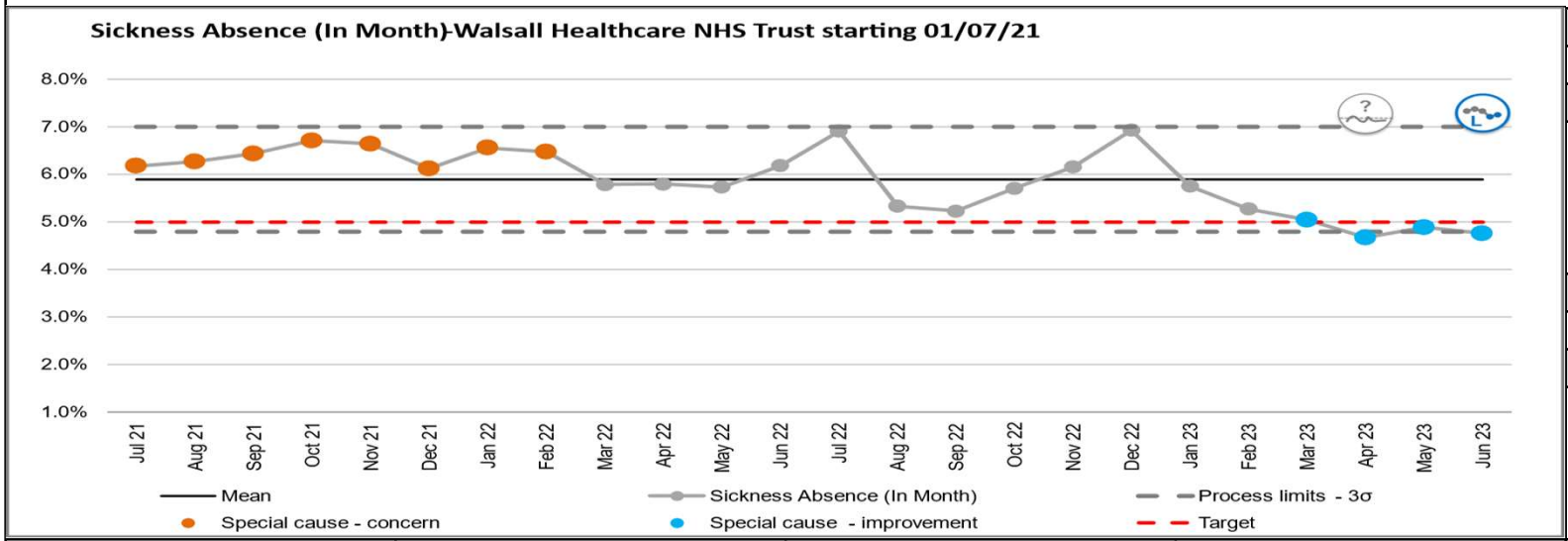
Background	What the chart tells us	Issues	Actions	Mitigations
Proportion of Service Users presenting as emergencies who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within one hour of diagnosis (Adults)	The percentage of adult patients screened who received antibiotics within 1 hour within the Emergency Department in June 2023 was 86.38% . The data shows improving statistical variation and has been above the mean for the last 14 months.	Focus on staff training continues and the sepsis team continue to review all open assessments on vital pac.	The PBI report has been refreshed to focus on the Antibiotics within the hour. Training on vitals to be refreshed. Sepsis performance is reviewed via the deteriorating patient group and reported via patient safety group.	The sepsis team reviews all open sepsis assessments on vital pac ensuring they are closed down when appropriate. They are also responding to sepsis alerted patients. Results are comparable with high perfoming trusts.

Walsall Healthcare NHS
NHS Trust

POD

		Reporting Period	Actual	Trajectory	2023/24 Target	SPC Assurance	SPC Variation
PEOPLE & ORGANISATIONAL DEVELOPMENT COMMITTEE							
%	Sickness Absence	Jun-23	4.76%		5.00%	?	
%	PDRs	Jun-23	75.65%		90.00%	F	
%	Mandatory Training Compliance	Jun-23	85.88%		90.00%	F	
%	% of RN staffing Vacancies	Jun-23	2.36%		7.00%	?	L
%	Turnover (Normalised)	Jun-23	10.44%		10.00%	?	L
%	Retention Rates (24 Months)	May-23	79.18%		85.00%	F	L
%	Bank & Locum expenditure as % of Paybill	Jun-23	11.51%				
%	Agency expenditure as % of Paybill	Jun-23	3.60%				

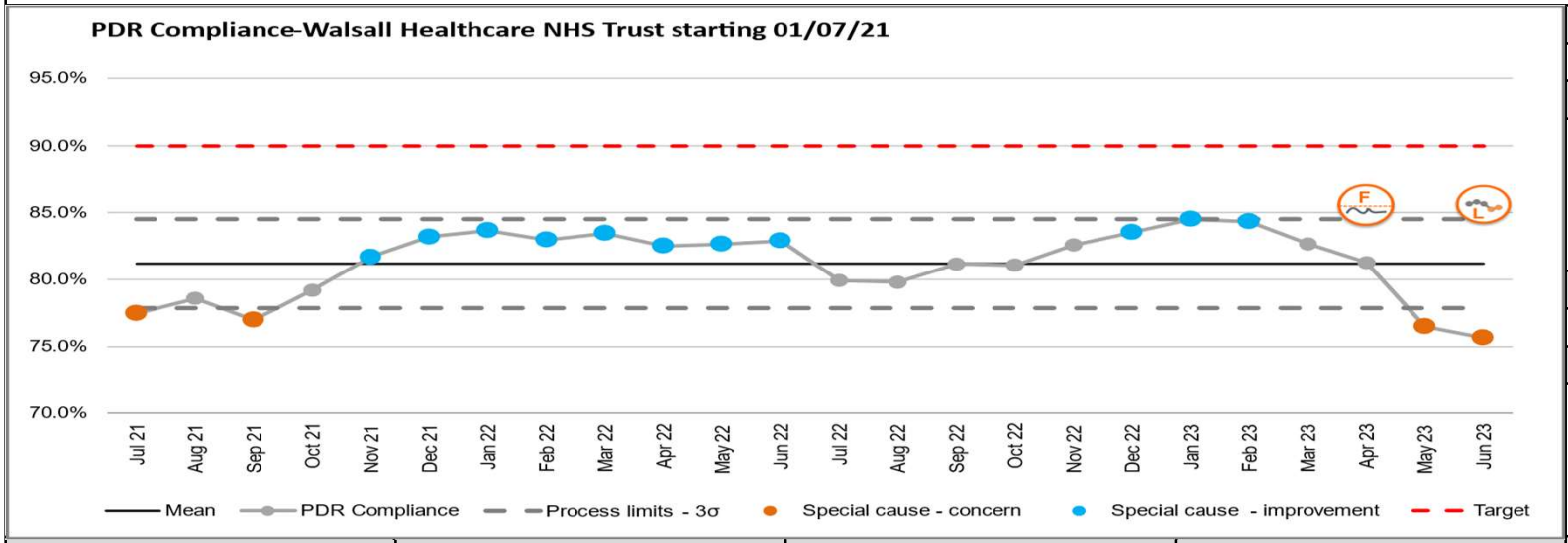
Metric Name: Sickness Absence



Month
Jun-23
Variance Type
Common Cause - No Significant Change
Target
5.00%
Target Achievement
Variation Indicates Consistently Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Sickness Absence outturns have been normalised through the exclusion of COVID-19 illnesses. Separate updates of COVID-19 absence rates are shared daily with operational leads.	In-month sickness absence, which was 4.76% during June 2023, confirmed a trend of special cause improvement below the 5% target.	The largest drivers for sickness absence were stress/anxiety (long-term), gastrointestinal problems (short-term) and musculoskeletal problems (short and long-term). These three top reasons for absence accounted for 48% of FTE days lost during June 2023.	Realising the procedural improvements and colleague lifestyle benefits identified within the recently drafted Health & Well-Being strategy will represent a significant catalyst towards restoration of pre-pandemic absence levels.	Monitoring of sickness absence includes Executive oversight at the monthly Divisional review meetings. Fast track referrals by the Occupational Health Team to Physiotherapy Services will ensure that injured colleagues receive early recovery interventions.

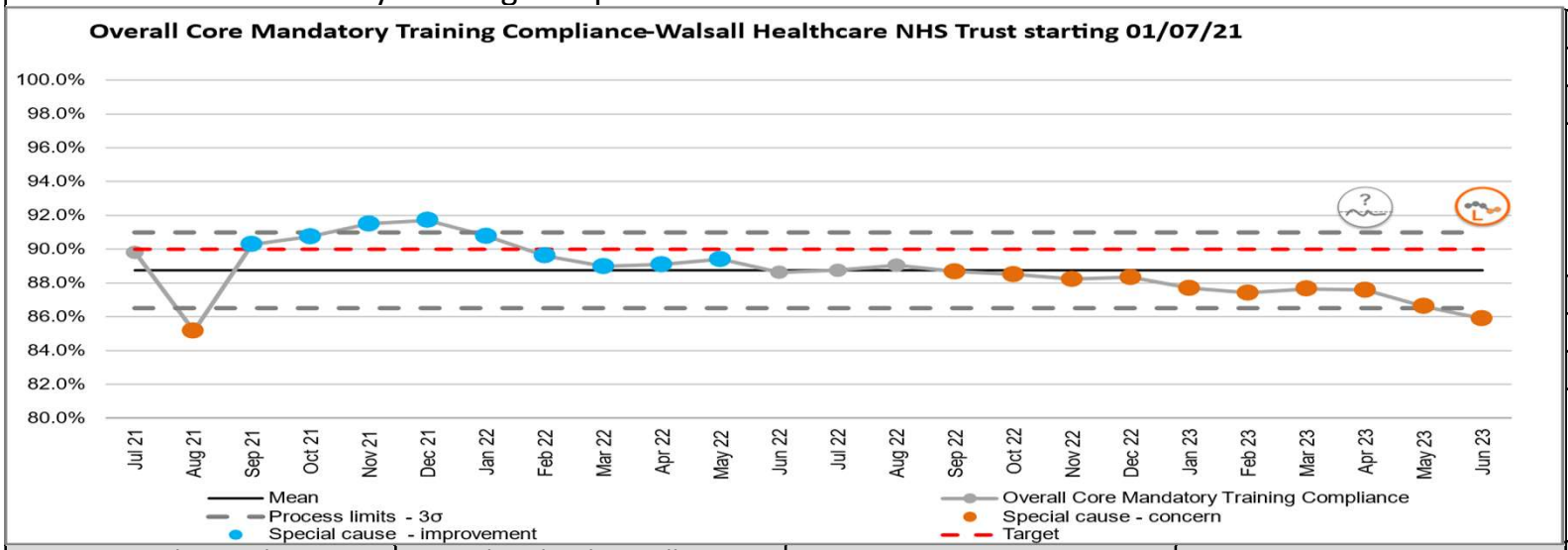
Metric Name: PDRs



Month
Jun-23
Variance Type
Special Cause of Improving Nature or Lower Pressure
Target
90.00%
Target Achievement
Variation Indicates Consistently Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Appraisal compliance is calculated using exclusion lists.	Appraisal compliance also carries special cause concern, with the 75.6% June 2023 outturn representing a ongoing decline month on month.	Compliance remains highest amongst Medical and Dental colleagues (92.7%), although evidence of increased appraisal sessions across all staff groups is present. Appraisals within the Add Prof Scientific and Technic staff group are lowest at 60%.	Line managers have been emailed directly, in addition to Heads of Service, requesting the reasons for non-compliance. These confirm and challenge style emails contain relevant information on how to access the appraisal forms, and signposting to training if required.	Monitoring of PDR compliance is reviewed at the monthly executive led Divisional review meetings.

Metric Name: Mandatory Training Compliance



Month
Jun-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
90.00%
Target Achievement
Variation Indicates Inconsistently Passing and Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Training compliance is calculated using exclusion lists.	Despite the 85.9% outturn for June 2023 Mandatory Training remaining an historically high level of compliance, the current 24 month trend is evidencing cause for concerns; with achievement of the 90% target no longer assured.	Operational successes regarding the MyAcademy rollout mean that divisional teams can once again re-engage with self-service training compliance insights, which have historically led to a target achieving improvement trajectory.	Collaboration with RWT colleagues continues to align requirements and delivery models for mandatory training.	The project team continues to consult with stakeholders and services to ensure implementation of the Totara LMS is carried out at a pace which does not compromise regulatory or governance commitments.

Walsall Healthcare
NHS Trust

Quality Patient Experience & Safety Meeting	
Meeting Date:	23 June 2023
Title of Report:	Patient Voice Report, April-May 2023
Action Requested:	Note the contents of the report
For the attention of the Board	
Assure	• Complaint Timeframe compliance is within expected range
Advise	• Draft UEC and Inpatient survey results expected
Alert	• NIL
Author and Responsible Director Contact Details:	Garry Perry Associate Director Patient Relations and Experience Lisa Carroll, Director of Nursing Tel 01922 727438 Email garry.perry1@nhs.net
Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	a) Embed a culture of learning and continuous improvement b) Safe and responsive urgent and emergency care c) Deliver the priorities within the National Elective Care Strategy d) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	a) Improve overall staff engagement
Improve the Healthcare of our Communities	a) Develop a health inequalities strategy b) Deliver improvements at PLACE in the health of our communities
Effective Collaboration	a) Improve population health outcomes through provider collaborative b) Implement technological solutions that improve patient experience c) Progress joint working across Wolverhampton and Walsall
Resource Implications:	none
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	**Safe:** you are protected from abuse and avoidable harm **Effective:** your care, treatment and support achieve good outcomes, helps you to maintain quality of life and is based ono the best available evidence **Caring:** staff involve and treat you with compassion, kindness, dignity, and respect **Responsive:** services are organised so that they meet your needs
Equality and Diversity Impact	No known impact
Risks: BAF/ TRR	NIL
Risk: Appetite	NIL
Public or Private:	Public
Other formal bodies involved:	
References	NHS Complaints Standards: https://www.ombudsman.org.uk/organisations-we-investigate/nhs-complaint-standards/nhs-complaint-standards-summary-expectations

Walsall Healthcare NHS Trust

NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
Brief/Executive Summary Title:	**Patient Voice Report** To provide summary data for the Patient Relations and Experience Team including Complaints, Concerns, Compliments and the Friends and Family Test (FFT) for the months of April-May 2023. The report also provides detail on learning taken and a summary of activity to support an enhanced positive Patient Experience including updates on National Surveys, volunteering, and spiritual, pastoral, and religious care.
Item/paragraph	
1.0	**Background** A report on patient and carer experiences is presented to the Quality Patient Experience and Safety Sub-Committee on a bi-monthly basis and the Board of Directors as part of the series of quality reports. This report focuses on patient and carer experiences and how people are involved with and engaged in shaping service developments. The Patient Voice provides an opportunity for trends to be identified and for improvement and learning arising from outcomes.
2.0	**Details**
2.1	**Feedback data** The Trust received a total of **5885** feedback contacts between 1st April 2023 and 31st May 2023. This includes all Patient Relations related contacts (517), along with Friends and Family Test and Mystery Patient responses.

Complaints (including MP letters)	69
Concerns this included queries / comments & suggestions etc (198)	517
Compliments	75
Friends and Family Test	5294
Mystery Patient (QR code)	128

Table 1. Patient Feedback by contact type

2.2

Complaints and Concerns

During April 2023-May 2023, Surgery received the most contacts Trustwide with 217 contacts received. MLTC received 161, WCCSS received 68 and Community received 37. The remaining 31 contacts were logged as Corporate or “other” in the event of a referred-on case.

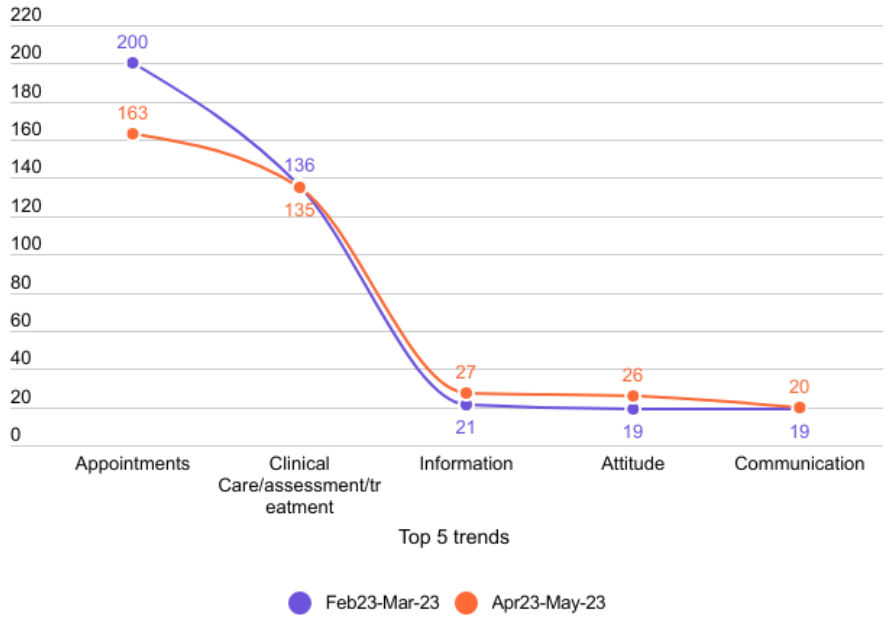


Table 2. Complaints and Concerns by trend type

- Trust wide, the highest trend in contacts for this period was in relation to appointments with 163 contacts received, which equates to 36.8% of the total contacts received (excluding compliments). 48 contacts were in relation to cancelled appointments with an additional 44 received regarding appointment delays.

- Urology received the highest number of appointment related contacts with 36, followed by Trauma & Orthopaedics with 23. Again, the theme across both areas related to delayed appointments.

- The second highest trend is contacts relating to Clinical Care / Assessment / Treatment with 135 contacts received, which equates to 30.5% of the contacts received (excluding compliments). The Emergency Department & Urology service received most of these contacts with 13 each.

- The concerns raised relate to general dissatisfaction with the level of care received. There are several contacts noting poor communication both with the patient and their relatives.

There has also been a slight increase in contacts relating to staff attitude with 26 contacts received. These contacts include families reporting a lack of empathy or being spoken to in a rude manner. There is no divisional / departmental trend.

2.3 **Complaint response timeframes**

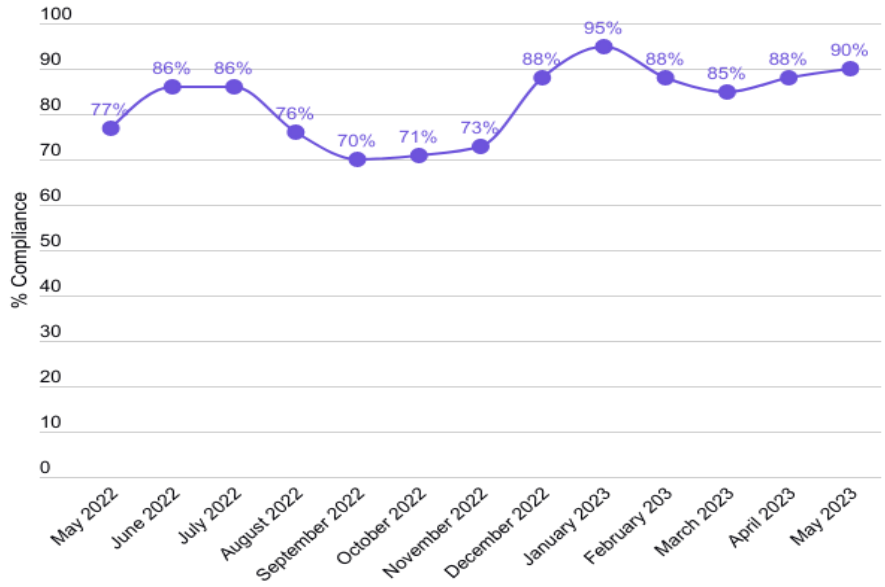


Table 3. Complaint response timeframes

- Trust wide, our average agreed response timeframe compliance in April 2023-May 2023 was 89%. During this period, both WCCSS and Community achieved 100% compliance. MLTC's average timeframe compliance was 93% and Surgery achieved an average compliance of 80%.

- Whilst we have improved our overall compliance in comparison to February 2023 – March 2023, Surgery achieved 60% timeframe compliance in May 2023. This was solely due to the lack of response from the Urology department, which has been a theme across both formal and informal concerns.

This concern has been highlighted with the divisional team.

2.4

Parliamentary and Health Service Ombudsman (PHSO)

- There were no new cases confirmed by the PHSO during April– May 2023
- 4 requests for information were received during this period, including complaint files and patient records for PHSO consideration.
- 1 case has been partly upheld by the PHSO during April – May 2023. This case related to a patient who attended the ED in February 2021. The family complained that the Trust did not identify the patient's symptoms of heart failure and inappropriately discharged them. The PHSO made the decision to partly uphold this complaint as they felt the Trust did not act in line with the relevant guidance and consult a cardiologist to discuss abnormalities in the patient's test results before discharging him.
- They have clarified that they do not fully uphold this complaint as they have not seen any evidence a review by a cardiologist would have altered the treatment the patient received or prevented their death.

It has been agreed that an action plan is developed in line with the PHSO's recommendations along with an apology to the patient's family.

2.5

Learning Matters

Case 37845

A formal complaint was raised by a family in relation to the care their late mother received. The main aspect of the complaint was regarding the patient's diagnosis and treatment. During the investigation, it was found that the patient received the correct care and treatment, however, during a local resolution meeting with the family, they raised concerns regarding the language used in the Trust Electronic Discharge Summary (EDS).

The team agreed to review this aspect of the concern further, which has now led to the Trust establishing an EDS Improvement Group who will be working to improve the quality of the EDS's we provide to patients and their family members. This will include a review of the language used and Patient involvement.

3.0

Friends and Family Test

Recommendation

Table 4 illustrates the FFT recommendation scores for all 8 touchpoints. Inpatients, Outpatients, ED, Community, Antenatal and Postnatal Community, have all shown improvement when compared to the Q4 data. Birth and Postnatal Ward have shown a reduction when compared to Q4.

	Q4 Average	Apr-23	May-23

Inpatients	88%	89%	91%
Outpatients	92%	93%	93%
ED	84%	84%	85%
Community	98%	99%	99%
Antenatal	92%	87%	94%
Birth	90%	75%	55%
Postnatal Ward	85%	89%	87%
Postnatal Community	86%	91%	100%

Table 4– FFT Recommendation Scores

Response rate

Table 5 illustrates the FFT response rates for all 8 touchpoints. Inpatients, Antenatal and Postnatal Community has shown an increased response compared to Q4. Outpatients, ED, Community and Postnatal Ward are below the Q4 average, however, are showing an improving picture in May.

FFT Response Rate	Q4 Average	Apr-23	May-23
Inpatients	28.9%	29.8%	45.4%
Outpatients	20.4%	16.5%	19.1%
ED	22.6%	16.8%	19.5%
Community*	293	132	148
Antenatal	12.1%	12.80%	12.8%
Birth	23.9%	26.7%	23.4%
Postnatal Ward	16.6%	70.40%	33.3%
Postnatal Community	15.5%	17.30%	22.4%

Table 5 – FFT Response Rate

Community report total responses **not response rate due to data validation of community eligible population.*

Due to a change in NHSE data publication, no regional or national comparison is currently available.

Themed Analysis

Q1 saw the launch of a themed Analysis Dashboard enabling services to monitor the changes in qualitative feedback received through FFT. Currently available for ED and Inpatient areas, and to include all other touch points by July Q2.

Chart 6 illustrates the positive and negative themes received in April and May 23 combined. Consistently themes remain positive with Staff Attitude and Implementation of Care being the most positive themes.

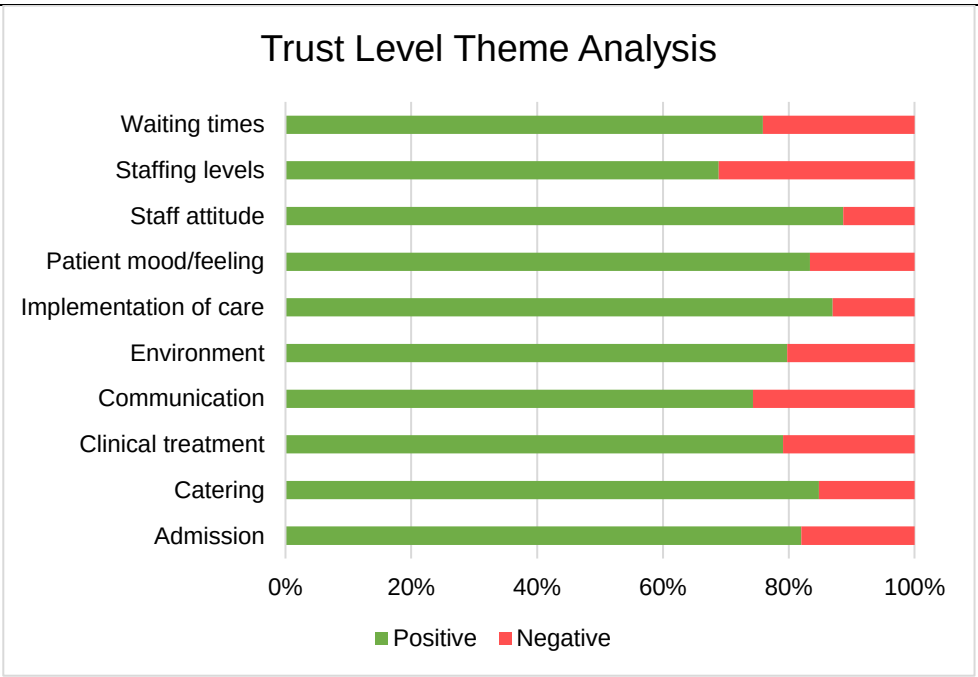


Chart 6 FFT theme Analysis

3.1

Mystery Patient

Table 7 illustrates the scored Trust level Mystery Patient questions for April and May. When compared to the Q4 average, the Trust has shown a decline in score for all 4 questions, however, is showing an improving picture for *Environment and hospital facilities*, and *Involvement in decisions about your care and treatment*. When comparing the average of April and May to the current available CQC Inpatient Survey results (2021), *Treated with respect and dignity* is scoring 0.7 below the national result of 8.7, and ***Involvement in decisions about your care and treatment*** **is scoring** 1.0 above the nation result of 6.5.

Question	Q4 Average	Apr-23	May-23
Courtesy of the staff	8.4	7.3	6.9
Environment and hospital facilities	7.9	7	7.2
Treated with respect and dignity	8.6	8.3	7.6
Involvement in decisions about your care and treatment	8.8	7.4	7.6

Table 7 Mystery Patient Scored Questions

Table 8 illustrates the number of responses received by area through April and May.
Whilst a reduction can be seen in April when compared to Q4, May, has seen a substantial increase in Mystery Patient feedback. If the current rate of response continues, the Trust is on course to double the Mystery patient responses compared to the 2022-23 level.

Mystery Patient Responses	Q4 Average	Apr-23	May-23
Inpatients	24	18	45
Outpatients	10	4	13
Emergency Department	7	6	30
Maternity	5	3	6
Community	5	1	2
Total	**51**	**32**	**96**

Table 8 Mystery Patient Responses by area

3.2 **National Survey Updates**

Adult Inpatient Survey 2021

The action plan associated with the 2021 survey was signed off and completed in January this year. We are expecting the National Adult Inpatient Survey in August. We will receive the headlines survey before this.

Maternity Survey 2022

Where patient experience could improve

- Were you offered a choice about where to have your baby?
- Did you get enough information from either a midwife or doctor to help you decide where to have your baby?
- During your pregnancy did midwives provide relevant information about feeding your baby?
- Did you have confidence and trust in the staff caring for you during your antenatal care?
- If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?
- Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?

The Maternity team have disseminated the survey findings to all maternity staff groups and have carried out an experience of care survey to track the results against the retrospect survey findings. There is a Divisional Patient Experience template in place which supports the Trust wide enabling strategy – this has been completed with commitments against the three improvement pillars of Involvement, Engagement and Experience. The Maternity Voices Partnership will be briefed on the above at its next meeting with involvement of the patient voice in the monitoring of the actions and improvements to occur.

Children and Young Peoples Survey 2020

The 2-year action plan has been completed and outcomes presented to the Patient Feedback Oversight Group. The next survey 2023 is due for fieldwork between August- November 2023 with full publication due in the Spring of 2024.

Urgent and Emergency Care 2022

Headline (preliminary data) have been shared with us via the survey provider. Results are currently embargoed with the full published results due shortly.

Cancer Survey 2021

Tumour group action plans are in place. The trust has 3 questions below the expected range as a focus for improvement, and 6 questions reported above the expected range. The 2022 results are due imminently and will be mapped together as a continued action plan.

4.0 **Spiritual Pastoral and Religious Care (SPaRC)**

Analysis of the data captured by our SPARC tool, indicates we have had at least **2009** separate pastoral encounters between our staff and volunteer team. These encounters have included extensive pastoral and spiritual support for staff. At WHT the content of encounters included, 90% with a Pastoral element, 72% a Spiritual element, and Religious (Faith Specific) care has been present in 55% of our encounters. This is indicative of the personable and needs sensitive approach.
Across the Trust around 80% of our inpatients are registered as having a Faith or Religious belief, we continue to provide appropriate support and care for those with and without religious affiliation or belief and will utilise community links to enhance our provision.

In the months April to May at WHT the team conducted 14 hospital arranged baby funerals and 8 adult funerals. In addition, the team have been called to delivery suite to conduct simple ‘Naming and Blessing’ services following pregnancy loss for parents. The team continue to maintain and develop stronger working relationships with the respective specialist palliative care teams, the Bereavement midwives, maternity departments and bereavement services.

5.0 **Voluntary Service Update**

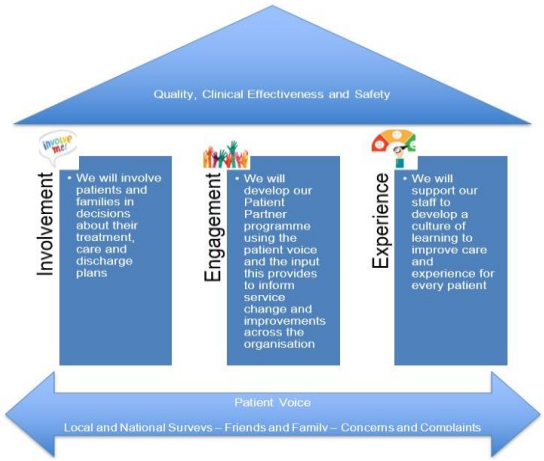
Working week	76.5
Total cost (B2 equivalent)	£32,850
New volunteers in period	29
Active Volunteers in period	123

Volunteer hours	
1st	90.48
2nd	79.97
3rd	76.1

Area	Hours
Hospital	1791
Community	552
Self Care Management	300
Chaplaincy	225
Trust Total	2869

Table 9 Voluntary Service table

6.0 **Involvement, Engagement and Experience**



The Patient Experience Enabling Strategy set out our priorities for improving patient experience in the next 3 years. Three pillars of improvement have been identified. These are Involvement, Engagement and Experience.

Guided and informed by the patient voice – using feedback and insight gained from our patients, families, and carers who either completed a national or local survey, took part in the Friends and Family Test, provided positive feedback, or raised a concern or complaint.

We have set ourselves several priorities which will underpin each of the three pillars of improvement. Regular updates against how we are delivering against the improvement pillars are included as follows:

Patient leaflet systems task and finish group initiated. Review being undertaken to produce a joint patient leaflet policy, leaflet register and draft template for all new leaflets. Commitment: **providing patient information in an accessible format and in a way, it can be understood.** Its '**OK to Ask'** in place and a family and carer support officer recruited supporting the unpaid carer role and influencing involvement. Commitment: **Involvement and clear communication with patients & family/carer.**

Focus group involvement in the outpatient improvement programme aimed at reducing outpatient DNA rates. Commitment: **Reduce delayed or cancelled appointments. Clear appointment letters and communications.**

Re-worded patient letters so that they are clearer and easier to understand – including bespoke comms for certain patients' cohorts.

Developed a web page that translate key appointment reminders into different languages. Produced an information sheet around financial support in getting to hospital.

Turned on text reminders with clear comms across several clinics.

MSK Physiotherapy team have updated exercise leaflets to a visual format and are now more accessible. Commitment: **manage clinic cancellations before booking appointments.** Introduced more 2-way texting so that patients can re-arrange and cancel their appointments easier. Implemented a voicemail facility at the weekend for appointment management. Robust SOP for managing cancellations and short notice bookings.
Ward 21 have now received their "Things that may disturb you cards" which will be given to every child on admission!

Through 'Little Voices' new 'All about me' boards and place mats have been introduced on paediatrics. This will aid in the communication of information that is important for us to understand about our patients and their families and will support ward rounds etc.

6.1

Family and Carer Support Service

The Family and Carer Support Service was introduced in December 2022. In January 2023 we launched the Commitment to Carers initiative, identifying how the organisation can better support unpaid carers. The commitment outlines the following priority areas:

- Identify
- Recognise
- Support
- Collaborate

The commitments aim is to enable the trust to build on and expand the support available to families and carers, leading to the development and implementation of a carer policy in 2024.

The Family and Carer Support Service is fundamental in the delivery of pillar 1 of the Patient Experience Enabling Strategy. The service, in line with the commitment to carers, sets out the trust response to support unpaid carers and their involvement in patient care.

The service will enable the trust to

- ensure families, carers and patients work together in shared decisions and discharge planning.
- ensure the continuation of care and support following discharge.
- ensure carers are seen as partners in the patients care and treatment

Support Categories	Contacts
Pastoral	103
Signposting internal	7
Signposting external	18
Care update	15
Support caring - in hospital	63
Support caring - discharge/at home	18
Patient Relations	7

Area	Contacts
Outpatients	3
Inpatients	79
Maternity	0
Community	26
ED	2
Discharged	12

Walsall Healthcare NHS
NHS Trust

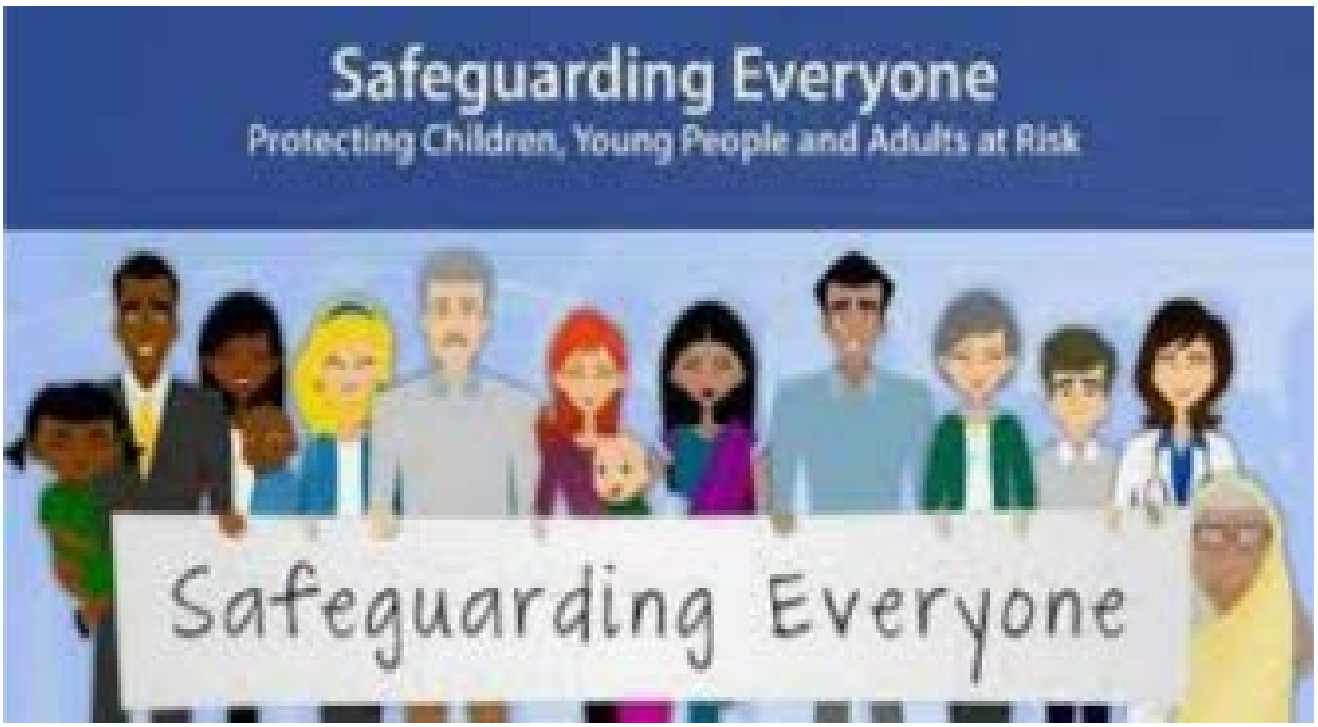
WHT Safeguarding Service Annual Summary Report

April 2022 – March 2023

Mak Inayat

Deputy Head of Safeguarding

Responsible Director: Lisa Carroll Director of Nursing and Executive Lead for Safeguarding



Introduction

The annual report aims to provide the Trust's continued commitment to adequate safeguarding arrangements from April 2022 to March 2023. The report is presented against the objectives detailed in the Black Country ICB Safeguarding Assurance Framework and aligned to local/national safeguarding standards, including CQC, JTAI and Walsall Safeguarding Together Partnership requirements. The report outlines the progress of safeguarding activity across the Trust over the year and highlights the achievements, challenges, and priorities.

The report aims to:

- Assure the Trust Board that the organisation is meeting its safeguarding statutory obligations.
- Assure service commissioners, regulators, and partners that the Trust safeguarding activity over the year continues to progress.
- Provide assurance regarding the safeguarding team's activity and function to support operational and clinical services.
- Assure that patients, service users and carers know that safeguarding children and adults is a Trust priority.
- Outline the priorities and areas for development for 2023-2024

The following section provides details of progress during 2022-2023. Progress is described against each standard specified within the Assurance Framework.

Safeguarding Governance & Leadership 2022-2023

The Director of Nursing is the Executive Lead responsible for safeguarding and provides the leadership in overseeing and facilitating the safeguarding arrangements, including being the nominated chair of the Trust Safeguarding Group (TSG).

The Head of Safeguarding (Trust Named Nurse): Manages the Children and Adult Safeguarding Service and provides expert leadership on all aspects of the safeguarding agenda. The Head of Safeguarding is responsible for: -

- The development and implementation of safeguarding systems and processes in Walsall Healthcare NHS Trust (WHT).
- Collaborating with partner agencies in line with local and national standards and legislation.
- Ensures there is appropriate implementation of relevant internal and external targets and standards.
- Supports national and local inspections and assessments of safeguarding arrangements.
- Assures the Trust Safeguarding Group and is the nominated representative at the Walsall Safeguarding Partnership.

Deputy Head of Safeguarding: A new role incorporated into the team structure and supports the Head of Safeguarding.

Named Doctor/s: There is a Named Doctor for Safeguarding Children. The post holder supports the Head of Safeguarding and Director of Nursing.

Safeguarding Team: The current safeguarding team structure (Appendix 1 - Team Structure) assures that the Trust complies with employing the statutory Named Professionals for children and adults, a Named Midwife, and a Named Doctor for safeguarding children.

The safeguarding team continues to work closely with hospital and community teams to ensure a safe, high-quality service provision to service users by continually developing practices incorporating research, evidence, and audit against clinically relevant standards.

The roles, responsibilities and competence of Named Nurses are to support staff set out in Safeguarding Children and Young People: roles and competencies for health care Staff (2019) and

Adult Safeguarding: Roles and Competencies for healthcare staff (2018).

Safeguarding Administration Team: During 2022-2023, the team expanded its function to support the children, midwifery, children in care and adult safeguarding teams in capturing and maintaining evidence. As part of the business case, an interim Safeguarding Business Support Manager was recruited in Q4.

All Staff: All staff within WHT commit to protecting children and adults at risk from harm and abuse and to work in accordance with Trust policies and procedures.

Safeguarding and Quality Assurance Process 2022-2023

During 2022-2023, the Black Country and West Birmingham STP Safeguarding Assurance Framework for Commissioned Services (Safeguarding Children and Safeguarding Adults with Care and Support Needs) dataset provided information and evidence that the organisation was committed to continue working towards its safeguarding responsibilities. The outcome of this process has continued to inform the WHT Trust Board, the Black Country and West Birmingham ICB and the Walsall Safeguarding Partnership (WSP) of the progress being made to safeguard local children, young people, and adults.

During quarter 4 of 2022-2023 WHT participated in the WSP Section 11 (Care Act 1989/2004) self-assessment process and rated itself as 'good'.

Trust Safeguarding Group (TSG)

The Trust Safeguarding Group has consistently provided oversight of the Trust's safeguarding arrangements, conducting monthly meetings with good attendance from all divisions, including active participation from Walsall Local Authority and the ICB.

The terms of reference for the Trust Safeguarding Group were reviewed, ensuring good representation from all the services to effectively address safeguarding risks and provide assurance.

The TSG reports to the Quality Patient Experience and Safety Committee (QPES), a subcommittee of the Trust Board. It provides assurance regarding compliance with all elements of the Safeguarding Children, Young People and Adults agenda, including the Mental Capacity Act 2005 and the Care Quality Commission's Fundamental relating to the Safeguarding agenda.

Safeguarding Arrangements 2022-2023

Throughout 2022-2023, the WHT recruitment process continued to maintain compliance with the NHS Employment Standards, encompassing Identity verification procedures, verifying references and employment history, the process for applying and reviewing DBS checks, and a method for validating professional registrations and qualifications.

A joint working group across Walsall Healthcare Trust and the Royal Wolverhampton NHS Trust was established in 2022-2023 to review and align requirements for groups of staff requiring standard and enhanced checks in accordance with national guidance.

In 2022-2023 the process for recording DBS checks for new starters and existing staff was improved. This is evidenced through compliance reported on the monthly safeguarding dashboard.
In Q4 92.47% of new starters and 93.13% of existing staff had a DBS recorded. This is below the 100% compliance required. The Trust will continue to monitor and enhance reporting mechanisms in line with national standards.

The Safeguarding Team

(Appendix 1 details the Safeguarding Team Structure Chart). The safeguarding children's team in

2022-2023 experienced some challenges due to vacancies resulting in a reduction in capacity; to mitigate the risk safeguarding supervisors from the 0-19 service and another Health Visitor transferred to the safeguarding team. This enabled the team to continue to focus on fulfilling their duties. Vacancies and progress in recruitment are monitored through the safeguarding development and a business case was approved in 2022 to increase capacity in the safeguarding team.

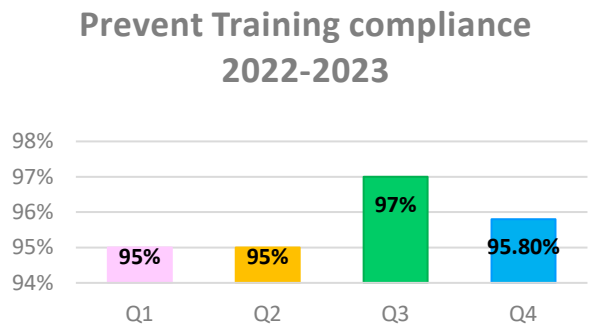
The acute learning disability nurse post (1.0 wte) is provided through Black Country Healthcare NHS Foundation Trust. A review of the service commenced in 2022/23 to consider the needs of the Trust and to understand the service specification that is currently provided. WHT is committed to the Learning Disability & Autism agenda. In order to support delivery of this agenda the Trust has been supported by the collaboration with RWT and their lead nurse for Learning Disability and Autism works two days per week at WHT.

The national and local requirements reinforce the need to ensure that the Trust has an appropriate provision of support for patients who enter care with LD/Autism.

PREVENT

The Safeguarding Adult Lead nurse leads on the PREVENT agenda and is responsible for ensuring that the Trust contributes to the identification, referral and information sharing regarding persons identified, for example, at risk of terrorism or right-wing ideology.

Prevent training has remained consistent over the year. There are plans in 2023-2024 to review the training in respect of the training levels offered to raise this agenda's profile.

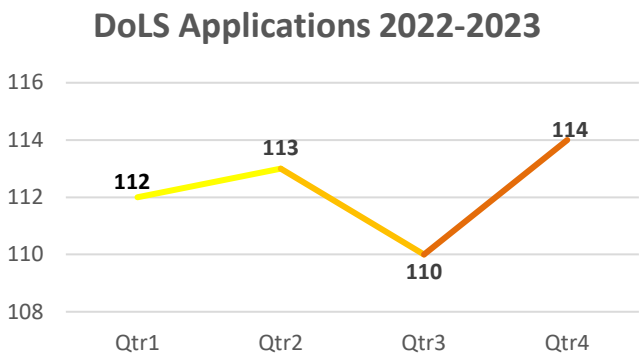


There have been no Prevent referrals made this year. All Prevent returns to NHSE have been returned within the reporting timeframe. The adults safeguarding team promoted raising Prevent awareness in Q4, supported by the Community Safety Partnership Prevent Lead and internal communications department through social media.

Mental Capacity Act and Deprivation of Liberty Safeguards (MCA and DoLS)

The Trusts Named Nurse for Safeguarding Adults leads on the MCA/DoLS agenda. This role covers the delivery of bespoke training, oversight of audit activity and the coordination of targeting wards to raise the profile of this agenda. The Director of Nursing receives a monthly report on patients detained under the DoLS framework at TSG.

The number of DoLS referrals has been consistent throughout the year. The referrals have increased from the previous year following the delivery of bespoke training by the safeguarding team and the offering of regular support and guidance on the wards to complete applications.



During Q2, the safeguarding adult team commenced preparation for the impact of the forthcoming introduction of Liberty Protection Safeguards in 2024 (known as LPS) by reviewing the processes within the Trust and drafting an MCA/DoLS action plan to support the work. This work was done in collaboration with RWT.

Joint work was undertaken through regular meetings with the Trust and Walsall Integrated Care Board (ICB) who are leading on this across the Black Country. This has now been scaled down due to the announcement in Q4 of the delay of LPS until the next parliament. The team have met with staff from the United Lincolnshire NHS Trust to discuss their 'MCA bundle' (collection of paperwork to support completion of MCA assessments) commended by the CQC and its successful implementation for consideration of implementation in Walsall. This will be reviewed by The TSG during 2023-2024 for possible implementation.

Safeguarding Policies.

During 2022/23, a number of safeguarding policies required review and updating. The status of the Trusts safeguarding policies is detailed in the table below.

Name of Policy	Progress
Prevent Policy	Approved in Q4 2021/22 – For review April 2025.
Female Genital Mutilation Policy	Reviewed and due to present to Policy Group in August 2023.
Staff Domestic Abuse Policy	Reviewed awaiting HR feedback to Policy Group August 2023.
Safeguarding Patients Domestic Abuse Policy	Approved in Q4 2022/23 – For review April 2026.
Safeguarding Supervision Policy (Children and Adults)	Under review combining adults and children to Policy Group September 2023.
Safeguarding Adults at Risk Policy	Under review to Policy Group September 2023.
Safeguarding Children Policy	Under review to Policy Group September 2023.
Managing Allegations Against Staff (new policy)	A joint policy with RWT to Policy Group July 2023.
Deprivation of Liberty Safeguards (DoLS) Policy	Reviewed to Policy Group July 2023.
Mental Capacity Act Policy	Approved in Q3 2022/23 – For review April 2026.

Safeguarding Children and Adult Training Progress 2022/23

Members of the Trust Board received safeguarding training in November 2022 and are 100% compliant. This is an annual training event and will be repeated again in November 2023.

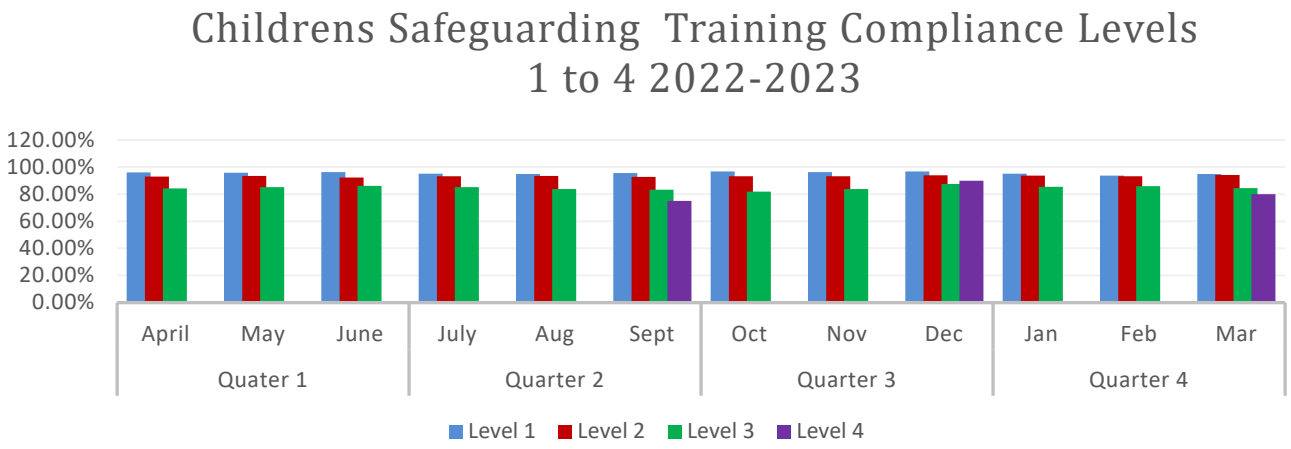
Safeguarding Training compliance (Children and Adult Levels 1-3) is monitored monthly at TSG Adults and Children safeguarding mandatory training is aligned with ICB training compliance requirements.

During 2022-2023, the compliance rates for Safeguarding Children Level 1 and Level 2 training fell slightly below the Trust target of 95%. In Q4, the compliance rate for Safeguarding Level 1 was 94.76%, and Level 2 was 94.16%.

The compliance for Safeguarding Children's Level 3 training was below the Trust target of 95% throughout the year. In Q4, compliance was 84.54%.

Domestic Violence is incorporated in all Level 3 training sessions.

In Q4 the Trust introduced an e-learning package for level 3 Childrens training with the aim of improving compliance.

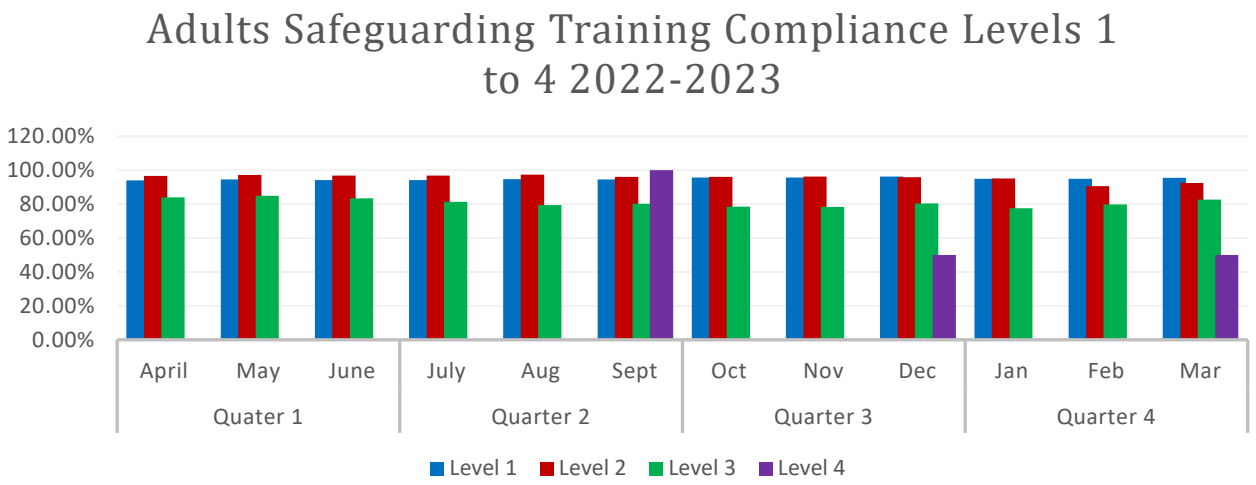


Throughout 2022-2023, compliance with Adults Level 1 safeguarding training has shown variability, with levels below 95% in Q2 and Q3 and slightly above in the 95% target Q1 and Q4 (95.8%). Adults' Level 2 training has remained consistently above the 95% compliance target throughout the reporting year.

Compliance with Safeguarding Level 3 training fluctuated during the reporting year and there was an encouraging increase in compliance during Q4, reaching 82.59%. This improvement can be attributed to the positive approach made by the Divisional Directors and the safeguarding team providing additional training sessions.

In Q1 2023-2024, the safeguarding adult team are introducing an interim online Safeguarding Adults Level 3 programme to offer an alternative mode of delivery to increase compliance.

Compliance will continue to be monitored and addressed through the TSG.



Since March 2023, Learning Disability awareness training compliance has been 80.34% below the expected 95%. During March 2023, the modules were replaced by the Oliver McGowan mandatory e learning training package. Compliance with the Oliver McGowan reached 29% by the end of March 2023. Positive feedback has been received regarding the content and style of this training. The Trust awaits further guidance on the anticipated taught face-to-face sessions required for tier 2 training.

A Task and Finish Group has been established in Q4 to examine and review the current training provision across RWT and WHT to coordinate the delivery of training packages across both sites. The group's objective is to evaluate current training packages, explore delivery methods, and map staff across the Trust to ensure that all employees receive suitable safeguarding training. This will provide a high-quality, consistent training approach across both organisations in line with the Intercollegiate Documents 2018/19. The group's current developments include: -

- Developing a Safeguarding Adult level 3 e-learning package in collaboration with the Digital Team utilising existing resources suitable for use on WHT and RWT sites.
- Implementing the Level 3 Safeguarding Children e-learning for health package across both sites, including reviewing the assessment component of the training.
- A Task and Finish Group subgroup has been assigned to assess, review, and update the staff mapping across both sites.

Safeguarding Team Supervision Summary 2022-2023

The Named Professionals, including the Named Doctor, access three monthly safeguarding supervision provided by external sources such as ICB-designated Nurses or a qualified supervisor. Overall compliance has fallen to 57.14% in Q4 compared to the previous year (87.5%) due to staff changes in the teams and supervisor vacancies requiring the reallocation of supervisors. There has already been an increase in compliance in the next financial year with compliance in May 2023 reported as 71.43%; this will continue to be monitored at TSG.

The maternity community safeguarding supervision compliance has improved since the Named Midwife's appointment in Q2 of the year. The post was vacant during Q1, and compliance data was not reported during this quarter. Since Q2, compliance has increased to 92% and has remained consistent, reaching 93% in March 2023. This achievement can be attributed to the availability of more supervisors and increased capacity, allowing midwives to benefit from various supervision arrangements, including one-to-one and group supervision.

Health Visitor and School Nurse supervision compliance fluctuated in Q3 and Q4 in 2022-2023, with lower rates observed in Q1 due to significant staffing shortages and team changes in the safeguarding and 0-19 service (Health Visitors 72% and School Nurses 22% compliance). Addressing outstanding supervision has been a critical priority throughout 2022-2023.

From Q2 to Q4, Health Visitor and School Nurse supervision compliance began to make slow

progress. As of March 2023, compliance was 73% for Health Visitors and 70% for School Nurses.

The safeguarding children team offered scheduled supervision for acute paediatrics, and the Emergency Department. There was initially a low attendance rate due to activity pressures. However, in Q3, this improved; this can be attributed to offering alternative options, such as incorporating the sessions as part of the mandatory paediatric training day.

The safeguarding team priorities safeguarding supervision and expands its capacity through initiatives such as the Safeguarding Champions Programme. It expands and offers safeguarding supervision training to staff in critical areas such as acute paediatrics and adult services. They also aim to support ongoing action research led by the Deputy Head of Safeguarding to develop a supervision model for adults and children in acute and community services. The findings from this research will inform the accessibility and delivery of supervision.

Participation in Enquiries and Reviews.

The Trust has actively participated in all relevant safeguarding reviews and case review groups, including Child Safeguarding Practice Reviews (CSPR), Safeguarding Adult Reviews (SAR), Learning Disability Reviews (LeDeR), and Domestic Homicide Reviews (DHR).

In Q2, the Trust established an Internal Practice Review Group. This has been led by the Deputy Head of Safeguarding since they commenced in post in 2022. The group has revised its terms of reference and is accountable for overseeing the progress of action plans resulting from the Walsall Practice Review Group (PRG) and LeDeR Group. TSG and Walsall Practice Review Group are provided with quarterly updates on the progress of these actions.

Local Child Safeguarding Practice Reviews (LCSPR).

Four of the six cases referred for consideration for LCSPR have progressed to a Neglect Thematic Review and one to a CSA tabletop review.

One case has advanced to an LCSPR and will continue progressing throughout 2023-2024. The National Panel and Ofsted were notified of this case as a Serious Child Safeguarding Incident.

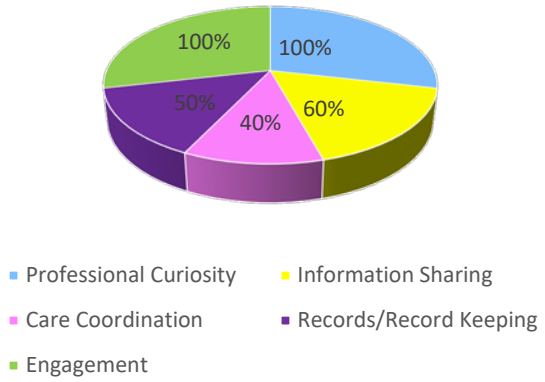
One LCSPR from 2021 and one SCR from 2018 are awaiting completion. The progress of these cases has been delayed due to ongoing criminal proceedings.

During the year, there was 1 SCR (from 2019) in which criminal proceedings concluded without further prosecution. The case is currently pending a coroner's inquest date.

One children's review was completed and published in April 2022 (W13 "Sam")

Four action plans associated with previous Serious Case Reviews (SCRs) and Rapid Reviews were successfully finalised. There are five actions which remain outstanding for CSPRs and rapid reviews. These outstanding actions are reviewed and monitored through the internal Practice review group and shared with the TSG.

Key themes of learning identified for the partnership from these reviews include: -



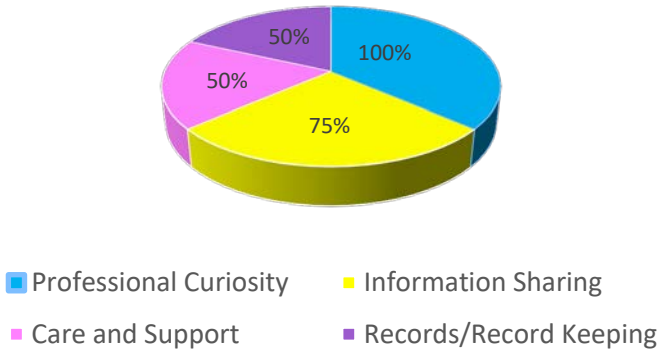
Safeguarding Adult Reviews (SARs)

A total of five referrals were received for consideration of a SAR. Out of these, one referral advanced to a commissioned review, and one progressed to the new rapid in-time process introduced by the Walsall Safeguarding Partnership in Q3.

Five SARs were carried forward from the previous reporting period (2021-2022); four SARs have been completed and are scheduled to be published within the current reporting period (2023-2024).

There were no action plans for previous SARs completed. There are four action plans to be progressed in 2023-2024.

Key themes of learning identified for the partnership from these reviews include: -



Additional Key themes of learning identified for the Trust from adult and children reviews include: -

The TSG will oversee the implementation of action plans, monitoring progress through monthly updates. The internal Practice Review Groups will review progress every quarter to ensure the effective execution of the action plans.

In Q4, the safeguarding team participated in external Individual Management Report (IMR) training enhancing the team skills to make valuable contributions to case reviews. The IMR training would support the team in reviewing their own organisations involvement during case reviews by reflecting on the actions, decisions, missed opportunities and areas of good practice within their organisation identifying early learning. The IMR would then be shared with the independent reviewing author, case review panel and referenced in publications as individual and shared learning.

The Trust has ensured that learning from all reviews has been disseminated Trust wide via:

- Trust brief
- Daily Dose
- 7 Minute briefings
- Bespoke/Training
- Specific targeting of professionals/wards
- Mandatory safeguarding training
- Safeguarding Supervision

Section 42 Enquiries (Safeguarding referrals made against the Trust)

Throughout the reporting period 73 referrals (met the criteria for section 42 enquiries as outlined in the Care Act 2014.

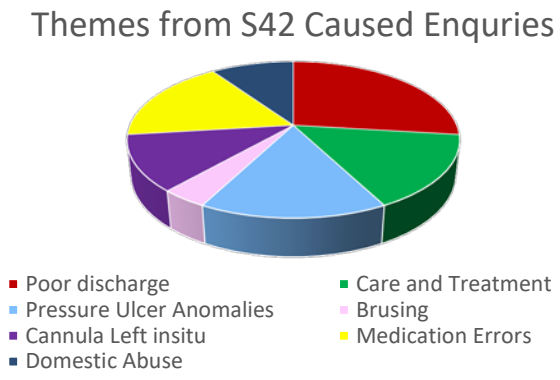
Quarter	Number of Section 42 Enquiries
Q1	26
Q2	14
Q3	14
Q4	19

This is a decrease from the previous reporting year, where 109 referrals were identified.

In collaboration with the Divisional Directors of Nursing, the Adult Safeguarding Team has addressed the outstanding section 42 enquiries. At the end of March 2023, only 5 section 42 enquiries remained to be finalised and closed.

The success in managing these referrals can be attributed to the practical and collaborative working relationship established through monthly meetings with the Local Authority. The ongoing reorganisation of systems and processes has further enhanced the partnership and cooperation between the Trust and the Local Authority, ensuring a streamlined and efficient approach.

The main themes identified within these reviews include: -



The main concerns identified in these enquiries include poor discharge, care and treatment, pressure ulcer anomalies, bruising, cannula left in situ, medication errors, self-neglect, and domestic abuse.

WHT and Walsall Local Authority have established monthly meetings during the reporting period. The aim of these meetings is to ensure and monitor the progress of outstanding cases, review s42 threshold processes, and strengthen collaborative working to address any identified concerns. The meetings have proved successful in increasing positive partnership working. S42 activity is reported monthly to the TSG for oversight.

Learning Disability Mortality Programme (LeDeR)

During 2022/23, the Lead Learning Disability and Autism Nurse from RWT has worked in the Trust for 2 days a week and attends the regional 'Learning from Death Review Group' (LeDeR) and offers professional support to the Trust.

All LD patients (4 years above) who die are reported to the LeDeR programme for their case to be reviewed. The Trust referred 16 cases into the programme during the reporting year 2022-2023, similar to the previous reporting year (15). There 3 LeDeR under review, 13 have concluded.The themes of learning include: -

- The LD nurse, supported with reasonable adjustments, was positive.
- Effective communication with the Community Learning Disability Team.
- Delay in receiving the notes to complete the reviews due to them being sent off-site for storage.
- Lack of MCA documentation for DNACPR decision.
- Lack of application of the mental capacity act.

A business case has been developed and presented to the Trusts Investment group. The case has been approved, subject to funding being secured and options for this are being explored with the ICB.

A sharing of Information agreement has been established between the Trust and Walsall GP practices to ensure that the learning disability registers held by GPs are available to allow for the populating of details or 'flagging on the electronic patient records within the Trust.

The Trust has drafted an action plan following the recent publication of the 'Changing our Lives' report for LD and Autism services, which looked at what health providers offer against a set of measures. The action plan will be reviewed and progressed during 2023 and 2024.

Safeguarding Assessment Processes 2022/23

The Safeguarding Children and Adult team have raised awareness about safeguarding through regular 'floor walks' undertaken across the Trust with a particular focus on the main hospital site. This has been positively received throughout the Trust.

During the reporting period the Safeguarding Adult Team, which had increased in capacity, improved visibility during daily floor walks resulting in all wards having a named safeguarding adult contact. The safeguarding children team continues to enhance visibility.

During the reporting period, the adult and children teams continue offering a duty call service: Monday to Friday, 8.30-4.30 (children) and 8.30-4.30 (adults). The activity and themes are collated and reported to the TSG monthly.

The Safeguarding Children and Adults' team experienced variations in the number of advice, support, and guidance contacts throughout the reporting year.

A new template adapted from the adult safeguarding teams' advice and guidance template has been introduced. This enables the safeguarding team to monitor and identify trends and will enable the

team to closely monitor the themes of contacts and report them to the TSG. The team can extract valuable learning points to further support the safeguarding agenda by analysing these trends.

The Safeguarding Adult Team has provided timely support to all the wards and has noted an increase in staff requesting their support. The themes of support and advice requested include physical, sexual, MCA, DoLS, organisational, domestic abuse, self–neglect, financial, and psychological abuse, and persons in a position of Trust.

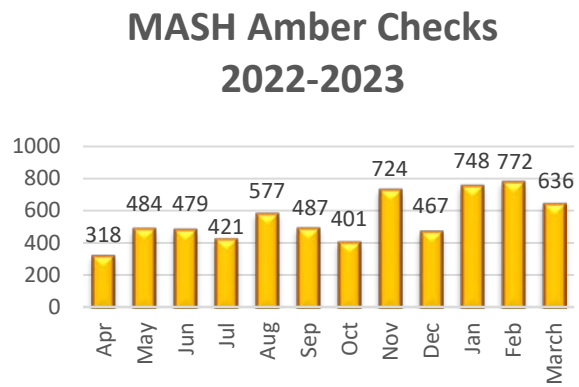
This data provides an overview of the contacts the children Safeguarding Team received and highlights some fluctuating demand for safeguarding advice and support.

The team have been responsive to the safeguarding concerns, providing timely support throughout the year. The type of support and advice requested included the categories of abuse, multi-agency referral form (MARF) completion, and cases with professional disagreement requiring escalation.

The Safeguarding Children Named Nurses participate in the daily operations of the Multi-Agency Safeguarding Hub (MASH). The MASH is a collaborative platform that brings together key professionals across the partnership. The MASH aims to facilitate timely and high-quality information sharing, analysis, and decision-making processes to deliver appropriate, proportionate intervention and quality outcomes for children, young people, and families in Walsall.

During Q3, the Named Nurses for Children saw a substantial increase in pending MASH checks rag-rated Amber, which went outside their time period (24 hours).

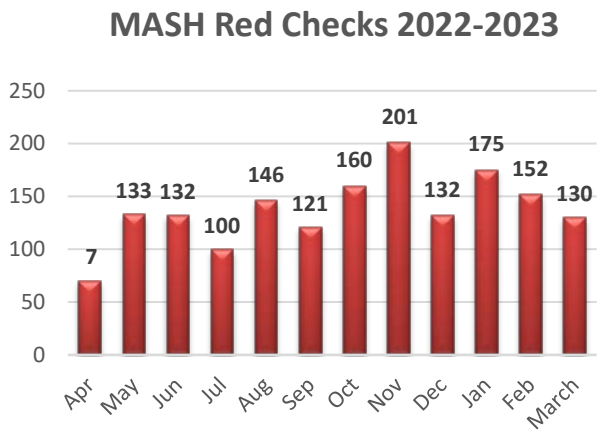
This increase in workload could be attributed to factors such as the significant rise in Amber checks, insufficient staffing resources in the MASH team, and an increase in red checks and strategy meetings.



Additional nurses and administrative support were required to complete the outstanding checks in November/December. There is now an escalation process should MASH checks go out of

timescales. In Q4, the Named Nurses completed 74% amber and 99% red checks within timescales.

The Named Nurses completed over 95% of MASH red checks within the specified timescales of 4 hours, aligning with the Walsall Safeguarding Partnership MASH Operating Procedure (SOP).



In December 2022 the Trust collaborated with Black Country Integrated Care System (ICS) colleagues to develop and establish a comprehensive MASH SOP. This ensures their practitioners across the Black Country region have consistent unified guidelines and supervision when handling MASH-related processes, fostering improved coordination and effective safeguarding practices.

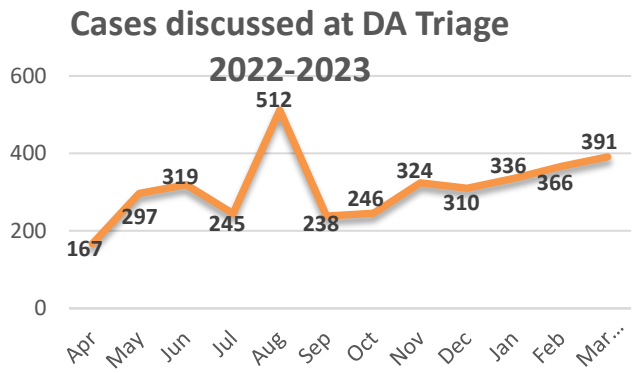
The Named Nurses attended 100% of the MASH strategy meetings held during the reporting year.

The Named Nurses provide health expertise and oversight by actively participating in the MASH strategy meetings, which ensure comprehensive oversight and collaborative decision-making processes for safeguarding children and young people.

The Named Nurses actively engaged in domestic abuse triage (DA triage) alongside the partners in the MASH on weekdays throughout the reporting period of 2022-2023. DA triage ensures timely and targeted intervention for vulnerable children and young people exposed to domestic abuse, promoting their well-being and safety. This collaborative approach ensures joint decision-making and ensures that appropriate support is provided to children and their families.

The accompanying graph illustrates a notable increase in cases involving children during the reporting year. The exact reasons for the surge in domestic abuse incidents are unclear; it is essential to note that such incidents have risen nationally.

The Named Nurses will work closely with the partners to monitor the trends and better understand the increase, which will be monitored by the WSP and reported to the TSG.



During the reporting period 2022-2023, the Safeguarding Children Team supported paediatric clinicians in both the community and acute, completing 91 statements. Of these statements, 42% were for the Health Visiting Service. Notably, there was an increase in requests for statements for both the Health Visiting service and the Neonatal Unit staff in November.

The safeguarding children team also supported staff from maternity, school nurses, and allied professionals in both the community and acute based clinicians. The Safeguarding Team enhances support for staff involved in court reports, collaborating with the legal team to establish robust processes.

Audit Activity during 2022-2023:

As part of the Walsall Safeguarding Partnership multi-agency audit calendar for 2022-2023 the Trust participated in quarterly multi-agency audits (MAA) audits.

The learning for the Trust included: -

- Use of risk assessment tools to aid decision-making.
- Improved communication with partners to ensure better sharing of vulnerabilities and additional concerns for the child and family. Improved communication to aid coordination of care and avoid drift in cases.
- Importance of record keeping.
- Practitioners utilising the escalation policies.
- Increased professional curiosity.

During Q1, an exploitation audit focused on implementing findings from a previous Walsall case review. Areas of development include: -

- Instances where children and young people needed to meet the thresholds for Children's Social Care (CSC), resulted in ineffective coordinated support before escalation, which required enhanced professional involvement.
- Inconsistencies were also identified in the mapping process, particularly when engaging with other local authorities to coordinate intervention for a child.
- Challenges in providing adequate support to young people transitioning to adulthood, specifically regarding accommodation responding to their needs.

The audit examined the experiences of five children and young people in Walsall over the past six months, focusing on their interactions with professional and multi-agency support. This audit assessed the effectiveness of multi-agency practice in cases involving self-harm or thoughts of self-harm among children and young people. Factors such as social, familial, and environmental challenges, trauma, developmental needs and diagnosed mental health conditions contributed to self-harm or exacerbation of such thoughts. The Covid-19 pandemic has further impacted the mental health of children and young people, exacerbated their difficulties, and limited their access to support.

Addressing self-harm is an emerging concern for professionals, and necessitating timely and appropriate support can be challenging. Findings highlighted that professionals must work together collaboratively to identify struggling individuals, determine their support needs, and connect them with the timeliest help and support.

During Q3, the MAA was postponed due to the Joint Targeted Area Inspection (JTAI).

During Q4, the Safeguarding Children Team participated in a multi-agency case file audit to assess the impact of neglect, focusing on agency recognition, response, communication pathways, and the child's voice.

The audit identified that significant development work is required to address neglect. A thematic review was conducted because of the increased volume of Rapid Reviews that highlighted neglect as a critical feature of the concern. The insights from these reviews informed the planning and actions led by the Neglect Steering Group established in partnership concentrating on training and a development programme to support the neglect agenda. This incorporated the lessons learned and disseminated in forums such as the multi-agency neglect conference held in May 2023 and introducing multi-agency group supervision on complex neglect cases to support the relaunch of the Graded Care Profile.

The single agency audit planned for Q4 on the compliance of staff accessing the Child Protection Information Sharing System (CP-IS) has been delayed until Q2 2023.

Research

During Q4, the Deputy Head of Safeguarding as part of her leadership degree undertook a research project to identify barriers in Trust staff accessing safeguarding supervision (SGS). A mixed method research methodology approach was used involving an electronic survey and participatory action research groups.

The survey and participatory research groups identified similar findings which were coded into themes. Key themes included: -

- Awareness and role of safeguarding supervision in particular training for supervisors and the supervisee/supervisor relationship.
- Organisational culture in particular the commitment to supporting the JTAI action by providing assurance, overall benefits and challenges to staff accessing safeguarding supervision.
- Time pressures in respect of staffing shortages/pressures and volume of work requiring prioritising patients therefore finding protected time.

As a result of the initial findings the following recommendations included: -

- Promote raising awareness on safeguarding supervision so staff understand the benefits and challenges.
- Training for supervisors and supervisees' raising the profile of the roles and responsibilities regarding safeguarding supervision.
- Promote raising awareness on professional curiosity and escalation.
- Continue with participatory action research groups to continue to unmask the barriers to safeguarding supervision in acute services.
- To uncover a workable model for staff to access SGS across the different sites in the Trust.
- To develop a database or app to record and monitor compliance.

Joint Target Area Inspection (JTAI)

From the 7th to 11th of November 2022, Walsall participated in a Joint Targeted Area Inspection (JTAI) to evaluate the multi-agency response to identifying initial needs and risks at Walsall's 'front door'. The inspection team included representatives from Ofsted, the Care Quality Commission (CQC), His Majesty's Inspectorate of Constabulary and His Majesty's Fire & Rescue Services (HMICFRS).

Following the inspection, a detailed report was published on 6th January 2023, highlighting areas of good practice and areas that required improvement in partnership working and the performance of individual agencies in Walsall. The report included four recommendations for the Walsall Safeguarding Partnership based on the findings.

The report highlighted two specific areas of work for the Trust:

- The Safeguarding Team is collaborating with services to ensure consistent access to formalised safeguarding supervision for Trust staff. This will be reflected in the review of the safeguarding supervision policy.
- IT systems within the Trust will be updated with the implementation of a unified health record system accessed through patient electronic records – the 'One Health' system. This initiative will support Named Nurses in gathering information and will be monitored through MASH managers' meetings and the TSG.

The JTAI commended the Trust Safeguarding Team on their MASH information gathering template incorporating an analysis section which was deemed valuable in supporting partners with their decision-making process and risk assessment. This has subsequently been implemented across the Black Country ICB MASH SOP process.

National Reports and Inquiries

The implementation of the Liberty Protection Safeguards (LPS) was further delayed in 2022-2023 due to the impact of the COVID-19 pandemic and the pressure on the health and social care sector during this time. The LPS was due to come into force in the Autumn 2024; however, this has been delayed until the next parliament.

The Trust has developed a work plan for the 'Changing our Lives report' recommendations. This report was presented at the Trust Safeguarding Group and the Equality Steering Group. This work will continue during 2023-24.

Identified Gaps/Trends and Themes During 2022–2023

- Further work is required to achieve trajectory targets for Safeguarding Adults' level 3. This will include the development of Level 3 Adult Safeguarding e-Learning as an option for Trust staff in 2023 – 2024 and beyond.
- Gaps highlighted in clinical staff knowledge around MCA & DoLS during the CQC inspection of October 2022. An MCA Action Plan post the inspection in October 2022 has been developed, and progress on actions is reported monthly to Trust Safeguarding Group.
- Improved data collection and recording of safeguarding adults' activity. Initial work has been carried out with the support of safeguarding admin to develop processes and databases; this will be reflected in statistics presented to the monthly Trust Safeguarding Group.
- Office space – limited space given the expanding team, which impacted productivity; a bigger office was allocated to the adult safeguarding team in Q2 2023.
- Administrative support – Safeguarding generates a great deal of administrative tasks, and due to staffing levels and office space, admin support was limited during this period. There are plans to improve this situation in the new financial year by recruiting new admin staff who will be co-located in the new office space for the Safeguarding Adults Team.
- Safeguarding staff require training in safeguarding supervision, enabling the team to provide further safeguarding supervision across the Trust and within the safeguarding champions programme as per the 12-month plan.

Areas of Excellence and Achievement

Domestic Abuse (DA)

The Adult Safeguarding Level 3 training refreshment now includes a half day on Domestic Abuse. Feedback received from delegates regarding the changes made to training has been positive from delegates.

Trust staff are recognising DA more, as evidenced in the advice and guidance contacts to the team and MARAC referrals.

The Safeguarding Children have led on WHT Domestic Abuse Policy for patients and staff.

The Safeguarding Children Team provided safeguarding supervision to the Black Country Women's Aid (BCWA) Independent Domestic Violence Advocate (IDVA) based in The Emergency Department.

Despite the staff shortages in the Safeguarding Children's Team, they have delivered increased safeguarding supervision to the acute and community.

The Named Nurse also contributed to the Black Country MASH SOP

All Age Safeguarding Champions

The Safeguarding Team devised a 12-month rolling programme and delivered the All-Age Safeguarding Champion Programme.

Monthly Safeguarding Adults Business Meetings

2022–2023 saw the commencement of monthly Safeguarding Adults Business Meetings for the adult team. The Deputy Head of Safeguarding and Head of Safeguarding attended the meeting. The regular meetings help to support the direction and priorities for the service over the financial year.

Key priorities for WHT Safeguarding Adult and Children Service for 2023-2024:

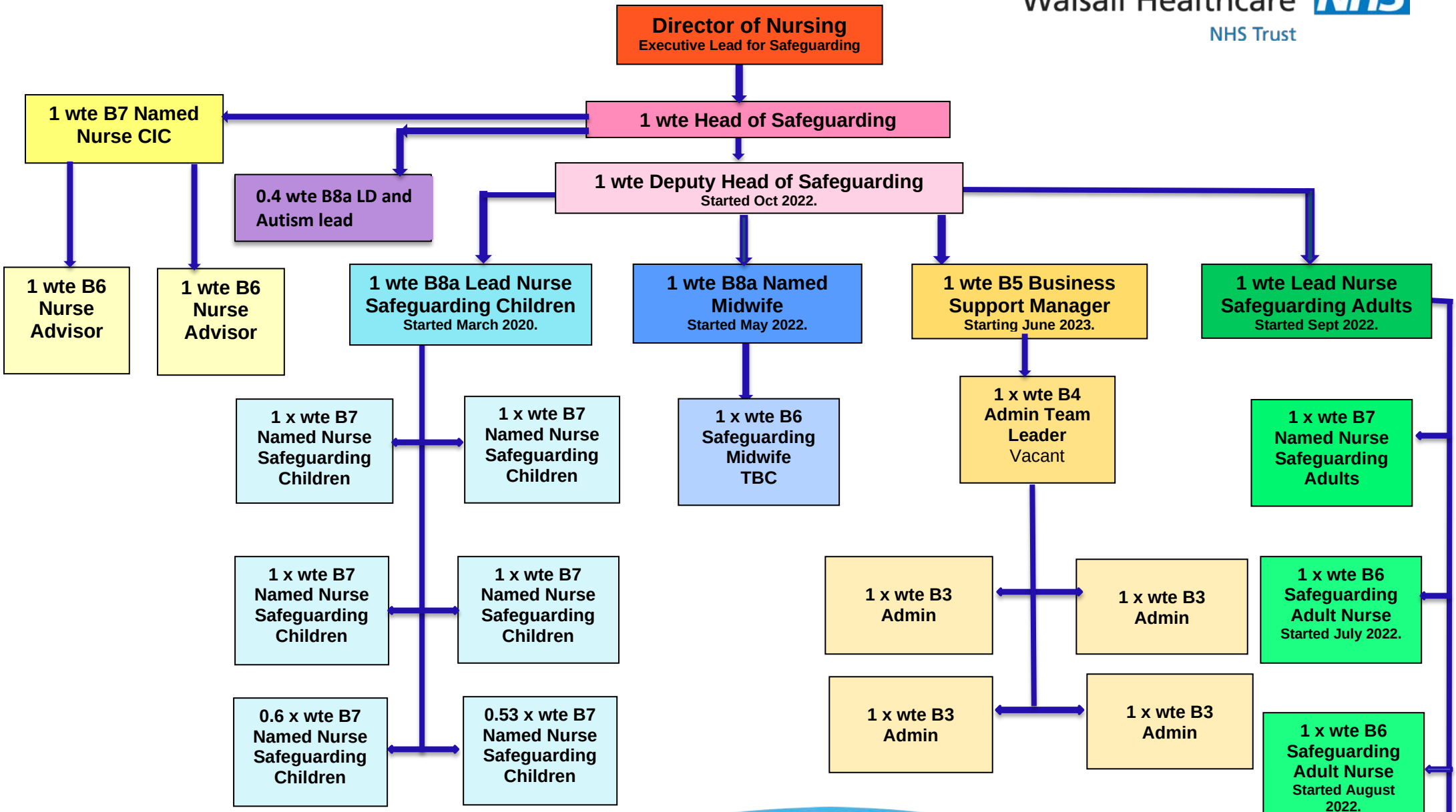
- Self-neglect (including hoarding) and neglect strategy; raise awareness so staff can identify patients at risk and access the required tools to support further interventions.
- Sexual abuse - a key priority for the Partnership for both adults and children to support raising awareness identified as learning from case reviews.
- Domestic Abuse – Auditing the patient DA policy and developing the staff DA policy as well as raising awareness.
- All Age Exploitation – to expand on supporting staff through the exploitation hub and raising awareness.
- Continuing raising awareness of safeguarding supervision**.**

This annual report demonstrates the Trust's commitment to promoting safeguarding arrangements in all its work. The report aligns the objectives in the Black Country ICB Safeguarding Assurance Framework and adheres to local and national safeguarding standards, including those set by CQC, JTAI and Walsall Safeguarding Partnership.

By addressing these objectives, the report highlights the achievements, challenges, and priorities of the Trust's safeguarding agenda, promoting transparency, accountability, and continuous improvement in safeguarding practices.

Appendix – 1. WHT SAFEGUARDING TEAM STRUCTURE 2022-2023

Walsall Healthcare NHS
NHS Trust



Caring for Walsall together

Safe, high quality care · Care at home · Partners · Value colleagues · Resources · Respect Compassion Professionalism Teamwork

NHS
Black Country
Integrated Care Board

Sally Roberts
Black Country ICB
C/O Wolverhampton City Council
Civic Centre
St. Peter's Square
WOLVERHAMPTON
WV1 1SH
Tele (via EA): 07901 116363
Email: sally.roberts11@nhs.net

15th June 2023

Sent via email

Dear Chief Nursing Officers

RE: NHS Trust Executive Lead for Special Educational Needs and Disabilities (SEND) 0-25yrs

I am writing to you in my capacity as the Black Country ICB Senior Responsible Officer for SEND to ask you to support your Trust Board to identify a member to be the executive lead for SEND. This lead would mirror that already in place for safeguarding.

As you know, The Children & Family Act 2014 laid out a series of legal obligations for health, education and social care partners across the system. The legislation resonates with the NHS Mandate which contains a specific objective on supporting children and young people with SEND, the Long-Term Plan and is outlined in the new NICE guidelines (March 2022) "Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education".

Professional leadership, expertise and understanding of local issues are important to the successful implementation of the SEND reforms and having an identified executive lead will support your relevant teams responsible for the changes and evidence compliance at joint ofsted/CQC inspections.

NHS England, The Department of Health and the Department for Education have worked with the Royal Colleges to ensure information and support is available for health professionals. They have published a guide for health professionals to help them access the statutory Code of Practice and understand what is required.

This can be found at: https://www.gov.uk/government/publications/send-guide-for-health-professionals

In addition, NHS England & The Council for Disabled Children have produced resources for the NHS, detailing the specific components of the Act.

This can be found here: www.councilfordisabledchildren.org.uk/makingithappen

If you or the nominated executive lead need any professional support to assist you in understanding what is required, Katrina McCormick, Senior Programme Manager: SEND katrina.mccormick1@nhs.net is available to provide clarity about policy and to share good practice from other parts of the country.

I look forward to your response advising the name of the nominated lead and working with them.

Yours sincerely

S Roberts

Sally Roberts
Chief Nursing Officer/Deputy Chief Executive Officer

Department for Education

Department of Health

0 to 25 SEND code of practice: a guide for health professionals

Advice for clinical commissioning groups, health professionals and local authorities

February 2016

Contents

Foreword

Our vision for children and young people with special educational needs and disabilities (SEND) is the same as for all children and young people – that they achieve well in their early years, at school and in college and make a good transition to adulthood, to lead contented and fulfilled lives.

This hasn't always been the case. The SEND reforms introduced by the Children and Families Act 2014 aim to change this, with a focus on two key themes: greater co-operation between education, health and social care and a greater focus on the outcomes which will make a real difference to how a child or young person lives their life.

For too long, health has been the missing partner in the SEND system. These reforms change that – they implement a holistic approach to supporting children and young people with SEND in all aspects of their life. We know that healthy, happy children perform well at school, and we know how significant an impact a child's health has on their life chances.

Many health professionals and commissioners will already be familiar with the new arrangements through engagement with Pathfinders and Pathfinder Champions which have been piloting new approaches to joint commissioning. Much of the learning from these Pathfinders has gone to inform the 0-25 SEND Code of Practice and this guide.

Health professionals will already be participating in arrangements similar to those in the Code. Close working with education and social care colleagues, early intervention and integrated approaches to supporting the most seriously ill children in society are facilitated by the reforms in the Health and Social Care Act 2012 and the Care Act 2014. The new arrangements in the Children and Families Act are intended to build on such fundamental good practice.

This guide to the Code will help you understand what your duties are under the Children and Families Act 2014 and help you navigate the 0-25 SEND Code of Practice. It will ensure you are doing everything you should be and everything you can, to improve outcomes for this group of children and young people.

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About this guide

This guide is designed to help clinical commissioning groups[1] (CCGs), local authorities and health professionals understand their statutory duties in relation to the special educational needs and disability (SEND) reforms in the Children and Families Act 2014. It draws out the health elements from the statutory 0-25 SEN and Disability Code of Practice and will help you navigate the full document.

It is not a substitute for the Code of Practice and has no statutory basis. The main duties that CCGs, local authorities and health professionals must have regard to are highlighted here and links are given to the relevant sections of the Code. It is important that they familiarise themselves with the full version of the statutory guidance in addition to reading this guide.

Expiry or review date

This advice will be kept under review and updated when necessary.

Context

From September 2014, the Children and Families Act 2014 provides for:

- a clear, transparent 'local offer' of services across education, health and social care with children, young people and parents involved in preparing and reviewing it
- services across education, health and care to be jointly commissioned
- Education, Health and Care (EHC) plans to replace statements and Learning Difficulty Assessments (LDAs) with the option of a Personal Budget for families and young people who want one
- new statutory rights for young people in further education, including the right to request a particular institution is named in their EHC plan and the right to appeal to the First-tier Tribunal (Special Educational Needs and Disability), and
- a stronger focus on preparing for adulthood, including better planning for transition into paid employment and independent living and between children's and adult's services

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. Children and young people who have SEN may also have a disability under the Equality Act 2010.

[1] By clinical commissioning groups we also mean NHS England when acting as a commissioner of health services

Clinicians and therapists already provide health services for children and young people with SEND, from early identification, throughout their school and college years and into the transition to adulthood.

Much of the health care for children and young people will be delivered through universal, preventative services. There will be times when adaptations are required for some pupils in mainstream settings and targeted delivery may be required for the few with EHC plans.

From September 2014 CCGs must:

- commission services jointly for children and young people (up to age 25) with SEND, including those with Education Health and Care (EHC) plans
- work with the local authority to contribute to the Local Offer of services available
- have mechanisms in place to ensure practitioners and clinicians will support the integrated EHC needs assessment process, and
- agree Personal Budgets where they are provided for those with EHC plans

The reforms are focused on enabling children and young people to achieve the best they can, with an emphasis on outcomes rather than processes. CCGs and local authorities have considerable freedom in how they work together to deliver integrated support that improves children and young peoples' outcomes. Outcomes are the benefit or difference made as a result of an intervention at three levels:

- **Individual outcomes** such as might be set out in an EHC plan**:** e.g. Martha can communicate and play independently with her friends at playtime
- **Service level outcomes:** e.g. paternal mental health has improved in 10 families
- **Strategic outcomes:** e.g. there has been a 10% increase in young people supported into employment and independent living

The Council for Disabled Children have developed a model for thinking about outcomes which can be found at Appendix 6 of the SEND pathfinder information pack on the EHC plan needs assessment process.

The SEN and disability reforms in the Children and Families Act 2014 link to:

- Section 3 of the NHS Act 2006, which requires CCGs to arrange the provision of services it *considers necessary to meet the reasonable requirements of the persons for whom it has responsibility.* Section 75 places a duty on LAs and CCGs to consider how children and young people's needs could be met more effectively through integrating services.
- The Health and Social Care Act 2012, which introduced a requirement for Health and Wellbeing Boards to develop Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, both of which support prevention, identification, assessment and early intervention and a joined up approach from those providing services

- The Care Act 2014, which requires local authorities to promote the integration of care and support with health services. Local authorities must ensure the provision of preventative services, the diversity and quality of care and support services for adults, and the provision of information and advice on care and support locally
- The NHS Mandate, which contains a specific objective on supporting children and young people with SEND, including the offer of Personal Budgets

Principles underpinning the Code of Practice

The 0-25 SEND Code of Practice gives guidance to professionals in their work with children and young people who have SEN or disabilities and supports them in:

- taking into account the views of children, young people and families
- enabling children, young people and parents to participate in decision-making
- collaborating with partners in education, health and social care to provide support
- identifying children and young people's needs
- making high quality provision to meet the needs of children and young people
- focusing on inclusive practice and removing barriers to learning
- helping children and young people to prepare for adulthood

More information on the principles that underpin the Children and Families Act and the guidance is given in Chapter 1, Principles, in the 0-25 SEND Code of Practice.

Information, advice and support

Local authorities must provide parents, children and young people with information, advice and support in relation to special educational needs and disability. Advice should be free, accurate, confidential and accessible. It should be impartial and provided at arm's length from the local authority and CCGs.

Local authorities must arrange for children and young people with SEND, and their parents, to be provided with information and advice about matters relating to their SEND, including matters relating to health and social care. This must include information, advice and support on the take-up and management of Personal Budgets.

CCGs and health bodies must co-operate with local authorities in carrying out their functions, including those for providing information and advice. The joint commissioning arrangements that local authorities and CCGs must have for commissioning education, health and care provision for children and young people who have SEN or are disabled must include arrangements for considering and agreeing what information and advice about education, health and care provision is to be provided, by whom and how it is to be provided.

These joint arrangements should take into account the availability of other information services in their area (including SEND information and advice services and services such as youth services, Local Healthwatch, the Patient Advice and Liaison Service (PALS) and the Family Information Service) and how services will work together.

More information about information, advice and support is given in Chapter 2, Information, advice and support, in the 0-25 SEND Code of Practice.

Working together across education, health and care for joint outcomes

Local authorities and CCGs must assess the needs of the local population of children and young people with SEN and disabilities and plan and commission services for them jointly. They must have joint commissioning arrangements which cover services from birth to 25 years old for children and young people with SEN or disabilities.

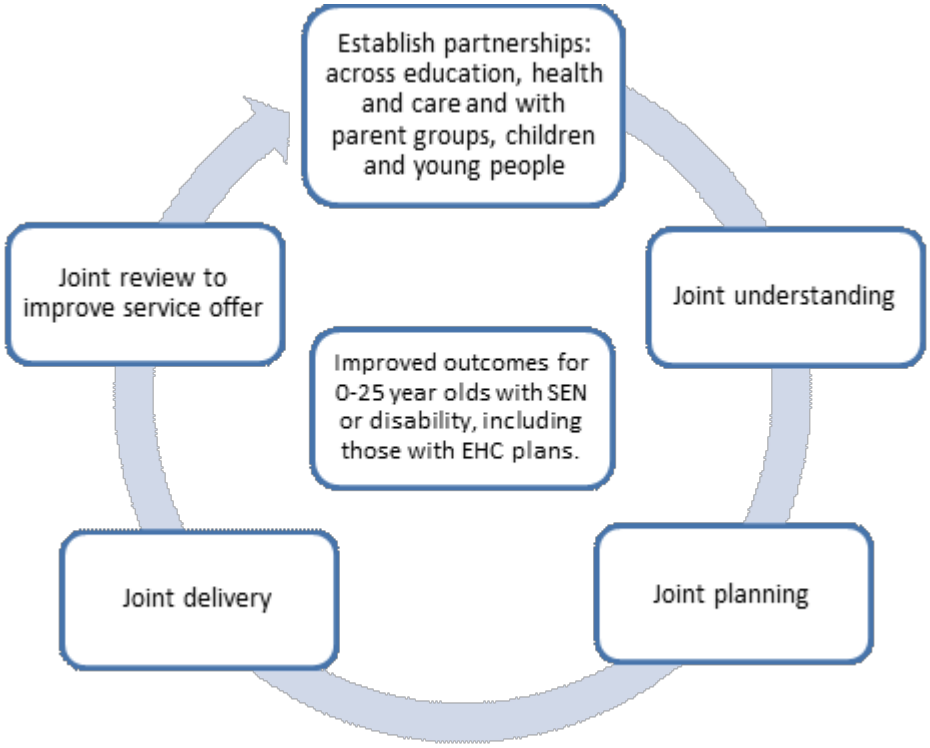
Joint Commissioning

In their joint commissioning arrangements CCGs and local authorities must include arrangements for securing EHC needs assessments, and the education, health and care provision specified in EHC plans.

Joint commissioning arrangements must include arrangements for considering and agreeing:

- the education, health and social care provision reasonably required by local children and young people with SEN or disabilities
- which education, health and social care provision will be secured and by whom – partners must be able to make a decision on how they will meet the needs of children and young people with SEN or disabilities in every case
- what advice and information is to be provided about education, health and care provision and by whom and to whom it is to be provided
- how complaints about education, health and social care provision can be made and are dealt with, and
- procedures for ensuring that disputes between local authorities and CCGs are resolved

The Joint Commissioning Cycle



To inform commissioning decisions partners will need to access a wide range of data. A list of data sets you might want to use can be found in Chapter 3, paragraph 3.28, of the 0-25 SEND Code of Practice.

Partners must engage children and young people with SEN or disabilities and children's parents in commissioning decisions. Local authorities, CCGs and NHS England should develop effective ways of harnessing the views of their local communities so that commissioning decisions on services for those with SEN or disabilities are shaped by users' experiences, ambitions and expectations. To do this, local authorities, CCGs and health professionals should engage with local Healthwatch organisations, patient representative groups, Parent Carer Forums, groups representing young people with SEN or disabilities and other local voluntary organisations and community groups.

Under the Health and Social Care Act 2012, NHS commissioners are already placed under specific duties relating to patient and public involvement. They are to:

- promote the involvement of patients and their carers in decisions that relate to their treatment or care
- ensure public involvement and consultation in commissioning processes and decisions

More detail on these can be found in the guide Transforming Participation in Health and Social Care.

Personal Budgets

Partners must set out in their joint commissioning arrangements their arrangements for agreeing Personal Budgets. A Personal Budget is an amount of money identified by the local authority to deliver provision set out in an EHC plan where the parent or young person is involved in securing that provision.

Health professionals will have to work with the local authority to describe the services they offer which lend themselves to the use of Personal Budgets. There are clear overlaps between Personal Budgets for children and young people with SEN or disabilities and Personal Health Budgets and consideration should be given to how these can be aligned to ensure that the process is as smooth and as manageable as possible for families.

The mandate to NHS England sets an objective that from April 2015 Personal Health Budgets, including direct payments, should be an option for people with long-term health needs who could benefit from one. This includes people who use NHS services outside NHS Continuing Care and children and young people's continuing care.

Transitions from paediatric to adult services

Health partners have to consider how they will manage the transition of young people from paediatric to adult services. Measures should be put in place and clearly explained to both the young person with SEN or disabilities and their parents to ensure as smooth a transition as possible. Primary care providers will provide consistency across key transition points.

The GP is often a constant figure as young people transition between services. To ensure young people with SEND don't fall through the gaps they should be included on the GP register of learning disability, where appropriate. This means they are automatically called for an annual health check from the age of 14. A template letter which clinicians can use to inform GPs about patients with a learning disability is attached at Annex A.

The Designated Medical/Clinical Officer

Partners should ensure there is a Designated Medical Officer (DMO) or Designated Clinical Officer (DCO) to support the CCG in meeting its statutory responsibilities for children and young people with SEN or disabilities between the ages of 0 and 25.

This is a non-statutory role which would usually be carried out by a paediatrician, but the role can be undertaken by a suitably competent qualified and experienced nurse or other health professional in which case the role would be the Designated Clinical Officer

(DCO). For more information, see Chapter 3, paragraphs 3.45 to 3.48, in the 0-25 SEND Code of Practice.

Accountability

Partners will be held to account in a number of different ways. These are set out in the section on local accountability, paragraph 3.70, Chapter 3 of the 0-25 SEND Code of Practice.

More information about joint commissioning is given in Chapter 3, Working together across education, health and care for joint outcomes, in the 0-25 SEND Code of Practice.

The Local Offer

Local authorities must publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those with and without EHC plans. This will include both universal and specialist services.

CCGs, NHS England, NHS Trusts or NHS Foundation Trusts and Local Health Boards must co-operate with local authorities in the development and reviewing of the Local Offer. The Local Offer must include information about provision made by health professionals for children and young people with SEN or disabilities. This must include:

- services assisting relevant early years providers, schools and post-16 institutions to support children and young people with medical conditions
- arrangements for making those services which are available to all children and young people in the area accessible to children and young people with SEN or disabilities

It should also include:

- universal, preventative services and specialist services
- therapy services including speech and language therapy, physiotherapy and occupational therapy and services relating to mental health, such as arts therapies (these **must** be treated as special educational provision where they educate or train a child or young person)
- wheelchair services and community equipment, children's community nursing, continence services
- palliative and respite care and other provision for children with complex health needs
- other services, such as emergency care provision
- provision for children and young people's continuing care arrangements (including information on how these are aligned with the local process for developing EHC plans, and
- support for young people when moving between healthcare services for children to healthcare services for adults

Local authorities must consult children with SEN or disabilities and their parents and young people with SEN or disabilities in preparing the Local Offer and reviewing it. Local authorities must also publish comments from them about the Local Offer along with details of what action they intend to take in response. More information about this is given in paragraphs 4.21 to 4.28 of Chapter 4, The Local Offer, in the 0-25 SEND Code of Practice.

Health in Early Years provision

The benefits of early identification of SEN or disabilities are widely recognised – identifying need at the earliest point and then making effective provision improves long-term outcomes for children. Local authorities must carry out their functions with a view to identifying all the children and young people in their area who have or may have SEN or disabilities, and for children under compulsory school age health bodies must tell parents when they think their child has or may have SEN or a disability and inform the local authority.

Health professionals will need to carry out their usual assessments, such as the hearing screening test on new-born babies, to enable very early identification of a range of medical and physical difficulties. Health services, including paediatricians, the family's general practitioner, and health visitors, should work with the family, support them to understand their child's needs and help them to access early support.

Health visitors have a key role in assessing children's development through the early years of life, as set out in the Health Visitor Implementation Plan. The Healthy Child Programme sets out opportunities for health visitors to identify problems during this 0 to 5 age period, and to work with the family and other health professionals to support the child's development appropriately.

From 2015, it is proposed to introduce an integrated review that will cover the development areas in the Healthy Child Programme two-year review and the Early Years Foundation Stage two-year-old progress check.

Early years practitioners must review progress and provide parents with a short written summary of their child's development, focusing in particular on communication and language, physical development and personal, social and emotional development. Health professionals should support early years practitioners to develop a targeted plan to support the child where significant concerns emerge.

Where a health body is of the opinion that a young child under compulsory school age has, or probably has, SEN or a disability, they must inform the child's parents and bring the child to the attention of the appropriate local authority. The health body must also give the parents the opportunity to discuss their opinion and let them know about any voluntary organisations that are likely to be able to provide advice or assistance. This includes the educational advice, guidance and any intervention to be put in place at an early point and before the child starts school. An information sharing protocol between education and health, including seeking parental consent, is important.

Support in the early years can take a number of forms, including:

- specialist support from educational psychologists, therapists or specialist teachers, such as a teacher of the deaf or vision impaired. These specialists may visit families at home to support parents and children with early learning programmes and approaches
- home-based programmes, such as Portage, which offer a carefully structured system to help parents support their child's early learning and development

Health professionals will need to work with nursery schools to ensure children with SEN or disabilities have the support they need to access the nursery and engage with activities.

For more information about supporting children with SEN or disabilities in the early years, see Chapter 5, Early years providers, in the 0-25 SEND Code of Practice.

Health in schools and colleges

Maintained schools must make arrangements to support children with medical conditions and have regard to statutory guidance on this. Health professionals have a role to play in supporting staff in identifying and planning for SEN and disabilities in schools and colleges and in supporting those with medical conditions.

Health professionals, schools, colleges and LAs should work together to ensure there are clear paths for identifying and supporting children and young people with SEN or disabilities, both with and without EHC plans.

School nurses and appropriate college support staff will play a role in identifying additional health needs, in liaison with other professionals. Depending on regional working arrangements, health professionals may be commissioned in a variety of ways to advise on identification of SEN and to provide effective support and interventions. These can be universal or specialist.

Services may include, but are not limited to:

- educational psychologists
- Child and Adolescent Mental Health Services (CAMHS)
- specialist teachers or support services with mandatory qualifications to support:
    - children with hearing or vision impairment
    - children with a multi-sensory impairment
    - children with a physical disability
- therapists
- paediatricians

Health professionals will need to work with the SEN Co-ordinator (SENCO) and/or class teacher to consider appropriate equipment, strategies and interventions in order to support the child's progress and build self-esteem and confidence. They can be involved at any point for help or advice on the best way to support a student with SEN or disabilities. Colleges should have a named person with oversight of SEN provision to ensure co-ordination of support, similar to the role of the SENCO in schools.

To support schools in identifying SEN there are four broad areas of need:

- communication and interaction
- cognition and learning
- social, emotional and mental health, and
- sensory and/or physical needs

CAMHS, therapists, and schools and colleges need to have a close working relationship so there is a clear understanding of the criteria that will be used to determine if a child or young person needs specialist support from universal or specialist services, making the referral process as quick and efficient as possible. More information on the four areas of need can be found in Chapter 6, Schools, paragraphs 6.28 to 6.35, of the 0-25 SEND Code of Practice.

In addition to their role in assessing, planning and delivering services specified in an EHC plan, health professionals should be involved in drawing up individual healthcare plans which will specify the type and level of support required to meet the medical needs of pupils with medical conditions. Where children and young people also have SEN, their provision should be planned and delivered in a co-ordinated way with the healthcare plan. Schools are required to have regard to the statutory guidance 'Supporting pupils at school with medical conditions' (DfE, 2014).

More information on supporting children and young people who have SEN or disabilities at school and college is given in Chapter 6, Schools, and Chapter 7, Further Education, of the 0-25 SEND Code of Practice.

Preparing for adulthood from the earliest years

Preparing for adulthood is about how professionals across education and training, health and social care support children and young people with SEN or disabilities in preparing for adult life and help them to go on to achieve the best possible outcomes in respect of employment, independent living, health and taking part in and contributing to their local communities.

From Year 9 at school (age 13-14) all annual reviews of EHC plans must include a focus on preparing for adulthood, and this should include support to maintain good health in adult life. Health professionals may be involved in the annual review of EHC plans and it is important to also consider how families can be supported to plan effectively for the future, even before Year 9.

Health professionals will need to consider the transition from specialist paediatric services to adult health care. Young people with SEN or disabilities may not meet the thresholds for access to adult services. They may become reluctant to try to access adult health services if they have a poor experience of transition or face a lack of understanding from professionals. This can have a detrimental impact on their health. Helping children and young people understand which health professionals will work with them as adults, ensuring those professionals understand the young person's learning difficulties or disabilities, is vital to planning transition and promoting good adult health.

After compulsory school age (the end of the academic year in which they turn 16) young people with SEN or disabilities have the right to make decisions for themselves, rather than their parents making decisions for them (although their family can continue to provide support if the young person agrees). The right of young people to make a decision is subject to their capacity to do so, as set out in the Mental Capacity Act 2005.

Health care should be co-ordinated around the young person's individual needs, including their learning difficulties or disabilities, to ensure the best outcomes for the young person. This means working with the young person to develop a transition plan that identifies who will take the lead in co-ordinating care and referrals to other services. The young person should know who is taking the lead and how to contact them. For young people with mental capacity limitation (or serious physical illness) involvement of parents and carers is crucial.

For young people with EHC plans, the plan should be the basis for co-ordinating the integration of health with other services. Where young people are moving to adult health services, the health services and local authority must co-operate to ensure that the EHC plan and the care plan for the treatment and management of the young person's health are aligned. The CCG must co-operate with the local authority in supporting the transition to adult services and must jointly commission services that will help meet the outcomes in the EHC plan.

More information about preparing for adulthood is given in Chapter 8, Preparing for adulthood from the earliest years, in the 0-25 SEND Code of Practice.

Education, Health and Care (EHC) needs assessments and plans

EHC needs assessments and plans have replaced SEN assessments and statements (for children) and learning difficulty assessments (for young people). EHC plans will specify additional provision for those children or young people who the local authority decides require such a plan and whose educational needs cannot be met solely by their early years setting, school or college. EHC plans must focus on outcomes and local authorities must seek advice from a range of partners, including health, when assessing needs and drawing up plans.

EHC needs assessments

CCGs must co-operate with local authorities in relation to EHC needs assessments and plans and health commissioners must secure the health care provision specified in EHC plans. Local authorities are responsible for ensuring that there is effective co-ordination of the needs assessment and development process for an EHC plan. Health partners must respond to the local authority's request for advice for EHC needs assessments within 6 weeks.

Information sharing is vital to support an effective assessment and planning process. Health partners should work with the local authority and other partners to establish local protocols for the effective sharing of information which addresses confidentiality, consent and security of information. This should lead to a 'tell us once' approach so that families do not have to repeat the same information to different agencies or different practitioners.

Drawing up an EHC plan

Where a local authority decides to make an EHC plan it must complete it within 20 weeks of the request for an EHC needs assessment.

Health professionals will need to contribute to section G of the plan: *Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN.* Information should be included as follows:

- Health provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it
- It should be clear how the provision will support the outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget
- Clarity as to how advice and information gathered has informed the provision specified

- Health care provision reasonably required may include universal services, specialist support and therapies, a range of nursing support, specialist equipment, wheelchairs and continence supplies. It could include highly specialist services needed by only a small number of children which are commissioned centrally by NHS England (for example therapeutic provision for young offenders in the secure estate)
- The local authority and CCG may choose to specify other health provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities, but which should sensibly be co-ordinated with other services in the plan

The CCG as commissioner will often have a limited involvement in the process (as this will be led by clinicians from the services they commission) but will generally be legally responsible so should ensure that there is sufficient oversight, perhaps through the DMO/DCO, to provide assurance that the needs of children with SEN or disabilities are being met in line with their statutory responsibilities.

The health care provision specified in section G of the EHC plan must be agreed by the CCG (or where relevant, NHS England when acting as commissioner) and any health care provision should be agreed in time to be included in the draft EHC plan sent to the child's parent or to the young person. As part of the joint commissioning arrangements, partners must have clear disagreement resolution procedures. Once health care provision is specified in section G of the plan the CCG must secure it. Health care which educates or trains a child or young person must be treated as special educational provision but will be covered under joint commissioning.

More information on drawing up an EHC plan is given in Chapter 9, paragraphs 9.61 to 9.76, of the 0-25 SEND Code of Practice.

Personal Budgets

Parents and young people with EHC plans can request a Personal Budget, which can include funding from education, health and social care. The scope for Personal Budgets will vary according to individual needs. Decisions in relation to the health element (Personal Health Budget) remain the responsibility of the CCG or other health commissioning bodies and where they decline a request for a direct payment, they must set out the reasons in writing and provide the opportunity for a formal review. More information on Personal Budgets is given in Chapter 9, paragraphs 9.95 to 9.124, of the 0-25 SEND Code of Practice.

More information about EHC needs assessments and plans is given in Chapter 9, Education, Health and Care needs assessments and plans, in the 0-25 SEND Code of Practice.

Children and young people in specific circumstances

Particular groups of children and young people in specific circumstances will require additional consideration by those who work with and support them.

Transfers between CCG areas

Where the child or young person moves between local authority areas and this results in a new CCG becoming responsible for the child or young person, the old CCG must notify the new CCG within 15 working days. The new CCG would normally secure the health provision specified in the plan until it is reviewed. Where this is not possible the new CCG must within 15 working days ask the local authority to review the EHC plan or carry out an EHC needs assessment. This may also be the case when a child or young person moves between CCGs within the same local authority. For more details, see Chapter 9, paragraphs 9.163 to 9.165, in the 0-25 SEND Code of Practice.

For looked after children moving between CCGs, the old CCG retains responsibility for provision in the new area – for example, commissioning the provision from the new CCG as required.

Children and young people in alternative provision because of health needs

Children and young people who are in hospital or placed in other forms of alternative provision because of their health needs should have access to education that is on a par with that of mainstream provision, including appropriate support to meet the needs of those with SEN or disabilities. For more information, see Chapter 10, paragraphs 10.47 to 10.52, in the 0-25 SEND Code of Practice.

Children and young people with SEN who are in youth custody

From April 2015, new requirements on local authorities and their partners in respect of children and young people with SEN who are in youth custody come into force. Communication between the secure estate and the DMO/DCO will be key to ensuring successful support.

If an EHC plan specifies health care provision the health services commissioner for the custodial establishment must arrange appropriate health care. There are exceptions to this, for example, where the provision is not practicable, or it is no longer appropriate. For more information, see Chapter 10, paragraphs 10.89 to 10.95, in the 0-25 SEND Code of Practice.

Standards for the healthcare of children and young people in secure settings are available at http://www.rcpch.ac.uk/cypss. These standards include guidance on entry and assessment, care planning, physical and mental health, transfer and continuity of care and multi-agency working. The relevant NHS England provider/secure establishment is expected to consider these standards when organising health care for 10- to 17-year-olds in secure settings.

More information about support for children and young people with SEN or disabilities in specific circumstances is given in Chapter 10, Children and young people in specific circumstances, in the 0-25 SEND Code of Practice.

Resolving disagreements

There are routes of redress for parents and young people who are unhappy with decisions about their support. Local authorities and health bodies have particular roles in those processes. Details of these will be published locally.

Disagreement resolution

Disagreement resolution arrangements cover all children and young people with SEN or disabilities, not just those who are being assessed for or have an EHC plan, and a range of disagreements. These can include a disagreement between parents or a young person and the CCG or local authority about the health provision during EHC needs assessments, while EHC plans are being drawn up or reviewed, or when children or young people are being reassessed. It also covers disagreements between local authorities and CCGs during EHC needs assessments, the drawing up of EHC plans or reviews of those plans for children and young people with SEN. Participation in disagreement resolution arrangements is voluntary for both parties.

Mediation

When parents or young people disagree with a local authority's decisions on whether they will carry out an EHC needs assessment, or disagree with the content of a final EHC plan, they have the right to go to mediation about the education, health and social care elements of the plan. If parents or young people want to go to mediation about the health or social care elements of an EHC plan the relevant CCG and/or the local authority respectively must attend. If parents or young people just want to go to mediation about the health element of an EHC plan then the responsible health commissioning body must arrange the mediation.

Appeals

Parents and young people can appeal to the First-tier Tribunal (Special Educational Needs and Disability) if they disagree with the decisions of their local authority in respect of EHC needs assessments and plans. They must consider mediation before registering an appeal with the Tribunal. The Tribunal will only hear cases relating to the SEN elements of an EHC plan and disability discrimination claims.

NHS complaints

The NHS complaints arrangements cover the health services which a child or young person receives under an EHC plan. A complaint may be made to a service provider (for example, the NHS Trust), where there are concerns about the service provided, or to the CCG, where there is a concern about the way in which a service is commissioned or provided, and this might include concerns about the appropriateness of health services in an EHC plan.

Local Healthwatch has a statutory role to provide patients with advice on how to take forward a complaint, or resolve an issue. Contact details for local Healthwatch are available on the Healthwatch for England website and should also be made available in the published Local Offer.

Each CCG will make available information about complaints arrangements and will deal with complaints about any of its functions (providers of NHS services will have patient advice and liaison services, and handle complaints about the services they provide). Just as the arrangements for commissioning services for SEN and disabilities integrate the contributions of education, health and care, so the local authority and CCG should consider integrating their arrangements for providing patient advice, liaison and complaints handling. Support in making a complaint can also be provided by NHS Complaints Advocacy Services.

If a complainant is dissatisfied with the way in which the NHS has dealt with their complaint, they can contact the Parliamentary and Health Service Ombudsman (PHSO), provided the NHS has had the opportunity to resolve it locally. In line with the Ombudsman's Principles of Good Administration, in considering a complaint in relation to health services in an EHC plan, the Ombudsman will take into account the 0-25 SEND Code of Practice, and relevant legislation.

For more detailed information on disagreement resolution see Chapter 11, Resolving disagreements, of the 0-25 SEND Code of Practice.

Useful resources

Legislation and statutory guidance

- 0-25 Special Educational Needs and Disability Code of Practice
- Care Act 2014
- Children and Families Act 2014
- Chronically Sick and Disabled Persons Act 1970
- Equality Act 2010
- JSNA guidance
- Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Procurement, Patient Choice and Competition Regulations: guidance and hypothetical case scenarios (Monitor)
- Special Educational Needs (Personal Budgets) Regulations 2014
- Special Educational Needs and Disability Regulations 2014

Other Government information

- Direct Payments for Health Care - Personal Health Budgets
- Early years outcomes guide
- Healthy Child Programme
- Implementing a new 0 to 25 special needs system
- Improving Children and Young People's Health Outcomes: a system-wide response (Children and Young People's Outcome Forum)
- Information sharing for practitioners and managers (DfE)
- Joint Commissioning Pathfinder Information Pack
- Local Government Ombudsman (LGO)
- Local Offer Pathfinder Information Pack
- Mental Health Action Plan – Closing the Gap 2014
- Parliamentary and Health Service Ombudsman (PHSO)
- Patient Advice and Liaison Service (PALS)
- Personal Budgets Pathfinder Information Pack
- Preparing for Adulthood Pathfinder Information Pack
- Public health in local government – factsheet for local authorities
- Tribunal Procedure (Health, Education and Social Care Chamber) Rules 2008

Useful resources and websites

- Campbell Collaboration
- Child and Maternal Health Intelligence Network (ChiMat)
- Cochrane Collaboration
- Commissioning support resources (BOND/Young Minds)
- Communication Trust
- Comprehensive Health Assessment Tool (CHAT)
- Council for Disabled Children (resources for health professionals)
- Family Information Service
- Foundation Years
- Healthwatch for England
- In Control examples of approaches to Personal Budgets
- Making it Personal
- MindEd
- nasen gateway
- National Children's Bureau
- National Development Team for Inclusion (NDTI)
- Preparing for Adulthood
- Preparing for Adulthood Factsheet – 'Links between the Children and Families Act 2014 and the Care Act'
- Winterbourne Concordat

Annex A

Template letter to inform GPs about patients with a learning disability

[**Address of notifying clinician**]

[**Address of patient's GP practice**]

[**LD liaison nurse address**]

Dear Dr [**named GP or practice partner**] [**Date**]

Re: [**Name of patient**] [**DoB**] [**NHS number**] [**Address**]

I am writing to inform you that [**Name of patient**] has been diagnosed as having a Learning Disability.

This has been assessed as being [(delete as appropriate) **mild** / **moderate** / **severe** / **unspecified** (provisional diagnostic category for children <4 years old where more precise categorisation is not possible).]

The evidence for this is [**Details of assessment, e.g. educational psychology assessment, autism assessment etc.**

This section may also be used for any free text description of the child or young person's condition.]

Please can you ensure that this information is flagged in the Electronic Medical Record, and that [**Name of patient**] is included on the practice's register of patients with learning disabilities.

This will act as a prompt so that reasonable adjustments can be made to ensure that [**Name**] has the best chance of receiving high quality and appropriate health care at all times and in all settings. It will also act as a prompt for annual health checks.

With thanks and very best wishes

Yours sincerely

Department for Education

Department of Health

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Birmingham
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07.07.23

NHS Trust Chief Operating Officers and Chief Medical Officers

Dear Ned and Manjeet,

Re: Feedback from Peer Review visit of paediatric services – 16.06.23

As you are aware, our Paediatric Critical Care and Surgery in Children networks, as part of the wider West Midlands Childrens Network (WMCN), undertook a peer review visit to Walsall Hospital Trust (WHT) on 16 June, as part of a programme of visits to all Trusts delivering acute care for children across the West Midlands.

As explained on the day, the purpose of these visits has been to build relationships between the networks and our members units, to better understand the provision of acute services for children across the region and to understand how well provision aligns to relevant standards of care. Having conducted a number of these visits so far, it is clear that there are themes emerging in terms of challenges and issues faced across the region and we are hopeful that the network can support our members to work through collaborative opportunities for addressing these.

We'd like to thank you and the teams for hosting our visit; the engagement throughout the day and preparation ahead of time was evident. As with all of the visits we've conducted, it was really valuable for our team to be able to meet the teams face-to-face and develop a clearer picture of the services offered by WHT for children and young people.

As promised, we are writing to summarise our reflections and recommendations following the visit.

Environment

WHT offers a child friendly facility; with all specialties having space to conduct outpatient clinics. The emergency department (ED) is in a separate part of the hospital, with a new adjacent Paediatric Assessment Unit (PAU). This is staffed by paediatricians and dedicated paediatric ED consultants; this is spacious and very well equipped. The team were pleased to see that the same ventilators are used across the resus bay for both adults and children, which will reduce the need for training.

WMCN would support WHT developing their HDU level capacity further, as they have excellent facilities, and a management team who are clearly supportive and looking for opportunities.

West Midlands Children's Network

Model Hospital Data

As demonstrated in the data pack that was sent to WHT prior to the visit, the Model Hospital statistics all showed WHT had good performance for paediatric surgery. There are areas of excellence which need to be highlighted; the ENT surgeons have a region-leading day case rate for tonsillectomy, with the assumption that all cases should be done as day cases using the coblation technique. This is an example of excellent practice that will be shared across the WM network.

Staffing - Nursing

Paediatric nurse recruitment in the West Midlands is extremely challenging: several units reporting vacancy rates of 40%. WHT is one trust who no longer has this nursing shortfall, the recruitment and retention process the trust has enabled over the last 12 months is an area of good practice which the rest of the region can learn from.

A happy and supportive working environment creating a positive experience for nursing students when undertaking their placements at WHT has seen an increase in the students taking up employment with the trust when newly qualified, then supporting and encouraging them to remain at the Trust. Excellent nursing leadership and management on the ward and at more senior levels in the Trust have driven this sustainable change.
To further support this turn around in recruitment WMCN would support the post of a paediatric educator to be funded on a full-time basis, to enable staff to have support with training and education. This has been found to go hand in hand with retention. This staff member can be further supported via the clinical nurse education forum chaired by the WMCN. Regular engagement in this forum is currently missing at WHT.

Reviewing national standards of care:

The suggestions below are areas identified during our visit that WHT should consider working towards as per recommended PCC and SIC standards:

- The transfer from PAU to the ward is an area of potential risk (as it is for any hospital), and although the team were told about the process in place to risk assess the transfer, the team did not see the specifics of it to comment on.
- There are some minor points about the slight variation in emergency trollies amongst different areas, but we understand there is a plan to standardise them.
- WHT should aim to establish a multi-disciplinary surgical committee to oversee activity, monitor waiting lists and provide a route for children's needs to be escalated to the Trust board. Development of a process to enable recognition at Trust Board level that surgery in children has not recovered to pre-COVID levels. Waiting times for surgery are rising, as well as waiting times for clinic review (a hidden surgical waiting list). There are excellent facilities to manage these cases at WHT, and very good departments such as ENT that simply need more access to theatres to cope with these cases. There appears to be an opportunity with reopening a second paediatric theatre to do this work
- Model Hospital data shows that the local rate for orchidectomy for torsion of the testis is high. This is multi-factorial, but at least in part can be the result of delays in surgical

exploration associated with transfer of boys with an acute scrotum from one unit to another. Boys presenting at WHT need to be explored locally.

- The engagement of theatre staff with paediatric work is improving: 55% are PILS trained, with a plan to achieve 100% within 6 months.
- GIRFT nationally looks at many sets of outcome data (Model Hospital), one of which is the rate of forearm fracture manipulation under sedation in ED. For WHT this is low. This needs to be addressed (a SIC board would be the ideal mechanism to do this), and engagement of the T&O consultants with the SIC ODN work-stream for T&O (TOPS) would allow easy sharing of protocols which have been developed in UHCW and exported from Coventry to other units.
- Clinical Psychology provision is challenging, and largely restricted to disease specific support (such as diabetes). This is true across all providers in the West Midlands, and a regional solution is likely the only way this can be addressed.
- The trust should have a policy in place to support the transitioning of care from paediatric to adult services including young people who have additional needs.

Pre-Anaesthetic Management:

Not all teams are completing surgical pre-assessment, as per GIRFT recommendation; whilst this is a national recommendation, many DGHs only have such provision in place for adults. The network would like to work with the Trust as part of a wider regional programme to standardise pre-anaesthetic management via a whole pathway digital solution which is currently being piloted by other West Midlands centres. **Please advise of the relevant contact/s with whom we can progress these discussions.**

Incident and Excellence Reporting in Children's Surgery:

We would like to encourage all Trusts to share either adverse events or excellent practice with the network. The WMSICN team are currently developing a regional surgical incident and excellence reporting system which will build upon the success of the existing PaediCRID system. This will create an avenue for seeking support from the network, ensuring oversight of risks inherent within transfer pathways and sharing of learning/good practice across all West Midlands centres. We will provide further information when the system is ready to be launched.

Network Engagement:

As discussed during the visit, from the PCC side there is good engagement with the WMCN forums and working groups. Prior to our next review we would encourage engagement with other surgical disciplines such as those providing service for children in ENT, GPS, T&0 and Anaesthetic clinicians.

Thank you again for the time of you both and your colleagues in supporting the networks regional visit programme. If you would like to discuss the content of this letter further, please do not hesitate to contact us.

Yours sincerely,

Liam McCarthy
Consultant Paediatric Surgeon and West Midlands Surgery in Children Network Co-Clinical Lead

William Tremlett
Consultant in PICU and KIDS/NTS
Deputy Clinical Lead for KIDS
Birmingham Children's Hospital

Holly Bramley
West Midlands Network Manager for Paediatric Critical Care and Surgery in Children

Vicci Hornsby
West Midlands Paediatric Critical Care Educator

Hannah Labrum
West Midlands Deputy Lead Nurse for Paediatric Critical Care and Surgery in Children

Walsall Healthcare NHS Trust

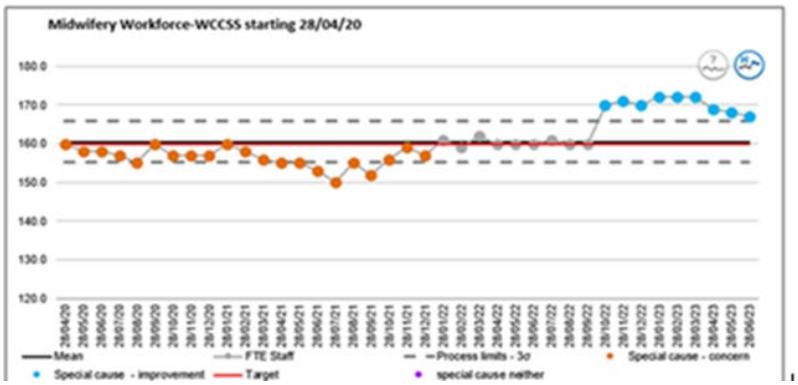
Trust Board Meeting – to be held in Public

Brief/Executive Report Details	
	Maternity Services Report
1.0	Growing and Retaining our Workforce: Maternity Workforce update
	This report will provide a concise update regarding the on-going position on the elements cited within section 1 by exception.
1.1	Staffing challenges have increased in June, due to long-term and short-term sickness. The team are currently reviewing the data to understand the cause of this, as this work continues robust management as per policy of sickness absence is ongoing. Maternity leave has also increased for the month of June. In addition, other staffing challenges include other forms of leave which place additional pressures on midwifery staffing. The management of change (MoC) for the maternity support workers (MSW) has ended and we are in the implementation phase. The staff who wished to remain as band 2 MSWs have been identified and the MSWs that showed an interest in band 3 have now all been interviewed their preferences of area of work will be taken into account along with the needs of service. The next phase of the implementation process is matching MSW to clinical areas and the vacant MSW posts will be put out to advert. Improvements in staffing within the MSW team should be seen by September/October. No adverse incidents have been identified via safeguard that have been linked to shortfalls in staffing and vacant shifts have been managed within the service with MWs and MSWs undertaking additional shifts.

Area	Vacancy WTE		Maternity Leave WTE		LT Sickness WTE		ST Sickness WTE	
Team	MW	MSW	MW	MSW	MW	MSW	MW	MSW
ANC/ FAU	-0.20	0.43	0.00	0.00	1.60	0.00	3.0	0.60
Delivery Suite	-4.08	3.07	8.06	0.00	3.67	0.00	1.84	0.92
MLU	1.30	5.42	0.00	0.00	1.92	0.00	0.00	0.00
Community	0.17	2.37	1.00	0.00	1.60	0.00	3.80	0.00
Wards	8.38	6.54	1.22	0.00	0.00	0.00	0.61	0.00
Total	5.57	**17.83**	10.28	0.00	8.79	0.00	9.25	1.52

	Leave	Sickness	Working Day	Study day	Parenting	Other	Total
Registered Midwives	9.9%	9.5%	1.30%	2.72%	6.20%	0.50%	31.12%
Unregistered staff	11.15%	5.20%	0.00	1.80%	0.00	0.90%	19.05%

In September 2023 the service will have 18 MWs joining the service which will continue the upward trajectory in midwifery staffing.



1.2 Incorporating fellowship midwives into the service

The service recruited 18 fellowship midwives in 2022. As part of these midwives moving onto the next phase of their journey at Walsall and being fully incorporated into the midwifery establishment the fellowship midwives were supported by the maternity team to tell us about their experiences, understand their training overseas and what they think of our services. It was agreed by all who attended this would have been valuable to have held a similar day at the start of their experience.

The fellowship midwives initially had a challenging experience on arrival, challenges included accommodation, school, finding a GP, new clinical areas, staff attitudes. However, with additional support provided the fellowship midwives were able to report that they had an overwhelmingly positive experience and feel part of the team. The service is using their experience and working with them to ensure that future fellowship midwives and nurses have an equally positive experience.

How would you rate your level of satisfaction with the fellowship programme *PRIOR* to having a named lead Midwife?

Answer Choices	Responses
Dissatisfied	10.00%
Somewhat dissatisfied	10.00%
Neutral	60.00%
Satisfied	20.00%
Very Satisfied	0.00%

How would you rate your level of satisfaction with the fellowship programme *AFTER* having a named lead Midwife?

Answer Choices	Responses	
Dissatisfied	0.00%	0
Somewhat dissatisfied	0.00%	0
Neutral	0.00%	0
Satisfied	20.00%	4
Very Satisfied	80.00%	16

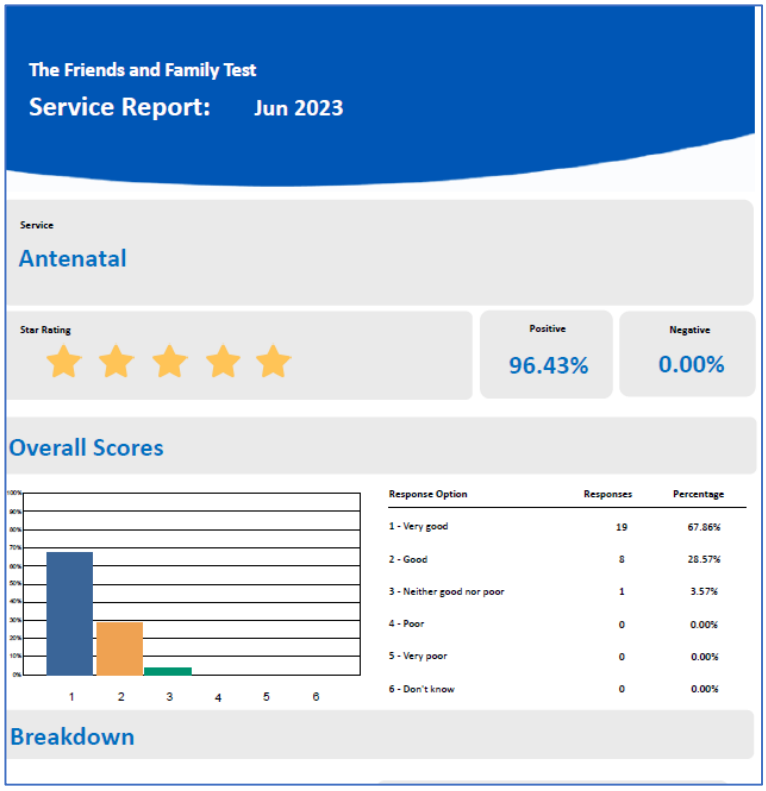
Comments: 20

2.0 Listening to, and working with, women and families with compassion

2.2 Listening to voice of service users

The service continues to receive positive feedback from our service users. A theme that was noted for the month of June was the way demeanour and attitude of clerical and reception staff. The maternity service will be a pilot site for customer services training, and this will be starting within the upcoming months.

Ward / Department	Outpatients	Area	Antenatal
Please outline what has gone well.			
I recently had my antenatal care at walsall manor and felt it imperative to give feedback for the outstanding care I've received as a surrogate for a same sex couple. Donna perkins was our named midwife throughout the antenatal period, she is an asset to the profession. She has been our rock throughout, seeing us all as individuals. She gave me exemplary care as a pregnant woman, but also gave perfectly aimed care to the intended parents. She has been so throughout and went above and beyond to help make a seemless transition to a different hospital for delivery. We cannot thank her enough! I also had several scans throughout the pregnancy, all the sonography team have been fantastic, adapting to our individual situation and perfectly explaining everything to the parents to be. Special thanks to Anne, Jenny, Jess and most importantly Louise Caffery, who did the majority of our scans, she works with such professionalism and kindness, we felt so safe at all times. Also thanks to Mrs Jain!			
Patient Name			



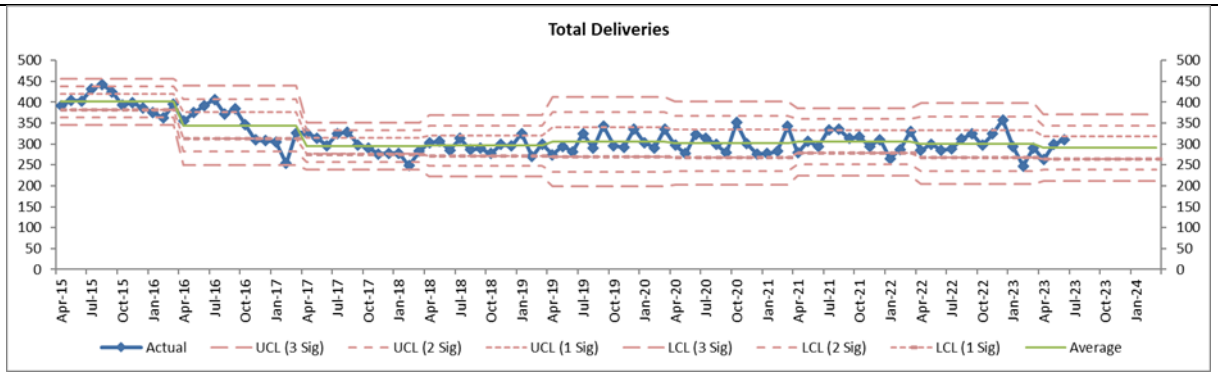
Felt very well cared for.

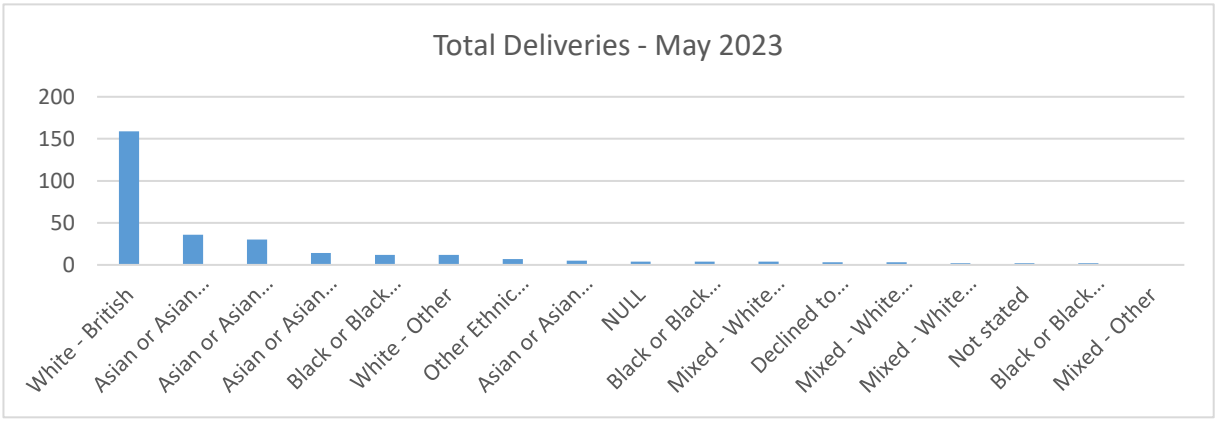
The attention was premium.

The nurses/ midwives who saw me were lovely and made me feel at ease. Especially the nurse after my scan she was so lovely x

When I arrived, I was not long after seen too, I haven't had to wait long since going to manor for my antenatal appointments which was great as I'm a new mom and I don't like leaving my son long with other people. The staff seem mostly friendly sometimes the receptionists seem unbothered, and they look tired but otherwise friendly and helpful.

3.0	**Standards and structures that underpin safer, more personalised, and more equitable care.**
3.1	Births within the service remain consistent, WHT serves women from an ethnically diverse population with 38% of service users identified themselves as from a non-British White background with Pakistani, Indian, Bangladeshi, and Back African being the largest ethnicities within this group.





3.2 **Maternity Outreach Service commenced June 2023**

In recognition of national and regional findings around maternity care outcomes for marginalised women and their families, the Equality, Diversity and Inclusion Midwife Carol King Stephens has led on work to ensure that vulnerable women have access to local maternity care, support and advise. As part of this a Maternity Outreach Service has been established in one of the most deprived areas of Walsall, to take services to women. A full evaluation of the first month will be conducted in August 2023 and brought for presentation in September 2023. Services provided at Nashdom include, Antenatal care, Postnatal Care, Mental Health support, Infant feeding advice, Bereavement Care, Diabetes care and Education.

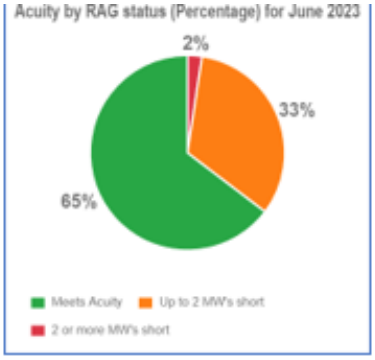
Services provided

Antenatal care
Postnatal Care
Mental Health support
Infant feeding advice
Bereavement Care
Diabetes care
Education

3.3 **Maternity Activity**

On occasions when the wards and delivery suite were at levels of high acuity the correct escalation procedure was activated, staff were redeployed, and the on-call maternity manager called. Acuity was 65% for June there were 19 occasions where red flags were triggered, these were delays in the induction of labour process and 1 episode of delayed assessment in maternity triage during periods of high activity. Where staffing proved challenging specific actions were taken to maintain safety and 100% of women received 1:1 care in labour.To support and maintain safety during times of increased acuity several managerial and clinical actions were also taken these actions centred around and commencing induction of labour. The quality improvement project focussing on induction of labour continues with a “15 steps” experience and pathway mapping exercise in

July. Actions around prioritising urgency of IoL have already been completed. No adverse outcomes have been reported due to delay in commencing or continuing IOL or delay in triage.



Number & % of Red Flags Recorded		
Action	Number	%
Delayed or cancelled time critical activity	19	95%
Delay between presentation and triage	1	5%

Number & % of Red Flags Recorded		
Action	Number	%
Delayed or cancelled time critical activity	19	95%
Delay between presentation and triage	1	5%

Number & % of Management Actions Taken		
Action	Number	%
Redeploy staff internally	25	35%
Escalate to Manager on call	22	31%
Staff stayed beyond rostered hours	7	10%
Manager/Matron working clinically	6	8%
Staff unable to take allocated breaks	6	8%
Specialist midwife working clinically	3	4%
Utilise on call MW	1	1

Number & % of Clinical Actions Taken		
Action	Number	%
Delay in continuing IOL as per Trust guideline	49	92%
Delay in commencing IOL as per trust guidelines.	3	6%
Delay /cancel planned procedures.	1	2%

4.0	**Developing and sustaining a culture of safety, learning, and support**

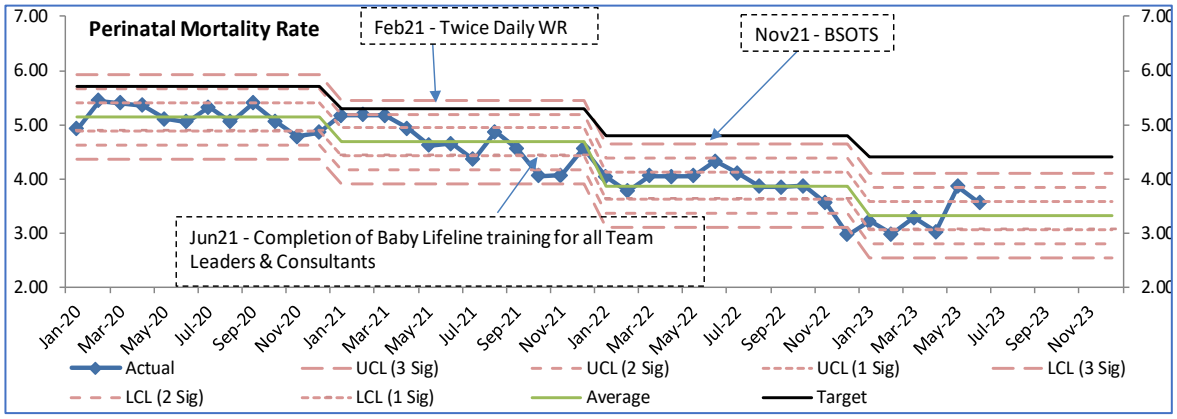
4.1 The perinatal mortality rate reduced slightly this month and the stillbirth rate remains the same.

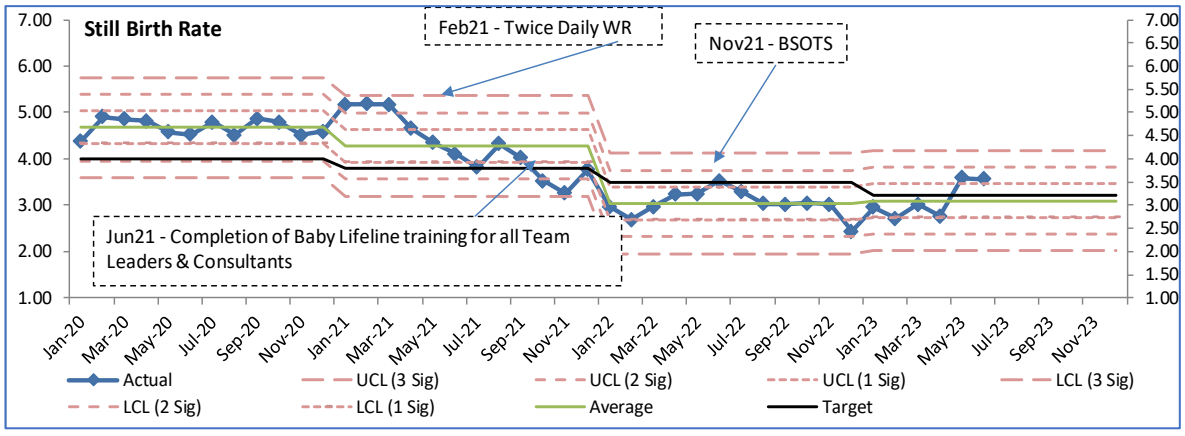
Trend Down (▼) •Performance declined

Red - Target Not Achieved / Amber - Target Not Achieved however within Agreed Tolerance / Green - Target Achieved

		Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Target	CQC Domains
CLINICAL MEASURES									
Acute Trust ICU/HDU admissions (for level 3 care)	Num	0 —	0 —	0 —	0 —	1 ▼	1 —		Safe
Unplanned return to Maternity Theatre	Num	0 —	1 ▼	0 ▲	0 —	0 —	0 —		Safe
No. of times 2nd Theatre was opened	Num	1 —	0 ▲	0 —	1 ▼	1 —	1 —		Well Led
Percentage of patients offered VBACS who had a vaginal delivery (reported quarterly - one quarter in arrears)	%			49.02					Effective
Still Births (MBRRACE)	Num	2 ▼	0 ▲	2 ▼	0 ▲	3 ▼	1 ▲		Safe
Rate of Still Births (MBRRACE) per 1000 Births	Rate	2.95	2.71	3.01	2.76	3.58	3.56	3.2	Safe
Neo-natal Deaths - 20 to 24 weeks	Num	1 ▼	0 ▲	0 —	1 ▼	0 ▲	0 —		Safe
Neo-natal Deaths - 20 to 24 weeks - Rate per 1000 Births	Rate	1.07 ▼	1.08 ▼	1.10 ▼	1.38 ▼	1.38 ▲	1.37 ▲		Safe
Neo-natal Deaths >= 24 weeks	Num	0 —	0 —	0 —	0 —	0 —	0 —		Safe
Neo-natal Deaths >= 24 weeks - Rate per 1000 Births	Rate	0.27 ▼	0.27 ▼	0.27 ▼	0.28 ▼	0.28 ▲	0.00 ▲		Safe
Extended Perinatal Mortality Rate per 1000 Births (MBRRACE)	Rate	3.22	2.98	3.29	3.03	3.86	3.56	4.8	Safe
No. of Term Admissions to Neo-natal Unit	Num	8 ▲	10 ▼	17 ▼	16 ▲	10 ▲	23 ▼		Safe

There were 3 cases of Perinatal mortality for June, these included 14+4/40, 19+6/40 and a 34/40 woman. There were three other cases identified however these were not included in maternity figures one of an 18-day old baby being investigated as a nonaccidental injury, a 24/40 inutero transfer to Newcross Hospital and a 39/40 found to have a clotting disorder. The maternity team continues to review all perinatal mortality cases via the governance process, Avoiding Term Admissions to Neonatal Unit reviews and the Perinatal Mortality Review Tool.





4.2

Perinatal Mortality Review Tool

The PMRT tool allows for standardised reviews when a baby dies. CNST year 5 mandates that

- PMRT review commenced within 2 months of death (standard = 95% of cases)

- Multidisciplinary Team review within 4 months of death (standard = 60% of cases)
- Review of case validated using the PMRT within 6 months (standard = 60% of cases)
- Parents involved in the review process (standard = 95% of cases)
- Quarterly Report submitted to trust board.

In Quarter 4 2022/2023 there were 16 cases of fetal loss, a total of 6 were eligible for PMRT review, excluded cases included late fetal loss, termination of pregnancy.

Internal PMRT Cases for Review– Quarter 4 2023

Q4 2023	Late Fetal Loss <22/40	Late Fetal Loss 22-23+6/40	Stillbirth	Neonatal Death <22/40	Neonatal Death >22/40	Termination of Pregnancy	Sudden Infant Death	Total Monthly Losses	TOTAL ELIGIBLE FOR REVIEW
January	2	0	2	1	0	3	0	8	2
February	1	0	0	0	0	0	0	0	0
March	1	1	2	0	0	3	1	8	4
Total Loss by type	4	1	4	1	0	6	1	16	6

= suitable for review using PMRT tool

Internal PMRT reviews – CNST Standards (information as of 09.06.23)

Reporting Period	Deaths eligible for review by PMRT	No Reported to Coroner	PMRT Reviews commenced within 2 months (standard = 95%)	No of deaths reviewed by MDT (at PNMM) within 4 months)	No PNMM draft reports within 4 months (standard = 50%)	PMRT validated report within 6 months (standard = 50%)	No of parents involved in review (standard = 95%)	No of SI/RCA/Concise/HSIB	No of complaints
Q4 2023	6	1	6 (100%)	5(95%)	3 (50%)	3(50%)	6 (100%)	2	0

- Reports have been finalised pending final post mortem repots, placental cytogenetic reports and placental histology reports.

All 6 internal cases met the CNST standards. There was one neonatal death >22/40 which met the criteria for external PMRT review, this also met the CNST standard (Please see report)

Themes for improvement identified.

- Bereavement Care & Support – Accident and Emergency Department
- Out of area women accessing maternity care
- Management of Flu in pregnancy
- Training for new clinicians

Themes of Good Practice Identified

- Neonatal Staff – Parent debriefs.
- Appropriate referrals when necessary
- BadgerNet, Single Point of Access

As part of learning and improvement a working group will review the admission of gestation between Obstetric care and Gynaecology care. Currently < 20 weeks pregnant women are seen in Gynaecology and >20 weeks pregnant women are seen in Obstetrics. The working group is working towards amending this to 16 weeks gestation.

4.3 A thematic review is being undertaken of Mid Trimester losses (20+0 – 23+6 weeks) occurring in 2020, 2021 and 2022 to identify and themes, issues, and any links.

Health Safety Investigation Branch (HSIB)

HSIB aims to improve patient safety through independent investigations into NHS care across England. The investigations focus on systems and processes in healthcare, identifying the factors that could have led, or could potentially lead, to harm for patients. This is without attributing blame or liability, valuing independence, transparency, objectivity, expertise and learning for improvement in all that we do. There is also an element of reassurance to families involved as reviews of care fall outside of the organisation in which care was delivered.

Mandates around HSIB form one of the CNST Safety Actions

Safety action 10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/CQC/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 30 May 2023 to 7 December 2023?

Required standard	A) Reporting of all qualifying cases to HSIB/CQC//MNSI from **30 May 2023** to **7 December 2023.** B) Reporting of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from **30 May 2023** until **7 December 2023**. C) For all qualifying cases which have occurred during the period 30 May 2023 to 7 December 2023, the Trust Board are assured that: i. the family have received information on the role of HSIB/CQC/MNSI and NHS Resolution's EN scheme; and ii. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.

4.4 The latest HSIB report dated 25th May 2023 (please see report) details updates from 2019, since 2023 there have been 35 referrals in total, 62% of these were rejected, 37% have been accepted. Of these cases 10 investigations have been concluded and 3 are ongoing. One of the themes recognised in the reports was fetal monitoring, as a result of this a new way of doing fetal monitoring education was implemented. Following this, cases of separation of mother and baby reduced from 1822hrs to 744hrs, a reduction from 10 down to 3 cases of therapeutic cooling cases was noted and diagnosis of hypoxic-ischemic encephalopathy also feel from 10 to 3 cases. This programme of education is mandatory multiprofessional training. In 2023 there have been a total of 4 HSIB referrals with 2 being accepted CTG concerns were identified This is in comparison to 11 referrals in 2021. The service will continue to review the perinatal mortality, morbidity, and mother/baby separation data to ensure the education programme remains effective.

There was one case referred and accepted by HSIB in June 2023, this case was presented in the June 2023 report.

Care Colleagues
Communities Collaboration

NHS

Infection Prevention and Control (IPC)
Delivery Plan 2023-26

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Care Colleagues
Communities Collaboration

This three-year Infection Prevention and Control (IPC) Delivery Plan is the first joint IPC plan for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT).

The Plan sets the direction for IPC for our organisations and incorporates the four C's of of the joint strategy – Care, Colleagues, Collaboration and Communities, and supports and is aligned to the Quality and Safety enabling strategy and joint organisational Quality Framework.

As an organisation registered the with Care Quality Commission (CQC) RWT and WHT are required to deliver services as set out in The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance, more commonly known as The Hygiene Code. The Trusts are required to declare compliance with a specific standard relating to infection prevention and control and this relates directly to the Hygiene Code. The CQC monitors the Trusts compliance against the Code of Practice through formal visits and the implementation of enforcement actions where necessary. In addition to the standards set out in the Hygiene Code there are additional annual improvement expectations set by NHS England relating to some infections.

Preventing the spread of infection remains one of the top quality and safety priorities of both Trust's. To be truly effective, infection prevention and control must be an everyday process and consideration within the Trusts supported by all employees as an integral part of workplace culture.

Recognising the challenges posed by the COVID-19 pandemic and the learning realised, our aim will be to fully deliver on all key priorities as outlined within this joint Delivery Plan. This delivery plan is an integrated element of the Quality and Safety enabling Strategy.

Where are we now?

RWT and WHT have well established IPC services and inform a robust governance structure and process through mandatory reporting requirements and informing a number of key Trust Groups.

RWT and WHT are committed to ensuring the safety of patients, staff and visitors. Patient safety is high on the Trust agendas and is a priority for the Trusts. The provision of a robust Infection Prevention delivery plan is an essential element in achieving these safety objectives and in ensuring compliance to the Code of Practice and to national and local objectives. The IPC services have collaborated on a number of initiatives since the partnership working between the two Trusts commenced.

Where do we want to get to?

Our collective vision, as defined in our joint Trust Strategy, is 'To deliver exceptional care together to improve the health and well-being of our communities.'

Both RWT and WHT are continuously striving for excellence, we will deliver this by placing the patient in the centre of everything we do, embedding a culture of learning and continuous improvement. We want to encourage and facilitate evidence based practice, research and innovation. We will support the IPC teams to be educated in quality improvement methodolgies so that these can then be incorporated in everyday thinking and when approaching IPC issues. We will support and influence the drive for environmental sustainability through pragmatic and evidence based IPC decisions and approaches.

Use of invavsive devices such as urinary catheters, peripheral vascular devices and other intravenous devices are used frequently in healthcare and are often a necessity as part of the care being delivered to our patients. We want to ensure that such devices are used optimally, where required they are used only when clinically indicated for the shortest duration that is safe for the patient and also consider alternatives that will reduce the risk of infection.

As we emerge from the shadow of the COVID-19 pandemic, the key lessons learned through an era defined by unprecedented global health challenges should not be forgotten but rather leveraged for future preparedness. Notably, for IPC teams this is an opportune moment to review, reassess, and reinvigorate our approach to patient safety. RWT and WHT are in a position to pave the way for a new approach to IPC that capitalises on technology, innovation, and inter-Trust collaboration.

Fundamental to this endeavor is a re-emphasis on the basic or key elements of IPC. Maintaining rigorous hand hygiene, appropriate and adequate personal protective equipment, environmental cleanliness, and robust surveillance of healthcare-associated infections (HCAI) are the bedrock of any effective IPC program. But beyond that, we need to build a more resilient, adaptable, and comprehensive plan, capable of minimising harm to patients now and in the face of any future health threats.

How will we get there and what will we do?

Our key priority areas have been formed through external drivers such as the Health and Social Care Act Code of Practice. Activities and outputs will supported through trustwide action plans (for example C diff, outbreak, urinary catheters), self assessment against the national Infection Prevention and Control Board Assurance Framework, and alignment with the National IPC manual.

Objectives

The objectives focus on continuing to reduce healthcare associated infections (HCAI), to embed infection prevention in everyday practice and sustain improvements in order to keep patients, staff and visitors safe. In doing so the Trusts will develop existing work and projects and initiate the development of leading edge work, aspiring to be national leaders for the reduction of HCAI's. The Trusts will continue to monitor compliance and in doing so will ensure the enhancement of existing surveillance systems and introduce new systems where required ensuring learning from action and incidents takes place.

Priority Area	How will we achieve our aims?	Key actions we will take	How will we know we have succeeded and when?
Fundamentals of Infection Prevention and Control (IPC)	We will enable and empower our staff to be able to practice the fundamental elements of IPC on a consistent basis. This will be achieved through education, educational resources and information, employing innovative methods where appropriate, utilising quality improvement methodologies, aligned policies and IPC visibility. We will facilitate and influence the endeavour to meet or positively exceed nationally set objectives for C. diff and Gram negative bacteraemia.	• Utilise NHS Englands 'Take your gloves off' campaign to support both rationalisation of glove use by our staff and sustainability objectives • Support the 'Eat, Drink, Dress, Move to Improve' initiatives across both organisations • IPC staff will undertake Quality Improvement (QI) training • Work with areas utilising Quality Improvement methodology to support them to be able to do the right thing at the right time. The IP teams will explore the application of behavioural science and human factors in interventions made • Explore interventions, working with industry partners to support improvement in hand hygiene compliance assurance, for example triangulate audit data with alcohol hand gel and soap consumption data to establish expected metrics for clinical areas • Facilitate ownership of IPC across all areas • IPC policies will be aligned where possible between the two organisations and will incorporate the National IPC Manual • Audit programmes - Alignment of templates/frequency/ responsibilities for undertaking • Support and participate in initiatives to improve patient mouthcare • Explore and develop innovative methods of education delivery to ensure meaningful and interactive learning that will encourage and engage our workforce • We will activley support Clinical Nurse Fellow (CNF) support network to ensure our colleagues are inducted with regard to IPC and provided with education and guidance	Success will be measured - through audit and reductions in glove use - outputs of the 'Eat, Drink, Dress, Move to Improve' initiatives - through involvement of the CQI team and QI briefs - IPC staff completed QI practitioner training - established repeatable/ sustainable process to provide further assurance in hand hygiene compliance - alligned IPC policies which incorporate the National IPC Manual - IPC surveillance data

Priority Area	How will we achieve our aims?	Key actions we will take	How will we know we have succeeded and when?
Reducing procedure and device related infections	We will build upon existing surveillance processes to include catheter associated urinary tract infection (CAUTI), hospital acquired pneumonia (HAP) and ventilator associated pneumonia (VAP) and explore innovative methods of surveillance We will establish surgical site infection surveillance at WHT to mirror the established team and processes at RWT	• We will be involved with and contribute to all NHS England collaboratives groups and events (C diff, Gram negative bacteraemia) and establish surveillance processes for CAUTI, HAP and VAP • Establish surgical site infection surveillance team and processes at WHT • Utilise QI methodologies to improve device surveillance • We will explore innovative methods to support surveillance of devices • Continue with multidisciplinary urinary catheter group and further expand links between the two organisations • Facilitate use of the national One Together audit framework for Theatres	Success will be measured - CAUTI, HAP and VAP surveillance processes to be in use for 2024/25 - Surgical site infection surveillance team in operation at WHT with data being shared with clinicians by end of 2024/25 and local benchmarking of data (RWT and WHT) - Intravenous line surveillance app developed and in use in RWT and WHT in 2024/25 - Urinary catheter passport is fully operational in 2024/25 - Use of the standardised catherisation pack is embedded in the Acute Trust (except in paediatrics) by 2024/25 - Audit and surveillance data will be shared
Learning from IP related incidents	The Trusts will develop a Patient Safety Incident Response Policy and Plan in line with the Patient Safety Incident Response Framework (PSIRF), a fundamental shift in how the Trust responds to patient safety incidents for learning and improvement. The IP teams will ensure that processes are alligned to policy and plan.	• As part of the trusts moving to the Patient Safety Incident Reporting Framework (PSIRF), we will develop HCAI review processes aligned with PSIRF • Infection Prevention incident review meetings will continue where learning can be identified and then shared	HCAI incident process is fully alligned to PSIRF

Priority Area	How will we achieve our aims?	Key actions we will take	How will we know we have succeeded and when?
Research and innovation	Evidence-based practice forms the backbone of effective patient care, and the same should be true for our infection prevention and control strategies. Therefore, we will promote and participate in research activities aimed at improving IPC.	• We will work in partnership as teams and explore and undertake research activity with external academic and industry bodies • We will scope and apply for research grants to support activity and studies where appropriate • We will publish work undertaken and present work at professional conferences/events • We will develop an IP app to support staff with up-to-date information and guidance • Explore the development of critical appraisal topic (CAT) group for IPC to support the strive for evidence based practice	IPC peer reviewed publications, conference presentations and conference abstracts submitted successfully. CAT group developed and operating IP app is operational and available for use Research grant applications submitted where appropriate Research activity undertaken
Engagement	We will develop joint IPC communications to inform and educate our staff. We will keep our staff informed through improved sharing of data to support the drive for quality improvement.	• Develop an IPC data dashboard to allow timely sharing of data for trust staff • Explore the incorporation of IPC elements in of Huddle boards across both organisations and regularly connect with QI teams to maintain momentum • Develop invasive devices (urinary catheters, peripheral venous cannulae) data dashboards to allow timely sharing of data and drive quality improvements • Continue to support staff seasonal influenza and booster vaccination programme • We will have involvement in the Trusts work towards an electonic patient record to ensure that all relevant and meaningful IPC data is captured and used correctly • We will explore methods of bringing the patients voice to IPC	Data dashboards developed and shared with and accessed by staff

Priority Area	How will we achieve our aims?	Key actions we will take	How will we know we have succeeded and when?
IPC team development	It is fundamental to good IPC practice that our IPC workforce is educated and skilled and can build personal and professional capacity.	• We will continue to develop and grow the joint educational 'Thinking Thursday' sessions • We will utilise the Infection Prevention Society's (IPS) Credentialing Framework to recognise Infection Prevention and Control specialist expertise, it provides a self-regulated standard of higher professional training required for the leadership and delivery of high-quality infection prevention and control services, education programmes and research programmes	Infection Prevention Society's (IPS) Credentialing Framework intergal to team development and competency tools
Infection Prevention and Contol and the environment	It is imperative that the healthcare environment is clean and designed to support safe care and good IPC practice. It is vital the IPC is considered in new and refurbishment building projects at the earliest point. We will support the development and use of patient equipment cleaning centre (PECC) at RWT and support assessment of feasibility at WHT.	• We will explore innovations to support healthcare environment cleanliness to enable a reduced risk of HCAI • We will facilitate installation of UV light decontamination equipment in RWT ED and AMU single rooms and explore evaluation processes with NHS England New Hospital programme • We will consider established environment guidance but also engage with new and evolving IPC evidence and how that can be incorporated in practice. • We will be active members of our Water Safety Groups and Ventilation Safety Groups to encourage and faciliate safe and effective improvements in our healthcare environment	Evaluation of UV light decontamination undertaken following installation at RWT PECC in use at RWT

Priority Area	How will we achieve our aims?	Key actions we will take	How will we know we have succeeded and when?
Antimicrobial Stewardship	The IPC teams will support the vitally important stewardship of antimicrobials use	• We will be active members of the Trusts Antimicrobial Stewardships (AMS) Groups • We will support the AMS education of our workforce • We will participate in national point prevalence activity	Participation in the national HCAI/AMS 2023 point prevalence survey
Support environmental sustainability	The IPC teams will support the ongoing work that both organisations are undertaking to support and encourage environmental sustainability.	• We will be active members of the respective Trust Sustainability Groups • We will support the exploration and development of a combined Clinical Procurement Group (to enable product decisions to include IP, sustainability, cost-benefit analysis and contemporary evidence base) • We will support the drive to environmental sustainability through pragmatic and evidence based IPC decisions and approaches	Measurement against metrics developed through the respective trust Sustainability Groups

Walsall Healthcare NHS Trust

Meeting of Trust Board	
Meeting Date:	2nd August 2023
Title of Report:	Medicines Management Report
Action Requested:	Members of the Board are asked to be informed and assured of this report.
For the attention of the Committee	
Assure	• It is through the Medicine Management Group that audit compliance is being monitored and escalated to Divisions where necessary. • The Section 29A Notice in October 2023 has been stepped down (verbal notification). • Projects to support communication and education of staff are in place which include e-Learning, video training and face-to-face. • Successful Home Office Inspection visit for Controlled Drugs Management in May 2023. • New drug chart has been rolled out June 23 • Continued work through the Medicines Management Improvement Group (MMIG). Engagement has been secured with the regional Chief Pharmacist for NHSE for an external Deputy Chief Pharmacist to join the improvement group.
Advise	• A new interim Chief Pharmacist has been appointed • The auditing of medicines management and prescribing quality is done locally on a weekly basis and is available on the intranet. • Key information which underpins medicines management are available on the Medicines Management dashboard on the Trust intranet. • The Trust plans to implement an EPMA system and a project manager (non-pharmacy) is addressing the legal requirements for procurement, business case and timelines. Benefits realisation is required to ensure costs to the Trust in the future are covered. In the meantime, a review of the paper charts has been completed and a new drug chart has been rolled out. • An external pharmacy review has been completed and the Trust is working through the recommendations.
Alert	• CQC visit in June 23 letter of intent to move to section 31a has been stepped down verbally to the Director of Assurance • There is the need for an increased pharmacy establishment to continue to manage medicines across all wards. • 13 Technician vacancies out of 52.3 = 24% • 8.2 Pharmacist vacancies out of 25.78 = 32% • A business case is planned for submission to Investment Group in September • The ward audit of medicines management continues to show some gaps in compliance (see MSO report). • Pharmacy Homecare Services Team capacity reached (risk 2929) preventing service expansion & impacting the sign up of any further new patients. Likely negative impact: patient experience, patient flow, government care closer to home initiative, reduced gainshare opportunities. Homecare Business has been approved and the posts to support the Homecare service are out to advert.
Author and Responsible Director	Author – Sonia Chand, Interim Chief Pharmacist Sonia.chand3@nhs.net Responsible Director – Manjeet Shehmar, Chief Medical Officer

Walsall Healthcare
NHS Trust

Contact Details:	manjeet.shehmar@nhs.net
	Links to Trust Strategic Aims & Objectives
Excel in the delivery of Care	a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
Effective Collaboration	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	Resources will be required for purchase of further electronic drug storage units, an electronic prescribing system, clinical staff for implementation and Controlled Drug management software, if supported in principle by TMC. Business cases to follow.
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**
Equality and Diversity Impact	There are no equality & diversity implications associated with this paper.
Risks: BAF/ TRR	The main risks identified are concerned with the level of compliance with the Medicine Policy which is managed through Corporate risk 2737 and associated Divisional and Care Group risks.
Risk: Appetite	
Public or Private:	
Other formal bodies involved:	CQC, ICS, NHSE
References	
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Walsall Healthcare NHS Trust

Brief/Executive Report Details	
Brief/Executive Summary Title:	Medicines Management Report

1. PURPOSE OF REPORT

The purpose of this report is to inform and assure the Board on the management of medicines within the Trust. This is achieved through the activity of the Medicines Management Group and its sub-groups.

2. PHARMACY AND MEDICINES MANAGEMENT

The responsibility for medicines management within the Trust rests with the Chief Medical Officer with delegated responsibility to the Director of Pharmacy, who is also the Controlled Drugs Accountable Officer (CDAO) for the Trust.

The Medicines Management Group (MMG) is the group which has oversight of medicines management and usage. The MMG is chaired by the Chief Medical Officer or by the Director of Nursing in the absence of the Chief Medical Officer.

The MMG reports directly into the Clinical Effectiveness Group on a quarterly basis.

A new interim Director of Pharmacy has been appointed who is also acting the capacity of the Controlled Drugs Accountable officer.

Section 31a letter of intent

In June 2023 a letter of intent (a potential intent to issue enforcement, such as impose, remove or vary a condition of registration) of the Section 31a of the Health and Social Care Act 2008 was proposed as a result of an unannounced CQC visit.

The following issues were identified.

- Availability and safe administration of inhalers
- Diabetes care and the use of insulin required improvement particularly in relation to monitoring patients' blood sugars.
- Not all charts were transcribed correctly.
- On ward 2 the doors into the treatment room were unlocked and the medication fridge containing insulins was also unlocked.

Action

The following immediate actions were taken by the multidisciplinary team (MDT).

1. Communication was sent to all staff of the need to improve patient safety
2. Training by pharmacy to all staff on the medical wards on the safe use of Insulin, as well as a trust wide roll out of insulin posters and the actions that should be taken if a patient is nil by mouth.

2. An accessing medicines Poster was disseminated to every ward to inform staff of how to access medicines that are not stocked on the ward.
3. The Emergency Cupboard Stock List was reviewed, and all inhalers were added to stock so these could be accessed if needed when pharmacy is not open.

4. An audit was conducted on all drug where inhaler and insulin were prescribed by the pharmacy team.
5. A ward shift by shift nurse in charge checklist was implemented to include the management and storage of medicines at ward level.
6. All patients with diabetes were reviewed by the diabetic team.

Outcome

All the above was submitted to the CQC and they were satisfied with the immediate actions taken by the wider MDT with verbal confirmation to step down the letter of intent for the section 31a.

Continued work

The continued need to address patient safety is paramount and further developments will continue through the Medicines Management Improvement group – Divisional of Medicine - Medicines Management.

Section 29A Notice

The Section 29A notice was served on 17th October 2022 following a CQC visit to MLTC in October. As a result of the evidence provided to CQC in June 2023, this section has been stepped down (verbal notification to the Director of Assurance).

However, the MMIG will continue to work on improving medicines management across WHT.
Below is a detail of the workstreams for the MMIG.

In addition to the above, the following is also being reviewed/developed:

1. **Treatment chart.**

   The Trust is an outlier with regard to still using paper prescription charts. It is recognised that many of the issues raised within the Section 29A Notice would be resolved by the implementation of an EPMA system. Whilst this is awaited, a new drug chart has been developed and rolled out trust wide. The new drug chart has sufficient space for medicines reconciliation, pharmacy notes, antibiotic review/stop, recording of omitted doses, etc.

2. **Medicine Policy review**

   It is recognised that as the Medicine Policy is a large single document it can often be difficult for users to refer to and find relevant information to guide their practice. The Specialist Advisor who led on the review of the policy recommended an overarching Policy document which sets out basic principles, but which is supported by a suite of procedures which describe specific legal and professional elements of medicines management. The Medicines Policy is being addressed in conjunction with RWT and an initial review meeting is being scheduled imminently to progress this. The review of this policy and the pertaining standard operating procedures is in progress with a completion of the review aimed for end of September 2023.

3. **Divisional Medicines Management Groups**

   Local ownership of medicines management issues continues through the four Divisional MMG (MLTC, Surgery, WCSS, Community Services). The group receives reports from each of the Care Groups within their Division to provide update and assurance on actions based on the weekly Tendable audits, Safeguard intervention data, PGDs, pharmacy interventions and medicine-related risks on the Care Group risk register.

4. Education and Training

As part of the MMIG the pharmacy team have met with the medical education team and are supporting prescribing stations for the FY1 on induction around prescribing and the drug chart. Furthermore, discussions are to be held with FY2 medical leads to roll out a similar process. For existing staff, a plan is being developed to ensure the medicines management is part of the departmental induction programme. A MDT approach with nursing and allied healthcare professionals is being developed with the Director of Nursing to build a shared competency framework.

Pharmacy workforce

The pharmacy department have worked with the Workforce Intelligence, Planning & Analytics team to develop a workforce plan for pharmacy that will focus on retention and development of staff to meet the current workforce demand and needs. This has been submitted to finance with a plan for submission to investment group in September. In the meantime, key pharmacy ward based roles have been identified and submitted to the Director of Finance to continue the temporary spend required to support.

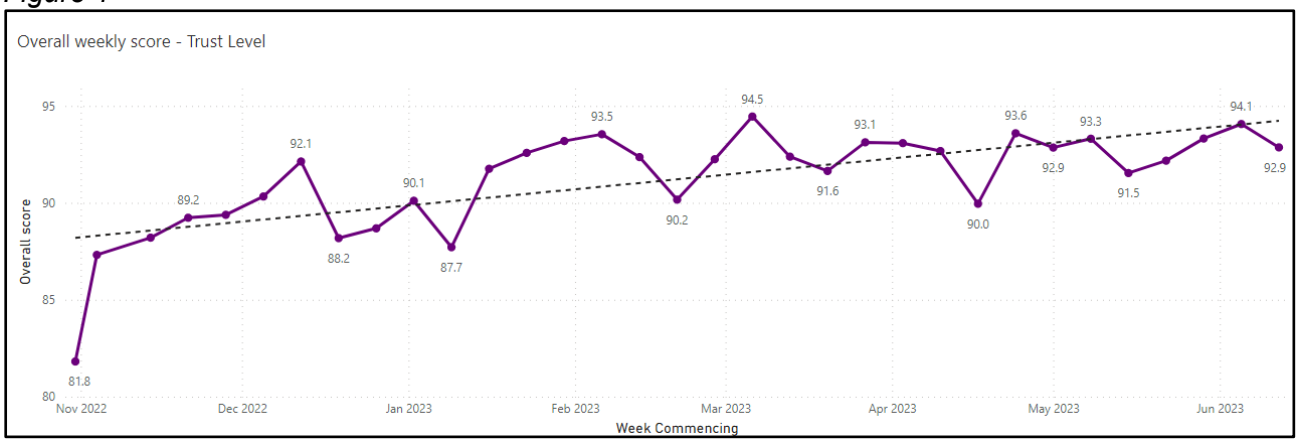
Medicines Management Dashboard

A dashboard of key medicines management metrics has been set up on the Trust Intranet:

1. Weekly Audit Data (Tendable)

The ward weekly audits comprise 13 audit criteria which covers drug storage, patient identification, prescribing quality, recording of patients' weights, allergy recording, and CD record keeping. The audits are carried out by the matron or deputy and the results for each ward is discussed at the care group huddle. Data is presented below on a weekly basis with the overall scores for each criterion across the Trust.

Figure 1



Whilst the overall score shows a gradual improvement (figure 1), and each criterion shows an improvement from the starting position on 31/10/2022, there are still some areas which require improvement (see table 1). These are:

RED

- The nature of the allergy recorded on the chart
- All prescribed medication has prescribers name in block capitals or stamp

AMBER

- Evidence that action has been taken to address an omitted dose
- The patient's weight is recorded on the chart
- All medications are prescribed in block capitals

Table 1: 2023-24 Quarter 1

Week Commencing	Overall score	Medicine room / CD	Does patient have a wrist band insitu with appropriate allergy status	Patient prescription charts have details of patient name,date of birth and hospital number or NHS number?	Is allergy status documented on the prescription chart?	Is the nature of the allergy documented on the prescription chart?	If there has been an omission of a medication, has a code been used?	Is there evidence that action has been taken to address theomission, unless there is a valid clinical reason for theomission?	Is the patient's weight documented on the prescription chart?	Are all the medication names on the prescription chart written in block capitals?	Are all the medications prescribed on the prescription chart signed?	Are all the medications prescribed on the prescription chart signed with name printed in block capitals/or stamp used?	Are all the medications within their expiry date? (5 random medications checked)	Controlled drugs
12 June 2023	92.86	92.65	98.93	100.00	99.26	85.64	97.92	92.31	83.62	91.37	100.00	88.76	100.00	86.86
05 June 2023	94.07	93.73	99.57	99.55	98.64	87.37	99.21	86.41	89.01	88.31	99.55	87.88	100.00	93.65
29 May 2023	93.32	92.54	96.91	100.00	100.00	82.54	91.74	88.00	89.70	83.92	100.00	88.08	100.00	96.21
22 May 2023	92.18	91.47	97.64	98.57	99.54	81.38	97.58	92.78	82.97	86.36	97.77	77.68	100.00	95.83
15 May 2023	91.54	90.20	97.03	100.00	99.20	78.46	98.61	90.63	86.78	87.23	100.00	72.06	99.20	93.94
08 May 2023	93.31	94.13	98.15	98.53	98.36	81.59	94.47	94.05	87.16	87.02	99.59	80.88	99.26	94.23
01 May 2023	92.85	92.80	96.53	98.33	99.40	77.28	97.35	86.69	92.66	85.48	97.78	82.38	100.00	94.70
24 April 2023	93.59	94.44	97.78	99.63	100.00	78.18	95.83	84.41	85.93	81.97	99.63	80.98	100.00	96.15
17 April 2023	89.95	91.29	96.68	98.33	99.17	77.80	97.68	87.81	83.46	78.88	98.65	74.55	98.33	84.47
10 April 2023	92.67	93.03	95.90	98.56	99.23	73.61	91.67	87.49	84.39	83.46	99.62	78.97	100.00	97.57
03 April 2023	93.08	93.97	98.10	99.52	99.05	79.58	98.42	89.86	84.55	84.60	99.52	79.05	100.00	92.55

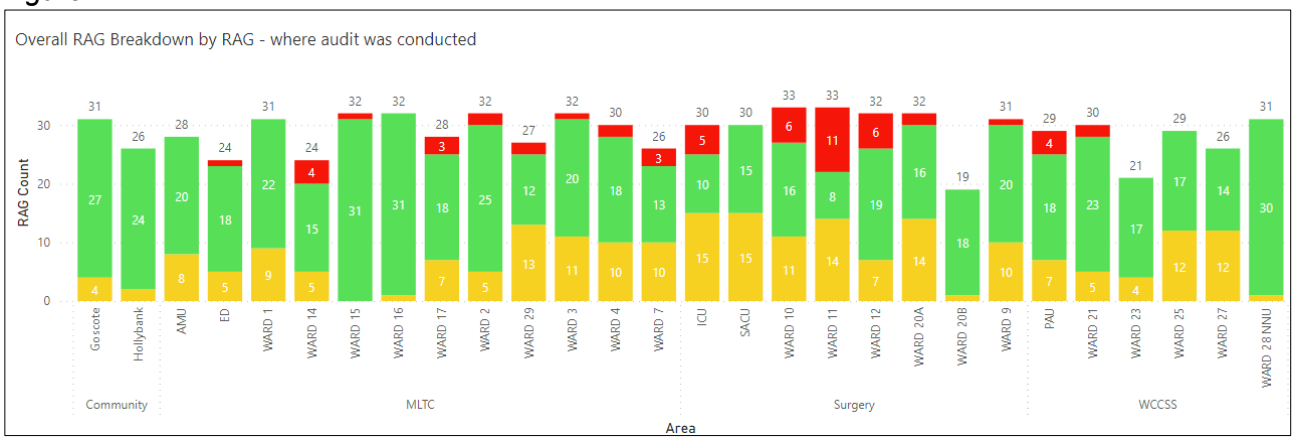
Table 2 below highlights further highlights an improved picture against results from the previous quarter.

Table 2: 2022-23 Quarter 4

Week Commencing	Overall score	Medicine room / CD	Does patient have a wrist band insitu with appropriate allergy status	Patient prescription charts have details of patient name,date of birth and hospital number or NHS number?	Is allergy status documented on the prescription chart?	Is the nature of the allergy documented on the prescription chart?	If there has been an omission of a medication, has a code been used?	Is there evidence that action has been taken to address theomission, unless there is a valid clinical reason for theomission?	Is the patient's weight documented on the prescription chart?	Are all the medication names on the prescription chart written in block capitals?	Are all the medications prescribed on the prescription chart signed?	Are all the medications prescribed on the prescription chart signed with name printed in block capitals/or stamp used?	Are all the medications within their expiry date? (5 random medications checked)	Controlled drugs
27 March 2023	93.12	96.67	92.27	99.24	96.55	76.50	93.27	82.08	77.38	81.49	99.55	79.67	100.00	95.08
20 March 2023	91.64	90.54	97.62	99.05	100.00	88.37	95.89	89.60	86.45	80.64	99.40	76.34	100.00	93.34
13 March 2023	92.38	93.24	96.67	100.00	99.63	67.62	95.41	91.07	83.56	79.37	100.00	85.56	100.00	95.67
06 March 2023	94.45	95.31	98.04	99.13	98.21	73.99	95.19	91.56	82.19	85.09	99.13	87.70	100.00	100.00
27 February 2023	92.25	93.24	96.15	99.19	99.57	84.05	98.15	85.07	82.63	80.96	99.60	78.21	100.00	96.67
20 February 2023	90.17	93.46	91.50	99.62	99.62	77.26	89.90	80.47	77.76	73.16	98.85	72.42	98.46	90.97
13 February 2023	92.36	92.30	98.89	99.26	99.22	76.55	94.65	87.14	82.42	83.29	98.33	80.62	100.00	97.67
06 February 2023	93.54	95.21	95.85	99.45	99.43	77.24	94.27	88.62	85.16	80.34	99.36	84.55	100.00	95.00
30 January 2023	93.19	96.52	98.21	100.00	99.64	80.24	87.89	80.94	81.72	78.87	97.03	77.05	98.57	97.76
23 January 2023	92.58	92.82	96.67	99.23	98.46	84.36	94.58	94.58	81.90	83.38	98.68	82.70	99.26	91.00
16 January 2023	91.76	92.99	97.16	99.00	98.20	67.20	97.26	95.34	81.09	78.36	98.00	75.01	100.00	96.88
09 January 2023	87.71	89.45	95.93	98.89	97.40	68.11	91.98	88.62	73.02	62.01	99.26	72.27	98.77	86.34
02 January 2023	90.11	93.56	95.84	98.01	99.19	71.30	91.62	84.33	63.75	76.60	98.85	70.26	100.00	93.91

The table below sets out the occurrence of the overall RAG rating for each ward covered by the audit. The new paper drug chart will enable better documentation by providing space for block capitals and a name stamp.

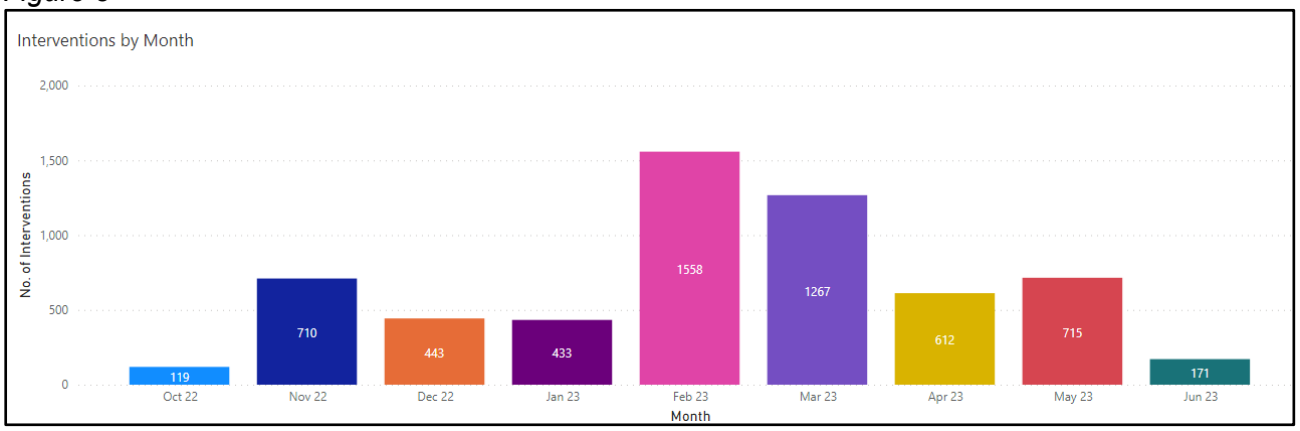
Figure 2



2. Pharmacist Interventions

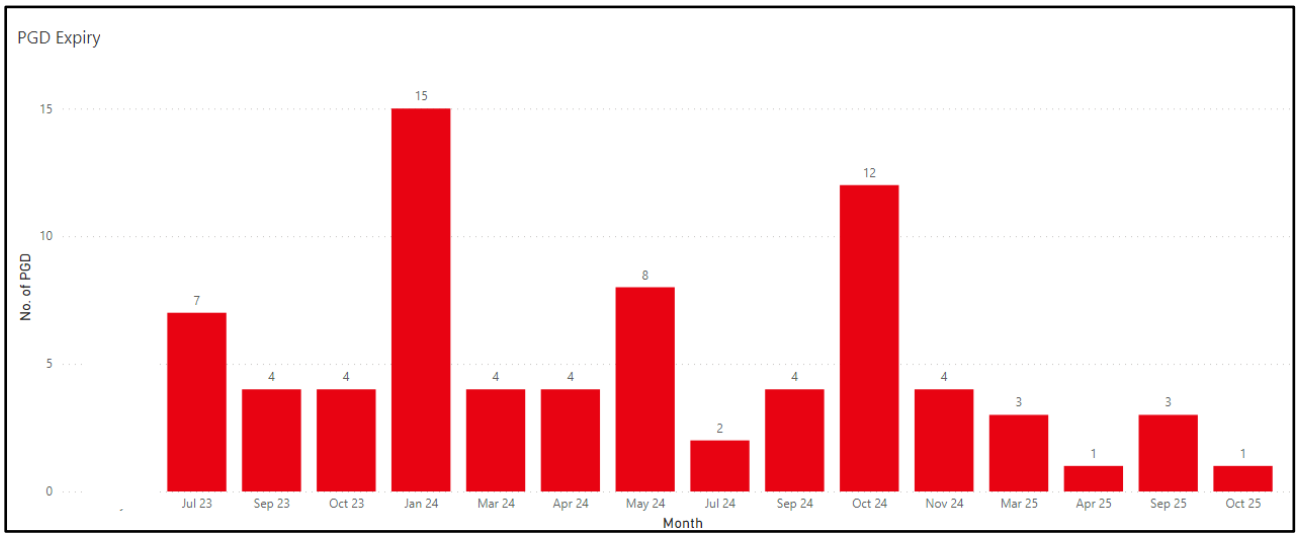
The number of pharmacist interventions since 17/10/2022 is set out below. The interventions can be viewed as near misses and demonstrate the value of the clinical pharmacy service. The detail of each intervention is available on the dashboard and can be sorted by consultant. It is essential that teams review their intervention data on a regular basis and learn from common themes.

Figure 3



3. Patient Group Direction (PGD)

The PGD dashboard allows Divisions and Care Groups to review their PGD and to anticipate when a review is due. Currently there are 81 PGDs across the Trust and all are in date. The table below shows the schedule of expiry – that are 7 PGDs due to expire by April 2023. The Care Groups are aware and are in the process of reviewing and updating.



The Medicines Management dashboard also includes information on:

- Medication Supply Shortages
- Formulary status of all drugs
- Ward stocklist for drugs for all locations
- Yellow card reporting for any adverse events
- Log in to Medusa Guidelines
- eBNF

The dashboard will be developed still further based on feedback from users.

Risk Register

Following the CQC inspection risk 2737 remains at 16. Further controls have been added to align with insulin and inhalers.

Divisions are now reviewing their risk scores via divisional medicines management group Divisions and Care Groups continue to manage their own risks based on audit results. These are reviewed regularly and can be reduced based on improvements based on audit data. The risks are reviewed at the Divisional Performance Reviews.

Ward storage

As discussed above, wards are required to use the Tendable app to complete ward storage audits which provide evidence towards divisional care group medicines management risk. The information is available on a weekly basis on the Medicines Management dashboard and form the basis for discussion at care group and divisional safety huddles and Medicines Management Groups.

3. REGULATORY

- General Pharmaceutical Council pharmacy premises – renewed annually in October, no inspection due.
- Wholesale Dealers Licence [WDA(H)] – last inspection July 2019. No inspection due.
- Home Office Controlled Drug Licence – last inspected May 23 no inspection due.

4. RECOMMENDATIONS

TMC is to note that since the Section 29A Notice, a wide range of measures have been put in place to drive improvement in Medicines Management, particularly regarding storage of medicines and prescribing quality. The newly developed Medicines Management dashboard enables full transparency of data relating to medicines management. Whilst there are areas where further improvements are required, it is possible to evidence progress so far.

The above measures will also improve accountability, especially through the Divisional governance structures, and the newly formed Divisional Medicines Management Groups.

NHS
Walsall Healthcare
NHS Trust

Paper for submission to the Trust Board Meeting – to be held in Public on 2nd August 2023		
Title of Report:	Mental Health Overview Report	Enc No: To be completed by Board Administrator
Author:	Jodie Kirby-Owens – Head of Nursing, Mental Health	
Presenter/Exec Lead:	Dr Manjeet Shehmar – Chief Medical Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☒No☐	Yes☐No☐	Yes☐No☐
Recommendations: The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or approval.			

Implications of the Paper:			
Risk Register	Yes ☒ No ☐ Risk Title: 2239 – Children & Young People (CYP) Mental Health quality of care – score 12 2581 – CYP Mental Health delays in access to Tier-4 beds – score 12		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	Workforce: • Agency/ bank costs to support and manage patients who require mental health 1:1 (support) trust wide. • Specialist resources are used via agency and external organisations trust wide to support complex mental health patients.		
Report Data Caveats	This is a standard report using the previous 6 month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: CQC Standards
	NHSE	Yes☒No☐	Details: National Tier 4 Mental Health Commissioning/Standards
	Health & Safety	Yes☒No☐	Details: Safe care of people with mental health problems
	Legal	Yes☒No☐	Details: Mental Health Act
	NHS Constitution	Yes☒No☐	Details: Right to treatment for people with mental health problems and other medical conditions
	Other	Yes☒No☐	Details: All of the above
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	NA		
Report Journey/Destination or matters that may have been referred to other	Working/Exec Group	Yes☒No☐	Date: Mental Health Steering Group
	Board Committee	Yes☒No☐	Date: TMC July 2023 QPES July 2023

Walsall Healthcare NHS Trust

Board Committees	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure • During January 2023 - June 2023 there was 74 Mental Health Act Assessments. 14 of those were detained to WHT with the remainder to Mental Health Trust Beds or discharged home. • There have been no deaths of patients held under the Mental Health Act in the Trust.
Advise • Increased acuity for patients attending Walsall Healthcare NHS Trust (WHT) with mental health concerns. These are predominantly working age adults. • WHT Mental Health team continue to work in collaboration with Black Country Foundation Healthcare Trust, Mental Health Liaison Service. • 3 risks remain live on the corporate risk register, 2 in relation to internal and external risks for CYP who require Tier 4 provision and 1 in relation to adult mental health services. • There have been 1704 attendances to the ED between January and June 2023 for patients with mental health issues. • The trust is actively recruiting mental health clinical support workers to assist in the enhanced supervision of mental health patients.
Alert • There have been 366 reported mental health related incidents. • Challenges continue with capacity within the Mental Health Liaison Service resulting in delays to care & treatment. • Increased demand for Mental Health inpatient admission/beds resulting in extended wait times in the Emergency Department and the Acute Medical Unit.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement
Improve the Healthcare of our Communities	• Develop a health inequalities strategy Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Walsall Healthcare NHS Trust

Mental Health Overview Report

Report to Trust Board Meeting to be held in Public – 2nd August 2023

EXECUTIVE SUMMARY

The purpose of the reports is to highlight the current mental health risks, progress and actions. Identifying internal and external factors.

BACKGROUND INFORMATION

In 2021 Walsall Healthcare NHS Trust (WHT) registered as a provider of mental health with the CQC - allowing pateints to be detained under the Mental Health Act (MHA) to the organisation. Being a detaining authority places a responsibility onto the hospital managers (Trust Board) to ensure any MHA detention is completed in a lawful way upholding patients human rights.

As an organisation it must be evidenced that there is compliance with:

- The Mental Health Act 1983
- The Code of Pratice 2015

In the MHA the Trust Board are referred to as Hospital Managers and within the 'Code of Practice' the Hospital managers have the authority to detain patients under the Act. They have the primary responsibility for seeing that the requirements of the Act are followed. They must ensure that patients detained only as the Act allows, that their treatment and care accord fully with its provisions, and that they are fully informed of, and are supported in exercising, their statutory rights.

The trust board can accept or decline a detention to their organisation. The board are also required to support any tribunal or appeals that take place as they hold overall responsibilities of the Act within the organisation.

The MHA (1983) is the main piece of legislation that covers the assessment, treatment, and rights of people with a mental health disorder. People detained under the MHA need urgent treatment for a mental health disorder and are at risk of harm to themselves or others. The MHA enables a person to be detained or treated without their agreement. There are many sections of the MHA. Common sections of the MHA used at WHT are:

- Section 136 - Police Detention to access a mental health assessment and a patient can be held for up to 24 hours.
- Section 2 - detention for assessment for up to 28 days
- Section 3 - detention for treatment for up to 6 months (can be extended further)
- Section 5(2) – short term detention for assessment for up to 72 hours, usually resulting in further MHA assessment.
- Section 17 leave - for those patients detained to other organisations, however may be transferred to WHT for treatment. Section 17 leave is a requirement for anyone who is detained under the mental health act and requires "leave" from the place where they are detained to.

Overall, the organisation has supported all the detentions above. Since the employment of mental health act administrators and a wider mental health team the organisation can evidence that they comply with the MHA. However, within current months due to lack of MOU/SLA for mental health services this has highlighted a gap within the adherence to the MHA. Currently there is no formal process or agreement in place that supports the 'Responsible Clinician' (RC) under the MHA. This is a direct requirement for any

patient detained, predominantly under section 3 MHA for 'treatment'. Without a RC the organisation would not be complying with the regulations of the MHA and code of practice.

Current national picture:

Newcastle upon Tyne Hospitals NHS foundation Trust were assessed by the CQC in February 2023.

CQC response:

"In response to our findings, we served the trust with a Warning Notice under Section 29A of the Health and Social Care Act 2008. The Warning Notice told the trust that they needed to make significant improvements in the quality and safety of healthcare provided in relation to patients with a mental health need, a learning disability or autism."

The CQC completed a very detailed report detailing all of the areas of improvements required and this report highlighted the responsibilities of the acute trust for all patients that are admitted and the required need for process and clear service delivery expectations, to support patients suffering mental health symptoms.

- There is learning from this report that the mental health team within WHT are reviewing to identify gaps and actions.

However, WHT can evidence the work that has been done against this report and this is a success for the organisation. WHT has invested in mental health act administrators and mental health staff who have implemented new processes that support parity of esteem and improvements in practice. There is ongoing work to continue to support mental health patients and deliver parity of esteem.

1.0 Risks

This report contains a summary of risks that are located on the corporate risk register in relation to mental health, providing an outlining updates, escalations, and de-escalations.

2581 – Children and Young People (CYP) Mental Health delays in access to Tier - 4 bed.

External risk - risk has been reduced to a score of 12 from 20.

This was reduced due to incidents recurring monthly and not weekly; however the risks and challenges remain, they are less frequent due to the ED/PAU pathway that has been put in place.

Overall, the trust is unable to fully support and manage CYP awaiting a tier 4 bed admission and manage patient safety through the patient journey. Identified issues:

- Developing CAMHS services.
- CAMHS service is daytime only.
- Lack of training for CYP staff that are supporting Mental Health patients in crisis.

Actions:

- An informal working group has started to meet to develop an action plan. This meeting is to progress to a more formal group that escalates the MH Steering group and is led by the Paediatric Matron.
- To have an agreed MOU and clarity for services.
- Staff to attend mental health training and suicide prevention training.
- Rapid tranquilisation policy is currently going through ratification processes.
- To add the Royal College of Emergency medicine (RCEM) CYP risk assessment tool to practice supporting an understanding of CYP in crisis risks.

2439 - Children and Young People Mental Health quality of care.

Internal risk - risk has been reduced to a score of 12 from 20.

This was reduced due to incidents recurring monthly and not weekly, however the risks and challenges remain, they are less frequent due to the ED/PAU pathway that has been put into place.

- There is a nationally accepted risk to CYP in crisis owing to the lack of mental health service provision. The NHS Plan is looking to address this with improved funding to be made available however, whilst we wait to see the outcome of this the risk remains within WHT; the lack of adequate service provision externally means the trust carries a high-level risk internally as a result of holding CYP who are in crisis.
- Nationally there are issues in accessing Tier 4 beds and locally we have a CAMHS service that is only available 08.00 – 20.00.
- No locally commissioned beds and this contributes to challenges to access the national available CAMHS beds.
- Overall, the risks are external to our services.

3002 – Adult Mental Health Quality of Care
Risk score 16 - risk of sub optimal care and harm to adults who present in a mental health crisis, due to external services not able to deliver the required services due to the absence of an MOU. This in turn may contribute to a breach in part of the MHA, resulting in non-adherence to the MHA legislation and CQC requirements.

There is evidence of suboptimal quality of care delivery for mental health patients due to extended waiting times to access and receive assessment and support. As there is no formal agreement for services delivered to adults who require mental health assessment the current service at times is varied in service delivery and has inconsistent quality of care.

There has been challenges to adhere to the standards of contemporaneous record keeping due to the external services inconsistently documenting within the acute trust notes and at times not sharing relevant risk history and presentation. This contributes directly to incidents due to the acute trust staff not knowing the risks relating to the individual patient.

- There continues to be regular monthly incident reports relating to: patients waiting longer than the expected 1-hour response time for CORE24 mental health liaison services, often patients wait between 2-6 hours for this assessment whilst in ED.
- Other incidents are related to delays in access to psychiatrist, suboptimal documentation and information sharing, absconding patients and CORE 24 mental health liaison services not being met.

Actions:

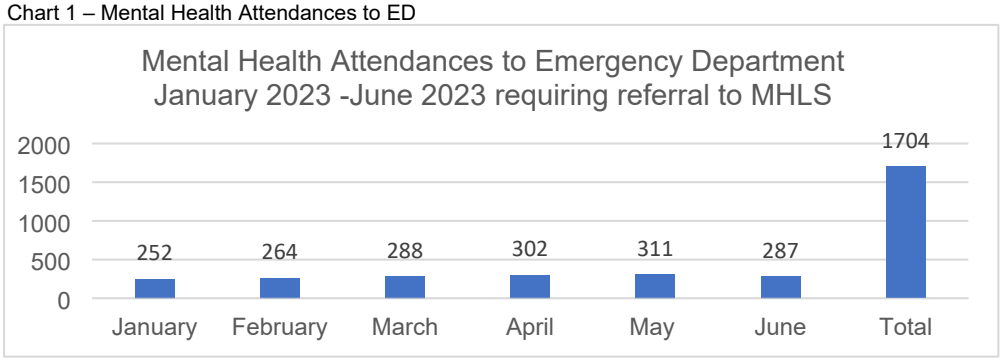
- The Royal College of Emergency Medicine (RCEM) risk assessment tool has been put into practice to support the acute staff to understand the patient risks whilst awaiting the external services to complete an assessment.
- Additional training has been provided to key areas from the WHT mental health team to support the management of mental health patients who are in the acute trust.

2.0 Mental Health Activity
Patient acuity has increased significantly for patients attending the trust with mental health concerns, feedback from the Black Country Mental Health Trust suggest that attendances to the new Emergency Department since opening have increased by approximately 25% with significant increases in out of area patients presenting with mental health issues (Chart 1).
Nationally there has been an increase in attendance to the ED for mental health and this is also shared with the national lead nurse for mental health group that the head of nursing for mental health attends.

There has been through all current evidence-based practice an anticipated 'tsunami' of mental health across the country post COVID-19. There is evidence of this due to the attendance figures consistently being high and the lack of reduction in attendances that would usually be anticipated through the warmer months. Usually, mental health crisis and attendances follow a dynamic pattern throughout the year, however there is a consistent rate with a higher acuity. This has contributed to the increase in admissions to psychiatric hospitals, increase in MHA assessments, directly linked to extended ED DTA breaches, and wait times.

Nationally there as significant pressures to access mental health beds and this is evident in patients awaiting mental health admission and remaining in the acute trusts for days/weeks at a time awaiting access to appropriate psychiatric beds. This is a change across the system in the demand for services to support mental health patients.

Chart 1 – Mental Health Attendances to ED

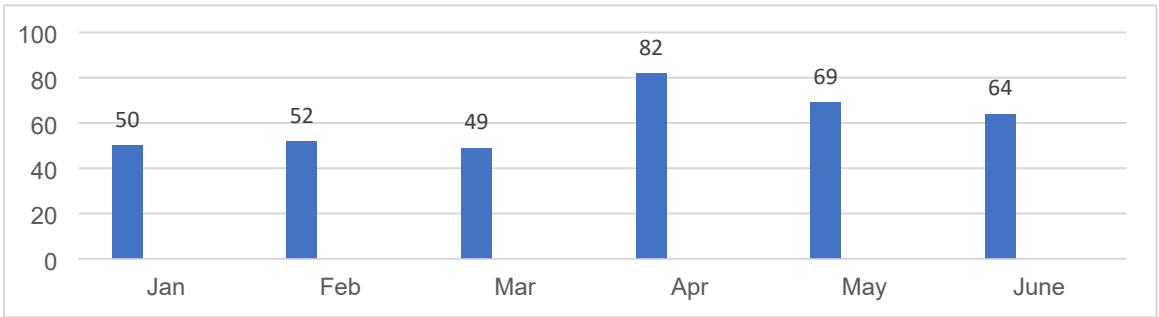


3.0 Governance

There were 366 mental health related incidents reported between January 2023 – June 2023 (Chart 2) with the top 3 cause groups of:

- Non-adherence to local policy (External partners/ CORE24 response time breach)
- Patient absconded.
- Decision To Admit (DTA) breach.

Chart 2 – Incident data – 1/1/23 – 30/6/23



The list below highlights the common themes each month that are raised to the MH team within WHT (the MH team respond swiftly and offer support/ guidance for the trust):

- Absconding patients (all areas).
- Absconding patients ED.
- Patient delays in accessing mental health assessment by external provider.
- Breach in CORE24 service delivery standards.
- Lack of a streamlined service for external services for MHA process.
- Challenges with completing section 5(2) MHA 1983 documentation and assessment.
- Police 136 process, access to mental health suite, and management of patients under section 136.
- Increase in section 136 attendances to the ED.

- Supporting children under section 136 suite as CAMHS currently do not offer any support to ED.
- Challenges to access the local 136 suite for CAMHS.
- Supporting patients and plans of care for Tier 4 admissions.
- Supporting WCCSS division with the gaps in CAMHS provision.
- Supporting WHT with gaps in CORE24 provision.
- Supporting and escalating through appropriate routes.
- Overuse of restraint/inappropriate restraint by security staff/ward staff.
- Frequent admissions/HISU (High Intensity Service User).

The mental health team at WHT and RWT conducted an audit to further understand the issues and the findings are being worked through with partners in the mental health trust.

Action:
WHT have now developed a meeting to share incident reports with the external mental health provider on a regular basis. To improve collaborative working and supporting the quality of care for patients who are in the acute trust.

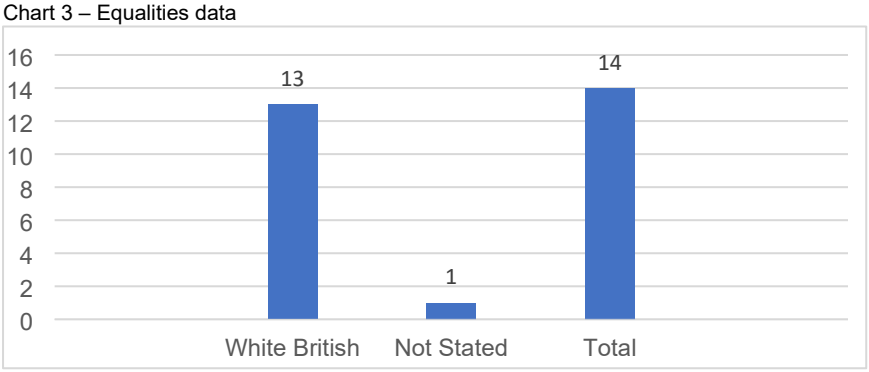
3.0 Mental Health Act

3.1 Equalities data
The equalities data for those that were detained is as follows:

- Sex: 2 male and 12 females.
- Age: The average age was 30 years (12 - 80years).
- Ethnicity: is detailed in the graph below for those detained to WHT.

As an organisation all equality data is collated and compared with the other regional teams and acute trusts.

Chart 3 – Equalities data



3.2 Mental Health Act (MHA) Assessments
Chart 4: There have been 74 MHA assessments within WHT between January 2023 – June 2023.

Chart 4 – MHA assessments

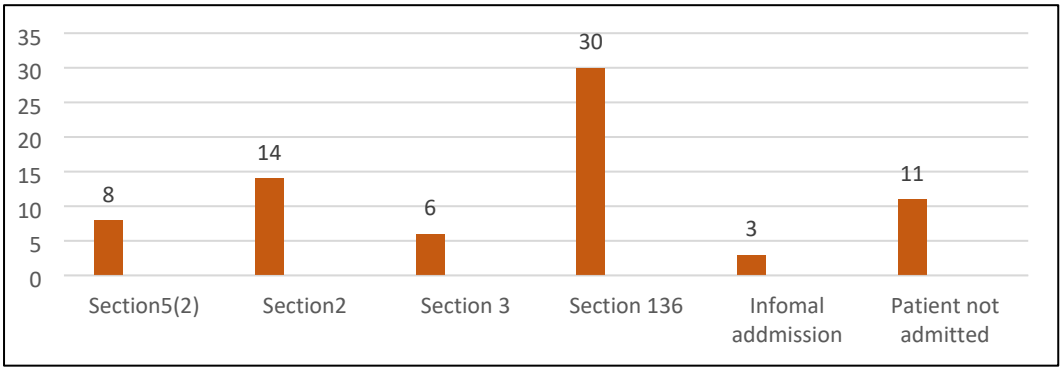
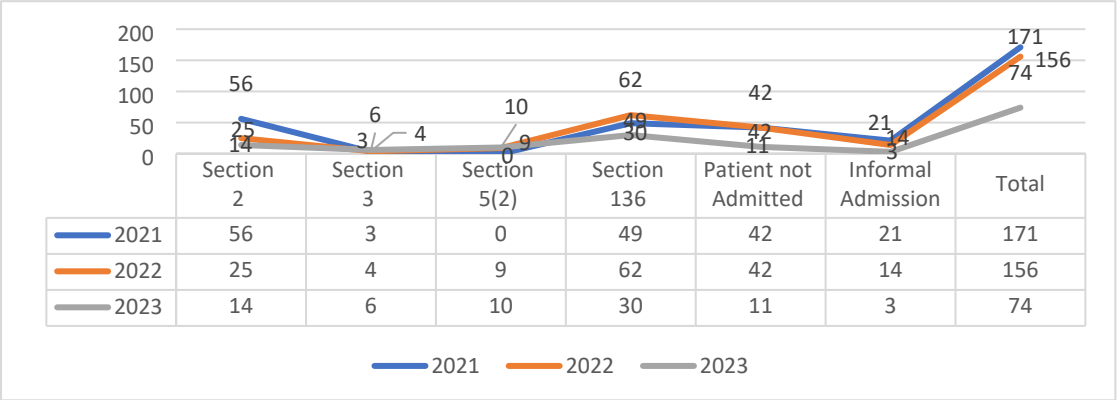


Chart 5 demonstrates the mental health act activity over the past 3 years, highlighting the overall increase in demand within the organisation in 2022 – 2023

Chart 5 – MHA assessment outcomes 2021 – to date



	Section 2	Section 3	Section 5(2)	Section 136	Patient not Admitted	Informal Admission	Total
2021	56	3	0	49	42	21	171
2022	25	4	9	62	42	14	156
2023	14	6	10	30	11	3	74

7.0 Mental Health Training

7.1 IKON (De-escalation and restraint training, provided by WHT)

- Paediatrics - 80% of paediatric workforce are trained in level 1 IKON for de-escalation and breakaway training.
- ED & Acute Medical Unit - 50% of nursing workforce trained. Head of nursing for mental health plans to work with the ED matron to improve compliance within the ED.
- IKON training dates are available twice monthly.

7.2 Mental Health Act training

- Mental Health Act Awareness Is available to all members of staff via the Trust intranet.

7.3 Ligature cutter training

- 693 staff are trained across the trust. Training video is available via MyAcademy.

8.0 Project Work

8.1 Development of Clinical Support Worker (CSW) Band 3 Bank resource

The WHT mental health team have been working with the resourcing team to employ BANK CSW band 3 staff that are mental health trained and have experience of working within mental health services. This is to support the quality of care for all mental health patients within the organisation, ensuring safe high-quality care. Especially for those who require enhanced care and support.

WHT mental health team are providing an additional bespoke induction that includes de-escalation and breakaway training, incident reporting, documentation and escalation.

8.2 Training

The head of nursing for mental health has worked closely with the education team to develop a training plan (map) for mental health training for the trust. This will provide bespoke relevant training to all staff. This project will be complete November 2023, as all training packages are being developed. The training is to support the staff to develop relevant skills and knowledge to support mental health patients. The training will also include up to date risk and suicide prevention data.

RECOMMENDATIONS

To note the contents of the report.

Reading Room Information/Enclosures: None

Walsall Healthcare NHS Trust

Meeting of Trust Board – Part A	
Meeting Date:	2nd August 2023
Title of Report:	Mental Health Overview Report
Action Requested:	Inform
For the attention of the committee	
Assure	• During January 2023 - June 2023 there was 74 Mental Health Act Assessments. 14 of those were detained to WHT with the remainder to Mental Health Trust Beds or discharged home. • There have been no deaths of patients held under the Mental Health Act in the Trust.
Advise	• Increased acuity for patients attending Walsall Healthcare NHS Trust (WHT) with mental health concerns. These are predominantly working age adults. • WHT Mental Health team continue to work in collaboration with Black Country Foundation Healthcare Trust, Mental Health Liaison Service. • 3 risks remain live on the corporate risk register, 2 in relation to internal and external risks for CYP who require Tier 4 provision and 1 in relation to adult mental health services. • There have been 1704 attendances to the ED between January and June 2023 for patients with mental health issues. • The trust is actively recruiting mental health clinical support workers to assist in the enhanced supervision of mental health patients.
Alert	• There have been 366 reported mental health related incidents. • Challenges continue with capacity within the Mental Health Liaison Service resulting in delays to care & treatment. • Increased demand for Mental Health inpatient admission/beds resulting in extended wait times in the Emergency Department and the Acute Medical Unit.
Author and Responsible Director Contact Details:	**Authors:** Jodie Kirby-Owens - Head of Nursing Mental Health Email - jodie.kirby-Owens@nhs.net Dr Manjeet Shehmar - Chief Medical Officer Email – manjeet.shehmar@nhs.net
Links to Trust Strategic Objectives	
Excel in the delivery of Care	a) Embed a culture of learning and continuous improvement b) Safe and responsive urgent and emergency care
Support our Colleagues	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing. c) Improve overall staff engagement. d) Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	a) Develop a health inequality strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
Effective Collaboration	a) Improve population health outcomes through provider collaborative. b) Improve clinical service sustainability. c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	There are resource implications that are related to • Agency/ bank costs to support and manage patients who require mental health 1:1 (support) trust wide.

	• Specialist resources are used via agency and external organisations trust wide to support complex mental health patients.
Report Data Caveats	This is a standard report using the previous 6 months' data. It may be subject to cleansing and revision.
CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective:** care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	No negative impact.
Risks: BAF/ TRR	Corporate risks in relation to Mental Health
Risk: Appetite	Low
Public or Private:	Private
Other formal bodies involved:	Mental Health Steering group, Patient Safety Group
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Part B – Mental Health Overview Report – Trust Board
Date: 2ND August 2023

1.0 Purpose Of Report

The purpose of the reports is to highlight the current mental health risks, progress and actions. Identifying internal and external factors.

2.0 Background

In 2021 Walsall Healthcare NHS Trust (WHT) registered as a provider of mental health with the CQC - allowing pateints to be detained under the Mental Health Act (MHA) to the organisation. Being a detaining authority places a responsibility onto the hospital managers (Trust Board) to ensure any MHA detention is completed in a lawful way upholding patients human rights.

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The trust board can accept or decline a detention to their organisation. The board are also required to support any tribunal or appeals that take place as they hold overall responsibilities of the Act within the organisation.

The MHA (1983) is the main piece of legislation that covers the assessment, treatment, and rights of people with a mental health disorder. People detained under the MHA need urgent treatment for a mental health disorder and are at risk of harm to themselves or others. The MHA enables a person to be detained or treated without their agreement. There are many sections of the MHA. Common sections of the MHA used at WHT are:

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- Section 3 - detention for treatment for up to 6 months (can be extended further)
- Section 5(2) – short term detention for assessment for up to 72 hours, usually resulting in further MHA assessment.
- Section 17 leave - for those patients detained to other organisations, however may be transferred to WHT for treatment. Section 17 leave is a requirement for anyone who is detained under the mental health act and requires "leave" from the place where they are detained to.

Overall, the organisation has supported all the detentions above. Since the employment of mental health act administrators and a wider mental health team the organisation can evidence that they comply with the MHA.

However, within current months due to lack of MOU/SLA for mental health services this has highlighted a gap within the adherence to the MHA.

Currently there is no formal process or agreement in place that supports the 'Responsible Clinician' (RC) under the MHA. This is a direct requirement for any patient detained, predominantly under section 3 MHA for 'treatment'. Without a RC the organisation would not be complying with the regulations of the MHA and code of practice.

Current national picture:
Newcastle upon Tyne Hospitals NHS foundation Trust were assessed by the CQC in February 2023.

CQC response:
"In response to our findings, we served the trust with a Warning Notice under Section 29A of the Health and Social Care Act 2008. The Warning Notice told the trust that they needed to make significant improvements in the quality and safety of healthcare provided in relation to patients with a mental health need, a learning disability or autism."

The CQC completed a very detailed report detailing all of the areas of improvements required and this report highlighted the responsibilities of the acute trust for all patients that are admitted and the required need for process and clear service delivery expectations, to support patients suffering mental health symptoms.

- There is learning from this report that the mental health team within WHT are reviewing to identify gaps and actions.

However, WHT can evidence the work that has been done against this report and this is a success for the organisation. WHT has invested in mental health act administrators and mental health staff who have implemented new processes that support parity of esteem and improvements in practice. There is ongoing work to continue to support mental health patients and deliver parity of esteem.

3.0 Risks

This report contains a summary of risks that are located on the corporate risk register in relation to mental health, providing an outlining updates, escalations, and de-escalations.

2581 – Children and Young People (CYP) Mental Health delays in access to Tier - 4 bed.

External risk - risk has been reduced to a score of 12 from 20.

This was reduced due to incidents recurring monthly and not weekly; however the risks and challenges remain, they are less frequent due to the ED/PAU pathway that has been put in place.

Overall, the trust is unable to fully support and manage CYP awaiting a tier 4 bed admission and manage patient safety through the patient journey. Identified issues:

- Developing CAMHS services.

- CAMHS service is daytime only.
- Lack of training for CYP staff that are supporting Mental Health patients in crisis.

Actions:

- An informal working group has started to meet to develop an action plan. This meeting is to progress to a more formal group that escalates the MH Steering group and is led by the Paediatric Matron.
- To have an agreed MOU and clarity for services.
- Staff to attend mental health training and suicide prevention training.
- Rapid tranquilisation policy is currently going through ratification processes.
- To add the Royal College of Emergency medicine (RCEM) CYP risk assessment tool to practice supporting an understanding of CYP in crisis risks.

2439 - Children and Young People Mental Health quality of care.

Internal risk - risk has been reduced to a score of 12 from 20.

This was reduced due to incidents recurring monthly and not weekly, however the risks and challenges remain, they are less frequent due to the ED/PAU pathway that has been put into place.

- There is a nationally accepted risk to CYP in crisis owing to the lack of mental health service provision. The NHS Plan is looking to address this with improved funding to be made available however, whilst we wait to see the outcome of this the risk remains within WHT; the lack of adequate service provision externally means the trust carries a high-level risk internally as a result of holding CYP who are in crisis.
- Nationally there are issues in accessing Tier 4 beds and locally we have a CAMHS service that is only available 08.00 – 20.00.
- No locally commissioned beds and this contributes to challenges to access the national available CAMHS beds.
- Overall, the risks are external to our services.

3002 – Adult Mental Health Quality of Care

Risk score 16 - risk of sub optimal care and harm to adults who present in a mental health crisis, due to external services not able to deliver the required services due to the absence of an MOU. This in turn may contribute to a breach in part of the MHA, resulting in non-adherence to the MHA legislation and CQC requirements.

There is evidence of suboptimal quality of care delivery for mental health patients due to extended waiting times to access and receive assessment and support. As there is no formal agreement for services delivered to adults who require mental health assessment the current service at times is varied in service delivery and has inconsistent quality of care.

There has been challenges to adhere to the standards of contemporaneous record keeping due to the external services inconsistently documenting within the acute trust notes and at times not sharing relevant risk history and presentation. This contributes directly to incidents due to the acute trust staff not knowing the risks relating to the individual patient.

- There continues to be regular monthly incident reports relating to: patients waiting longer than the expected 1-hour response time for CORE24 mental health liaison services, often patients wait between 2-6 hours for this assessment whilst in ED.

- Other incidents are related to delays in access to psychiatrist, suboptimal documentation and information sharing, absconding patients and CORE 24 mental health liaison services not being met.

Actions:

- The Royal College of Emergency Medicine (RCEM) risk assessment tool has been put into practice to support the acute staff to understand the patient risks whilst awaiting the external services to complete an assessment.
- Additional training has been provided to key areas from the WHT mental health team to support the management of mental health patients who are in the acute trust.

4.0 Mental Health Activity

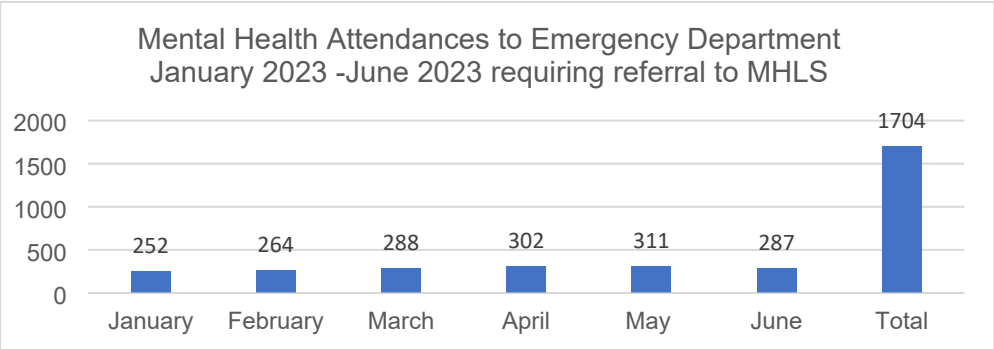
Patient acuity has increased significantly for patients attending the trust with mental health concerns, feedback from the Black Country Mental Health Trust suggest that attendances to the new Emergency Department since opening have increased by approximately 25% with significant increases in out of area patients presenting with mental health issues (Chart 1).

Nationally there has been an increase in attendance to the ED for mental health and this is also shared with the national lead nurse for mental health group that the head of nursing for mental health attends.

There has been through all current evidence-based practice an anticipated 'tsunami' of mental health across the country post COVID-19. There is evidence of this due to the attendance figures consistently being high and the lack of reduction in attendances that would usually be anticipated through the warmer months. Usually, mental health crisis and attendances follow a dynamic pattern throughout the year, however there is a consistent rate with a higher acuity. This has contributed to the increase in admissions to psychiatric hospitals, increase in MHA assessments, directly linked to extended ED DTA breaches, and wait times.

Nationally there as significant pressures to access mental health beds and this is evident in patients awaiting mental health admission and remaining in the acute trusts for days/weeks at a time awaiting access to appropriate psychiatric beds. This is a change across the system in the demand for services to support mental health patients.

Chart 1 – Mental Health Attendances to ED

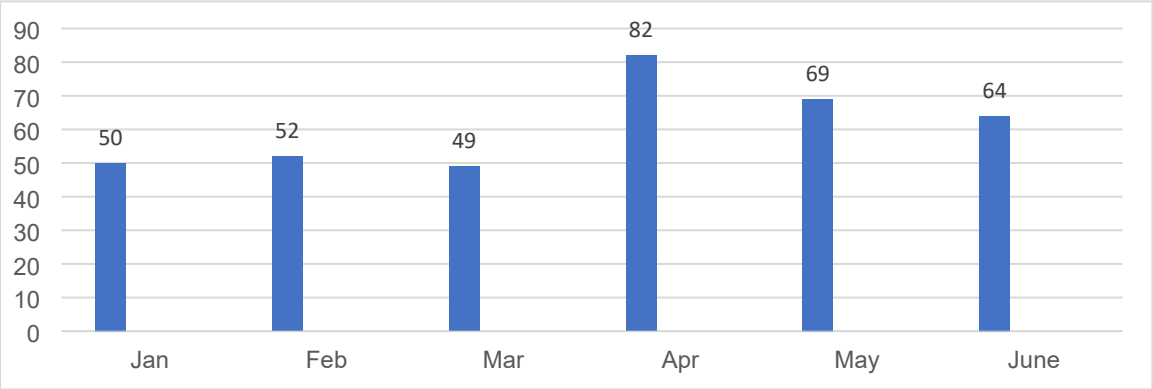


5.0 Governance

There were 366 mental health related incidents reported between January 2023 – June 2023 (Chart 2) with the top 3 cause groups of:

- Non-adherence to local policy (External partners/ CORE24 response time breach)
- Patient absconded.
- Decision To Admit (DTA) breach.

Chart 2 – Incident data – 1/1/23 – 30/6/23



The list below highlights the common themes each month that are raised to the MH team within WHT (the MH team respond swiftly and offer support/ guidance for the trust):

- Absconding patients (all areas).
- Absconding patients ED.
- Patient delays in accessing mental health assessment by external provider.
- Breach in CORE24 service delivery standards.
- Lack of a streamlined service for external services for MHA process.
- Challenges with completing section 5(2) MHA 1983 documentation and assessment.
- Police 136 process, access to mental health suite, and management of patients under section 136.
- Increase in section 136 attendances to the ED.
- Supporting children under section 136 suite as CAMHS currently do not offer any support to ED.
- Challenges to access the local 136 suite for CAMHS.
- Supporting patients and plans of care for Tier 4 admissions.
- Supporting WCCSS division with the gaps in CAMHS provision.
- Supporting WHT with gaps in CORE24 provision.
- Supporting and escalating through appropriate routes.
- Overuse of restraint/inappropriate restraint by security staff/ward staff.
- Frequent admissions/HISU (High Intensity Service User).

The mental health team at WHT and RWT conducted an audit to further understand the issues and the findings are being worked through with partners in the mental health trust.

Action:
WHT have now developed a meeting to share incident reports with the external mental health provider on a regular basis. To improve collaborative working and supporting the quality of care for patients who are in the acute trust.

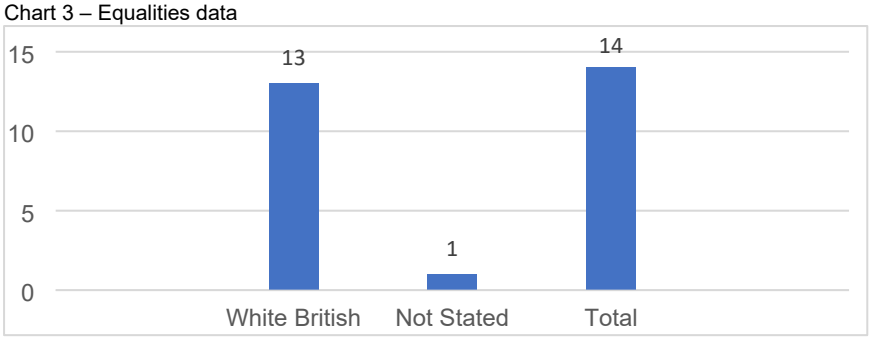
6.0 Mental Health Act

6.1 Equalities data
The equalities data for those that were detained is as follows:

- Sex: 2 male and 12 females.
- Age: The average age was 30 years (12 - 80years).

- Ethnicity: is detailed in the graph below for those detained to WHT.

Chart 3 – Equalities data



As an organisation all equality data is collated and compared with the other regional teams and acute trusts.

6.2 Mental Health Act (MHA) Assessments

Chart 4: There have been 74 MHA assessments within WHT between January 2023 – June 2023.

Chart 4 – MHA assessments

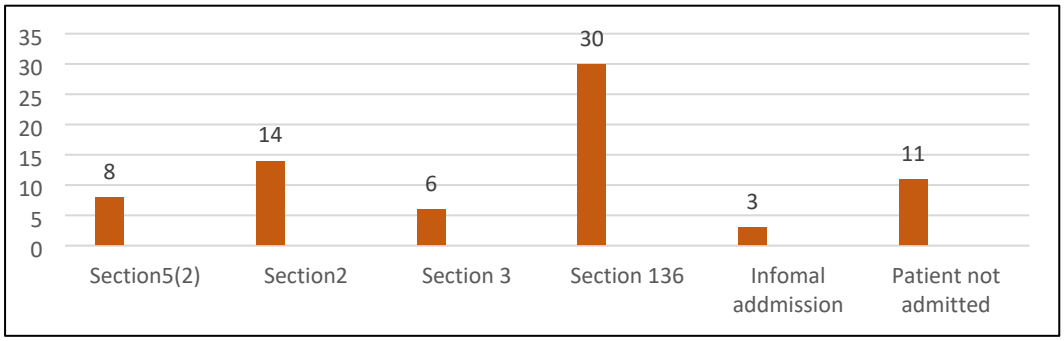
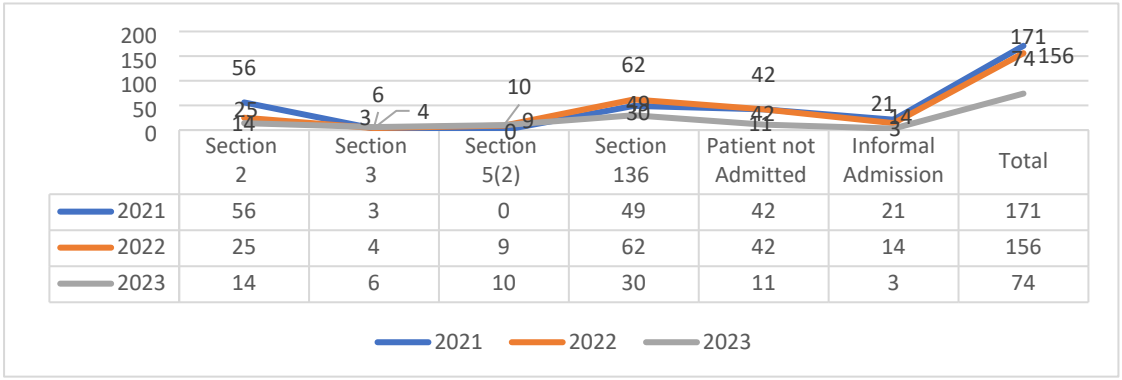


Chart 5 demonstrates the mental health act activity over the past 3 years, highlighting the overall increase in demand within the organisation in 2022 – 2023.

Chart 5 – MHA assessment outcomes 2021 – to date



	Section 2	Section 3	Section 5(2)	Section 136	Patient not Admitted	Informal Admission	Total
2021	56	3	0	49	42	21	171
2022	25	4	9	62	42	14	156
2023	14	6	10	30	11	3	74

7.0 Mental Health Training

7.1 IKON (De-escalation and restraint training, provided by WHT)

- Paediatrics - 80% of paediatric workforce are trained in level 1 IKON for de-escalation and breakaway training.

- ED & Acute Medical Unit - 50% of nursing workforce trained. Head of nursing for mental health plans to work with the ED matron to improve compliance within the ED.
- IKON training dates are available twice monthly.

7.2 Mental Health Act training

- Mental Health Act Awareness Is available to all members of staff via the Trust intranet.

7.3 Ligature cutter training

- 693 staff are trained across the trust. Training video is available via MyAcademy.

8.0 Project Work

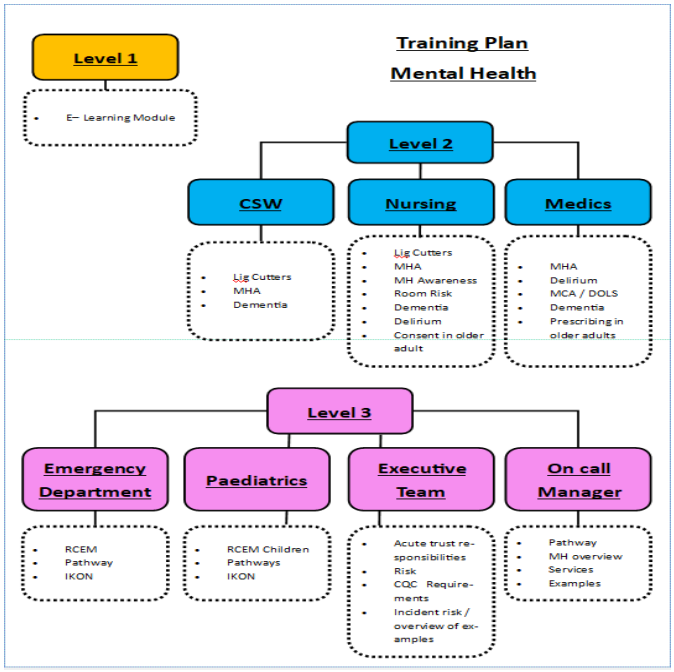
8.1 Development of Clinical Support Worker (CSW) Band 3 Bank resource

The WHT mental health team have been working with the resourcing team to employ BANK CSW band 3 staff that are mental health trained and have experience of working within mental health services. This is to support the quality of care for all mental health patients within the organisation, ensuring safe high-quality care. Especially for those who require enhanced care and support.

WHT mental health team are providing an additional bespoke induction that includes de-escalation and breakaway training, incident reporting, documentation and escalation.

8.2 Training

The head of nursing for mental health has worked closely with the education team to develop a training plan (map) for mental health training for the acute trust. This will provide bespoke relevant training to all staff. This project will be complete November 2023, as all training packages are being developed. The training is to support the staff to develop relevant skills and knowledge to support mental health patients who attend the acute trust. The training will also include up to date risk and suicide prevention data.



End of Report

Meeting of the Trust Board	
Meeting Date:	2nd August 2023
Title of Report:	Revalidation Annual Report & Statement of Compliance 2022/23
Action Requested:	Members of the Board are asked to be assured and approve of this report.
For the attention of the Committee	
Assure	• As at 31 March 2023, the Trust had 389 Connected doctors and appraisal compliance was 98%; • Monthly meetings with the Responsible Officer (RO), Medical Appraisal Lead and Medical Revalidation team, to review portfolios of doctors under notice for revalidation. These meetings are minuted and actions recorded. • In 22/23, 92% of revalidation decisions were a positive recommendation, 8% were to defer the revalidation decision. • At the time of this report there are sufficient number of appraisers employed by the Trust with a recent recruitment drive undertaken in June 2023. • All connected doctors are checked and the connected list has been validated. An audit off all connections is also undertaken every 6 months (last completed February 2023). • Following 2 external reviews by NHSE and Grant Thornton, the Responsible Officer Statutory Requirements Task & Finish Group (ROST) Chaired by the CMO/Responsible Officer was established. This group included colleagues from Recruitment, Medical Staffing and Medical Revalidation. A combined action plan **(Appendix 1)** was developed to address the recommendations of the 2 reviews and the actions are now completed and the ROST task and finish group has been closed. • A Medical Governance Lead was appointed in June 2023. They will be supported by the new Datix Data system, to strengthen the data input to appraisal and medical governance. This will highlight any concerns with doctors and support appraisal. • A Standard Operating Procedure (SOP) has been agreed for Medical Practitioner Information Transfers (MPITs), and Managing GMC Connections. • An SOP for booking of locums was created and circulated to relevant stakeholders with audits of implementation within the medical staffing team audit cycle.
Advise	• MPIT process is now undertaken by the Revalidation Team since 2022 (formerly Recruitment) to ensure compliance with the process as required by the Responsible Officer. An audit was completed and a retrospective exercise was undertaken to ensure all MPITS for the last 12 months were requested from the previous Responsible Officer. This process is now complete. • The ROST task and finish group chaired by the Responsible Officer consisting of Medical Staffing, Recruitment and the Revalidation team has addressed gaps in the Trust processes required for safe employment and revalidation of doctors. • Medical staffing are checking bank doctors against the GMC register.

Alert	• Gaps were identified in the governance of locum and bank medical staff as well as checking of the connected doctors. A risk was added to the corporate risk register to reflect this. A monthly reporting process is now in place to alert the Medical Revalidation Team of any Bank workers undertaking regular shifts and who may require connection. A SOP for booking of locums was created and circulated to relevant stakeholders. • The Medical Revalidation and Appraisal Policy has now been agreed and uploaded to the Trust Intranet. • A risk remains around robust data towards appraisal and capacity for advice and support to the responsible officer. This is reflected in risk 3012. Mitigations include arrangements for ad hoc advice and a plan to improve data through the implementation of Datix Cloud. • The business case for Associate Director for Medical Professional Standards has been approved in principle, however a funding stream has not been found.
Author and Responsible Director Contact Details:	• Author – Mark Read, Medical Revalidation and Job Planning Manager mark.read1@nhs.net • Responsible Director – Manjeet Shehmar, Chief Medical Officer &Responsible Officer manjeet.shehmar@nhs.net
Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
Effective Collaboration	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	There are no resource implications associated with this report.
Report Data Caveats	This is a standard report.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	There are no equality & diversity implications associated with this paper.
Risks: BAF/ TRR	This report mitigates BAF Risk S01 - failure to deliver consistent standards of care to patients' across the Trust results in poor patient outcomes and

	incidents of avoidable harm by ensuring consistent processes for revalidation and compliance with the regulations. Risk No. 3012 - 360 Whole Practice Appraisals and Medical Governance.
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	
References	
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
Brief/Executive Summary Title:	Revalidation Annual Report & Statement of Compliance 2022/23

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,
b) provide the necessary assurance to the higher-level responsible officer,
c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – [*delete as applicable*] of [*insert official name of DB*] can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: None Comments: Dr Manjeet Shehmar is Chief Medical Officer and Responsible Officer. Action for next year: None

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes Action from last year: Address and mitigate the gaps in safe recruitment of doctors; Improve data quality to appraisal; Complete a programme of refresher training for existing Medical Appraisers in 2023, which is yet to be arranged. The requirement is every 3 years for refresher training. Comments: A ROST task and finish group was initiated and chaired by the Responsible Officer to understand and address the gaps in recruitment and checks of doctors. Required actions have now been undertaken and the group has been closed. A Medical Governance Lead has been appointed, who will be supported by the new Datix Cloud Data system in order to strengthen the data input to appraisal and medical governance. This will highlight any concerns with doctors and support appraisal. New Appraiser Training was completed in June 2023. Action for next year: Recruit Part Time Band 3 Administrator to support the Medical Revalidation Team and wider Medical Directorate.

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: A further audit of GMC Prescribed Connections Comments:

A twice yearly audit exercise has been implemented and an audit was last undertaken in February 2023 and is next due August 2023. An SOP has been agreed.

Doctors with a prescribed connection are managed and updated through GMC Connect online, by the Medical Revalidation Team, on behalf of the Trust's Responsible Officer. The team are notified via a monthly report of new starters and leavers via the Workforce Intelligence Team.

Action for next year: Complete Audit of GMC Connections in August 2023 and February 2024.

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: Develop a New Medical Appraisal and Revalidation Policy.

Comments: The Policy was ratified November 2022 and is next due for review in November 2025.

Action for next year: None.

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year:

Implement and continue to monitor the Medical Revalidation Action Plan. Currently regular meetings take place with the Medical Revalidation and Job Planning Manager, Business Manager to the Medical Directorate, the Responsible Officer and Medical Lead Appraiser.

Comments:

The last Independent Verification Visit was undertaken by NHS England in November 2021 and the recommendations formed part of the combined action plan. Also, the Grant Thornton Governance Review, was also undertaken in January 2022. The ROST task and finish group Chaired by the CMO/Responsible Officer including colleagues from Recruitment, Medical Staffing and Medical Revalidation reviewed the actions to address the recommendations of these two reviews and the actions are complete. The task and finish group has been closed.

Action for next year: None.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: Address and mitigate risks posed by gaps in recruitment checks for doctors and escalation of concerns to the RO

Ensure an effective and robust system of Governance is in place for doctors with a prescribed connection elsewhere for collection of clinical governance data and supported continuing professional development.

Comments:

The Trust has strengthened governance with the recruitment into of a new role, Medical Governance Lead. Part of this role will be to review clinical training and obtain feedback to ensure full support is in place for continuing professional development. Supported by the new Datix Data system, this will enable the provision of clinical governance data.

An audit was completed in 2022, where all agency locums were validated against the GMC register for concerns.

Gaps within the internal recruitment checks and escalation processes in relation to locum or short term doctor checks and induction were reviewed in a working group chaired by the Responsible Officer (RO) consisting of representative from revalidation, recruitment and medical staffing which will result in more robust processes and governance. These actions are now completed.

Action for next year: Implement Datix Cloud Data system and processes

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.[1]

Action from last year: Implement and continue to monitor the Medical Revalidation Action Plan via the ROST task and finish group. Implementation of DATIX and recruitment to Medical Governance Lead role and implementation of stronger data system to highlight any areas of concern.

Comments:

The Medical Governance Lead has been appointed and as part of this role, will implement a stronger data system.

At present, the Medical Revalidation Administrator emails the Governance Administrator in Patient Safety, requesting information concerning complaints and significant events in the last 12 months, for doctors due for appraisal in 2 month's time. The Trust Complaints and significant events report is then uploaded by the Medical Revalidation Administrator and documented within the Complaints and Significant Events sections of the appraisal for the doctor. The doctor is also required to sign an electronic declaration statement when submitting their documentation.

[1] For organisations that have adopted the Appraisal 2020 model (recently updated aby the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

The e-mail from the Medical Revalidation Administrator to the doctor also requests that they obtain and document evidence regarding practising privileges from any other organisation covering their whole scope of practise, to include complaints and significant untoward events data.

The Medical Revalidation and Job Planning Manager is also in the process of collating a register of organisations a doctor works for, to cover their whole scope of practise.

Once Datix is implemented, the Governance Department will be able to provide the Revalidation Team with a more strengthen process of complaints and significant untoward events data covering the doctor's whole scope of practise.

In 2022, the Trust identified a gap when a doctor is transferred from a training contract with Health Education England to a Trust doctor contract and transfer of RO. This gap is due to an internal change of circumstances contract being issued without a recruitment process, resulting in omission of a started form which initiates the appraisal connection. This issue was addressed as part of the aforementioned ROST task and finish group and all doctors connected to the RO have now been validated and checked to ensure that appraisal arrangements and access have been addressed.

Action for next year: Implement Datix and Medical Governance Lead to imbed robust processes for complaints significant untoward events

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: Implement and continue to monitor the Medical Revalidation Action Plan via the ROST task and finish group.

Implementation of DATIX

Comments:

The action plan has been completed.

In relation to annual appraisals that do not take place, all 'missed appraisals' have a recorded reason on the Allocate "RO Dashboard", for tracking and monitoring. This includes, 'Approved Missed Appraisals' where the RO has agreed to a postponement (i.e., sickness absence, maternity leave, sabbatical). Where risks or issues are identified in relation to doctor's lack of engagement in the appraisal process, through MPSG, there is a procedure in place.

Action for next year: Implementation of DATIX

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Ratify new Medical Appraisal & Revalidation Policy

Comments: The Medical Appraisal and Revalidation Policy ratified in November 2022, is compliant.

Action for next year: None.

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:

Deliver Medical Appraisal Refresher Training for doctors unable to attend in September 2020.

Deliver a new Medical Appraiser Course in 2023 to increase the pool of Trained Appraisers in line with anticipated increase of connected doctors.

Comments: The Medical Appraiser cohort is 91, up from 61 in the previous year. Based upon 411 connected doctors (July 2023), the ratio of appraisers to doctors is now approximately 1: 5. A New Medical Appraiser course was held in June 2023 and 15 new appraisers were trained.

Action for next year: None

10. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

Action from last year: Lead Appraiser to meet all Medical Appraisers during Appraisal Year on 1-1 basis to discuss Appraisal Feedback, performance and development.

Comments:

4 Medical Appraisal Quality Assurance Assessors (0.25 PAs each) review anonymised appraiser summary and outputs. This includes the review of 2 appraisal outputs for each Trust Appraiser (91 appraisers). The feedback is then issued to Appraisers by the Lead Medical Appraiser and the Lead offers an opportunity for a 1-1 meeting to discuss this. Key findings and points of learning are reported at the monthly MPSG and at quarterly Medical Appraiser Support Group Meetings by the Lead Medical Appraiser.

Medical Appraiser Support Group Meetings, chaired by the Lead Medical Appraiser are held quarterly, and Appraisers are expected to attend a minimum of 2 sessions per annum. The meetings will cover any issues and concerns to be addressed, the appraiser allocations for the forthcoming year, any training and development needs and Quality Assurance through reviews of anonymised appraisal outputs (to demonstrate good and poor practice) to ensure calibration of practice.

The Medical Appraisal Lead is making arrangements to meet newly trained Medical Appraisers (June 2023) on 1-1 basis.

The last cohort of refresher Training for existing Medical Appraisers took pace in September 2020. Under Policy, this is required every 3 years and so will be organised in 2023.

Action for next year: Organise Appraiser Refresher Training

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: Present Annual Board Report and return the Statement of Compliance to NHS England by 30 September 2022.

Comments: See section 10 regarding the appointment of Medical Appraisal Quality Assurance Assessors. The NHS England and Grant Thornton external reviews have also assessed quality assurance.

Action for next year:

Present Annual Board Report and return the Statement of Compliance to NHS England by 30 September 2023.

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March 2023	**389**
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	**284**
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	**11**
Total number of agreed exceptions	**3**

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: Target of 0 late recommendations to the GMC.

To strengthen recruitment process for timely awareness of new doctors who become connected and when their appraisals and revalidations are due

Comments:

0 late GMC revalidation recommendations occurred in 2022/23.

The Responsible Officer, Lead Medical Appraiser, Medical Revalidation & Job Planning Manager and Medical Revalidation Administrator meet monthly to discuss forthcoming revalidation decisions at the RO Revalidation Review meetings. Outcomes of decisions are documented, along with actions, and decisions are recorded on the Allocate RO Dashboard. All revalidation decisions are made by the RO and reported on the monthly report to Medical Professional Standards Group. The Medical Revalidation Manager then records the decision made by the RO on GMC Connect, on behalf of the Responsible Officer.

Revalidations decisions are reported at the monthly MPSG, where potential issues or concerns regarding forthcoming revalidation decisions are raised. Where there are concerns, i.e., insufficient supporting information, in the first instance the Lead Medical Appraiser will address these with the doctor. If these issues remain unresolved, or where unresolved local/GMC concerns exist, these cases are escalated to the RO who may discuss this with their GMC Employee Liaison Officer (ELA).

Action for next year: Target of 0 late recommendations to the GMC.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: No action

Comments: The doctor receives confirmation in writing of a positive GMC revalidation decision. Before any decision to defer is made, this will be discussed at the monthly RO Revalidation Review Meeting and MPSG. In the first instance the doctor will be met with to develop an action plan where appropriate, and the doctor will be written to formally. If a decision to defer is made, this will also be documented in writing.

Action for next year: Ensure that a decision of deferral or non-engagement is discussed with the doctor prior to it being recorded on GMC Connect

Section 4 – Medical governance

3. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: Strengthen Medical Governance through implementation of DATIX and recruitment to a Medical Governance Lead role. Strengthen data reporting to feed into appraisal.

Comments: The Trust has gaps in the Medical Governance data that feeds into appraisal. This has been recognised and addressed by ensuring that any doctor

involved in an incident is named in the incident management system so that an accurate report can be provided for appraisal. This was not the case prior.

The Trust is implementing DATIX which will pull together all incidents, complaints, and other data for each doctor to feed into their appraisal. This will be led by the newly appointed Medical Governance Lead who will work with the Director of Assurance and the RO. Currently, the Trust has processes for clinical incident reporting through Safeguard and investigations follow National processes, there is data about National and Local Audit compliance, a QI team and a research team. Learning is discussed at Mortality group, Divisional Quality and Clinical Care Group meetings, safety huddles and reported via Clinical Effectiveness Group and Patient Safety Groups.

A risk remains around robust data towards appraisal and capacity for advice and support to the responsible officer. This is reflected in risk 3012. Mitigations include arrangements for ad hoc specialist advice and a plan to improve data through the implementation of Datix Cloud. The business case for Associate Director for Medical Professional Standards has been approved in principle, however a funding stream has not been found.

Action for next year: Strengthen Medical Governance through implementation of DATIX and Medical Governance Lead role. Strengthen data reporting to feed into appraisal.

4. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: Update Trust Medical Disciplinary Policy.

Continue to train medical leaders in effective support, remediation and local investigation of doctors.

An Associate Medical Director (AMD) for Consultant Development, Mentorship and Wellbeing has been appointed with protected time. New consultant induction is now established twice a year with an introductory coaching session in year 1 as a consultant. A medical mentoring programme is now established with trained mentors within the medical workforce. The AMD forms part of the Medical Professional Standards Group.

Comments: The Disciplinary and Management of Performance procedure for Medical Staff Policy is still yet to be ratified, but is due to go to TCPM July 2023.

The Trust provides information data as follows: Clinical Audit attendance (Departmental Clinical Audit Lead/Facilitator); Mandatory and in-house Training (ESR), complaints and significant events (Patient Safety/PALS - Safeguard) and e-360 feedback (Revalidation Team); Consultant Appraisal Summary Reports (Health Evaluation Data) to provide Consultants with an overview of their individual performance, Trust specialty performance and National specialty performance.

The 2 external reviews have highlighted concerns regarding current governance systems and processes, in terms of satisfying the requirement for whole scope of practise complaints and significant untoward events data. The new Datix system is being introduced by the Governance Department to address the inadequacies with regards to capturing and reporting of data.

When concerns arise regarding a doctor's conduct or capability, these are discussed and monitored at the Monthly Medical Professional Standards Group Meeting chaired by the RO with clear actions identified and recorded. The Trust implements the framework set out in 'Maintaining High Professional Standards in the Modern NHS' (MHPS) where formal investigation is deemed appropriate. This forms the basis of the Disciplinary and Management of Performance procedure for Medical Staff Policy which is currently being updated and aligned with Royal Wolverhampton Trust. The practitioner is supported through by this Associate Medical Director.

All decisions are discussed with the Practitioner Performance and Support agency (PPAS) and GMC ELA.

The Trust has trained Doctors who are in medical leadership positions in MHPS Case investigation and case management.

The Trust works closely with Royal Wolverhampton Trust under the MoU to support with investigations.

Action for next year: Continue to develop consultant development programme, medical leadership programme and mentorship scheme.

5. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: Update Responding to Concerns Policy and Medical Disciplinary Policy.

Comments: The Trust has a local MHPS policy which follows the Maintaining High Professional Standards framework for the handling of concerns about doctors and dentists in respect to an individual's conduct and capability whilst working in the NHS, in conjunction with liaising with the Performance Practitioner Advice Service (PPAS) and GMC.

When concerns arise regarding a doctor's conduct or capability, these are discussed and monitored at the Monthly Medical Professional Standards Group Meeting chaired by the RO with clear actions identified and recorded. The Trust implements the framework set out in 'Maintaining High Professional Standards in the Modern NHS' (MHPS) where formal investigation is deemed appropriate. This forms the basis of the Disciplinary and Management of Performance procedure for Medical Staff Policy which is currently being updated and aligned with Royal Wolverhampton Trust. The practitioner is supported through by this Associate Medical Director.

Action for next year: Ratify Disciplinary and Management of Performance procedure for Medical Staff Policy.

6. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[3]

Action from last year: The Trust needs to record the characteristics of type and outcomes of concerns and protected characteristics of doctors.

Comments: All employee relations cases are analysed and a report generated quarterly which contains types of cases, timelines, outcomes and details equality information covering the protected characteristics such as race, gender, ethnicity. This report is submitted to the People Organisational Development Committee and Joint Negotiation Consultative Committee.

Action for next year: To include this reporting to Trust Board

7. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.[4]

Action from last year:

Revalidation Team to request MPIT for all newly connected doctors;

Revalidation Team to request MPITs retrospectively for all doctors appointed July 2021 – July 2022

Comments: The Medical Practice Transfer of Information Form (MPIT) supports the appropriate transfer of information about a doctor's practice to and from the doctor's Responsible Officers (RO).

The Revalidation Team retrospectively requested MPIT's for any new starters dating back to November 2021, as an audit identified that MPITs had not been requested since approximately November 2021. This administrative process was subsequently transferred to the Medical Revalidation Team to administer on behalf of the Trust going forward.

The Team also process requests from other organisations regarding ex-employees and seek RO level approval before issuing these.

An SOP has been produced for the administration of MPIT forms.

[3] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

Action for next year: None

8. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: No Action.

Comments: Confirmed. All Trust Policies are subject to Equality Impact Assessments. The Terms of reference for the Medical Professional Standards Group include a Cultural Ambassador.

Action for next year: No Action.

Section 5 – Employment Checks

9. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: External review and audit of recruitment processes

Comments: Standard Trust Recruitment Policy pre-employment checking process includes references, DBS checks, right to work checks and Occupational Health Assessment for new starters. Also, the Medical Practice Transfer of Information form (MPIT) is now requested by the Trust's Recruitment Team once a final offer of employment is confirmed. This applied to all substantive, short-term contract holders. Doctors employed through an Agency are subject to checks by the Agency.

As part of the Recruitment process, candidates are expected to demonstrate that they are up-to-date with their practise and that they have an up-to-date Medical Appraisal. This requirement is incorporated into the local Medical Recruitment procedures.

The Trust has noted gaps in the recruitment process for locum doctors and an internal and external review was started through the ROST task and finish group chaired by the RO. Gaps were identified in the governance of locum and bank medical staff as well as checking of the connected doctors. A risk was added to the corporate risk register to reflect this. A monthly reporting process is now in place to alert the Medical Revalidation Team of any Bank workers undertaking regular shifts and who may require connection. A SOP for booking of locums was created and circulated to relevant stakeholders.

Action for next year: Continuous audit cycle for assurance.

Section 6 – Summary of comments, and overall conclusion

General review of actions since last Board report

- **ROST Task and Finish Group completed action plan, following recommendations from NHS England Review of appraisal, revalidation & managing concerns policies & procedures, report November 21 and Grant Thornton Governance Review, report January 2022**
- **Appointment to Medical Governance role in June 2023, to support effective appraisal**
- **Completed a programme of training for New Medical Appraisers June 2023, 15 new Medical Appraisers Trained**
- **Appointment of 4 Medical Appraisal Quality Assurance Assessors (0.25 PAs each). The assessors will in the review of anonymised appraiser summary and outputs. The Trust should review 2 appraisal outputs for each Trust Appraiser (91 appraisers)**
- **Twice per year validation of the connected doctors list.**
- **Appointment of Associate Medical Director for Consultant Development and Mentoring**

- **Actions still outstanding**

- **Implementation of DATIX Cloud**

- **Disciplinary and Management of Performance procedure for Medical Staff Policy yet to be ratified, to be discussed at Trust Core Policy Management Group July 2023**

- **Funding for an Associate Director for Medical Professional Standards**

Current Issues

- **Strengthening of Medical Governance**
- **Strengthening of data feed into medical appraisal**
- **Strengthening of available advice and support to RO and Medical Professional Standards Investigations**

New Actions:

- **Endorse the 'Statement of Compliance' for Trust board approval, confirming that the organisation, as a designated body, is compliant with the regulations (Section 7)**
- **A Statement of Compliance with the regulations (Section 7) should be signed by the Chairman or Chief Executive Officer of the designated body's Board or management team and submitted to Dr Jessica Sokolov, Regional Medical Director by 31 October 2023.**

Overall conclusion:

- Appraisal compliance (number of doctors with a completed appraisal in the preceding 12 months) was 98% at 31 March 2023.
- 92% of revalidation decisions were a positive recommendation, 8% were to defer the revalidation decision.
- 0 doctors have received a recommendation of non-engagement in GMC Revalidation;

Historical Appraisal Performance

Appraisal Year	% of doctors with a prescribed connection who have had an appraisal
2016 - 2017	89.1%
2017 - 2018	97.1%
2018 - 2019	90.2%
2019 - 2020	98.5%
2020 - 2021	75.7%*
2021-2022	96.7%
2022-2023	98%

**Appraisal year suspended between 19/03/20-01/10/20 due to COVID-19 Pandemic.*

- There were no recommendations of GMC non-engagement sent in 2022/23.

Historical Performance 28 Day Sign Off

Appraisal Year	% of doctors submitting the completed documentation within 28 days
2018 – 2019	84%
2019 - 2020	87%
2020 - 2021	82%
2021- 2022	88%
2022-2023	85%

- It is a GMC requirement that appraisals are signed off within 28 days of the meeting. The rate of compliance for submitting the completed documentation within 28 days was 85%.
- All reasons for delay in appraisal completion are clearly recorded on Allocate. The most cited reason for postponement was workload pressures and appraiser unavailability due to continuing COVID19 pressures.
- A number of actions have been taken to strengthen and support the RO duties, as highlighted in **Appendix 1**

APPENDICES

Appendix 1 – Completed Action Plan ROST Task and Finish Group

ROST group Closure Report

Revalidation%20Report%20-%20TMC%20

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _ _ _ _ _ _ _ _ _ _ _ _

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

NHS England
Skipton House
80 London Road
London
SE1 6LH

This publication can be made available in a number of other formats on request.

Publication reference: PR1844

Walsall Healthcare NHS Trust

Trust Board Meeting	
Meeting Date:	2nd August 2023
Title of Report:	App 1 - Responsible Officer Statutory Requirements Group Closing Report
Action Requested:	To inform and assure.
For the attention of the Board	
Assure	• All recommendations within external reports have been actioned.
Advise	• The group met all the requirements of the Terms of Reference and therefore stood down.
Alert	• N/A
Author and Responsible Director Contact Details:	Bradley Morris – Email: bradley.morris2@nhs.net Dr Manjeet Shehmar (Chief Medical Officer) – manjeet.shehmar@nhs.net
	Links to Trust Strategic Aims & Objectives
Excel in the delivery of Care	a) Embed a culture of learning and continuous improvement b) Safe and responsive urgent and emergency care
Support our Colleagues	a) Improve overall staff engagement b) Deliver improvement against the Workforce Equality Standards
Effective Collaboration	a) Improve clinical service sustainability b) Implement technological solutions that improve patient experience c) Progress joint working across Wolverhampton and Walsall
Resource Implications:	Work completed by the group highlighted the need for an Associate Director of Professional Standards. Workforce: Associate Director Funding Source: Business Case presented to Investment Group to support introduction of this role.
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**
Equality and Diversity Impact	N/A
Risks: BAF/ TRR	Risk No. 3012 - 360 Whole Practice Appraisals and Medical Governance.
Risk: Appetite	
Public or Private:	
Other formal bodies involved:	External audits conducted by NHS England and Grant Thornton.
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
Brief/Executive Summary Title:	Responsible Officer Statutory Requirements Group Closing Report

Item/paragraph	Purpose of Report
1.0	This is a closing report following the successful adoption of recommendations in NHS England and Grant Thornton reports.
2.0	**Background** Following issues raised as a result of previous investigations, the Trust commissioned an audit from Grant Thornton on Governance arrangements in place at the Trust for detection, escalation and management of risks. A similar report was also received from NHS England. Both reports highlighted gaps in assurance relating to professional standards, as a result the Trust established a working group to review and action recommendations.
3.0	**Details** A task and finish group was established to meet the recommendations of the audits. Group meetings were held on a monthly basis with appropriate stakeholders. Representation from Revalidation, Medical Staffing, Governance and Recruitment with the CMO acting as chair. An action plan was developed based on recommendations of both reports and allocated to the appropriate stakeholder. The working group took the following steps to meet the recommendations. **Revalidation** • The Appraisal and Revalidation Policy was updated. • Implementation of a new process to audit GMC Connect. • Responsibility for Medical Practice Information Transfers (MPIT's) moved to the Revalidation Team. • Collaboration with The Royal Wolverhampton NHS Trust to introduce the Appraisal Summary and PDP Audit Tool (ASPAT). Clinicians have been identified to complete ASPATs too. • Responsibility for Allocate new starter forms moved to Revalidation Team from Recruitment. • Amended MPSG Terms of Reference and Trust Policy to indicate that reporting will take place at Trust level for any missed appraisals, and to report on individuals who do not have an approved missed appraisal. • Implementation of a form for Clinical and Divisional Directors to provide input into appraisals to raise any concerns. **Medical Staffing** • An SOP for booking of locums was created and circulated to relevant stakeholders. Training for the booking of locums was delivered at Medical Advisory Committee and Clinical Senate for Clinical Directors and Care Group Managers. • Monthly reporting on bank staff usage to ensure GMC Connect is up to date.

	Recruitment • Strengthening of pre-employment checks with the implementation of HPAN SOP and database. • Introduction of a monthly report highlighting new starters shared with the Revalidation Team. • Implementation of a monthly reporting function to highlight new starters and leavers. **People and Culture** • The Maintaining High Professional Standards (MHPS) policy was updated. **Governance** • Recruitment to the post of a Governance Lead for Professional Standards. • Introduction of Datix to improve reporting standards.
4.0	**Next Steps** • The working group has been disbanded as all requirements of the Terms of Reference were met. • New ways of working are now moved to business as usual. • Recruitment to the Associate Director – Professional Standards post.
5.0	**Recommendation** Participation in the Responsible Officer Statutory Requirements Group has now expired. We recommend that the work completed and any further improvements are managed and owned by the individual stakeholders as business as usual.
6.0	**Appendices** **Appendix A – NHS England and Grant Thornton Recommendations (Completed)** NHS England and Grant Thornton Recor

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting – to be held in Public On 2nd August 2023		
Title of Report:	Learning from Deaths Report (April 2023 – June 2023)	
Author:	Mr Salman Mirza Deputy CMO salman.mirza@nhs.net Mrs Lorraine Moseley Business Manager lorraine.moseley3@nhs.net	
Presenter/Exec Lead:	Dr Manjeet Shehmar Chief Medical Officer manjeet.shehmar@nhs.net	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☐No☐
Recommendations: • The Board is asked to note the contents of the report			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None as a result of this report		
Resource Implications:	None		
Report Data Caveats	Data is correct at the time of reporting. NHS Digital reporting is 3 months in arrears.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-Led
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☒No☐	Details:
	Legal	Yes☒No☐	Details:
	NHS Constitution	Yes☒No☐	Details: Duty of Candour
	Other	Yes☒No☐	Details: Professional registrations
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	• The equality and diversity implications to the trust for patients with learning disabilities are managed according to the trust policy and LeDeR recommendations. • National legislation relating to the review of child and perinatal deaths has been implemented.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date:20/7/23 – Mortality Group
	Board Committee	Yes☒No☐	Date:21/7/23 - QPES
	Board of Directors	Yes☒No☐	Date: Trust Board – August 2023
	Other	Yes☐No☐	Date:

Walsall Healthcare NHS Trust

Summary of Key Issues using Assure, Advise and Alert
Assure The most recent published SHMI value for the 12 month rolling period (published by NHS Digital July 2023) February 2022 to January 2023) is 0.9904 which is within the expected range (this relates to the acute Trust excluding palliative care). Please note - this is the most up to date data available at the time of writing the report.
Advise • The medical examiner team reviewed 100% of the total eligible inpatient deaths for the period covered by this report. • Community ME is now being rolled out to all Walsall GP Practices with 48% of GPs signed up to the programme. • 3 LeDeR deaths were reported during this period.
Alert • A further delay to the implementation of the Community ME service has been announced with current plans that this becomes statutory April 2024. However, the team continue to liaise with GPs. • There are currently 9 SJRs outstanding, however good progress is being made within specialties to clear this.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care
Support our Colleagues	• Improve overall staff engagement
Effective Collaboration	• Progress joint working across Wolverhampton and Walsall

Walsall Healthcare NHS Trust

Learning from Deaths Report (April 2023 – June 2023)

Report to Trust Board Meeting to be held in Public on 2nd August 2023

Introduction

This report details:

1. **Performance** data relevant to the trust, compared with regional and national comparator sites, where appropriate
2. **Key areas for attention**, together with analysis, actions and outcomes
3. **Future actions** and developments in understanding mortality data

1. Update on Standardised Mortality Rates (SMRs) and inpatient data relevant to these calculations

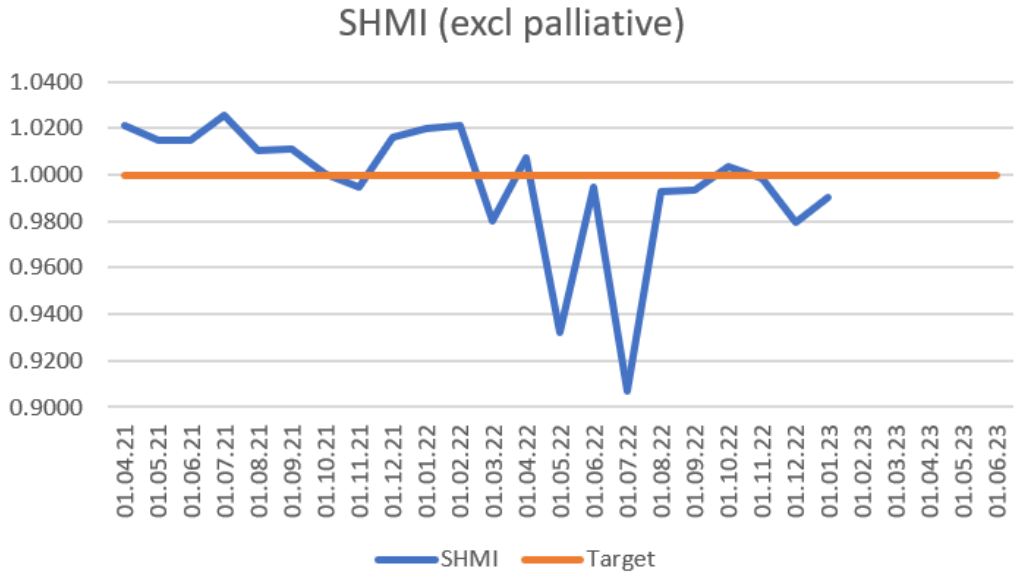
1.1 Activity levels over this period is as follows:

	Admissions	Hosp Deaths	Total Discharges	Covid Deaths
April 23	7424	117	7432	18
May 23	8409	111	8394	7
June 23	8332	89	*	2

*verified data not available at time of writing

1.2 SHMI (Inpatient deaths plus 30 days post discharge - please note data not updated at the time of writing)

The most recent published SHMI value for the 12 month rolling period (published by NHS Digital July 2023) February 2022 - January 2023 is 0.9904 which is within the expected range (this relates to the acute Trust excluding palliative care).



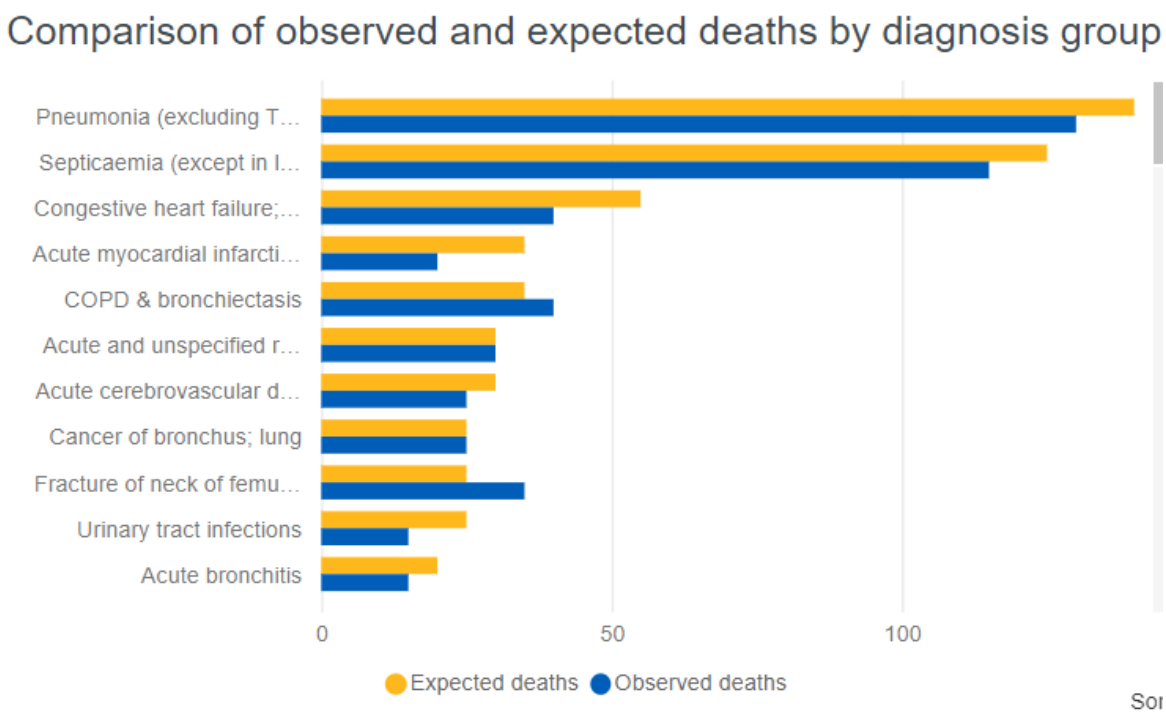
SHMI in comparison with neighbouring Trusts (*NHS Digital)

Trust	February 2022 - January 2023
Walsall Healthcare NHS Trust	0.990
The Royal Wolverhampton NHS Trust	0.898
The Dudley Group NHS Foundation Trust	1.119
Sandwell And West Birmingham Hospitals NHS Trust	1.072

The overall Trust SHMI breakdown is as follows:

Site code	Site name	Provider spells	Observed deaths	Expected deaths	SHMI value
RBK02	Manor Hospital	61,830	1,475	1,490	0.9904
RBK49	Holly Bank House	110		15	
RBK83	Walsall Hospice	150	110	10	14.2402
E0Z3F	Walsall Manor Hospital Elective Surgical Hub	470			

Comparison of observed and expected deaths:

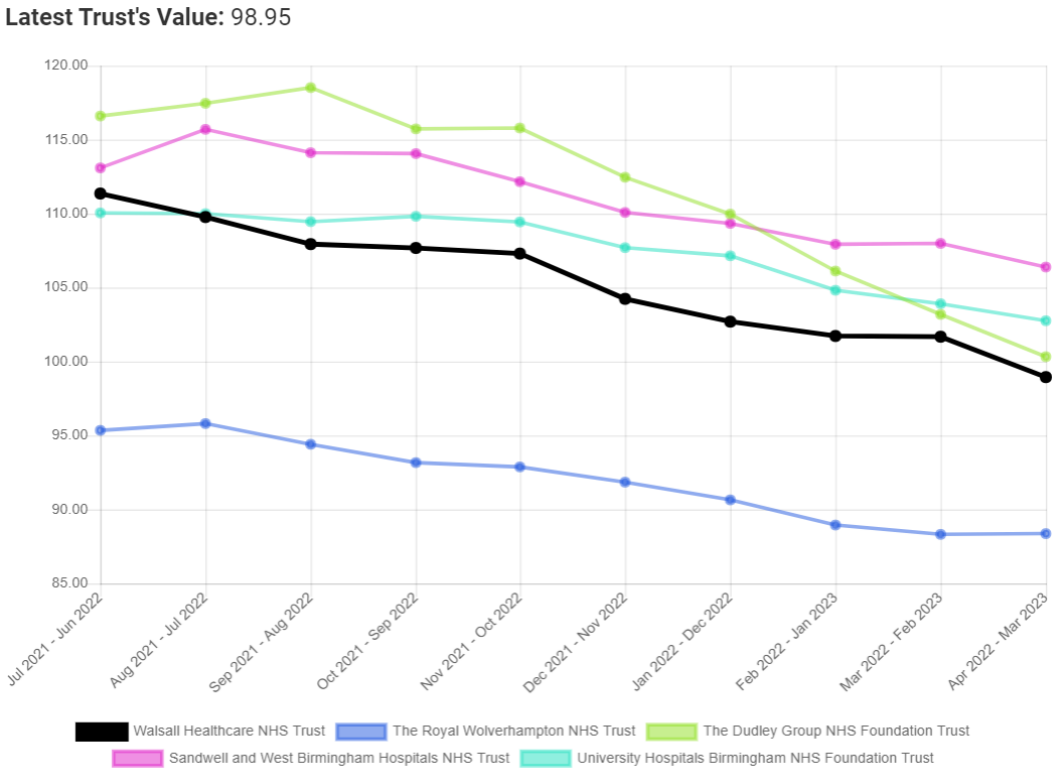


It can be seen from the above that there are two areas where observed deaths are higher than expected deaths: COPD & bronchiectasis and fracture of neck of femur. Investigations are currently taking place within the T&O team to identify possible areas of concern and the outcome will be reported in future reports. Patient level data has been provided to the respiratory team and the outcome of review will be reported in future reports.

2. HMSR

The chart below is taken from available data within HED and illustrates the Trust's performance in relation to peer group. HMSR for this period is lower than the national average (99.81) and continues to show a steady reduction in HMSR.

The following table includes the expected HMSR level to March 2023 and illustrates a continued decrease in HMSR.



3. Ethnicity

We are currently reviewing reporting of this data and an improved report will be published as soon as possible. Please note, previous data related to covid deaths only, future reports will review all deaths.

Alerts

The Trust received the following alerts during this period:

Summary Hospital-Level Mortality Indicator (Monthly SHMI) - 18 :: 24 - Cancer of breast	April 2022 - March 2023	267.83	
Summary Hospital-Level Mortality Indicator (Monthly SHMI) - 140 :: 253 - Allergic reactions, 254 - Rehabilitation care; fitting of prostheses; and adjustment of devices, 255 - Administrative/social admission, 256 - Medical examination/evaluation, 257 - Other aftercare, 258 - Other screening for suspected conditions (not mental disorders or infectious disease), 259 - Residual codes; unclassified, 260 - E Codes: All (external causes of injury and poisoning)	April 2022 - March 2023	288.25	
Mortality Cumulative Summary Aggregated (HSMR) - 127 - Chronic obstructive pulmonary disease and bronchiectasis	February 2023	3.26	

Patient level data has been provided to the specialties for subsequent reporting at Mortality Surveillance Group.

There were no HSMR alerts for the Trust during this period.

Reporting on previous alerts can be found in the following section.

4. Specialty Learning / Feedback

The following specialties presented at the Mortality Surveillance Group.

Oncology

Reviews are completed by a multi-disciplinary team with the criteria for reporting deaths being deaths within 30 days of chemotherapy and 365 days for immunotherapy.

Top 5 themes for improvement/lessons learned:

- Sepsis management - joint teaching by SORT and AOS (Acute Oncology Service) teams which has been completed with junior doctors (FY1 and FY2). AOS to also attend deteriorating patient group.

- Acute Oncology Service Operational policy has been reviewed and the new policy uploaded on Trust intranet in January 2023. The policy sets out the process for patients admitted to another specialty for a non-acute oncology presentation but have had chemotherapy within the last 6 weeks will be reviewed by the Acute Oncology Team within 24 hours of admission with a clear plan regarding risk of neutropenic sepsis and need for urgent re-referral.

- Increase awareness of AOS team and neutropenic sepsis in surgical division with a presentation to the surgical division and wards has taken place.

- Education - neutropenic sepsis training, poster and documentation has been launched.

- New pilot documentation has been developed and currently being tested.

Good practice:

- A monthly audit of neutropenic sepsis showing compliance with one hour door to needle target is conducted.

- PGD (Patient Group Direction - supply and or administer specific medicines to patients without a doctor) training has been undertaken with the AOS team, ED staff, Sepsis Outreach Team and chemotherapy nurses.

- A pathway for low risk febrile neutropenia has been developed.

Improvements:

- Extended operational hours with an acute oncology service from 8am - 6pm, seven days a week
- As a result of a previous audit, the telephone triage advice line has been relocated
- Increased capacity at the front door

- Several new appointments in oncology; ACP, pharmacist, CNS (Band 7)
- Development of the pathway for low risk febrile neutropenia

Patient Relations Team

The team reported on complaints and compliments received with specific examples.

Learning from a formal complaint relating to a deceased patient:

- Ongoing work to review referrals to community nursing teams from the acute hospital
- Ongoing work in relation to triaging of patients
- Reiteration across all community teams to elaborate the importance of signposting vulnerable people

Pastoral and spiritual care:

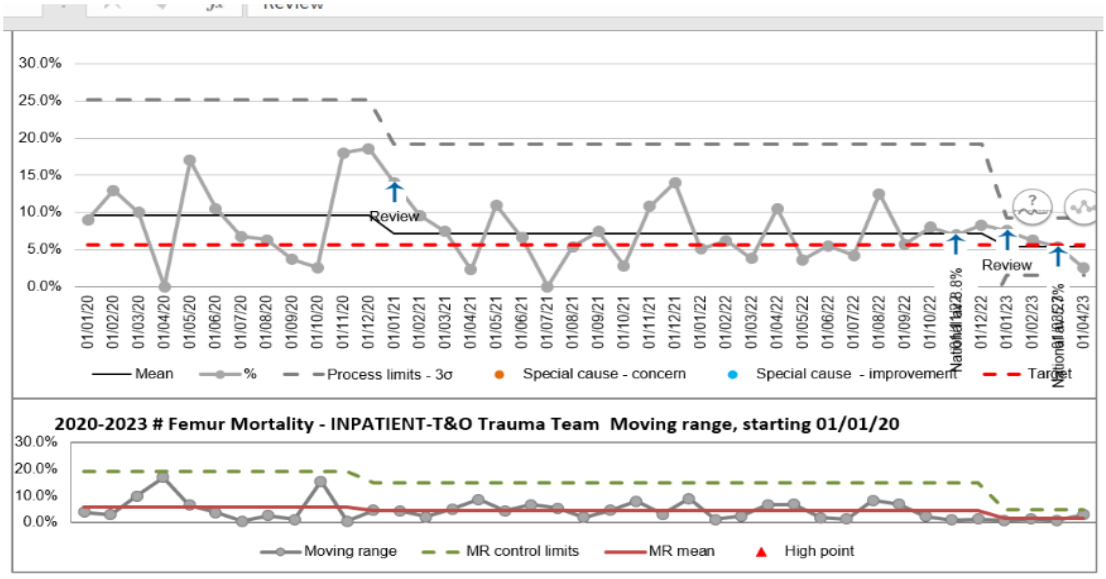
The team works across both Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust. During the period January to March 23, the team conducted 39 hospital arranged baby funerals and 2 adult funerals across both Trusts. The team continue to support families during mortuary viewings.

The Bereavement Office continues to provide support to relatives and carers of patients that die at the Hospital, Goscote Palliative Care Centre and in the community.

Fractured neck of femur

- The team are continuing to improve the pathway now focussing on co-morbidities and support for older and frail patients.
- Review of operating schedules and capacity

Monthly Inpatient NOF Deaths – QSIR data



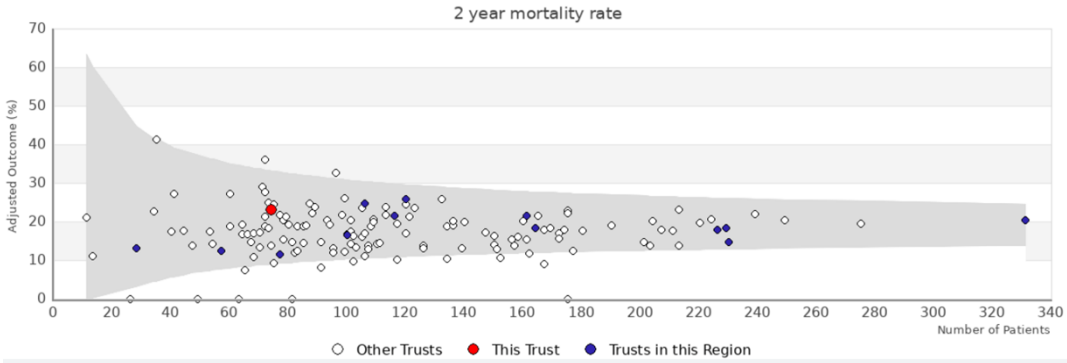
Next steps:

- HASTE study to look at DOACs and antiplatelet medication on delays to theatre and outcomes

- Ongoing ward based training on delirium
- Cell saver training planned for theatre
- Embed A-Z of #femur on website to provide accessible electronic guidance
- Explore Ward 10 as a Fragility Fracture Unit and Ward 9 as a Short Stay trauma ward for young people
- Review theatre capacity and staffing to meet demand
- Recruit more ACPs or PAs
- Change analgesia drug of choice to Oxycodone for all frail patients

National Bowel Cancer Audit

The clinical lead for Cancer Services presented the 2022 audit results which illustrated that although the Trust is not an outlier for mortality the outcome needs to be improved.



Trust	Number	Adjusted	Observed
Walsall Healthcare NHS Trust	74	23.1%	22.5%
Other trusts within the region: West Midlands			
George Eliot Hospital NHS Trust	77	11.4%	12.5%
Sandwell and West Birmingham Hospitals NHS Trust	116	21.6%	30%
Shrewsbury and Telford Hospital NHS Trust	226	17.8%	15.3%
South Warwickshire NHS Foundation Trust	57	12.5%	9.1%
The Dudley Group NHS Foundation Trust	120	25.9%	33.2%
The Royal Wolverhampton NHS Trust	161	21.5%	19.3%
University Hospitals Coventry and Warwickshire NHS Trust	100	16.5%	16.4%
University Hospitals of North Midlands NHS Trust	230	14.7%	15.6%
University Hospitals Birmingham NHS Foundation Trust	331	20.5%	19.5%
University Hospitals of Derby and Burton NHS Foundation Trust - Queens Hospital (Burton)	28	13%	18.5%
Worcestershire Acute Hospitals NHS Trust	229	18.3%	17.3%
Wye Valley NHS Trust	106	24.7%	25.8%
University Hospitals of Derby and Burton NHS Foundation Trust - Royal Derby Hospital	164	18.4%	15.8%

Review of Colorectal Cancer Deaths - 01.04.2021 - 01.04.2023

The team carried out a review of colorectal cancer deaths for the period 01.04.2021 to 01.04.2023 with the following outcomes. The Trust 30 day mortality is highest for patients on an emergency palliative pathway and for 90 days, highest for those who are on a palliative pathway and need an emergency stoma leading to a review of patient selection for surgery on end of life pathways. Further improvements identified include:

- Preoperative optimisation
- Ensure objective physiological assessment and pre-habilitation
- Provision of ward care by increasing senior surgical input, elderly care physician and experienced nursing staff.

Furthermore, a deep dive is being undertaken by an external investigator following concerns raised to CMOs within the ICS.

Elderly Care
Themes for improvement:

- Fluid management, Clinical reasoning, Documentation/record keeping and EDS errors - appear to be a Trust wide issue and could be addressed on induction or specific training which needs to be a coordinated effort across all care groups
- Completion of ReSPECT form

An action plan has been developed to meet the findings of the SJRs:

Issues	Action Plan
Oxygen Prescription	Ongoing Prescription QIP
Hypoglycaemia Recognition and Management	Education already provided by Dr Wen Leong via Geriatric Education Meeting
Head Injury Guideline -NICE	Education about the Guideline provided in the Geriatric Education attended by the trainees and consultants
Delay in providing Specialist opinion	Directorate level issue- no action yet. To do clinical incident for the delay.
Non use of NG tube after insertion	Highlighted the issue in the Educational meeting attended by the trainees and consultants- as it is one off issue QIP may not have much impact
Recognising /Considering Necrotising Fasciitis in patients with Cellulitis	Case presentation done in the Geriatric Educational Meeting and Dr Supriya Gupta Registrar grade doctor is working on the case report publication for the wider audience
Admission avoidance (hypokalemia treatment in Community)	It is one off issue, no action done

End of Life/Gold Standard Framework
The highlighted issues were:

- Late diagnosis of dying
- Poor documentation of discussions regrading nutrition and hydration
- Inconsistent documentation of discussions with patient and relatives
- Limited use of End Of Life (EOL) care plans

Actions:

- Gold Standard Framework has been implemented across two wards with more wards to be recruited
    - National programme aimed at recognising and supporting patients in the last year of life

- Electronic palliative care co-ordination systems (EPaCCS) which will be launched in the near future. All staff will be able to see EOL planning, decisions, and documents.

Learning Disability Mortality Review Programme (LeDeR)

Review process:

- The reviews are allocated to a reviewer from North East Commissioning Support (NECS)- a company commissioned to undertake review on behalf of the Black Country ICB
- There are two levels of review: Initial review; and focussed review

Following a meeting with the ICB LeDeR Lead, copies of reports will also be provided to the Learning from Deaths Administrator for reporting.

It is important to note that there is no delay in completing Walsall Healthcare Trust reviews. The LeDer team are reviewing cases which have been referred from December 2022 onwards and reports are expected in July 2023. A meeting was convened to address this delay. SJRs are completed on all of these cases.

The team reported on learning from a complaint received from a bereaved patient's family:

- Ward staff to undertake additional training to enhance knowledge of support mechanisms available when caring for patients with special needs
- Ward manager to devise a plan to ensure patients are encouraged to have regular visitors

Perinatal Mortality

The team presented data for Q4 2022/23.

Reporting requirements were outlined:

- PMRT review commenced within 2 months of death (standard = 95% of cases)
- Multidisciplinary Team review within 4 months of death (standard = 50% of cases)
- Review of case validated using the PMRT within 6 months (standard = 50% of cases)
- Parents involved in the review process (standard = 95% of cases)
- Quarterly Report submitted to trust board

Internal PMRT Cases for Review– Quarter 4 2023

Q4 2023	Late Fetal Loss <22/40	Late Fetal Loss 22-23+6/40	Stillbirth	Neonatal Death <22/40	Neonatal Death >22/40	Termination of Pregnancy	Sudden Infant Death	Total Monthly Losses	TOTAL ELIGIBLE FOR REVIEW
January	2	0	2	1	0	3	0	8	2
February	1	0	0	0	0	0	0	0	0
March	1	1	2	0	0	3	1	8	4
Total Loss by type	4	1	4	1	0	6	1	16	6

Internal PMRT reviews – CNST Standards (information as of 09.06.23)

Reporting Period	Deaths eligible for review by PMRT	No Reported to Coroner	PMRT Reviews commenced within 2 months (standard = 95%)	No of deaths reviewed by MDT (at PNMM) within 4 months)	No PNMM draft reports within 4 months (standard = 50%)	PMRT validated report within 6 months (standard = 50%)	No of parents involved in review (standard = 95%)	No of SI/RCA/ Concise/ HSIB	No of complaints
Q4 2023	6	1	6 (100%)	5(95%)	3 (50%)	3(50%)	6	2	0

- Reports have been finalised pending final post mortem repots, placental cytogenetic reports and placental histology reports.

External PMRT Cases for review – Quarter 4 2023

Q4 2023	Late Fetal Loss 22-23+6/40	Stillbirth	Neonatal Death >22/40	TOTAL ELIGIBLE FOR REVIEW
January	0	0	0	0
February	0	0	1	1
March	0	0	0	0
Total Loss by type	0	0	1	1

External PMRT reviews – CNST Standards
(information as of 09.06.23)

Reporting Period	Deaths eligible for review by PMRT	No Reported to Coroner	PMRT Reviews commenced within 2 months (standard = 95%)	No of deaths reviewed by MDT (at PNMM) within 4 months)	No PNMM draft reports within 4 months (standard = 50%)	Case Reviewed and returned to assigning trust	No of parents involved in review (standard = 95%)	No of SI/RCA/ Concise/ HSIB	No of complaints
Q4 2023	1	0	1 (100%)	0 (0%)	0 (0%)	0 (0%)	1	0	0

Grading of care

	Not yet graded	A No issues in care	B Issues in care would not have changed the outcome	C Issues in care may have changed the outcome	D Issues in care likely to have contributed to outcome
Number	3	1	1	0	1

The case which was graded as D noted deviance from local and National Guidelines for fetal growth surveillance and has been investigated further with actions taken.
The reviews highlighted the following themes for improvement, these will be progressed and reported back to the Mortality Surveillance Group at the next team presentation.

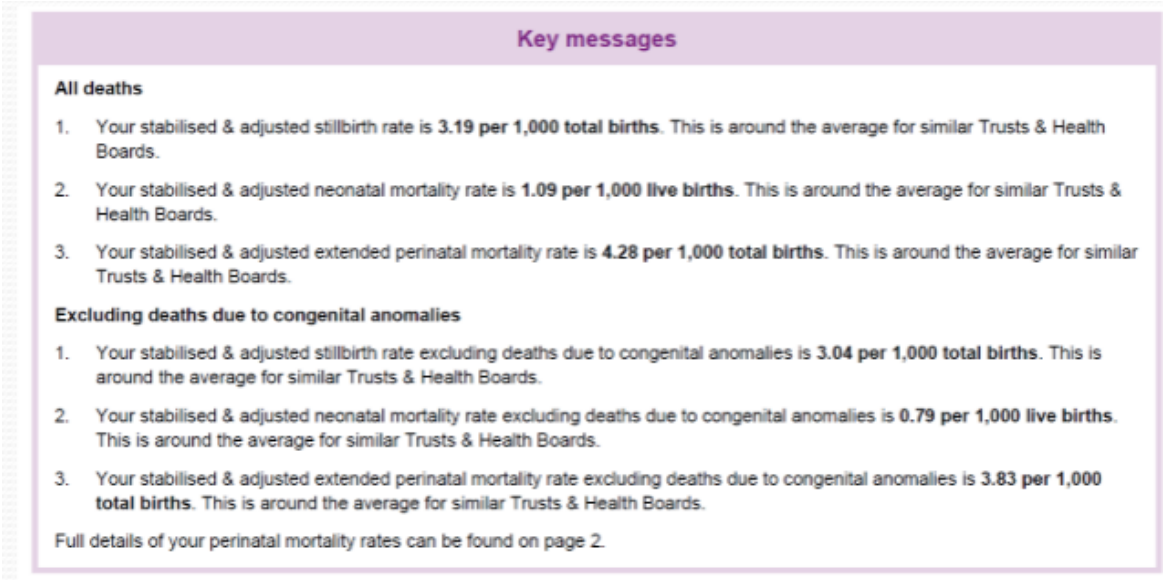
	Issue	Aim	Method	Results
1	Bereavement Care & Support – Accident and Emergency Department	To ensure all parents receive a standard of Bereavement care as per the National Bereavement Care Pathway, following the loss of their baby in A&E department	1. Liaise with A&E lead Matron / Consultant to ascertain the best point of contact regarding Bereavement care	
2	Out of area women accessing maternity care	To ensure that all out of area women have a booking appointment and are able to access maternity care	1. Liaise with community midwifery team leaders to scope what failsafe's are in place for OOA women	CMW Team Leader confirmed that for all out of area women, if they contact Walsall CMW team they have now put in place that they book them then email the out of area hospital to arrange her antenatal care
3	Management of Flu in pregnancy	Consider the development of a maternity specific guidance for midwives and clinicians regarding the indications for and treatment of flu in pregnancy to reference National guidelines.		
4	Training for new clinicians	Investigate whether arrangements for the onboarding of new clinicians to the Trust are sufficiently robust to highlight potential variances in practice and service delivery to ensure patient safety.		

The reviews also highlighted the following areas of good practice:

	Good Practice	Results
1	Neonatal Staff – Parent debriefs	It has been feedback from New Cross Hospital that babies that have had an ex-utero transfer to them, the parents have been debrief exceptionally prior to transfer, so that upon arrival to the other hospital the parents have had realistic expectations regarding their babies care and clearly understand the reason for transfer.
2	Appropriate Referrals	In Two cases in Quarter 3, there have been two good examples of appropriate referrals to ensure the woman and her baby are in a setting appropriate to their clinical needs. The pathways / guidelines adhered to are; - Stoke Pathway for referral to Stoke Hospital for women whom have a low lying placenta / placental acreta - Preterm spontaneous rupture of membranes – woman on this pathway are referred to New Cross Hospital to ensure a higher level of neonatal care is available should the baby be born prematurely < 27 weeks. - Fetal Medicine – Babies identified abnormalities that require tertiary level care / intervention following birth have been appropriately referred during the pregnancy to ensure the woman and baby are in a clinical setting appropriate to their needs.
3	Badgernet – Single Pregnancy Record	- 22nd March 2023 – Single pregnancy record went LIVE!. - This enable all trusts sharing of patient records across hospitals that have Badgernet imbedded and are signed up to the single pregnancy record.

- A thematic review has commenced of mid trimester loses (20+0 - 23+6 weeks) occurring in 2020, 2021 and 2022 to identify themes, issues and any links.

MBRACE and PMRT Action Plan
The Trust is not an outlier on the MBRACE 2021 Perinatal Mortality.



Key messages

All deaths

1. Your stabilised & adjusted stillbirth rate is **3.19 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.
2. Your stabilised & adjusted neonatal mortality rate is **1.09 per 1,000 live births**. This is around the average for similar Trusts & Health Boards.
3. Your stabilised & adjusted extended perinatal mortality rate is **4.28 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.

Excluding deaths due to congenital anomalies

1. Your stabilised & adjusted stillbirth rate excluding deaths due to congenital anomalies is **3.04 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.
2. Your stabilised & adjusted neonatal mortality rate excluding deaths due to congenital anomalies is **0.79 per 1,000 live births**. This is around the average for similar Trusts & Health Boards.
3. Your stabilised & adjusted extended perinatal mortality rate excluding deaths due to congenital anomalies is **3.83 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.

Full details of your perinatal mortality rates can be found on page 2.

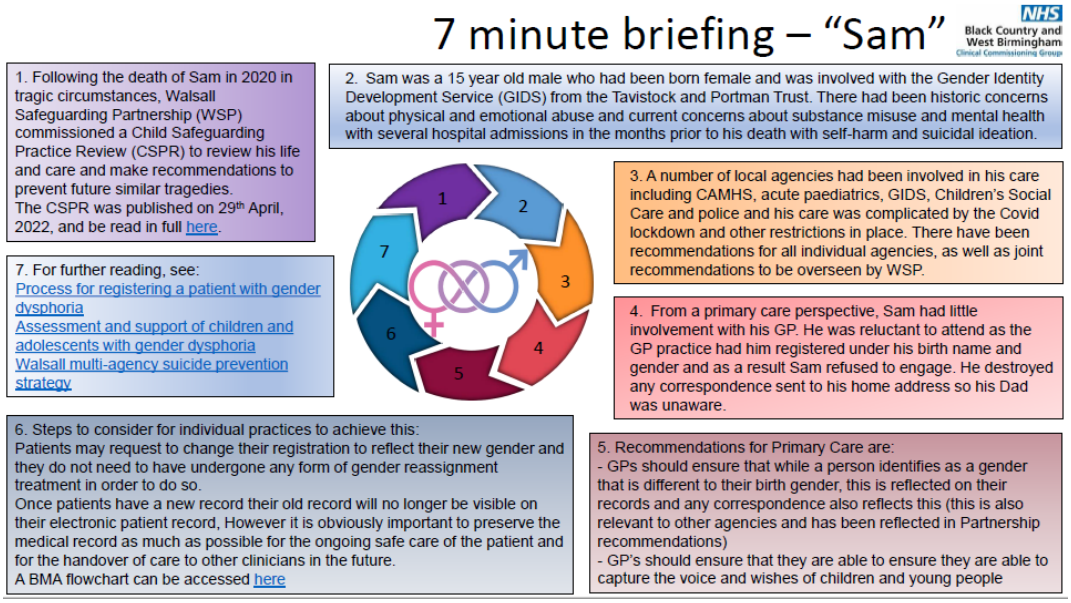
The Trust has developed an action plan against learning identified from the MBRACE report which will be reported on via the Midwifery Report.

Child Death
In 2022-2023 there were a total of 29 deaths, 11 neonatal and 18 older children. Reviews have been completed on 13 cases.
In 2023 to date, there have been 3 deaths , 1 neonatal and 2 older children. The reviews have not yet been completed.
Of the 23 reviews outstanding:

- 1 awaiting police investigation
- 9 awaiting coroners outcomes

- 3 awaiting PMRT from elsewhere
- 2 awaiting PMRT from here
- 1 awaiting CDRM from BCH
- 1 ongoing
- 6 CDRMs arranged

The team also shared the output of a Child Safeguarding Review commissioned by Walsall Safeguarding Partnership into the death of a 15 year old male.

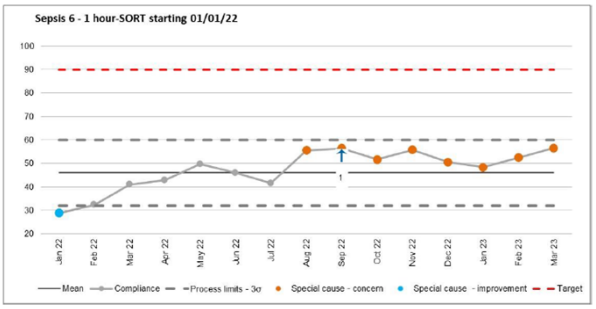


Deteriorating Patient

The Group monitors and reports on several areas within the deteriorating patient pathway including analysis of trends from incidents and performance data to identify themes for improvement and these are outlined below highlighting action taken/planned:

- Use of NEWS 2 Scale 2. Ongoing audits to monitor quality improvement are in place. The following improvements have been identified:
  - Communication and Education - eLearning package has been developed to highlight when scale 2 can be used and training at Grand Round
  - Policy and procedures to be strengthened on the use of scale 2, appropriate usage to be incorporated in policy
  - Poster circulated to the wards when approved on the use of scale 2

- Timely completion of Sepsis 6 checklist. This has been achieved by ongoing surveillance of patients with Sepsis 6 checklist open and work with clinicians on the timeliness of completing checklist has taken place. Improvements have been achieved as evidenced below:



The next steps identified by the Group are:

- Greater visibility of data for wards
- Development of a dashboard
- Closer collaboration with Royal Wolverhampton NHS Foundation Trust with joint Group meetings at least twice a year

Alert review:
Breast Cancer

The team carried out a patient level review on cases identified in the HED Alert.The review did not raise any concerns relating to care and treatment. The main points identified were:

- Patients relapsed years/decades after treatment
- Patients presented late with advanced cancer
- Some patients refused treatment
- There were also patients who, due to age and comorbidities, were not fit for treatment.

5. Mortality Reviews - Structured Judgement Reviews (SJRs)

5.1 The number of outstanding SJRs for the period of this report is 9. This has improved from previously reports. (outstanding SJRs are followed up by the Learning from Deaths Administrator and supported by the Deputy CMO through Mortality Surveillance Group).

5.2 1 LeDeR review was identified in April, 1 in May and 1 in June. The outcome of these reviews are not know at the time of writing this report. See comments in Section 4 relating to the LeDeR process.

5.3 The issue around missing notes/loose filing remains an issue. The Learning from Deaths Administrator is working closely with the Coding Team to develop a process to mitigate.

SJR outcomes - Q1 (total deaths reviewed categorised by outcomes)*

Score 1 Definitely avoidable		
This Month	0	0.0%
This Quarter (QTD)	1	4.3%
This Year (YTD)	1	4.3%

Score 2 Strong evidence of avoidability		
This Month	1	4.3%
This Quarter (QTD)	2	8.6%
This Year (YTD)	2	8.6%

Score 3a Probably avoidable (more than 50:50)		
This Month	1	4.3%
This Quarter (QTD)	4	17.4%
This Year (YTD)	4	17.4%

Score 3b Probably not avoidable (less than 50/50)		
This Month	1	4.30%
This Quarter (QTD)	5	21.8%
This Year (YTD)	5	21.8%

Score 4 Probably not avoidable		
This Month	0	0.0%
This Quarter (QTD)	11	47.9%
This Year (YTD)	11	47.9%

Score 5 Slight evidence or definitely not avoidable		
This Month	0	0.0%
This Quarter (QTD	0	0.0%
This Year (YTD)	0	0.0%

*This data refers to the number of SJRs completed
The total number of deaths in the Trust for this quarter = 317.
Number of completed SJRs with scores of 1-3a = 7 (2.2%)

6. Medical Examiner

The medical examiners reviewed 100% of deaths in this reporting period.

The number of community deaths referred to the ME service has increased with the number of GPs now signed up to the programme with 34 reviews in April, 30 in May and 33 in June.

The community ME programme continues to be promoted to all Walsall GPs with 48% of Walsall GPs now part of the programme.The ME programme in the community was due to become statutory in April 2023 however this has been moved to April 2024. The ME office will be following up with GP practices not yet signed up to the programme in order to go live in April 2024.

Coroner referrals were discussed at the June Mortality Surveillance Group. A review of referrals for the period December 2022 - February 2023 was undertaken which showed:

- appropriateness of referral - good trend from data
- communication with coroner was reassuring
- negative comments are now rare, they were more frequent in first year of the service while the programme was embedded

The Medical Examiners are reviewing a pathway for consistent feedback on outcomes following coroner referrals (including inquests) and this will be reported to the Mortality Surveillance Group when finalised.

7. Matters for escalation to QPES from Mortality Surveillance Group

There were no matters for escalation to QPES during the period of this report.

NHS
Black Country
Integrated Care Board

Draft ICB Delegation Policy v0.2

Version Control

Version number	Drafted by	Reviewed by	Signed off by
0.1	Clare Swindells (NHSE)		
0.2	Peter McKenzie		

Purpose of Policy

This document has been produced to support the process and implementation for Delegated Responsibilities from Black Country Integrated Care Board (ICB) to Provider Collaboratives and Place-based Partnerships.

This policy should be used in conjunction with the *Black Country ICB Delegation Assurance Framework*, which is a self-assessment that assures progress towards delegation. It sets out the arrangements and plans required, and the level or type of evidence required to be provided for assurance.

Scope of Policy

This policy applies for the delegation of services and/or functions from the ICB to constituent organisations of the Black Country Integrated Care System including where those organisations are working in Partnership (including Provider Collaboratives Lead Provider, Shared Leadership and/or Alliance arrangements) and Place-based Partnerships.

Under the Health and Care Act (2022), the list of functions that can be delegated are outlined here.

List of statutory functions to be con:

ICB Delegation Assurance Process

The ICB delegation assurance process consists of five stages, with a decision to proceed provided at the end of each stage by the ICB.

A summary of each of the stages is provided in the table below.

Key stages

Stage	Title and description	Key activities	Milestones	Suggested timeline
0	**Preparations** *Initial discussions held regarding the delegation proposal. Formal assurance and governance arrangements agreed between ICB and collaborative / partnership.*	• Initial discussion held collaborative / partnership to understand the proposals under consideration • Milestones and timelines for this delegation agreed • Governance/oversight of delegation process agreed • NHSE notified of proposed delegation • Gateway meeting for Phase 0 held with collaborative / partnership	➢ Delegation assurance framework (with governance, process and milestones) agreed for this delegation proposal ➢ NHSE notified of delegation proposal ➢ Gateway review undertaken at the end of this phase, to confirm readiness to start Phase 1 ➢ Decision from ICB to proceed to Phase 1	1 month
1	**Case for Change** *Initial proposals for delegation developed. Collective vision, objectives and purpose of delegation agreed by all parties, including ICB.*	• Case for change developed • Share objectives and purpose for delegation agreed by all partners • Risk assessment for delegation completed • Presentation of proposals to ICB (leadership, joint vision, plans to deliver improved outcomes) • Feedback provided to collaborative / partnership • Gateway meeting for Phase 1 held with collaborative / partnership • Agreement of next steps	➢ Case for change signed off by ICB and system partners ➢ Initial risk assessment completed ➢ Submission of proposals from collaborative / partnership to ICB (case for change, leadership, joint vision, plans to deliver improved outcomes, initial risks identified) ➢ Gateway review undertaken at the end of this phase, to confirm case for change and vision ➢ Decision from ICB to proceed to Phase 2	2 months
2	**Detailed design** *Detailed work completed on the areas to be delegated, the processes for quality, delivery and financial oversight, and the requirements for successful delegation (enabling functions).*	• Detailed design sessions held with colleagues from: ○ Quality ○ Performance and Delivery ○ Commissioning ○ Governance ○ Finance and resources ○ Information governance	➢ Detailed reviews undertaken for each functional area ➢ Business, financial and clinical cases reviewed, agreed and signed off by the ICB	3 months

		○ Digital and Cyber Security ○ People and culture ○ Improving outcomes and tackling inequalities • Detailed design information documented for delegation • Business, clinical and financial cases produced including an updated risk assessment • Business, clinical and financial cases signed off by ICB, including the updated risk assessment • Details of any staffing, assets, properties or liabilities transferring documented. • Gateway meeting for Phase 2 held with collaborative / partnership	➢ Updated risk assessment undertaken ➢ Gateway review undertaken at the end of this stage, to confirm and sign off outputs from the functional reviews and three cases ➢ Decision from ICB to proceed to Phase 3	
3	**Final proposals** *Final proposals for delegation completed and legal / due diligence checks completed prior to sign-off. Delegation agreements / contracts drafted, ready for sign-off.*	• Delegation agreement written and agreed by ICB and receiving organisation, which include effective governance, oversight and monitoring processes in place, and process for post-delegation reviews agreed • Due diligence processes complete (if required) • Legal advice obtained on delegation • Approval sought from system partners • Completion of NHSE assurance process • Gateway meeting for Phase 3 held with collaborative / partnership	➢ Delegation agreement prepared and ready for signatures prior to delegation go-live ➢ Legal advice obtained ➢ Support from system partners evidenced ➢ NHSE assurance process completed ➢ Gateway review undertaken at the end of this phase, to confirm readiness for sign-off ➢ Decision from ICB to proceed to Phase 4	1 months
4	**Sign-off and implementation planning** *Delegation signed off by all relevant parties and implementation plan signed off. Post-delegation review arrangements are agreed and established with both collaborative/partnership and NHSE.*	• ICB and collaborative / partnership signs off delegation • Contracts agreed and signed by all parties • Implementation plan and benefits realisation plan developed • Post-delegation reviews agreed with the collaborative / partnership and NHSE • Gateway meeting for Phase 4 held with collaborative / partnership	➢ Board(s) sign-off of delegation ➢ Contracts and/or delegation agreement signed ➢ Implementation plan in place ➢ Post-delegation reviews agreed ➢ Delegation go-live ➢ Gateway reviewed undertaken at the end of this phase, to confirm close-down of process	1 month

Black Country ICB Delegation Assurance Framework

To support the implementation of the process as outlined above, the Black Country ICB Delegation Assurance Framework has been produced, which documents the expectations of the ICB at each stage of the process, in order to be fully assured ahead of any delegations taking place.

[Insert link to embedded ICB DAF]

Roles and Responsibilities

A summary of the roles and responsibilities of each party throughout this process are listed below. Note, these are not exhaustive, with further detail provided in the *Black Country ICB Delegation Assurance Framework*.

Collaborative and/or Partnership / Receiving Organisations

The receiving organisations and/or collaboratives/partnerships) in receipt of delegated responsibilities from the ICB will be responsible for leading the case for change and detailed design of how they will manage the functions and/or services that relate to them in the future, in collaboration with the ICB and other system partners. This includes co-production of the business, clinical and financial cases, with the ICB prior to sign-off.

The collaborative / partnership/receiving organisations will be responsible for coordinating input from across any collaborative arrangements and making sure that all organisations are aligned and committed to the delegation.

They will also be responsible for producing the required evidence and documentation to the ICB for them to conduct the necessary assurance ahead of any delegations taking place.

Black Country ICB

The ICB will be responsible for conducting its assurance of any delegated services and/or functions, prior to any delegation taking place. This will include holding meetings and gateway reviews with the collaborative / partnership, as per the delegation policy. The ICB will have responsibility for establishing governance of the delegation process, with reporting through to the ICB Board.

The ICB will have ultimate responsibility for the business, clinical and financial cases of delegation, therefore will co-produce with the collaborative/partnership prior to providing sign-off. It will also have responsibility for conducting any due-diligence processes (if required) and obtaining legal advice prior to any signoffs taking place.

The ICB will also be responsible for coordinating input from and communicating with other partners from across the Integrated Care System, outside of the collaborative / partnership.

Further, the ICB will be responsible for early and ongoing engagement with NHS England throughout this process, and complying with any assurance requirements from NHS England in relation to the delegation of services.

NHS England

NHS England are likely to conduct their own assurance of delegations from Integrated Care Boards to collaboratives / partnerships, however the exact requirements are to be confirmed. Once known, this section will be updated.

Governance

Black Country Integrated Care Board will agree any delegations to Provider Collaboratives and Place-Based Partnerships, following recommendations from System Development Committee.

During the pre-delegation period, monthly meetings will be held to oversee progress and there will be appropriate reporting lines to other ICB committees (including the Audit and Governance and People Committees) as appropriate.

Appendix 1

Policy variations for Provider Collaboratives or Place-based Partnership

Walsall Together

Walsall Together Partnership Operational Update: July 2023

Matthew Dodd
Director of Integration

Collaborating for happier communities

[Emergent] Score Card for WT Tiers – Tiers 1

Walsall Together

Tier	Activity in-month	Thresholds			Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Tier 1: Integrated Primary, Long Term Conditions Management, Social & Community Services											
Community Services	Hours delivered by Locality teams	<5525	5525-6500	>6500	5957.75	6321	5589	6281.25	6608	5837.25	5739.5
	Hours cancelled by Locality teams	>1350	1147-1350	<1147	643.25	377.25	370.25	390.25	188.00	106.25	282.75
	% of hours demand unmet	>23%	20%-23%	<20%	9.74%	5.63%	6.21%	5.85%	2.77%	1.79%	4.70%
Multidisciplinary Team(MDT)	No. MDTs held	<20	20-24	>24	22	30	24	29	12	14	N/A
	No. referrrals received	<100	100-200	>200	11	26	15	19	17	21	N/A
	No. cases reviewed	<100	100-200	>200	68	82	68	87	61	69	N/A
Adult Social Care	1C: Proportion of people using social care who receive self directed support, and direct payments (NI 130).	<100%		100%	100.0%	100.0%	100.0%	100.0%			
	1E: Proportion of adults (aged 18-64) with learning disabilities in paid employment (NI 146).				3.7%	3.8%	3.8%	3.8%			
	1G: Proportion of adults (aged 18-64) with Learning Disabilities who live in their own home or with their family. (NI 145).				83.1%	83.6%	84.0%	84.3%			
	2A: Part 1 Permanent admissions of adults (aged 18-64) into residential/nursing care homes, per 100,000 population.	<9.1		>= 9.1	11.3	11.9	13.1	16.1			
	2A: Part 2 Permanent admissions of older people (aged 65+) into residential/nursing care homes, per 100,000 population.	<671.8		>= 671.8	427.7	489.1	542.6	598.0			
	2B: Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services. (NI 125)	<85%		>=85%	79.4%	82.4%	89.2%	86.2%			
	Care & support assessments & 3 conversations incoming / in progress (snapshot in-month)				639	967	861	814	874	860	889
	Care and Support Assessments and 3 Conversations Completed - Total				283	316	352	356	243	306	309
	Monthly Adult contacts completed by Team				1,024	1,349	1,170	1,250	1,066	1,167	1,209

[Emergent] Score Card for WT Tiers – Tier 2 & 3

Walsall Together

Tier	Activity in-month	Thresholds			Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Tier 2: Specialist Community Services																
ASC Safeguarding Concerns	Concerns received				322	388	338	321	342	308	375	355	321	303	335	364
	Concerns progressing to s42 eqnuiry				56	45	53	32	63	82	75	77	56	40	58	47
	% of concerns progressing to s42 enquiry				17%	12%	16%	10%	18%	27%	20%	22%	17%	13%	17%	13%
	Safeguarding cases in progress				97	120	82	97	99	36	44	70	52	58	55	93
Tier	Activity in-month	Thresholds			Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Tier 3 : Interimediate Care, Unplnanned Care & Crisis Services																
Care Navigation Centre	Calls received	<435	435-512	>512	1323	1207	1171	1142	1310	1475	1463	1109	1232	1191	1272	1205
Rapid Response Team	Referrals received	<160	160-247	>247	277	245	250	285	307	339	313	245	325	269	292	251
	% admission avoidance	<73%	73%-87%	>87%	90.0%	90.2%	90.1%	90.2%	93.8%	90.3%	89.8%	88.6%	80.2%	83.3%	93.5%	100.0%
Medically Stable For Discharge	Average number of MSFD in WMH	>57.5	50-57.5	<50	54.10	52.10	51.30	50.59	49.17	50.53	52.40	41.50	42.40	38.00	38.66	38.25
	Average number of days MSFD	>5.75	5.0-5.75	<5.0	4.0	4.6	4.6	4.0	3.4	3.5	2.7	2.8	2.6	2.5	2.7	2.95
Domiciliary & Bed Based Pathways	Domiciliary Pathways - Discharged ALOS	>25	21-25	21<	27	26	27	25	34	27	31	32	30	31	32	34
	Domiciliary Pathways - Average service users				203.5	204.4	177	223.8	244.25	275.5	267.7	267.7	285	283.2	281.5	259
	Bed-based Pathways - Discharged ALOS	>36	24-36	24<	47	48	36	52	39	46	17	17	40	40	38	37
	Bed-based Pathways - Average beds in use				78	81	93.25	78	82	64	77.8	77.8	76.6	67.7	67.75	61..25
Integrated Assessment Hub	Hospital Avoidance	20<	20-28	>28	219	157	165	210	174	230	160	163	194	199	206	180
	Prevent Readmission	35<	35-50	>50	5	9	23	11	7	21	3	7	17	8	5	6
	Early Supported Discharge	40<	40-54	>54	85	49	52	61	40	55	54	57	28	43	37	68
	Assisted Discharge	35<	35-50	>50	44	74	86	82	109	99	63	59	64	34	52	105

Tier 0 Resilient whg The H Factor Social Prescribing Programme .

96 Clever Conversations

39 Home visits Completed

11 sign up to the Social Prescribing programme

12 completed Warwick & Edinburgh Scale questionnaire

22 Referrals made to internal support service Referrals

5 Referrals made to external support service Referrals

5 Referrals to Money Advice Team

£1,399 savings secured for customer's

Tier 0 Resilient Communities Kindness Counts Loneliness and Isolation

Kindness Champions

72 New customers engaged regarding loneliness and isolation

99 Face to Face visits

103 Clever Conversations

1 customers reported as feeling less lonely and isolated

35 Random Acts Of Kindness Completed

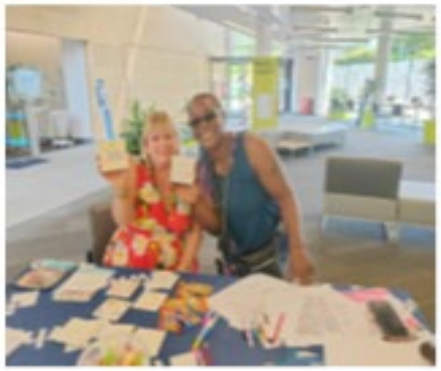
35 Customers supported with food hampers

8 Community Event attended

4 Referrals made to internal support service Referrals

2 Referrals made to external support service Referrals

4 ONS surveys completed



- Loneliness Awareness Week Delivered – 1 week of community engagement activities executed including a Bee Inspired Planting Day
- whg colleagues opened the Butts Primary School Community Garden which was awarded some funding through a random act of Kindness

Diabetes Champions

106 Clever Conversations

59 New customers engaged

4 Community Events attended

4 ED5d Health Questionnaires completed

8 PERMA Wellbeing plans created and signed up

1 Customers referred for digital support

4 Referrals to Money Advice Team

2 Referrals made to external support service Referrals

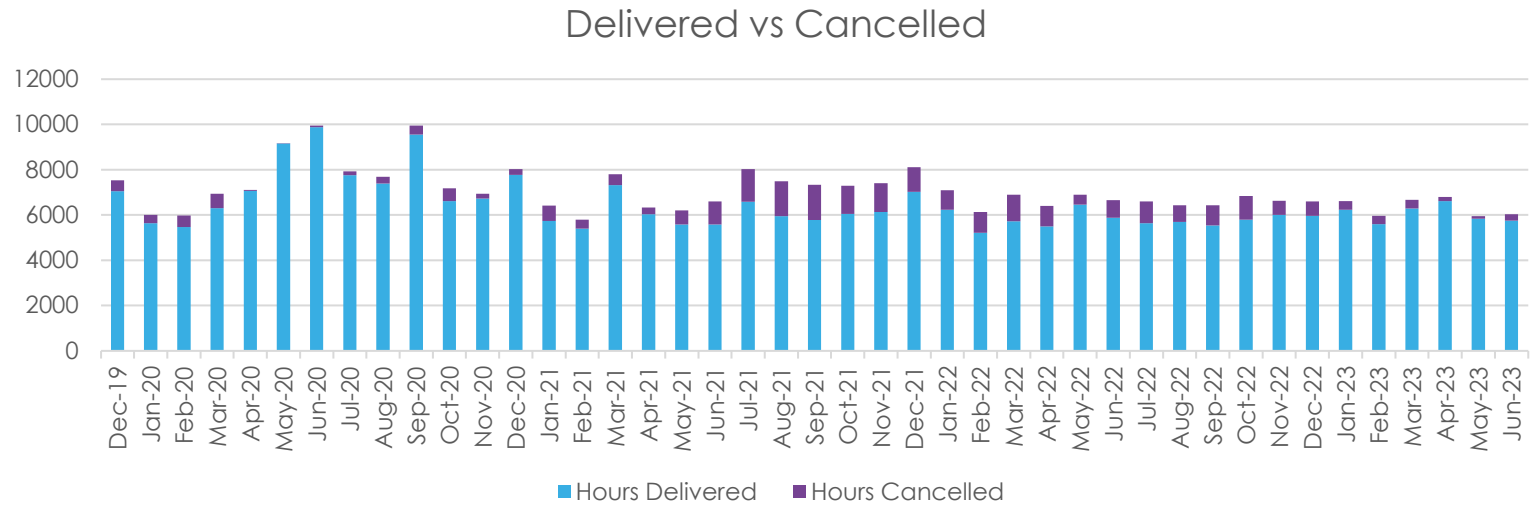
10 Referrals made to internal support service Referrals

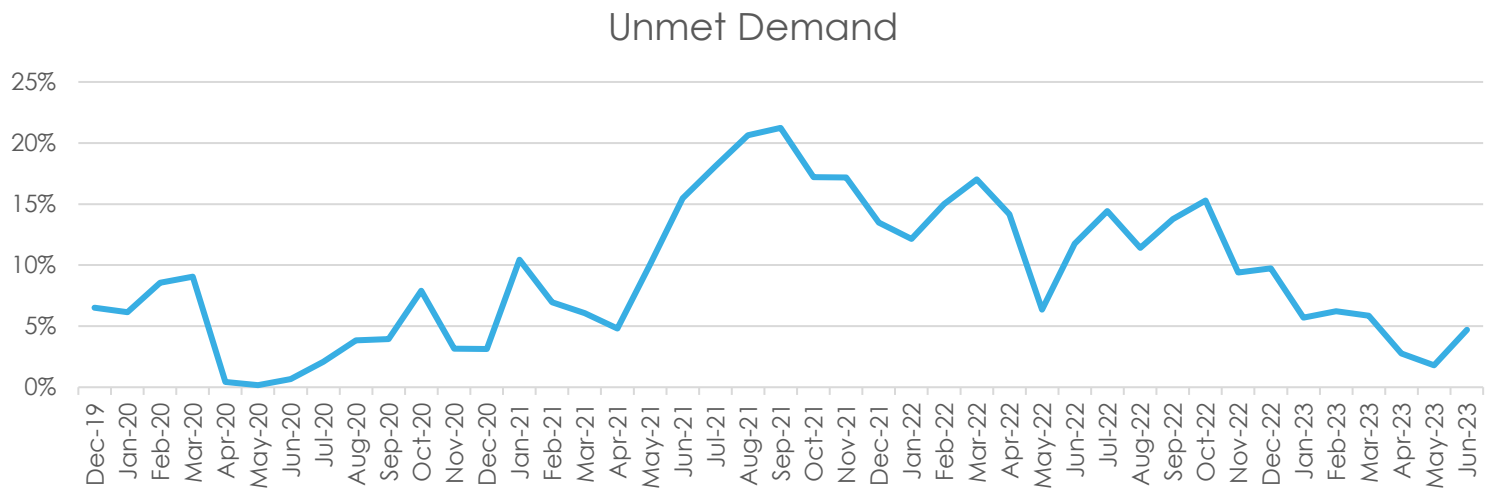
3 customers supported through Charis – hardship Fund

- Work Featured as best practice at the Diabetes UK – Tackling Inequalities Commission Workshop
- Attended the opening of the Maternity Outreach project at Nashdom – whg will be facilitating a drop in session at Nashdom every Friday from July 23
- Attended the Windrush Caribbean Celebration Event
- Presented the Diabetes Champion work to the Clinical Leadership Network for ICB

Tier 1:

Community Nursing Capacity and Demand:





The Locality Teams delivered over 5,500 hours

Sickness absence increased during July impacting on the hours that the team were able to deliver.

Complexity of patients remains an issue and impacts on service delivery. During June, the Locality teams continued to see significant levels of complexity which included Palliative patients requiring syringe pumps and also complex social issues due to the late palliative diagnosis.

Additionally, complex wound care that required negative pressure and an influx in patients referred from the front door service and patients stepped down from the complex case managers.

These factors impacted on the number of hours that could be delivered and the number that were cancelled.

Last updated : July 2023

Tier 1: Making Connections Walsall

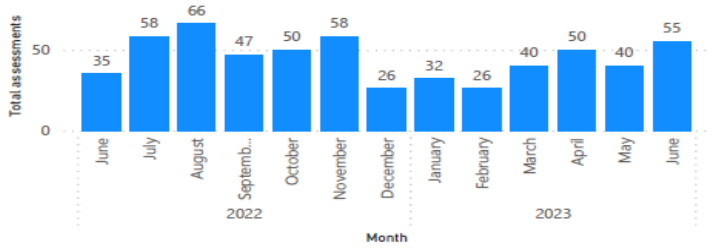
Making Connections Walsall - Assessment & Goals Summary

Source: DCRS (Data Collection & Reporting Service)

01/06/2022 30/06/2023

client_type
- COVID_19
- Making Connections

Assessments



Assessments 583

Locality_Name	n	%
East	135	23.2%
North	171	29.3%
South	143	24.5%
West	134	23.0%
Total	**583**	**100.0%**

local_issue	n	%
Not recorded	340	58.3%
Loneliness & isolation	190	32.6%
Emotional wellbeing	45	7.7%
Bereavement	4	0.7%
Financial concerns	3	0.5%
Housing Issues	1	0.2%
Total	**583**	**100.0%**

referral_source	n	%
GP or other primary care services	251	43.1%
Local authority Services	180	30.9%
Community / voluntary services	45	7.7%
Self	45	7.7%
Intermediate care team	31	5.3%
Community & District Nursing	13	2.2%
Emotional wellbeing services	13	2.2%
Hospital services	4	0.7%
Advice and Guidance	1	0.2%
Total	**583**	**100.0%**

employment_status	n	%
Retired	410	70.3%
Permanently Sick / Disabled	82	14.1%
Unemployed	56	9.6%
Response declined	14	2.4%
Full time carer	8	1.4%
Temporary sick	6	1.0%
Employed: routine / manual	5	0.9%
Looking after home or family full time	2	0.3%
Total	**583**	**100.0%**

sign_off_reason	n	%
Not signed off	135	23.2%
Only wanted some information	129	22.1%
Could not contact client	88	15.1%
Plan completed	86	14.8%
Not ready to make changes	53	9.1%
Signpost only	28	4.8%
Other	21	3.6%
Plan part completed	17	2.9%
Not eligible	11	1.9%
Chose an alternative service	5	0.9%
Inability to continue	5	0.9%
Client deceased	2	0.3%
Client DNAs (Did not attend)	1	0.2%
Disappointed with rate of progress	1	0.2%
Mini Health MOT Only	1	0.2%
Total	**583**	**100.0%**

Goals 578

goal	n	%
Reduce anxiety/low mood	190	33.0%
Actions to enable goal achievement	137	23.7%
Connect more: Join a group	97	16.7%
Information required	61	10.6%
Be active: Find an enjoyable activity	51	8.9%
Build confidence/independence	22	3.8%
Learn something new: Take a course/Start new hobby	12	2.1%
Give/volunteer more: Volunteer/Help somebody	4	0.7%
Take more notice of the environment: Take time to enjoy the moment	4	0.6%
Total	**578**	**100.0%**

referral_to	n	%
Community / voluntary services	367	63.5%
Other (put details in 'Referral_other')	33	5.7%
Lifestyle change/support services	31	5.4%
Local authority services	29	5.0%
Emotional Wellbeing Services	27	4.7%
Bereavement Support	18	3.1%
GP or other primary care services	15	2.6%
Leisure activity	15	2.6%
Not recorded	14	2.4%
Citizens advice	11	1.9%
Lunch Club	6	1.0%
Advice and Guidance	5	0.9%
Dementia cafe	5	0.9%
Disability services	2	0.3%
Total	**578**	**100.0%**

Walsall Council

PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

Last updated - July 2023

Tier 2:
Adult Social Care

ASC have received 364 concerns which a increase in cases on the previous month.

The number of cases progressing to a s42 enquiry is lower to the previous period.

There are currently 47 opens S42 enquiries. This has been raised with managers to ensure the timely completion of enquiries which includes caused enquiries. Emphasis has also been placed on the need to inform people including referrers of outcomes following enquiries. This approach has caused a reduction.

Neglect & Psychological abuse remain the two highest categories of alleged abuse in this period.

Walsall Adult Social Care

Safeguarding concerns

Reporting period: 01/06/2023 30/06/2023

364
Concerns received

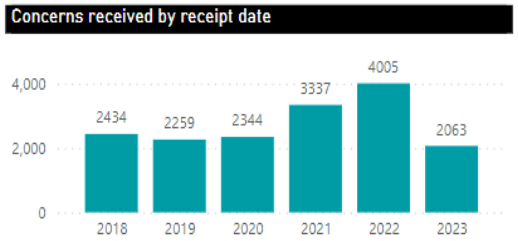
12.91
% leading to S42 enquiry

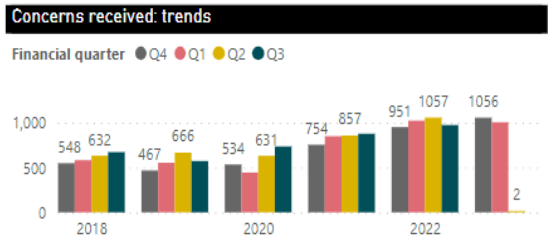
47
S42 enquiries

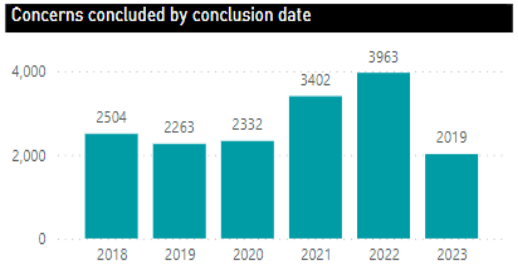
1
Non-S42 enquiries

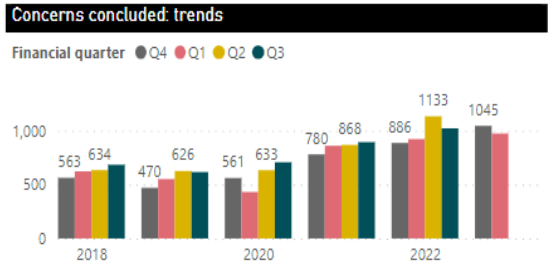
223
NFA

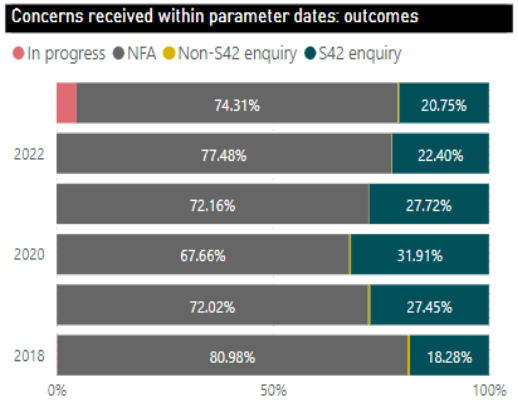
93
In progress

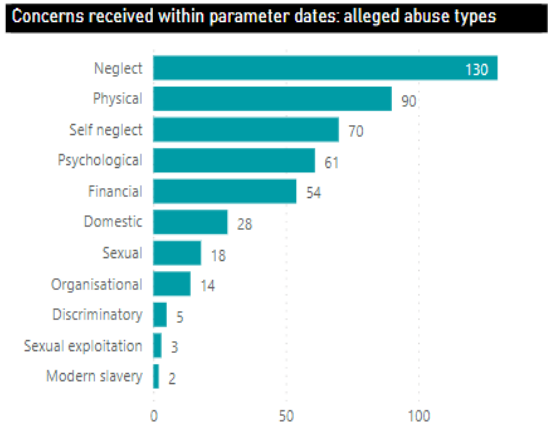












Last updated : July 2023

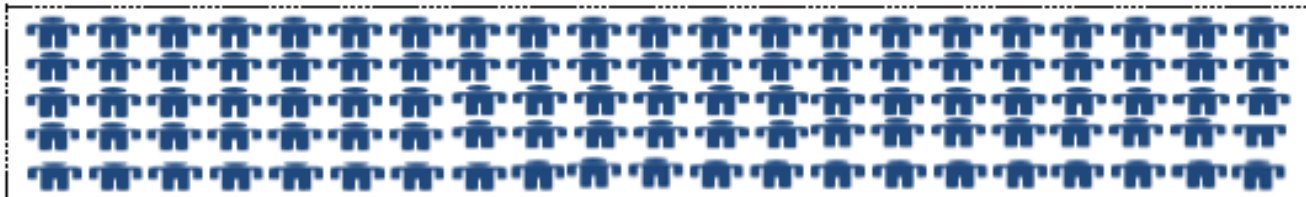
Adult Social Care Outcomes Framework Measures - Monthly Data and Targets for 2022/23

Indicator	Data Source Data Provider Lead Officer	15/16 Result	16/17 Result	17/18 Result	18/19 Result	19/20 Result	20/21 Result	21/22 Result	22/23 Result	April 23/24 Data	May 23/24 Data	June Q1 Data	July 23/24 Data	Aug 23/24 Data	Sept Q2 Data	Oct 23/24 Data	Nov 23/24 Data	Dec Q3 Data	Jan 23/24 Data	Feb 23/24 Data	Mar 23/24 Data	23/24 Target	Comments
3D (formerly 1C): The proprtion of people who use services who receive direct payments	Mosaic		613	800	785	789	601	586	618	625	634												
	AACM		1951	1978	2069	2100	2206	2184	2275	2303	2314												
	Jennie Pugh		**31.4%**	**40.4%**	**37.9%**	**37.6%**	**27.2%**	**26.8%**	**27.2%**	**27.1%**	**27.4%**												
1E: Proportion of adults **(aged 18-64)** with learning disabilities in paid employment	Mosaic, H21 & Provider spreadsheets	6	10	1	7	14	19	21	22														Metric discontinued under the revised ASCOF Framework Implemented from April 2023
	AACM	551	585	587	596	574	573	576	573														
	Jeanette Knapper	**1.1%**	**1.7%**	**0.2%**	**1.2%**	**2.4%**	**3.3%**	**3.6%**	**3.8%**														
2E (formerly 1G): Proportion of people who live in their own home or with their family.	Mosaic	473	497	505	502	494	489	490	483	2303	2384												Metric widened to all long term service users under the revised ASCOF Framework Implemented from April 2023. Metric previously concerned LD service users aged 18-64 only
	AACM	551	585	587	596	574	573	576	573	3217	3345												
	Jeanette Knapper	**85.8%**	**85.0%**	**86.0%**	**84.2%**	**86.1%**	**85.3%**	**85.1%**	**84.3%**	**71.6%**	**71.3%**												
2B (formerly 2A): Part 1 Permanent admissions of adults (aged 18-64) into residential/nursing care homes, per 100,000 population.	Mosaic, RAP approvals & WSS10 contracts speadsheet.	7	11	22	10	24	18	20	27	1	6											15	
	AACM	160,336	161,838	164,309	165,555	165,355	167,500	167,500	167,500	167,500	166,383												
	Jennie Pugh	**4.4**	**6.8**	**13.4**	**6.0**	**14.5**	**10.8**	**11.9**	**16.1**	**0.6**	**3.6**											**9.1**	
2B (formerly 2A): Part 2 Permanent admissions of older people (aged 65+) into residential/nursing care homes, per 100,000 population.	Mosaic, RAP approvals & WSS10 contracts speadsheet.	271	309	311	329	301	311	284	302	16	53											300	
	AACM	47,940	49,154	49,773	50,159	49,866	50,500	50,500	59,500	59,500	49,649												
	Jennie Pugh	**565.3**	**628.6**	**624.8**	**655.9**	**603.6**	**615.8**	**562.4**	**598.0**	**31.7**	**106.8**											**594.1**	
2D (formerly 2B): Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services.	Mosaic	254	113	220	55	76	94	79	106	139	106												
	Provider Services	317	130	266	73	91	125	103	123	162	123												
	Kerrie Thorne	**80.1%**	**86.9%**	**82.7%**	**75.3%**	**83.5%**	**75.2%**	**78.1%**	**86.2%**	**85.8%**	**86.2%**											**82.0%**	

TIER 2
Workforce
Development
Work 4 Health

whg/Walsall NHS Trust's Recruitment Programme

whg Work 4 Health programme – Total into employment to date up to June 2023



144
secured
employment

21%
Male

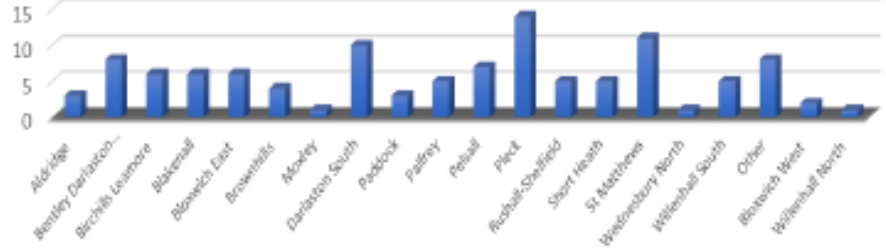
78%
Female

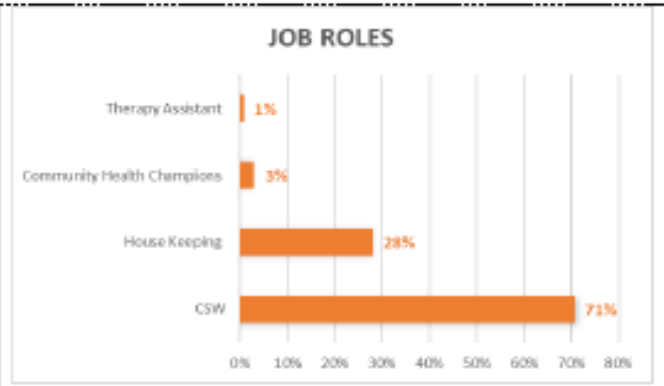
1% prefer not to say

54% BAME

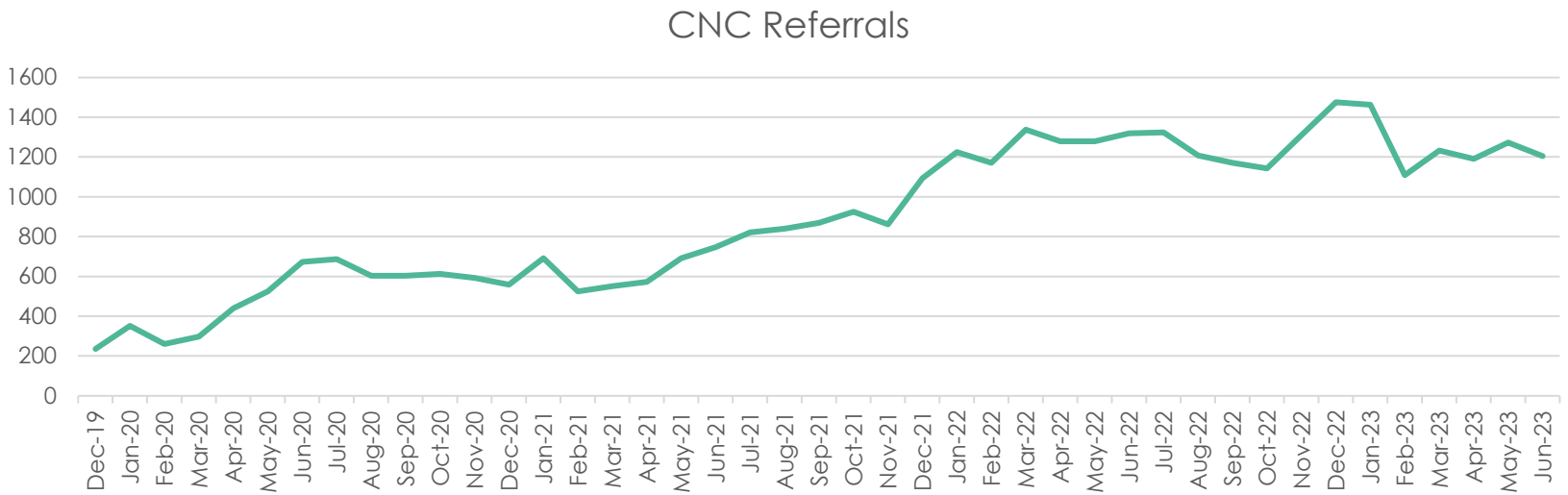
Social Value
generated
£2,078,234

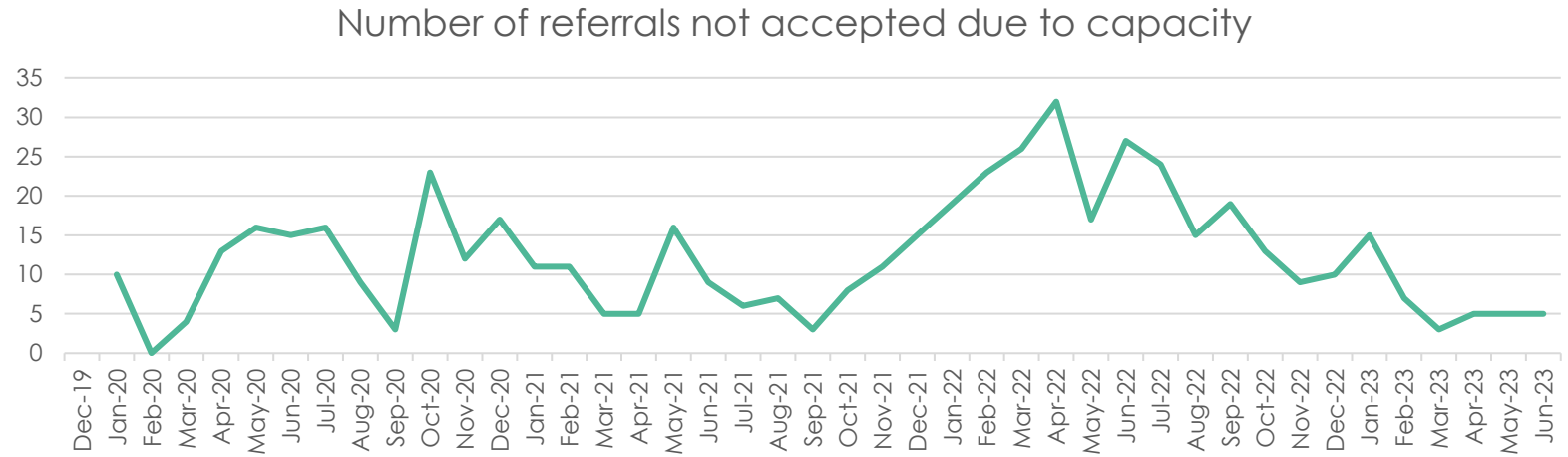
82% Unemployed prior to
commencing NHS job role





Tier 3:
Care Navigation Centre (CNC):





The CNC continued to receive a high level of referrals in July 2022.

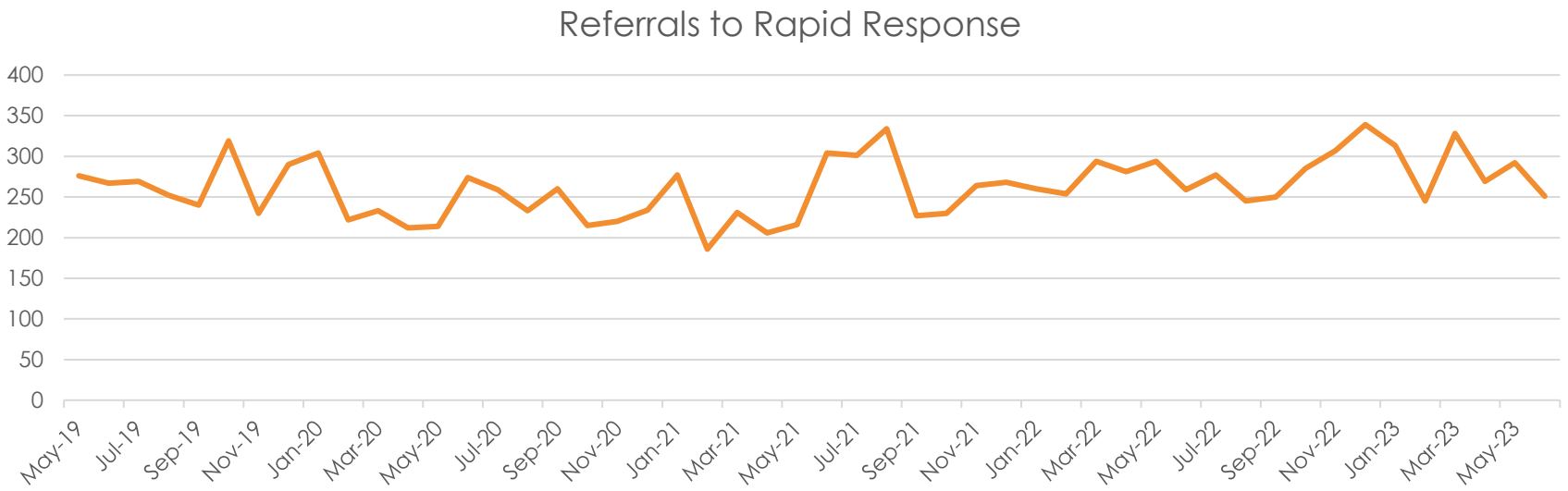
The expansion of capacity that has been embedded has enabled the CNC to receive greater call volumes and disposition more patients into Community pathways avoiding pressure on GP's, ED and hospital admissions.

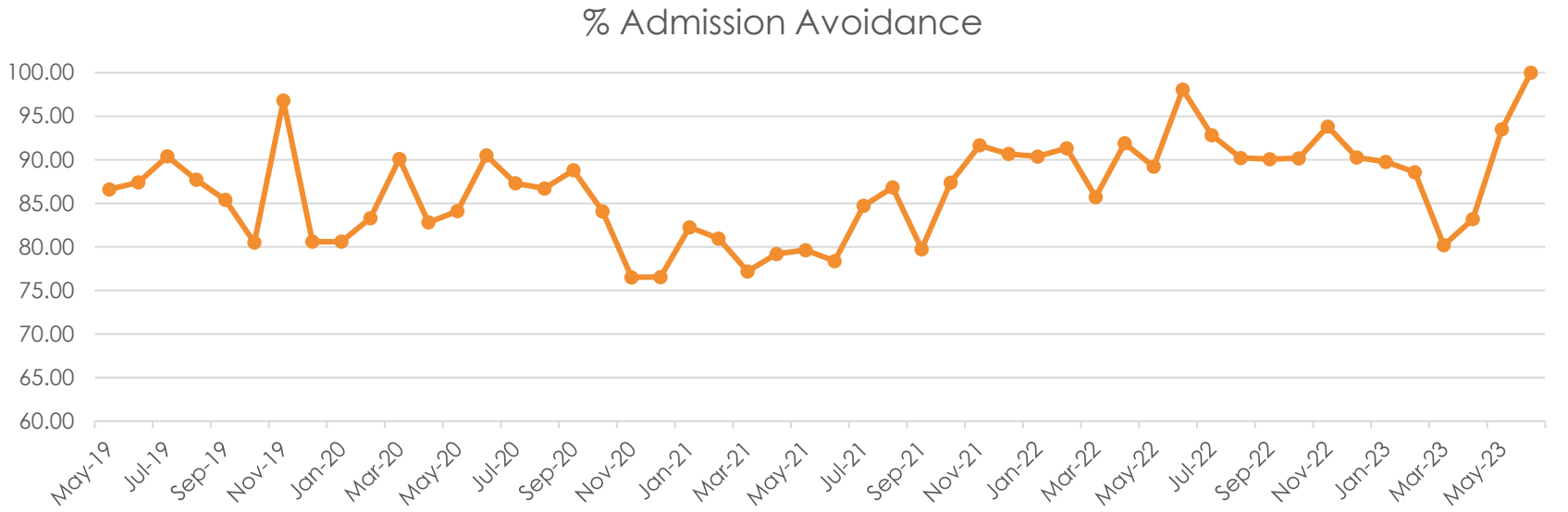
The high volume of calls are a result of the enhanced service that has been implemented. This includes a further expansion of CNC capacity, streaming patients directly from WMAS to Community pathways and services including a further strengthening of disposition pathways into Rapid Response and Integrated Front Door teams.

Additionally, a 999/111 SPA has been implemented through CNC for ED divert into FES, AEC, SACU and Gynae Early Pregnancy services. A direct push model from the WMAS CAD has been implemented so that more patients can be diverted into Community Services

Last updated : July 2023

Tier 3: Rapid Response



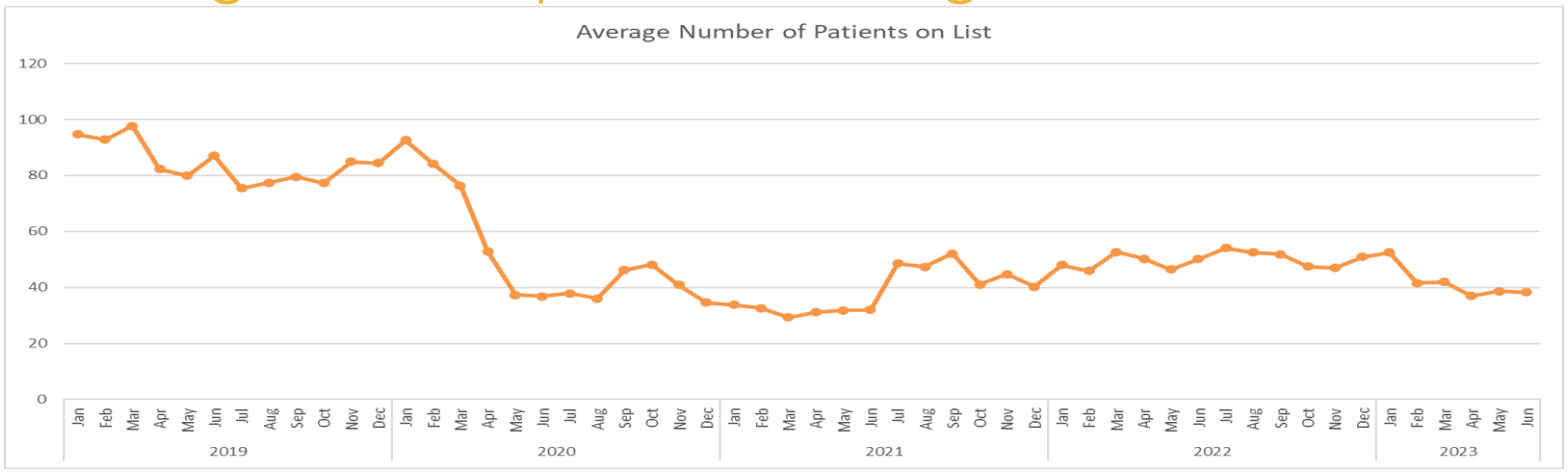


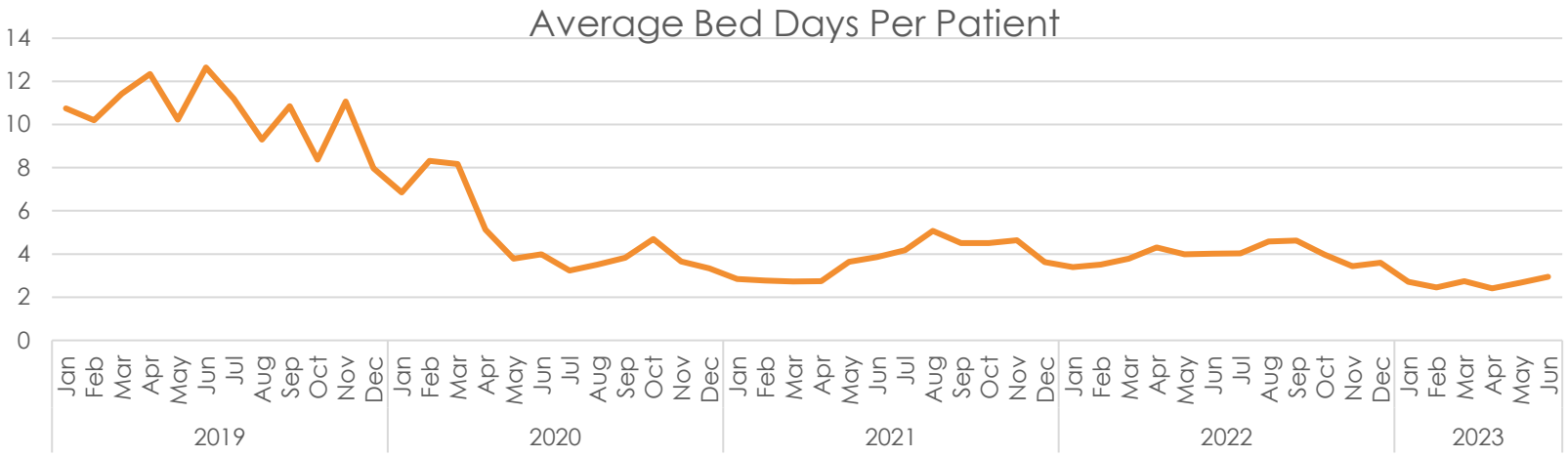
Rapid Response is visible to NHS111 and WMAS as a direct referral / call disposal route for clinical and non- clinical referrals(non –clinical calls as a 3 month pilot with 6 identified conditions). This has not led to a significant level of referrals to date and is being managed within the present capacity of the service.

Plans to add more capacity and resilience for Rapid Response through Winter have been implemented in order to manage the increase in dispositions from WMAS and NHS 111.

Last updated : July 2023

Tier 3: Medically Stable for Discharge (MSFD): the numbers of patients averaged 38.25 patients during June 2023





The number of patients on the MSFD list averaged 55 patients during July 2022. This was due to high demand for the service. Despite the high numbers of patients, the average length of stay was maintained at 3.5 days.

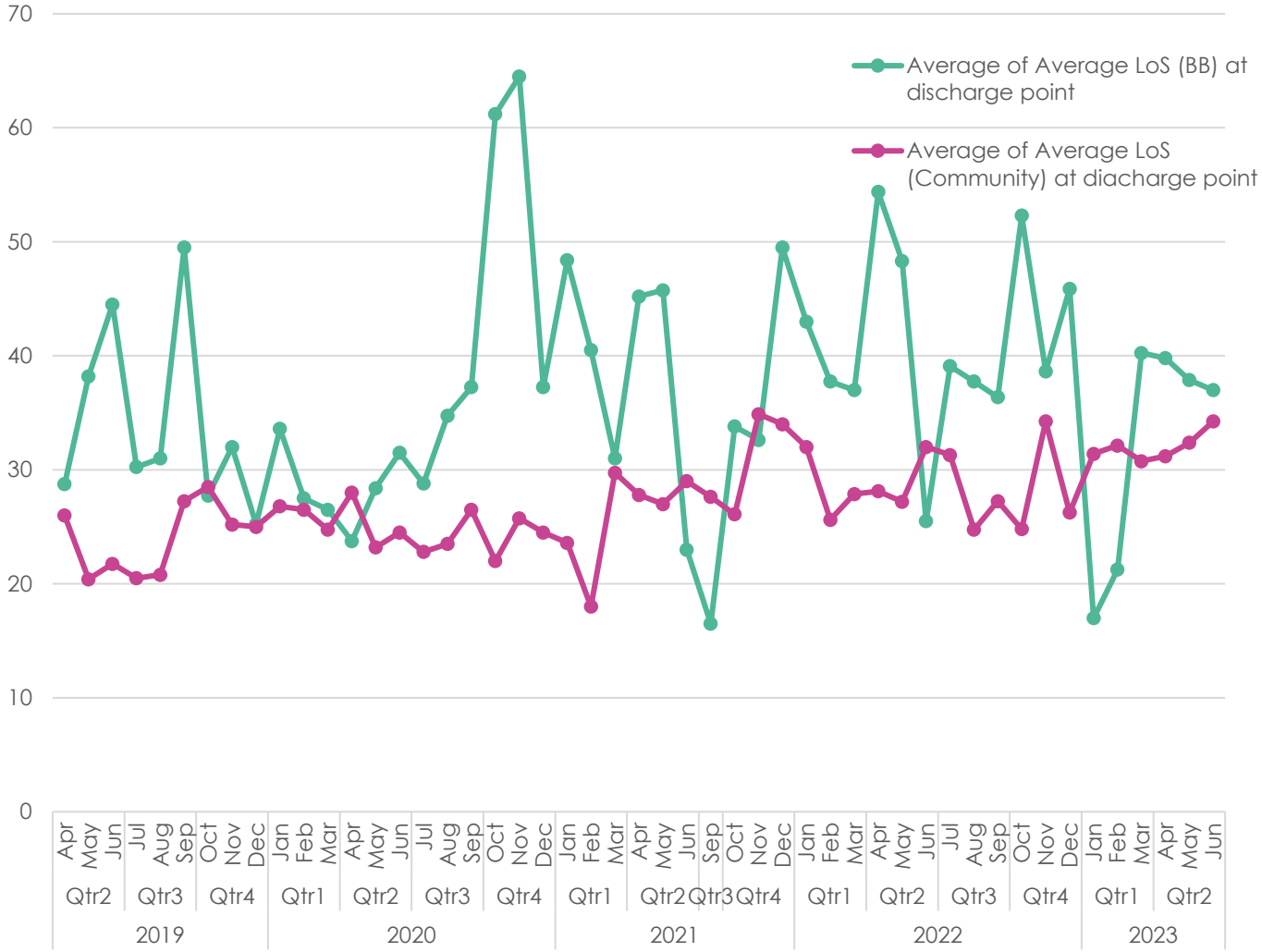
Work continues to make efficiencies in the discharge and ICS pathways to ensure that there are minimal delays for patients.

Patients continue to be placed on an interim basis into care home beds while continuing to seek a package of care to enable them to be cared for in their own home. Further work is being completed to reduce the number of patients in beds through expediting their discharge to home.

Work is continuing on bolstering up the admission avoidance activity and interventions of the hospital to try and reduce dependency and reduce the demand for packages of care.

Last updated: July 2023

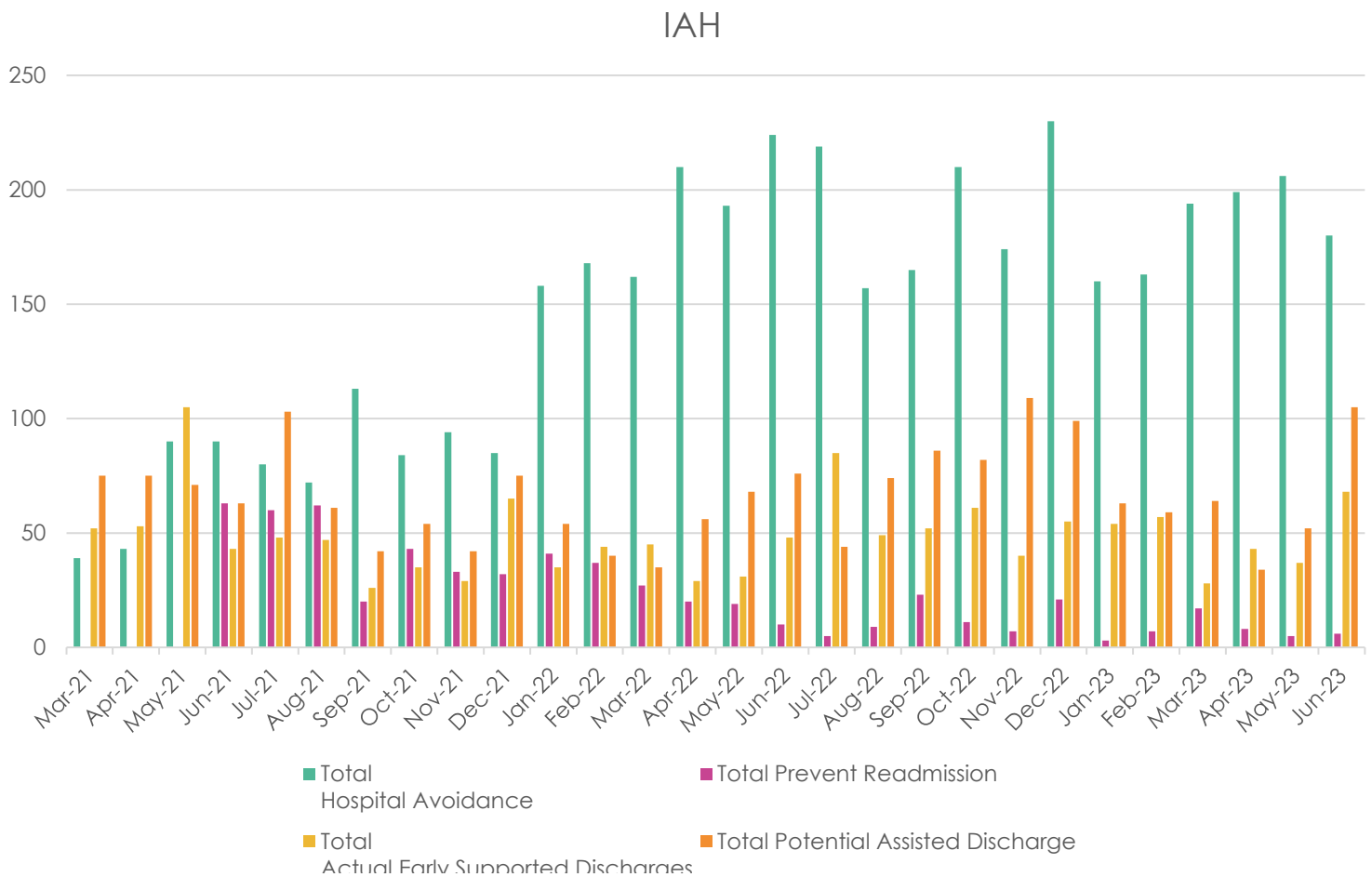
Tier 3: Domiciliary and Bed-Based Pathways



- Therapy demands and the change in national model is having a significant impact on community ICS therapists, unplanned crisis demands and hospital discharges remain key priorities in patient safety.
- Due to Covid, individuals have been more unwell and therefore have needed rehab/Reablement for a longer period of time- Long Covid MDT exceptional success.
- There is a recruitment plan underway for gaps in the social care workforce which is impacting on LOS

Last updated : July 2023

Tier 3/4:
Integrated Assessment Hub:



Integrated Assessment Hub

- **Hospital Avoidance:** This IAH pathway enables people directly contacting the Frail Elderly Service or Ambulatory Care at the Manor with post-discharge complications to be seen by Rapid Response, Enhanced Care Home Support Team or CIT team instead and receive a community-based assessment & clinical review, thereby avoiding conveyance to hospital.
- An enhanced service has been implemented through the Winter period where the pathway will be extended to patients attending ED. This will enable patients to be streamed, clinically assessed and dispositioned into Community pathways that are appropriate to manage their conditions and provide the support that they need. The success of this can be seen in the hospital avoidance activity data.

Last Updated : July 2023

Tier 3/4:
Virtual Wards

Wards	Planned Go Live	Actual Go Live	Beds Plan	Actual Beds Open	Actual Admissions Jun 23	% Of Capacity Used	Step down vs Step up	Av. LOS (days)	% Face to Face contacts	No. of Readmissions
Acute Respiratory Infections	Jul 2022	Jul 2022	25	20	38	31%	35/3	5.2	93%	2
Heart Failure	Jul 2022	Sep 2022	10	10	14	46.3%	4/10	10.2	98%	2
Palliative Care	Jul 2022	Nov 2022	15	15	30	38.8%	10/20	6.5	N/A	1
Hospital @ Home	Sep 2022	Dec 2022	20	20	46	67.8%	42/4	8.9	82%	4
Frailty	Jul 2022	Jan 2023	40	15	26	34.4%	24/2	5.9	96%	1

Walsall Healthcare NHS Trust

June 2023 Workforce Metrics

Executive Lead Name: Catherine Griffiths
Executive Lead Title: Director of People and Culture

Document Author Name: Sebastian Smith – Cox
Document Author Title: Group Head of Workforce Intelligence & Planning

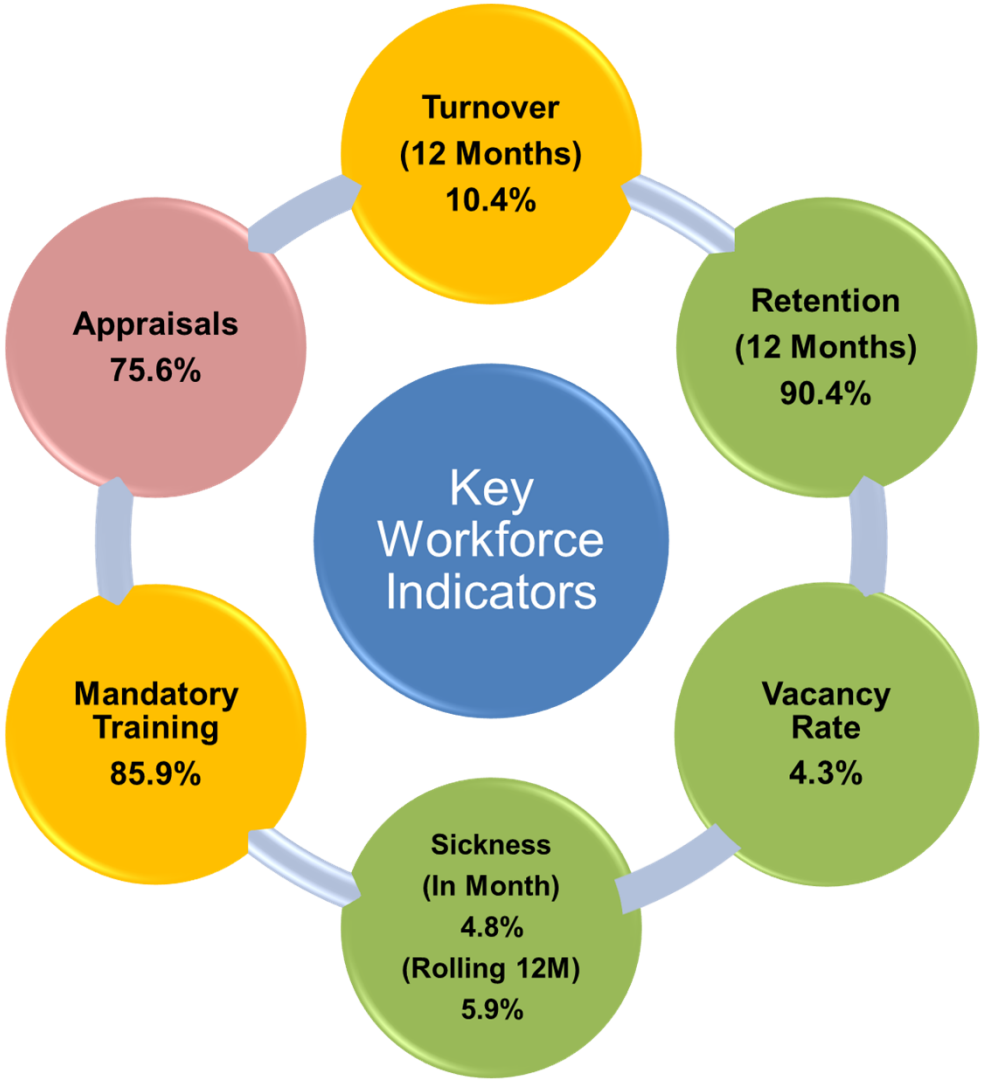
Contents

Care Colleagues Collaboration Communities

What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Walsall Healthcare NHS Trust

Key Workforce Metrics

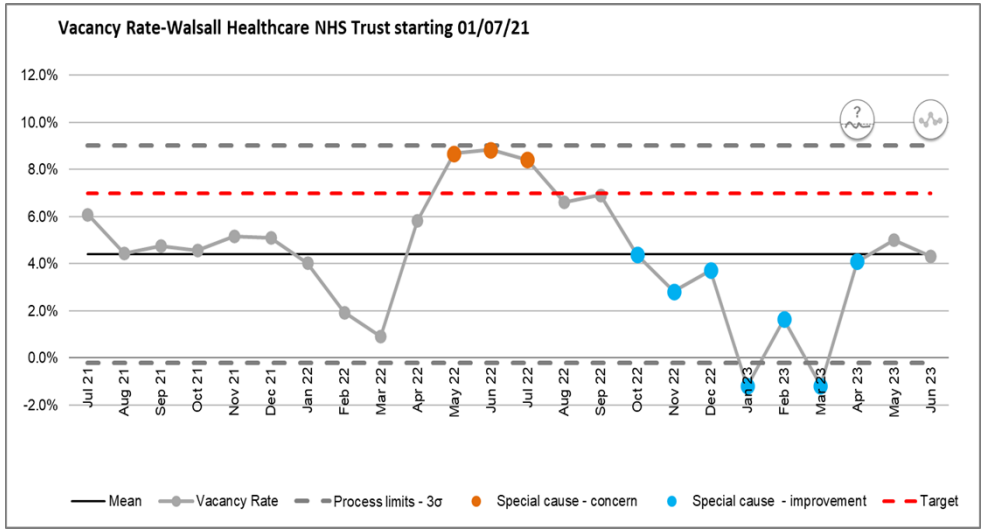


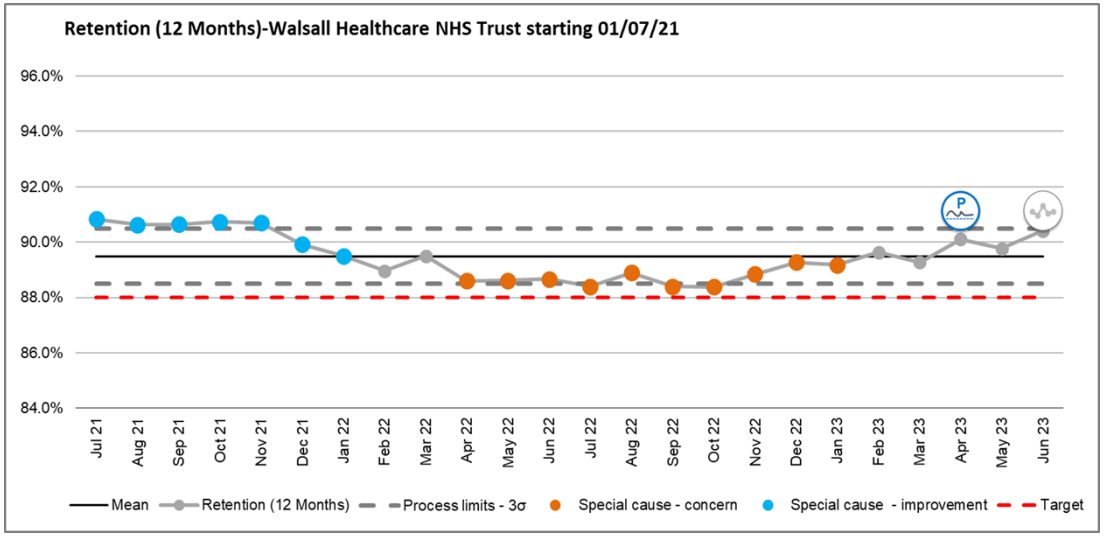
	Target	Will We Meet The Target?	Is Performance Stable?
Sickness Absence	5%	Sometimes	Getting Better
Mandatory Training Compliance	90%	Sometimes	Getting Worse
Appraisal Compliance	90%	No	Yes
Turnover (12 Months)	10%	No	Getting Better
Retention (12 Months)	88%	Yes	Yes
Vacancy Rate	7%	Sometimes	Yes

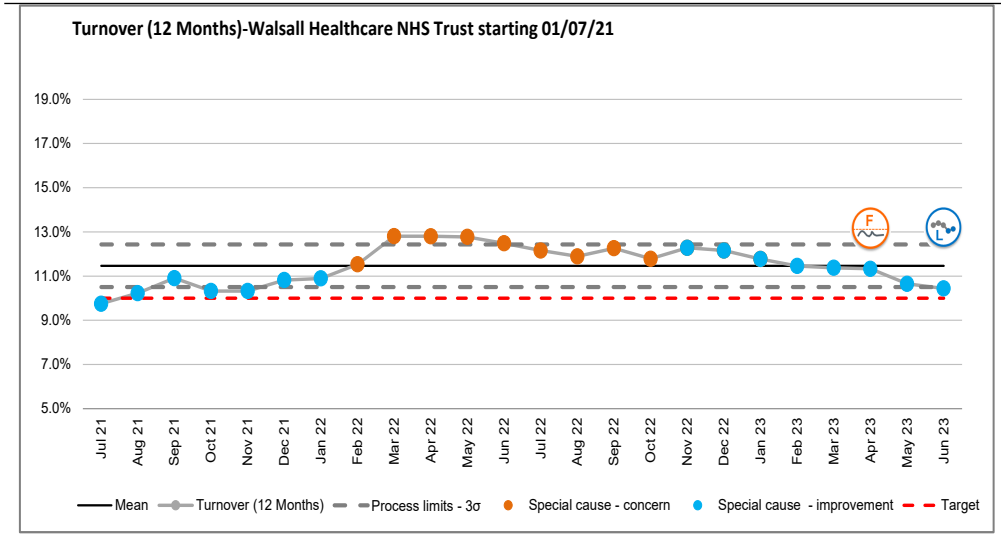
What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Walsall Healthcare NHS Trust

Attract, Recruit Retain







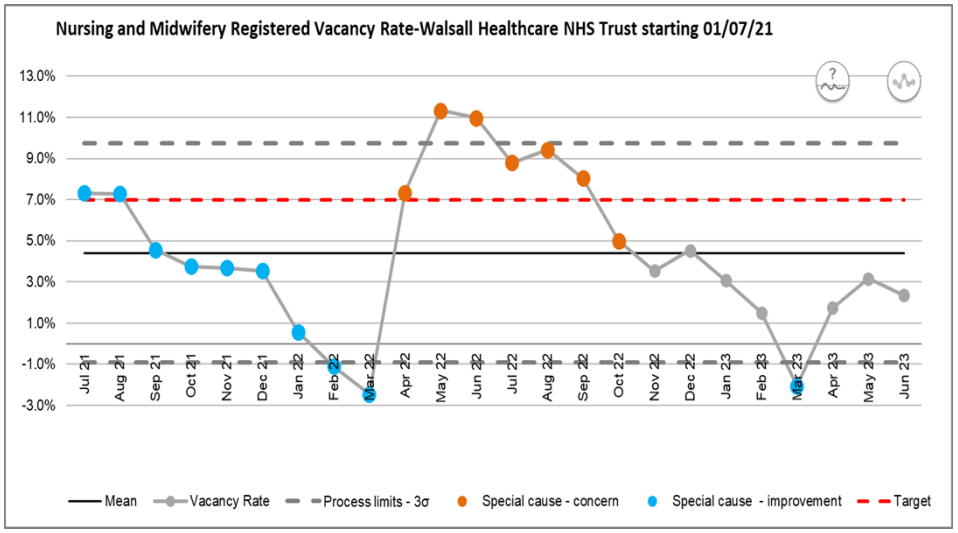
Key Issues & Challenges

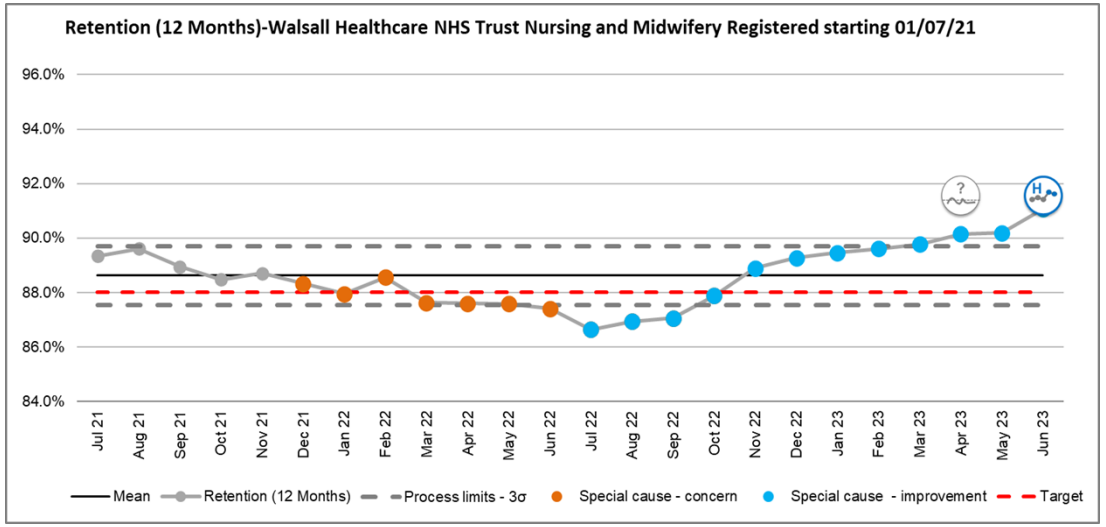
- The 202 FTE (4.3%) vacancy position reflects a month-on-month 26 FTE increase in the budgeted establishment, reconciled against a 56 FTE increase in the actual workforce; as per the month-end finance ledger.
- The management, and recruitment to, vacant positions remains stable, with the June 2023 vacancy rate consolidating near the 24-month average.
- The Trust continues to work with partners across the system to mitigate remaining gaps in the clinical establishment, through a holistic focus on improving the onboarding experience for colleagues during their first year of service. The sustained improvement trajectory for Turnover (12 Months) provides further evidence that people and organisational development initiatives to enhance the colleague experience are having a positive impact.

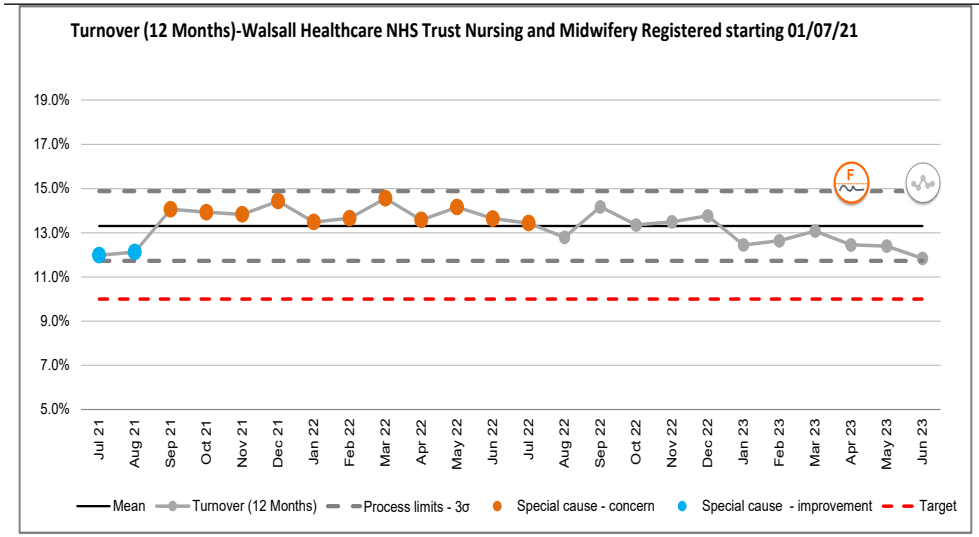
What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Walsall Healthcare NHS Trust

Attract, Recruit Retain







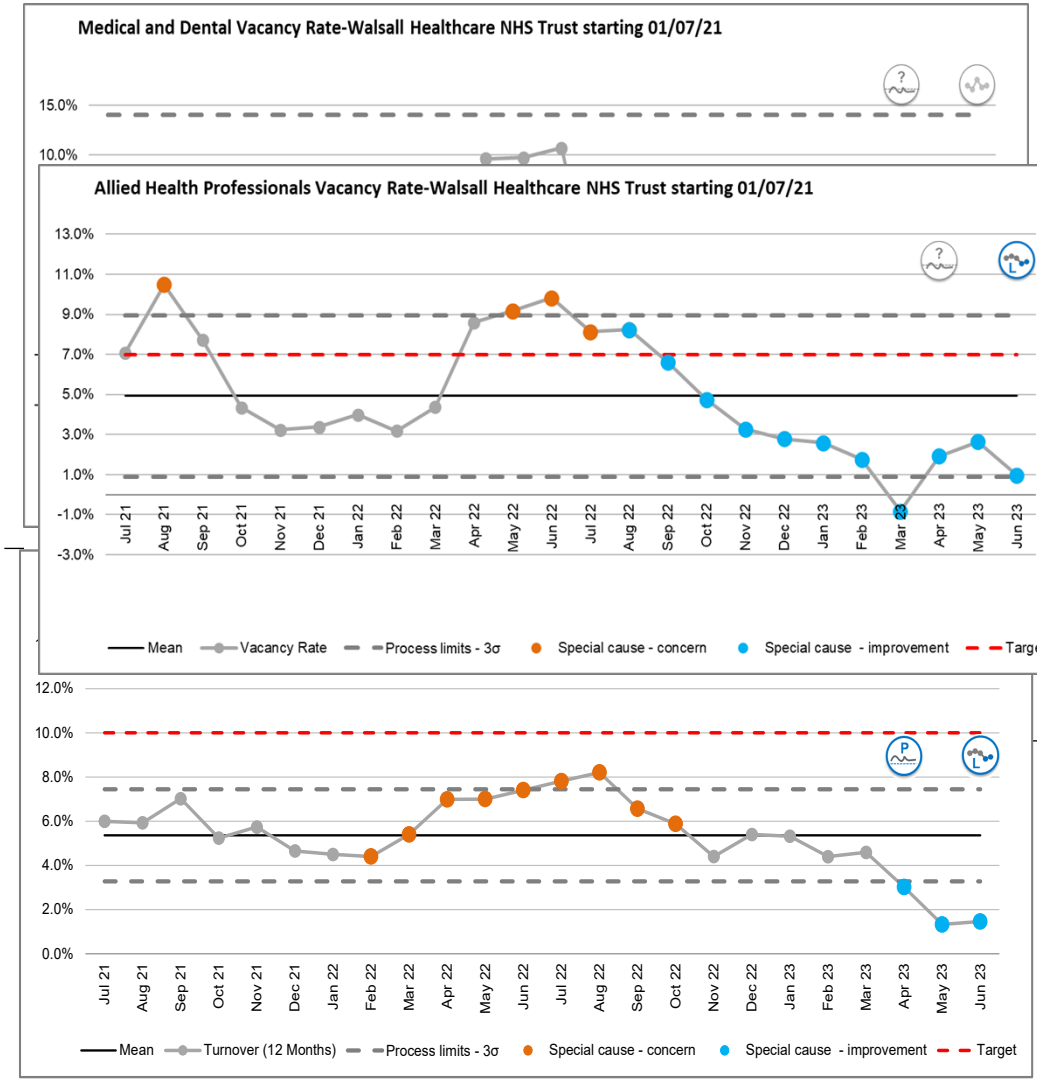
Key Issues & Challenges

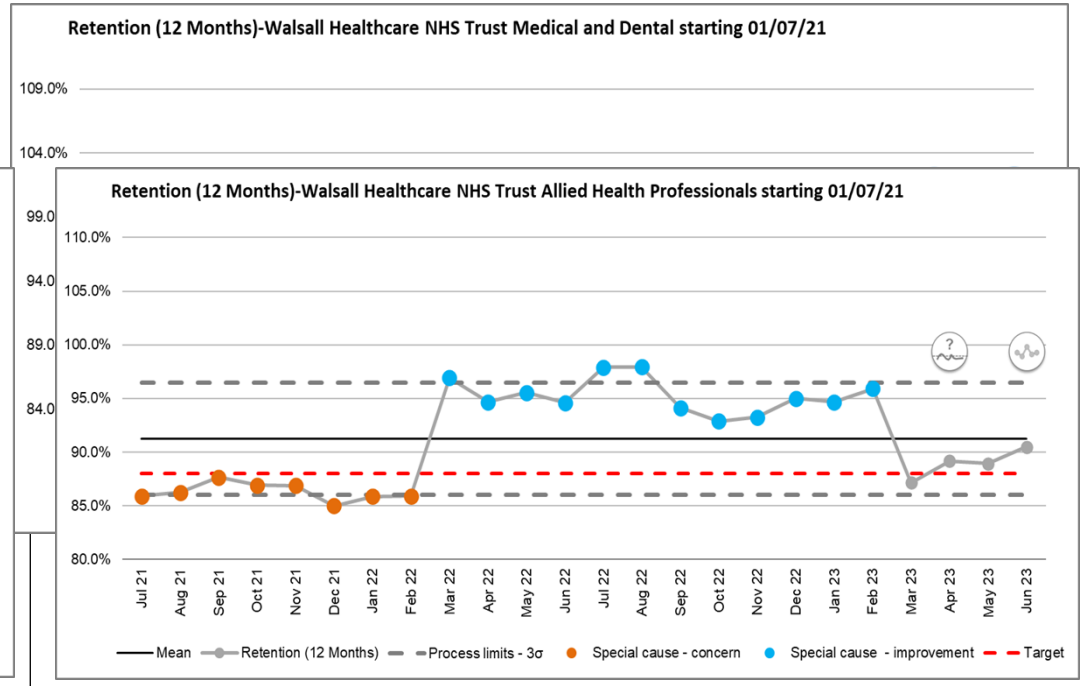
- The Registered Nursing & Midwifery (RN&M) 2.4% vacancy rate reflects a month-on-month 8 FTE increase in the budgeted establishment, reconciled against a 20 FTE increase in the actual workforce: as per the month-end finance ledger.
- The Retention (12 Months) metric, which provides assurance of the Trust's ability to attract and retain registered nurses and midwives beyond their first year of service, has maintained a prolonged period of special cause improvement.
- A review of RN&M exit information confirms that 1 in 4 registered nurses and midwives who leave the Trust do so seeking external promotion. Combined with this remuneration-related leaving reason, relocation, and a desire for better work-life balance account for 50% of voluntary resignations.

What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Walsall Healthcare NHS Trust

Attract, Recruit Retain



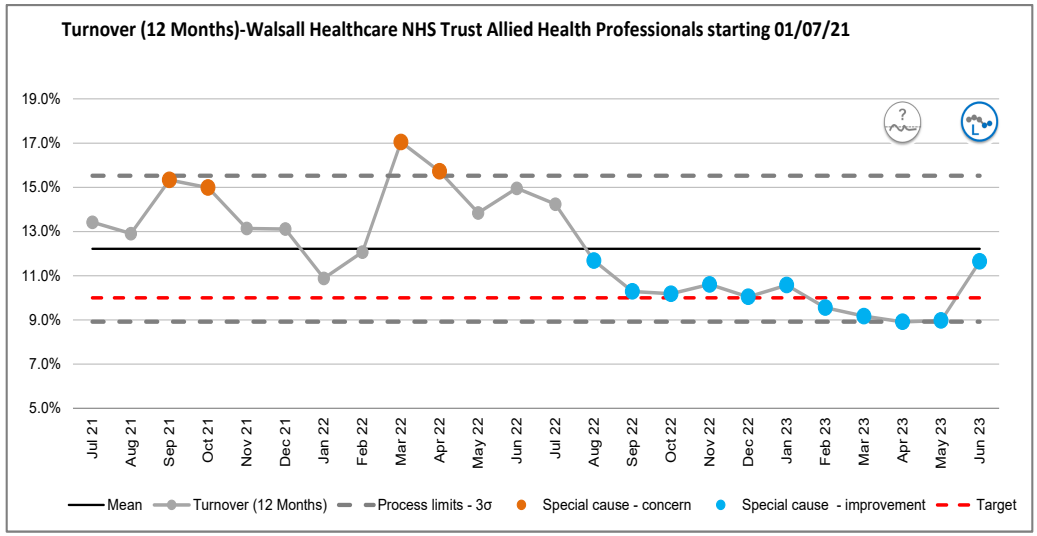


finance ledger.

- The Retention (12 Months) metric confirms a sustained improvement trajectory and confidence that the target threshold of retaining 88%+ of M&D colleagues can be achieved.
- A review of M&D exit information confirms that 1 in 5 medics who leave the Trust do so seeking external promotion. Combined with this remuneration-related leaving reason, relocation, and a desire for a better work-life balance account for 40% of M&D leavers.

What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Walsall Healthcare



Key Issues & Challenges

- The Allied Health Professionals (AHP) 1% vacancy rate represents a 9% reduction year on year, reflecting a 5 FTE increase in budgeted establishment, reconciled against a 28 FTE increase in actual workforce during the past 12 months.
- Despite the recent month-on-month rise, AHP Turnover (12 Months) maintains a special cause improvement trajectory, reflective of a significant reduction in the number of AHPs declaring a better reward package or lack of opportunities as their motivation for leaving; versus 22/23 exit information.
- The AHP Retention (12 Months) metric is stable, with assurance that the 88% target can be met; albeit inconsistently over the past 2 years.

Walsall Healthcare NHS Trust

Mandatory Training and Appraisals

Medicine & Long-Term Conditions - Mandatory Training Compliance			
	May-23	Jun-23	Movement +/-
*Division Overall	81%	82%	1.02%
Acute Care Group	79%	81%	2.43%
Cardiology	84%	83%	-0.98%
Elderly Care Group	81%	82%	0.97%
Emergency Care Group	86%	84%	-2.17%
Gastroenterology	76%	80%	3.70%
Long-Term Conditions	79%	78%	-0.33%
Medicine & Long-Term Conditions Management	82%	86%	3.45%
Surgery - Mandatory Training Compliance			
	May-23	Jun-23	Movement +/-
*Division Overall	85%	84%	-1.26%
Cancer Services	88%	85%	-3.01%
General Surgery	84%	83%	-0.78%
Head & Neck Care Group	85%	83%	-1.85%
Outpatient & Support Services	83%	82%	-1.35%
Surgery Management	86%	89%	2.95%
Theatres, Critical Care & Anaesthetics	86%	84%	-1.95%
Trauma Orthopaedics and MSK Services	83%	83%	-0.65%
Women's, Children's & Clinical Support Services - Mandatory Training Compliance			
	May-23	Jun-23	Movement +/-
*Division Overall	91%	89%	-1.89%
Children's, Families and Neonates Care Group	90%	90%	-0.02%
Clinical Support Services	91%	88%	-3.30%
Women's & Children's Management & Support	87%	89%	2.03%
Women's Services	92%	90%	-1.97%
Estates and Facilities - Mandatory Training Compliance			
	May-23	Jun-23	Movement +/-
*Division Overall	88%	84%	-3.46%
Facilities	87%	84%	-3.69%
Estates Management	90%	90%	0.02%
Facilities	87%	84%	-3.69%
Community - Mandatory Training Compliance			
	May-23	Jun-23	Movement +/-
*Division Overall	94%	89%	-5.43%
Place Based Teams	82%	83%	0.93%
Adult Services Management	86%	94%	7.89%
Intermediate & Urgent Care	90%	88%	-1.64%
Palliative Care & End Of Life Care	94%	94%	0.01%

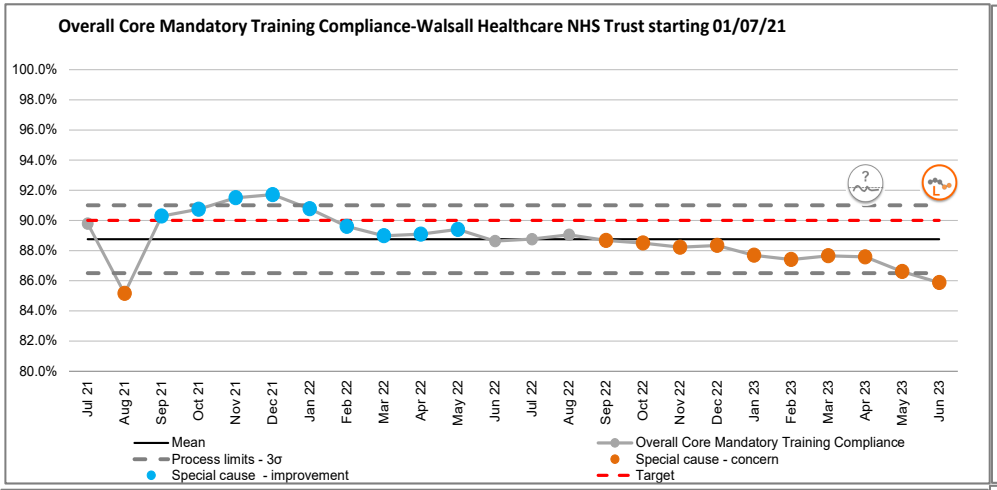
Staff Group	Appraisal Compliance Numerator	Appraisal Compliance Denominator	Appraisal Compliance Outturn
*All	2426	3207	75.65%
Add Prof Scientific and Technic	55	91	60.44%
Additional Clinical Services	487	654	74.46%
Administrative and Clerical	556	801	69.41%
Allied Health Professionals	203	235	86.38%
Estates and Ancillary	234	338	69.23%
Healthcare Scientists	38	45	84.44%
Medical and Dental	178	192	92.71%
Nursing and Midwifery Registered	675	851	79.32%
AfC Only	4674	6222	75.12%

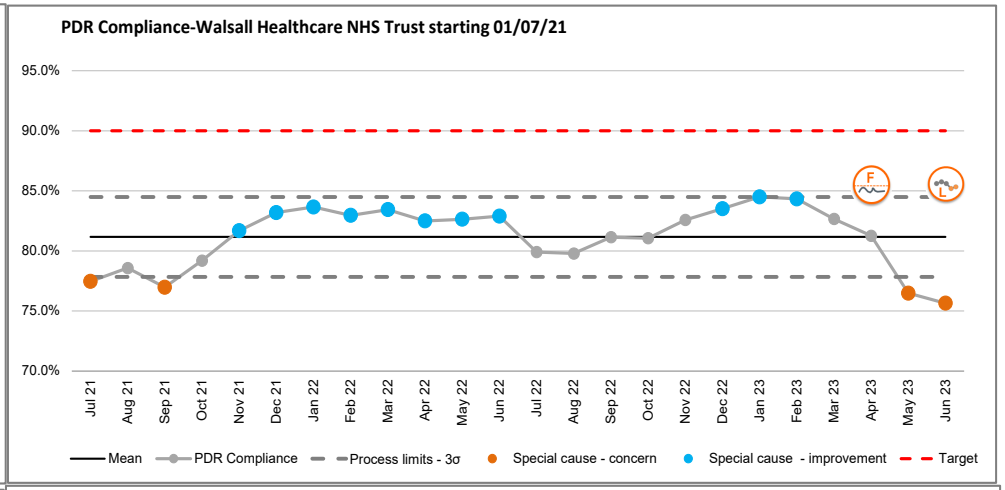
Key Issues & Challenges

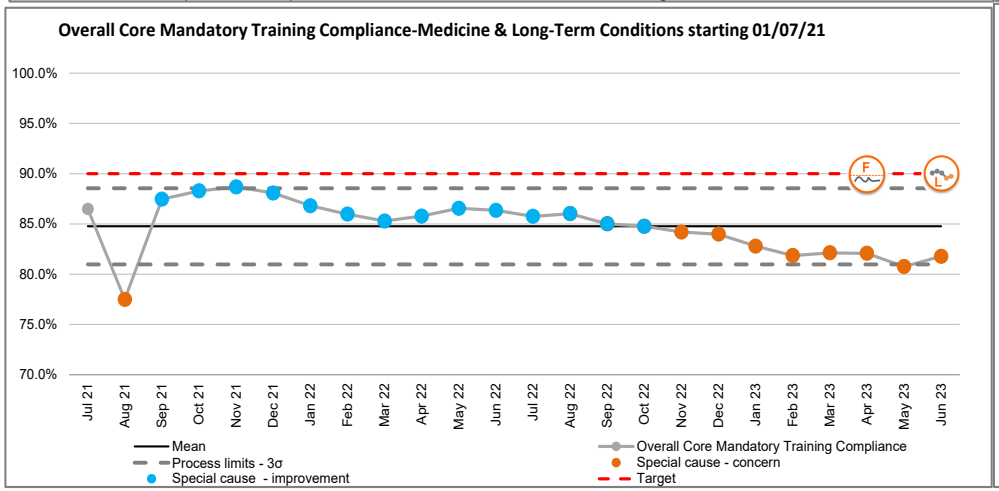
- A downtrend trajectory continues for Mandatory Training compliance, although limited assurance regarding target achievement remains intact.
- Operational successes regarding the MyAcademy rollout mean that divisional teams can once again re-engage with self-service training compliance insights, which have historically led to a target achieving improvement trajectory.
- The Appraisal compliance trend is evidencing a sustained negative trajectory, with no assurance available for target achievement.
- The decline in annual appraisal completion rates continues to be felt most acutely amongst Corporate & Estates colleagues, with attainment rates amongst these services now a clear outliner.
- Service leads are being supported by HR and Workforce Intelligence partners to monitor and then managed the compliance gap at the divisional level, with operational leads asked to assure that recovery plans are in place for the areas of greatest concern.

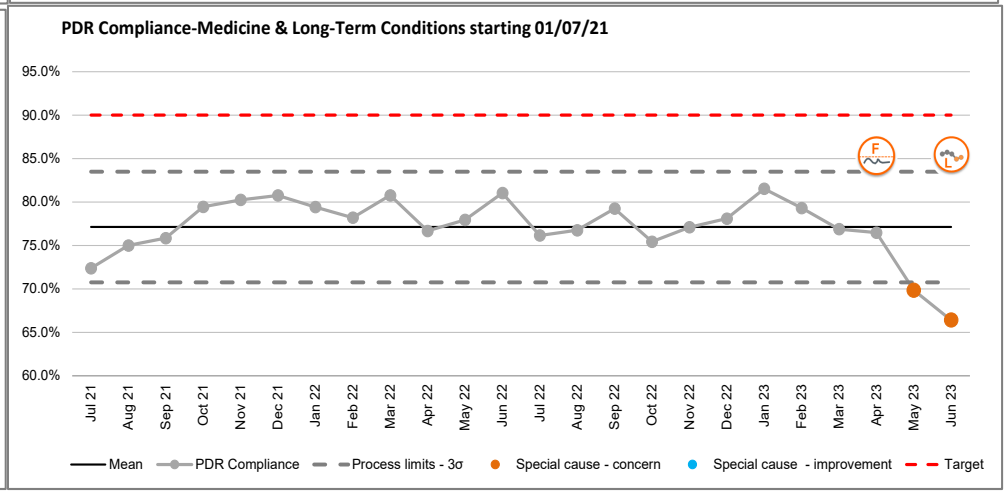
What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Mandatory Training and Appraisals



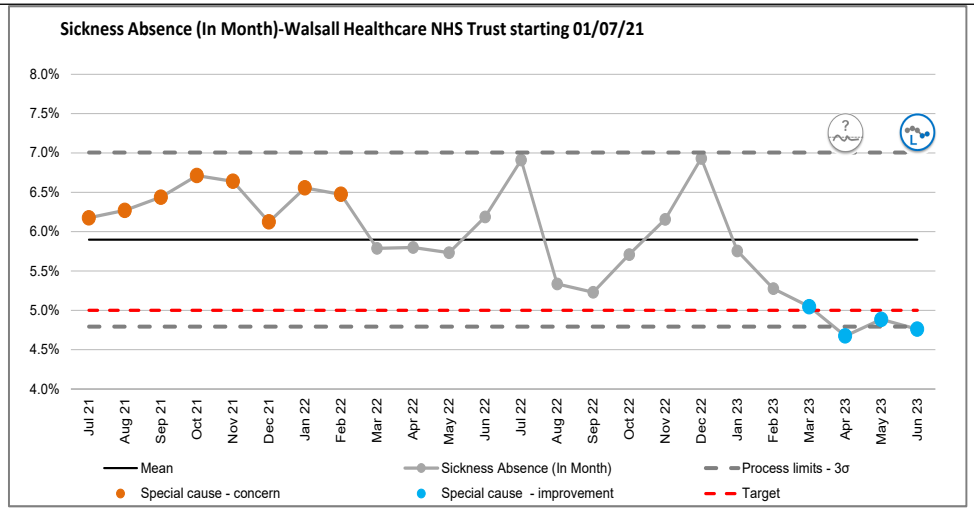


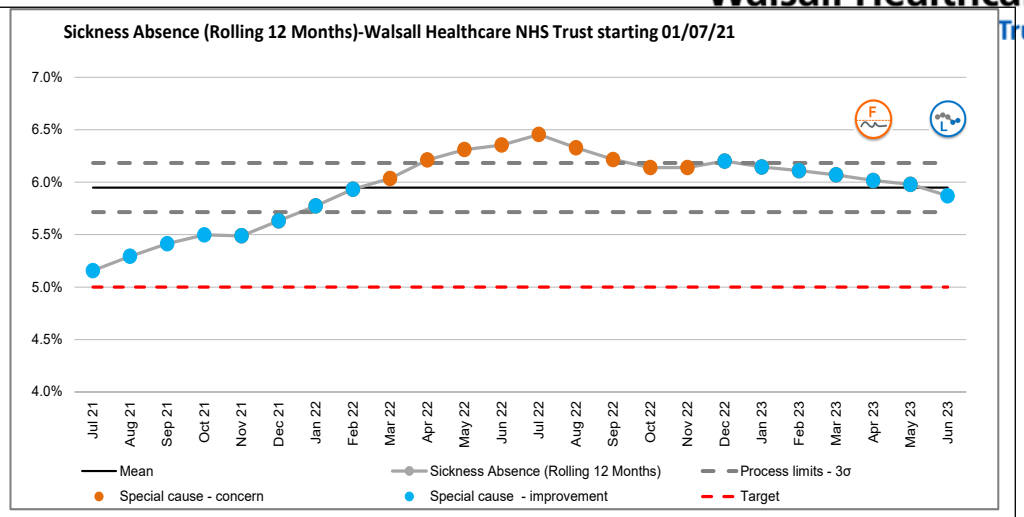




Health & Wellbeing

What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

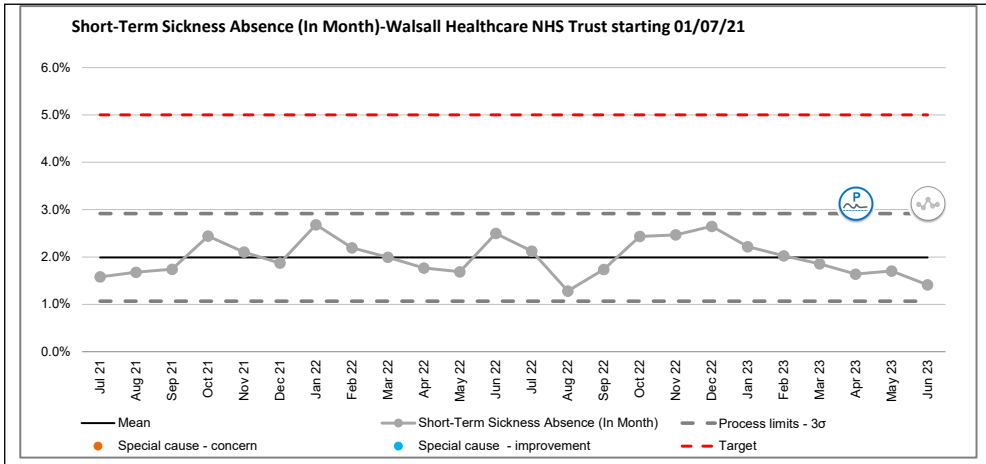


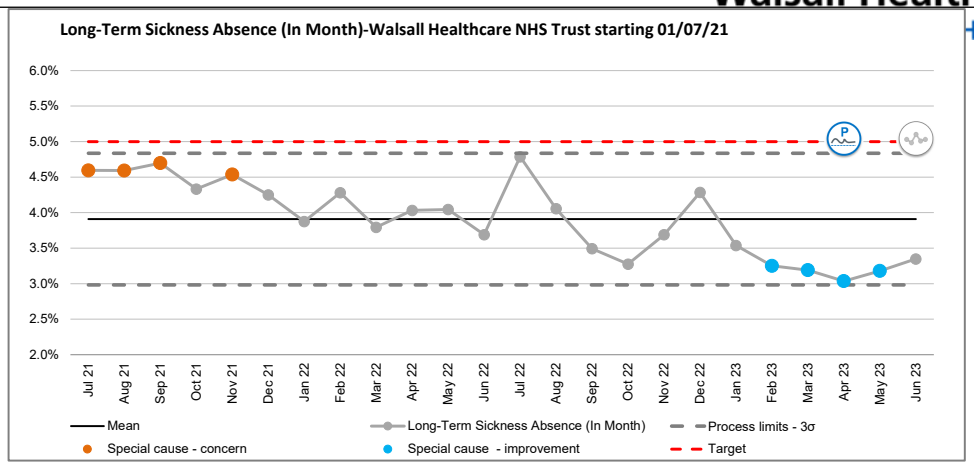


Key Issues & Challenges

- In-month sickness absence, which was 4.76% during June 2023, confirmed a trend of special cause improvement below the 5% target.
- Whilst the rolling-12 months trend doesn't offer assurance of meeting the target, the 2023 calendar year downtrend reflects strategic improvements regarding attendance management.
- The Estates & Facilities (E&F) division remains an outlier, whereby division absence increased to 8% during June 2023; driven by a spike in musculoskeletal injuries.
- At a Trust level, absence attributed to stress/anxiety-related illnesses continue to fall. Except for the challenges within E&F, days lost to musculoskeletal injuries have reduced by 25% versus 22/23.
- Amongst non-medical clinical staff groups, RN&M absence rates have evidenced the greatest improvement; whereby in-month sickness rates (4.4%) are now at the lowest levels since August 2020.

What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better





Key Issues & Challenges

- A 7:3 ratio of long-term versus short-term days lost during June 2023, combined with the improved absence rate position, reflects a reduction of absences totalling 28 days or less; symptomatic of seasonal trends.
- The largest drivers for sickness absence were stress/anxiety (long-term), gastrointestinal problems (short-term) and musculoskeletal problems (short and long-term). These three top reasons for absence accounted for 48% of FTE days lost during June 2023.
- Excluding the Estates and Ancillary staff group as an outlier, short-term absence rates were highest amongst Scientific (2.74%) and Allied Health Professionals (1.85%).
- Long-term absence rates were highest amongst Clinical Support colleagues (4.38%), whereby 9 out of 10 days lost within this staff group were aligned to nursing support positions e.g. Clinical Support Workers
- The long-term absence rate for Admin colleagues during June 2023 was 4.15%, driven predominately by stress/anxiety-related illnesses.

Walsall Healthcare NHS Trust

Workforce Metrics

Workforce Profile	As at 31/03/2023	2023/24												YTD Change
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Substantive Staff FTE	4435.71	4434.69	4461.89	4481.04	-	-	-	-	-	-	-	-	-	45.33
Substantive Staff FTE (Ex. Rotational Drs)	4341.71	4342.69	4369.89	4389.04	-	-	-	-	-	-	-	-	-	47.33
Substantive Staff Headcount	5112	5119	5141	5167	-	-	-	-	-	-	-	-	-	55
Bank Staff Only Headcount	1181	1198	1230	1219	-	-	-	-	-	-	-	-	-	38
% Staff from a BME Background	37.30%	37.60%	39.03%	39.23%	-	-	-	-	-	-	-	-	-	1.93%

Workforce Profile BY Staff Group (FTE)	As at 31/03/2023	2023/24												YTD Change
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Add Prof Scientific and Technic	103.29	101.00	101.10	101.77	-	-	-	-	-	-	-	-	-	-1.53
Additional Clinical Services	845.07	835.77	839.50	837.37	-	-	-	-	-	-	-	-	-	-7.69
Administrative and Clerical	921.93	920.29	916.72	914.25	-	-	-	-	-	-	-	-	-	-7.68
Allied Health Professionals	294.29	291.18	293.43	293.28	-	-	-	-	-	-	-	-	-	-1.01
Estates and Ancillary	256.83	255.87	253.30	253.18	-	-	-	-	-	-	-	-	-	-3.65
Healthcare Scientists	44.02	45.61	44.61	44.61	-	-	-	-	-	-	-	-	-	0.59
Medical and Dental	498.05	494.53	511.78	512.93	-	-	-	-	-	-	-	-	-	14.88
Nursing and Midwifery Registered	1454.23	1470.44	1482.46	1504.66	-	-	-	-	-	-	-	-	-	50.42
Students	18.00	20.00	19.00	19.00	-	-	-	-	-	-	-	-	-	1.00

Starters by Staff Group (FTE)	2022/23	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Total Starters	765.10	53.57	37.46	44.86	-	-	-	-	-	-	-	-	-	135.89
Add Prof Scientific and Technic	13.17	2.40	2.30	0.20	-	-	-	-	-	-	-	-	-	4.90
Additional Clinical Services	176.28	15.48	4.61	15.17	-	-	-	-	-	-	-	-	-	35.26
Administrative and Clerical	124.51	14.36	7.41	9.80	-	-	-	-	-	-	-	-	-	31.57
Allied Health Professionals	47.80	1.00	3.92	4.00	-	-	-	-	-	-	-	-	-	8.92
Estates and Ancillary	29.57	0.00	0.45	0.00	-	-	-	-	-	-	-	-	-	0.45
Healthcare Scientists	5.20	1.60	0.00	0.00	-	-	-	-	-	-	-	-	-	1.60
Medical and Dental	219.34	6.00	10.00	8.00	-	-	-	-	-	-	-	-	-	24.00
Nursing and Midwifery Registered	134.22	12.73	8.76	7.69	-	-	-	-	-	-	-	-	-	29.19
Students	15.00	0.00	0.00	0.00	-	-	-	-	-	-	-	-	-	0.00

Apprenticeships	2022/23 Total	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Apprentices Started in month	17	0	6	0										6
Number of Staff Converted to Apprentices in month	68	1	6	0										7

Workforce Metrics

Walsall Healthcare NHS Trust

Leavers by Staff Group (FTE)	2022/23	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Total Leavers	623.91	47.90	38.97	38.87	-	-	-	-	-	-	-	-	-	**125.74**
Add Prof Scientific and Technic	13.24	0.00	2.00	0.00	-	-	-	-	-	-	-	-	-	2.00
Additional Clinical Services	112.73	11.06	6.43	5.01	-	-	-	-	-	-	-	-	-	22.50
Administrative and Clerical	119.94	11.65	7.88	13.48	-	-	-	-	-	-	-	-	-	33.01
Allied Health Professionals	36.30	1.00	0.60	3.80	-	-	-	-	-	-	-	-	-	5.40
Estates and Ancillary	20.20	0.47	3.48	0.00	-	-	-	-	-	-	-	-	-	3.95
Healthcare Scientists	6.57	0.00	1.00	0.00	-	-	-	-	-	-	-	-	-	1.00
Medical and Dental	152.30	10.00	4.00	5.80	-	-	-	-	-	-	-	-	-	19.80
Nursing and Midwifery Registered	161.63	13.72	13.59	10.77	-	-	-	-	-	-	-	-	-	38.08
Students	1.00	0.00	0.00	0.00	-	-	-	-	-	-	-	-	-	0.00

Retention	2022/23	2023/24												2023/24 Average
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Retention Rate (12 Months)	**89.27%**	**90.11%**	**89.76%**	**90.41%**	-	-	-	-	-	-	-	-	-	**90.10%**
Retention Rate (24 Months)	**79.39%**	**79.39%**	**79.18%**	**79.64%**	-	-	-	-	-	-	-	-	-	**79.40%**
Retention Rate (5 Years)	58.62%	58.09%	57.75%	57.94%	-	-	-	-	-	-	-	-	-	57.93%

Retention Rate (12 Months)	2022/23	2023/24												2023/24 Average
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Add Prof Scientific and Technic	**69.23%**	**86.25%**	**80.06%**	**85.44%**	-	-	-	-	-	-	-	-	-	**83.92%**
Additional Clinical Services	**86.84%**	**87.02%**	**86.69%**	**87.08%**	-	-	-	-	-	-	-	-	-	**86.93%**
Administrative and Clerical	**92.36%**	**92.23%**	**91.47%**	**91.03%**	-	-	-	-	-	-	-	-	-	**91.58%**
Allied Health Professionals	**87.13%**	**89.16%**	**88.93%**	**90.47%**	-	-	-	-	-	-	-	-	-	**89.52%**
Estates and Ancillary	**89.79%**	**90.60%**	**91.29%**	**92.35%**	-	-	-	-	-	-	-	-	-	**91.41%**
Healthcare Scientists	**86.28%**	**87.26%**	**89.32%**	**91.48%**	-	-	-	-	-	-	-	-	-	**89.35%**
Medical and Dental	**97.13%**	**95.19%**	**95.02%**	**95.56%**	-	-	-	-	-	-	-	-	-	**95.26%**
Nursing and Midwifery Registered	**89.78%**	**90.15%**	**90.19%**	**91.07%**	-	-	-	-	-	-	-	-	-	**90.47%**

Employee Relation Activity – Number of Open & Closed Cases	2022/23 Monthly Avg.	2023/24												YTD Monthly
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Open Formal Grievance Cases	15	13	11	9										11
Open Bullying & Harassment Cases	5	4	4	4										4
Open Capability Cases	3	2	2	5										3
Open Disciplinary Cases	18	27	31	30										29
Cases Closed	10	3	10	7										7

NHS
Walsall Healthcare

Turnover % (Normalised) - Rolling 12 Months	2022/23	2023/24												2023/24 Average
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Overall Turnover	11.38%	11.33%	10.65%	10.44%	-	-	-	-	-	-	-	-	-	10.81%
Add Prof Scientific and Technic	12.45%	12.45%	14.99%	14.53%	-	-	-	-	-	-	-	-	-	13.99%
Additional Clinical Services	14.35%	15.09%	13.58%	13.04%	-	-	-	-	-	-	-	-	-	13.91%
Administrative and Clerical	9.14%	9.61%	8.38%	8.80%	-	-	-	-	-	-	-	-	-	8.93%
Allied Health Professionals	9.17%	8.91%	8.97%	11.65%	-	-	-	-	-	-	-	-	-	9.84%
Estates and Ancillary	8.04%	6.87%	7.67%	6.33%	-	-	-	-	-	-	-	-	-	6.96%
Healthcare Scientists	9.96%	9.45%	8.63%	3.55%	-	-	-	-	-	-	-	-	-	7.21%
Medical and Dental	4.59%	3.01%	1.33%	1.46%	-	-	-	-	-	-	-	-	-	1.93%
Nursing and Midwifery Registered	13.08%	12.45%	12.40%	11.84%	-	-	-	-	-	-	-	-	-	12.23%

Sickness Absence	2022/23	2023/24												2023/24 Average
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
% Sickness Absence In Month	5.05%	4.67%	4.89%	4.76%	-	-	-	-	-	-	-	-	-	4.77%
% Sickness Absence (Rolling 12 Months)	6.07%	6.02%	5.98%	5.87%	-	-	-	-	-	-	-	-	-	5.96%
FTE Days Lost	6917	6200	6749	6384	-	-	-	-	-	-	-	-	-	6444
% Short Term Sickness	34.68%	35.06%	34.91%	29.67%	-	-	-	-	-	-	-	-	-	33.21%
% Long Term Sickness	65.32%	64.94%	65.09%	70.33%	-	-	-	-	-	-	-	-	-	66.79%
Estimated Cost of Sickness £	£8,662,364	£586,363	£667,728	£603,515	-	-	-	-	-	-	-	-	-	£619,202

Top 3 Sickness Reasons (FTE Days Lost)	2022/23	2023/24												% Change - (YTD Avg)
	Monthly Avg.	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Anxiety/stress/depression/other psychiatric illnesses	2125.3	1961.8	1880.3	1802.1	-	-	-	-	-	-	-	-	-	-11.47%
Gastrointestinal problems	726.2	670.8	659.5	727.1	-	-	-	-	-	-	-	-	-	-5.56%
Other musculoskeletal problems	735.8	432.5	569.0	566.2	-	-	-	-	-	-	-	-	-	-28.97%

Education / OD	2022/23	2023/24												2023/24 Average
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Core Mandatory Training	87.66%	87.58%	86.61%	85.88%	-	-	-	-	-	-	-	-	-	86.69%
Appraisal	82.66%	81.27%	76.48%	75.65%	-	-	-	-	-	-	-	-	-	77.80%

Inductions	2022/23 Total	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Trust Inductions Completed	886	141	161	127										429

Workforce Metrics

Freedom To Speak Up Engagements	2022/23 Total	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Trust Overall	132	8	10	20										38

Walsall Healthcare NHS Trust

Establishment Gap By Staff Group (FTE)	2022/23	2023/24												YTD Change
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Total Establishment Gap	**-72.75**	**168.58**	**205.03**	**202.01**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**274.76**
Additional Clinical Services	-68.44	-48.41	-43.38	-31.77	-	-	-	-	-	-	-	-	-	36.67
Administrative and Clerical	-16.41	63.07	73.22	73.08	-	-	-	-	-	-	-	-	-	89.49
Allied Health Professionals	-2.15	5.05	7.00	2.58	-	-	-	-	-	-	-	-	-	4.73
Estates and Ancillary	53.71	84.82	87.62	87.93	-	-	-	-	-	-	-	-	-	34.22
Healthcare Scientists	-1.05	0.92	-1.88	-0.44	-	-	-	-	-	-	-	-	-	0.61
Medical and Dental	0.92	34.18	33.40	31.55	-	-	-	-	-	-	-	-	-	30.63
Nursing and Midwifery Registered	-47.50	26.82	48.42	36.54	-	-	-	-	-	-	-	-	-	84.04
Professional and Scientific	8.17	2.13	0.63	2.54	-	-	-	-	-	-	-	-	-	-5.63
Students	0.00	0.00	0.00	0.00	-	-	-	-	-	-	-	-	-	0.00

Agency Spend (£000's)	2022/23	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Total Agency Spend	**£15,777**	**£1,024**	**£1,186**	**£826**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**£3,036**
Nursing and Midwifery Registered	£6,815	£293	£244	£349	-	-	-	-	-	-	-	-	-	£886
Qualified Scientific, Therapeutic and Technical	£1,334	£145	£160	£101	-	-	-	-	-	-	-	-	-	£406
Support to Clinical Staff	£900	£77	£92	£187	-	-	-	-	-	-	-	-	-	£356
of which support to nursing staff	£292	£4	-£18	£39	-	-	-	-	-	-	-	-	-	£25
NHS Infrastructure Support	£2,029	£156	£162	£2	-	-	-	-	-	-	-	-	-	£319
Medical and Dental	£4,699	£353	£527	£188	-	-	-	-	-	-	-	-	-	£1,068
of which Consultants	£1,609	£100	£213	£64	-	-	-	-	-	-	-	-	-	£377
of which Career/Staff Grade	£1,345	£136	£153	£52	-	-	-	-	-	-	-	-	-	£340
of which Trainee Grades/Trust Grade	£1,746	£118	£161	£71	-	-	-	-	-	-	-	-	-	£350

Bank Spend (£000's)	2022/23	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Total Bank Spend	**£30,435**	**£2,581**	**£2,702**	**£2,641**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**£7,925**
Nursing and Midwifery Registered	£9,301	£949	£900	£731	-	-	-	-	-	-	-	-	-	£2,580
Qualified Scientific, Therapeutic and Technical	£26	£4	£3	£3	-	-	-	-	-	-	-	-	-	£9
Support to Clinical Staff	£6,765	£556	£573	£663	-	-	-	-	-	-	-	-	-	£1,791
of which support to nursing staff	£5,801	£459	£489	£568	-	-	-	-	-	-	-	-	-	£1,515
NHS Infrastructure Support	£2,541	£236	£214	£237	-	-	-	-	-	-	-	-	-	£687
Medical and Dental	£11,802	£837	£1,012	£1,008	-	-	-	-	-	-	-	-	-	£2,857
of which Consultants	£6,273	£522	£646	£619	-	-	-	-	-	-	-	-	-	£1,787
of which Career/Staff Grade	£2,765	£47	£247	£197	-	-	-	-	-	-	-	-	-	£491
of which Trainee Grades/Trust Grade	£2,763	£268	£119	£192	-	-	-	-	-	-	-	-	-	£579

Summary Dashboard - Retention (12 Months)

*Exclusions Apply – See Appendix A	June 2023 Outturn	Numerator: FTE Now (24 Months+ Service)*	Denominator: FTE 24 Months Previous*	Will We Meet The Target? (88%)	Is Performance Stable?
WH Trust	**90.4%**	3141.90	3475.10	**Yes**	Yes
Community	**90.6%**	686.70	757.56	Sometimes	Yes
Estates & Facilities	**90.3%**	229.29	254.03	**Yes**	**Getting Worse**
MLTC	**87.5%**	598.57	684.36	Sometimes	Yes
Surgery	**91.0%**	598.03	657.34	Sometimes	Yes
WCCSS	**91.3%**	609.66	668.05	Sometimes	**Getting Better**
Chief Executive Directorate	**90.9%**	10.00	11.00	Sometimes	**Getting Better**
Digital Services	**93.2%**	103.97	111.54	Sometimes	**Getting Better**
Finance Directorate	**83.3%**	42.11	50.54	**No**	**Getting Better**
Governance Directorate	**83.2%**	23.79	28.59	Sometimes	**Getting Worse**
Medical Directorate	**96.1%**	63.91	66.47	**Yes**	**Getting Worse**
Nurse Directorate	**93.7%**	67.55	72.05	Sometimes	Yes
Operations Directorate	**96.5%**	21.53	22.31	**Yes**	**Getting Worse**
People & Culture Directorate	**100.2%**	67.39	67.26	Sometimes	**Getting Better**
Transformation & Strategy	**73.2%**	10.40	14.20	Sometimes	Yes

	June 2023 Outturn	Numerator: FTE Days Lost During June 2023	Denominator: FTE Days Available During June 2023	Will We Meet The Target? (5%)	Is Performance Stable?
WH Trust	**4.8%**	6383.79	134107.35	Sometimes	**Getting Better**
Community	**5.2%**	1364.09	25987.41	Sometimes	Yes
Estates & Facilities	**8.2%**	605.22	7407.80	**No**	Yes
MLTC	**3.9%**	1262.87	32667.31	Sometimes	**Getting Better**
Surgery	**5.2%**	1368.40	26301.84	Sometimes	**Getting Better**
WCCSS	**5.1%**	1293.44	25192.75	Sometimes	Yes
Chief Executive Directorate	**0.3%**	1.00	390.00	Sometimes	Yes
Digital Services	**5.0%**	176.16	3521.76	**Yes**	**Getting Worse**
Finance Directorate	**6.6%**	110.20	1658.60	Sometimes	Yes
Governance Directorate	**0.4%**	4.00	1024.60	Sometimes	Yes
Medical Directorate	**0.3%**	9.00	3236.08	Sometimes	Yes
Nurse Directorate	**3.3%**	81.01	2486.80	Sometimes	Yes
Operations Directorate	**4.5%**	35.60	788.40	Sometimes	Yes
People & Culture Directorate	**2.6%**	67.39	2644.00	Sometimes	**Getting Better**
Transformation & Strategy	**0.2%**	1.00	474.00	Sometimes	Yes

	June 2023 Outturn	Numerator: Competencies Completed	Denominator: Competencies Required	Will We Meet The Target? (90%)	Is Performance Stable?
WH Trust	**85.9%**	76844	89478	Sometimes	**Getting Worse**
Community	**89.0%**	15798	17748	**Yes**	**Getting Worse**
Estates & Facilities	**84.2%**	5548	6588	Sometimes	**Getting Worse**
MLTC	**81.8%**	16663	20376	**No**	**Getting Worse**
Surgery	**83.9%**	14566	17352	Sometimes	**Getting Worse**
WCCSS	**88.9%**	14832	16686	Sometimes	Yes
Chief Executive Directorate	**82.9%**	194	234	Sometimes	**Getting Worse**
Digital Services	**92.7%**	2219	2394	**Yes**	Yes
Finance Directorate	**87.5%**	945	1080	Sometimes	**Getting Worse**
Governance Directorate	**90.4%**	586	648	Sometimes	Yes
Medical Directorate	**85.9%**	1825	2124	Sometimes	Yes
Nurse Directorate	**83.9%**	1374	1638	Sometimes	**Getting Worse**
Operations Directorate	**86.6%**	452	522	Sometimes	Yes
People & Culture Directorate	**91.6%**	1468	1602	Sometimes	Yes
Transformation & Strategy	**87.6%**	268	306	Sometimes	**Getting Worse**

*Exclusions Apply – See Appendix A	June 2023 Outturn	Numerator: Appraisals Completed*	Denominator: No. Colleagues Eligible For Appraisal*	Will We Meet The Target? (90%)	Is Performance Stable?
WH Trust	**75.6%**	2426	3207	**No**	**Getting Worse**
Community	**87.0%**	627	721	Sometimes	**Getting Worse**
Estates & Facilities	**69.6%**	229	329	**No**	**Getting Worse**
MLTC	**66.4%**	338	509	**No**	**Getting Worse**
Surgery	**77.3%**	469	607	**No**	Yes
WCCSS	**81.8%**	517	632	Sometimes	**Getting Worse**
Chief Executive Directorate	**30.0%**	3	10	**No**	**Getting Worse**
Digital Services	**79.3%**	88	111	Sometimes	**Getting Better**
Finance Directorate	**75.0%**	33	44	**No**	**Getting Better**
Governance Directorate	**20.0%**	5	25	**No**	**Getting Worse**
Medical Directorate	**69.8%**	30	43	**No**	**Getting Worse**
Nurse Directorate	**68.1%**	49	72	**No**	Yes
Operations Directorate	**23.8%**	5	21	**No**	**Getting Worse**
People & Culture Directorate	**39.1%**	25	64	**No**	**Getting Worse**
Transformation & Strategy	**45.5%**	5	11	**No**	Yes

Spotlight Page – 2023/24 Workforce Plan Update

Walsall Healthcare NHS Trust

- The right-hand table provides a summary of 2023/24 workforce plans developed as part of a local ICS capacity and demand review, overseen by HEE and NHSE&I national partners. Below commentary reflects upon a 18/19 to 23/24 workforce bridging exercise, which provides details and assurance regarding strategic workforce growth.

- The 2023/24 plan, compared to 18/19, showed an increase of £31.8m over the six-year period; equivalent to a 15% investment in pay (excluding inflationary impact) and 14% increase in staffing.

- The ED build included in the region of 130 WTE, to support ED capacity of 8,000 additional contacts a year, primarily made up of 60% nursing and 30% medics.

Workforce	Baseline		Planned	
Staffing Categories	31-Mar-23		31-Mar-24	
	Actual WTE	*Budgeted WTE*	*Actual WTE*	*Budgeted WTE*
Total Workforce (WTE)	**4921.47**	**4449.23**	**4776.71**	**4324.25**
Total Bank	**421.97**	**0.00**	**420.93**	**0.00**
Total Agency	**114.96**	**0.00**	**31.53**	**0.00**
Total Substantive	**4384.54**	**4449.23**	**4324.25**	**4324.25**
Registered Nursing, Midwifery and Health visiting staff	1475.49	1501.42	1471.39	1471.39
Allied Health Professionals	260.05	263.52	258.25	258.25
Other Scientific, Therapeutic and Technical Staff	81.90	86.51	84.78	84.78
Registered/Qualified Healthcare Scientists	33.97	35.84	35.12	35.12
Support to Clinical staff	938.10	865.23	847.93	847.93
NHS Infrastructure Support	1111.76	1206.69	1146.56	1146.56
Medical & Dental	483.27	490.02	480.22	480.22
All Consultant	170.01	194.08	190.20	190.20
All Non-Consultant Career Grades	142.56	121.06	118.64	118.64
All Trainees (excluding Foundation Trainees)	61.07	64.55	63.26	63.26
All Foundation Trainees	109.63	110.33	108.12	108.12

- General emergency pathway increased in the region of 270 WTE (majority on inpatient medical wards following safer staffing review).

- Increase of around 40 WTE posts in community in support of care at home (rapid response, integrated front door).

- Investment in elective pathway of around 80 WTE split between Theatres and safer staffing review on surgical inpatient wards.

- Maternity in response to Ockenden has seen an increase of around 24 WTE (mostly occurred in 2021/22).

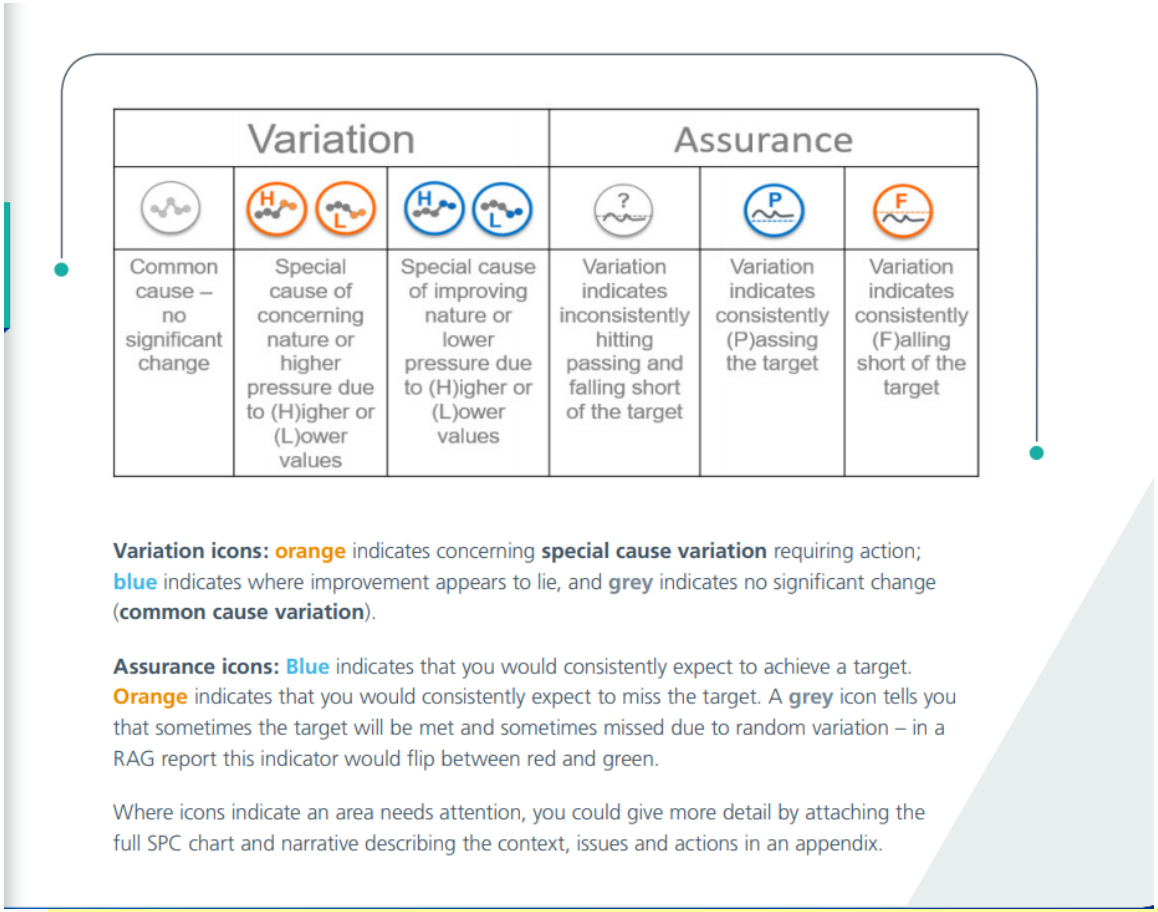
- There has been an increase of around 30 WTE in corporate teams including resourcing, governance, clinical fellowship and clinical practice development and safeguarding teams.

- Over the 6-year period we have had 44 WTE transfer into the Trust from two areas - GP pharmacists and Palliative Care Centre (St Giles Hospice).

Appendix A - Supplementary Comments

- Sickness Absence outturns have been normalised through the exclusion of COVID-19 illnesses. Separate updates of COVID-19 absence rates are shared daily with operational leads.
- Workforce Profile figures are reflective of Permanent and Fixed Term colleagues.
- Turnover figures are 'normalised' through the exclusion of Rotational Doctors, Students, TUPE Transfers and End of Fixed Term Temp contract.
- Absences totalling 28 calendar days or more are classified as being Long-Term.
- The 'Estimated Cost of Absence' is taken from the Electronic Staff Records (ESR) System and based upon the salary value of colleagues absent but not inclusive of potential on-costs.
- Retention Calculation: No. Employee with XX or more months of service Now / No Employees one year ago (Rotational Doctors, Students, TUPE Transfers & Fixed Term colleagues are excluded from both the numerator and denominator)
- Establishment Gap information is reflective of budgeted and actual workforce figures taken from the finance ledger, effective month-end. Due to this, establishment gaps are indicative of gaps within the financial establishment, and importantly, not necessarily wholly related to ongoing or historical recruitment campaigns.
- Training & Appraisal compliance is calculated using exclusion lists detailed within the Appendix of this document.
- As of January 2020, 'Core Mandatory' compliance is reflective of the national Core Skills Training Framework.;

  - Conflict Resolution
  - Fire Safety
  - Equality, Diversity and Human Rights
  - Information Governance and Data Security
  - Health, Safety and Welfare
  - Load Handling
  - Patient Handling
  - Infection Prevention and Control Level 1
  - Infection Prevention and Control Level 2
  - Adult Basic Life Support
  - Safeguarding Children Level 1
  - Safeguarding Children Level 2
  - Safeguarding Children Level 3
  - Safeguarding Adults Level 1
  - Safeguarding Adults Level 2
  - Safeguarding Adults Level 3
  - Prevent Level 1 & 2
  - Prevent Level 3



Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: **orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and **grey** indicates no significant change (**common cause variation**).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A **grey** icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

Where icons indicate an area needs attention, you could give more detail by attaching the full SPC chart and narrative describing the context, issues and actions in an appendix.

Making data count | NHS Improvement. 2019. Making data count — strengthening your decisions. [ONLINE] Available at: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL.pdf. [Accessed July 2019].

Making data count | NHS Improvement. 2019. Making data count — strengthening your decisions. [ONLINE] Available at: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL.pdf. [Accessed July 2019].

Appendix C - HR KPI RAG Rating Scales

Appraisal rate	**<81%**	**81% - 90%**	**>=90%**
Mandatory Training Attendance	**<81%**	**81% - 90%**	**>=90%**

Retention (24 Months)	**<75%**	**75% - 85%**	**>=85%**
Retention (12 Months)	**<78%**	**78% - 88%**	**>=88%**
Sickness Absence %	**>6%**	**5% - 6%**	**<=5%**
Turnover	**>11%**	**10% - 11%**	**<=10%**
Vacancy Rate	**>11%**	**10% - 11%**	**<=10%**

Appendix D - Training & Appraisal Exclusion Lists

Training	Annual Appraisal
• Bank Staff • Students • Anyone on Career Break • Anyone on External Secondment • Anyone on Suspension • Anyone on Maternity Leave • Anyone Long-Term Sick	• Bank Staff • Students • Anyone on Career Break • Anyone on External Secondment • Anyone on Suspension • Anyone Managed Externally • Anyone on a fixed-term contract. • Anyone who has been employed by the Trust for less than 1 calendar year. • Anyone on Maternity Leave • Anyone Long-Term Sick

Walsall Healthcare
NHS Trust

Public Sector Equality Duty (PSED) Annual Report 2022-2023

Executive Summary

Walsall Healthcare is delighted to present its Equality, Diversity, and Inclusion Annual Report 2022-2023. The report outlines our activity over the past 12 months and provides an update on progress against our equality objectives in line with the requirements of the Public Sector Equality Duty2011. Over the past year, we have been working hard to embed the objectives we set out in our Equality, Diversity, and Inclusion Plan across the organisation.

One of our biggest strengths is our active involvement in equality, diversity, and inclusion at a system level. As a key partner in the Black Country Integrated Care System. We know we cannot achieve our ambitions in isolation and that we are stronger working collaboratively with our partners.

Our Anchor Institution approach provides us with real opportunities to better the lives of our communities by improving their health and life chances through expanded employment opportunities; all of which benefit the communities of Walsall as we recognise our staff are also part of the local community.

Our Patient Relations and Experience Team are continuing to work closely with patients, families, carers, local faith leaders and community groups to listen, understand and share ideas that will make our organisation more inclusive, supportive and in touch with our communities.

Internally, we have strengthened our staff networks by putting in an appropriate infrastructure to provide support and guidance to our network chairs to enable them to strive and to ensure employee voice is amplified across the organisation. We want to continue to ensure our Women, LGBTQ+ and BAME Networks are actively vocal and proactive in championing change.

We are also committed to ensuring that Walsall Healthcare has an inclusive working environment and a great workplace where people belong. Our new behavioural framework and our anti-racism vision statement will support the organisation to realise these aims.

This report aims to bring together the work undertaken to improve inclusivity from a workforce perspective (equality, diversity, and inclusion in employment) and the work that has been undertaken to better serve our local community in terms of access and their experience of using our services (equality in service delivery)

The purpose of this report is not only to demonstrate our legal obligations in respect of the Public Sector Equality Duty; the report also illustrates that we are genuinely committed to building a positive, supportive, and inclusive workplace where everyone is treated fairly, can achieve their full potential, and feels comfortable to be themselves.

Introduction

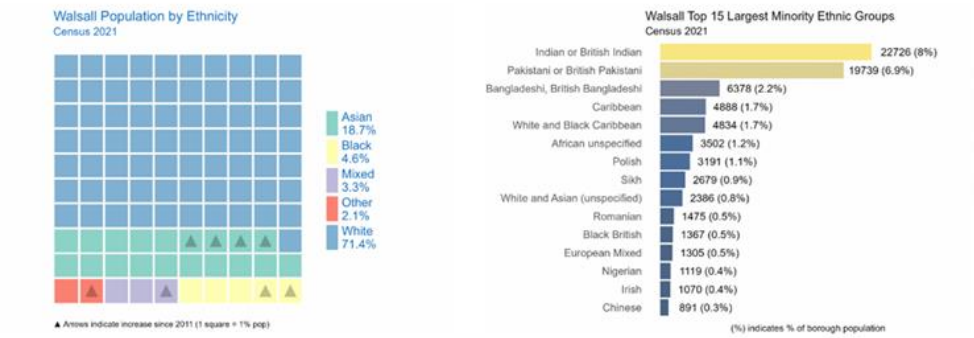
Walsall Healthcare is a key partner in the Black Country and West Birmingham, Integrated Care System, which has a population of around 1.5 million people across five places: Dudley, Sandwell, Walsall, West Birmingham, and Wolverhampton. The Black Country ICS is also made up of 31 neighbourhoods and Primary Care Networks (PCNs) covering 216 GP practices.

The Trust provides local general hospital and community services to around 270,000 people in Walsall and the surrounding areas. We are the only provider of NHS acute care in Walsall, providing inpatients and outpatients at the Manor Hospital as well as a wide range of services in the community. Walsall Manor Hospital houses the full range of district general hospital services under one roof.

The Trust's Palliative Care Centre in Goscote is our base for a wide range of palliative care and end-of-life services. Our teams, in the Centre and the community, provide high-quality medical, nursing, and therapy care for local people living with cancer and other serious illnesses and offer support for their families and carers.

Walsall is ethnically diverse with 32 per cent of the community who are from Black, Asian, and ethnic minority backgrounds. See Figure 1.0 below

Figure 1.0



Life expectancy in Walsall is lower than the England average. The life expectancy of Walsall men and women has increased by about 4.5 years over the last 20 years. However, the healthy life expectancy age in Walsall is lower than regional and national comparators. Female healthy life expectancy is 0.8 years lower than males. Life expectancy is 10.1 years lower for men and 7.5 years lower for women in the most deprived areas of Walsall than in the least deprived areas.

The Walsall Together Partnership continues to significantly transform the way local health and social care services are delivered to the local population to tackle the widening gaps in health inequalities by not only focusing on health but the wider determinants of health such as housing, education, and employment and the vital role that people and communities play in health and well-being.

Equality legislation and our legal duties

The equality duty was created by the Equality Act 2010 and replaced the race, disability, and gender equality duties. The duty came into force in April 2011 and covers the nine protected characteristics: age, sex, disability, race, religion and belief, gender reassignment, sexual orientation, pregnancy and maternity, and marriage and civil partnership status. It applies in England, Scotland, and Wales. The general duty is set out in section 149 of the Equality Act. These are sometimes referred to as the three aims or arms of the general duty. The three aims of the duty are set out below.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The Act states that meeting different needs also involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the duty may involve treating people more favourably than others e.g., disabled people. Any organisation which carries out a public function is subject to the general duty.

The general duty requires public authorities to have due regard to the need to eliminate discrimination; advance equality of opportunity, and foster good relations when making decisions and developing policies (i.e., in all their planning and decision-making)

To meet their legal duty, organisations must understand the potential effects of their activities on different groups of people. Where these are not immediately apparent, it may be necessary to carry out some form of assessment or analysis to understand any potential negative impact on protected groups.

Under s.149 in R (Brown) v. Secretary of State for Work and Pensions 2008 equality case law, the Brown principles have been accepted by courts in later cases.
Those principles are.

- ❖ The equality duty is an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation.
- ❖ The duty is upon the decision-maker personally. What matters is what he or she knew.
- ❖ A body must assess the risk and extent of any adverse impact and ways such risk may be eliminated before adopting a proposed policy.

The specific duties of the PSED also require Public Authorities to publish progress against its equality objectives annually and information demonstrating the steps taken to show due regard to the three aims of the general duty.

Governance of EDI

Walsall Healthcare has governance structures in place to ensure that equality, diversity, and inclusion are monitored and reported to the Trust Board.

People and Organisation Development Committee-PODC

This group is chaired by a non-Executive Director and a member of the Trust Board.

The purpose of the group is to provide strategic direction on all matters related to People and Organisation Development which includes equality and inclusion. Progress is reported to the Board regularly.

Equality, Diversity, and Inclusion Steering Group-EDISG

This group has operational responsibility for ensuring the delivery of the Trust's Equality, Diversity, and Inclusion delivery plan and providing assurance that the Trust acts by its statutory duties under the Public Sector Equality Duty.

Quality and Patient Experience and Safety Committee-QPESC

This committee has been established to oversee all matters related to patient experience access and outcomes from a patient safety perspective and it is chaired by a non-executive member of the Board.

Shared governance for Equality, Diversity, and Inclusion Staff Networks

Walsall Healthcare has three staff networks in place for LGBTQ+, a Women's network and a BAME staff network. The network chairs attend the People and Organisation Development Committee to provide an update on network activities.

Figure 1.2 and 1.3 illustrates the governance structures for equality, diversity, and inclusion at Walsall Healthcare.

Figure 1.2

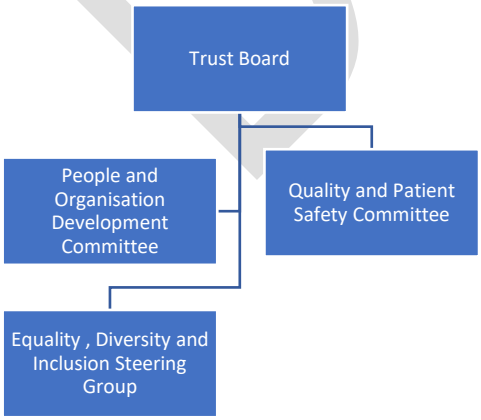
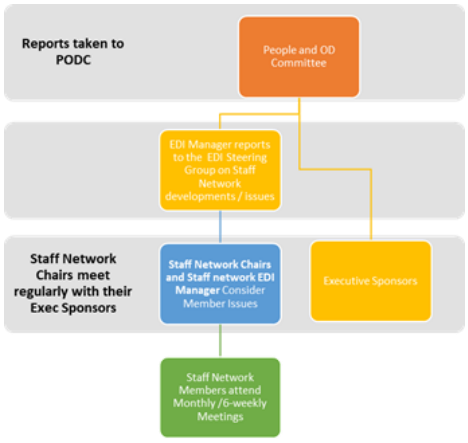


Figure 1.3



The national context- Equality, Diversity, and Inclusion in the NHS

The NHS National EDI Improvement Plan

The national NHSE EDI Team launched its five-year Improvement plan on the 8th of June 2023. The plan contains the following.

- **Six High Impact Actions co-created with system leaders** for all organisations to implement, including- NHS Trusts and ICBs, which are designed to create change and achieve strategic EDI outcomes.
- **Strategic EDI workforce outcomes** aligned to the Long-Term Plan, Long-Term Workforce Plan, People Promise and NHS Constitution over 5 years 2023-2028
- **The case for change:** A robust evidence-based rationale which covers the legal and moral basis for improving, EDI -highlighting the links to improving productivity and patient outcomes.
- **Specific interventions by protected characteristics** to further improve the experience for staff.
- **Success measures** linked to the oversight Framework, Care Quality Commission (CQC) well-led assessments, NHS Staff Survey, HEE education and training metrics and qualitative metrics that measure staff lived experience.
- **A clear accountability framework** setting out national/regional/local responsibilities and accountabilities

The plan sets out its overall vision that the NHS must welcome all staff with a culture of belonging and trust. It contains six strategic objectives as well as six high-impact actions that systems will need to demonstrate tangible progress against. (See Figure 1.4). The plan also has an accountability framework to hold system partners and ICBs to account for the delivery of the national EDI plan. The accountability framework sets out clear actions that provider organisations e.g., Walsall Healthcare will be expected to deliver against. See Figure 1.5 below.

Figure 1.4

Figure 1.5

	Provider
	• Delivery of high impact actions and interventions by protected characteristic at trust level. • Measure progress against success metrics consistently within the organisation. • Engagement with staff and system partners to ensure that actions are embedded within the organisation. • Effective system working and delivery to ICS strategies and plans • Compliance with provider licence, Care Quality Commissions standards and professional regulator standards
Accountable officer/team	Provider Chair/ Board
Consulted	Workforce ICBs/ICSs partners Staff Networks
Informed	

The national six high impact actions

The six high-impact actions contain key deliverables which provider organisations are required to demonstrate progress against. Many of the six high-impact actions have been developed following the recent Messenger and Hewitt reviews and slow progress with Equality, Diversity, and Inclusion across the NHS. Figure 1.6 provides further details of the six high-impact actions for delivery. The six high-impact actions have been mapped against local EDI delivery plans (e.g., the regional NHSE Workforce Equality and Inclusion Strategy and the Black Country ICS EDI Strategy)

Figure 1.6

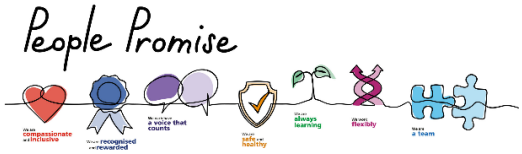
	High Impact Action
HIA1	Chief executives, chairs and board members must have **specific and measurable EDI objectives** to which they will be individually and collectively accountable.
HIA2	All organisations must embed **fair and inclusive recruitment processes and talent management strategies** that target under-representation and lack of diversity.
HIA3	Every organisation must develop and deliver an **improvement plan to eliminate pay gaps.**
HIA4	Every organisation must develop and deliver an improvement plan to **address health inequalities** within their workforce.
HIA5	NHS organisations must develop and deliver a **comprehensive induction, onboarding and development programme for internationally recruited staff.**
HIA6	NHS organisations must create an environment which **eliminates the conditions in which bullying, discrimination, harassment and physical violence at work** occurs.

To ensure the delivery of the six high-impact actions, the National EDI Team has developed a Model Health System dashboard and incorporated a range of EDI Metrics to measure providers' progress. The dashboard will also be made available to the CQC as part of their well-led inspection. Walsall Healthcare will continue to implement the six high-impact actions as part of its ongoing commitment to equality, diversity, and inclusion. Figure 1.7 illustrates the metrics that will be used to measure progress and delivery against each of the six high-impact actions.

Figure1.7

Measurable **objectives on EDI** for Chairs Chief Executives and Board members	I. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).
Overhaul recruitment processes and embed talent management processes.	I. Relative likelihood of staff being appointed from shortlisting across all posts Definitions II. NSS Q on access to career progression and training and development opportunities III. Y-on-Y improvement in race and disability representation leading to parity IV. Y-on-Y improvement in representation senior leadership (Band 8C upwards) leading to parity V. Diversity in shortlisted candidates VI. NETS Combined Indicator Score metric on quality of training
Eliminate total pay gaps with respect to race, disability and gender.	I. Y-on-Y improvement in gender, race, and disability pay gap II. To be developed in Y2 as part of SOF/LTP metrics on diversity to senior leadership
Address Health Inequalities within their workforce	I. To be developed in Year 2 II. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training
Comprehensive Induction and onboarding programme **for International recruited staff**	I. NSS Q on belonging for IR staff II. NSS Q on bullying, harassment from team/line manager for IR staff III. NETS Combined Indicator Score metric on quality of training IR staff
Eliminate conditions and environment in which **bullying, harassment and physical harassment** occurs	I. Improvement in staff survey results on bullying / harassment from line managers/teams (**ALL Staff**) II. FTSU – improvement in quarterly Board report

The NHS People Promise



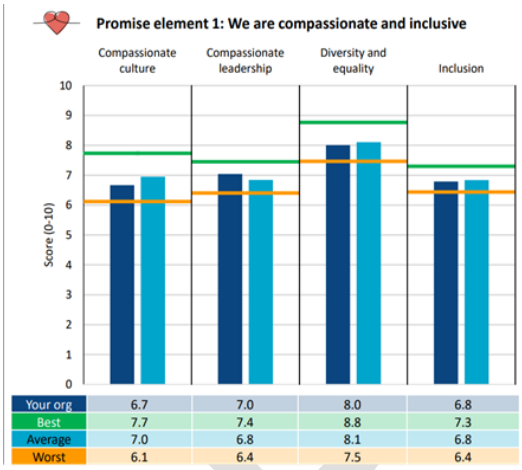
The national NHS People Promise sets out seven people promises to NHS Staff to support improvements in the culture of the NHS. The National Staff Survey themes are aligned with each of the seven national people promises. The specific theme related to equality, diversity and inclusion is we are compassionate and inclusive.

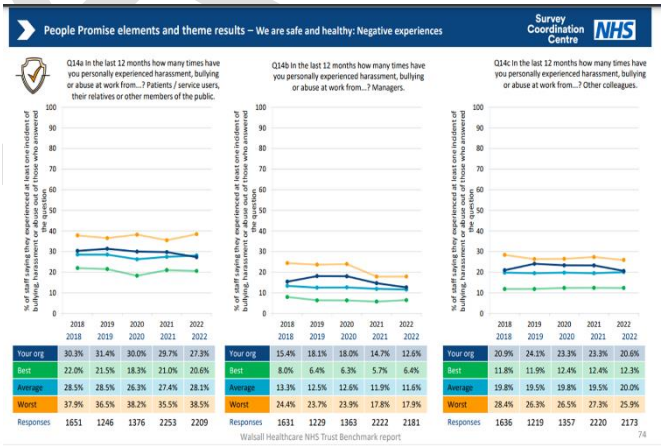
We are compassionate and inclusive

- We do not tolerate any form of discrimination, bullying or violence.
- We are open and inclusive.
- We make the NHS a place where we all feel we belong.

In the 2022 Staff Survey, there has been an improvement across all nine indicators. The trust scores just below (0.1) the national average for *we are compassionate and inclusive* and *staff engagement*.

Figure 1.8 and 1.9 provides the composite scores for the theme of we are compassionate and inclusive



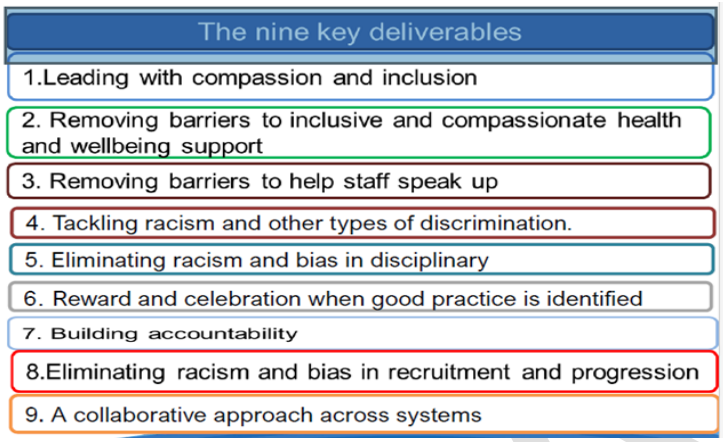


The Trust has improved its scores for equality, diversity, and inclusion since the previous year's staff survey results. The introduction of the revised behavioural framework, the new joint people strategy and implementation of the Trust's anti-racism vision statement along with the six high-impact actions will support continuous improvements in the organisation culture and address the differential staff experience related to discrimination and inclusion.

Regional NHS England Workforce Race Equality and Inclusion Strategy

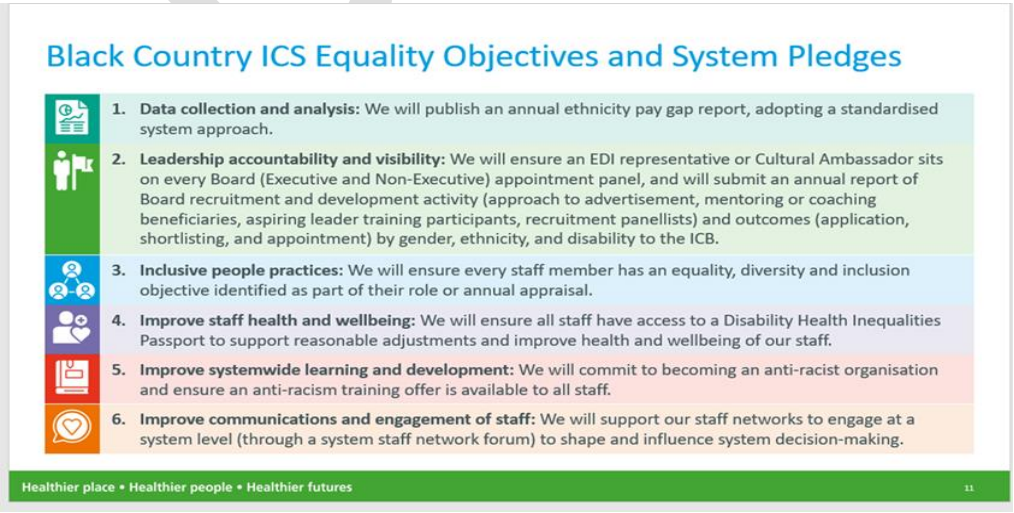
The regional NHS England Workforce Equality and Inclusion strategy sets out nine key deliverables for NHS organisations to implement to demonstrate improvements in equality, diversity, and inclusion. Since 2021 Walsall Healthcare has been working collaboratively with other NHS Trusts in the region to implement the nine WREI objectives. Progress against the objectives is monitored by the regional NHS EDI team. The Black Country ICS EDI Delivery Group and the ICB Chief People Officer. Figure 2.0 illustrates the nine WREI objectives for the region.

The nine WREI objectives are as follows.



The Black Country ICS EDI Strategy

The Black Country ICS has published its first Workforce Equality, Diversity, and Inclusion (EDI) Strategy for 2023-27. The strategy has been developed in consultation and collaboration with system partners to address the inequalities that persist across our Health and Social Care organisations. 6 system equality objectives and EDI pledges have been developed to progress the EDI agenda consistently across the Black Country region and will be monitored by the ICS People Programme Delivery Group chaired by the ICB Chief People Officer. Figure 2.0 sets out the six system pledges that each provider organisation will be required to implement from July 2023 onwards.



Progress against our equality objectives- meeting the Public Sector Equality Duty

As part of the requirements of the Public Sector Equality Duty (PSED), the Trust is required to demonstrate the steps that have been taken to meet the PSED which includes publishing progress about its equality, diversity, and inclusion objectives. In 2021 the Trust published four equality objectives within the EDI Delivery Plan. These are as follows.

Objective 1

18.0% of colleagues from a Black Asian and Ethnic Minority background are in AFC pay grades 8a and above. Our objective is to increase this by 10% which would mirror our current overall ethnic minority workforce representation

Objective 2

To work towards being an anti-racist and anti-discriminatory organisation by creating a healthy workplace culture and healthcare service which is fully inclusive for colleagues and patients with a protected characteristic resulting in improvements in colleagues experience working at the trust and better advocacy scores for both patients and colleagues

Objective 3

To embed equality analysis into service redesign, improvement programmes and governance structures to ensure equality, diversity and inclusion is at the heart of everything we do

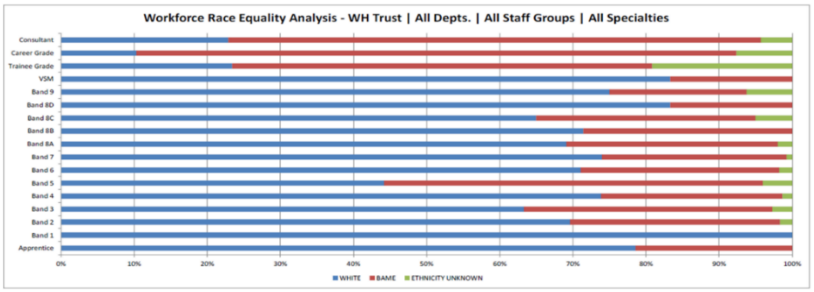
Objective 4

To have reached Anchor Employer status by collaborating with partners to form a system wide Anchor Employer Alliance by April 2022. This will be achieved by working with partners in the borough and beyond to offer employment opportunities to disadvantaged communities

Progress against Equality Objective 1

The Trust has achieved an increase in the number of Black, Asian, and Ethnic Minority staff employed at senior levels since 2020. In 2020 the Trust employed 18.0% of colleagues at Band 8a and above this has now increased to 28% as of 18th June 2023. An EDI workforce composition tool has been developed for each divisional area to illustrate the composition of the workforce by race, gender, age, sexual orientation, and disability. This tool is available for senior managers across the organisation to access monthly for oversight and action. See Figure 2.1 below

EDI Workforce Demographics (Walsall Healthcare NHS Trust) – May 2023

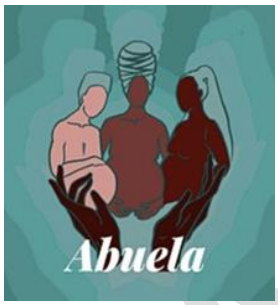


Progress against Equality Objective 2

The Trust has carried out several interventions in support of meeting the three general aims of the Public Sector Equality Duty PSED which are;

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Cultural Competency training



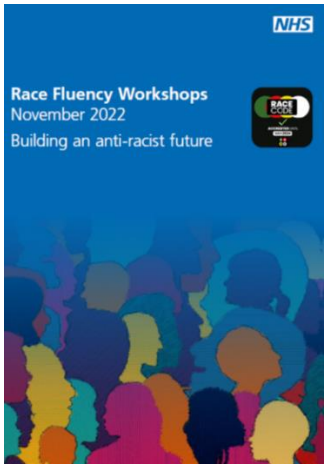
The Trust commissioned an external company Abuela Doulas to deliver an introduction to cultural competency training. The training which was targeted at front-line clinical staff aims to equip participants with the knowledge and skills to understand what cultural competency is and the skills required to deliver a culturally sensitive service to patients.

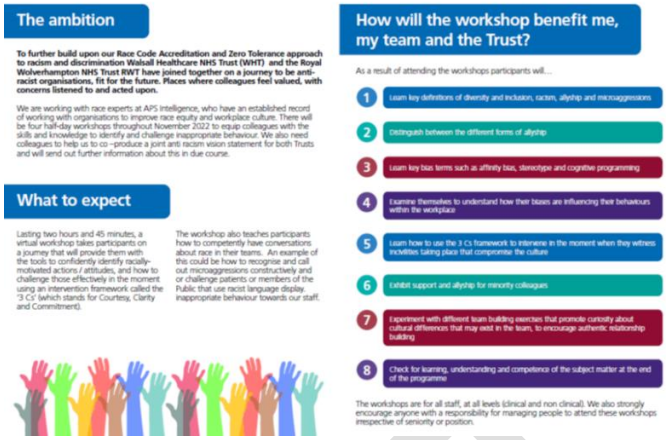
RCN Cultural Ambassador Training for Employee Relations

In addition to the 42 Cultural Ambassadors that have been trained to participate in recruitment and selection, the trust facilitated additional cultural ambassador training for staff members to participate in the RCN Cultural Ambassador training for recruitment and selection as well as Cultural Ambassador training for Employee relations. It is envisaged that Cultural Ambassadors that recently participated in the RCN training will participate in Employee relations cases and will be involved in HR cases at the Dispute Resolution stage.

This is to ensure fairness and equity for colleagues from Black, Asian, and Ethnic Minority backgrounds involved in HR disciplinary cases.

Race Fluency Workshops





In November 2022, the Trust commissioned APS intelligence to host a series of race fluency workshops in support of the development of the Trust's anti-racism vision statement. As part of the sessions, a survey was also developed and sent out to all staff to obtain their views and understanding about anti-racism and what this means in practice. 274 colleagues responded to the survey and over 200 people attended the race fluency workshops. The purpose of the race fluency workshops was to increase awareness about race equality in the workplace and support the development of an anti-racism vision statement for the organisation.

The duty to make Reasonable Adjustments in the workplace

Business Disability Forum

The trust hosted a webinar which was facilitated by the Business Disability Forum on the duty to make reasonable adjustments in the workplace as part of Disability History Month. The session was attended by HR teams and managers from the Health and Safety Team and the purpose of the session was to provide information on the duty to make reasonable adjustments in the workplace, the different types of reasonable adjustments in the workplace and what the law says about supporting colleagues with a disability. The trust has been a member of the Business Disability Forum since 2021.

Race Equality Week events

RACE EQUALITY WEEK
6–12 February 2023

In February of this year in partnership with the BAME Shared Decision-Making Council, the Trust hosted several events for Race Equality Week. Several sessions took place throughout the week on the following topics;

- A repeat of the Race Fluency workshops
- A showcase and discussion about the anti-racism vision statement for Walsall Healthcare hosted by the BAME Shared Decision-Making Council
- A session hosted by Walsall Council Public Health Team on Health inequalities affecting Black, Asian and Ethnic Minority communities
- A session on how to be a good race ally.

All sessions were well attended with good feedback from participants as part of the evaluation.

LGBTQ awareness and Trans Awareness

Birmingham LGBT

In February of this year, the Trust organised several sessions on LGBTQ+ awareness and Trans awareness training. 70 People from across the trust attended and the training was delivered by the Birmingham LGBT Centre. The sessions which were well received provided an overview of LGBTQ + inclusion and Trans inclusion in healthcare and the Equality Act 2010.

Staff Networks Day- The Importance of supporting staff equality and diversity networks webinar in partnership with NHS England

NATIONAL DAY FOR STAFFNETWORKS

As part of national staff networks day in May 2022 – the Trust worked in partnership with NHS England to host a webinar about the importance of supporting staff equality networks, employee voice and inclusion. The NHS England Staff Engagement Lead facilitated a presentation on the results of the staff survey related to feedback from the protected groups in the region. The event was well attended with participation from the chairs of the staff networks and senior managers from across the organisation.

NHS England Staff Networks Leadership Training.

NHS England

The staff network chairs at Walsall Healthcare were invited to participate in the NHS England Staff Networks Leadership Training.

The three-day training programme was focused on the provision of leadership skills training to support staff network chairs in their leadership role.

AFSA Conference- Women in Leadership

For International Women's Day, this year the trust supported 10 female members of staff to attend the Women in Leadership Conference hosted by the Asian Fire Service Association. The purpose of the conference was to provide female employees with the opportunity to listen to keynote speakers presenting topics such as female empowerment, allyship and leadership.

NHS Muslim Network- supporting colleagues to observe Islam at work

As part of world religion day, the Trust worked in partnership with NHS England's Muslim Network to host a webinar earlier this year on observing Islam in the workplace. The webinar was hosted to provide line managers with the knowledge related to supporting Muslim staff to observe Islam in the workplace and accommodating and respecting religion and belief at work. Staff at the Trust were also encouraged to join the network and guidance on observing Islam in the workplace was also disseminated to all staff.

The Black Country ICS EDI Learning and Celebration event

In March this year, the Trust participated in the Black Country ICS EDI celebration event at the Hawthorns Football Club. The EDI e-brochure for the Healthier Futures Black Country ICS was produced to showcase the breadth of EDI good practice that is taking place across health and care in the Black Country, contributing to making it the best place to work for everyone. The recent work undertaken by system partners which includes Walsall Healthcare NHS Trust Staff Networks is highlighted in this e-brochure and demonstrates how each partner organisation is working towards fulfilling our core purpose: to reduce the gap in different experiences and outcomes for all our colleagues, service users and patients living in our local communities. The EDI e-brochure can be found here HealthierFutures-Brochure.pdf (blackcountryics.org.uk)

Diwali Celebrations

The Trust hosted the local Sikh and Hindu Temple as part of Diwali Celebrations to promote awareness of the importance of this religious festival. Both temples donated vegetarian food as part of religious and cultural traditions.

Staff Networks activities

The Trust has established three proactive staff networks whose role is to champion and advocate for equality, diversity, and inclusion. The networks are instrumental in providing a safe space for employees to have their say about issues that matter to them.

The Women and Allies Network has 108 members for the core group and 20 members for the menopause champion. The group was established to support women's career advancement and women experiencing menopause symptoms in the workplace.

The Group have been instrumental in the development of the Menopause Policy and there are plans in place to facilitate a formal launch of the policy in October as part of World Menopause Day. The group meets every six weeks and has recently revised its terms of reference. The group is proactive and in March 2023 they organised an event to celebrate International Women's Day as well as hosting external guest speakers to discuss topics pertinent to female employees.

LGBTQ+ and Allies Network

The LGBTQ + and Allies network was established to provide LGBTQ+ employees with a safe space to discuss matters related to LGBTQ+ inclusivity. The Network has recently appointed a new chair and interim vice chair. The group currently has 29 members and meets every 6 weeks. The group has played a key role in organising Walsall Healthcare staff members to participate in the Birmingham PRIDE Parade and a recent engagement exercise as part of National staff networks day resulted in the Network recruiting an additional 13 members. The group is currently planning to celebrate key events throughout the year related to LGBTQ+ inclusivity.

The BAME Shared Decision-Making Council was set up during the peak of the pandemic to provide a forum for Black, Asian, and Ethnic Minority staff to have a voice and to speak up about issues that matter to them. The Council has combined monthly meetings with the BAME Support Group, and the group meets every six weeks. The BAME Shared Council currently has 111 members, The Network has been heavily involved in supporting Trust events as part of Race Equality Week and has organised events for Black History Month as well as recent events such as Windrush 75. The Network recently planned a Blood Donor drive at the Trust in partnership with Plasma for Hope aimed at securing more blood donors from a Black, Asian and Ethnic Minority background. The event was very successful with over 160 people signing up to give blood and 45 people booked an appointment to give blood.

In November 2022, the BAME Shared Decision-Making Council won Staff Network of the Year at the NHS England Regional Midlands Inclusivity and Diversity awards for their work to increase COVID Vaccination rates amongst Black, Asian, and Ethnic Minority Staff.

Anti-Racism Vision Statement

The race fluency sessions were accompanied by an engagement exercise with staff across all levels of the organisation to obtain their views on what anti-racism means to them. The results were used to develop the anti-racism vision statement for the Trust and the draft vision statement was presented at a Joint Board Development Session in January for approval and sign-off. The Trust's Anti-Racism Statement was launched during Race Equality Week 2023 where several events were held including race fluency training, a fireside chat on allyship, and a staff engagement event. A copy of the statement is published on the external website.

Race Equality Code

Walsall Healthcare Trust is one of the first NHS Trusts in the Black Country to adopt the Race Code, a governance framework to tackle race inequality and underrepresentation at the Board level. Figure 2.2 provides a timeline for the implementation of the Race Equality Code in the Black Country Region.

Figure 2.2

NHS Trust	Race Code Assessment date	Race Code Quality Mark accreditation date
Walsall	**May 2021**	**July 2021**
Wolverhampton	June 2021	September 2021
Black Country Healthcare	July 2021	November 2021
Dudley	October 2021	July 2022
The Black Country ICB	November 2022	February 2023

The Race Code principles are:

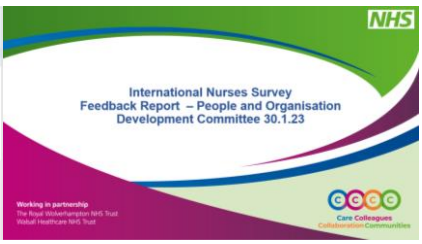
- ❖ Reporting
- ❖ Action
- ❖ Composition
- ❖ Education

One of the actions as a result of the Race Equality Code Action Plan was the launch of the Zero Tolerance to Racism campaign with a guide and poster for staff to display. The zero-tolerance poster and guidance have been published on the Trust's website and the Trust distributed copies of the guidance and posters to service leads across the Trust. The Trust recently received an outstanding rating for its WRES/ Race Equality Code Action plan from the national NHS England Workforce Race Equality Standard Team.

BAME Nurses and Midwives Focus Groups- access to career development opportunities

Earlier this year the Trust worked with an external company to host a series of focus groups and an online survey to explore access to career development and learning and development opportunities for Black, Asian, and Ethnic Minority Nurses and Midwives. As a result of this work, a report has been produced and the results of the focus groups and the survey will be shared internally before being shared with the Black Country ICS System Expert Reference Group for the Midlands Chief Nursing Officer and Chief Midwifery Officer Race Equality and Inclusion Delivery Group. The system Experts Reference Group is currently being established with the first meeting to take place on the 22nd of June 2023.

International Nurse Survey for Walsall Healthcare Nurses



The BAME Shared Decision-Making Council facilitated a survey targeted at the Clinical Fellowship Nurses to understand their experience of the Clinical Fellowship Programme and their employment experience at Walsall Healthcare.

Since April 2021, Walsall Healthcare has participated in the Clinical Fellowship Scheme and has welcomed 260 qualified Nurses from African countries. The work led by the BAME Shared Decision-Making Council involved the development of an online survey and visits to ward areas to encourage overseas Nurses to complete the survey. The anonymous survey was distributed to all 260 Nurses electronically and paper copies of the survey were printed out and placed in prominent areas within the hospital. The survey was open for five weeks and 98 responses were received out of a total of 260 respondents, resulting in a response rate of 37.69%.

The survey was designed to gauge feedback on several areas related to the experience of the overseas qualified nurses and the questions were focused on areas such as recruitment, settlement in the UK and the experience on the wards.

Since the report was developed several follow-up/remedial actions to address the findings and recommendations are either underway or have been actioned by the Clinical Fellowship Team at the Royal Wolverhampton NHS Trust.

Rainbow Badge Scheme

The Trust was selected to participate in the LGBT Foundation Rainbow Badge Scheme Phase 11 and has undertaken an audit of the Trust's approach to LGBTQ+ inclusivity. Since the start of 2021, 200 staff have signed up for the Rainbow Badge and pledged their support for LGBTQ+ inclusivity at the Trust. The LGBTQ+ and Allies Network will implement the recommendations from the assessment as part of the network's programme of work for 23/24 and beyond

Diversity in Health and Care Partners Programme

To support improvements in inclusivity at the Trust, Walsall Healthcare has signed up to be a part of the Diversity in Health and Care Partners Programme.
Built on a foundation of delivering successful diversity and inclusion partner programmes, this initiative provides thought leadership, tools and tips to help put NHS organisations at the forefront of equality, diversity and inclusion (EDI) practice.

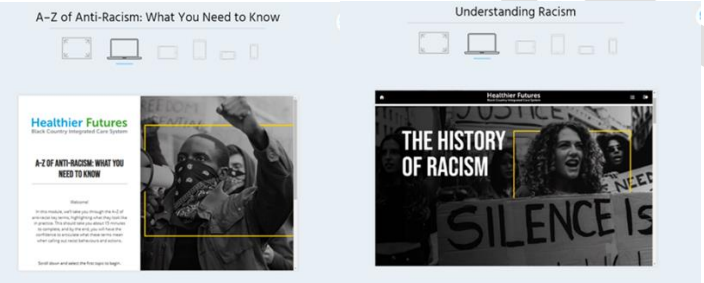
Underpinned by the NHS values, the programme supports:

- leaders to integrate the latest sustainable diversity and inclusion practices
- the creation of culturally appropriate and inclusive services to meet the needs of a diverse range of patients and care, service users,
- organisations to be the best employers and service providers they can be
- efforts to achieve the requirements of NHS and other external benchmarks and standards.

Mindful Employer Charter Mark

The Trust has recently reapplied for the Mindful Employer Charter Mark. The Trust was awarded the charter mark in 2021 due to all the work that had been undertaken to support employees with their Mental Health at work. The Mindful Employer Charter Mark sets out the Trust's commitment to supporting individuals with their mental health whilst they are at work.

Anti- Racism e-learning modules



To equip our system leaders to lead inclusively through the lens of race equality and inclusion, the Black Country EDI ICS Delivery Group has developed a set of immersive and interactive anti-racism e-learning modules (15 minutes per module) which contain animation to illustrate racism in practice. All modules will be available for system partners to use from June 2023. The e-learning modules are as follows.

- The A-Z of anti-racist practice - Glossary of Terms
- Understanding racism
- Microaggressions and gaslighting
- Understanding privilege
- Allyship

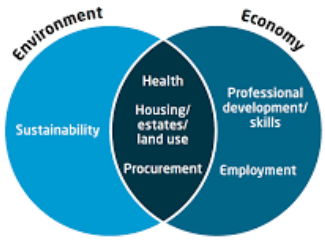
The e–learning modules will be made available to Walsall Healthcare colleagues in July and will be classified as core/essential training which all staff members will be required to complete.

Progress against Equality Objective 3

The Trust demonstrates due regard for the Public Sector Equality Duty through the completion of Equality Impact Assessments. The Trust has robust governance processes in place to ensure EQIA is being completed as part of policy development and consideration of equality, diversity and inclusion forms part of the Board and Committee structure reporting. The Policy Management Group is responsible for overseeing the completion of EQIAs as part of the development of new policies, whilst the EDI team quality checks any EIAs that have been completed by policy authors.

Further work to ensure that EQIAs are being considered as part of service redesign will need to be considered so that EQIAs are embedded at the heart of everything we do.

Progress against Equality Objective 4



Good progress has been made with equality objective 4. The Trust's strategic alliance with Walsall together and the Walsall Housing Group plays an important role in providing a range of additional services that can support people out of poverty and lead happier, healthier lives.

Using its strategic influence on the Walsall Together Board, Walsall Housing Group partnered with Walsall Healthcare to create a jobs creation programme that would ensure disadvantaged residents were supported to secure good quality employment with the Trust, reducing poverty, and health inequalities and improving the health and wellbeing of residents.

The scheme has been highlighted as an excellent example of cross-sector collaboration at the place level as a means of tackling the wider determinants of health, widening the NHS candidate pool and improving workforce retention. This innovative partnership has resulted in Walsall Housing Group winning an award at a national Housing Awards event. Further work to strengthen the Anchor Network Alliance for the system is ongoing with strategic partnerships going from strength to strength.

Highlights and Achievements 2022 /23

This section reports on the key activities and achievements that took place to enhance equality, diversity, and inclusion for the Trust.

MIDAS AWARD for the Black, Asian and Ethnic Minority Shared Council

The BAME Shared Decision-Making Council were awarded the Staff Network of the Year award at NHS England regional Midlands Inclusivity and Diversity Awards Scheme. The Midlands Inclusivity and Diversity Award Scheme, or 'MIDAS', recognises new and excellent ways of working by staff, managers, and leaders across the region, to make the Midlands an inclusive place to work for all staff. The scheme is specifically designed to recognise the good work that is happening in the Midlands across the health and social care sector.

The BAME Shared Council won the award because of the work they carried out during the peak of the pandemic to increase vaccine uptake amongst Black, Asian and Ethnic Minority workforce. The Council increased vaccination levels from 40 % to over 75% during a very difficult and short timeframe, when confidence levels in the vaccine were low.

The Trust's Equality, Diversity, and Inclusion lead also won an award (jointly) for change maker of the year for the work on the anti-racism actions linked to the Trust Board Pledge, the development of the EDI delivery plan and extensive consultation and engagement exercise with over 400 consultation responses received during the peak of the Pandemic. The EDI Lead also supported the Trust to make improvements with its recruitment WRES indicators which resulted in an overall improvement in the representation of Black and Asian colleagues at senior levels from 18.0% in 2020 to 28% in 2023.

Women and Allies Network

The Women and Allies Network has been instrumental in the development of the Menopause Policy for the Trust. The policy was developed following a survey that was facilitated by the Women's Network to obtain information about people's experiences with Menopause at work. The survey yielded a response rate of 300 responses and the survey results informed Network members that a policy to support women going through the menopause was required for the Trust. There are plans to do a formal re-launch of the Policy as part of World Menopause Day in October 2023.

Improvements in Maternity Services- EDI Midwife Lead

The EDI Midwife Lead and Chair of the Black, Asian, and Ethnic Minority Support group has made several improvements in Maternity services to improve patient access and experience. These are set out below.

- Increased engagement with the community e.g., Mother and Toddler Group, Walsall Black Sisters, visits to the postnatal ward, listening and obtaining feedback to improve outcomes and making appropriate referrals to the Trauma Clinic as and when required and sharing the findings with staff.
- Worked in partnership with the animation team to produce a video on when to contact the hospital for expectant mothers and produced a video on gestational diabetes.
- 10310314 Walsall Maternity English V7 - YouTube
- https://www.youtube.com/watch?v=yHvF-hE4GeQ
- Developed leaflets in several community languages and uploaded these onto Badger Net. The Midwife lead also ensured that information on Women's' Aid and domestic violence and infant feeding advice was uploaded onto Badger Net and on the Trust website.
- The EDI Midwife Lead also secured funding via the Walsall Together Partnership to host a two-day week outreach project for expectant mothers.

- The EDI Midwife was a keynote speaker at the Westminster Health Forum, the Black Maternal Health Conference, and the Make Life Better Summit.
- Awareness Sessions were hosted on how to recognise jaundice on dark skin as part of the Student Midwives University induction programme.

LGBTQ + and Allies Network- During 2022/23 the LGBTQ+ and Allies Network were involved with the LGBT Foundation Assessment and the development of Transgender guidance in the workplace. The outcome of the assessment has resulted in the production of an LGBTQ+ action plan and the LGBTQ+ network will take this work forward in 2023 and beyond.

Celebrating Diversity

The Trust is committed to valuing diversity and fostering a culture and climate of inclusion. During 2022 /23 the Trust has supported a range of key equality events and faith celebrations and works in collaboration with its Staff Networks, Chaplaincy Service, Health and Wellbeing, and other departments. Events and days celebrated/ acknowledged throughout the year include.

Race Equality Week	6th - 12th February
LGBT History Month	1st- 28th February
International Women's Day	8th March
Ramadan	Usually 22nd/or 23rd March until April 20th
Equality, Diversity, and Human Rights Week	Usually 9th- 13th May
Eid-Al-Fitr	April 21st
International Day against Homophobia, biphobia, and Transphobia	17th May
National Staff Networks Day	8th May
Deaf Awareness Week	1st-7th May
Pride Month	1st June -30th June
South Asian Heritage Month	18th July -20th August
Black History Month	1st- 31st October
Menopause awareness day	18th October
Anti-Bullying Week	13th-17th November
Diwali	12th November
Disability History Month	16th November to 16th December

Workforce Race Equality Standard (WRES)

Since its introduction in 2015, the WRES has required NHS trusts to self-assess, annually, on the nine indicators of workforce race equality; these include indicators related to BME representation at senior and board levels.

The national WRES team provides direction and tailored support to NHS trusts, and increasingly to the wider healthcare system, enabling local NHS and national healthcare organisations to:

- Identify the gap in treatment and experience between white and BME staff.
- Make comparisons with similar organisations on the level of progress over time
- Take remedial action on causes of ethnic disparities in WRES indicator outcomes

The main purpose of the WRES is to help local, and national, NHS organisations review their data against the nine WRES indicators, produce an action plan to close the gaps in work experience between White and Black and Ethnic Minority (BME) staff and improve BME representation at the Board level of the organisation.

Since the introduction of the WRES, the Trust has reported on the nine workforce indicators and has published this data on the external facing website. A combined WRES/Race Code action plan has been developed and is currently being implemented. Details of progress with the WRES can be found in ANNEX A of this report.

Workforce Disability Equality Standard (WDES)

The WDES is a set of ten specific metrics that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. There is a requirement to use the information to develop a local action plan and demonstrate progress against the indicators of disability equality.

The WDES is mandated through the NHS Standard Contract. There are 10 WDES metrics, which cover areas such as Board representation, recruitment, bullying, and harassment. The Trust reported on the WDES for the first time in 2020 and has published data related to the WDES on its external website. Details of our progress with the WDES are in ANNEX A.

Accessible Information Standard (AIS)

The Accessible Information Standard (AIS) aims to make sure that people who have a disability, impairment, or sensory loss get information that they can access and understand, and any communication support that they need from health and care services.

The Trust has improved its approach to capturing patient demographic data across the protected groups and has developed a flag system in the Medway Electronic Patient records system to record and flag Patients with different communication needs and other patient demographic information. The e-learning for Health AIS module has been incorporated into the Trust's new LMS system for all patient-facing colleagues to access.

Equality Delivery System22

The main purpose of the EDS2 is to help local NHS organisations in discussion with local partners and people, review and improve their equality and diversity performance for people protected under the Equality Act 2010.

It is also a useful tool to support progress with workforce equality and diversity and inclusion. In 2019, the Trust published the outcome of the EDS2 self-assessment exercise working with local partners and key stakeholders to assess its equality, diversity, and inclusion performance. The assessment highlighted several identified areas for improvement. During the 20/21 year, the EDS2 reporting was put on hold due to the global pandemic.

A revised version of the EDS22 was developed by the Equality and Diversity Council and was formally launched in September 2022, Walsall Healthcare's Patient Relations and Experience Team completed Domain One of the EDS22 involving key partners on May 23 and the outcome of the assessment can be found in ANNEX A.

Gender Pay Gap

Gender Pay Gap reporting legislation requires employers with 250 or more employees to publish statutory calculations, every year showing how large the pay gap is between their male and female employees.

The specific requirements of the Equality Act 2010 Act (Gender Pay Gap Regulations) 2017 are to publish information for the specific measures these are as follows;

- Average gender pay gap as a mean
- Average gender pay gap as a median
- Average bonus gender pay gap as a median
- The proportion of men and women receiving a bonus payment
- The proportion of men and women in each quartile pay band

The mean is the overall average hourly wage across the whole Trust and is influenced by extremes in high or low hourly rates of pay.

The Trust submits Gender Pay Gap reporting information annually via the Government Portal and regularly publishes this information on the external facing website. Further details of the Trust's Gender Pay Gap data can be located in ANNEX A of this report.

Patient Experience and Equality Monitoring

The Patient Relations & Experience Service is made up of the following teams.

- Patient Experience
- Voluntary Services
- Welcome Hub
- Family and Carers Support
- Patient Relations
- Spiritual, Pastoral and Religious Care Including. Bereavement (SPaRC)

The role of these teams is to support the organisation in the delivery, monitoring, and improvement of the experience of our patients, families, and carers. The team ensures there are opportunities for patients, families, and carers to provide feedback, share their experiences and have a voice in the care they receive. The Patient Relations team focuses primarily on two key areas of feedback- concerns and complaints with the initial triage undertaken by the Patient Relations Support Officers, Complaints are led by the Senior Patient Relations Officers.

Hospital Chaplains provide spiritual care to the hospital and community. They take their place alongside the multi-disciplinary team which seeks to provide holistic care for patients and those close to them. Spiritual care is care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, self-worth to express oneself, faith support, perhaps for rites or prayer or sacraments or simply for a sensitive listener.

SPaRC activity and engagement will be covered in their annual report which is due in the summer and will be a collaborative report with the Royal Wolverhampton NHS Trust.

Friends and Family Test

The friends and family test recommendation scores are illustrated in the tables below these include percentage changes in 2021/2022. The Trust's average recommendation score for 2022/23 was 86% which is a 4% increase from the previous year. When looking at the different touchpoints, there is a fluctuation of 33% with scores ranging between 99% and 66%.

Friends and Family Test	Inpatients				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2022/23	85%	86%	85%	88%	91%	91%	91%	92%	74%	76%	74%	84%	98%	99%	98%	98%
Difference	- 2%	+ 2%	=	+ 3%	=	- 1%	+ 1%	=	- 6%	=	- 8%	+ 7%	+ 4%	+ 5%	+ 3%	+ 2%
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response Rate (22/23)	24.6	25	25	28.9	19.3	20.2	20.3	20.4	16.7	18.8	20.6	22.6	7.7	4.9	3.3	84.1

Friends and Family Test	Antenatal				Birth				Postnatal Ward				Postnatal Community			
	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*	Q1	Q2	Q3	Q4*
2022/23	89%	81%	88%	92%	83%	80%	82%	90%	84%	83%	82%	85%	84%	88%	66%	86%
Difference	+ 2%	- 3%	+ 3%	+ 7%	- 8%	- 12%	- 8%	- 2%	+ 4%	+ 7%	+ 4%	+ 8%	- 10%	- 6%	- 29%	- 10%
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response Rate (22/23)	15.6	12.3	11.7	12.1	19.4	18	18.2	23.9	11.8	10.6	10.4	16.6	11.3	9.8	7.3	15.5

* Q4 data subject to change inline with March 2023 data submissions for FFT being after reporting date

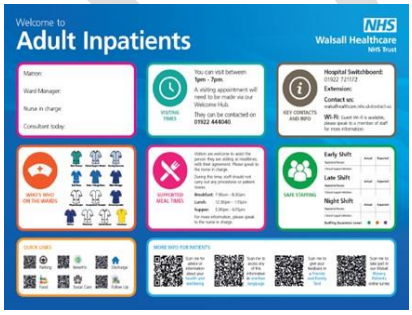
The below table illustrates the percentage difference between the Trust's average recommendation score for each touchpoint and the local ICB and National results. Whilst some areas require improvement when compared locally and nationally, Outpatients, ED, Community, Antenatal and Postnatal Wards all perform better on average locally, with Community and ED also outperforming the national average.

	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
ICB*	- 2%	+ 1.4%	+ 6.7 %	+ 4.8%	+ 3.4%	- 2.7%	+ 5.4%	- 3.4%
National	- 8.5%	- 1.4%	+ 0.9 %	+ 6.9%	- 2.2%	- 9.1%	- 10%	- 11%

* The Black Country ICB
** The ICB and National data at time of reporting was taken over a 10-month period (April 2022 – January 2023).

The purpose of our Patient Involvement Partners (PIPS) is to support inclusive patient and carer engagement across the Trust. Seeking to ensure that patients and carers are actively involved in shaping and developing services and to review Trust performance addressing issues identified as important by patients, carers, and relevant stakeholders.

The Patient Partner programme was introduced in 2021 and continues to evolve.



Patient partners have been involved in the development and co-design of information Boards completed in October 2022.

A patient partner and our new chaplaincy volunteers were actively involved in a faith-based improvement that has seen us provide faith resource boxes available in key locations across the acute and community.

The resource boxes include religious books, icons, and key information to support staff and patients to access religious care by request.

The patient readers panel reviewed a combined VTE leaflet, the Goscote Hospice leaflet, the Patient Initiated Follow-Up leaflet, lymphoedema, the 3rd primary dose of vaccine, post picc line insertion information leaflet.

In addition, our partners have been involved in PLACE assessments, quality improvement work and action monitoring in response to National Surveys. The Patient Partners received apresentation on the Duty of Candour explaining that the template followed is considered to not be user-friendly. The partners attended a Duty of Candour workshop to co-design changes to the current process, improve documentation and help with the production of a new leaflet.

Family and Carer Support

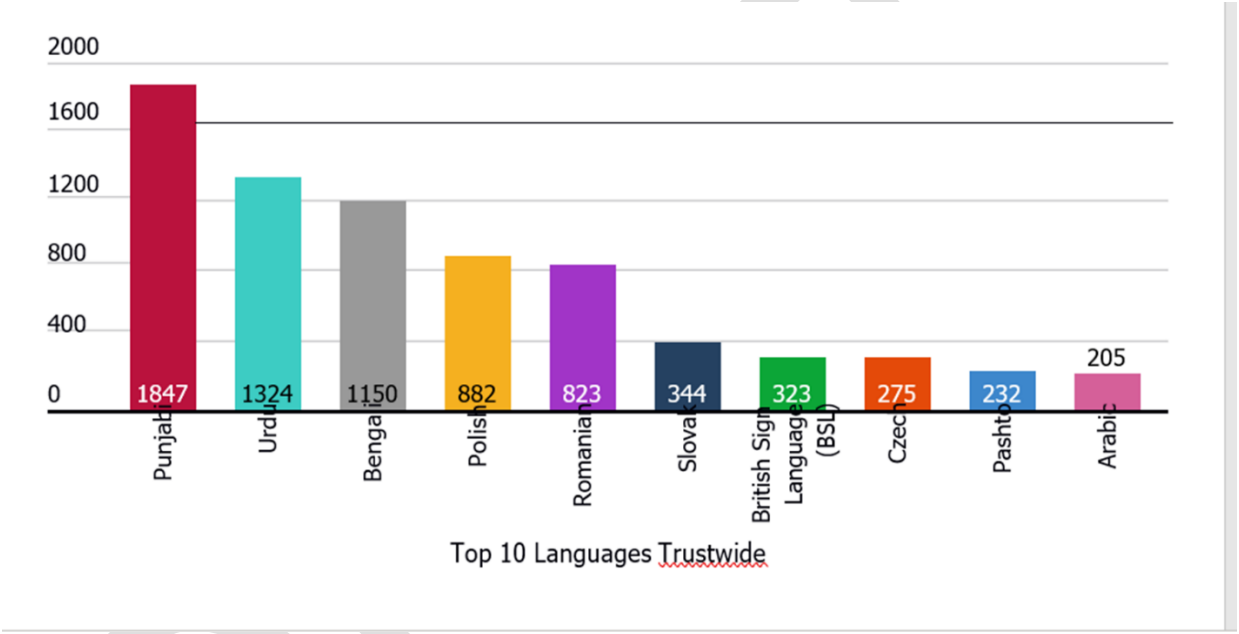
This year the Trust launched its commitment to care, outlining key priorities the Trust will take to Identify, Recognise, Support and Collaborate with Carers. This new service will support staff working with patients who have existing unpaid carers, or due to the reasons they are in the hospital will rely on the support of an unpaid carer following discharge. The service is supported by the Family and Carer support officer and will see growth in this area

Since the service was introduced in December 2022 support has been provided in the following ways.

Equality and Accessibility Monitoring

Word360

9371 bookings were arranged during 2022/2023. This is a slight decrease in comparison to 2021/2022 (9445). 335 (3094) sessions of these have been telephone, 66% 6267 sessions face to face and 0.4% 40 session videos on demand calls. 492 patients/ users completed feedback. This is an increase of 261 in comparison to the previous year's 231. The average score was 4.75 out of a maximum score of 5.



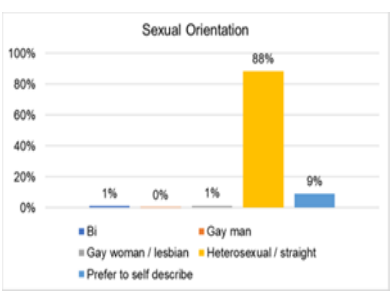
The Trust took part in the filming of an instructional video, Word 360, 2022 which showcased the benefits of using the service whilst also showcasing our staff using the various methods of translation available to use.

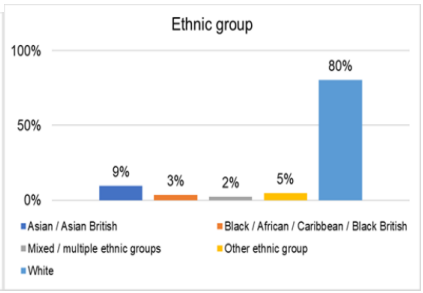
Inbound call interpreting (Word Ski Connect) is being trialled in Antenatal, currently awaiting a go-live date.

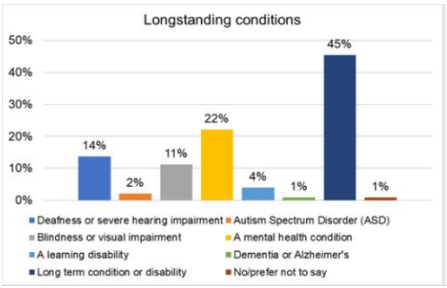
Work is ongoing within the imaging department to reduce the number of face-to-face bookings by using a mobile device for interpreting

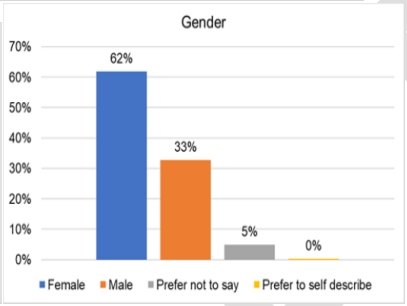
Equality Monitoring – Patient Experience

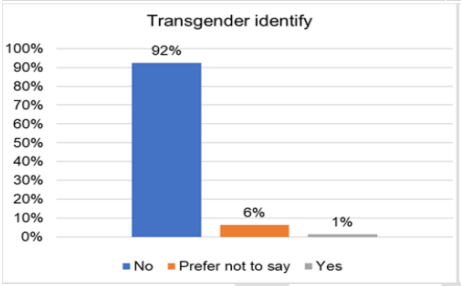
***Patient Experience data relates to data collection where the patient has made the decision to provide this.**











80% identified as White/British.
9% Asian/Asian British.
3% as Black/African/Caribbean/Black British.
62% were female.
45% identified a long-term condition.
1% identified as Transgender.
88% were heterosexual.

Links have been made with groups representative of the community and from protected groups who are supporting improvement work such as the 'Did Not Attend' improvement programme -seeking to better understand the reasons why people do not attend their appointments. Our Patient Partner programme also seeks representative membership.

With the Equality Monitoring survey, the aim is to understand whom we are reaching out to in terms of local protected groups; to help the Trust monitor who can access our complaints service in line with the nine protected characteristics under the Equality Act 2010. This is a multiple-choice survey.

Ethnicity: 56.67% of respondents identified themselves as White British, 10% Bangladeshi, 6.67% Caribbean, 3.3% African, Indian 3.3%, 3.3% Pakistani and 16.75% of respondents declined to complete it.

Age: 32.35% were aged 18 to 24, 17.65% were aged 25 to 49, 17.65% were aged 50 to 64,
14.71% were 65 to 74, 2.94% were aged 75 to 84 and 14,71% of respondents. declined to complete.

Religion or belief: 36.67% Christianity, 30% no religion, 6.67% Islam, 6.67% Sikhism, 3.3% Church of England. 16.67% of respondents declined to complete it.

Sexual Orientation: 80% Heterosexual, 3.3% Homosexual/Gay men and 16.67% of respondents declined to complete it.

Gender: Male 46.67%, Female 36.67%, 16.67% of respondents declined to complete.

Gender re-assignment: 80% No, 3.3% prefer not to say and 16.67% of Respondents declined to complete.

Relationship status: 51.72% Married, 13.79% Single, 10.34% Living with a partner, 3.45% were Widowed,.45% were Divorced and 17.24% of respondents. declined to complete.

Pregnancy: 3.3% were pregnant at the time of making a complaint, 56.67% were No .26.67% of respondents felt the question was not applicable and 13.3% declined. to complete.

46.6% of patients do not consider themselves to have a longstanding condition, 23.3% of patients do and 6.67% prefer not to say and 23.3% declined to complete.

Forward view 23/24

Future Plan – Equality, Diversity, and Inclusion – Staff Networks

Walsall Healthcare NHS Trust BAME Black Asian Minority Ethnic Shared Decision Making Council	Achievements 22/23 Won Staff Network of the Year at the MIDAS Awards 2022 Race Code Charter Mark involvement Zero Tolerance to Racism Campaign Black History Month events, Blood Donor Drive working in partnership with Plasma for Hope Windrush event and exhibition Staff Networks Day webinar Race Equality Showcase Event Race Equality Week consultation of anti-racism statement International Nurse Survey and Report Working jointly with RWT Employee Voice Group	Future Plans Implementation of the Anti-racism vision statement and sign-up of the pledge Supporting the development of the Behavioural framework Improve Black Asian and Ethnic Minority Staff experience and access to career development. Involvement in the system ICS Network
Staff INCLUSION Network LGBTQ+ Lead	Achievements 22/23 Regional planning and organising presence at Pride Increased engagement and membership- LGBTQ QR code and Survey Increased signups for Rainbow Badge Scheme Development of draft Transgender guidance staff and Patients LGBT History Month celebration LGBTQ+ and allies action plan developed	Future Plans Education and Awareness of LGBTQ + Inclusion Increase engagement and participation – growing membership of the group Ensuring LGBTQ+ inclusivity within policies procedures and processes Improving LGBTQ+ staff and patient experience
Staff INCLUSION Network Women and Allies Network Lead	Achievements 22/23 Increased membership of the group Set up menopause champions subgroup Menopause Survey Development of the Trust's Menopause Policy External partnerships established with local colleges and local businesses	Future Plans Recruitment for permanent Chair and Vice Chair Growing Membership of the group Menopause accreditation and training Support for Women's leadership development and access to learning education and development

Forward View of EDI

A refresh of the Trust's EDI objectives will be undertaken to ensure alignment with the national six high-impact actions and the Black Country EDI ICS strategy. A consultation and engagement exercise will be required to ensure that all employees are aware of the national and local requirements. In 2023 /24 the trust's EDI activities will be focused on the following.

- A refresh of the trust's EDI objectives
- Implementation of the national six high-impact actions
- Implementation of the six EDI pledges and objectives within the EDI ICS Strategy
- Strengthening the support infrastructure to ensure the staff networks are effective and championing EDI across the organisation

PSED EDI ANNUAL REPORT

ANNEX A

POPULATION PROFILE, WORKFORCE PROFILE AND WRES, WDES, EDS2, GENDER PAY GAP INFORMATION

Equality, Diversity, and Inclusion Demographic information- Walsall population

The **population of Walsall is 284,306** according to mid-2021 population figures published by the ONS. Walsall's population growth rate between mid-2020 and mid-2021 was 0.4% per year. Walsall covers an area of 104 square kilometres (40 square miles) and has a population density of 2,734 people per square kilometre (km^2), based on the latest population estimates taken in mid-2021.

According to the latest census 2021,

- the population in Walsall is predominantly white (71%), with non-white minorities representing the remaining 29% of the population.
- The median average age in Walsall in 2021 was 38.6, with over 18s representing 79.9% of the population. The sex ratio was 95.4 males to every 100 females.
- In 2021, the urban population of Walsall was approximately 266,318 or 99%, while the rural population was around 3,005 or 1%.
- The largest religious group in Walsall is Christians who account for 45% of the population.
- English is spoken as the main language by 90.2% of people in Walsall and spoken either well or very well by 7% of the population. 2.3% reported having poor English language skills, and the remaining 0.5% spoke no English at all.

Walsall is a culturally diverse town where people of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups. White British comprise the largest ethnic group at approximately 67.4% of the borough population, and more broadly the wider White ethnic category at 71.4%. Minority ethnic groups have seen substantial increases, now accounting for 32.6% (1 in 3) of Walsall's population, compared to 23.1% (1 in 4) a decade prior in 2011.

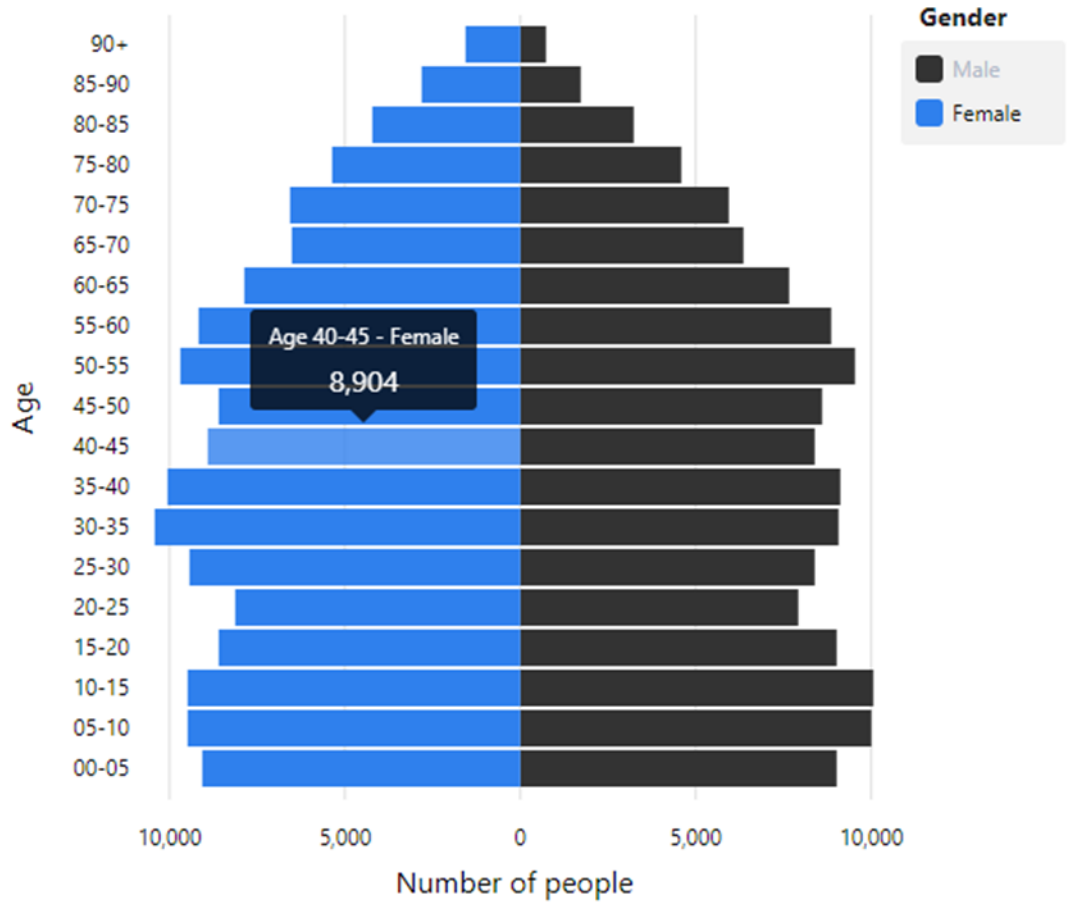
Demographics by Age and Gender

According to mid-year population estimates published by the ONS in 2019, males account for 48.8% of Walsall's 284,306 population, while females made up 51.2% of the total.

The sex ratio (the number of males for each female in a population) was 95.375 males to every 100 females in 2021. In England as a whole, the gender ratio was 96 males to every 100 females in 2021.

Age statistics collected by the ONS show the adult population of Walsall, that is how many people there are over the age of 18, is 227,143.

Walsall's age structure shows the working-age population to be 177,494 which is 62.4% of the population. People under the age of 16 represent 20.1% of the population, and those over 65s represent 17.5% of the population. The percentage of the population that working ageing-age has decreased over the last 10 years.



Ethnicity in Walsall

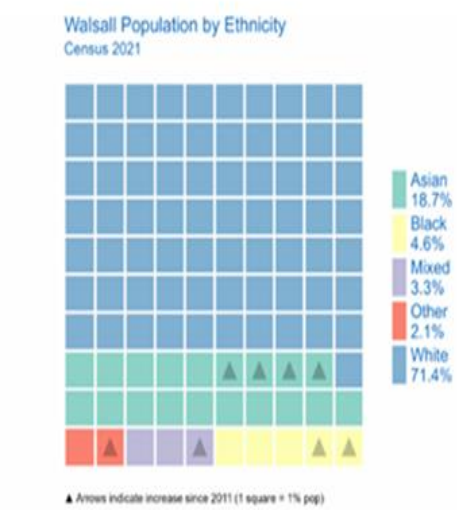
According to the latest 2021 census, the population in Walsall is predominantly white (71.4%), with non-white minorities representing the remaining 28.6% of the population.

Asian people were the largest minority group in Walsall accounting for 18.7% of the population.

13,024 or 5% of the Walsall population are black according to the latest 2021 census.

In England more broadly the portion of the population that is white is 81%. 10% are Asian and 4% are Black.

- **White** - 202,724 people or 71.4%
- **Asian** - 53,199 people or 18.7%
- **Black** - 13,024 people or 4.6%
- **Mixed** - 9,317 people or 3.3%
- **Other** - 5,862 people or 2.1%



Religion in Walsall

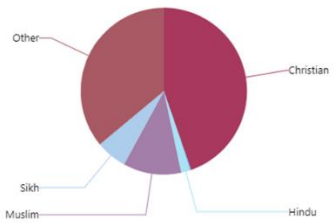
According to the latest census in 2021, the most populous religious group within Walsall is Christians, accounting for 44.7% of the population.

Walsall has a Muslim population of 32,107 which is 11.3% of the population.

Compared to England as a whole, in England circa 46% of the population is Christian, 7% is Muslim, 2% is Hindu, and Buddhists, Sikhs and Jews each is around 1%. The remainder is split between people with no religion and those who decided not to identify a religion.

Religious groups in Walsall, 2021 census

- **Christian** - 126,922 people or 44.7%
- **Buddhist** - 533 people or 0.2%
- **Hindu** - 5,096 people or 1.8%
- **Muslim** - 32,107 people or 11.3%
- **Sikh** - 17,148 people or 6.0%
- **Other** - 102,320 people or 36.0%



Disability in Walsall

A fifth of people in Walsall are living with a disability according to the 2021 census data.

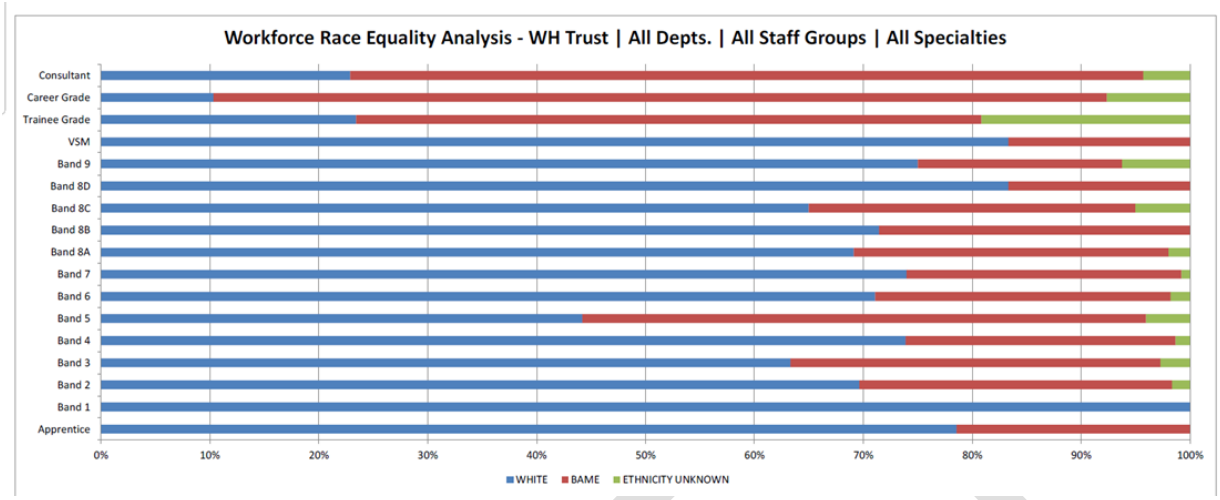
The Equality Act defines disability as a physical or mental impairment that has a "substantial and long-term adverse effect" on the ability to carry out normal day-to-day activities.

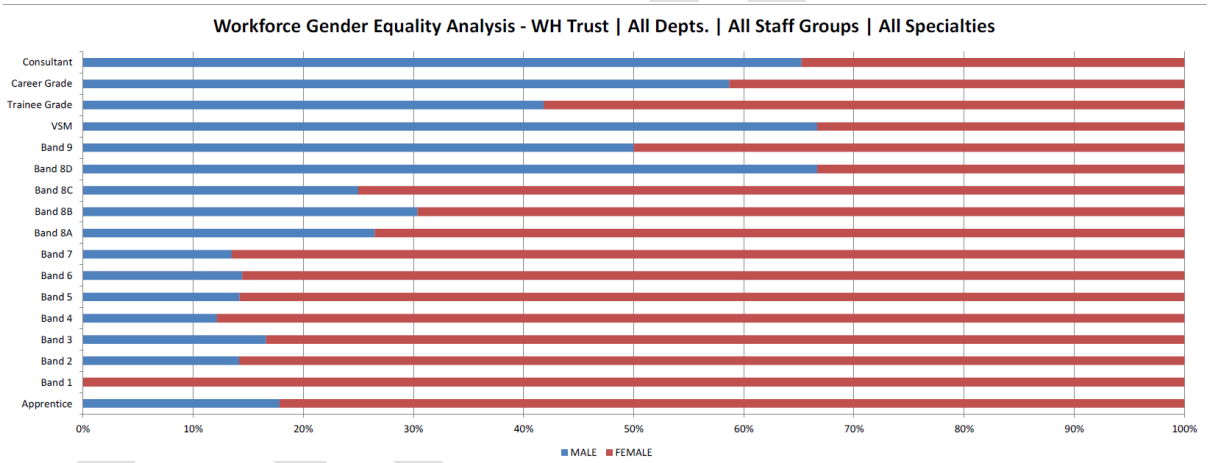
Figures from the latest census of England and Wales show 54,153 people in Walsall said they had such an impairment as of March 2021 – 20.1% of the area's population.

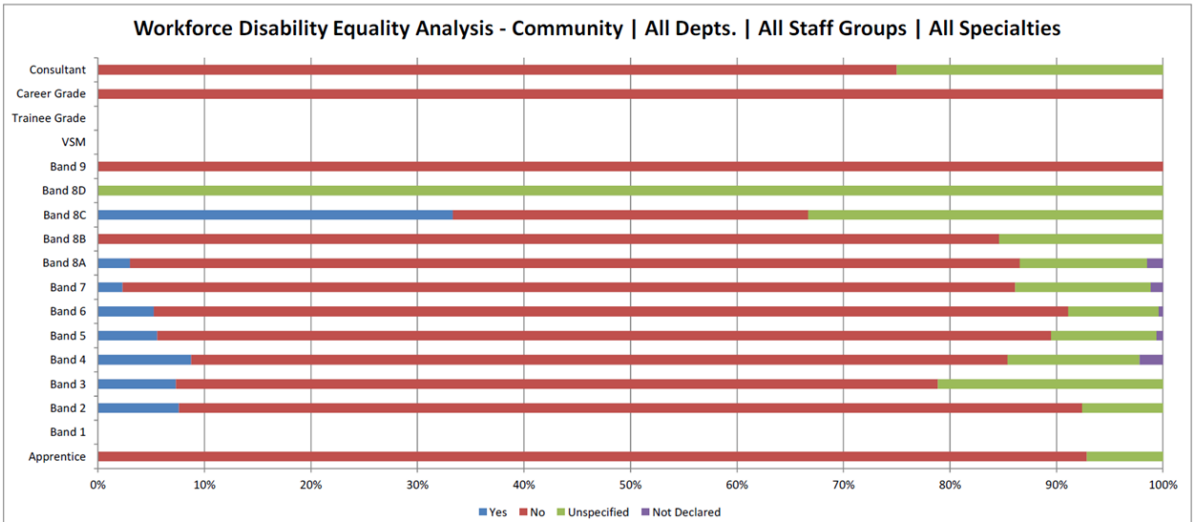
Of these people, 28,992 (10.7%) said their disability stopped them from carrying out regular activities 'a little', while 25,161 (9.4%) said it did so 'a lot'.

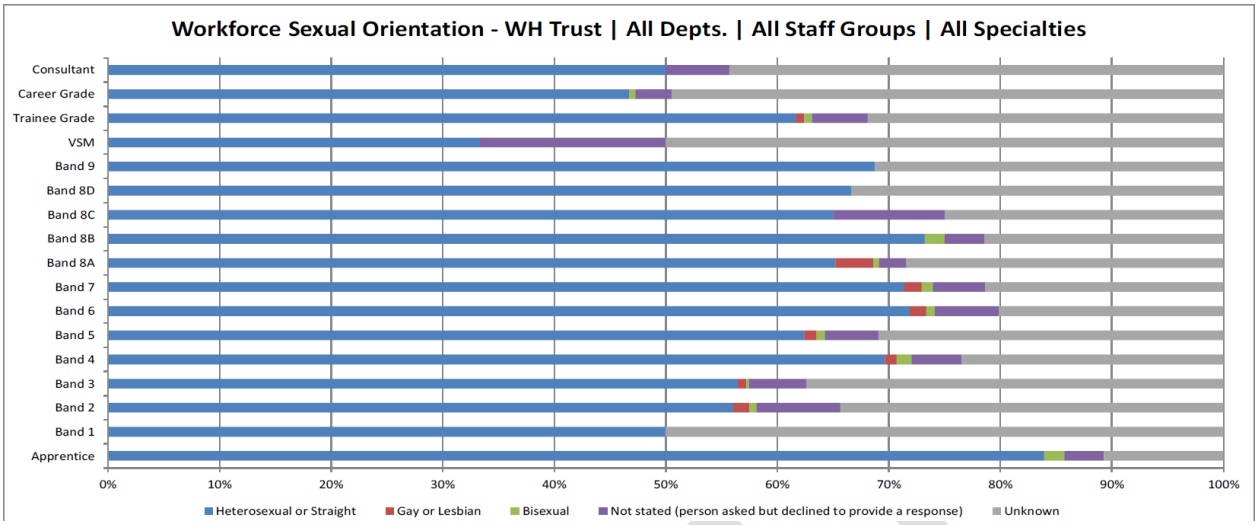
Walsall Healthcare Workforce profiles

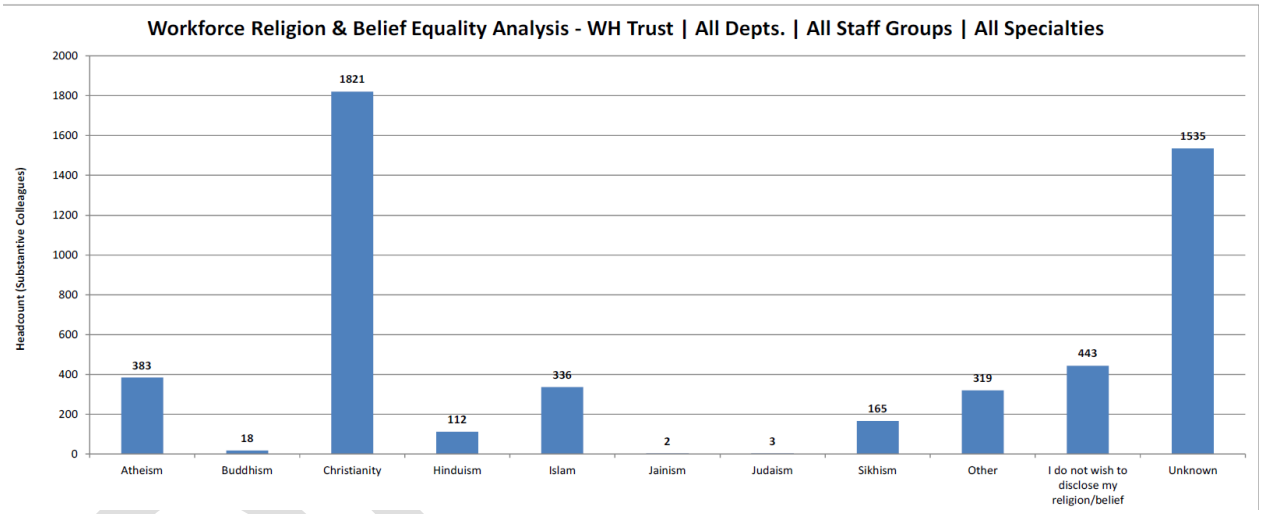
The following graphs illustrate the Trust workforce profile disaggregated by each of the protected groups.

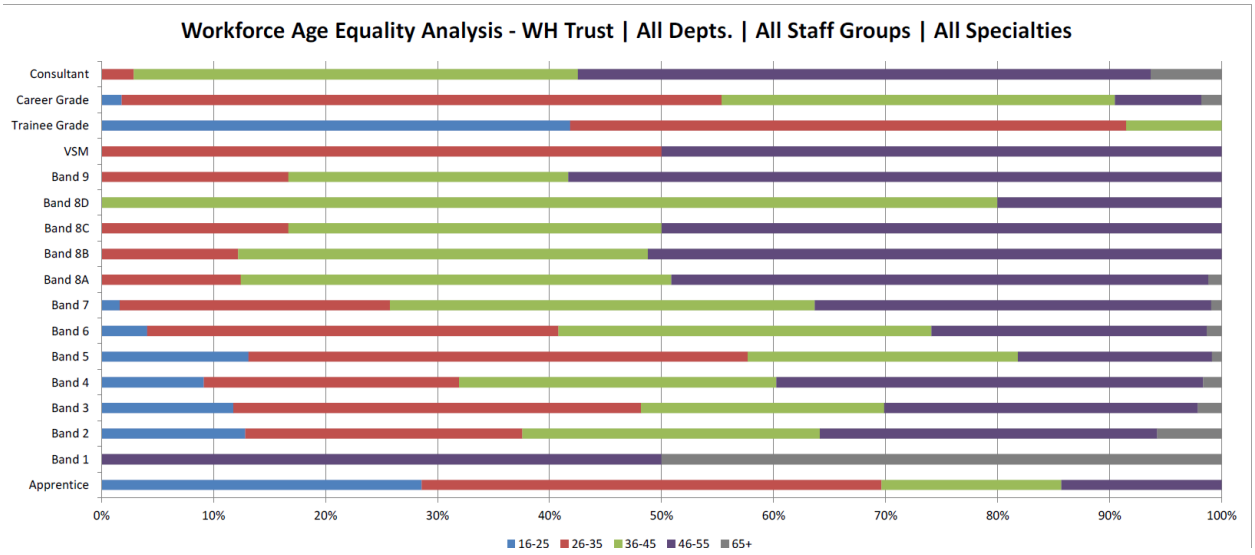







Workforce Sexual Orientation - WH Trust | All Depts. | All Staff Groups | All Specialties
Consultant
Career Grade
Trainee Grade
VSM
Band 9
Band 8D
Band 8C
Band 8B
Band 8A
Band 7
Band 6
Band 5
Band 4
Band 3
Band 2
Band 1
Apprentice
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Heterosexual or Straight
Gay or Lesbian
Bisexual
Not stated (person asked but declined to provide a response)
Unknown


Workforce Religion & Belief Equality Analysis - WH Trust | All Depts. | All Staff Groups | All Specialties
Headcount (Substantive Colleagues)
2000
1800
1600
1400
1200
1000
800
600
400
200
0
383
18
1821
112
336
2
3
165
319
443
1535
Atheism
Buddhism
Christianity
Hinduism
Islam
Jainism
Judaism
Sikhism
Other
I do not wish to disclose my religion/belief
Unknown


Workforce Age Equality Analysis - WH Trust | All Depts. | All Staff Groups | All Specialties
Consultant
Career Grade
Trainee Grade
VSM
Band 9
Band 8D
Band 8C
Band 8B
Band 8A
Band 7
Band 6
Band 5
Band 4
Band 3
Band 2
Band 1
Apprentice
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
16-25
26-35
36-45
46-55
65+

Equality monitoring in recruitment

Pre-hire information

Gender	All applications	Rejected	Shortlisted	%
Male	8690	6015	2675	9%
Female	21259	12547	8712	29.03%
I do not wish to disclose	57	31	26	0.09%
Not stated	0	0	0	0.00%
Total	**30006**	**18593**	**11413**	**38.04%**

Age				
Under 20	700	365	335	1.12%
20 - 24	3577	2262	1315	4.38%
25 - 29	8697	5730	2967	9.89%
30 - 34	6625	4402	2223	7.41%
35 - 39	4241	2579	1662	5.54%
40 - 44	2636	1540	1096	3.65%
45 - 49	1516	798	718	2.39%
50 - 54	1110	514	596	1.99%
55 - 59	637	264	373	1.24%
60 - 64	233	117	116	0.39%
65+	33	22	11	0.04%
Not stated	1	0	1	0.00%
Total	**30006**	**18593**	**11413**	**38.04%**

Ethnic Origin				
White	7237	3398	3839	12.79%
Asian	7205	4667	2538	8.46%
Black	12696	8728	3968	13.22%
Mixed	1237	774	463	1.54%
Other	1244	828	416	1.39%
Not disclosed	346	197	149	0.50%
Not stated	41	1	40	0.13%
Total	**30006**	**18593**	**11413**	**38.04%**

Disability				
No	28724	17999	10725	35.74%
Yes	958	481	477	1.59%
I do not wish to disclose whether or not I have a disability	281	112	169	0.56%
Not stated	43	1	42	0.14%
Total	**30006**	**18593**	**11413**	**38.04%**

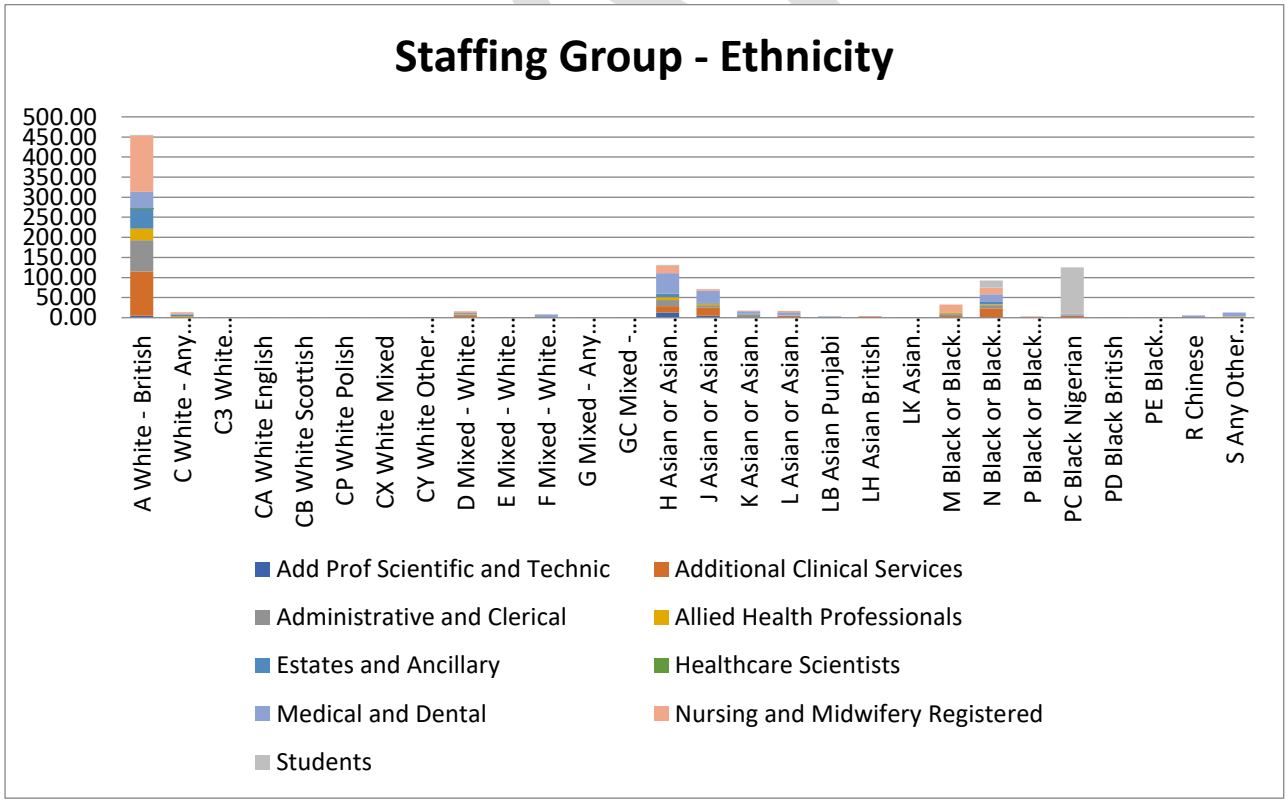
Sexual Orientation				
Heterosexual or Straight	28328	17680	10648	35.49%
Gay or Lesbian	329	144	185	0.62%
Bisexual	341	201	140	0.47%
Other sexual orientations not listed	51	32	19	0.06%
Undecided	67	38	29	0.10%
I do not wish to disclose my sexual orientation	848	497	351	1.17%
Not stated	42	1	41	0.14%
Total	**30006**	**18593**	**11413**	**38.04%**

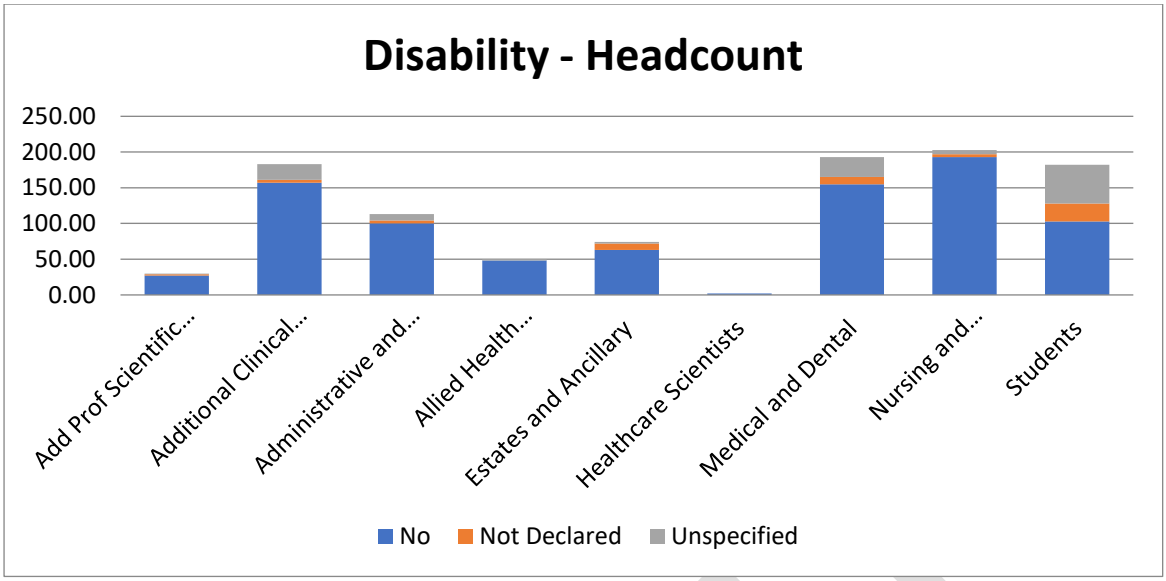
Transgender				
No	0	0	0	0.00%
Yes	0	0	0	0.00%
I do not wish to answer this question	0	0	0	0.00%
Not stated	30006	18593	11413	38.04%
Total	**30006**	**18593**	**11413**	**38.04%**

Religion				
Atheism	1586	734	852	2.84%
Buddhism	214	159	55	0.18%
Christianity	17710	11384	6326	21.08%
Hinduism	1520	1081	439	1.46%
Islam	4580	2960	1620	5.40%
Jainism	33	19	14	0.05%
Judaism	19	11	8	0.03%
Sikhism	1057	589	468	1.56%
Other	1560	785	775	2.58%
I do not wish to disclose my religion/belief	1686	870	816	2.72%
Not stated	41	1	40	0.13%
Total	**30006**	**18593**	**11413**	**38.04%**

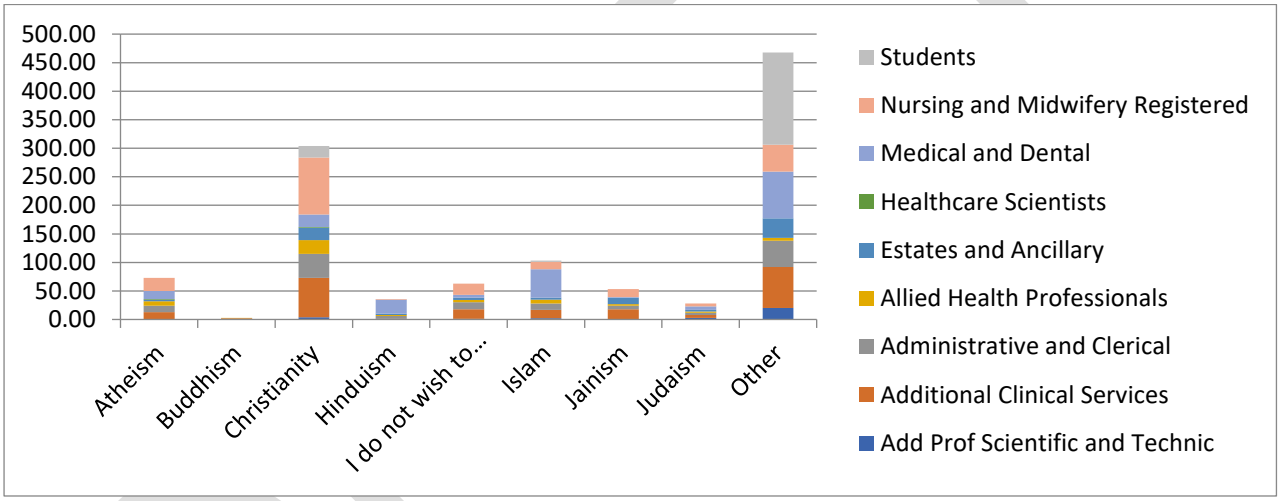
Recruitment – equality monitoring starters data – (Age)

Age (Headcount) - Divisions													
Division	<=20 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>=71 Years	Total
407 Chief Executive Directorate			1.00				1.00		3.00	1.00	2.00		**8.00**
407 Community		25.00	37.00	27.00	25.00	14.00	25.00	12.00	12.00	3.00			**180.00**
407 Digital Services	3.00	5.00	1.00		1.00	1.00	2.00		1.00	1.00			**15.00**
407 Directorate of Transformation & Strategy				1.00	1.00								**2.00**
407 Estates and Facilities	2.00	5.00	6.00	14.00	13.00	8.00	7.00	3.00	10.00	8.00	6.00	1.00	**83.00**
407 Finance Directorate		1.00			2.00			1.00					**4.00**
407 Governance Directorate (Div)					1.00		4.00	1.00			1.00		**7.00**
407 Medical Directorate (Div)		8.00	11.00	3.00	1.00	4.00		1.00	2.00			3.00	**33.00**
407 Medicine & Long-Term Conditions (Div)	4.00	58.00	80.00	56.00	57.00	26.00	17.00	14.00	6.00	2.00			**320.00**
407 Nurse Directorate (Div)			4.00	2.00	3.00	3.00	3.00	1.00		1.00			**17.00**
407 Operations Directorate		1.00											**1.00**
407 People & Culture Directorate (Div)		2.00	4.00		5.00		1.00		2.00	1.00			**15.00**
407 Surgery (Div)	5.00	45.00	70.00	49.00	34.00	20.00	10.00	12.00	4.00	2.00	3.00		**254.00**
407 Walsall Together					2.00								**2.00**
407 Women's, Children's & Clinical Support Services (Div)	9.00	31.00	53.00	26.00	18.00	16.00	13.00	8.00	11.00	3.00	2.00		**190.00**
Total	**23.00**	**181.00**	**267.00**	**178.00**	**163.00**	**92.00**	**83.00**	**53.00**	**51.00**	**22.00**	**14.00**	**4.00**	**1131.00**
Total (%)	**2.03%**	**16.00%**	**23.61%**	**15.74%**	**14.41%**	**8.13%**	**7.34%**	**4.69%**	**4.51%**	**1.95%**	**1.24%**	**0.35%**	**100.00%**





Religion and Belief



Sexual Orientation - Headcount - Divisions							
Staffing Group	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated (person asked but declined to respond)	Other sexual orientations not listed	Undecided	Overall
Add Prof Scientific and Technic		1.00	9.00	1.00		20.00	31.00
Additional Clinical Services	4.00	4.00	126.00	6.00		71.00	207.00
Administrative and Clerical	2.00	2.00	84.00	3.00		46.00	135.00
Allied Health Professionals	1.00	1.00	47.00	1.00	1.00	5.00	55.00
Estates and Ancillary		1.00	44.00	3.00		34.00	82.00
Healthcare Scientists			2.00				2.00
Medical and Dental	2.00	2.00	119.00	1.00		81.00	203.00
Nursing and Midwifery Registered	3.00	1.00	167.00	5.00		47.00	220.00
Students	1.00		21.00			162.00	183.00
Total	13.00	12.00	619.00	20.00	1.00	466.00	1118.00

Workforce Race Equality Standard performance

The WRES data for 2022/23 has been analysed together with annual WRES metric data that has been gathered annually since 2017/18. The following illustrates the Trust WRES performance against the nine metrics.

WRES indicator 1

The percentage of BAME staff in the workforce is 37%

WRES indicator 2

The relative likelihood of staff being appointed from shortlisting across all posts is 1.55 a decline in performance since the previous year

WRES indicator 3

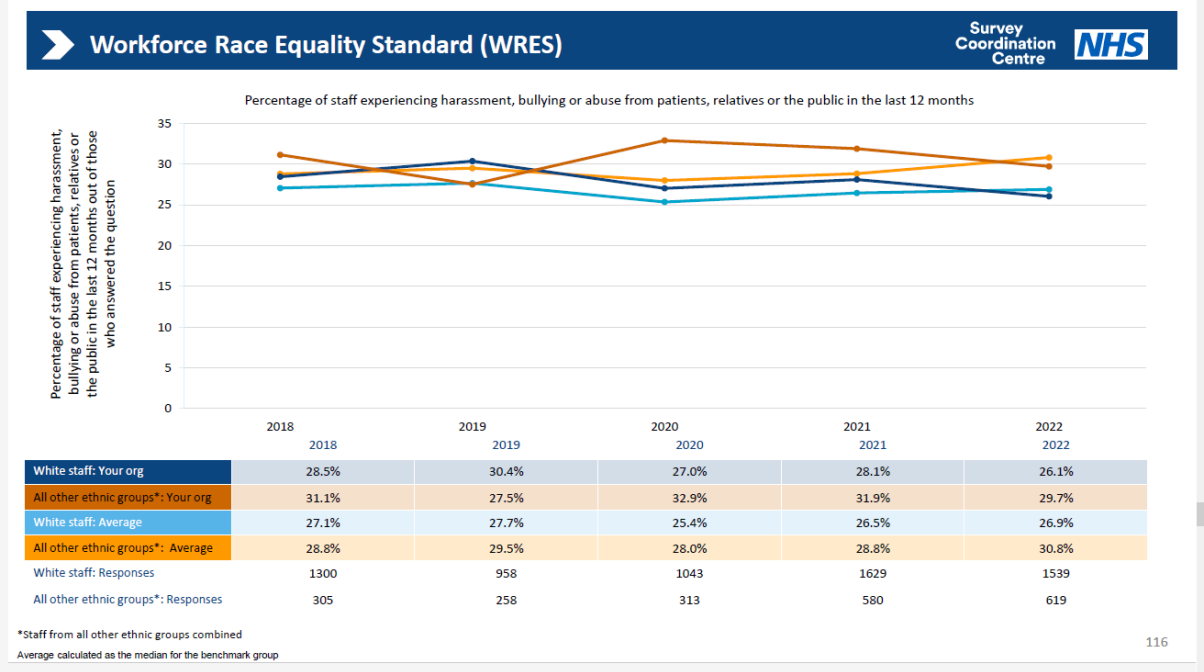
The relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation is 0.31

WRES indicator 4

The relative likelihood of staff accessing non-mandatory training and CPD. is 1.19 a slight decline in performance from the previous year.

WRES indicators,5,6,7,8

Indicator 5 NSS



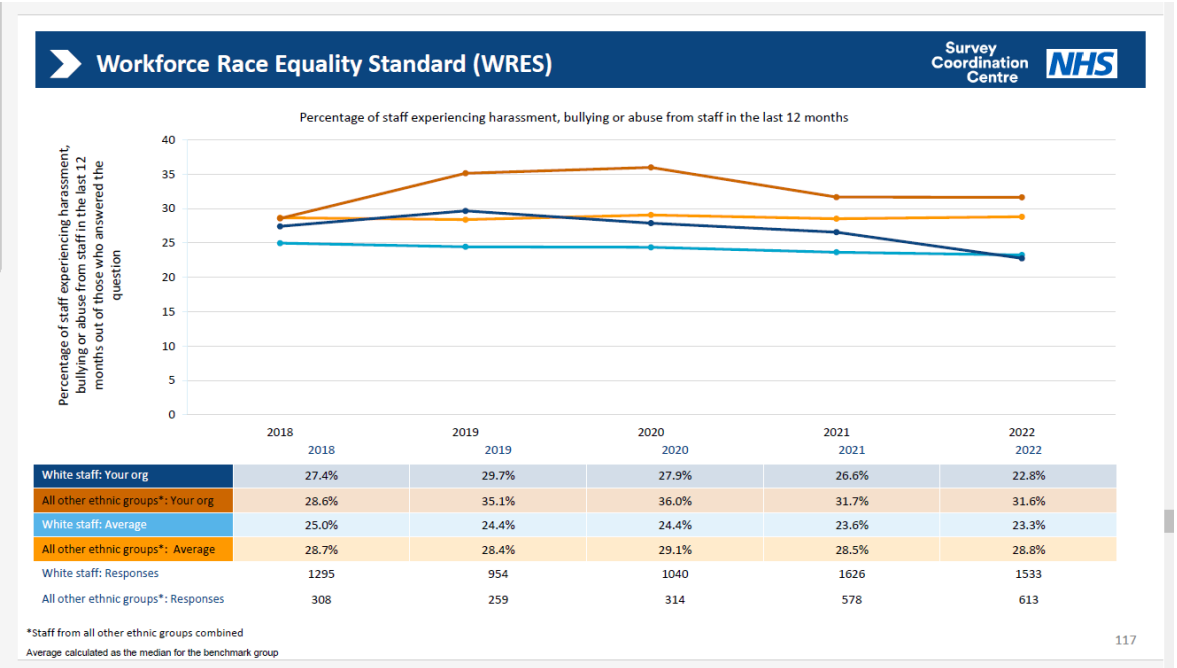
	2018	2019	2020	2021	2022
White staff: Your org	28.5%	30.4%	27.0%	28.1%	26.1%
All other ethnic groups*: Your org	31.1%	27.5%	32.9%	31.9%	29.7%
White staff: Average	27.1%	27.7%	25.4%	26.5%	26.9%
All other ethnic groups*: Average	28.8%	29.5%	28.0%	28.8%	30.8%
White staff: Responses	1300	958	1043	1629	1539
All other ethnic groups*: Responses	305	258	313	580	619

*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

116

WRES Indicator 6 NSS



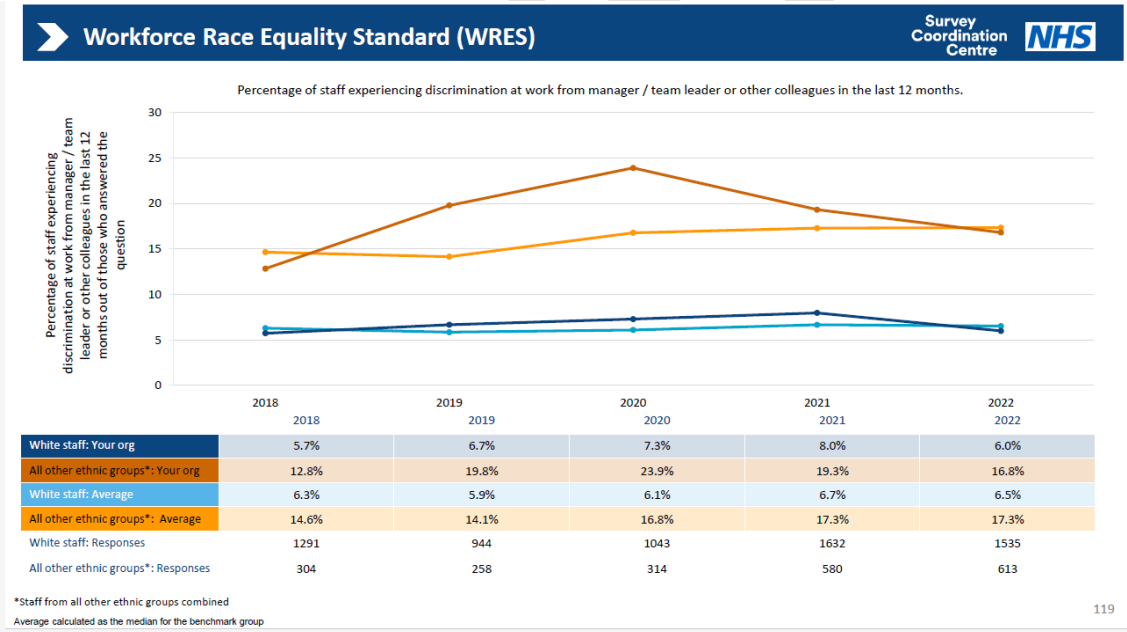
	2018	2019	2020	2021	2022
White staff: Your org	27.4%	29.7%	27.9%	26.6%	22.8%
All other ethnic groups*: Your org	28.6%	35.1%	36.0%	31.7%	31.6%
White staff: Average	25.0%	24.4%	24.4%	23.6%	23.3%
All other ethnic groups*: Average	28.7%	28.4%	29.1%	28.5%	28.8%
White staff: Responses	1295	954	1040	1626	1533
All other ethnic groups*: Responses	308	259	314	578	613

*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

117

WRES indicator 7 NSS



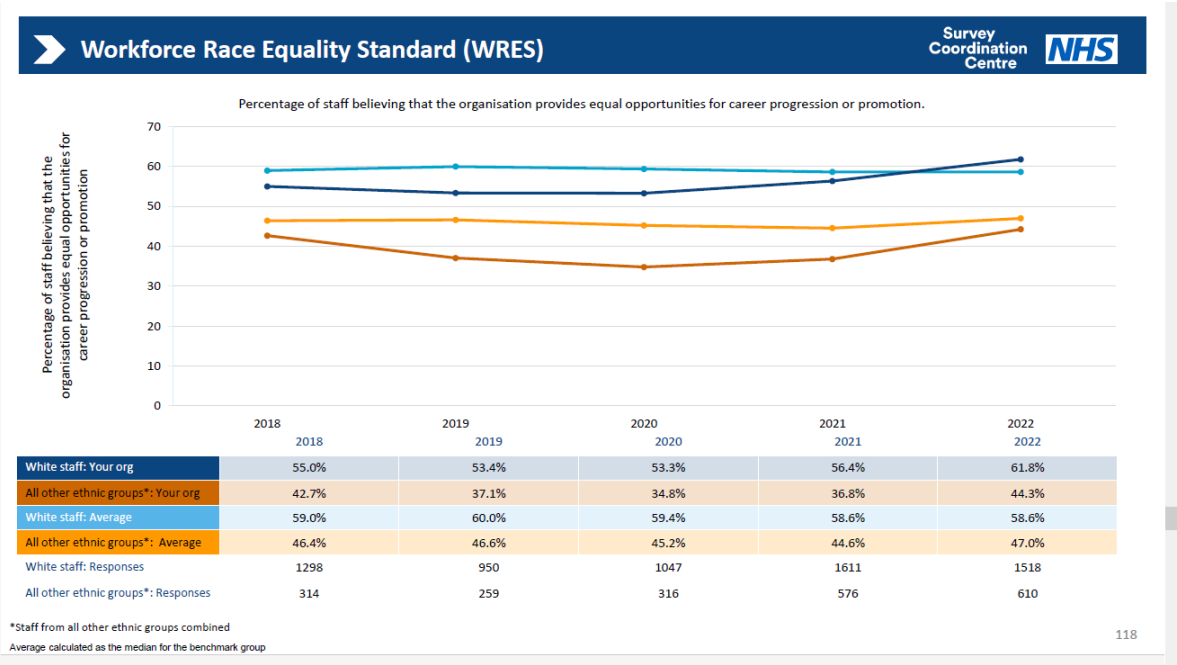
	2018	2019	2020	2021	2022
White staff: Your org	5.7%	6.7%	7.3%	8.0%	6.0%
All other ethnic groups*: Your org	12.8%	19.8%	23.9%	19.3%	16.8%
White staff: Average	6.3%	5.9%	6.1%	6.7%	6.5%
All other ethnic groups*: Average	14.6%	14.1%	16.8%	17.3%	17.3%
White staff: Responses	1291	944	1043	1632	1535
All other ethnic groups*: Responses	304	258	314	580	613

*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

119

WRES indicator 8 NSS



	2018	2019	2020	2021	2022
White staff: Your org	55.0%	53.4%	53.3%	56.4%	61.8%
All other ethnic groups*: Your org	42.7%	37.1%	34.8%	36.8%	44.3%
White staff: Average	59.0%	60.0%	59.4%	58.6%	58.6%
All other ethnic groups*: Average	46.4%	46.6%	45.2%	44.6%	47.0%
White staff: Responses	1298	950	1047	1611	1518
All other ethnic groups*: Responses	314	259	316	576	610

*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

118

WRES 9 indicator

Percentage difference between the organisations' Board voting membership and its overall workforce.is -11.8%

The WRES annual report which is due to be published shortly provides a more detailed trend analysis of the WRES performance over subsequent years and a detailed action plan to improve workforce race equality.

Workforce Disability Equality Standard- Trust performance

The WDES data for 2022/23 has been analysed together with annual WDES metric data that has been gathered annually since 2017/18. The following information illustrates the Trust's WDES performance against the nine metrics.

WDES indicator 1

The percentage of disabled staff in the workforce is just under 3%

WDES indicator 2
The relative likelihood of staff being appointed from shortlisting across all posts is 1.06 a decline in performance since the previous year

WDES indicator 3

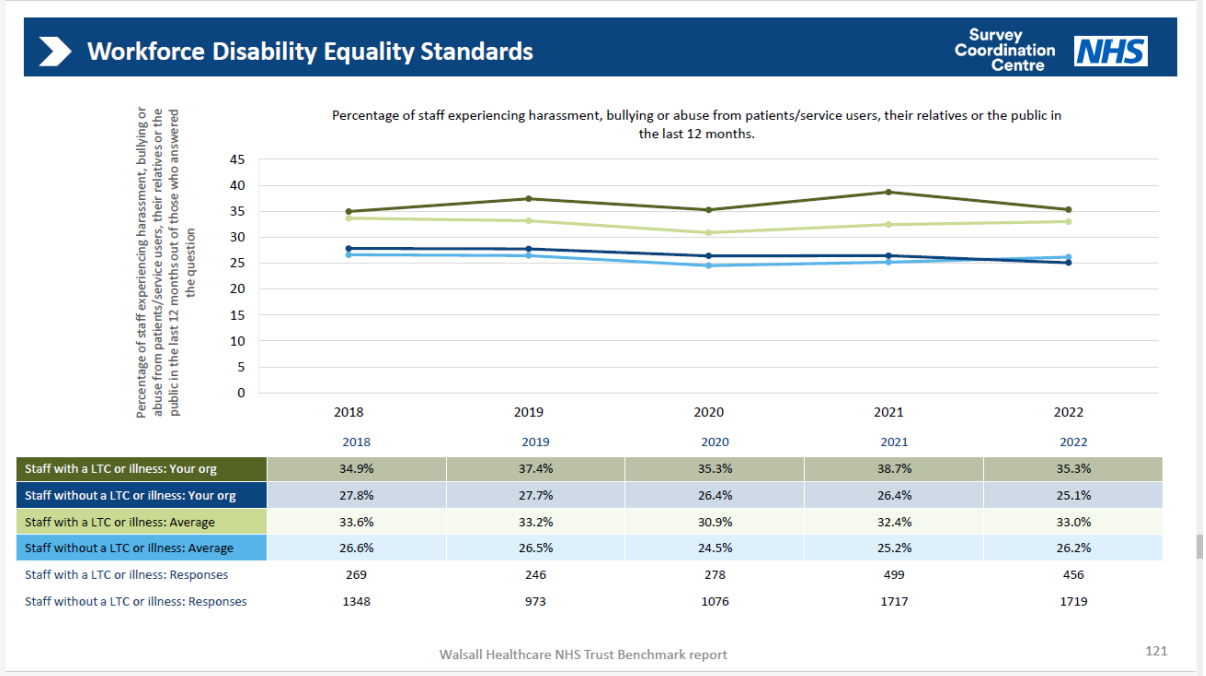
The relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation is 0.0

WDES indicator 4

The relative likelihood of staff accessing non-mandatory training and CPD. is 0.0

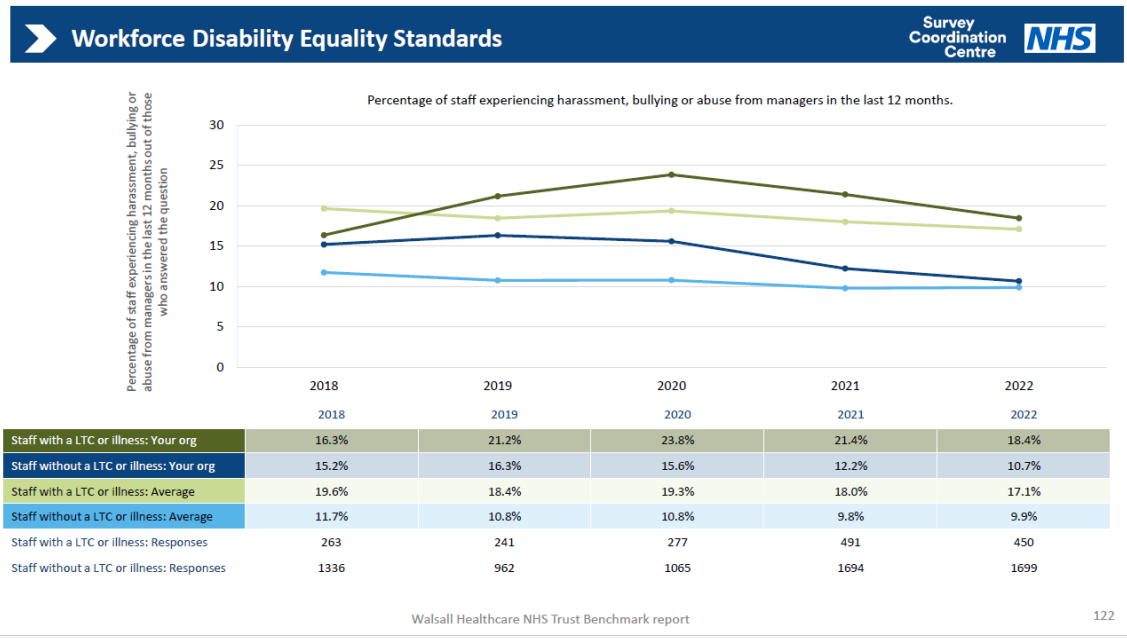
WDES indicators,5,6,7,8

Indicator 5 NSS



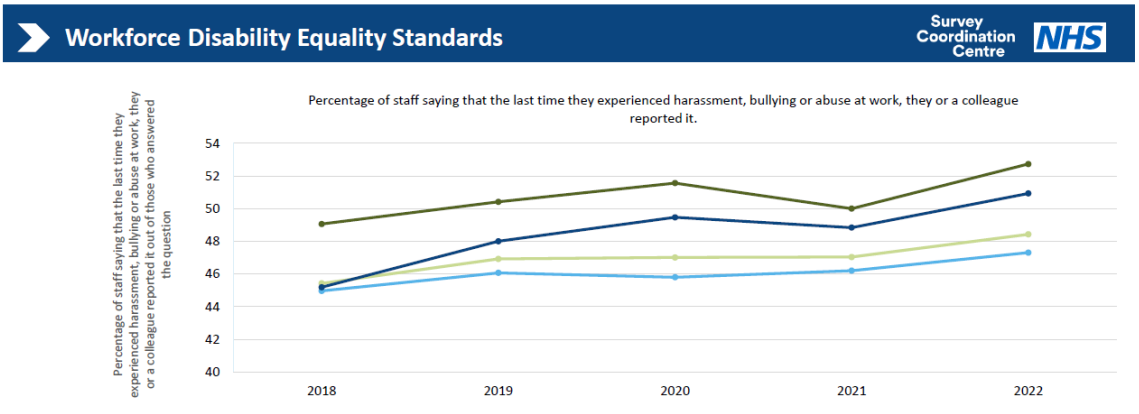
	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	34.9%	37.4%	35.3%	38.7%	35.3%
Staff without a LTC or illness: Your org	27.8%	27.7%	26.4%	26.4%	25.1%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%	33.0%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%	26.2%
Staff with a LTC or illness: Responses	269	246	278	499	456
Staff without a LTC or illness: Responses	1348	973	1076	1717	1719

WDES Indicator 6



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	16.3%	21.2%	23.8%	21.4%	18.4%
Staff without a LTC or illness: Your org	15.2%	16.3%	15.6%	12.2%	10.7%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%	17.1%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%	9.9%
Staff with a LTC or illness: Responses	263	241	277	491	450
Staff without a LTC or illness: Responses	1336	962	1065	1694	1699

WDES Indicator 7

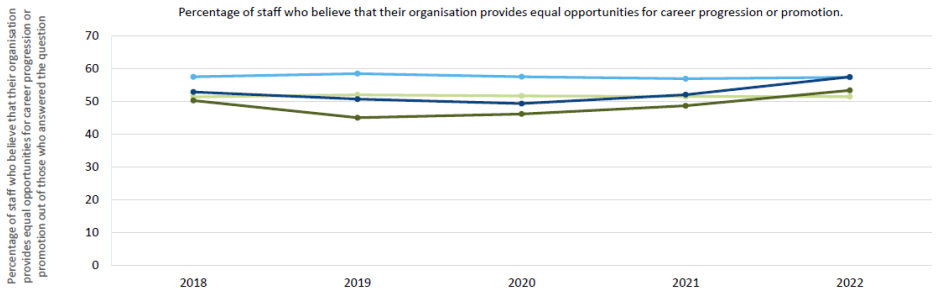


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	49.1%	50.4%	51.6%	50.0%	52.7%
Staff without a LTC or illness: Your org	45.2%	48.0%	49.5%	48.8%	50.9%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%	48.4%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%	47.3%
Staff with a LTC or illness: Responses	106	121	128	250	220
Staff without a LTC or illness: Responses	478	350	376	559	538

WDES 8 NSS

Workforce Disability Equality Standards

Survey Coordination Centre NHS

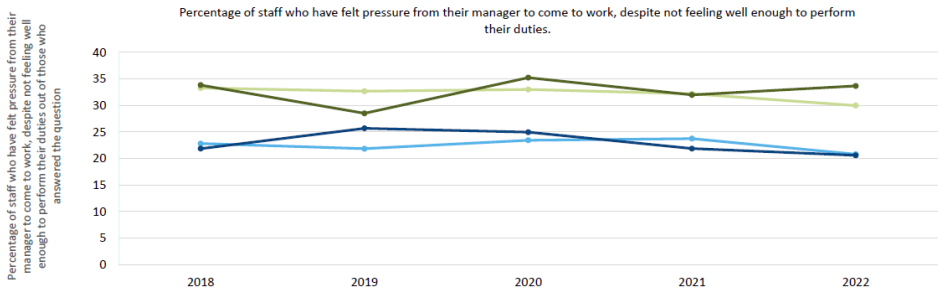


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	50.2%	44.9%	46.1%	48.6%	53.3%
Staff without a LTC or illness: Your org	52.8%	50.6%	49.3%	52.0%	57.4%
Staff with a LTC or illness: Average	51.3%	51.9%	51.6%	51.4%	51.4%
Staff without a LTC or illness: Average	57.4%	58.4%	57.4%	56.8%	57.3%
Staff with a LTC or illness: Responses	269	247	282	498	454
Staff without a LTC or illness: Responses	1356	964	1080	1695	1692

WDES Indicator 9

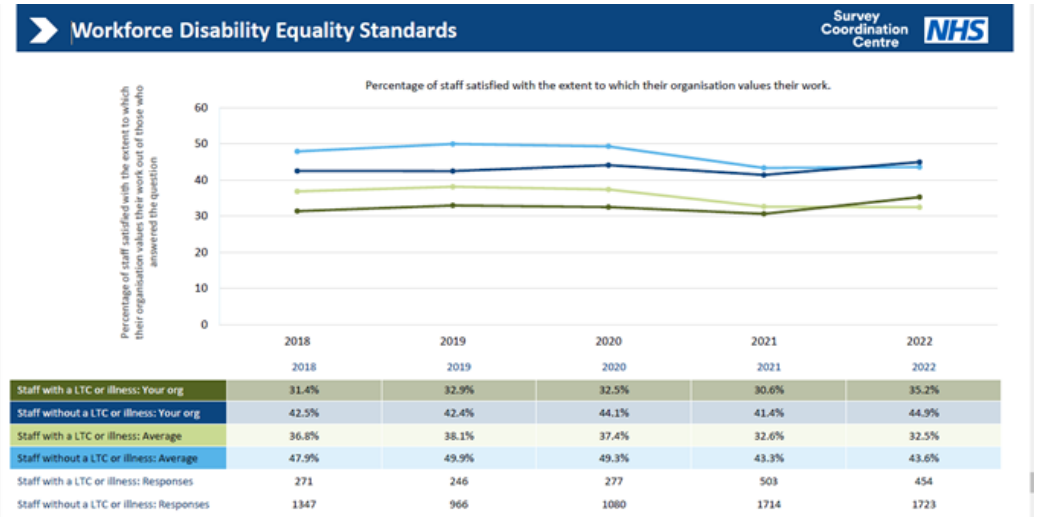
Workforce Disability Equality Standards

Survey Coordination Centre NHS



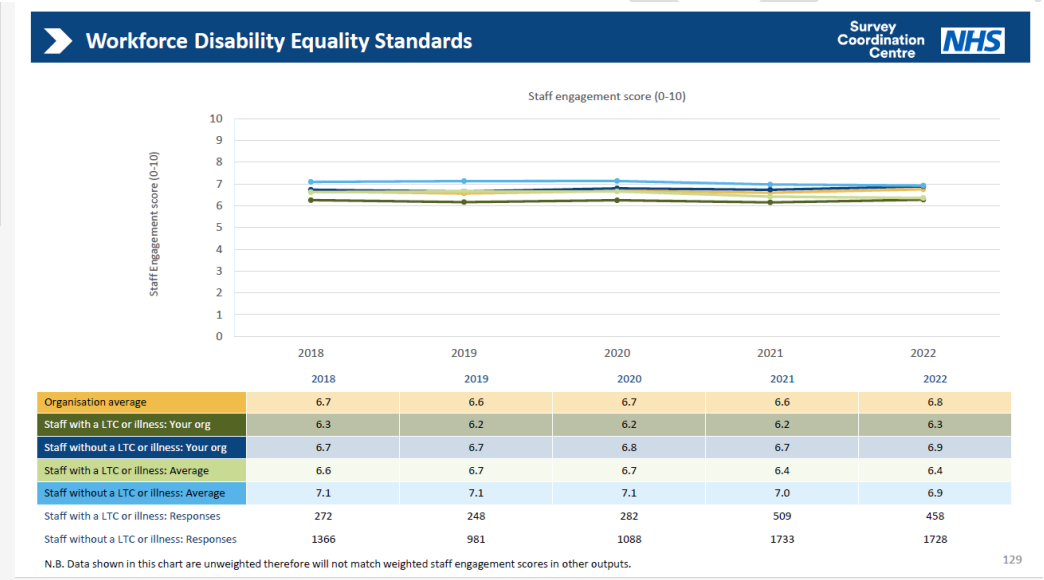
	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	33.8%	28.5%	35.2%	32.0%	33.7%
Staff without a LTC or illness: Your org	21.9%	25.7%	25.0%	21.9%	20.6%
Staff with a LTC or illness: Average	33.3%	32.7%	33.0%	32.2%	30.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%	23.7%	20.8%
Staff with a LTC or illness: Responses	204	193	193	344	303
Staff without a LTC or illness: Responses	778	553	529	855	879

WDES Indicator 10



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	31.4%	32.9%	32.5%	30.6%	35.2%
Staff without a LTC or illness: Your org	42.5%	42.4%	44.1%	41.4%	44.9%
Staff with a LTC or illness: Average	36.8%	38.1%	37.4%	32.6%	32.5%
Staff without a LTC or illness: Average	47.9%	49.9%	49.3%	43.3%	43.6%
Staff with a LTC or illness: Responses	271	246	277	503	454
Staff without a LTC or illness: Responses	1347	966	1080	1714	1723

WDES Indicator 11



	2018	2019	2020	2021	2022
Organisation average	6.7	6.6	6.7	6.6	6.8
Staff with a LTC or illness: Your org	6.3	6.2	6.2	6.2	6.3
Staff without a LTC or illness: Your org	6.7	6.7	6.8	6.7	6.9
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0	6.9
Staff with a LTC or illness: Responses	272	248	282	509	458
Staff without a LTC or illness: Responses	1366	981	1088	1733	1728

N.B. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

The WDES annual report which is due to be published shortly provides a more detailed trend analysis of the WDES performance over subsequent years and a detailed action plan to improve Workforce Disability Equality.

Gender Pay Gap Performance

Gender Pay Gap reporting legislation requires employers with 250 or more employees to publish statutory calculations, every year showing how large the pay gap is between their male and female employees.

The information below contains a snapshot of pay gap figures for Walsall Healthcare NHS Trust for the GPC reporting period of 31st March 2022.

The total number of males and females for the reporting year is below

Gender	Count of Employees	% Of Employees
Female	3804	81.16%
Male	883	18.84%
Grand Total	4687	100.00%

When comparing mean hourly wages, women's mean hourly wage is 29.46% lower than men

31 March 2022 Snapshot	
Gender	Average of Hourly Rate
Male	£23.07
Female	£16.27
Difference	£6.79
Pay Gap %	29.46%

The table below sets out the median difference and shows that there is a median difference of 11% in favour of male employees.

31 March 2022 Snapshot	
Gender	Median Hourly Wage
Male	£13,949.00
Female	£12472.07
Difference	£1476.94
Pay Gap %	11%

The Trust has published a full Gender Pay Gap report along with actions that it is taking to reduce the pay gap in line with the Government reporting requirements.

EDS 22 Summary

The Trust undertook an assessment of the EDS 22 domain 1 at the end of May 2023. A decision was taken to focus on Patient Experience for the first year of implementing the EDS 22. This work was led by the ICB Transformation and Strategy team and the EDS22 assessment at the Trust was led by the Associate Director for Patient Relations and Experience. An assessment against domains two and three will be completed by December 2023.

Domain	Outcome
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service
	1B: Individual patients (service user's) health needs are met
	1C: When patients (service users) use the service, they are free from harm
	1D: Patients (service users) report positive experiences of the service

EDS22 Outcome	Score
1A	Achieving
1B	Achieving
1C	Exceeds requirements (Excelling)
1D	Exceeds requirements (Excelling)

Domain 1a: Achieving Activity

Scoring Rating: 2

Average Panel Rating: 2.2

Reason/s for rating provided:

- Good evidence given
- Innovative initiatives in place
- Trust working hard to ensure all service users have equitable access for patient experience
- Provided evidence of policies and data from protected charcteristics. Have evidence based action plans
- Progress is monitored

Domain 1b: Achieving Activity

Scoring Rating: 2

Average Panel Rating: 2.1

Reason/s for rating provided:

- Good links with partners/charities and evdience of provided support to vulnerable patients
- Some great initiaves exemplified
- Good evidence provided of meeting needs of high risk patients with protected characteristics

Domain 1c: Activity Exceeds Requirements

Scoring Rating: 3

Average Panel Rating: 3

Reason/s for rating provided:

- Excellent examples of working with VCSE
- Awareness of health inequalities data and acting on it
- Improvement Culture clear
- Systems in place for monitoring and escalating patient safety concerns
- Clear the enabling strategy has been actioned and brought to life
- Excellent strategy

Domain 1c: Activity Exceeds Requirements

Scoring Rating: 3

Average Panel Rating: 3.2

Reason/s for rating provided:

- CQC inspection - Outstanding practie identified
- Patient voice clearly prominent and data readily available
- Stakeholders involved
- Positive role modelling
- Patient Voice report - EQM and feedback
- Improved FFT position especially ED
- Communities influencing improvement - innovation in engagement with under represented voices







NHS
Walsall Healthcare
NHS Trust

Quality Accounts 2022/23

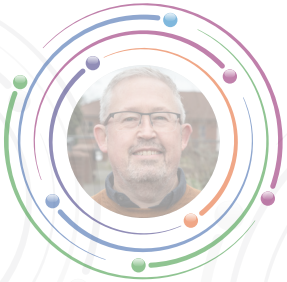
Respect
Compassion
Professionalism
Teamwork

Contents

Why are we producing a quality account?

All NHS Trusts are required to produce an annual Quality Account, to provide information on the quality of the services it provides to patients and their families.

Walsall Healthcare NHS Trust (WHT) welcomes the opportunity to be transparent and able to demonstrate how well we are performing, considering the views of service users, carers, staff, and the public. We can use this information to make decisions about our services and to identify areas for improvement.



Getting involved

We would like to hear your views on our Quality Account. If you are interested in commenting or seeing how you can get involved in providing input into the Trust's future quality improvement priorities, please contact:

Patient Experience Team
Walsall Healthcare NHS Trust
Moat Road
Walsall
WS2 9PS
0300 456 2370

email: PatientExperienceTeam@walsallhealthcare.nhs.uk

Part 1: Statement on Quality from the Chief Executive

I am delighted to present the Quality Accounts for the year 2022/23, which represent our commitment to transparency, accountability, and the delivery of exceptional healthcare services to the people and communities we serve. This document outlines the work undertaken during the past financial year to deliver on the objectives we set for ourselves last year, which support our aim to foster a culture of continuous quality improvement across our organisations.

This has been an important year for us, with the launch of our joint Trust strategy. This formalises the strategic collaboration between The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust and sets out our vision for what we will achieve together. Working collaboratively with staff, partners and service users, we have agreed four overarching strategic aims, which we refer to as the "four Cs":

Excel in the delivery of **Care**
We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.

Support our **Colleagues**
We will be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations.

Improve the health of our **Communitie**s
We will positively contribute to the health and wellbeing of the communities we serve.

Effective **Collaboration**
We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.

Statement on Quality from the Chief Executive

These four Cs are aligned to our overall vision, which is **"To deliver exceptional care together to improve the health and wellbeing of our communities"**. This year, everything we do across both organisations will contribute to achieving goals within at least one of these priority areas. You can read our strategy in full on our website.

The closer ways of working across Walsall and Wolverhampton have already delivered many benefits for our local communities – enabling us to use services more efficiently, share learning and best practice, and offer patients more choice and flexibility in how they receive care.

Our shared vision and strategy have informed the creation of our new shared Quality Framework. This plan sets out in detail, with milestones, the actions we will take over the next two years to put quality at the forefront of all we do – further developing and enhancing our workforce, their skills and knowledge, and ultimately the care that we provide. This document is also published on our website.

This year, we will celebrate and look back on 75 years of the NHS. The very fact that our two Trusts can look to the future and set ourselves such ambitious shared goals, is entirely down to the hard work of our staff. In my years as an NHS chief executive, I have witnessed many changes within our health service, but what never changes is how humbled I am by the dedication and passion displayed by all those on the front line, and all who support them behind the scenes, on a daily basis.

We saw the very best of our services during the height of the pandemic, when our resilience was tested to its foundations. But though the immediate pressures placed on us by COVID-19 may have lessened this year, a whole new set of challenges has emerged. This year has been about the need to restore services to pre-pandemic levels and renew our focus on diagnostics, timely access to treatment, and bringing down waiting lists for elective procedures.

As can be seen in this report, we have achieved a great deal. We have been able to eliminate 104-week waits, and as I write we have the next target of 78 weeks firmly in our sights. Our upward trajectory even continued during what was arguably the NHS's most challenging winter on record, with staff pulling together to not only keep urgent and emergency care services running safely, but to consistently deliver some of the fastest ambulance turnaround times in the region.

This report is not just about what we have done well though. It underlines our commitment to transparency and accountability, and the importance of learning not just from successes but from challenges too. This means that as well as charting the progress made across our three key areas of patient safety, clinical effectiveness and patient experience, we include here the steps taken to address areas for improvement from last year, and we identify where there is still work to be done.

We are clear that the pursuit of quality never stops. We remain committed to promoting continuous learning, evidence-based practice, and patient-centred care. We have comprehensive governance systems and quality assurance processes in place, as well as robust feedback and involvement mechanisms to ensure we are responding to the needs of our patients and their families, and that their voices will be at the forefront as we develop and evolve our services in future.

I extend my sincere thanks to every individual who has contributed to the delivery of safe and high-quality care across our organisation this year. You have made a real impact on the lives of so many. Together, we will continue to drive positive change and deliver better health outcomes for the people of Walsall and Wolverhampton.

To the best of my knowledge, the information contained within this Quality Account is accurate.

Signed:

Professor David Loughton CBE, Chief Executive

May 2023

Vision and Values

Vision

Our vision is to "To deliver exceptional care together to improve the health and wellbeing of our communities". Our vision has been updated to reflect the closer working of our organisation with local partners and to focus on our core purpose of improving the health and wellbeing of our communities. A vision is more than a few words – it reflects our aspirations, helps to guide our planning, support our decision making, prioritise our resources and attract new colleagues.

Our strategy includes a new vision, as voted on by colleagues. It is:

To deliver exceptional care together to improve the health and wellbeing of our communities

A vision is more than a few words – it reflects our aspirations, helps to guide our planning, support our decision making, prioritise our resources and attract new colleagues.

Values

Our values reflect the culture we want to create and inform the behaviours we wish to demonstrate. The two Trusts each have their own set of values (shown in the two images below), each set was developed and co-produced with our colleagues. Over time we expect to move to a common set of values that covers both Trusts.

Part 2: Looking back 2022/23 Priorities for Improvement

2.1 Looking back 2022/23 Priorities for improvement

What we said
Patient Safety • Develop and implement the Clinical Systems Framework for nursing, midwifery and allied health professionals (AHPs) and quarterly reporting on progress/achievements to board • Develop implementation of standardised ward/department/care group/divisional dashboards to enable visibility of quality standards, harm-free care, action and improvement • Develop and implement a ward accreditation programme • Cessation of agency staff in general wards • Undertake a timely review of national reports and guidance (e.g., national maternity reports), develop action plans and monitor progress through reports to board.
What we did:
Develop and implement the Clinical Systems Framework for nursing, midwifery and AHPs and quarterly reporting on progress/achievements to board • The Quality Framework was launched across the Trust on 3 April 2023. Quarterly reporting against the planned milestones will be implemented from the end of Q1 2023/24
Develop implementation of standardised ward/department/care group/divisional dashboards to enable visibility of quality standards, harm free care, action and improvement • Work has been undertaken to develop dashboards with visibility from ward to board. This data is reviewed at the Nursing Midwifery and Allied Health Professionals Forum. During 2023/24, quality boards will be standardised in all clinical areas to ensure visibility of data and actions being taken
Develop and implement a ward accreditation programme • A clinical accreditation programme was piloted in 2022/23 and has launched across the Trust in April 2023
Cessation of agency staff in general wards • The Trust has ceased agency use except in exceptional circumstances from 31 March 2023, with the exception of ED and Paediatrics whilst further recruitment takes place
Undertake a timely review of national reports and guidance (e.g., national maternity reports), develop action plans and monitor progress through reports to board • The Trust has reviewed national reports and guidance such as the Ockenden Report 2022, developed action plans and is reporting on progress through the Quality, Patient Experience and Safety Committee

What we said
Workforce • Work with partners to improve mental health services for our patients • Develop our staff to deliver the best standards of care • Build a resilient clinical workforce and reduce avoidable harm
What we did:
Work with partners to improve mental health services for patients • Worked in partnership with The Royal Wolverhampton NHS Trust to develop a best-in-class approach to mental health services for our patients • Appointed a lead mental health nurse and developed a comprehensive training and development programme for our staff • Worked with partners within Walsall Together (place-based partnership) and the Integrated Care Board and members, to make improvements to the system of care • Worked with our local mental health trust Black Country Healthcare to provide support to patients and staff, with a particular focus on children and young people requiring mental health care and treatment • Recruited mental health nurses to support patients and staff across the Trust. A team of mental health clinical support workers has been recruited to the bank to provide support for patients and teams
Develop our staff to deliver the best standards of care • Invested in education, development and training for all staff, with an improved staff experience rating from external regulators and internal validation by survey • Further developed the partnership approach with The Royal Wolverhampton NHS Trust to improve the standards and consistency of continuing professional development and standards of care • Invested in our health and wellbeing offer to staff to improve staff experience and therefore impact positively on standards of care and patient experience • A series of quality away days for senior nurses, midwives and AHPs have been held during 2022/23 focussing on what good looks like • The Faculty of Research and Clinical Education has provided education and training opportunities for staff • Worked with local universities to ensure access to education and training • Our practice educator facilitators continue to support education in the clinical areas and support the fundamentals of care programme

Looking back 2022/23

Build a resilient clinical workforce and reduce avoidable harm

- Eliminated reliance on agency and locum resource by recruiting to revised establishments following safety review
- Appointed a fully substantive workforce across all work groups and achieved vacancy rates of three percent or below for clinical workforce, nursing, midwifery and medical
- Increased the clinical establishment and support roles by establishing new routes to employment, including clinical fellows and an outstanding approach to employing locally to those new to care as an anchor employer
- Improved performance against all quality and safety indicators in-year including reducing harm and improving the infection prevention rating to green
- Biannual skill mix reviews and investment in business cases for recruitment to the emergency department and acute medical unit have led to successful recruitment campaigns. The nursing and midwifery vacancy rate at the end of March 2023 was just under three per cent.
- Successfully recruited and welcomed more than 300 international nurses and midwives and supported them to obtain NMC registration and take up posts as registered nurses in the Trust
- Through the Patient Safety Group the Trust has focussed on reducing avoidable harm. Shared decision-making councils have enabled sharing of good practice and learning from where things do not go as planned
- Falls per 1,000 bed days was 3.38 in March 2023 (national mean performance 61 per 1,000 bed days
- Monthly audits have demonstrated improvements in the management of sepsis, observations on time and medication management

What we said

Patient Experience

- With our colleagues at RWT we will publish a patient experience strategy for 2022-2025
- As early adopters, with our colleagues at RWT we will continue to develop and implement the new complaint standards
- PHSO (Parliamentary and Health Service Ombudsman) Complaints Standards including e-learning training modules and tracking progress against each Trust's self-assessment
- We will introduce a PALS chatbot as a virtual web assistance for key queries
- Improvement Matters – we will shift some emphasis from measurement matters to improvement matters
- Patient involvement – we will continue to recruit, engage, and involve patient partners in organisational decision making
- We will provide new and varying voluntary opportunities for the public, hosting community recruitment events and developing a process leading to employment for those who want it

What we did:

With our colleagues at RWT we will publish a patient experience strategy for 2022-2025

- We published our Patient Experience Enabling Strategy in collaboration with The Royal Wolverhampton NHS Trust. The strategy sets out our priorities for improving patient experience in the next three years. Three pillars of improvement have been identified: Involvement, Engagement, and Experience. These pillars have been guided and informed by the patient voice, using feedback and insight gained from our patients, families, and carers who either completed a national or local survey, took part in the Friends and Family Test, provided positive feedback, or raised a concern or complaint. We have set ourselves several priorities which will underpin each of the three pillars of improvement

As early adopters, with our colleagues at RWT we will continue to develop and implement the new complaint standards

- Adopted the model complaint handling procedure. This describes how the standards will be put into practice and will replace the existing complaints and concerns policy
- Reviewed the guidance modules and downloaded updated versions for dissemination
- Produced training modules around resolving concerns at a local level, a guide to an impactful local resolution meeting, with a further module around the formal complaint investigation process currently in development

PHSO Complaints Standards including e-learning training modules and tracking progress against each Trust's self-assessment

- Walsall Healthcare NHS Trust participated in the pilot of the new standards with early adopter status for implementation and collaborated with colleagues at the Royal Wolverhampton NHS Trust
- Undertaken a full review of our local templates to ensure compliance with the standards
- Completed the NHS assessment matrix. This breaks down the core expectations of the standards and allowed us to identify gaps in practice

Looking back 2022/23

We will introduce a PALS Chatbot – as a virtual web assistance for key queries.

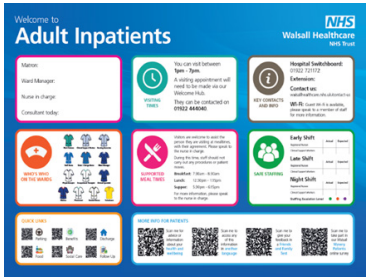
- Since deciding on this action we have scoped the market but now feel we would be better served by an in-house version rather than an external one and this development is ongoing

Improvement Matters – we will shift some emphasis from measurement matters to improvement matters

- Since the beginning of April 2023, we have embedded the "reflective shoes" process within our complaint process
- The process encourages complaint handers to prompt a conversation with the staff members/teams involved in concerns around:
  - What were the patients / family's feelings at the time of the concern?
  - How do they feel?
  - What is their current situation?
- Following this discussion, staff are then prompted to discuss:
  - How it felt healing the concerns raised?
  - What can be learnt from the concerns?
  - How they will individually reflect on this?
  - If they require any support as individuals or as a team
- This conversation helps the complaint handler focus and agree on real time actions, helping us as a Trust to move away from retrospective actions and moving to "You said, We have"
- This also falls in line with the Parliamentary & Health Service Ombudsman (PHSO) complaint standards
- The PHSO standards have been in place since April 2023, however, due to our early adopter status, we have been able to work on initiatives such as reflective shoes prior to the standards coming into play

Patient Involvement – we will continue to recruit, engage, and involve patient partners in organisational decision making

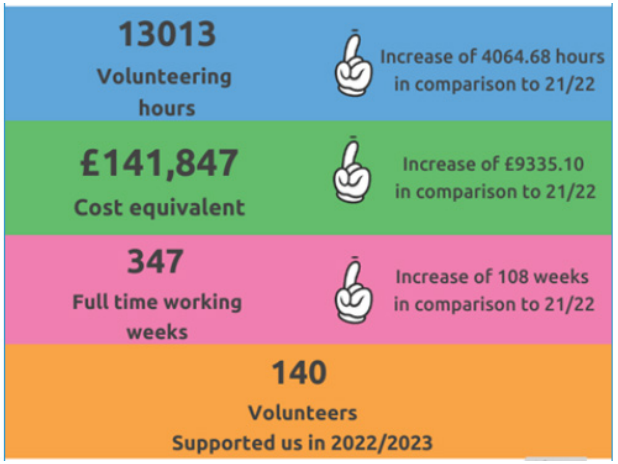
- Patient partners have been involved in the development and co-design of new ward information boards completed in October 2022
- A patient partner and our new chaplaincy volunteers were actively involved in a faith-based improvement that has seen us provide faith resource boxes in key locations across acute and community
- The resource boxes include religious books, icons and key information to support staff and patients to access religious care by request
- The patient readers panel reviewed a combined VTE leaflet, the Goscote Hospice leaflet, patient initiated follow-up leaflet, lymphoedema, third primary dose of vaccine, post picc line insertion information leaflet
- In addition, our partners have been involved in PLACE assessments, quality improvement work and action monitoring in response to national surveys. The patient partners received a presentation on Duty of Candour explaining that the template followed is considered to not be user friendly. The partners attended a Duty of Candour workshop to co-design changes to the current process, to improve documentation and help produce a new leaflet



We will provide new and varying voluntary opportunities for the public, hosting community recruitment events and developing a process leading to employment for those who want it.

- Throughout the year the trust has strengthened existing partnerships with Juniper Training, through the EWE programme, and Manor Farm Community Association, through the Manor Wellbeing Support lounge
- A new partnership for 2022/23 is with St John Ambulance and the NHS Cadets, a yearlong advanced programme supporting young people across the Black Country in the early stages of their career choices
- As we move into 2023, foundations have been laid for a new partnership with Walsall College, and we look forward to welcoming students to the hospital in the coming year. More than 20 students have signed up and begun their 12-week volunteer placement

Walsall College



Priorities for Improvement and Statements of Assurances

Our Quality Priorities for 2023/24

The priorities detailed below have been identified and agreed in the Quality and Safety Enabling Strategy and the Patient Experience Enabling Strategy. These are the first joint strategies for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT). The strategies define in detail how we will strive to excel in delivery of care, which is one of the four strategic aims of the joint Trust Strategy.

Our key priority areas have been agreed based on information from various local, regional, and national sources, including recent engagement with our staff, patients, partners and the communities we serve.

The priorities identified below are specifically drawn from both above strategies.

The priorities are captured in the overarching themes of the Quality & Safety Enabling Strategy.

Our People

- Priority Area – The right workforce with the right skills, in the right place at the right time

Embed a culture of learning and continuous improvement at all levels of the organisation

- Priority area – Quality improvement
- Priority area – Patient safety
- Priority area – Patient involvement

Prioritise the treatment of cancer patients focused on improving the outcomes of those diagnosed with the disease

- Priority Area – Cancer treatment

Deliver safe and responsive urgent and emergency care in the community and in hospital

- Priority Area – Urgent and emergency care and patient flow

Deliver the priorities of the National Elective Care Strategy

- Priority Area – National Elective Care Strategy

Priority 1: Patient safety

Embed a culture of learning and continuous improvement at all levels of the organisation. **Priority area – Patient safety**	**Key actions we will take:** • Transition to the Patient Safety Incident Response Framework (PSIRF) • Transition to Learn from Patient Safety Events (LfPSE) • Increase uptake of Level 2 syllabus training **The aim for 2023/24** • Transition to PSIRF achieved by the national deadline • 100% of incidents uploaded to LfPSE by the national deadline
Deliver safe and responsive urgent and emergency care in the community and in hospital. **Priority area –** **Urgent and emergency care and patient flow**	**Key actions we will take:** • Working with partners from across the system, we will support the flow of patients through UEC, by: • expanding and maintaining the use of same day emergency care (SDEC) services to avoid unnecessary hospital stays • expanding virtual wards, allowing people to be safely monitored from the comfort of their own homes • working with partners to speed up discharge from hospital and reduce the number of patients without criteria to reside **The aim for 2023/24** • Year on year improvement in the percentage of patients seen within four hours in A&E • Reduce adult general and acute bed occupancy to 92% • Consistently meet the 70% two-hour urgent community response time
Embed a culture of learning and continuous improvement at all levels of the organisation. **Priority area – Quality improvement**	**Key actions we will take:** • Produce a gap analysis on how both trusts (RWT/WHT) rank against the four components of a quality management system (quality planning, quality control, quality improvement and quality assurance), and review how we triangulate data to understand priorities • All members of divisional and care group/directorate leadership teams to attend one day quality service improvement and redesign fundamentals (sessions scheduled from January 2023) • Year-on-year roll-out plan for QI huddle boards across both trusts to targeted areas e.g., low evidence of improvement work, non-clinical areas **The aim for 2023/24** • Completed gap analysis by end of 2023/24 • Increase in the number of staff trained following triumvirate training • Introduction of 10 QI huddle boards per site/annum

Priority 2 – Clinical effectiveness

The right workforce with the right skills, in the right place at the right time **Priority area – Our people**	**Key actions we will take:** • Recruit and retain staff using targeted interventions for different career stages • Improve retention using bundles of recommended high impact actions • Develop and deliver the workforce required to deliver multidisciplinary care closer to home, including supporting the rollout of virtual wards and discharge to assess models **The aim for 2023/24** • To improve staff turnover by the end of 2023/24
Prioritise the treatment of cancer patients, focusing on improving outcomes for those diagnosed with the disease **Priority area – Cancer treatment**	**Key actions we will take:** • Maintain focus on operational performance, prioritising capacity for cancer patients to support the reduction in patients waiting over 62 days • Increase and prioritise diagnostic and treatment capacity for suspected cancer, including prioritising new community diagnostic centre capacity • Implement priority pathway changes for lower gastrointestinal (GI), skin, and prostate cancer **The aim for 2023/24** • Reduction in the number of patients waiting more than 62 days for treatment, and meeting the cancer faster diagnosis standard by March 2024 • 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed, or have cancer ruled out, within 28 days
Deliver the priorities of the National Elective Care Strategy **Priority area – National Elective Care Strategy**	**Key actions we will take.** • Deliver an increase in capacity through the community diagnostic centre and theatre expansion programme • Transform the delivery of outpatient services with the aim of avoiding unnecessary travel and stress for patients • Increase productivity using the GIRFT (Getting it Right First Time) programme and improving theatre productivity **The aim for 2023/24** • Eliminate waits of over 65 weeks by the end of 2023/24 • Meet the 85% theatre utilisation expectation

Priority 3 – Patient experience

Embed a culture of learning and continuous improvement at all levels of the organisation. **Priority area – Patient involvement**	**Key actions we will take:** • The key priorities are outlined within the joint Patient Experience Enabling Strategy (2022-2025). These include: **Pillar one – Involvement** • We will involve patients and families in decisions about their treatment, care, and discharge plans. **Pillar two – Engagement** • We will develop our Patient Partner programme and use patient input to inform service change and improvements across the organisation **Pillar three – Experience** • We will support our staff to develop a culture of learning to improve care and experience for every patient.

Within the Quality and Safety Enabling Strategy there are also several priority areas identified under the overarching theme of "fundamentals", which are based on internal and external priorities. The Trust will also be expected to deliver on the specific objectives linked to the strategy under this section.

Fundamentals – based on internal and external priorities:

- Priority Area – Prevention and management of patient deterioration
- Priority Area – Timely sepsis recognition and treatment
- Priority Area – Medicines management
- Priority Area – Adult and children safeguarding
- Priority Area – Infection prevention and control
- Priority Area – Eat, Drink, Dress, Move to Improve
- Priority Area – Patient discharge
- Priority Area – Maternity and neonates
- Priority Area – Mental health
- Priority Area – Digitalisation

The Quality and Safety Enabling Strategy also includes the following priority area, which is part of the "Care" strategic aim of the Trust Strategy:

Deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations.

- Priority Area – Financial sustainability

This will focus on ensuring that we best use the finite resources available to us, which include (but are not limited to) people, physical capacity and finances, as well as maximising opportunities offered through collaborative working between RWT and WHT.

Mandatory statements of assurance from the Board

Review of services

Participation in clinical audit

During 2022/23, there were several national clinical audit programmes and national confidential enquiries covering NHS services. During that period Walsall Healthcare participated in 92% of the national clinical audit programmes and 100% of the national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries that Walsall Healthcare NHS Trust was eligible to participate in during 2022/23 are as below.

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
Serious Hazards of Transfusion (SHOT)	Yes	100%	In progress
National Asthma and COPD Audit Programme (NACAP) – COPD	Yes	On-going data submission	In progress
National Asthma and COPD Audit Programme (NACAP) - Asthma	Yes	On-going data submission	In progress
National Asthma and COPD Audit Programme (NACAP) - Pulmonary Rehabilitation	Yes	On-going data submission	All national recommendations have been reviewed and an action has been put in place for the one recommendation noted
National Asthma and COPD Audit Programme (NACAP) – Paediatric Asthma – Secondary Care	Yes	On-going data submission	Report received – under care group review
National Diabetes Audit- Inpatient Audit – Safety Audit	Yes	Data submission in progress	In progress
National Diabetes Adult - Foot Care Audit	Yes	Data submission in progress	Report received, fully compliant with standards assessed
National Diabetes Adult – Pregnancy	Yes	On-going data submission	In progress
National Diabetes Adult – Core	Yes	Data submission in progress	In progress
National Paediatric Diabetes Audit	Yes	On-going data submission	Report received, good level of care, noted actions in place to assess any standard
National Lung Cancer Audit (NLCA)	Yes	100%	Not yet reported
Pain in Children – CEM	Yes	100%	Report received June 2022 – action plan in place
Assessing for Cognitive Impairment in Older People – CEM	Yes	On-going data submission	Not yet reported

Statements of Assurance

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
Major Trauma Audit - TARN	Yes	100%	Report received – good compliance to standards
Mental Health Self Harm - CEM	Yes	On-going data submission	Not yet reported
Cleft Registry and Audit Network	No	N/A	Not undertaken at the Trust
National Audit of Heart Failure	Yes	On-going data submission	Report received June 2022 – no actions necessary from the outcome
National Audit of Adult Cardiac Surgery	No	N/A	Not undertaken at the Trust
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	On-going data submission	In progress
National Congenital Heart Disease	No	N/A	Not undertaken at the Trust
Cardiac Rhythm Management	Yes	100%	In progress
National Audit of PCI	No	N/A	Submitted as part of RWT data.
National Gastro Intestinal Programme National Oesopago – Gastric Cancer	Yes	Data submission in progress	Report received Jan 2023
National Gastro Intestinal Programme - National Bowel Cancer Audit	Yes	On-going data submission	Report received Jan 2023
Inflammatory Bowel Disease Audit	Yes	Data submission in progress	In progress
Mental Health Clinical Outcome Review Programme	No	N/A	Not undertaken at the Trust
Sentinel Stroke National Audit – Community	Yes	100%	Report received Nov 2022, good compliance
National Prostate Cancer Audit	Yes	Data submission in progress	Submitted as part of RWT data

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
Case Mix Programme (CMP) - ICNARC	Yes	100%	Report received Jan 2023, good compliance against the standards
National Audit Of Breast Cancer in Older People	Yes	On-going data submission	Report received May 2022, good compliance against the standards
Breast and Cosmetic Implant Registry	Yes	On-going data submission	Not yet reported for 22/23
National Emergency Laparotomy Audit	Yes	On-going data submission	Report received Feb 2023
National Vascular Registry	No	N/A	Not undertaken at the Trust
Elective Surgery (National PROMs Programme)	Yes	On-going data submission	In progress
Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database	Yes	On-going data submission	In progress
Falls and Fragility Fractures Audit programme (FFFAP) - National Audit of Inpatient Falls	Yes	TBC	Report received November 2022 actions aligned to the Falls Working Group
Fracture Liaison Service Data Base	Yes	On-going data submission	Report received Jan 2023, good compliance
National Clinical Audit of Rheumatoid and Early Inflammatory Arthritis	Yes	On-going data submission	Reported received Oct 2022, low case ascertainment, limitations on results
MBRACE-UK	Yes	100%	Report received Nov 2022, good compliance
National Maternity and Perinatal Audit (NMPA)	Yes	100%	Report received June 2022, good compliance
National Obesity Audit	Yes	Data Submission in progress	In progress
National audit of Seizures and Epilepsies in Children and Young People	Yes	On-going data submissions	Report received July 2022 – actions taken

Statements of Assurance

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
National Audit of Care at the End Of Life	Yes	Data Submission in progress	Report received July 2022, moderate compliance, action taken
National Neonatal Audit Programme	Yes	Data submission in progress	Report received Nov 2022, Good compliance, noted 10 standards achieved, four standards needed improvement
Paediatric Intensive Care	N/A	N/A	Not undertaken at the Trust
Learning Disability Mortality Review Programme	Yes	TBC	In progress
National Audit of Dementia	No	N/A	Not undertaken at the Trust
National Cardiac Arrest Audit (NCAA)	Yes	On-going data submissions	Report received April 2023, under care group review
Improving the Quality of Valproate Prescribing in Adult Mental Health Services	No	N/A	Not undertaken at the Trust
The use of Melatonin	No	N/A	Not undertaken at the Trust
UK Cystic Fibrosis Registry	No	N/A	Not undertaken at the Trust
Child Health Clinical Outcome Review	Yes	On-going data submissions	In progress
National Clinical Audit of Psychosis	No	N/A	Not undertaken at the Trust
National Joint Registry (NJR)	Yes	On-going data submissions	Report received Sept 2022, good compliance noted
Neurosurgical National Audit Programme	No	N/A	Not undertaken at the Trust
National Audit of Pulmonary Hypertension	No	N/A	Not undertaken at the Trust

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
Out of Hospital Cardiac Arrest Registry	No	N/A	Not undertaken at the Trust
Peri Operative Quality Improvement Programme	No	N/A	Not undertaken at the Trust
Society Acute Medicine Bench Marking Audit SAMBA	Yes	100%	In progress
Chronic Kidney Disease Registry	Yes	Data Submission in progress	Submitted
Muscle Invasive Bladder Cancer Audit	Yes	Data Submission in progress	Submitted
Medical and Surgical Outcome Review Programme	Yes	On-going data submissions	In progress
National Audit of Cardiac Rehabilitation programme	Yes	Data Submission in progress	In progress
National Child Mortality Database	Yes	Data Submission in progress	Report received July 2022, good compliance
National Perinatal Mortality Review Tool	Yes	Data Submission in progress	In progress
Adult Respiratory Support Audit	Yes	Data Submission in progress	In progress
National Smoking Cessation Audit – Maternity and Mental Health Services	Yes	N/A	Currently on pause with the national team
National Bariatric Surgery Registry	Yes	100%	In progress
National Ophthalmology Database Audit	Yes	Data Submission in progress	Submitted
UK Renal Registry Chronic Kidney Disease Audit	Yes	Data Submission in progress	Submitted
UK Parkinson's Audit	Yes	100%	Report received March 2023, with the care group

Statements of Assurance

The reports of 26 national clinical audits were reviewed by the provider in April 2022-March 2023 and Walsall Healthcare intends to take the following actions to improve the quality of healthcare provided. A Summary of the reports reviewed is noted in the table below:

National Audit Title	Actions taken
Pulmonary Rehab	Of the six recommendations in the report that are applicable to the service, there were five that were already being achieved giving WHT good compliance. There was one standard that required improvement relating to distance assessments. Action was taken to address walking distance assessments – this is now standard practice for all patients in our care.
National Audit of Care at the End of Life: Third round of the audit	Report and recommendations reviewed local action plan developed, including development and delivery of education programme to support communications training and introduction of end of life specialist nurse practitioner post.
SSNAP Annual report 2022	Report and recommendations reviewed, local actions developed; a good standard of care was noted overall with actions being taken to improve the speech and language service currently provided.
National Oesophago-Gastric Cancer Audit Short Report 2022	All national recommendations are reviewed, and a local action plan is in place to strengthen working between dieticians at Walsall Healthcare and dieticians at QE.
The 'So What' of Maternity Data	All recommendations have been reviewed; local actions to form part of the Ockenden report.
National Neonatal Audit Programme summary report on 2021 data	Report received and reviewed; actions taken include posters to raise awareness, educational sessions to all staff groups and the purchase of new equipment and training for safe use.
Case Mix Programme - ICNARC	Presentation and review of national data, no formal action plan required.
National Diabetes Foot Care Audit: Interval review	Presentation and review of national data, no formal action plan required.
Cardiac Arrest	The overall data completeness remains high for Walsall Healthcare. Action taken to further embed the electronic form to support submissions to capture data on patients in real time.
National Paediatric Diabetes Audit Annual Report 2022/23	All national recommendations are reviewed, and a local action plan is in place to address any areas of potential improvement
National Audit of Breast Cancer in Older Patients: 2022 annual report	Report reviewed and no areas of concern, no formal action plan required
National Cardiac Audit Programme 2022 Report: The heart in lockdown	Report reviewed and no areas of concern, no formal action plan required.
Fractured Neck of Femur - CEM	Presentation and review of national data has taken place. Actions were agreed by the care group to include education and training
Eighth Patient Report - National Emergency Laparotomy Audit	Report received and reviewed, actions and recommendations noted – a formal action plan is in development

Local Clinical Audit

Walsall Healthcare initially registered 123 audit projects, of which 39 are in progress and 76 have been completed. Reports from these audits are presented at multi-speciality meetings where recommendations and actions are derived to improve the care delivered. Some examples are detailed below:

Title	Outcome	Action
Emergency Department Adherence to NICE guidance CT Imaging requests	59% had a CT image in accordance with NICE guidance thus indicating low assurance.	Work to incorporate the NICE guidance into the ICE requests is in progress with an aim to act as a prompt during the request process
Ward Round Audit	Based on RCP guidance – 5 key principles. 100% compliance in three of the standards, however two of these principles – patient involvement and education and development – were sitting below the recommended baseline	Audit was presented to the care group and actions taken around staff education around the key principles required for an effective ward round and improving patient involvement in the ward round discussion/process.
Rybelsus	Safe and effective drug in type 2 diabetes shared with the formulary management group for assurance	Recommendation and assurance shared with the formulary management group
Dermatology Vuval Clinic	To look at adherence to BAD guidelines on lichen sclerosis	Actions taken: improvements to the patient referral pathway, vulval clinic, to enhance the patient experience
Follow up" alert following abnormal Chest x-ray- Is it acted on by the requesting clinician?	Moderate compliance was identified to follow up arrangements	Action taken to develop Trust guidance to ensure the process around follow from chest x-ray is consistent. Shared the outcome of the audit through numerous forums and huddles to raise awareness
An audit to evaluate the accuracy of discharge summaries and scope of pharmacist intervention in discharge prescribing	Moderate compliance identified in relation to EDS compliance	Actions taken: active pharmacy participation in EDS redesign. Education and training enhancements for staff on prescribing requirements for EDS completion. Cascade audit findings in safety huddles for learning and embedment of the process.
Use of Interpreters	Limited compliance on the full use of interpreters	Improvement in the antenatal assessment for primary language. Improve documentation around plan following identification of the need for translation service involvement
VTE in the Postnatal Period	Moderate assurance noted in relation to assessment	Reinforce the policy in the safety huddles and ongoing monitoring of compliance to VTE and investigation if the current VTE dashboard can be expanded to incorporate the outpatient element.
Maternal pulse recording in labouring Women	Full compliance	Audit shared with the teams and at the safety huddle – no action required.
Syphilis Audit - Genito-urinary Medicine	Moderate compliance against the BASHH guidelines	Action taken – readjusted to proforma, to improve contact tracing.
To find out the timing of consultant review of children admitted in the Paediatric Ward	Good compliance to standards	Audit shared with the teams and at the safety huddle – no action required.
Prolonged Jaundice re audit for assurance of changes embed	Good compliance to standards and improvements noted	Audit shared with the teams and at the safety huddle – no action required.

National Patient Safety Alerts

The Department of Health and its agencies have systems in place to receive reports of adverse incidents and to issue alert notices and other guidance where appropriate. These alerts provide the opportunity for trusts to identify deficiencies in their systems and to correct them by learning lessons from identified risks. All NHS bodies have a duty to promptly report adverse incidents and take prompt action on receipt of alert notices.

For the period 1 April 2022 to 31 March 2023 the Trust has been issued with a total of 14 Patient Safety Alerts (NPSA) from the Central Alerting System. All these alerts have been completed in line with the stipulated completion periods. Four of the 14 were deemed not applicable to the organisation.

Participation in clinical research

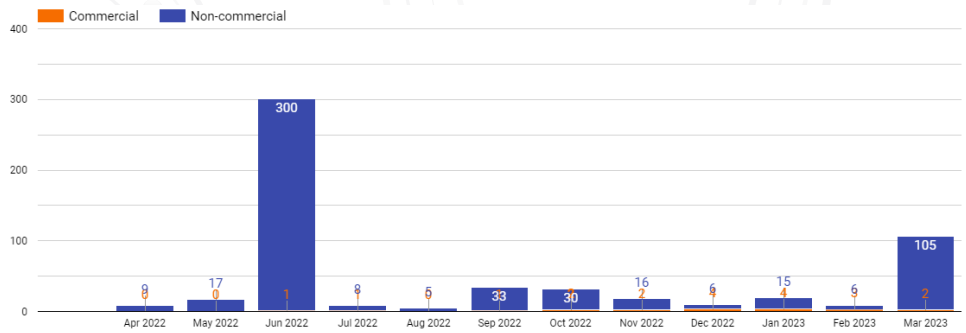
Opportunities for the population of Walsall to take part in research studies continue to grow year on year.

The total number of patients receiving relevant health services provided or subcontracted by Walsall Healthcare NHS Trust in 2022/23 who were recruited in research approved by a research ethics committee is 571, covering 14 specialities. Of this total, 21 participants took part in clinical trials.

This data shows that since the same period the year before (21/22), the Trust has seen an increase of 318 patients having the opportunity to be involved in research. Walsall Healthcare NHS Trust has seen a growth in the number of commercial trials opened during 22/23, in total eight – compared to two in the previous period. The predicted growth of clinical trials for 23/24 is already evident with five studies in the pipeline.

Opportunities for participants to be involved in clinical trials have also increased. Study types include interventional and observational, with clinical trials varying from phase 2b to phase 3.

The implementation of hybrid roles to support research growth in maternity and palliative care (working in collaboration with Compton Care) has seen a rise in research activity within these specialities.



The below table illustrates the varied speciality areas Walsall Healthcare NHS Trust is research-active in, with studies in set up or in the pipeline:

Specialities Opened	Specialities In Set up	Specialities in the pipeline
Cancer	Paediatrics/Children	Cardiovascular
Critical Care	Cardiovascular	Dermatology
Respiratory	Musculoskeletal	Rheumatology
Surgery	Surgery	Sexual Health
Dermatology	Dermatology	
Cardiovascular	Reproductive Health & Birth	
Reproductive Health & Birth	Cancer	
Emergency Medicine		
Paediatrics/Children		
Tissue/Viability/Diabetes		
Maternity		
Education Related		

Cardiovascular, dermatology and surgery dominate research activity across the Trust, having a number of studies opened, in set up or in the pipeline.

New growth areas include rheumatology, respiratory, sexual health, maternity, dietetics and emergency medicine.

CQUIN (Commissioning for Quality and innovation Payment Framework)

As part of the response to COVID-19, the NHS adopted special payment arrangements for 2020/21 and 2021/22, removing the requirement for trusts to sign formal contracts, and disapplied financial sanctions for failure to achieve national standards. The Commissioning for Quality and Innovation (CQUIN) financial incentive scheme was also suspended for the entire period. To support the NHS to achieve its recovery priorities, CQUIN was reintroduced from 2022/23.

Walsall Healthcare NHS Trust's income in 2022/23 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

Information on registration with the Care Quality Commission

Walsall Healthcare NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is "registered without conditions".

The CQC has taken enforcement action against Walsall Healthcare NHS Trust during 2022/23. The Trust was issued a Section 29a Warning Notice in relation to medicines management in November 2022.

Safe	Requires improvement
Effective	Requires improvement
Caring	Outstanding
Responsive	Requires improvement
Well-led	Requires improvement
Use of resources	Requires improvement

Community health services for adults	20 December 2017	Good
Community health services for children, young people and families	20 December 2017	Good
Community end of life care	20 December 2017	Outstanding
Community health sexual health services		

Statements of Assurance

The Trust received an inspection of its medical services, surgical services, children's and young persons' services and Trust-wide 'Well Led' on 20 September, 4 October, 5 October, 9 November and 10 November 2022.

Previous reports and full details of our inspections are available on the CQC website (www.cqc.org.uk).

Information on the quality of data - Secondary User Services

Walsall Healthcare NHS Trust submitted records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.88% for admitted patient care
- 99.95% for outpatient care and
- 99.54% for accident and emergency care

The percentage that included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care

Clinical coding error rate

Walsall Healthcare NHS Trust was not subject to the Payment by Results clinical coding audit during 2022-23 by the Audit Commission. However, it did commission a Data Protection and Security Toolkit audit undertaken by 3M for coded data 2022/2023 and the results are in the table below.

The aim of the audit is to check that clinical coding processes are in place and to ensure the inputted data complies with national clinical coding standards. Coded clinical data will always be audited against the national clinical coding standards.

	Level of attainment Mandatory	Level of attainment Advisory	Trust percentage correct
Primary diagnosis	>= 90.0%	>= 95.0%	96.0%
Secondary diagnosis	>= 80.0%	>= 90.0%	87.5%
Primary procedure	>= 90.0%	>= 95.0%	96.8%
Secondary procedure	>= 80.0%	>= 90.0%	94.0%

Information governance toolkit attainment levels

Data Security and Protection Toolkit

The table below details the incidents reported on the NHS Digital incident reporting tool and to the Information Commissioners Office (ICO), within the financial year 2022-2023:

Date incident occurred (Month)	Nature of incident	No. of data subjects	Description/nature of data involved	Further action on information risk
April 2022	Unauthorised access	1	A member of staff allegedly accessed a patient's digital health record on the Trust's clinical information system.	Investigation undertaken with HR involvement.
March 2023	Cyber incident	Unknown	One single asset and a single account had been compromised and allowed access into the Walsall Healthcare NHS Trust infrastructure via a virtual private network (VPN).	Still under investigation.

Incidents classified at lower severity level - Incidents classified at severity level 0/1 are aggregated and provided in table below. Please note this is not all incidents, just level 0/1 against the below listed categories:

Category	Breach type	Total
A	Confidential patient breach	38
B	Confidential information leak	4
C	Consent not gained	2
D	Post incorrectly sent/ addressed	12
E	Record keeping – incomplete	1
F	Missing records	10
G	Records lost in transit	2
H	Records not provided	1
I	Reports (results) – missing/unfiled	2
J	Loss of data via electronic transmission	2
K	Incorrect delivery of electronic data	3
	Total	77

Walsall Healthcare NHS Trust Data Protection and Security Toolkit return 2021/2022

The Trust submitted as "Standards Met". An internal audit of the DSP toolkit in February 2022 for the 2021/22 toolkit year had provided significant assurance of the processes and evidence that is in place to support the DSP toolkit submission.

Data Protection and Security Toolkit return 2022/23 – Is currently being ratified and will not be published until June 2023.

Statement regarding progress in implementing the priority clinical standards for seven-day hospital services

National reporting on seven-day service has been suspended since March 2020. However, Walsall Healthcare NHS Trust continues to monitor against the standards, completing two audits in 2022/2023. The results of the audits are reported to the Quality, Patient Experience & Safety Committee which is a subcommittee of the Trust Board.

The last audit took place in February 2023, see below for detail on to the four core standards. The results evidenced significant improvement on the previous audit, with the Trust now meeting the following two standards where it had not the previous year:

- Standard 2 (time to first consultant review, within 14 hours in the acute admission setting)
- Standard 8 (ongoing consultant review, all patients to be reviewed every 24 hours)

Standard 2 - Time to first consultant review, within 14 hours in the acute admission setting.

Walsall Healthcare NHS Trust achieved an overall compliance of 93% (against a standard of 90%) of patients reviewed by a consultant within 14 hours of admission. This is an improvement on the previous audit result of 60%. Compliance was as follows: weekday 94% and weekend 100% (compared to previous results: weekday 59% and weekend 73%).

Standard 5 - Assesses the availability of six diagnostic tests for weekdays and weekends. Overall compliance (i.e., achievement of the 90% threshold) is based on a combination of these weekday and weekend assessments, with 50% weighting given to each. Walsall Healthcare NHS Trust met this standard.

Standard 6 - Timely 24-hour access seven days a week to nine consultant-directed interventions.

Assesses the availability of each of the nine interventions for weekdays and weekends. Overall compliance (i.e., achievement of the 90% threshold) is based on a combination of these weekday and weekend assessments. This overall score is based on a 50% weighting for weekday and weekend availability. Walsall Healthcare NHS Trust met this standard.

Standard 8 - Ongoing consultant review, all patients to be reviewed every 24 hours.

Daily review compliance is at 91% (compliance at last report was 53%), against the 90% compliance target.

The results of the audits have significantly improved on the previous years. Previously identified areas for improvement and quality measures the Trust introduced should continue have a positive effect on the next audit.

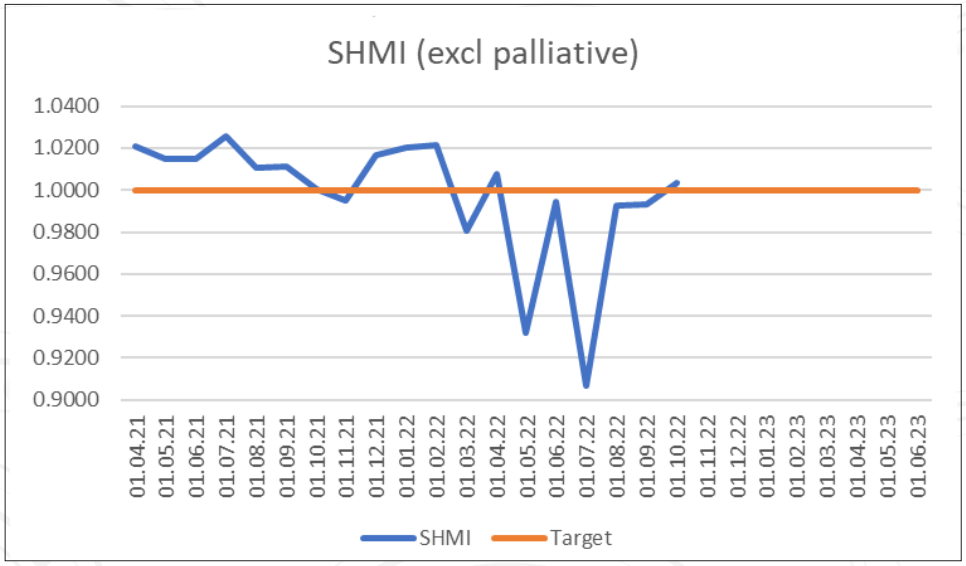
In February 2022 NHS England published an updated Board Assurance Framework which reduces internal data collection burden for trusts and simplifies reporting. No date has been provided for the reintroduction of national reporting, however the Trust will continue to audit twice yearly.

National Core Set of Quality Indicators

Core Quality Indicators - SHMI

The summary hospital level mortality indicator (SHMI) is a mortality measure that takes account of several factors, including a patient's condition. It includes patients who have died while having treatment in hospital or within 30 days of being discharged from hospital. The SHMI value is measured against the NHS average which is 1. A value below 1 denotes a lower-than-average mortality rate and therefore indicates good, safe care.

The published SHMI value for the 12-month rolling period (published by NHS Digital November 2022) July 2021 to June 2022 is 0.995, and the most recent published SHMI value for the 12-month rolling period (published by NHS Digital March 2023) November 2022 to October 2023 is 1.003. These values are within the expected range and relate to the acute Trust excluding palliative care.



We continue to monitor mortality data by ward, speciality, and diagnosis. Reviews of deaths in hospital are carried out to identify any factors that may have been avoidable so that these can inform our future patient safety work. Deep dives are carried out if an SHMI alert is received and reports are presented at the Mortality Surveillance Group outlining issues identified and action plans as necessary. This is monitored monthly.

Core Quality Indicators – Summary of patient deaths with palliative care

The data is provided to the Trust by the medical examiner team for patient deaths with palliative care at either diagnosis or specialty level for the reporting period as below:

Month	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Palliative Medicine Deaths	14	10	15	13	14	11	12	10	9	10	14	16	18	11	16
Total Hospital Deaths	139	104	120	125	120	106	105	105	113	124	109	164	168	113	149

The Trust has an established medical examiner and mortality reviewer service so that all deaths are scrutinised, and a significant selection undergo a Structured Judgement Review (SJR):

Month	Apr 22	May 22	June 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
SJR requested	7	7	8	3	3	11	16	16	26	13	15	9
Total deaths (hospital)	125	120	106	105	105	113	124	109	164	168	113	149

SJR outcomes (total deaths reviewed categorised by outcomes

	Q1	Q2	Q3	Q4	Total
Number of deaths	349	322	395	429	1495
Number of SJRs	17	8	31	17	73
Estimate of the number of deaths thought to be more likely than not due to problems in the care provided	4	1	4	5	14

This data refers to the number of SJRs completed.

The total number of deaths in the Trust for 2022/2023 is 1,495.

Number of completed SJRs with scores of 1-3a is 14.

Percentage of avoidable deaths is 0.94%.

This means that learning from deaths is now an established part of the Trust's governance process and has provided important information on the care of patients who were in the last months and weeks of life. This information has contributed to improving the Trust's ability to identify key areas of focus.

The community ME programme continues to be rolled out to all Walsall GPs with 48% of Walsall GPs now part of the programme and meetings arranged in April to encourage GPs to sign up in advance of the statutory date.

The ME programme in the community was due to become statutory in April 2023, however this has been moved to summer 2023 and we are awaiting notification of the exact date.

Walsall Healthcare NHS Trust provides integrated specialist palliative care and end of life services, with the hospice unit, community teams and hospital team all part of the Trust. This means that we can provide care across boundaries.

The Trust will take/has taken the following actions to improve the quality of its services in 2022/23:

- The Gold Standard Framework programme in the hospital commenced in October 2022, helping to offer a systematic approach to end of life care on the wards
- The End-of-Life Task and Finish group is supporting the first cohort on two wards: a medical and surgical ward. Currently both wards are using their daily board rounds to discuss patients and support their wishes and preferences
- The second cohort of six wards will commence training in June 2023 and the final cohort of six wards in October 2023. This will include areas such as ITU and AMU.
- The ReSPECT group commenced in March 2023 with the aim to provide oversight, governance, training compliance, audit and reviewing incidents.

Core Quality Indicators – Learning from Deaths

Deaths at the Trust are recorded using the Clinical Outcomes Review System (CORS). This enables review and discussion at service and directorate morbidity and mortality meetings. A proportion of deaths also undergo a more detailed review.

Detailed case record review is undertaken using the Royal College of Physicians' Structured Judgement Review (SJR) methodology for any death meeting one of the defined categories below:

- All deaths where bereaved families and carers or staff have raised a significant concern about the quality-of-care provision.
- All patients with a learning disability
- All patients with a mental health illness
- All maternal deaths
- All children and young people up to 19 years of age
- All deaths where an alarm has been raised with the provider through SHMI, CQC, audit work
- All elective surgical patients
- All non-elective surgical patients
- All unexpected deaths
- Deaths where learning will inform improvement work.
- Where there have been external concerns about previous care at the Trust.

Specialties may also undertake additional detailed case record reviews as part of their own mortality review processes and feed any lessons learned from this back to the Mortality Surveillance Group. Paediatric and maternal or neonatal deaths are reviewed using the Child Death Overview Panel (CDOP) and MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) tools respectively.

Sharing of Learning

Learning from reviews of deaths, including those reviewed by detailed case record reviews, is discussed and shared through local specialty and directorate mortality meetings. Themes from these meetings are shared at the Trust Mortality Surveillance Group.

Specialties report to the Mortality Surveillance Group to set out themes, lessons learned and action plans. These are reviewed regularly, and has resulted in the following improvements:

Lung cancer

- The lung cancer service quality improvement programmes have led to a rapid access suspect referral process with new pathways to identify potential malignancies on imaging
- Appointment of lung nodule tracker and cancer navigation post
- Agreed business case to strengthen respiratory team
- Streamlining and clarifying function of lung cancer MDT
- Trust-wide cancer Power BI dashboard
- New ACP/CNS oncology clinics to support oncologists commenced 6 February 2023
- Fewer patients waiting excessive time for surgery: change of SLA September 2022
- Additional session providing bronchoscopy

Colorectal cancer

- The colorectal cancer service has implemented a mandated FIT test prior to GP referral since January 23 to streamline referrals, with guidance for urgent referrals circulated to major stakeholders
- Education session arranged with GPs/primary care in February/March 2023
- Additional CNS triage post advertised
- Additional ICB funding to support endoscopy capacity – delivering an additional 1,434 endoscopies per year
- Extra list through November 2022 to January 2023 to reduce backlog of colonoscopy requests
- Endoscopy equipment – approved (and now delivered) 38 scopes and four stack systems, costing £1.87million.
- Endoscopy suite business case – submitted to the Trust Investment Group, for a £781k expansion
- Endoscopy recovery action plan
- Cancer services have seen reduction of >62-day patients within the patient treatment list (PTL) for February 2023.

Statements of Assurance

Breast cancer

- The breast cancer team has expanded with an additional breast cancer nurse to help reduce delays in the cancer performance pathway

Oncology

- A seven-day acute oncology service has been established with a lead nurse

Emergency Department

- The Emergency Department has shown a sustainable significant improvement in ambulance handover and triage, ranking first in the West Midlands for 18 months
- A newly built urgent and emergency care centre (UECC) opened in March 2023 to improve patient care, experience, and flow
- A new online referral system to the acute medical team (Careflow Connect) has been implemented to expedite and minimise the time spent to refer patients

Renal

- A seven-day acute kidney injury (AKI) service commenced on 19 November 2022 in collaboration with the renal team from The Royal Wolverhampton NHS Trust
- A dashboard for AKI is also being developed in the Trust

Urology

- The prostate cancer service has introduced a 'one stop shop' clinic where patients receive trans-rectal ultrasonography and trans-perineal biopsy as needed rather than wait between assessment and investigation

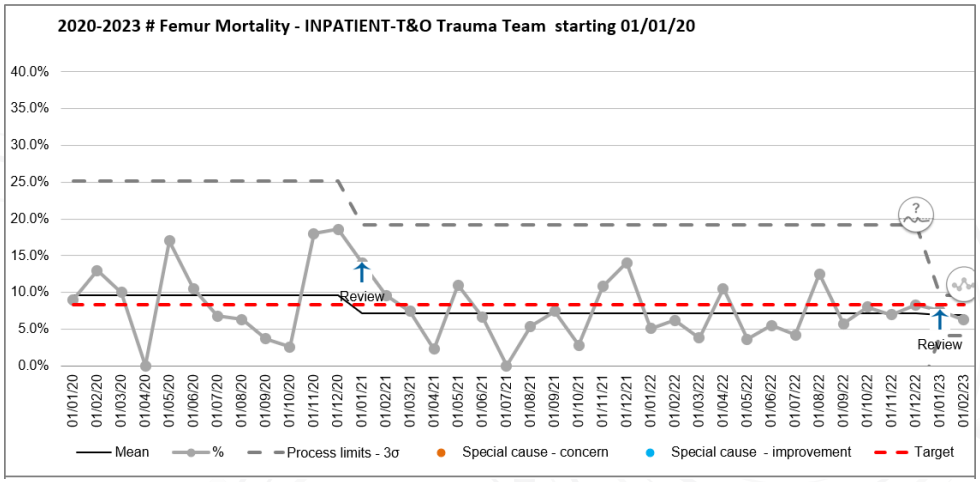
Perinatal mortality

- Twice daily consultant obstetrician ward round has been implemented
- Themes for improvement were identified with improvement methodology and will be monitored on the PMRT action log monthly
- A working group to review the admission of gestation between obstetric care and gynaecology care to improve the care provided to patients in alignment with Local Maternity Neonatal Services (LMNS)

Deteriorating patient

- Sepsis Outreach Response Team (SORT) was introduced in January 2022 resulting in a significant improvement in the Trust-wide performance against delivery of the "Sepsis Six" and in particular administration of antibiotics within 60 minutes
- The Deteriorating Patient Group has submitted a business case to introduce a 24-hour service from the sepsis team

Fracture neck of femur



- Several improvement initiatives were undertaken to improve outcomes and reduce mortality which resulted in the team receiving a HQIP award in April 2022.

Core Quality Indicators - Readmission Rates

Using data from the Healthcare Evaluation Data (HED) system, Walsall Healthcare NHS Trust are able to access full year information for 2021/22. The former provides national average performance rates, and the capacity to benchmark performance against peers.

Walsall Healthcare NHS Trust believes the performance reflects that:

- Walsall Healthcare NHS Trust has a process in place for collating data on hospital admissions, from which the readmissions indicator is derived
- The data is collated internally and then submitted on a monthly basis to NHS Digital via the Secondary Uses Service (SUS). This data is then used by the Healthcare Evaluation Data system to calculate readmission rates. Data comparing the performance to peers, and highest and lowest performers, is not available for the reporting period.

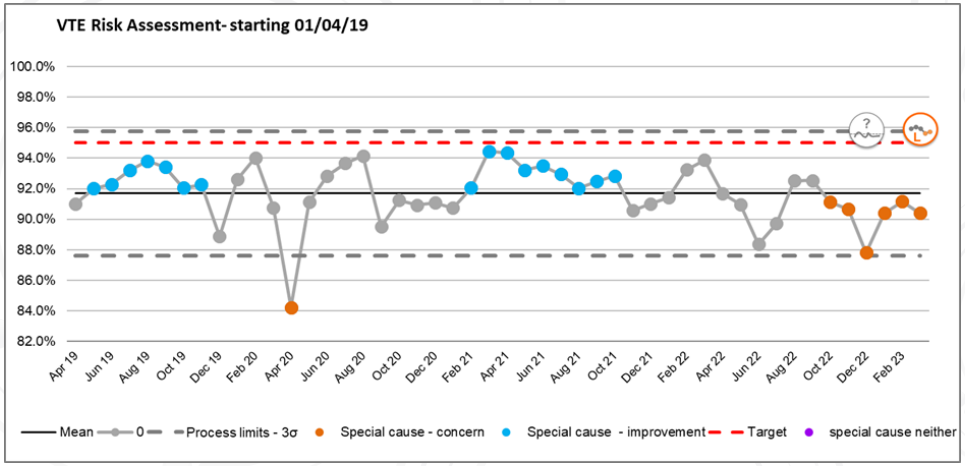
Date	0-15	16 & Over	Date	0-15	16 & Over	Date	0-15	16 & Over
Apr-20	6.15%	12.43%	Apr-21	16.58%	11.34%	Apr-22	15.02%	11.42%
May-20	6.31%	14.25%	May-21	16.99%	11.14%	May-22	16.95%	11.00%
Jun-20	4.88%	14.06%	Jun-21	13.91%	11.15%	Jun-22	18.25%	11.88%
Jul-20	7.25%	13.89%	Jul-21	15.35%	10.74%	Jul-22	19.27%	12.35%
Aug-20	10.23%	14.51%	Aug-21	16.09%	10.51%	Aug-22	14.32%	11.35%
Sep-20	12.56%	13.38%	Sep-21	17.30%	10.70%	Sep-22	15.48%	9.77%
Oct-20	15.97%	13.22%	Oct-21	16.84%	10.68%	Oct-22	18.49%	9.91%
Nov-20	17.74%	12.44%	Nov-21	17.62%	10.98%	Nov-22	18.64%	10.52%
Dec-20	13.60%	12.17%	Dec-21	15.99%	10.45%	Dec-22	15.09%	10.85%
Jan-21	13.99%	12.65%	Jan-22	14.94%	12.34%	Jan-23		
Feb-21	16.56%	12.73%	Feb-22	17.70%	11.51%	Feb-23		
Mar-21	18.15%	11.61%	Mar-22	17.41%	11.67%	Mar-23		

Core Quality Indicators – Venous Thromboembolism (VTE)

National reporting on VTE (venous thromboembolism) assessment was suspended in March 2020 and therefore benchmarking is not available for the period of this report. The Trust has continued to monitor and report internally on a monthly basis. See the graph below for performance for 2022/2023.

VTE assessment remains below the required compliance target of 95%. Monthly audits are embedded in practice with data shared with consultants and clinical teams to ensure specialties are kept informed of performance to ensure safe patient care.

The Thrombosis Group meets monthly and provides the opportunity to discuss compliance and share ideas for improvement. All incidents of pulmonary embolism and deep vein thrombosis are reported together with the outcome of investigations that have been carried out.



Core Quality Indicators - Clostridium difficile

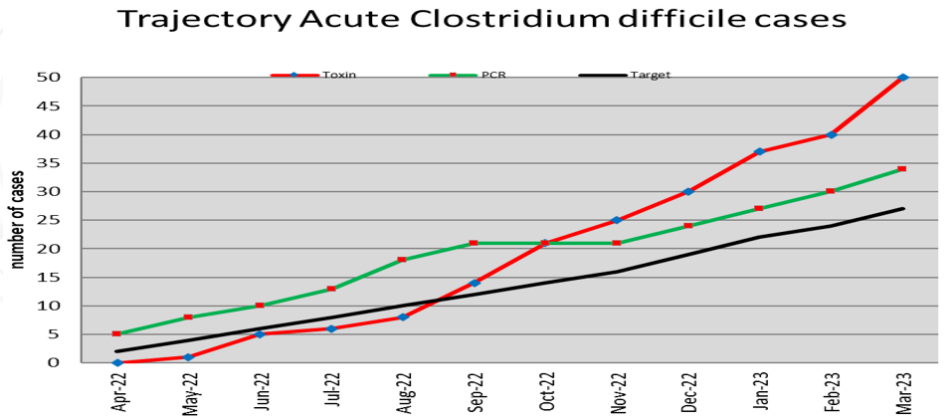
Walsall Healthcare NHS Trust considers that this data is as described for the following reasons: The Trust collates numbers monthly and submits to UKHSA. Figures for apportioned cases, apportioned cases (hospital onset only), rate per 100,00 bed days and national figures have all been taken from the UKHSA Healthcare Associated Infection Mandatory Surveillance Data Capture System. Bed days have been calculated using the apportioned cases (hospital onset only) and the rate per 100,00 bed days.

The Trust has implemented a C. difficile action plan, to include ongoing weekly C. difficile and antimicrobial stewardship ward rounds, education of ward staff, C. difficile toolkits monthly to assess cases, thematic review of cases and the annual deep clean programme.

Between April 2022 and March 2023 there have been 50 cases confirmed of acute C. difficile toxins against the annual trajectory of 27:

Total Acute Toxin cases	50
Avoidable	19
Unavoidable	31

2022/23	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Max Cases per Month	2	2	2	2	2	2	2	2	3	3	2	3
Actual acute cases	0	1	4	1	2	6	7	4	5	7	3	10
Cumulative YTD projected	2	4	6	8	10	12	14	16	19	22	24	27
Acute Cumulative actual	0	1	5	6	8	14	21	25	30	37	40	50



Avoidable cases

- 10 deemed inappropriate acute prescribing of antibiotics
- 13 community onset with delay in obtaining specimens, which led to meeting the acute acquired criteria
- Four cases with the same ribotype (002), linked with two separate periods of increased incidence reports

Common Trends in Risk Factors

- Multiple antibiotics within last six weeks
- Over 65
- Proton pump inhibitor (PPI)
- Previous history of C. difficile

Trend issues and learning in the Trust from avoidable cases

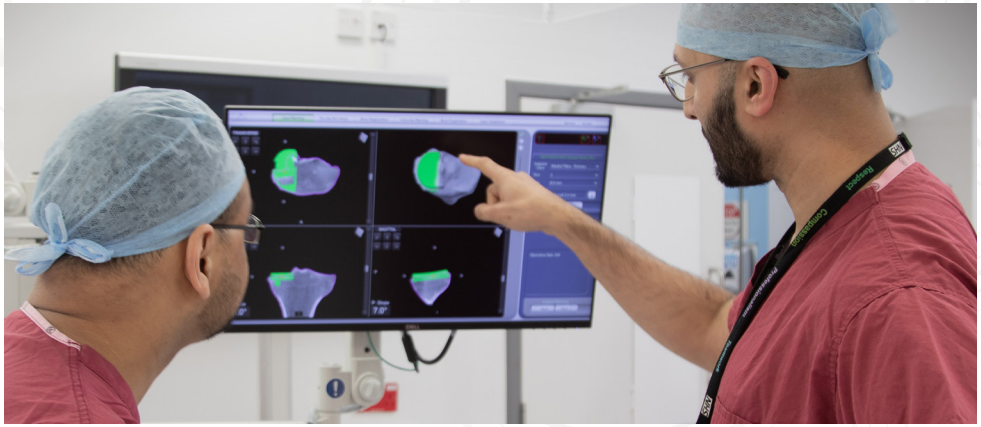
- Delay in sending specimens for C. difficile testing
- Failure to isolate patients when specimens were obtained (due to unavailable isolation facilities: these are captured in incident reports)

Statements of Assurance

- Failure or delay in sending clinical specimens to confirm correct antibiotic therapy or confirmation of infective organism
- Inconsistent review of antibiotic therapy
- Absence of CURB-65 scoring when prescribing for community acquired pneumonia
- Unable to complete a full decant deep clean programme in areas where C. difficile was more endemic

Actions that have been taken to address the issues have included:

- C. difficile educational event on 1 March 2023 with 60 attendees from different clinical areas, highlighting sampling, chain of infection, cleaning principles, the "take your gloves off" campaign, antimicrobial stewardship, preventing pneumonia and preventing urinary tract infections. This received excellent feedback and was due to be repeated in May 2023.
- Weekly infection prevention updates incorporating key messages to prevent C. difficile
- Nursing associate role commenced in March 2023. The role has focused on sampling in the emergency department, AMU, SACU and wards
- "Take your gloves off" project
- A proactive deep clean programme, with prioritisation to the modular block wards
- IPC nurse is specialising in C. difficile as a nurse prescriber
- Antibiotic "time out" sessions on focused wards with consultant microbiologist/ antimicrobial pharmacist



Core Quality Indicators - Incident Reporting

Walsall Healthcare NHS Trust continues to submit its incident data to the National Reporting and Learning System (NRLS) which is publicly available and provides comparative data with like-sized trusts.

This data below shows that in comparison to the previous Quality Account, the Trust has significantly increased its incident reporting rate to 93.2 incidents per 1,000 bed days, which clearly demonstrates a positive safety culture. This data places the Trust into the upper quartile of the acute (non-specialist) cluster as the seventh highest reporting organisation.

The number of reported incidents resulting in severe harm or death has also increased, however does equate to the national average percentage.

Serious Incidents (SIs) continue to be reported to the commissioners and investigated using root cause analysis methodology. Outcomes of the investigations from patient safety incidents are used to develop quality improvement projects, which aim to improve the quality and safety of services.

Walsall Healthcare NHS Trust	October 2018 – March 2019	April 2019 – September 2019	October 2019 – March 2020	April 2020 – March 2021	April 2021 - March 2022
Total Reported Incidents	5,238	5,993	5,989	9,113	14,348
Incidents Reported Per 1000 bed days	65.09%	78.5%	71.6%	67.7%	93.2
National Average for Cluster (Acute non-specialist) per 1000 bed days	46.06%	49.8%	50.2%	55.7%	57.5
Highest Reporting Rate per 1,000 bed days	95.94%	103.8%	110.2%	118.7%	205.5
Lowest Reporting Rate per 1,000 bed days	16.9%	26.3%	15.7%	27.2%	23.7
Total Incidents Causing Severe Harm and Death	25	32	33	55	70
% Incidents Causing Severe Harm and Death	0.5%	0.53%	0.55%	0.6%	0.5%
National Average	0.3%	0.5%	0.3%	0.4%	0.5%
Highest Reporting Rate	1.9%	1.2%	1.7%	1.8%	2.0%
Lowest Reporting Rate	0%	0%	0%	0%	0%

Core Quality Indicators - National Inpatient Survey

All eligible NHS trusts in England participate in the NHS CQC Patient Survey programme, asking patients their views on their recent health care experiences. The findings from these surveys provide organisations with detailed patient feedback on standards of service and care, and can be used to help set priorities for delivering a better service for patients.

Three National Surveys were published during 2022/2023, The Adult Inpatient Survey 2021, The Maternity Survey and the National Cancer Survey 2021. Surveys are analsyed and benchmarked against national data, action planning is then undertaken and monitored by the Patient Experience Group and the Trust Quality, Safety and Experience Committee.

The Adult Inpatient Survey 2021

Compared to the 2020 results the Trust slightly improved its average score by 0.3 per cent. Compared to 2020/21 we scored better by five per cent or more for four questions. Indicative national comparisons place the Trust in the middle tier (same as band) for 38 questions and bottom 20 per cent for seven questions (improvement on 14 questions and by one for the "somewhat worse" band). The following questions saw a five per cent improvement score: support at mealtimes, staff explaining how well an operation/ procedure had gone, hospital staff considering the family/home situation when planning to leave hospital, and information about what to do when a patient has left hospital.

- Actions in response include: Distribution of sleep packs to all inpatient areas to accompany a re-launch of the noise at night protocol (re-audit of use currently underway given some recent Friends and Family Test feedback)
- The Division of Medicines and Long-term Conditions held a ward round standards workshop including a SWOT analysis of existing practice and an audit tool to assess and fine tune practice so ward rounds are more effective on patient discharge, involvement, and improved communication
- Healthwatch Walsall have provided some early insight from their discharge survey. However, there is much focus on the Walsall Together collaboration response to the National Discharge Taskforce. The discharge lounge produced and shared guidance on planning for an effective discharge 'Get AKTING, Think HOME'
- Implementation of 'thank you for your patience' card for delayed patients, focusing on emergency admissions. Card designed and printed, to be used through ED and AMU

Core Quality Indicators - Friends and Family Test

The Friends and Family Test recommendation scores are illustrated in the tables below; these include percentage changes on 2021/22. The Trust's average recommendation score for 2022/23 was 86 per cent which is a four per cent increase on the previous year. When looking at the different touchpoints, there is a fluctuation of 33 per cent with scores ranging between 99 per cent and 66 per cent.

Friends and Family Test	Inpatients				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2022/23	85%	86%	85%	88%	91%	91%	91%	92%	74%	76%	74%	84%	98%	99%	98%	98%
Difference	- 2%	+ 2%	=	+ 3%	=	- 1%	+ 1%	=	- 6%	=	- 8%	+ 7%	+ 4%	+ 5%	**+ 3%**	**+ 2%**
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response rate (22/23)	**24.6**	**25**	**25**	**28.9**	**19.3**	**20.2**	**20.3**	**20.4**	**16.7**	**18.8**	**20.6**	**22.6**	**7.7**	**4.9**	**3.3**	**84.1**

Friends and Family Test	Antenatal				Birth				Postnatal Ward				Postnatal Community			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2022/23	89%	81%	88%	92%	83%	80%	82%	90%	84%	83%	82%	85%	84%	88%	66%	86%
Difference	+ 2%	- 3%	+ 3%	+ 7%	- 8%	- 12%	- 8%	- 2%	+ 4%	+ 7%	+ 4%	+ 8%	- 10%	- 6%	- 29%	- 10%
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response rate (22/23)	**15.6**	**12.3**	**11.7**	**12.1**	**19.4**	**18**	**18.2**	**23.9**	**11.8**	**10.6**	**10.4**	**16.6**	**11.3**	**9.8**	**7.3**	**15.5**

The below table illustrates the percentage difference between the Trust's average recommendation score for each touchpoint and the local ICB (Integrated Care Board) and national results. Whilst some areas require improvement when compared locally and nationally, outpatients, ED, community, antenatal and postnatal ward all perform better on average locally, with community and ED also outperforming the national average:.

	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
STP*	- 2%	+ 1.4%	+ 6.7%	+ 4.8%	+ 3.4%	- 2.7%	+ 5.4%	- 3.4%
National	- 8.5%	- 1.4%	+ 0.9%	+ 6.9%	- 2.2%	- 9.1%	- 10%	- 11%

Core Quality Indicators - Supporting our staff

The 2022 NHS Staff Survey benchmark report for Walsall Healthcare NHS Trust contains the results of the 2022 staff survey. The results of the survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

The themes of staff engagement and morale remain key performance indicators and together with the promises above make nine elements which provide benchmark data at national level.

Statements of Assurance

There has been an improvement across all nine indicators within Walsall's 2022 survey results. Walsall is above the national average on three of the people promises and is equal to the national average on four. Walsall scores marginally (0.1 points) below the national average on two of the indicators (we are compassionate and inclusive, and staff engagement). Nevertheless, 83 per cent of indicators have improved this year and Walsall is the third most improved trust nationally for staff experience.

The areas remaining for improvement are staff advocating for Walsall as a place to be treated, and having a consistently compassionate culture. There remains work to be done to eliminate discrimination in all forms and particularly race based discrimination, although there have been improvements in the achievement of workforce race equality standards and the Trust was accredited to the national Race Code which aims to help organisations improve equity through a national governance and assurance framework.

The results for Walsall Healthcare NHS Trust are benchmarked other against 126 'combined acute and community trusts'. The response rate was 47 per cent against 44 per cent for the national average for the benchmark group.

Our 2022 Staff Survey results provided a staff engagement score of 6.7 which is improved on last year, however still 0.1 points below the national average at 6.8. Overall, this demonstrates that the gap between the experience of staff at Walsall Healthcare NHS Trust and the experience of NHS staff in general is narrowing.

Our 2022 Staff Survey results show that more of our staff feel involved in decisions regarding their work and encouraged by line managers and that increased staffing levels have enabled them to feel more supported to provide high levels of care and subsequently to recommend the Trust as a place to work and a place to be treated. The advocacy indicators have improved, however they are still below the national average.

Staff feel they are recognised and rewarded; this indicator is above the national average and the promises 'we each have a voice that counts' and 'we are safe and healthy' both match the national average. The health and wellbeing indicators within the national staff survey results for 2022 exceed the national average and have shown statistically significant improvement over two consecutive years.

Our results for 'we are always learning', 'we work flexibly' and 'we are a team' now exceed the sector benchmark average, and this continues the trend of significant improvement for Walsall as our baseline was in the lowest 20 per cent of trusts nationally in 2019.

The majority of the People Promise scores for the 2022 NHS Staff Survey for Walsall Healthcare NHS Trust are in line with or above the average sector scores. This is a continuing trend of improvement on previous performance for Walsall.

Ways in which staff can speak up

There are three Freedom To Speak Up (FTSU) Guardians within the Trust, who are supported by five FTSU Champions. Members of staff can contact a Guardian to arrange a face-to-face or virtual meeting in several ways: using the contact form on the Trust intranet, emailing the FTSU mailbox, calling a guardian via their mobile phone/FTSU telephone number/Trust switchboard, or be signposted by a FTSU member.

The Guardians play an active and visible role in raising awareness of the service, supporting staff, and dealing with concerns.

This year the organisation is reviewing the 'Raising Concerns' policy to include its commitment to supporting individuals who speak up and may be worried about reprisals. The policy touches on ways staff could be treated unfairly or harmed because of speaking up and it sets out how detriment will be addressed by the Trust. Support is offered to such individuals and could include the allocation of a 'buddy'. Anyone found to be involved in causing harm or detriment will subject to the Trust's resolution policy.

Between 1 April 2021 and 31 March 2022 the FTSU team received 110 concerns; this highlights employees' increasing confidence to use the FTSU service to discuss issues that may be affecting them at work. Of the concerns raised, 16 per cent related to patient safety and quality and 35 per cent to bullying and harassment.

The Guardians work with Trust leaders to regularly review cases that fall within their remit. They also highlight any themes and work proactively with managers to resolve issues.

The Guardians will attend events organised in the Trust to highlight the importance of speaking up to improve patient and staff safety. The Director of People and Culture shares FTSU data with the People and Organisational Development Committee (a subcommittee of the Trust Board) quarterly, and an annual report is presented to the Trust Board.

Review of Quality

Our performance in 2022/23

As part of the standard NHS contract, the Trust is required to monitor and report performance against a set of key metrics. These indicators are all reported to Trust Board and/or the relevant committee on a monthly or bi-monthly basis.

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Performance against the National Operational Standards:

	2019 / 2020	2020 / 2021	2021 / 2022	2022 / 23	2022 / 23 Target
18 Weeks RTT - Incomplete Pathways	83.93% (Mar 20)	68.72% (Mar 21)	63.10% (Mar 22)	56.36% (Mar 23)	92%
Total time spent in ED - % within 4 hours - Overall (Type 1 and 3)	81.77%	85.07%	82.56%	73.4%	95%
Cancer -2 Week Wait from Referral to First Seen Date	83.03%	83.49%	72.88%	75.3%	93%
Cancer -2 Week Wait for Breast Symptomatic patients	57.17%	60.77%	32.80%	19.8%	93%
Cancer 31-Day Wait for First Treatment	99.40%	97.87%	95.57%	95.2%	96%
Cancer 31-Day Wait for Second or Subsequent Treatment - Surgery	100.00%	97.79%	92.06%	94.3%	94%
Cancer 31-Day wait for Second or Subsequent Treatment – Drug	100.00%	99.07%	98.33%	99%	98%
Cancer - 62-Day Referral to Treatment of all Cancers	80.54%	72.18%	72.26%	65.9%	85%
Cancer - 62-Day Referral to Treatment from Screening	97.91%	92.54%	95.08%	90.1%	90%
Cancer 62-day wait - Consultant Upgrade (Local Target)	84.15%	79.11%	80.72%	73.7%	85%
% of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test	1.63%	14.92%	5.30%	19.99%	1%
Mixed Sex Accommodation Breaches	0	2	0	0	0

Performance against the National Operational Standards

There are several other quality indicators that the Trust uses to monitor and measure performance. Some of these are based on the National Quality Requirements and others are more locally derived and are more relevant to the local population we serve.

Similar to the National Standards, these metrics are also reported to the Trust Board alongside a range of other organisational efficiency metrics. This gives the Board an opportunity to have a wide-ranging overview of performance covering a number of areas:

	2019 / 2020	2020 / 2021	2021 / 2022	2022 / 23	2022 / 23 Target
Number of C Difficile Cases	36	32	30	50	27
Number of MRSA Cases	4	2	3	1	0
VTE Risk Assessment	92.00%	91.56%	92.63%	90.64%	95%
Ambulance handover breaches - 30-60 minutes	2122	1090	1556	2875	0
Ambulance handover breaches - 60 minutes or more	312	177	211	683	0
Trolley waits in A&E - no more than 12 hours	4	8	33	1030	0
Referral to treatment - no one waiting longer than 52 weeks	0	768 (March 21)	1043 (March 22)	1430 (March 23)	0

A consolidated annual report on rota gaps

Junior doctors are allocated to the Trust by Health Education England (HEE), which has been renamed as NHSE Workforce Training and Education Directorate, with the regional branch being known as NHSE Education West Midlands. The Trust is an attractive place to work and train, and this is reflected in the fill rates for training posts, however, in the past year the Trust has experienced a decline in the average fill rate to approximately 79.16 per cent of training grade posts. As per agreed process any vacancy gaps in the rotation are discussed with the divisions, alongside the lead for the clinical fellow programme to find the best way forward in mitigating the gap in making use of the recruited fellows. The Trust currently has 82 clinical fellows, of whom 58 are in medical specialities and the rest across surgical and other specialities.

The recruitment process can take as long as three months to complete, with a period of assessment and training when candidates start before they can occupy a rota slot in totality (including on call). This results in some double costs for a period of time to ensure the correct training has been signed off. For some gaps where the duration of the gap is four months or less, the fellowship recruitment programme is an unsuitable alternative. The medical workforce team is working on a solution to keep a record of all gaps and provide better reporting solutions going forward.

Engagement in developing the quality account

Prior to the publication of the 2022/23 Quality Account, we have shared this document with the following:

- Our Trust Board, including combination of Non-Executive and Executive Directors
- Council Health Scrutiny Panel
- Walsall Clinical Commissioning Group
- Trust staff
- Healthwatch

In 2023/24 we will continue to share our progress against the quality improvement priorities and continue to work closely with the users of our services to improve the overall quality of care offered.

We would like to thank all the patients, community representatives for their feedback and members of staff who gave their time to help us select our priorities and ensure that the document is clear and accessible.

Black Country Integrated Care Board (BCICB) statement on Walsall Healthcare NHS Trust (WHT) Quality Account 2022/2023

BCICB welcomes the opportunity to review and provide the statement Walsall Healthcare NHS Trust Quality Account for 2022/23. WHT Quality Account is accurate and in line with the information presented to the ICB via contractual/quality monitoring meetings. The ICB recognises that 2022/2023 has continued to be a challenging year for WHT to deliver services with unprecedented demands outstripping capacity.

We genuinely recognise the Trust's efforts to maintain quality whilst acknowledging the uncertainties and the challenges faced throughout the year. The ICB would like to thank all staff and volunteers working at WHT for their commitment, remaining resilient throughout these challenging times, ensuring patient care is safe and of the highest standard.

We recognise and support the strategic collaboration between Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust, which is a positive step for a system working collaboratively at scale to benefit local populations by improving efficiency, sustainability, and quality of care.

We are proud of our effective working relationship with the Trust, and we recognise the Trust's achievements against the quality priorities and their individual and collective engagement with the commissioners.

The ICB are pleased to note that quality remains a top priority for the Trust, focusing on three main areas: Patient Safety, Clinical Effectiveness and Patient Experience. We will continually monitor trust progress against the delivery of the quality priorities and look forward to seeing the positive impact and outcomes.

The ICB would particularly like to note the following key achievements for 2022/2023:

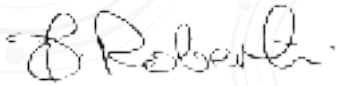
A clinical accreditation programme launched across the Trust in April 2023.

- The Trust has ceased agency use, except in exceptional circumstances from 31st March 2023, with the exception of ED and Paediatrics whilst further recruitment takes place.
- Appointed a fully substantive workforce across all work groups and achieved vacancy rates of three percent or below for clinical workforce, nursing, midwifery and medical. The ICB closed an historic risk on the Q&S Place Risk Register in April following successful recruitment of clinical workforce, in particular nursing and midwifery staffing.
- Successfully recruited and welcomed more than 300 international nurses and midwives and supported them to obtain NMC registration and take up posts as registered nurses in the Trust.
- Worked in partnership with The Royal Wolverhampton NHS Trust to develop a best-in-class approach to mental health services for patients.
- Appointed a lead mental health nurse and developed a comprehensive training and development programme for staff.
- The ICB recognises that the Trust has worked collaboratively with system partners on services for patients who present to the Trust with significant mental health challenges alongside their physical ill health, and we are aware that this work is continuing.
- Worked with partners within Walsall Together (place-based partnership) and the Integrated Care Board and members, to make improvements to the system of care.
- Invested in education, development and training for all staff, with an improved staff experience rating from external regulators and internal validation by survey.
- Further developed the partnership approach with The Royal Wolverhampton NHS Trust to improve the standards and consistency of continuing professional development and standards of care.
- Improved performance against all quality and safety indicators in-year including reducing harm and improving the infection prevention rating to green.
- Monthly audits that have demonstrated improvements in the management of sepsis, observations on time and medication management.
- The publication of the Patient Experience Enabling Strategy in collaboration with The Royal Wolverhampton NHS Trust. The strategy sets out our priorities for improving patient experience in the next three years. Three pillars of improvement have been identified: Involvement, Engagement, and Experience.
- Trust has been successfully able to eliminate 104-week waits.
- Whilst we recognise these achievements, we would value delivery of sustainable improvements in the following areas for 2023/2024:
- We recognise that the Trust is currently working on a robust C.Diff action plan with continued efforts to improve clinical and IP practices. However, we expect to see a reduction in hospital-onset C.Diff infection cases for the year ahead.

Engagement

- Members of the system elective and cancer board, we expect the Trust to work with our system partners to achieve three key performance deliverables and metrics set nationally as elective care priorities for 2023/2024.
- ICB acknowledges the impact that COVID-19 has had on Cancer, Diagnostic Performance and RTT waiting times. We recognise the Trust has a robust cancer harm review process in place, but we expect the Trust to conduct harm reviews for any patient where these delays have impacted clinical outcomes or resulted in patient harm. In addition, we expect that any learning identified from these harm reviews is shared across the organisation and wider system.
- We expect to see some further improvements in the trust staff survey and build on current staff survey results, which will allow fresh ideas, team building, cooperation, and positivity and make the Trust a place where the staff wants to work and attracts others for future employment.
- The ICB look forward to seeing the Trust approach to the transition to PSIRF, which will replace the existing National Serious Incident Framework (2015) by Autumn 2023.
- The ICB also look forward to following the progress of the Clinical Systems Framework for nursing, midwifery and AHPs and the Quality Framework recently launched on 3rd April 2023.
- The ICB welcome the development of standardised ward/department/care group/ divisional dashboards to enable visibility of quality standards, harm free care, action and improvement.

The ICB confirms that the Annual Quality Account information accurately reflects the Trust's performance for 2022/2023. It is presented in the format required and contains information that accurately represents the Trust's quality profile and reflects quality activity and aspirations across the organisation for the forthcoming year. We commend the Trust on its commitment to working with the ICB collaboratively and transparently in 2022/2023 and look forward to working in collaboration and partnership over the next year.



Sally Roberts

Chief Nursing Officer/Deputy Chief Executive Officer

Black Country Integrated Care Board

Healthwatch Walsall Response To: Walsall Healthcare NHS Trust Quality Account 2022/2023

Healthwatch Walsall welcomes the opportunity to provide comment on the Trust's Quality Account for 2022/2023.

Healthwatch continues to be a valued but independent partner of the Trust, frequently gathering public feedback and patient experiences about the services provided.

It is pleasing to note that the Trust remains open and receptive of the intelligence and information that we share. Indeed, there have been several examples in which the Trust has reviewed its own procedures to more adequately reflect the individual's feedback that we have gathered.

We thank the Trust for facilitating our ongoing work on behalf of the public.

This past year has seen the formalised collaboration between Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust and in this respect reflects the transition towards its long-term strategic aim of delivering exceptional care and improving health and wellbeing in the community.

When considering the Trust's progress towards its objectives for last year, clearly there is still work to be done given the extent of their reach and scope. For example, the implementation of standardised dashboards designed to enable visibility from ward to board level are due to be rolled out from 2023/2024. Nevertheless, this will ensure that there is whole organisational accountability around quality standards, harm free care and ongoing improvement.

It is also encouraging to note the continued work around improving workforce resilience. This past year has undoubtedly placed an inordinate pressure on staff. Some of the steps being undertaken by the Trust, such as the recruitment of 300 nurses, will hopefully alleviate pressures and manifest itself in enhanced care and raised patient experience.

Healthwatch notes the publication of the Patient Experience Enabling Strategy in collaboration with The Royal Wolverhampton NHS Trust. It is hoped that the three-year strategy around patient Involvement, Engagement and Experience will incrementally lead to more positive outcomes for service users. It demonstrates the Trust's commitment to public engagement at every level.

In addition to its organisational and workplace objectives, the Trust sets out several other priorities for 2023/24 surrounding patient waiting times. For example, the aim is to achieve a year-on-year improvement in the percentage of patients seen within four hours at A&E. As at the middle of May '23, the Trust achieved circa 78% which is above the current interim delivery plan target of 76% in recovering urgent and emergency care services nationally. Notwithstanding this, we are confident that the Trust will be constantly striving to achieve the previous target of 95% of patients seen within four hours.

The new Emergency Department opened in March '23 and will no doubt help in improving waiting times. Healthwatch will be seeking to gather patient experiences of this process later in the year 2023/24, but early indications from service users appear favourable.

It is pleasing to note that the Trust places great importance on reviewing both causes of deaths and serious incidents. The structured judgement review for 2022/23 confirmed that 14 deaths of a total of 1495 for the year were avoidable. This equates to 0.94%.

The Trust states that learning from deaths is now part of its governance process and has contributed to key areas of focus.

Based on 2021/22 data the Trust has indicated a higher number of serious incidents reported (93.2 per 1000 bed days).

We are told that outcomes from these investigations from patient safety incidents are developed into quality improvement projects. It would be helpful if the Trust could provide an example of such going forward and indeed the 2022/23 data when available.

When reviewing the Trust's quality performance against the NHS contract for cancer metrics some waiting, and referral times are falling short against specific targets. In particular, the 62 day referral to treatment for all cancers was 65.9% vs 85% target and the 2 week wait for breast symptomatic patients was 19.8% vs 93% target. However positively, the 31 day wait for first treatment was 95.2% vs 96% target and the 31 day wait for second or subsequent surgery treatment was 94.3% vs 94% target. The Trust has identified cancer treatment as a significant priority area of clinical effectiveness for 2023/24.

The Friends & Family Test illustrates an improving trend for 2022/23 over the previous year. As a broad average the Trust rated 4% better at 86% than the previous year. Most departments showed a positive, including the Emergency Department. However, postnatal community has not performed as well as last year in the FFT.

Whilst the most recent CQC inspection rated the Trust as requiring improvement overall, it was rated as being outstanding for caring. As the staff are the public face of a caring organisation it is imperative that employee engagement and morale remain high on the Trust's agenda. A culture of openness and inclusivity is important in sustaining the challenges the Trust will face over the coming year. It is good to note that the Trust is promoting different ways individual staff members can speak up without fear of compromise or bullying. In this respect, the pending review of the 'Raising Concerns' policy will undoubtedly go some way to defining a positive culture within the Trust.

In conclusion, Healthwatch Walsall recognises the hard work carried out by all the staff and volunteers at the Trust throughout this past year and wishes them every success for the new year.

Statement of directors' responsibilities

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012)). In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Accounts presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.

There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.

The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the board

Professor David Loughton, CBE

Chief Executive

Date 30 June 2023

Sir David Nicholson, CBE

Chairman

Date 30 June 2023

Statement of Limited Assurance from the Independent Auditors

NHS England/Improvement have confirmed in the Quality Accounts requirements for 2022/23 that there is no national requirement for NHS Trusts or NHS Foundation Trusts to obtain external auditor assurance on the Quality Account.

How to give comments

We welcome your feedback on this Quality Account and any suggestions you may have for future reports.

Please contact us as indicated below:

Patient Experience Team

Walsall Healthcare NHS Trust

Moat Road

Walsall

WS2 9PS

0300 456 2370

email: pals.officer@nhs.net

English

If you require this document in an alternative format e.g., larger print, different language etc., please inform one of the healthcare staff.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਰੂਪ ਉਦਾਹਰਨ ਵੱਜੋਂ ਵੱਡੀ ਛਪਾਈ, ਵੱਖਰੀ ਭਾਸ਼ਾ ਆਇਦ ਵਿੱਚ ਚਾਹੀਦਾ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਸਿਹਤਸੰਭਾਲ ਕਰਮਚਾਰੀ ਨੂੰ ਬੇਨਤੀ ਕਰੋ।

Polish

Aby uzyskać niniejszy dokument w innym języku lub formacie, np. pisany dużą czcionką, itp., prosimy skontaktować się z przedstawicielem personelu medycznego.

Russian

Если данный документ требуется Вам в альтернативном формате, например крупным шрифтом, на другом языке и т.п., просьба сообщить об этом одному из сотрудников здравоохранения.

Lithuanian

Jei pageidaujate šį dokumentą gauti kitu formatu, pvz., padidintu šriftu, išverstą į kitą kalbą ir t. t., praneškite apie tai sveikatos priežiūros darbuotojui.

Kurdish

ئەگەر ئەم بەڵگەنامەیە بە شێوازێکی دیکە دەخوازیت بۆ نموونە چاپی گەورەتر، زمانێکی دیکە هتد. تکایە پەیوەندی لە کارمەندانی سەرپەرشتی تەندروستی ئاگادار بکەرەوە.

Designed and produced by the Department of Clinical Illustration, New Cross Hospital, Wolverhampton WV10 0QP

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NHS
Walsall Healthcare
NHS Trust

Quality Accounts 2022/23

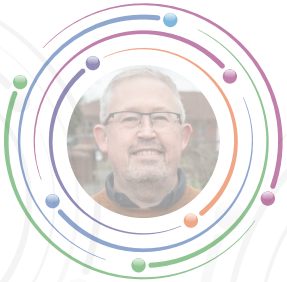
Respect
Compassion
Professionalism
Teamwork

Contents

Why are we producing a quality account?

All NHS Trusts are required to produce an annual Quality Account, to provide information on the quality of the services it provides to patients and their families.

Walsall Healthcare NHS Trust (WHT) welcomes the opportunity to be transparent and able to demonstrate how well we are performing, considering the views of service users, carers, staff, and the public. We can use this information to make decisions about our services and to identify areas for improvement.



Getting involved

We would like to hear your views on our Quality Account. If you are interested in commenting or seeing how you can get involved in providing input into the Trust's future quality improvement priorities, please contact:

Patient Experience Team
Walsall Healthcare NHS Trust
Moat Road
Walsall
WS2 9PS
0300 456 2370

email: PatientExperienceTeam@walsallhealthcare.nhs.uk

Part 1: Statement on Quality from the Chief Executive

I am delighted to present the Quality Accounts for the year 2022/23, which represent our commitment to transparency, accountability, and the delivery of exceptional healthcare services to the people and communities we serve. This document outlines the work undertaken during the past financial year to deliver on the objectives we set for ourselves last year, which support our aim to foster a culture of continuous quality improvement across our organisations.

This has been an important year for us, with the launch of our joint Trust strategy. This formalises the strategic collaboration between The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust and sets out our vision for what we will achieve together. Working collaboratively with staff, partners and service users, we have agreed four overarching strategic aims, which we refer to as the "four Cs":

Excel in the delivery of **Care**
We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.

Support our **Colleagues**
We will be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations.

Improve the health of our **Communitie**s
We will positively contribute to the health and wellbeing of the communities we serve.

Effective **Collaboration**
We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.

Statement on Quality from the Chief Executive

These four Cs are aligned to our overall vision, which is **"To deliver exceptional care together to improve the health and wellbeing of our communities"**. This year, everything we do across both organisations will contribute to achieving goals within at least one of these priority areas. You can read our strategy in full on our website.

The closer ways of working across Walsall and Wolverhampton have already delivered many benefits for our local communities – enabling us to use services more efficiently, share learning and best practice, and offer patients more choice and flexibility in how they receive care.

Our shared vision and strategy have informed the creation of our new shared Quality Framework. This plan sets out in detail, with milestones, the actions we will take over the next two years to put quality at the forefront of all we do – further developing and enhancing our workforce, their skills and knowledge, and ultimately the care that we provide. This document is also published on our website.

This year, we will celebrate and look back on 75 years of the NHS. The very fact that our two Trusts can look to the future and set ourselves such ambitious shared goals, is entirely down to the hard work of our staff. In my years as an NHS chief executive, I have witnessed many changes within our health service, but what never changes is how humbled I am by the dedication and passion displayed by all those on the front line, and all who support them behind the scenes, on a daily basis.

We saw the very best of our services during the height of the pandemic, when our resilience was tested to its foundations. But though the immediate pressures placed on us by COVID-19 may have lessened this year, a whole new set of challenges has emerged. This year has been about the need to restore services to pre-pandemic levels and renew our focus on diagnostics, timely access to treatment, and bringing down waiting lists for elective procedures.

As can be seen in this report, we have achieved a great deal. We have been able to eliminate 104-week waits, and as I write we have the next target of 78 weeks firmly in our sights. Our upward trajectory even continued during what was arguably the NHS's most challenging winter on record, with staff pulling together to not only keep urgent and emergency care services running safely, but to consistently deliver some of the fastest ambulance turnaround times in the region.

This report is not just about what we have done well though. It underlines our commitment to transparency and accountability, and the importance of learning not just from successes but from challenges too. This means that as well as charting the progress made across our three key areas of patient safety, clinical effectiveness and patient experience, we include here the steps taken to address areas for improvement from last year, and we identify where there is still work to be done.

We are clear that the pursuit of quality never stops. We remain committed to promoting continuous learning, evidence-based practice, and patient-centred care. We have comprehensive governance systems and quality assurance processes in place, as well as robust feedback and involvement mechanisms to ensure we are responding to the needs of our patients and their families, and that their voices will be at the forefront as we develop and evolve our services in future.

I extend my sincere thanks to every individual who has contributed to the delivery of safe and high-quality care across our organisation this year. You have made a real impact on the lives of so many. Together, we will continue to drive positive change and deliver better health outcomes for the people of Walsall and Wolverhampton.

To the best of my knowledge, the information contained within this Quality Account is accurate.

Signed:

Professor David Loughton CBE, Chief Executive

May 2023

Vision and Values

Vision

Our vision is to "To deliver exceptional care together to improve the health and wellbeing of our communities". Our vision has been updated to reflect the closer working of our organisation with local partners and to focus on our core purpose of improving the health and wellbeing of our communities. A vision is more than a few words – it reflects our aspirations, helps to guide our planning, support our decision making, prioritise our resources and attract new colleagues.

Our strategy includes a new vision, as voted on by colleagues. It is:

To deliver exceptional care together to improve the health and wellbeing of our communities

A vision is more than a few words – it reflects our aspirations, helps to guide our planning, support our decision making, prioritise our resources and attract new colleagues.

Values

Our values reflect the culture we want to create and inform the behaviours we wish to demonstrate. The two Trusts each have their own set of values (shown in the two images below), each set was developed and co-produced with our colleagues. Over time we expect to move to a common set of values that covers both Trusts.

Part 2: Looking back 2022/23 Priorities for Improvement

2.1 Looking back 2022/23 Priorities for improvement

What we said
Patient Safety • Develop and implement the Clinical Systems Framework for nursing, midwifery and allied health professionals (AHPs) and quarterly reporting on progress/achievements to board • Develop implementation of standardised ward/department/care group/divisional dashboards to enable visibility of quality standards, harm-free care, action and improvement • Develop and implement a ward accreditation programme • Cessation of agency staff in general wards • Undertake a timely review of national reports and guidance (e.g., national maternity reports), develop action plans and monitor progress through reports to board.
What we did:
Develop and implement the Clinical Systems Framework for nursing, midwifery and AHPs and quarterly reporting on progress/achievements to board • The Quality Framework was launched across the Trust on 3 April 2023. Quarterly reporting against the planned milestones will be implemented from the end of Q1 2023/24
Develop implementation of standardised ward/department/care group/divisional dashboards to enable visibility of quality standards, harm free care, action and improvement • Work has been undertaken to develop dashboards with visibility from ward to board. This data is reviewed at the Nursing Midwifery and Allied Health Professionals Forum. During 2023/24, quality boards will be standardised in all clinical areas to ensure visibility of data and actions being taken
Develop and implement a ward accreditation programme • A clinical accreditation programme was piloted in 2022/23 and has launched across the Trust in April 2023
Cessation of agency staff in general wards • The Trust has ceased agency use except in exceptional circumstances from 31 March 2023, with the exception of ED and Paediatrics whilst further recruitment takes place
Undertake a timely review of national reports and guidance (e.g., national maternity reports), develop action plans and monitor progress through reports to board • The Trust has reviewed national reports and guidance such as the Ockenden Report 2022, developed action plans and is reporting on progress through the Quality, Patient Experience and Safety Committee

What we said
Workforce • Work with partners to improve mental health services for our patients • Develop our staff to deliver the best standards of care • Build a resilient clinical workforce and reduce avoidable harm
What we did:
Work with partners to improve mental health services for patients • Worked in partnership with The Royal Wolverhampton NHS Trust to develop a best-in-class approach to mental health services for our patients • Appointed a lead mental health nurse and developed a comprehensive training and development programme for our staff • Worked with partners within Walsall Together (place-based partnership) and the Integrated Care Board and members, to make improvements to the system of care • Worked with our local mental health trust Black Country Healthcare to provide support to patients and staff, with a particular focus on children and young people requiring mental health care and treatment • Recruited mental health nurses to support patients and staff across the Trust. A team of mental health clinical support workers has been recruited to the bank to provide support for patients and teams
Develop our staff to deliver the best standards of care • Invested in education, development and training for all staff, with an improved staff experience rating from external regulators and internal validation by survey • Further developed the partnership approach with The Royal Wolverhampton NHS Trust to improve the standards and consistency of continuing professional development and standards of care • Invested in our health and wellbeing offer to staff to improve staff experience and therefore impact positively on standards of care and patient experience • A series of quality away days for senior nurses, midwives and AHPs have been held during 2022/23 focussing on what good looks like • The Faculty of Research and Clinical Education has provided education and training opportunities for staff • Worked with local universities to ensure access to education and training • Our practice educator facilitators continue to support education in the clinical areas and support the fundamentals of care programme

Looking back 2022/23

Build a resilient clinical workforce and reduce avoidable harm

- Eliminated reliance on agency and locum resource by recruiting to revised establishments following safety review
- Appointed a fully substantive workforce across all work groups and achieved vacancy rates of three percent or below for clinical workforce, nursing, midwifery and medical
- Increased the clinical establishment and support roles by establishing new routes to employment, including clinical fellows and an outstanding approach to employing locally to those new to care as an anchor employer
- Improved performance against all quality and safety indicators in-year including reducing harm and improving the infection prevention rating to green
- Biannual skill mix reviews and investment in business cases for recruitment to the emergency department and acute medical unit have led to successful recruitment campaigns. The nursing and midwifery vacancy rate at the end of March 2023 was just under three per cent.
- Successfully recruited and welcomed more than 300 international nurses and midwives and supported them to obtain NMC registration and take up posts as registered nurses in the Trust
- Through the Patient Safety Group the Trust has focussed on reducing avoidable harm. Shared decision-making councils have enabled sharing of good practice and learning from where things do not go as planned
- Falls per 1,000 bed days was 3.38 in March 2023 (national mean performance 61 per 1,000 bed days
- Monthly audits have demonstrated improvements in the management of sepsis, observations on time and medication management

What we said

Patient Experience

- With our colleagues at RWT we will publish a patient experience strategy for 2022-2025
- As early adopters, with our colleagues at RWT we will continue to develop and implement the new complaint standards
- PHSO (Parliamentary and Health Service Ombudsman) Complaints Standards including e-learning training modules and tracking progress against each Trust's self-assessment
- We will introduce a PALS chatbot as a virtual web assistance for key queries
- Improvement Matters – we will shift some emphasis from measurement matters to improvement matters
- Patient involvement – we will continue to recruit, engage, and involve patient partners in organisational decision making
- We will provide new and varying voluntary opportunities for the public, hosting community recruitment events and developing a process leading to employment for those who want it

What we did:

With our colleagues at RWT we will publish a patient experience strategy for 2022-2025

- We published our Patient Experience Enabling Strategy in collaboration with The Royal Wolverhampton NHS Trust. The strategy sets out our priorities for improving patient experience in the next three years. Three pillars of improvement have been identified: Involvement, Engagement, and Experience. These pillars have been guided and informed by the patient voice, using feedback and insight gained from our patients, families, and carers who either completed a national or local survey, took part in the Friends and Family Test, provided positive feedback, or raised a concern or complaint. We have set ourselves several priorities which will underpin each of the three pillars of improvement

As early adopters, with our colleagues at RWT we will continue to develop and implement the new complaint standards

- Adopted the model complaint handling procedure. This describes how the standards will be put into practice and will replace the existing complaints and concerns policy
- Reviewed the guidance modules and downloaded updated versions for dissemination
- Produced training modules around resolving concerns at a local level, a guide to an impactful local resolution meeting, with a further module around the formal complaint investigation process currently in development

PHSO Complaints Standards including e-learning training modules and tracking progress against each Trust's self-assessment

- Walsall Healthcare NHS Trust participated in the pilot of the new standards with early adopter status for implementation and collaborated with colleagues at the Royal Wolverhampton NHS Trust
- Undertaken a full review of our local templates to ensure compliance with the standards
- Completed the NHS assessment matrix. This breaks down the core expectations of the standards and allowed us to identify gaps in practice

Looking back 2022/23

We will introduce a PALS Chatbot – as a virtual web assistance for key queries.

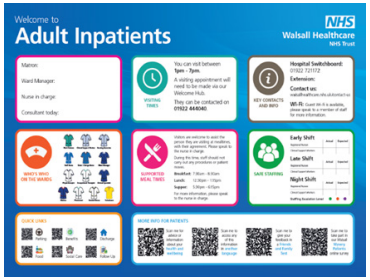
- Since deciding on this action we have scoped the market but now feel we would be better served by an in-house version rather than an external one and this development is ongoing

Improvement Matters – we will shift some emphasis from measurement matters to improvement matters

- Since the beginning of April 2023, we have embedded the "reflective shoes" process within our complaint process
- The process encourages complaint handers to prompt a conversation with the staff members/teams involved in concerns around:
  - What were the patients / family's feelings at the time of the concern?
  - How do they feel?
  - What is their current situation?
- Following this discussion, staff are then prompted to discuss:
  - How it felt healing the concerns raised?
  - What can be learnt from the concerns?
  - How they will individually reflect on this?
  - If they require any support as individuals or as a team
- This conversation helps the complaint handler focus and agree on real time actions, helping us as a Trust to move away from retrospective actions and moving to "You said, We have"
- This also falls in line with the Parliamentary & Health Service Ombudsman (PHSO) complaint standards
- The PHSO standards have been in place since April 2023, however, due to our early adopter status, we have been able to work on initiatives such as reflective shoes prior to the standards coming into play

Patient Involvement – we will continue to recruit, engage, and involve patient partners in organisational decision making

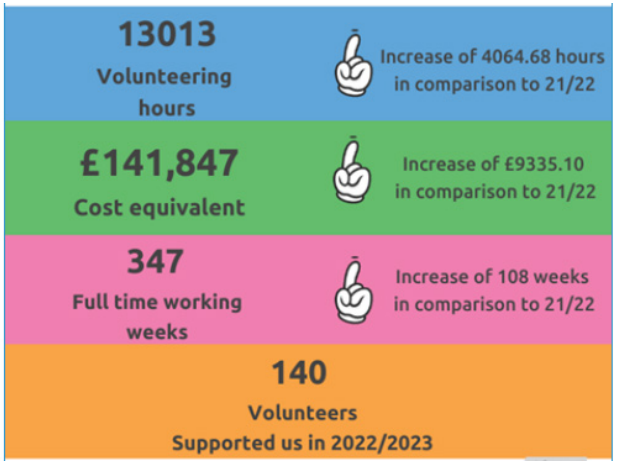
- Patient partners have been involved in the development and co-design of new ward information boards completed in October 2022
- A patient partner and our new chaplaincy volunteers were actively involved in a faith-based improvement that has seen us provide faith resource boxes in key locations across acute and community
- The resource boxes include religious books, icons and key information to support staff and patients to access religious care by request
- The patient readers panel reviewed a combined VTE leaflet, the Goscote Hospice leaflet, patient initiated follow-up leaflet, lymphoedema, third primary dose of vaccine, post picc line insertion information leaflet
- In addition, our partners have been involved in PLACE assessments, quality improvement work and action monitoring in response to national surveys. The patient partners received a presentation on Duty of Candour explaining that the template followed is considered to not be user friendly. The partners attended a Duty of Candour workshop to co-design changes to the current process, to improve documentation and help produce a new leaflet



We will provide new and varying voluntary opportunities for the public, hosting community recruitment events and developing a process leading to employment for those who want it.

- Throughout the year the trust has strengthened existing partnerships with Juniper Training, through the EWE programme, and Manor Farm Community Association, through the Manor Wellbeing Support lounge
- A new partnership for 2022/23 is with St John Ambulance and the NHS Cadets, a yearlong advanced programme supporting young people across the Black Country in the early stages of their career choices
- As we move into 2023, foundations have been laid for a new partnership with Walsall College, and we look forward to welcoming students to the hospital in the coming year. More than 20 students have signed up and begun their 12-week volunteer placement

Walsall College



Priorities for Improvement and Statements of Assurances

Our Quality Priorities for 2023/24

The priorities detailed below have been identified and agreed in the Quality and Safety Enabling Strategy and the Patient Experience Enabling Strategy. These are the first joint strategies for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT). The strategies define in detail how we will strive to excel in delivery of care, which is one of the four strategic aims of the joint Trust Strategy.

Our key priority areas have been agreed based on information from various local, regional, and national sources, including recent engagement with our staff, patients, partners and the communities we serve.

The priorities identified below are specifically drawn from both above strategies.

The priorities are captured in the overarching themes of the Quality & Safety Enabling Strategy.

Our People

- Priority Area – The right workforce with the right skills, in the right place at the right time

Embed a culture of learning and continuous improvement at all levels of the organisation

- Priority area – Quality improvement
- Priority area – Patient safety
- Priority area – Patient involvement

Prioritise the treatment of cancer patients focused on improving the outcomes of those diagnosed with the disease

- Priority Area – Cancer treatment

Deliver safe and responsive urgent and emergency care in the community and in hospital

- Priority Area – Urgent and emergency care and patient flow

Deliver the priorities of the National Elective Care Strategy

- Priority Area – National Elective Care Strategy

Priority 1: Patient safety

Embed a culture of learning and continuous improvement at all levels of the organisation. **Priority area – Patient safety**	**Key actions we will take:** • Transition to the Patient Safety Incident Response Framework (PSIRF) • Transition to Learn from Patient Safety Events (LfPSE) • Increase uptake of Level 2 syllabus training **The aim for 2023/24** • Transition to PSIRF achieved by the national deadline • 100% of incidents uploaded to LfPSE by the national deadline
Deliver safe and responsive urgent and emergency care in the community and in hospital. **Priority area –** **Urgent and emergency care and patient flow**	**Key actions we will take:** • Working with partners from across the system, we will support the flow of patients through UEC, by: • expanding and maintaining the use of same day emergency care (SDEC) services to avoid unnecessary hospital stays • expanding virtual wards, allowing people to be safely monitored from the comfort of their own homes • working with partners to speed up discharge from hospital and reduce the number of patients without criteria to reside **The aim for 2023/24** • Year on year improvement in the percentage of patients seen within four hours in A&E • Reduce adult general and acute bed occupancy to 92% • Consistently meet the 70% two-hour urgent community response time
Embed a culture of learning and continuous improvement at all levels of the organisation. **Priority area – Quality improvement**	**Key actions we will take:** • Produce a gap analysis on how both trusts (RWT/WHT) rank against the four components of a quality management system (quality planning, quality control, quality improvement and quality assurance), and review how we triangulate data to understand priorities • All members of divisional and care group/directorate leadership teams to attend one day quality service improvement and redesign fundamentals (sessions scheduled from January 2023) • Year-on-year roll-out plan for QI huddle boards across both trusts to targeted areas e.g., low evidence of improvement work, non-clinical areas **The aim for 2023/24** • Completed gap analysis by end of 2023/24 • Increase in the number of staff trained following triumvirate training • Introduction of 10 QI huddle boards per site/annum

Priority 2 – Clinical effectiveness

The right workforce with the right skills, in the right place at the right time **Priority area – Our people**	**Key actions we will take:** • Recruit and retain staff using targeted interventions for different career stages • Improve retention using bundles of recommended high impact actions • Develop and deliver the workforce required to deliver multidisciplinary care closer to home, including supporting the rollout of virtual wards and discharge to assess models **The aim for 2023/24** • To improve staff turnover by the end of 2023/24
Prioritise the treatment of cancer patients, focusing on improving outcomes for those diagnosed with the disease **Priority area – Cancer treatment**	**Key actions we will take:** • Maintain focus on operational performance, prioritising capacity for cancer patients to support the reduction in patients waiting over 62 days • Increase and prioritise diagnostic and treatment capacity for suspected cancer, including prioritising new community diagnostic centre capacity • Implement priority pathway changes for lower gastrointestinal (GI), skin, and prostate cancer **The aim for 2023/24** • Reduction in the number of patients waiting more than 62 days for treatment, and meeting the cancer faster diagnosis standard by March 2024 • 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed, or have cancer ruled out, within 28 days
Deliver the priorities of the National Elective Care Strategy **Priority area – National Elective Care Strategy**	**Key actions we will take.** • Deliver an increase in capacity through the community diagnostic centre and theatre expansion programme • Transform the delivery of outpatient services with the aim of avoiding unnecessary travel and stress for patients • Increase productivity using the GIRFT (Getting it Right First Time) programme and improving theatre productivity **The aim for 2023/24** • Eliminate waits of over 65 weeks by the end of 2023/24 • Meet the 85% theatre utilisation expectation

Priority 3 – Patient experience

Embed a culture of learning and continuous improvement at all levels of the organisation. **Priority area – Patient involvement**	**Key actions we will take:** • The key priorities are outlined within the joint Patient Experience Enabling Strategy (2022-2025). These include: **Pillar one – Involvement** • We will involve patients and families in decisions about their treatment, care, and discharge plans. **Pillar two – Engagement** • We will develop our Patient Partner programme and use patient input to inform service change and improvements across the organisation **Pillar three – Experience** • We will support our staff to develop a culture of learning to improve care and experience for every patient.

Within the Quality and Safety Enabling Strategy there are also several priority areas identified under the overarching theme of "fundamentals", which are based on internal and external priorities. The Trust will also be expected to deliver on the specific objectives linked to the strategy under this section.

Fundamentals – based on internal and external priorities:

- Priority Area – Prevention and management of patient deterioration
- Priority Area – Timely sepsis recognition and treatment
- Priority Area – Medicines management
- Priority Area – Adult and children safeguarding
- Priority Area – Infection prevention and control
- Priority Area – Eat, Drink, Dress, Move to Improve
- Priority Area – Patient discharge
- Priority Area – Maternity and neonates
- Priority Area – Mental health
- Priority Area – Digitalisation

The Quality and Safety Enabling Strategy also includes the following priority area, which is part of the "Care" strategic aim of the Trust Strategy:

Deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations.

- Priority Area – Financial sustainability

This will focus on ensuring that we best use the finite resources available to us, which include (but are not limited to) people, physical capacity and finances, as well as maximising opportunities offered through collaborative working between RWT and WHT.

Mandatory statements of assurance from the Board

Review of services

Participation in clinical audit

During 2022/23, there were several national clinical audit programmes and national confidential enquiries covering NHS services. During that period Walsall Healthcare participated in 92% of the national clinical audit programmes and 100% of the national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries that Walsall Healthcare NHS Trust was eligible to participate in during 2022/23 are as below.

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
Serious Hazards of Transfusion (SHOT)	Yes	100%	In progress
National Asthma and COPD Audit Programme (NACAP) – COPD	Yes	On-going data submission	In progress
National Asthma and COPD Audit Programme (NACAP) - Asthma	Yes	On-going data submission	In progress
National Asthma and COPD Audit Programme (NACAP) - Pulmonary Rehabilitation	Yes	On-going data submission	All national recommendations have been reviewed and an action has been put in place for the one recommendation noted
National Asthma and COPD Audit Programme (NACAP) – Paediatric Asthma – Secondary Care	Yes	On-going data submission	Report received – under care group review
National Diabetes Audit- Inpatient Audit – Safety Audit	Yes	Data submission in progress	In progress
National Diabetes Adult - Foot Care Audit	Yes	Data submission in progress	Report received, fully compliant with standards assessed
National Diabetes Adult – Pregnancy	Yes	On-going data submission	In progress
National Diabetes Adult – Core	Yes	Data submission in progress	In progress
National Paediatric Diabetes Audit	Yes	On-going data submission	Report received, good level of care, noted actions in place to assess any standard
National Lung Cancer Audit (NLCA)	Yes	100%	Not yet reported
Pain in Children – CEM	Yes	100%	Report received June 2022 – action plan in place
Assessing for Cognitive Impairment in Older People – CEM	Yes	On-going data submission	Not yet reported

Statements of Assurance

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
Major Trauma Audit - TARN	Yes	100%	Report received – good compliance to standards
Mental Health Self Harm - CEM	Yes	On-going data submission	Not yet reported
Cleft Registry and Audit Network	No	N/A	Not undertaken at the Trust
National Audit of Heart Failure	Yes	On-going data submission	Report received June 2022 – no actions necessary from the outcome
National Audit of Adult Cardiac Surgery	No	N/A	Not undertaken at the Trust
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	On-going data submission	In progress
National Congenital Heart Disease	No	N/A	Not undertaken at the Trust
Cardiac Rhythm Management	Yes	100%	In progress
National Audit of PCI	No	N/A	Submitted as part of RWT data.
National Gastro Intestinal Programme National Oesopago – Gastric Cancer	Yes	Data submission in progress	Report received Jan 2023
National Gastro Intestinal Programme - National Bowel Cancer Audit	Yes	On-going data submission	Report received Jan 2023
Inflammatory Bowel Disease Audit	Yes	Data submission in progress	In progress
Mental Health Clinical Outcome Review Programme	No	N/A	Not undertaken at the Trust
Sentinel Stroke National Audit – Community	Yes	100%	Report received Nov 2022, good compliance
National Prostate Cancer Audit	Yes	Data submission in progress	Submitted as part of RWT data

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
Case Mix Programme (CMP) - ICNARC	Yes	100%	Report received Jan 2023, good compliance against the standards
National Audit Of Breast Cancer in Older People	Yes	On-going data submission	Report received May 2022, good compliance against the standards
Breast and Cosmetic Implant Registry	Yes	On-going data submission	Not yet reported for 22/23
National Emergency Laparotomy Audit	Yes	On-going data submission	Report received Feb 2023
National Vascular Registry	No	N/A	Not undertaken at the Trust
Elective Surgery (National PROMs Programme)	Yes	On-going data submission	In progress
Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database	Yes	On-going data submission	In progress
Falls and Fragility Fractures Audit programme (FFFAP) - National Audit of Inpatient Falls	Yes	TBC	Report received November 2022 actions aligned to the Falls Working Group
Fracture Liaison Service Data Base	Yes	On-going data submission	Report received Jan 2023, good compliance
National Clinical Audit of Rheumatoid and Early Inflammatory Arthritis	Yes	On-going data submission	Reported received Oct 2022, low case ascertainment, limitations on results
MBRACE-UK	Yes	100%	Report received Nov 2022, good compliance
National Maternity and Perinatal Audit (NMPA)	Yes	100%	Report received June 2022, good compliance
National Obesity Audit	Yes	Data Submission in progress	In progress
National audit of Seizures and Epilepsies in Children and Young People	Yes	On-going data submissions	Report received July 2022 – actions taken

Statements of Assurance

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
National Audit of Care at the End Of Life	Yes	Data Submission in progress	Report received July 2022, moderate compliance, action taken
National Neonatal Audit Programme	Yes	Data submission in progress	Report received Nov 2022, Good compliance, noted 10 standards achieved, four standards needed improvement
Paediatric Intensive Care	N/A	N/A	Not undertaken at the Trust
Learning Disability Mortality Review Programme	Yes	TBC	In progress
National Audit of Dementia	No	N/A	Not undertaken at the Trust
National Cardiac Arrest Audit (NCAA)	Yes	On-going data submissions	Report received April 2023, under care group review
Improving the Quality of Valproate Prescribing in Adult Mental Health Services	No	N/A	Not undertaken at the Trust
The use of Melatonin	No	N/A	Not undertaken at the Trust
UK Cystic Fibrosis Registry	No	N/A	Not undertaken at the Trust
Child Health Clinical Outcome Review	Yes	On-going data submissions	In progress
National Clinical Audit of Psychosis	No	N/A	Not undertaken at the Trust
National Joint Registry (NJR)	Yes	On-going data submissions	Report received Sept 2022, good compliance noted
Neurosurgical National Audit Programme	No	N/A	Not undertaken at the Trust
National Audit of Pulmonary Hypertension	No	N/A	Not undertaken at the Trust

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
Out of Hospital Cardiac Arrest Registry	No	N/A	Not undertaken at the Trust
Peri Operative Quality Improvement Programme	No	N/A	Not undertaken at the Trust
Society Acute Medicine Bench Marking Audit SAMBA	Yes	100%	In progress
Chronic Kidney Disease Registry	Yes	Data Submission in progress	Submitted
Muscle Invasive Bladder Cancer Audit	Yes	Data Submission in progress	Submitted
Medical and Surgical Outcome Review Programme	Yes	On-going data submissions	In progress
National Audit of Cardiac Rehabilitation programme	Yes	Data Submission in progress	In progress
National Child Mortality Database	Yes	Data Submission in progress	Report received July 2022, good compliance
National Perinatal Mortality Review Tool	Yes	Data Submission in progress	In progress
Adult Respiratory Support Audit	Yes	Data Submission in progress	In progress
National Smoking Cessation Audit – Maternity and Mental Health Services	Yes	N/A	Currently on pause with the national team
National Bariatric Surgery Registry	Yes	100%	In progress
National Ophthalmology Database Audit	Yes	Data Submission in progress	Submitted
UK Renal Registry Chronic Kidney Disease Audit	Yes	Data Submission in progress	Submitted
UK Parkinson's Audit	Yes	100%	Report received March 2023, with the care group

Statements of Assurance

The reports of 26 national clinical audits were reviewed by the provider in April 2022-March 2023 and Walsall Healthcare intends to take the following actions to improve the quality of healthcare provided. A Summary of the reports reviewed is noted in the table below:

National Audit Title	Actions taken
Pulmonary Rehab	Of the six recommendations in the report that are applicable to the service, there were five that were already being achieved giving WHT good compliance. There was one standard that required improvement relating to distance assessments. Action was taken to address walking distance assessments – this is now standard practice for all patients in our care.
National Audit of Care at the End of Life: Third round of the audit	Report and recommendations reviewed local action plan developed, including development and delivery of education programme to support communications training and introduction of end of life specialist nurse practitioner post.
SSNAP Annual report 2022	Report and recommendations reviewed, local actions developed; a good standard of care was noted overall with actions being taken to improve the speech and language service currently provided.
National Oesophago-Gastric Cancer Audit Short Report 2022	All national recommendations are reviewed, and a local action plan is in place to strengthen working between dieticians at Walsall Healthcare and dieticians at QE.
The 'So What' of Maternity Data	All recommendations have been reviewed; local actions to form part of the Ockenden report.
National Neonatal Audit Programme summary report on 2021 data	Report received and reviewed; actions taken include posters to raise awareness, educational sessions to all staff groups and the purchase of new equipment and training for safe use.
Case Mix Programme - ICNARC	Presentation and review of national data, no formal action plan required.
National Diabetes Foot Care Audit: Interval review	Presentation and review of national data, no formal action plan required.
Cardiac Arrest	The overall data completeness remains high for Walsall Healthcare. Action taken to further embed the electronic form to support submissions to capture data on patients in real time.
National Paediatric Diabetes Audit Annual Report 2022/23	All national recommendations are reviewed, and a local action plan is in place to address any areas of potential improvement
National Audit of Breast Cancer in Older Patients: 2022 annual report	Report reviewed and no areas of concern, no formal action plan required
National Cardiac Audit Programme 2022 Report: The heart in lockdown	Report reviewed and no areas of concern, no formal action plan required.
Fractured Neck of Femur - CEM	Presentation and review of national data has taken place. Actions were agreed by the care group to include education and training
Eighth Patient Report - National Emergency Laparotomy Audit	Report received and reviewed, actions and recommendations noted – a formal action plan is in development

Local Clinical Audit

Walsall Healthcare initially registered 123 audit projects, of which 39 are in progress and 76 have been completed. Reports from these audits are presented at multi-speciality meetings where recommendations and actions are derived to improve the care delivered. Some examples are detailed below:

Title	Outcome	Action
Emergency Department Adherence to NICE guidance CT Imaging requests	59% had a CT image in accordance with NICE guidance thus indicating low assurance.	Work to incorporate the NICE guidance into the ICE requests is in progress with an aim to act as a prompt during the request process
Ward Round Audit	Based on RCP guidance – 5 key principles. 100% compliance in three of the standards, however two of these principles – patient involvement and education and development – were sitting below the recommended baseline	Audit was presented to the care group and actions taken around staff education around the key principles required for an effective ward round and improving patient involvement in the ward round discussion/process.
Rybelsus	Safe and effective drug in type 2 diabetes shared with the formulary management group for assurance	Recommendation and assurance shared with the formulary management group
Dermatology Vuval Clinic	To look at adherence to BAD guidelines on lichen sclerosis	Actions taken: improvements to the patient referral pathway, vulval clinic, to enhance the patient experience
Follow up" alert following abnormal Chest x-ray- Is it acted on by the requesting clinician?	Moderate compliance was identified to follow up arrangements	Action taken to develop Trust guidance to ensure the process around follow from chest x-ray is consistent. Shared the outcome of the audit through numerous forums and huddles to raise awareness
An audit to evaluate the accuracy of discharge summaries and scope of pharmacist intervention in discharge prescribing	Moderate compliance identified in relation to EDS compliance	Actions taken: active pharmacy participation in EDS redesign. Education and training enhancements for staff on prescribing requirements for EDS completion. Cascade audit findings in safety huddles for learning and embedment of the process.
Use of Interpreters	Limited compliance on the full use of interpreters	Improvement in the antenatal assessment for primary language. Improve documentation around plan following identification of the need for translation service involvement
VTE in the Postnatal Period	Moderate assurance noted in relation to assessment	Reinforce the policy in the safety huddles and ongoing monitoring of compliance to VTE and investigation if the current VTE dashboard can be expanded to incorporate the outpatient element.
Maternal pulse recording in labouring Women	Full compliance	Audit shared with the teams and at the safety huddle – no action required.
Syphilis Audit - Genito-urinary Medicine	Moderate compliance against the BASHH guidelines	Action taken – readjusted to proforma, to improve contact tracing.
To find out the timing of consultant review of children admitted in the Paediatric Ward	Good compliance to standards	Audit shared with the teams and at the safety huddle – no action required.
Prolonged Jaundice re audit for assurance of changes embed	Good compliance to standards and improvements noted	Audit shared with the teams and at the safety huddle – no action required.

National Patient Safety Alerts

The Department of Health and its agencies have systems in place to receive reports of adverse incidents and to issue alert notices and other guidance where appropriate. These alerts provide the opportunity for trusts to identify deficiencies in their systems and to correct them by learning lessons from identified risks. All NHS bodies have a duty to promptly report adverse incidents and take prompt action on receipt of alert notices.

For the period 1 April 2022 to 31 March 2023 the Trust has been issued with a total of 14 Patient Safety Alerts (NPSA) from the Central Alerting System. All these alerts have been completed in line with the stipulated completion periods. Four of the 14 were deemed not applicable to the organisation.

Participation in clinical research

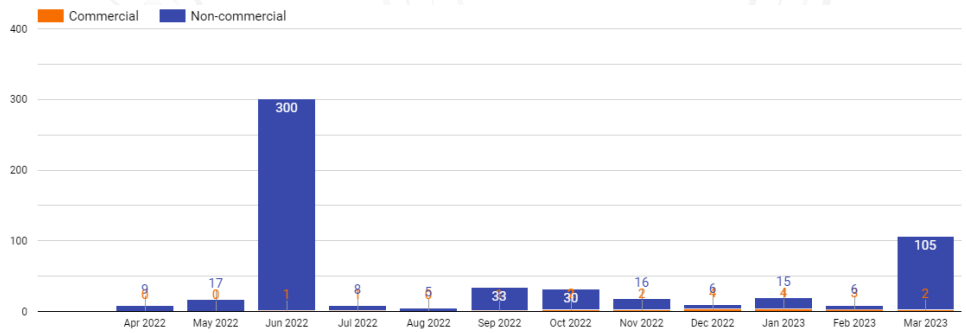
Opportunities for the population of Walsall to take part in research studies continue to grow year on year.

The total number of patients receiving relevant health services provided or subcontracted by Walsall Healthcare NHS Trust in 2022/23 who were recruited in research approved by a research ethics committee is 571, covering 14 specialities. Of this total, 21 participants took part in clinical trials.

This data shows that since the same period the year before (21/22), the Trust has seen an increase of 318 patients having the opportunity to be involved in research. Walsall Healthcare NHS Trust has seen a growth in the number of commercial trials opened during 22/23, in total eight – compared to two in the previous period. The predicted growth of clinical trials for 23/24 is already evident with five studies in the pipeline.

Opportunities for participants to be involved in clinical trials have also increased. Study types include interventional and observational, with clinical trials varying from phase 2b to phase 3.

The implementation of hybrid roles to support research growth in maternity and palliative care (working in collaboration with Compton Care) has seen a rise in research activity within these specialities.



The below table illustrates the varied speciality areas Walsall Healthcare NHS Trust is research-active in, with studies in set up or in the pipeline:

Specialities Opened	Specialities In Set up	Specialities in the pipeline
Cancer	Paediatrics/Children	Cardiovascular
Critical Care	Cardiovascular	Dermatology
Respiratory	Musculoskeletal	Rheumatology
Surgery	Surgery	Sexual Health
Dermatology	Dermatology	
Cardiovascular	Reproductive Health & Birth	
Reproductive Health & Birth	Cancer	
Emergency Medicine		
Paediatrics/Children		
Tissue/Viability/Diabetes		
Maternity		
Education Related		

Cardiovascular, dermatology and surgery dominate research activity across the Trust, having a number of studies opened, in set up or in the pipeline.

New growth areas include rheumatology, respiratory, sexual health, maternity, dietetics and emergency medicine.

CQUIN (Commissioning for Quality and innovation Payment Framework)

As part of the response to COVID-19, the NHS adopted special payment arrangements for 2020/21 and 2021/22, removing the requirement for trusts to sign formal contracts, and disapplied financial sanctions for failure to achieve national standards. The Commissioning for Quality and Innovation (CQUIN) financial incentive scheme was also suspended for the entire period. To support the NHS to achieve its recovery priorities, CQUIN was reintroduced from 2022/23.

Walsall Healthcare NHS Trust's income in 2022/23 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

Information on registration with the Care Quality Commission

Walsall Healthcare NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is "registered without conditions".

The CQC has taken enforcement action against Walsall Healthcare NHS Trust during 2022/23. The Trust was issued a Section 29a Warning Notice in relation to medicines management in November 2022.

Safe	Requires improvement
Effective	Requires improvement
Caring	Outstanding
Responsive	Requires improvement
Well-led	Requires improvement
Use of resources	Requires improvement

Community health services for adults	20 December 2017	Good
Community health services for children, young people and families	20 December 2017	Good
Community end of life care	20 December 2017	Outstanding
Community health sexual health services		

Statements of Assurance

The Trust received an inspection of its medical services, surgical services, children's and young persons' services and Trust-wide 'Well Led' on 20 September, 4 October, 5 October, 9 November and 10 November 2022.

Previous reports and full details of our inspections are available on the CQC website (www.cqc.org.uk).

Information on the quality of data - Secondary User Services

Walsall Healthcare NHS Trust submitted records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.88% for admitted patient care
- 99.95% for outpatient care and
- 99.54% for accident and emergency care

The percentage that included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care

Clinical coding error rate

Walsall Healthcare NHS Trust was not subject to the Payment by Results clinical coding audit during 2022-23 by the Audit Commission. However, it did commission a Data Protection and Security Toolkit audit undertaken by 3M for coded data 2022/2023 and the results are in the table below.

The aim of the audit is to check that clinical coding processes are in place and to ensure the inputted data complies with national clinical coding standards. Coded clinical data will always be audited against the national clinical coding standards.

	Level of attainment Mandatory	Level of attainment Advisory	Trust percentage correct
Primary diagnosis	>= 90.0%	>= 95.0%	96.0%
Secondary diagnosis	>= 80.0%	>= 90.0%	87.5%
Primary procedure	>= 90.0%	>= 95.0%	96.8%
Secondary procedure	>= 80.0%	>= 90.0%	94.0%

Information governance toolkit attainment levels

Data Security and Protection Toolkit

The table below details the incidents reported on the NHS Digital incident reporting tool and to the Information Commissioners Office (ICO), within the financial year 2022-2023:

Date incident occurred (Month)	Nature of incident	No. of data subjects	Description/nature of data involved	Further action on information risk
April 2022	Unauthorised access	1	A member of staff allegedly accessed a patient's digital health record on the Trust's clinical information system.	Investigation undertaken with HR involvement.
March 2023	Cyber incident	Unknown	One single asset and a single account had been compromised and allowed access into the Walsall Healthcare NHS Trust infrastructure via a virtual private network (VPN).	Still under investigation.

Incidents classified at lower severity level - Incidents classified at severity level 0/1 are aggregated and provided in table below. Please note this is not all incidents, just level 0/1 against the below listed categories:

Category	Breach type	Total
A	Confidential patient breach	38
B	Confidential information leak	4
C	Consent not gained	2
D	Post incorrectly sent/ addressed	12
E	Record keeping – incomplete	1
F	Missing records	10
G	Records lost in transit	2
H	Records not provided	1
I	Reports (results) – missing/unfiled	2
J	Loss of data via electronic transmission	2
K	Incorrect delivery of electronic data	3
	Total	77

Walsall Healthcare NHS Trust Data Protection and Security Toolkit return 2021/2022

The Trust submitted as "Standards Met". An internal audit of the DSP toolkit in February 2022 for the 2021/22 toolkit year had provided significant assurance of the processes and evidence that is in place to support the DSP toolkit submission.

Data Protection and Security Toolkit return 2022/23 – Is currently being ratified and will not be published until June 2023.

Statement regarding progress in implementing the priority clinical standards for seven-day hospital services

National reporting on seven-day service has been suspended since March 2020. However, Walsall Healthcare NHS Trust continues to monitor against the standards, completing two audits in 2022/2023. The results of the audits are reported to the Quality, Patient Experience & Safety Committee which is a subcommittee of the Trust Board.

The last audit took place in February 2023, see below for detail on to the four core standards. The results evidenced significant improvement on the previous audit, with the Trust now meeting the following two standards where it had not the previous year:

- Standard 2 (time to first consultant review, within 14 hours in the acute admission setting)
- Standard 8 (ongoing consultant review, all patients to be reviewed every 24 hours)

Standard 2 - Time to first consultant review, within 14 hours in the acute admission setting.

Walsall Healthcare NHS Trust achieved an overall compliance of 93% (against a standard of 90%) of patients reviewed by a consultant within 14 hours of admission. This is an improvement on the previous audit result of 60%. Compliance was as follows: weekday 94% and weekend 100% (compared to previous results: weekday 59% and weekend 73%).

Standard 5 - Assesses the availability of six diagnostic tests for weekdays and weekends. Overall compliance (i.e., achievement of the 90% threshold) is based on a combination of these weekday and weekend assessments, with 50% weighting given to each. Walsall Healthcare NHS Trust met this standard.

Standard 6 - Timely 24-hour access seven days a week to nine consultant-directed interventions.

Assesses the availability of each of the nine interventions for weekdays and weekends. Overall compliance (i.e., achievement of the 90% threshold) is based on a combination of these weekday and weekend assessments. This overall score is based on a 50% weighting for weekday and weekend availability. Walsall Healthcare NHS Trust met this standard.

Standard 8 - Ongoing consultant review, all patients to be reviewed every 24 hours.

Daily review compliance is at 91% (compliance at last report was 53%), against the 90% compliance target.

The results of the audits have significantly improved on the previous years. Previously identified areas for improvement and quality measures the Trust introduced should continue have a positive effect on the next audit.

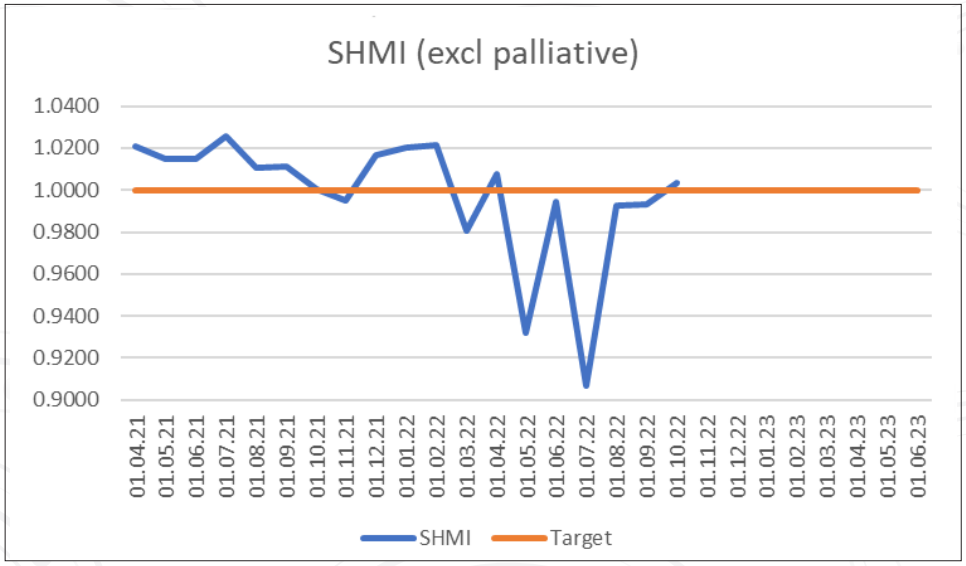
In February 2022 NHS England published an updated Board Assurance Framework which reduces internal data collection burden for trusts and simplifies reporting. No date has been provided for the reintroduction of national reporting, however the Trust will continue to audit twice yearly.

National Core Set of Quality Indicators

Core Quality Indicators - SHMI

The summary hospital level mortality indicator (SHMI) is a mortality measure that takes account of several factors, including a patient's condition. It includes patients who have died while having treatment in hospital or within 30 days of being discharged from hospital. The SHMI value is measured against the NHS average which is 1. A value below 1 denotes a lower-than-average mortality rate and therefore indicates good, safe care.

The published SHMI value for the 12-month rolling period (published by NHS Digital November 2022) July 2021 to June 2022 is 0.995, and the most recent published SHMI value for the 12-month rolling period (published by NHS Digital March 2023) November 2022 to October 2023 is 1.003. These values are within the expected range and relate to the acute Trust excluding palliative care.



We continue to monitor mortality data by ward, speciality, and diagnosis. Reviews of deaths in hospital are carried out to identify any factors that may have been avoidable so that these can inform our future patient safety work. Deep dives are carried out if an SHMI alert is received and reports are presented at the Mortality Surveillance Group outlining issues identified and action plans as necessary. This is monitored monthly.

Core Quality Indicators – Summary of patient deaths with palliative care

The data is provided to the Trust by the medical examiner team for patient deaths with palliative care at either diagnosis or specialty level for the reporting period as below:

Month	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Palliative Medicine Deaths	14	10	15	13	14	11	12	10	9	10	14	16	18	11	16
Total Hospital Deaths	139	104	120	125	120	106	105	105	113	124	109	164	168	113	149

The Trust has an established medical examiner and mortality reviewer service so that all deaths are scrutinised, and a significant selection undergo a Structured Judgement Review (SJR):

Month	Apr 22	May 22	June 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
SJR requested	7	7	8	3	3	11	16	16	26	13	15	9
Total deaths (hospital)	125	120	106	105	105	113	124	109	164	168	113	149

SJR outcomes (total deaths reviewed categorised by outcomes

	Q1	Q2	Q3	Q4	Total
Number of deaths	349	322	395	429	1495
Number of SJRs	17	8	31	17	73
Estimate of the number of deaths thought to be more likely than not due to problems in the care provided	4	1	4	5	14

This data refers to the number of SJRs completed.

The total number of deaths in the Trust for 2022/2023 is 1,495.

Number of completed SJRs with scores of 1-3a is 14.

Percentage of avoidable deaths is 0.94%.

This means that learning from deaths is now an established part of the Trust's governance process and has provided important information on the care of patients who were in the last months and weeks of life. This information has contributed to improving the Trust's ability to identify key areas of focus.

The community ME programme continues to be rolled out to all Walsall GPs with 48% of Walsall GPs now part of the programme and meetings arranged in April to encourage GPs to sign up in advance of the statutory date.

The ME programme in the community was due to become statutory in April 2023, however this has been moved to summer 2023 and we are awaiting notification of the exact date.

Walsall Healthcare NHS Trust provides integrated specialist palliative care and end of life services, with the hospice unit, community teams and hospital team all part of the Trust. This means that we can provide care across boundaries.

The Trust will take/has taken the following actions to improve the quality of its services in 2022/23:

- The Gold Standard Framework programme in the hospital commenced in October 2022, helping to offer a systematic approach to end of life care on the wards
- The End-of-Life Task and Finish group is supporting the first cohort on two wards: a medical and surgical ward. Currently both wards are using their daily board rounds to discuss patients and support their wishes and preferences
- The second cohort of six wards will commence training in June 2023 and the final cohort of six wards in October 2023. This will include areas such as ITU and AMU.
- The ReSPECT group commenced in March 2023 with the aim to provide oversight, governance, training compliance, audit and reviewing incidents.

Core Quality Indicators – Learning from Deaths

Deaths at the Trust are recorded using the Clinical Outcomes Review System (CORS). This enables review and discussion at service and directorate morbidity and mortality meetings. A proportion of deaths also undergo a more detailed review.

Detailed case record review is undertaken using the Royal College of Physicians' Structured Judgement Review (SJR) methodology for any death meeting one of the defined categories below:

- All deaths where bereaved families and carers or staff have raised a significant concern about the quality-of-care provision.
- All patients with a learning disability
- All patients with a mental health illness
- All maternal deaths
- All children and young people up to 19 years of age
- All deaths where an alarm has been raised with the provider through SHMI, CQC, audit work
- All elective surgical patients
- All non-elective surgical patients
- All unexpected deaths
- Deaths where learning will inform improvement work.
- Where there have been external concerns about previous care at the Trust.

Specialties may also undertake additional detailed case record reviews as part of their own mortality review processes and feed any lessons learned from this back to the Mortality Surveillance Group. Paediatric and maternal or neonatal deaths are reviewed using the Child Death Overview Panel (CDOP) and MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) tools respectively.

Sharing of Learning

Learning from reviews of deaths, including those reviewed by detailed case record reviews, is discussed and shared through local specialty and directorate mortality meetings. Themes from these meetings are shared at the Trust Mortality Surveillance Group.

Specialties report to the Mortality Surveillance Group to set out themes, lessons learned and action plans. These are reviewed regularly, and has resulted in the following improvements:

Lung cancer

- The lung cancer service quality improvement programmes have led to a rapid access suspect referral process with new pathways to identify potential malignancies on imaging
- Appointment of lung nodule tracker and cancer navigation post
- Agreed business case to strengthen respiratory team
- Streamlining and clarifying function of lung cancer MDT
- Trust-wide cancer Power BI dashboard
- New ACP/CNS oncology clinics to support oncologists commenced 6 February 2023
- Fewer patients waiting excessive time for surgery: change of SLA September 2022
- Additional session providing bronchoscopy

Colorectal cancer

- The colorectal cancer service has implemented a mandated FIT test prior to GP referral since January 23 to streamline referrals, with guidance for urgent referrals circulated to major stakeholders
- Education session arranged with GPs/primary care in February/March 2023
- Additional CNS triage post advertised
- Additional ICB funding to support endoscopy capacity – delivering an additional 1,434 endoscopies per year
- Extra list through November 2022 to January 2023 to reduce backlog of colonoscopy requests
- Endoscopy equipment – approved (and now delivered) 38 scopes and four stack systems, costing £1.87million.
- Endoscopy suite business case – submitted to the Trust Investment Group, for a £781k expansion
- Endoscopy recovery action plan
- Cancer services have seen reduction of >62-day patients within the patient treatment list (PTL) for February 2023.

Statements of Assurance

Breast cancer

- The breast cancer team has expanded with an additional breast cancer nurse to help reduce delays in the cancer performance pathway

Oncology

- A seven-day acute oncology service has been established with a lead nurse

Emergency Department

- The Emergency Department has shown a sustainable significant improvement in ambulance handover and triage, ranking first in the West Midlands for 18 months
- A newly built urgent and emergency care centre (UECC) opened in March 2023 to improve patient care, experience, and flow
- A new online referral system to the acute medical team (Careflow Connect) has been implemented to expedite and minimise the time spent to refer patients

Renal

- A seven-day acute kidney injury (AKI) service commenced on 19 November 2022 in collaboration with the renal team from The Royal Wolverhampton NHS Trust
- A dashboard for AKI is also being developed in the Trust

Urology

- The prostate cancer service has introduced a 'one stop shop' clinic where patients receive trans-rectal ultrasonography and trans-perineal biopsy as needed rather than wait between assessment and investigation

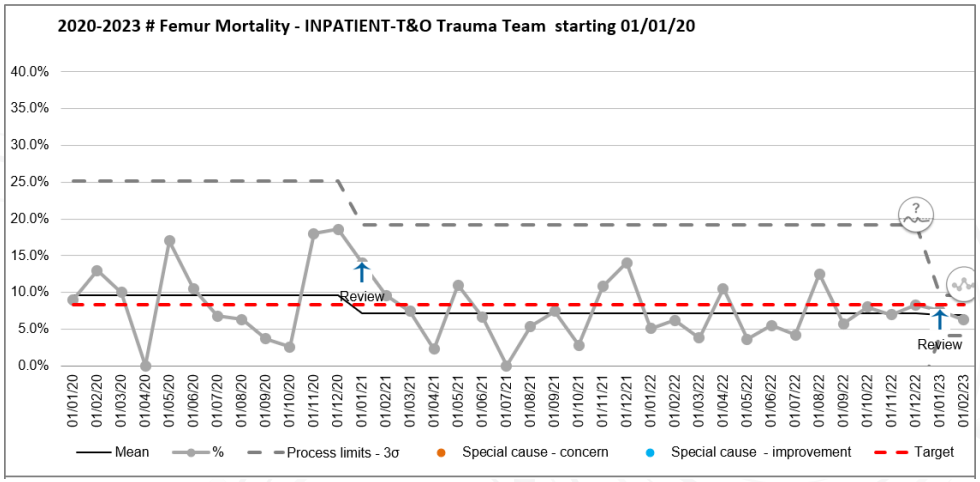
Perinatal mortality

- Twice daily consultant obstetrician ward round has been implemented
- Themes for improvement were identified with improvement methodology and will be monitored on the PMRT action log monthly
- A working group to review the admission of gestation between obstetric care and gynaecology care to improve the care provided to patients in alignment with Local Maternity Neonatal Services (LMNS)

Deteriorating patient

- Sepsis Outreach Response Team (SORT) was introduced in January 2022 resulting in a significant improvement in the Trust-wide performance against delivery of the "Sepsis Six" and in particular administration of antibiotics within 60 minutes
- The Deteriorating Patient Group has submitted a business case to introduce a 24-hour service from the sepsis team

Fracture neck of femur



- Several improvement initiatives were undertaken to improve outcomes and reduce mortality which resulted in the team receiving a HQIP award in April 2022.

Core Quality Indicators - Readmission Rates

Using data from the Healthcare Evaluation Data (HED) system, Walsall Healthcare NHS Trust are able to access full year information for 2021/22. The former provides national average performance rates, and the capacity to benchmark performance against peers.

Walsall Healthcare NHS Trust believes the performance reflects that:

- Walsall Healthcare NHS Trust has a process in place for collating data on hospital admissions, from which the readmissions indicator is derived
- The data is collated internally and then submitted on a monthly basis to NHS Digital via the Secondary Uses Service (SUS). This data is then used by the Healthcare Evaluation Data system to calculate readmission rates. Data comparing the performance to peers, and highest and lowest performers, is not available for the reporting period.

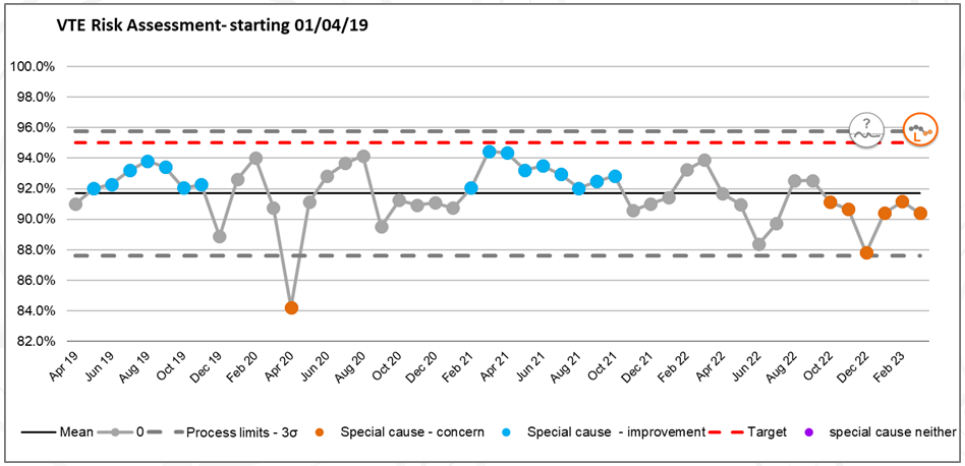
Date	0-15	16 & Over	Date	0-15	16 & Over	Date	0-15	16 & Over
Apr-20	6.15%	12.43%	Apr-21	16.58%	11.34%	Apr-22	15.02%	11.42%
May-20	6.31%	14.25%	May-21	16.99%	11.14%	May-22	16.95%	11.00%
Jun-20	4.88%	14.06%	Jun-21	13.91%	11.15%	Jun-22	18.25%	11.88%
Jul-20	7.25%	13.89%	Jul-21	15.35%	10.74%	Jul-22	19.27%	12.35%
Aug-20	10.23%	14.51%	Aug-21	16.09%	10.51%	Aug-22	14.32%	11.35%
Sep-20	12.56%	13.38%	Sep-21	17.30%	10.70%	Sep-22	15.48%	9.77%
Oct-20	15.97%	13.22%	Oct-21	16.84%	10.68%	Oct-22	18.49%	9.91%
Nov-20	17.74%	12.44%	Nov-21	17.62%	10.98%	Nov-22	18.64%	10.52%
Dec-20	13.60%	12.17%	Dec-21	15.99%	10.45%	Dec-22	15.09%	10.85%
Jan-21	13.99%	12.65%	Jan-22	14.94%	12.34%	Jan-23		
Feb-21	16.56%	12.73%	Feb-22	17.70%	11.51%	Feb-23		
Mar-21	18.15%	11.61%	Mar-22	17.41%	11.67%	Mar-23		

Core Quality Indicators – Venous Thromboembolism (VTE)

National reporting on VTE (venous thromboembolism) assessment was suspended in March 2020 and therefore benchmarking is not available for the period of this report. The Trust has continued to monitor and report internally on a monthly basis. See the graph below for performance for 2022/2023.

VTE assessment remains below the required compliance target of 95%. Monthly audits are embedded in practice with data shared with consultants and clinical teams to ensure specialties are kept informed of performance to ensure safe patient care.

The Thrombosis Group meets monthly and provides the opportunity to discuss compliance and share ideas for improvement. All incidents of pulmonary embolism and deep vein thrombosis are reported together with the outcome of investigations that have been carried out.



Core Quality Indicators - Clostridium difficile

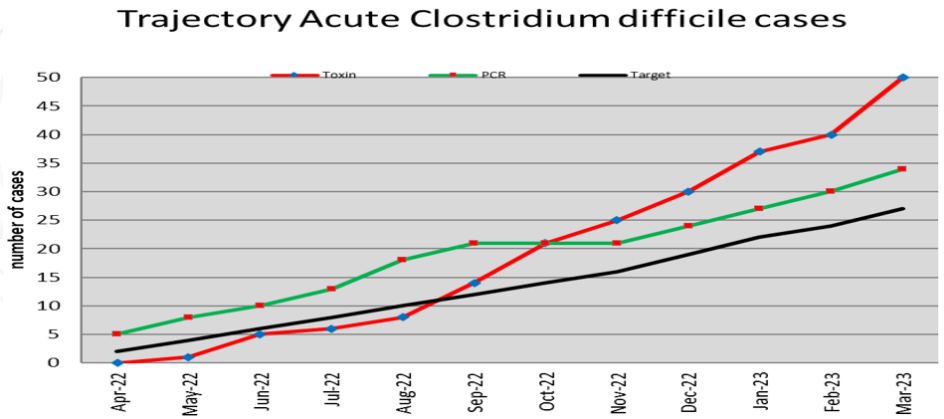
Walsall Healthcare NHS Trust considers that this data is as described for the following reasons: The Trust collates numbers monthly and submits to UKHSA. Figures for apportioned cases, apportioned cases (hospital onset only), rate per 100,00 bed days and national figures have all been taken from the UKHSA Healthcare Associated Infection Mandatory Surveillance Data Capture System. Bed days have been calculated using the apportioned cases (hospital onset only) and the rate per 100,00 bed days.

The Trust has implemented a C. difficile action plan, to include ongoing weekly C. difficile and antimicrobial stewardship ward rounds, education of ward staff, C. difficile toolkits monthly to assess cases, thematic review of cases and the annual deep clean programme.

Between April 2022 and March 2023 there have been 50 cases confirmed of acute C. difficile toxins against the annual trajectory of 27:

Total Acute Toxin cases	50
Avoidable	19
Unavoidable	31

2022/23	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Max Cases per Month	2	2	2	2	2	2	2	2	3	3	2	3
Actual acute cases	0	1	4	1	2	6	7	4	5	7	3	10
Cumulative YTD projected	2	4	6	8	10	12	14	16	19	22	24	27
Acute Cumulative actual	0	1	5	6	8	14	21	25	30	37	40	50



Avoidable cases

- 10 deemed inappropriate acute prescribing of antibiotics
- 13 community onset with delay in obtaining specimens, which led to meeting the acute acquired criteria
- Four cases with the same ribotype (002), linked with two separate periods of increased incidence reports

Common Trends in Risk Factors

- Multiple antibiotics within last six weeks
- Over 65
- Proton pump inhibitor (PPI)
- Previous history of C. difficile

Trend issues and learning in the Trust from avoidable cases

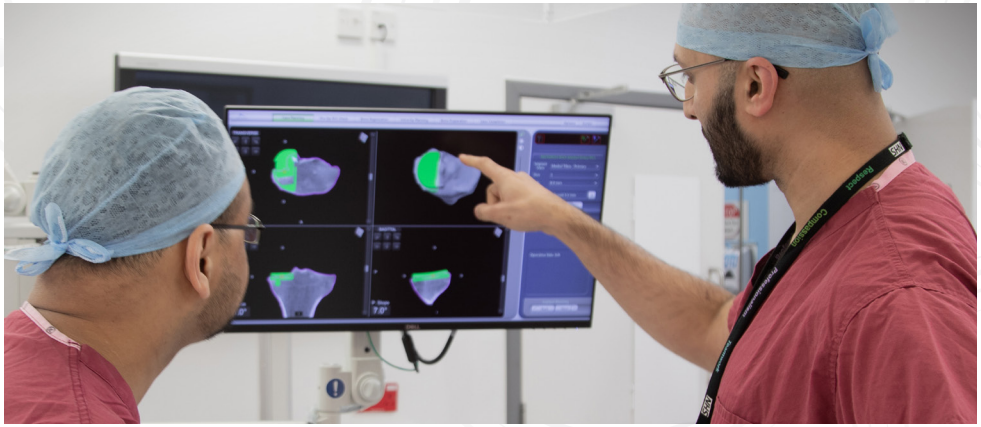
- Delay in sending specimens for C. difficile testing
- Failure to isolate patients when specimens were obtained (due to unavailable isolation facilities: these are captured in incident reports)

Statements of Assurance

- Failure or delay in sending clinical specimens to confirm correct antibiotic therapy or confirmation of infective organism
- Inconsistent review of antibiotic therapy
- Absence of CURB-65 scoring when prescribing for community acquired pneumonia
- Unable to complete a full decant deep clean programme in areas where C. difficile was more endemic

Actions that have been taken to address the issues have included:

- C. difficile educational event on 1 March 2023 with 60 attendees from different clinical areas, highlighting sampling, chain of infection, cleaning principles, the "take your gloves off" campaign, antimicrobial stewardship, preventing pneumonia and preventing urinary tract infections. This received excellent feedback and was due to be repeated in May 2023.
- Weekly infection prevention updates incorporating key messages to prevent C. difficile
- Nursing associate role commenced in March 2023. The role has focused on sampling in the emergency department, AMU, SACU and wards
- "Take your gloves off" project
- A proactive deep clean programme, with prioritisation to the modular block wards
- IPC nurse is specialising in C. difficile as a nurse prescriber
- Antibiotic "time out" sessions on focused wards with consultant microbiologist/ antimicrobial pharmacist



Core Quality Indicators - Incident Reporting

Walsall Healthcare NHS Trust continues to submit its incident data to the National Reporting and Learning System (NRLS) which is publicly available and provides comparative data with like-sized trusts.

This data below shows that in comparison to the previous Quality Account, the Trust has significantly increased its incident reporting rate to 93.2 incidents per 1,000 bed days, which clearly demonstrates a positive safety culture. This data places the Trust into the upper quartile of the acute (non-specialist) cluster as the seventh highest reporting organisation.

The number of reported incidents resulting in severe harm or death has also increased, however does equate to the national average percentage.

Serious Incidents (SIs) continue to be reported to the commissioners and investigated using root cause analysis methodology. Outcomes of the investigations from patient safety incidents are used to develop quality improvement projects, which aim to improve the quality and safety of services.

Walsall Healthcare NHS Trust	October 2018 – March 2019	April 2019 – September 2019	October 2019 – March 2020	April 2020 – March 2021	April 2021 - March 2022
Total Reported Incidents	5,238	5,993	5,989	9,113	14,348
Incidents Reported Per 1000 bed days	65.09%	78.5%	71.6%	67.7%	93.2
National Average for Cluster (Acute non-specialist) per 1000 bed days	46.06%	49.8%	50.2%	55.7%	57.5
Highest Reporting Rate per 1,000 bed days	95.94%	103.8%	110.2%	118.7%	205.5
Lowest Reporting Rate per 1,000 bed days	16.9%	26.3%	15.7%	27.2%	23.7
Total Incidents Causing Severe Harm and Death	25	32	33	55	70
% Incidents Causing Severe Harm and Death	0.5%	0.53%	0.55%	0.6%	0.5%
National Average	0.3%	0.5%	0.3%	0.4%	0.5%
Highest Reporting Rate	1.9%	1.2%	1.7%	1.8%	2.0%
Lowest Reporting Rate	0%	0%	0%	0%	0%

Core Quality Indicators - National Inpatient Survey

All eligible NHS trusts in England participate in the NHS CQC Patient Survey programme, asking patients their views on their recent health care experiences. The findings from these surveys provide organisations with detailed patient feedback on standards of service and care, and can be used to help set priorities for delivering a better service for patients.

Three National Surveys were published during 2022/2023, The Adult Inpatient Survey 2021, The Maternity Survey and the National Cancer Survey 2021. Surveys are analsyed and benchmarked against national data, action planning is then undertaken and monitored by the Patient Experience Group and the Trust Quality, Safety and Experience Committee.

The Adult Inpatient Survey 2021

Compared to the 2020 results the Trust slightly improved its average score by 0.3 per cent. Compared to 2020/21 we scored better by five per cent or more for four questions. Indicative national comparisons place the Trust in the middle tier (same as band) for 38 questions and bottom 20 per cent for seven questions (improvement on 14 questions and by one for the "somewhat worse" band). The following questions saw a five per cent improvement score: support at mealtimes, staff explaining how well an operation/ procedure had gone, hospital staff considering the family/home situation when planning to leave hospital, and information about what to do when a patient has left hospital.

- Actions in response include: Distribution of sleep packs to all inpatient areas to accompany a re-launch of the noise at night protocol (re-audit of use currently underway given some recent Friends and Family Test feedback)
- The Division of Medicines and Long-term Conditions held a ward round standards workshop including a SWOT analysis of existing practice and an audit tool to assess and fine tune practice so ward rounds are more effective on patient discharge, involvement, and improved communication
- Healthwatch Walsall have provided some early insight from their discharge survey. However, there is much focus on the Walsall Together collaboration response to the National Discharge Taskforce. The discharge lounge produced and shared guidance on planning for an effective discharge 'Get AKTING, Think HOME'
- Implementation of 'thank you for your patience' card for delayed patients, focusing on emergency admissions. Card designed and printed, to be used through ED and AMU

Core Quality Indicators - Friends and Family Test

The Friends and Family Test recommendation scores are illustrated in the tables below; these include percentage changes on 2021/22. The Trust's average recommendation score for 2022/23 was 86 per cent which is a four per cent increase on the previous year. When looking at the different touchpoints, there is a fluctuation of 33 per cent with scores ranging between 99 per cent and 66 per cent.

Friends and Family Test	Inpatients				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2022/23	85%	86%	85%	88%	91%	91%	91%	92%	74%	76%	74%	84%	98%	99%	98%	98%
Difference	- 2%	+ 2%	=	+ 3%	=	- 1%	+ 1%	=	- 6%	=	- 8%	+ 7%	+ 4%	+ 5%	**+ 3%**	**+ 2%**
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response rate (22/23)	**24.6**	**25**	**25**	**28.9**	**19.3**	**20.2**	**20.3**	**20.4**	**16.7**	**18.8**	**20.6**	**22.6**	**7.7**	**4.9**	**3.3**	**84.1**

Friends and Family Test	Antenatal				Birth				Postnatal Ward				Postnatal Community			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2022/23	89%	81%	88%	92%	83%	80%	82%	90%	84%	83%	82%	85%	84%	88%	66%	86%
Difference	+ 2%	- 3%	+ 3%	+ 7%	- 8%	- 12%	- 8%	- 2%	+ 4%	+ 7%	+ 4%	+ 8%	- 10%	- 6%	- 29%	- 10%
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response rate (22/23)	**15.6**	**12.3**	**11.7**	**12.1**	**19.4**	**18**	**18.2**	**23.9**	**11.8**	**10.6**	**10.4**	**16.6**	**11.3**	**9.8**	**7.3**	**15.5**

The below table illustrates the percentage difference between the Trust's average recommendation score for each touchpoint and the local ICB (Integrated Care Board) and national results. Whilst some areas require improvement when compared locally and nationally, outpatients, ED, community, antenatal and postnatal ward all perform better on average locally, with community and ED also outperforming the national average:.

	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
STP*	- 2%	+ 1.4%	+ 6.7%	+ 4.8%	+ 3.4%	- 2.7%	+ 5.4%	- 3.4%
National	- 8.5%	- 1.4%	+ 0.9%	+ 6.9%	- 2.2%	- 9.1%	- 10%	- 11%

Core Quality Indicators - Supporting our staff

The 2022 NHS Staff Survey benchmark report for Walsall Healthcare NHS Trust contains the results of the 2022 staff survey. The results of the survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

The themes of staff engagement and morale remain key performance indicators and together with the promises above make nine elements which provide benchmark data at national level.

Statements of Assurance

There has been an improvement across all nine indicators within Walsall's 2022 survey results. Walsall is above the national average on three of the people promises and is equal to the national average on four. Walsall scores marginally (0.1 points) below the national average on two of the indicators (we are compassionate and inclusive, and staff engagement). Nevertheless, 83 per cent of indicators have improved this year and Walsall is the third most improved trust nationally for staff experience.

The areas remaining for improvement are staff advocating for Walsall as a place to be treated, and having a consistently compassionate culture. There remains work to be done to eliminate discrimination in all forms and particularly race based discrimination, although there have been improvements in the achievement of workforce race equality standards and the Trust was accredited to the national Race Code which aims to help organisations improve equity through a national governance and assurance framework.

The results for Walsall Healthcare NHS Trust are benchmarked other against 126 'combined acute and community trusts'. The response rate was 47 per cent against 44 per cent for the national average for the benchmark group.

Our 2022 Staff Survey results provided a staff engagement score of 6.7 which is improved on last year, however still 0.1 points below the national average at 6.8. Overall, this demonstrates that the gap between the experience of staff at Walsall Healthcare NHS Trust and the experience of NHS staff in general is narrowing.

Our 2022 Staff Survey results show that more of our staff feel involved in decisions regarding their work and encouraged by line managers and that increased staffing levels have enabled them to feel more supported to provide high levels of care and subsequently to recommend the Trust as a place to work and a place to be treated. The advocacy indicators have improved, however they are still below the national average.

Staff feel they are recognised and rewarded; this indicator is above the national average and the promises 'we each have a voice that counts' and 'we are safe and healthy' both match the national average. The health and wellbeing indicators within the national staff survey results for 2022 exceed the national average and have shown statistically significant improvement over two consecutive years.

Our results for 'we are always learning', 'we work flexibly' and 'we are a team' now exceed the sector benchmark average, and this continues the trend of significant improvement for Walsall as our baseline was in the lowest 20 per cent of trusts nationally in 2019.

The majority of the People Promise scores for the 2022 NHS Staff Survey for Walsall Healthcare NHS Trust are in line with or above the average sector scores. This is a continuing trend of improvement on previous performance for Walsall.

Ways in which staff can speak up

There are three Freedom To Speak Up (FTSU) Guardians within the Trust, who are supported by five FTSU Champions. Members of staff can contact a Guardian to arrange a face-to-face or virtual meeting in several ways: using the contact form on the Trust intranet, emailing the FTSU mailbox, calling a guardian via their mobile phone/FTSU telephone number/Trust switchboard, or be signposted by a FTSU member.

The Guardians play an active and visible role in raising awareness of the service, supporting staff, and dealing with concerns.

This year the organisation is reviewing the 'Raising Concerns' policy to include its commitment to supporting individuals who speak up and may be worried about reprisals. The policy touches on ways staff could be treated unfairly or harmed because of speaking up and it sets out how detriment will be addressed by the Trust. Support is offered to such individuals and could include the allocation of a 'buddy'. Anyone found to be involved in causing harm or detriment will subject to the Trust's resolution policy.

Between 1 April 2021 and 31 March 2022 the FTSU team received 110 concerns; this highlights employees' increasing confidence to use the FTSU service to discuss issues that may be affecting them at work. Of the concerns raised, 16 per cent related to patient safety and quality and 35 per cent to bullying and harassment.

The Guardians work with Trust leaders to regularly review cases that fall within their remit. They also highlight any themes and work proactively with managers to resolve issues.

The Guardians will attend events organised in the Trust to highlight the importance of speaking up to improve patient and staff safety. The Director of People and Culture shares FTSU data with the People and Organisational Development Committee (a subcommittee of the Trust Board) quarterly, and an annual report is presented to the Trust Board.

Review of Quality

Our performance in 2022/23

As part of the standard NHS contract, the Trust is required to monitor and report performance against a set of key metrics. These indicators are all reported to Trust Board and/or the relevant committee on a monthly or bi-monthly basis.

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Performance against the National Operational Standards:

	2019 / 2020	2020 / 2021	2021 / 2022	2022 / 23	2022 / 23 Target
18 Weeks RTT - Incomplete Pathways	83.93% (Mar 20)	68.72% (Mar 21)	63.10% (Mar 22)	56.36% (Mar 23)	92%
Total time spent in ED - % within 4 hours - Overall (Type 1 and 3)	81.77%	85.07%	82.56%	73.4%	95%
Cancer -2 Week Wait from Referral to First Seen Date	83.03%	83.49%	72.88%	75.3%	93%
Cancer -2 Week Wait for Breast Symptomatic patients	57.17%	60.77%	32.80%	19.8%	93%
Cancer 31-Day Wait for First Treatment	99.40%	97.87%	95.57%	95.2%	96%
Cancer 31-Day Wait for Second or Subsequent Treatment - Surgery	100.00%	97.79%	92.06%	94.3%	94%
Cancer 31-Day wait for Second or Subsequent Treatment – Drug	100.00%	99.07%	98.33%	99%	98%
Cancer - 62-Day Referral to Treatment of all Cancers	80.54%	72.18%	72.26%	65.9%	85%
Cancer - 62-Day Referral to Treatment from Screening	97.91%	92.54%	95.08%	90.1%	90%
Cancer 62-day wait - Consultant Upgrade (Local Target)	84.15%	79.11%	80.72%	73.7%	85%
% of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test	1.63%	14.92%	5.30%	19.99%	1%
Mixed Sex Accommodation Breaches	0	2	0	0	0

Performance against the National Operational Standards

There are several other quality indicators that the Trust uses to monitor and measure performance. Some of these are based on the National Quality Requirements and others are more locally derived and are more relevant to the local population we serve.

Similar to the National Standards, these metrics are also reported to the Trust Board alongside a range of other organisational efficiency metrics. This gives the Board an opportunity to have a wide-ranging overview of performance covering a number of areas:

	2019 / 2020	2020 / 2021	2021 / 2022	2022 / 23	2022 / 23 Target
Number of C Difficile Cases	36	32	30	50	27
Number of MRSA Cases	4	2	3	1	0
VTE Risk Assessment	92.00%	91.56%	92.63%	90.64%	95%
Ambulance handover breaches - 30-60 minutes	2122	1090	1556	2875	0
Ambulance handover breaches - 60 minutes or more	312	177	211	683	0
Trolley waits in A&E - no more than 12 hours	4	8	33	1030	0
Referral to treatment - no one waiting longer than 52 weeks	0	768 (March 21)	1043 (March 22)	1430 (March 23)	0

A consolidated annual report on rota gaps

Junior doctors are allocated to the Trust by Health Education England (HEE), which has been renamed as NHSE Workforce Training and Education Directorate, with the regional branch being known as NHSE Education West Midlands. The Trust is an attractive place to work and train, and this is reflected in the fill rates for training posts, however, in the past year the Trust has experienced a decline in the average fill rate to approximately 79.16 per cent of training grade posts. As per agreed process any vacancy gaps in the rotation are discussed with the divisions, alongside the lead for the clinical fellow programme to find the best way forward in mitigating the gap in making use of the recruited fellows. The Trust currently has 82 clinical fellows, of whom 58 are in medical specialities and the rest across surgical and other specialities.

The recruitment process can take as long as three months to complete, with a period of assessment and training when candidates start before they can occupy a rota slot in totality (including on call). This results in some double costs for a period of time to ensure the correct training has been signed off. For some gaps where the duration of the gap is four months or less, the fellowship recruitment programme is an unsuitable alternative. The medical workforce team is working on a solution to keep a record of all gaps and provide better reporting solutions going forward.

Engagement in developing the quality account

Prior to the publication of the 2022/23 Quality Account, we have shared this document with the following:

- Our Trust Board, including combination of Non-Executive and Executive Directors
- Council Health Scrutiny Panel
- Walsall Clinical Commissioning Group
- Trust staff
- Healthwatch

In 2023/24 we will continue to share our progress against the quality improvement priorities and continue to work closely with the users of our services to improve the overall quality of care offered.

We would like to thank all the patients, community representatives for their feedback and members of staff who gave their time to help us select our priorities and ensure that the document is clear and accessible.

Black Country Integrated Care Board (BCICB) statement on Walsall Healthcare NHS Trust (WHT) Quality Account 2022/2023

BCICB welcomes the opportunity to review and provide the statement Walsall Healthcare NHS Trust Quality Account for 2022/23. WHT Quality Account is accurate and in line with the information presented to the ICB via contractual/quality monitoring meetings. The ICB recognises that 2022/2023 has continued to be a challenging year for WHT to deliver services with unprecedented demands outstripping capacity.

We genuinely recognise the Trust's efforts to maintain quality whilst acknowledging the uncertainties and the challenges faced throughout the year. The ICB would like to thank all staff and volunteers working at WHT for their commitment, remaining resilient throughout these challenging times, ensuring patient care is safe and of the highest standard.

We recognise and support the strategic collaboration between Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust, which is a positive step for a system working collaboratively at scale to benefit local populations by improving efficiency, sustainability, and quality of care.

We are proud of our effective working relationship with the Trust, and we recognise the Trust's achievements against the quality priorities and their individual and collective engagement with the commissioners.

The ICB are pleased to note that quality remains a top priority for the Trust, focusing on three main areas: Patient Safety, Clinical Effectiveness and Patient Experience. We will continually monitor trust progress against the delivery of the quality priorities and look forward to seeing the positive impact and outcomes.

The ICB would particularly like to note the following key achievements for 2022/2023:

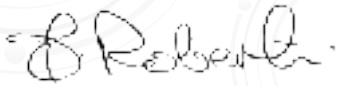
A clinical accreditation programme launched across the Trust in April 2023.

- The Trust has ceased agency use, except in exceptional circumstances from 31st March 2023, with the exception of ED and Paediatrics whilst further recruitment takes place.
- Appointed a fully substantive workforce across all work groups and achieved vacancy rates of three percent or below for clinical workforce, nursing, midwifery and medical. The ICB closed an historic risk on the Q&S Place Risk Register in April following successful recruitment of clinical workforce, in particular nursing and midwifery staffing.
- Successfully recruited and welcomed more than 300 international nurses and midwives and supported them to obtain NMC registration and take up posts as registered nurses in the Trust.
- Worked in partnership with The Royal Wolverhampton NHS Trust to develop a best-in-class approach to mental health services for patients.
- Appointed a lead mental health nurse and developed a comprehensive training and development programme for staff.
- The ICB recognises that the Trust has worked collaboratively with system partners on services for patients who present to the Trust with significant mental health challenges alongside their physical ill health, and we are aware that this work is continuing.
- Worked with partners within Walsall Together (place-based partnership) and the Integrated Care Board and members, to make improvements to the system of care.
- Invested in education, development and training for all staff, with an improved staff experience rating from external regulators and internal validation by survey.
- Further developed the partnership approach with The Royal Wolverhampton NHS Trust to improve the standards and consistency of continuing professional development and standards of care.
- Improved performance against all quality and safety indicators in-year including reducing harm and improving the infection prevention rating to green.
- Monthly audits that have demonstrated improvements in the management of sepsis, observations on time and medication management.
- The publication of the Patient Experience Enabling Strategy in collaboration with The Royal Wolverhampton NHS Trust. The strategy sets out our priorities for improving patient experience in the next three years. Three pillars of improvement have been identified: Involvement, Engagement, and Experience.
- Trust has been successfully able to eliminate 104-week waits.
- Whilst we recognise these achievements, we would value delivery of sustainable improvements in the following areas for 2023/2024:
- We recognise that the Trust is currently working on a robust C.Diff action plan with continued efforts to improve clinical and IP practices. However, we expect to see a reduction in hospital-onset C.Diff infection cases for the year ahead.

Engagement

- Members of the system elective and cancer board, we expect the Trust to work with our system partners to achieve three key performance deliverables and metrics set nationally as elective care priorities for 2023/2024.
- ICB acknowledges the impact that COVID-19 has had on Cancer, Diagnostic Performance and RTT waiting times. We recognise the Trust has a robust cancer harm review process in place, but we expect the Trust to conduct harm reviews for any patient where these delays have impacted clinical outcomes or resulted in patient harm. In addition, we expect that any learning identified from these harm reviews is shared across the organisation and wider system.
- We expect to see some further improvements in the trust staff survey and build on current staff survey results, which will allow fresh ideas, team building, cooperation, and positivity and make the Trust a place where the staff wants to work and attracts others for future employment.
- The ICB look forward to seeing the Trust approach to the transition to PSIRF, which will replace the existing National Serious Incident Framework (2015) by Autumn 2023.
- The ICB also look forward to following the progress of the Clinical Systems Framework for nursing, midwifery and AHPs and the Quality Framework recently launched on 3rd April 2023.
- The ICB welcome the development of standardised ward/department/care group/ divisional dashboards to enable visibility of quality standards, harm free care, action and improvement.

The ICB confirms that the Annual Quality Account information accurately reflects the Trust's performance for 2022/2023. It is presented in the format required and contains information that accurately represents the Trust's quality profile and reflects quality activity and aspirations across the organisation for the forthcoming year. We commend the Trust on its commitment to working with the ICB collaboratively and transparently in 2022/2023 and look forward to working in collaboration and partnership over the next year.



Sally Roberts

Chief Nursing Officer/Deputy Chief Executive Officer

Black Country Integrated Care Board

Healthwatch Walsall Response To: Walsall Healthcare NHS Trust Quality Account 2022/2023

Healthwatch Walsall welcomes the opportunity to provide comment on the Trust's Quality Account for 2022/2023.

Healthwatch continues to be a valued but independent partner of the Trust, frequently gathering public feedback and patient experiences about the services provided.

It is pleasing to note that the Trust remains open and receptive of the intelligence and information that we share. Indeed, there have been several examples in which the Trust has reviewed its own procedures to more adequately reflect the individual's feedback that we have gathered.

We thank the Trust for facilitating our ongoing work on behalf of the public.

This past year has seen the formalised collaboration between Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust and in this respect reflects the transition towards its long-term strategic aim of delivering exceptional care and improving health and wellbeing in the community.

When considering the Trust's progress towards its objectives for last year, clearly there is still work to be done given the extent of their reach and scope. For example, the implementation of standardised dashboards designed to enable visibility from ward to board level are due to be rolled out from 2023/2024. Nevertheless, this will ensure that there is whole organisational accountability around quality standards, harm free care and ongoing improvement.

It is also encouraging to note the continued work around improving workforce resilience. This past year has undoubtedly placed an inordinate pressure on staff. Some of the steps being undertaken by the Trust, such as the recruitment of 300 nurses, will hopefully alleviate pressures and manifest itself in enhanced care and raised patient experience.

Healthwatch notes the publication of the Patient Experience Enabling Strategy in collaboration with The Royal Wolverhampton NHS Trust. It is hoped that the three-year strategy around patient Involvement, Engagement and Experience will incrementally lead to more positive outcomes for service users. It demonstrates the Trust's commitment to public engagement at every level.

In addition to its organisational and workplace objectives, the Trust sets out several other priorities for 2023/24 surrounding patient waiting times. For example, the aim is to achieve a year-on-year improvement in the percentage of patients seen within four hours at A&E. As at the middle of May '23, the Trust achieved circa 78% which is above the current interim delivery plan target of 76% in recovering urgent and emergency care services nationally. Notwithstanding this, we are confident that the Trust will be constantly striving to achieve the previous target of 95% of patients seen within four hours.

The new Emergency Department opened in March '23 and will no doubt help in improving waiting times. Healthwatch will be seeking to gather patient experiences of this process later in the year 2023/24, but early indications from service users appear favourable.

It is pleasing to note that the Trust places great importance on reviewing both causes of deaths and serious incidents. The structured judgement review for 2022/23 confirmed that 14 deaths of a total of 1495 for the year were avoidable. This equates to 0.94%.

The Trust states that learning from deaths is now part of its governance process and has contributed to key areas of focus.

Based on 2021/22 data the Trust has indicated a higher number of serious incidents reported (93.2 per 1000 bed days).

We are told that outcomes from these investigations from patient safety incidents are developed into quality improvement projects. It would be helpful if the Trust could provide an example of such going forward and indeed the 2022/23 data when available.

When reviewing the Trust's quality performance against the NHS contract for cancer metrics some waiting, and referral times are falling short against specific targets. In particular, the 62 day referral to treatment for all cancers was 65.9% vs 85% target and the 2 week wait for breast symptomatic patients was 19.8% vs 93% target. However positively, the 31 day wait for first treatment was 95.2% vs 96% target and the 31 day wait for second or subsequent surgery treatment was 94.3% vs 94% target. The Trust has identified cancer treatment as a significant priority area of clinical effectiveness for 2023/24.

The Friends & Family Test illustrates an improving trend for 2022/23 over the previous year. As a broad average the Trust rated 4% better at 86% than the previous year. Most departments showed a positive, including the Emergency Department. However, postnatal community has not performed as well as last year in the FFT.

Whilst the most recent CQC inspection rated the Trust as requiring improvement overall, it was rated as being outstanding for caring. As the staff are the public face of a caring organisation it is imperative that employee engagement and morale remain high on the Trust's agenda. A culture of openness and inclusivity is important in sustaining the challenges the Trust will face over the coming year. It is good to note that the Trust is promoting different ways individual staff members can speak up without fear of compromise or bullying. In this respect, the pending review of the 'Raising Concerns' policy will undoubtedly go some way to defining a positive culture within the Trust.

In conclusion, Healthwatch Walsall recognises the hard work carried out by all the staff and volunteers at the Trust throughout this past year and wishes them every success for the new year.

Statement of directors' responsibilities

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012)). In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Accounts presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.

There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.

The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the board

Professor David Loughton, CBE

Chief Executive

Date 30 June 2023

Sir David Nicholson, CBE

Chairman

Date 30 June 2023

Statement of Limited Assurance from the Independent Auditors

NHS England/Improvement have confirmed in the Quality Accounts requirements for 2022/23 that there is no national requirement for NHS Trusts or NHS Foundation Trusts to obtain external auditor assurance on the Quality Account.

How to give comments

We welcome your feedback on this Quality Account and any suggestions you may have for future reports.

Please contact us as indicated below:

Patient Experience Team

Walsall Healthcare NHS Trust

Moat Road

Walsall

WS2 9PS

0300 456 2370

email: pals.officer@nhs.net

English

If you require this document in an alternative format e.g., larger print, different language etc., please inform one of the healthcare staff.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਰੂਪ ਉਦਾਹਰਨ ਵੱਜੋਂ ਵੱਡੀ ਛਪਾਈ, ਵੱਖਰੀ ਭਾਸ਼ਾ ਆਇਦ ਵਿੱਚ ਚਾਹੀਦਾ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਸਿਹਤਸੰਭਾਲ ਕਰਮਚਾਰੀ ਨੂੰ ਬੇਨਤੀ ਕਰੋ।

Polish

Aby uzyskać niniejszy dokument w innym języku lub formacie, np. pisany dużą czcionką, itp., prosimy skontaktować się z przedstawicielem personelu medycznego.

Russian

Если данный документ требуется Вам в альтернативном формате, например крупным шрифтом, на другом языке и т.п., просьба сообщить об этом одному из сотрудников здравоохранения.

Lithuanian

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Kurdish

ئەگەر ئەم بەڵگەنامەیە بە شێوازێکی دیکە دەخوازیت بۆ نموونە چاپی گەورەتر، زمانێکی دیکە هتد. تکایە پەیوەندی لە کارمەندانی سەرپەرشتی تەندروستی ئاگادار بکەرەوە.

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Walsall Healthcare NHS Trust

MEETING OF THE PERFORMANCE AND FINANCE COMMITTEE HELD ON WEDNESDAY 28 June 2023 AT 15:00 ROOM 9, MLCC

PRESENT

Members

Mr Paul Assinder	Non-Executive Director (Chair)
Mrs Mary Martin	Non-Executive Director
Ms Rachel Barber	Associate Non-Executive Director
Mrs Lisa Carroll	Director of Nursing
Mr Simon Evans	Group Chief Strategy Officer
Ms Dawn Brathwaite	Non-Executive Director
Mr Ned Hobbs	Chief Operating Officer
Mr Dan Mortiboys	Operational Director of Finance

In Attendance

Mr Stew Watson	Director of Estates Development
Robin Andrews	Interim Director of Finance
Mr Stephen Jackson	Director of Operations Community Services
Mr Salman Mirza	Deputy Chief Medical Officer
Mrs Temitayo David-Eyen	Interim Divisional Director of Operations (Women's and Paediatrics), Deputy Divisional Director of Operations
Ms Katherine Geal	Executive Assistant (Minutes)

Apologies

Mr Keith Wilshere	Group Company Secretary
Mr Kevin Stringer	Group Chief Finance Officer
Mrs Kate Salmon	Deputy Chief Strategy Officer- Improvement & Collaboration
Dr Manjeet Shehmar	Chief Medical Officer
Matthew Dodd	Director of Transformation, Walsall Together

31/2023	**Chair's Welcome, Apologies, and Confirmation of Quoracy**
	Mr Assinder welcomed everybody to the meeting, and introduced Mr Mirza and Mrs David-Eyen to the committee who joined via Teams.
32/2023	**Declarations of Interest**
	Mr Hobbs advised that he has commenced a one day per week secondment with the NHSE National Urgent and Emergency Care Team. Mr Assinder congratulated him on his appointment.
33/2023	**Minutes of Previous Meeting – 28 May 2023**
	Mrs Martin requested that a slight amendment be made to section '*Board Assurance Framework and Corporate Risk Register'* on page 7 of the minutes, which should be changed to read 'Mrs Martin raised that 'BAF SO 05 Use Resources Well' is scored at 20' rather than 'Mrs Martin raised that 'BAF SO 05 Use Resources Well' is scored at 25'. **RESOLVED** That, having incorporated the changes above, the minutes from 26th April 2023 be approved as a true and accurate record of discussions and decisions that took place.
34/2023	**Matters Arising and Action Log**
	Performance and Constitutional Standards- Community

Mr Dodd to provide paper to meeting detailing modelling and financial risks

Performance and Constitutional Standards- Acute including Restoration and Recovery
Mr Roberts to review Children's 2WW data and provide update at next meeting

Mr Hobbs reported that we are dealing with low numbers of children here. In March 2023 the 2 Weeks Wait for suspected Children's cancer performance of 66.7% represented 1 out of 3 children being seen over 2 weeks.

In April 2023 the equivalent performance of 83.3%, represents 1 out of 6 children being seen over 2 weeks. Mr Assinder asked Mr Hobbs to keep this under review.

Performance and Constitutional Standards- Acute including Restoration and Recovery
Mr Roberts/Mr Hobbs to review performance data reported to Performance & Finance Committee- to include performance against plan profile, rather than peer grouping.

Mr Hobbs responded that; Trust performance over time, Trust comparison to forecast performance trajectory (where applicable) and Trust performance against regional and national Trusts (where applicable) will be routinely included in this report.

Performance and Constitutional Standards- Acute including Restoration and Recovery
Mr Roberts/Mr Hobbs to provide update on Theatre Utilisation actions

Full action plan developed following RSM Theatre Utilisation advisory review. 15/56 actions following recommendation completed thus far.

For assurance in the interim:

- The Trust performs in the upper quartile for capped Theatre Utilisation %: Touch time within planned session vs planned session time as evidenced in Model Hospital
- The Trust performs in the timeliest quartile for Average late start (of the sessions that started late) (minutes) as evidenced in Model Hospital.

The Committee was updated on the previous debate at Audit Committee and the agreement to hold an urgent meeting with the Division Team and the Auditors.

PFI Report Update and Fire Regulations Claim
Ms Geal to circulate PFI Report to all NEDs

Resolved: Action complete

Financial Reports- Month 1
Mr Andrews to review Financial Report requirements with Mr Stringer
Resolved: Mr Mortiboys informed that the Financial Report has been reviewed, with a new type report to be made available at next committee meeting

	Meeting Cycle *Ms Geal to organise for Sustainability Update to be added to Cycle of Business, in-line with RWT and invite to next meeting* **Resolved: Action complete** Estates Backlog Maintenance and Strategy Update *Mr Watson and Mr Hobbs to bring back the Estates Strategy to the Committee in June 2023* A verbal update will be provided at the meeting. Divisional Consumable Spend *Mr Morris to collate report detailing Divisional consumable spend for committee oversight* Mr Andrews confirmed that a paper will be made available for the next committee meeting.
PERFORMANCE	
35/2023	**Performance Constitutional Standards Report- Community**
	Report taken as read. Mr Jackson outlined the headlines from the report, including that levels of referrals into the Care Navigation Centre and Integrated Care services remain high. Mr Jackson informed that performance remained strong, with patients medically stable for discharge numbers maintained at an average of 39 with an average length of stay of 2.7 days. Mr Jackson advised that work continues to make efficiencies in the discharge and ICS pathways to ensure that there are minimal delays for patients. Mrs Martin stated that the report front sheet alerts to reduced funding for out of hospital services and asked for an update. Mr Jackson advised that there was a separate paper for the committee, and outlined that there are plans in progress to mitigate financial and clinical risks. Mr Jackson informed that there is still a lack of real clarity around funding from the ICB, but conversations are ongoing with key organisations. Mr Assinder asked why the service are running 80 virtual beds when there is no funding certainty and are operating at c50% capacity? Mr Jackson advised that certain commitments were made on the back of funding last year and that there is a plan to potentially reduce the virtual bed stock this summer. This will go through a Quality Impact Assessment (QIA) process. Mrs Martin noted that she was disappointed that it had taken 4 months to get to the point in understanding the need for a QIA.
36/2023	**Performance Constitutional Standards Report- Acute Including Restoration & Recovery**
	Report taken as read. Mr Hobbs informed the Committee that the May Urgent and Emergency Care performance was in the top 10 in the country for 4 hour waits, and ranked as best performing for ambulance handover in the West Midlands.

	Mr Hobbs advised that ongoing issues within Dermatology Skin Cancer capacity continue; June's fast track patients are currently being seen at 25 days. A plan has been formalised, including the recalibration of routine appointment slots to suspected cancer slots. Mr Hobbs assured the committee that he is confident that the directorate will be able to sustainably meet the 2WW target, but there will be impact on routine dermatological condition appointments. Mr Hobbs outlined challenges in Endoscopy; a review of clinical prioritisation of patients on wait lists has taken place, which has focused upon patients who are awaiting surveillance endoscopy, identifying 581 surveillance Endoscopy patients beyond their planned follow up/surveillance Endoscopy date. Mr Hobbs assured the committee that additional, weekend endoscopy capacity has been organised. The surveillance Endoscopy challenges have been categorised as 12 on the Risk Register. Mrs Martin asked if there was assurance and plans in place to ensure that the issues with surveillance Endoscopy patients does not happen again. Mr Hobbs assured the committee that the 581 patients noted are review patients beyond their scheduled date for surveillance test, and no patients had been lost from the waiting list. Mr Hobbs informed the committee that there is an administrative element of adding follow up surveillance patients to the DM01 active waiting list. Mr Hobbs informed the committee that work is ongoing with Mr Bostock and Mr Stringer to initiate and complete an assurance audit across the other diagnostic modalities.
37/2023	**Integrated Care Systems Update**
	Mr Evans provided a verbal update to the committee. Mr Evans informed the committee that the ICB has developed its forward plan. Mr Evans advised that the Black Country ICB are moving towards a joint provider committee arrangement which will oversee the work programme of the Black Country provider collaborative, take decision on key strategic things that affect all 4 organisations, and the ability to see delegated responsibility to deliver the programmes of work. Mr Evans informed the committee that this is still in drafting phase for both the Terms of Reference and the collaborative agreement; which will be shared with Boards once finalised.
FINANCE	
38/2023	**Month 2**
	Report taken as read. Mr Andrews outlined the report to the committee including that the Trust is still showing a deficit of £6.778m, which is £1.437m behind plan (£5.342m deficit). Income was £0.638m below plan. This is due to a mix of £2m of planned donated income (de-carbonisation) not yet being attained or accounted for, offset by ERF income of £0.5m above plan, additional Education & Training income (offset by costs), one-off overseas nurse recruitment income (£0.35m), assumed income to offset SDF costs (£0.4m with plan to match) and passthrough drugs and devices over performance.

	Mr Andrews advised that the capital plan in 2023/24 is not fully funded and projects need to be prioritised to live within the available envelope. Currently identified capital needs exceed funding in 2023/24 plan but will be addressed through prioritisation via the capital control group. Mr Andrews discussed that there is continued pay pressure related to agency staff which was due to ongoing medical vacancies and sickness. Mr Andrews informed that the plan for the replacement of medical staff is ongoing. Mrs Carroll advised that there is still agency use in some areas such as Mental Health, but advised that agency use in many areas has decreased significantly. Mrs Martin asked if the base plan for Medical Workforce agency staff recruitment underestimated the medical workforce or if there was over-recruitment? The committee noted that a medical workforce report will be presented at next month's committee. Mr Mortiboys informed the committee that a new financial report layout and content would be made available to committee from next month. Mrs Brathwaite asked for assurance that the report would advise of further information regarding cash balance, and asked if cash balance was reflected as a risk? Mr Andrews advised that the report does not yet reflect cash balance as a risk, but that it would be reflected in the report going forward. In respect of the 2022/23 Accounts, Mr Mortiboys reported that staff vacancies and interim arrangements within his team has unfortunately negatively affected production and audit of the year end accounts. However, there has been a recent departmental restructure and significant recruitment of new staff.
39/2023	**Reference Costs**
	Mr Andrews advised that the national guidance on reference costs has not yet been received. A report will be made to committee once received.
40/2023	**Efficiency Programme June 2023**
	Report taken as read. Mr Hobbs outlined the report to the committee and advised that progress has been made on the current 2023/24 CIP plan with £8.5m (£6.8m in the previous period) identified equating to 49% of the £17.2m target. This is now over £2m in excess of the 2022/23 plan. Mr Hobbs outlined that conversations are ongoing to bring in income that does not affect the ICB through the elective recovery plan; including the increase the productivity of elective services, and to de-risk ERF to contribute to CIP. Mr Hobbs advised that 70.5% of the £8.5m CIP plan is recurrent. Mr Hobbs noted that the Trust has received the latest Model Hospital Cost Per Weighted Activity Unit (WAU) data.

	WHT ranks in the most cost effective quartile of weighted units of activity being delivered nationally. The committee agreed that it would be beneficial to have an update on WAU to note opportunities for further productivity in due course. Mr Hobbs advised that some of the lowest clinical priority services generate the most income; there is a need to make a conscious strategic intent for growth in elective care services. Mr Assinder further stated that additional funding allocated during COVID has now been withdrawn, with the additional capacity no longer supported financially but clinically justified. This is an issue common to Acute Trusts across England. In support of greater effectiveness within the Trust, Mr Evans stated that there are 131 QI programmes split across RWT and WHT. A piece of work has commenced to cost through the benefit of the QI programmes.
41/2023	**Endoscopy Expansion Business Case**
	Mr Assinder stated by way of introduction, that the Trust is only able to approve business cases with a proven income stream. Mr Hobbs outlined the business case to the committee and informed that it has been endorsed at the Investment Group in March 2023 and at TMC in April 2023. Mr Hobbs advised that there was pause in sending to P&F Committee due to the business case prioritisation process and financial planning process. Mr Hobbs outlined the needs and requirements for the business case, as detailed in the report. Mr Assinder asked for assurance that it would generate additional ERF beyond the current budget. Mr Hobbs stated that it does and that the Trust is c£0.5m above ERF plan in-month, though there is risk due to the upcoming industrial action, which will affect performance. Mr Mortiboys informed the committee that there is financial risk associated with the expansion of the endoscopy service, but this is small and manageable. He supported the case. **Resolved: The committee approved the business case**
42/2023	**Community Services Modelling and Financial Risks**
	Report taken as read. Mr Jackson outlined the report to the committee, including the division taking advantage of non-recurrent funding secured through national schemes, the ICB and Winter funds. Mr Jackson also advised the committee that due to the uncertainty regarding funding sources for the financial year 2023/24, the Division is exposed to a significant cost pressure of £4.74m that is in addition to the efficiency target that has been set for the Division for the same financial year of £2.6m. Mr Jackson drew the committees attention to Table 2 which details the Divisional Savings Plans schemes. These are RAG rated; the green schemes are deemed as those

	with least impact, yellow are transformational schemes, and the red schemes have the most capital, on the business case list but without a current source of funding. Mr Jackson assured the committee that conversations are ongoing with the ICB and Walsall Together to explore funding options for these schemes. Mr Jackson informed the committee that Community Transport funding has not been agreed for 2023/24, with a current gap of £920k. The contract is split into 3 elements with the Trust providing one aspect and sub-contracting the rest. In addition to the escalation community transport, there has been a meeting between the Directors of Nursing and Chief Medical Officers for the Trust and Black Country ICB to escalate concerns over the potential impact of these measures on patient care. **ACTION: Mr Mortiboys to confirm that Community Transport Contract issues have been escalated to Chief Executives, with a clear resolution path.** Mr Jackson informed the committee that conversations are ongoing regarding the reconfiguration and transformation of some services to reduce the financial burden. Ms Barber asked for assurance on when schemes will be delivered. Mr Hobbs stated that a number of the schemes require significant work and timescales will vary by scheme, and will be multi-year plans. Mr Assinder stated that there is a need to produce a plan in quarter 2 to show that plans for the next 3 years will essentially bring the service back into recurrent balance. Mr Evans re-iterated the requirement for a multi-year approach to be able to deliver. Mrs Brathwaite asked if other Trusts in the ICB are delivering the same message as WHT and how the message has been received. Mr Evans assured the committee that the message both internally and to the ICB is that the Trust is doing everything it can to deliver it's financial plan this year and it is clear that there is a need to build a reasonable plan that the Trust can deliver.
GOVERNANCE	
43/2023	**BAF SO05- Use Resources Well**
	Report to note.
44/2023	**Corporate Risk Register**
	Report to note.
ESTATES	
45/2023	**ED Build Update**
	Report taken as read. Mr Watson outlined the report to the committee and informed that there are packages which remain subject to further capital funding pressures to deliver the fuller suite of works associated with fuller portfolio: • Shell Space Fitout • Retained Estate (Old ED) Phase 1 (Imaging & UTC/Staff Facilities)- In design stage

	• Retained Estate (Old ED) Phase 2 (Ambulatory Emergency Care) – Relocation of services Mr Watson stated that there were some high costs from the company who built the Emergency Department that were not good value for money. These costs were tested against the framework contractor, William Gough, who are better value for money. Mr Mortiboys assured the group that the framework was checked by the Procurement team. Mr Mortiboys advised the committee that funding expires each year on 31 March, so it is important to ensure that the trust deliver promptly on projects.
46/2023	**Estates Strategy**
	Mr Watson gave a verbal update to the committee. Mr Watson advised that NHSE have asked for a black country, system wide, estates strategy; NHSE are to disseminate a template to each Trust to complete. Mr Watson assured the committee that work has been ongoing to prepare for the strategy document, expected by late July 2023. Mr Watson informed the committee that the funding is expected to be across the Black Country, and the ICS is looking to commit money to the backlog of work. Mr Watson gave the committee some background around the ICS plan for centres of excellence, citing Black Country Pathology Service as an example of bringing services together across the system for collaborative working. Discussion was had regarding mapping of estates with other public sector services to maximise others use of space. Mrs Martin asked if there was impact on the system wide estates strategy by the delayed opening of the Midland Met Hospital. Mr Watson confirmed that there had been some financial impact due to delays in the project, but assured the committee that risks are diminishing as the project nears its end. **ACTION: Mr Watson to provide update paper October 2023 to committee**
47/2023	**Sustainability Update**
	Report to note. Mr Evans outlined the report to the committee, and referred the committee to attachment 2, detailing the progress made against requirements. Mr Evans advised that more work is required regarding food service, including digital meal ordering and healthier and low-carbon food options. Mr Evans advised that the sustainability report would be made available to the committee as part of the meeting cycle.

MEETING GOVERNANCE	
48/2023	**Annual Cycle of Business**
	Mr Hobbs requested that the Winter Plan update be re-allocated to his name as Executive Lead. Mr Hobbs also asked that the EPRR report be changed to a September submission. Mr Evans advised that at Trust Board it was agreed to review the strategic development plan objectives for each of the sub-committees. A meeting has been arranged to review.
49/2023	**Any Other Business**
	Mr Martin asked for assurance on the business case process to committees. Mr Evans assured the committee an email has been sent to all staff responsible for developing a business case regarding the prioritised schemes and the outcome of every business case, and included the expectations for business case development.
50/2023	**Items for Escalation to Trust Board**

	• Performance
	  ○ Skin Cancer
	  ○ Surveillance Endoscopy Follow Ups
	  ○ Industrial Actions
	• Financial Position
	  ○ Deficit position at Month 2 over plan
	• Efficiency Programme
	  ○ Identification of £17.2m
	  ○ Some temporary workforce, particularly in medical staffing impacting position
	  ○ ERF
	  ○ Working Capital negative
	  ○ Finance workforce and preparation of financial report
	• Estates Strategy

51/2023	**Reflection on the Meeting**
	None raised.
52/2023	**Date and Time of Next Meeting**
	Date: 26 July 2023 **Time:** 15:00-17:00 **Venue:** Microsoft Teams

Signed:

Committee Chair: Paul Assinder

Date:

Walsall Healthcare NHS Trust

MEETING OF PATIENT EXPERIENCE & SAFETY COMMITTEE

HELD ON FRIDAY 23 June 2023
HELD VIRTUALLY VIA MICROSOFT TEAMS

Members

Dr J Parkes	Non-Executive Director (Chair)
Mr M Dodd	Interim Director of Integration
Dr M Shehmar	Chief Medical Officer
Mrs M Metcalfe	Deputy Group Director of Assurance
Mr K Bostock	Group Director of Assurance
Professor L Toner	Non-Executive Director
Mr N Hobbs	Chief Operating Officer

In Attendance

Mrs J Wright	Head of Midwifery, Gynaecology, Sexual Health
Mr C Ward	Deputy Director of Nursing
Mr G Perry	Associate Director of Patient Relations & Experience
Ms K Geal	Executive Assistant (Minutes)
Mrs R Edwards	Head of Data Security & Protection/ DPO
Mrs A Boden	Head of Infection Control

Apologies

Mrs L Carroll	Director of Nursing
Mrs J Kirby-Owens	Lead Nurse for Mental Health
Mrs Ofrah Muflahi	Associate Non-Executive Director
Mrs M Arthur	Deputy Group Director of Assurance

473/23	**Chair's welcome, apologies, and confirmation of quorum**
	Dr Parkes welcomed all members and attendees to the meeting and declared the meeting to be Quorate. Formal apologies received and noted as above. The meeting was recorded.
474/23	**Declarations of Interest**
	Mr Hobbs advised that he has commenced a one day per week secondment with the NHSE National Urgent and Emergency Care Team.

475/23	**Minutes of Previous Meeting – Friday 23rd May 2023**
	The minutes were approved.
476/23	**Items for Redaction**
	There were no items for redaction and minutes were approved for publication.
477/23	**Matters Arising and Action Log**
	There were no matters arising or actions.
478/23	**CQC Action Plan Update & Section 29A Notice Response**
	Report taken as read. Mr Bostock advised that all immediate actions have been completed and the CQC were satisfied with evidence of completion provided to them. Mr Bostock informed the committee that the CQC attended the Trust on Tuesday 20 June 2023 to review medicines management in the division of Medicine and Long Term conditions; there were five separate items that the CQC identified where they believe that there is still immediate patient safety risk. Mr Bostock advised that the Trust was informed on 22 June 2023 that it would receive a Section 31a enforcement action to cancel, vary or restrict registration in relation to medicines management within the division. Mr Bostock further advised that a letter of intent has been received detailing change requirements, and that the Trust has been given a time to submit a detailed response and improvement plan. Mr Bostock stated that the Trust have confidence that reasonable plans can be put in place to assure the CQC so that there will be no restrictions. Mr Bostock informed the committee that meetings were being held to ensure that plans are rectified by Monday 26 June 2023.
479/23	**Patient Experience/Engagement Annual Report**
	Report taken as read. Mr Perry outlined the report to the committee. He informed that a dashboard has been launched, linked to the Family & Friends Test. The next phase of the project will be to add in complaints and concerns to ensure that staff have real-time access via the intranet. Mr Perry informed the committee that a workshop has been organised for July 2023 to focus on electronic summary and discharge; this has been raised through the CQC National Inpatient survey.

	Mr Perry informed the committee that the Family and Carers Support Service has been launched; Walsall Connected will be included in the service from July 2023, to strengthen the support assessment process for packages of care. Mr Perry informed the committee that the actions from the 2021 CQC Patient Survey have been completed; this will translate into the next national survey. The 2022 national survey findings are currently embargoed, to be published August 2023. Mr Perry advised that a report will be made available to the committee once complete.
480/23	**Constitutional Standards & Acute Service Restoration & Recovery Report**
	Report taken as read. Mr Hobbs informed the committee that the May Urgent and Emergency Care performance was in the top 10 in the country for 4 hour performance, and ranked as best performing for ambulance handover in the West Midlands. Mr Hobbs informed that Urgent and Emergency Care performance figures for June 2023 have been negatively affected by weather conditions and other factors; this has been an national issue. Mr Hobbs advised that ongoing issues within Dermatology Skin Cancer capacity continue; June's fast track patients are currently being seen at 25 days. A plan has been formalised, including the recalibration of routine appointment slots to suspected cancer slots. Mr Hobbs assured the committee that he is confident that the directorate will be able to sustainably meet the 2WW target, but there will be impact on routine dermatological condition appointments. Mrs Toner asked about the role of GP's screening for Skin Cancer patients. Mr Hobbs explained to the committee the tele-dermatology pathway; there is a rollout programme for Black Country GP's to photograph the affected skin area, and Consultant Dermatologists review the images in higher volume than they would have been able to review face to face. Patients can then be filtered appropriately and attend a face to face appointment, if required, or listed for excision or biopsy straight from the clinical review of the photograph. The pathway is not yet fully live across the Black Country. Mr Hobbs outlined challenges in Endoscopy; a review of clinical prioritisation of patients on wait lists has taken place, which has detected patients who are awaiting surveillance endoscopy. Mr Hobbs informed that there are 581 patients who have exceeded their planned time interval for their surveillance endoscopy. Mr Hobbs assured the committee that additional, weekend endoscopy capacity has been organised. The Endoscopy challenges have been categorised as 12 on the Risk Register.

481/23	**Performance Constitutional Standards Report Community**
	Report taken as read. Mr Dodd outlined the report to the committee. Mr Dodd informed that there has been an increase in Virtual Ward activity, and that capacity was now at 60%. Mr Parkes asked for assurance regarding the decrease in advice given following calls to the helpline. Mr Dodd advised that the helpline is for healthcare professionals for advice and guidance, and that the lower number of people calling the helpline may be because of increased knowledge and positive advice given to them in the past. Mr Dodd assured the committee that referrals and appropriate activity through the helpline remains high, and the service are confident about the activity and the impact it is having. Mr Dodd informed the committee of the impact of funding changes detailed in the report, including recurrent funds through the ICB and non-recurrent funds such as winter pressures. The schemes have been RAG rated: Green are those with least impact on beds, yellow require large scale transformation such as palliative care and the stroke pathway, and red schemes are very high risk in terms of beds. Mr Dodd stated that the schemes are reviewed, but there is no mitigation to completely remove a risk. Dr Shehmar noted that the integrated front door service is imperative for hospital avoidance and reducing times for patients in hospital and that, though it is a cost pressure, as noted in the report, removing the service would have a massive impact in terms of bed numbers and quality of care. Dr Shehmar added that should there be any issues with the Quality Assurances noted in the paper as received by herself and Mrs Carroll, they will be brought back to the committee. Mr Hobbs agreed with Dr Shehmar, and stated that the integrated front door and Intermediate Care Discharge team play in important part in reducing reliance on acute hospital inpatient beds. Mr Hobbs stated that, as advised by Mr Dodd, the intent was to expand schemes further, though now this will have to be curtailed. Dr Shehmar added that a wider paper regarding the schemes and business cases will be brought to the next committee and to the ICS Quality Committee also.
482/23	**Safe High Quality Care Oversight Report (to include the Board Assurance Framework, Corporate Risk Register and Performance Dashboard)**
	Report taken as read.

	Mr Ward outlined the report to the committee, and highlighted that Falls were improved, at 2.55 per 1,000 bed days. Mr Ward informed the committee that the Royal College of Physicians baseline is used as a target, but also that the Trust is in the first quartile using Model Hospital in regards to falls rates. Mr Ward further informed the committee of good performance, noted in the report. Mr Ward stated that the Nursing and Midwifery vacancy rate remains very low at 1%, though this may rise to around 3% as the workforce matures and new establishments come in. Mr Ward informed of alerts and provided an IPC update, as noted in the report. Dr Shehmar raised that the report notes some IT issues with Badgernet, and that there has also been similar issues during times of high usage in the arrivals lounge with the Vital Pack software. Dr Shehmar advised that the issue has been raised to the digital team, though it has not yet been rectified.
483/23	**Maternity Services Update**
	Report taken as read. Mrs Wright outlined the report to the committee, and alerted to the issue regarding junior doctor gaps; a new rota has been created to mitigate by August 2023. A report will be provided to the committee to update. Dr Shehmar asked if the gaps in medical rotas had impacted patient outcomes. Mrs Wright advised that this was being reviewed. **ACTION: Mrs Wright to confirm with clinical team that medical rotas are covered; update to Dr Shehmar** Mrs Wright advised that national reports have been received, which includes a new diabetes element which will likely have an impact on scanning capacity. A gap analysis is being completed to understand additional capacity required. Mrs Wright also advised that scanning capacity may also increase due to increased asks regarding intrauterine growth restriction and foetal growth restriction detection. Mrs Wright informed the committee that there has been an increase in perinatal mortality in May. Thematic analysis will be completed based on the PMRT reviews. Mrs Wright also informed that a review has taken place on perinatal mortality data from 2022/2023, reviewing equality and deprivation data. Mrs Wright advised of the data within the report, noting that one post code had a significant number of perinatal deaths including still births and late perinatal loss.

	Mr Hobbs asked if there had been any perinatal deaths so far in June. Mrs Wright advised that there had been two.
484/23	**Serious Incident Update**
	Report taken as read. Mrs Metcalfe introduced the report to the committee, and advised that 7 serious incidents have been reported to the Commissioners in the reporting period with 6 closed. There are 180 overdue serious incidents awaiting review 46 of which are on the Trust-wide action plan. The plan is being reviewed to look for any duplications. Mrs Metcalfe informed that there are some challenges regarding Duty of Candour, particularly assurance regarding the letters going out in time.
485/23	**Infection Control**
	Report taken as read. Mrs Boden introduced the report to the committee and informed that the report has been amended to be in line with the latest national Infection Prevention BAF and is transitioning away from focussing o assurance just associated with respiratory infections. Mrs Boden advised that all of the narrative associated in the report is in response to areas of partial compliance or areas of improvement. Mrs Boden advised that the service have been assured by the AMS reports where there has been observed improvements in all the KPI's under AMS. Mrs Boden furthered that there has been great strides made in the antimicrobial stewardship following work undertaken by Dr Plant and the antimicrobial pharmacist, particularly for the management of pneumonia and urinary tract infections. Mrs Boden provided key headlines regarding antimicrobial stewardship, C Difficile cases and screening practices, and a water safety incident, as outlined in the report. Mrs Boden provided the committee with assurance that the water safety incident was in the old Emergency Department, and that regular flushing was now taking place. The HSE was informed of the incident, and that key learning was communicated to Trust wide. Mrs Boden informed the committee that have been cases of Carbapenenase Producing Enterobacteriaceae (CPE) infection. This is a multi-drug resistant organism. The majority of the cases are community onset.

	Mrs Toner asked for assurance regarding improvements in taking blood cultures, detailed in the report. Mrs Boden advised that a deep dive is in progress into surveillance with blood culture contaminants to identify the individuals associated. Mrs Boden informed that the RWT Blood Culture and Standards video is to be shared with staff, and that competencies of involved staff is being reviewed.
486/23	**Clinical Audit and Effectiveness Update**
	Report taken as read. Dr Shehmar outlined the report to the group and advised that the NCEPOD pathway has been reviewed against recommendations, strengthening the Governance to align with RWT; an NCEPD clinical lead is to be recruited, and recruitment has taken place for Anaesthetists. Dr Shemar informed the committee that clinical effectiveness data is now highlighted to care groups as part of their Divisional Performance Review process, reported back through Patient Safety Group and Performance & Finance Committee. Dr Shehmar advised that at year end 85% of NICE issued guidelines have been reviewed. Dr Shehmar assured the committee that she has met with divisions to review. Dr Shehmar stated that issues remain around patient reported outcome measures, and that pieces of work are being undertaken to improve, and actions have been put in place to reach expectations. Dr Shehmar noted that some indicators that were below expectation were relating to data quality rather than the quality of patient care delivered.
487/23	**Trust Risk Register and BAF**
	Report taken as read. Mrs Metcalf outlined the report to the committee, including that there are 31 agreed corporate risks, with some behind review, Confirm and Challenge meetings have been arranged.
488/23	**Internal Audit on Theatre Utilisation and Performance**
	Report taken as read. Mr Hobbs assured the committee that the Division of Surgery have developed an action plan, enclosed within pack, with 15 of the 56 actions completed to date. Mr Hobbs assured the committee that on objective measures, the Trust performs in the upper quartile for capped theatre utilisation as evidenced through Model Hospital and in the timeliest quartile for average late starts.

	Mr Hobbs advised that an Operating Theatres clinical indicator suite is to be developed to provide assurance on the safety and effectiveness of operating theatres. Mr Hobbs advised that there are 3 actions which were intended to be completed in May 2023 which have not, and further actions for June 2023 that are in progress to be completed. Mr Hobbs assured that an oversight committee has been identified for each action. Mr Parkes asked if the indicators have yet been set? Mr Hobbs stated that not all of the indicators for the clinical indicator suite have yet been established. Discussion was had regarding the leadership and culture challenges within Theatres; wide-ranging issues have been noted and managed appropriately through the relevant HR process. **ACTION** **Theatre Utilisaton update report to be presented to committee bi-monthly; next report September 2023, noting that there is not QPES meeting August 2023.** **ACTION** **Operating Theatre clinical indicator Suite update to be presented at July committee**
489/23	**ITEMS FOR INFORMATION**
	Reports will be taken as read and questions only will be addressed
490/23	**Data Security and Protection Toolkit Report**
	Report taken as read. Mrs Edwards highlighted the key points of the report and referred the group to the appendix, which breaks down the 113 mandatory assertions that the Trust is required to comply with in order to have a standards met toolkit. The Trust will be submitting a not met on 15 of the mandatory assertions and met on 98. The internal audit findings were found to be unsatisfactory. Mrs Edwards informed the committee that to be deemed as satisfactory, all standards need to be met. Mrs Edwards assured the committee that actions plans are being submitted through steering groups for each of the standards not met, and each action plan will be signed off with a 6 month implementation period in which actions will be reviewed and assurances provided to NHS Digital. Mrs Edwards advised that a number of actions are related to the cyber incident and that work is ongoing to further strengthen network security.

	Mr Bostock asked Mrs Edwards to provide background on why the Trust is non-complaint when the Trust had been reported as compliant last year. Mrs Edwards stated that she has reviewed the guidance and standards and it does not meet compliance, and that a different auditor has reviewed the toolkit this year and reviewed internal audit assurances from last year. A number of the findings that the internal audit report made last year were on the basis of evidence that was not yet seen, so judgments were made on an assumption of evidence being provided, that wasn't, and in some other areas they ruled on evidence that was not in scope.
491/23	**104 Day Harm Update**
	Report to note. Dr Shehmar escalated that the Urology 104 Day Harm data, and advised that WHT are working closely with RWT to streamline processes and ensure that there is clarity regarding governance and shared working arrangements. Dr Shehmar advised that the Trust are an outlier for colorectal cancer. An improvement programme is ongoing around colorectal cancer outcomes.
492/23	**Exception Reports from any subgroup reporting to Committee**
	No exception reports were received for discussion.
493/23	**Medicines Safety Officer Report**
	Report to note. Dr Shehmar noted that a large amount of work has been done over the last 6 months, reflected in the verbal feedback from CQC where they found a change in culture; that staff felt able to challenge appropriately, for example. The CQC also reported that there was multidisciplinary working within the Pharmacy Team and the ward teams, and found improvements in prescribing.
494/23	**Complex Case Review Update Brief**
	Report to note.
495/23	**Any Other Business**
	Mr Bostock advised that NHSE have sent the certificate to step down the quality undertakings around governance. This means that the Trust is no longer being monitored to that level.
496/23	**Reflections on meeting**
	The meeting finished 13:10.
497/23	**Date of next meeting**
	Date: 21 July 2023

Signed:

Committee Chair:

Date:

Walsall Healthcare NHS Trust

MEETING OF THE PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE

HELD ON MONDAY 22ND DAY OF MAY 2023 AT 13:30 VIRTUALLY VIA MICROSOFT TEAMS

Members Present

Mr Junior Hemans **(Chair)**	Non-Executive Director
Mr Paul Assinder	Non-Executive Director
Mrs Dawn Brathwaite	Non-Executive Director
Ms Catherine Griffiths	Chief People Officer
Mrs Lisa Carroll	Director of Nursing

In Attendance

Dr Rayasandra Gireesh	Guardian of Safe Working
Mr Suleman Jeewa	Lead Freedom to Speak Up Guardian
Mrs Jane Wilson	Joint Staff Side Representative – Unison
Mrs Pat Usher	Joint Staff Side Representative – Unison
Mr Brad Allen **(Minutes)**	Executive Assistant

Apologies

Mr Alan Duffell	Group Chief People Officer

001/23	**Chair's welcome, apologies, and confirmation of quorum**
	Mr Hemans welcomed all members to the meeting and thanked them for their attendance. The meeting was declared quorate in line with terms of reference and apologies were noted as recorded above.
002/23	**Declarations of Interest**
	There were no declarations of interest raised by members.
003/23	**Minutes of Previous Meeting –27th March 2023**
	There were no comments or amendments from members therefore committee **resolved** to **approve** the minutes of the meeting that took place on 27th March 2023 as a true and accurate record of decisions and discussions that took place.
004/23	**Matters Arising and Action Log**
	The action log was discussed and updated as necessary and reflected within iBabs.

005/23	**Guardian of Safe Working**
	Dr Gireesh introduced the report and advised a work schedule had been requested from the Division of Medicine whilst a review took place of the submission provided by the Division of Surgery. Feedback would be provided at committee when available. Dr Gireesh advised all exception reports had been received for quarter one with the main theme being all Divisions providing good levels of safety across their departments. It was also noted that Divisions continue to uphold values of ensuring patient safety and interests in all elements of practice. In addition to this, Dr Gireesh informed committee that the new Safe Working Hours Advisor had commenced employment within the Trust to improve rota and work scheduling issues. Dr Gireesh then went on to advise members that all exception reports had been submitted for Foundation Year trainees and that the Division of Surgery accounted for two thirds of all exception reports, with the Division of Medicine accounting for the remaining third of all reports received, with the total number of reports being slightly higher at an average of 7.5 per month. In summary, Dr Gireesh stated that of all reports received, two thirds of all reports had review meetings conducted by the relevant supervisor to implement mitigatory measures. To conclude, Dr Gireesh alerted committee to a total of four ISC reports received within quarter one, all of which will be incident reported. In addition to this, committee noted that overall the number of exception reports were gradually increasing from the Division of Medicine. Recommendations had been made for the Division to implement a work schedule review within the department to identify what measures could be implanted to support colleagues. A total of 53% of all exception reports remain unresolved, with eighteen out of the thirty-four being closed by Dr Gireesh himself. Dr Gireesh escalated that there was an overall lack of engagement from colleagues within both Divisions of Surgery and Medicine organising meetings with trainee members of staff to discuss concerns. Mr Assinder queried how appropriate baselines of SAS Doctor inclusion could be achieved. Dr Gireesh responded to advise that contracts vary but options should be in pace for staff by means of time off in lieu and locum payments and advised this would be raised with BMA (British Medical Association). Ms Bond added that as an organisation, around 250 Trust Doctors were not on Consultant or SAS contracts and that on-going conversations were

	being held with colleagues to implement an annual rota. Ms Bond queried whether this could have an impact **RESOLVED** That committee **note** the contents of the report for information.
006/23	**Integrated Care Board Update**
	Ms Griffiths introduced the item and advised that a work programme was underway, sighting focus would be made on reviewing employment and retention processes within the Black Country. There were no further comments from members. **RESOLVED** That committee note the contents for the report for their information.
007/23	**Safe Staffing Report**
	Mrs Carroll introduced the report as read and highlighted the following points for committee reference: • Overall vacancy rates were reported to be extremely positive totalling 1%. A number of areas were reported to be experiencing challenges, but plans were in place to actively recruit into vacant positions. • The new Urgent and Emergency Care Centre was reported to be fully established by July 2023 following individual employment checks taking place. • Agency usage is being utilised in areas where maternity leave rates are high, but plans were being developed to review this. Any agency usage is now under the discretion of the Executive Team or any On Call Executive Director during out of hours periods. • Overall clinical fellow recruitment continues, with 17 colleagues due to commence employment in the Trust in April and a further 20 in May 2023. • A total of 10 out of 17 internal rostering actions had been completed. Mr Assinder queried the high turnover figures of Advanced Healthcare Practitioners (AHPs) within the organisation. Mrs Carroll advised no specific data was available but could be provided at the next meeting for reference. Mr Hemans queried whether any focus was being made to the recruitment of further AHPs. Mrs Carroll advised that an establishment review was being arranged to provide a specific breakdown on exact figures and pressures to identify what mitigatory measures could be implemented.

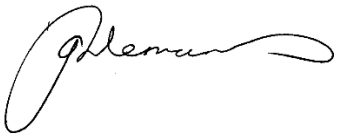
	There were no further comments or questions from members. **RESOLVED** That committee note the contents of the report for assurance.
008/23	**Trust Workforce Metrics**
	Ms Griffiths introduced the report and reported the following highlights for the committee's information: • The overall target retention rate figure had been altered to 24 months from 12 in line with Royal Wolverhampton targets. • STAY conversations had been introduced with colleagues who have been employed within the Trust for a number of years to determine their reasoning for remaining at the Trust. The purpose of this was to identify areas of good practice which could be implemented in areas that have high turnover rates. • Plans are in place to begin the roll out of 6-month conversations as part of the Trust's Induction Process to identify areas of good practice and implement mitigatory measures where colleagues require additional support. • Overall sickness absence figures during April 2023 were reported at 4.67%. • Positive cases of Health and Wellbeing measures following investment within the service have been reported, with more colleagues requesting supportive elements upon their return to work. • Overall turnover figures were reported to be on a positive trajectory. • Appraisal and Mandatory Training Figures were reported to require improvement which will be picked up and monitored at individual performance reviews. • The figure of 10% vacancy rates stated within the report was deemed inaccurate. Ms Griffiths advised this would be reviewed and amended prior to submission to the Trust Board in June 2023. Mrs Usher expressed her support for the overall sickness levels and thanked colleagues for their efforts in supporting colleagues upon their return to work. Mr Assinder echoed the recognition from Mrs Usher and recognised the efforts made by Staff Side to help deliver these results. He then queried whether budget reductions were planned for workforce planning discussions. Ms Griffiths responded to advise that there had been an increase to establishment figures of approximately 600 whole time equivalents (WTE), which was an increase to previously anticipated margins.

	Ms Bond highlighted the roll out of the Trust's new Learning Management system to support the improvement of mandatory training figures. The new system, known as MyAcademy, was reported be more user friendly to support colleagues who may have issues with accessibility. Mr Hemans referenced Nursing and Midwifery termination figures relating to work-life balance and queried what the age factors were and whether a breakdown could be provided on this for committee reference. Ms Griffiths advised a breakdown of generational splits could be collated for reference. **ACTION:** **Ms Griffiths to collate generational split amongst Nursing and Midwifery termination figures document for committee reference by July 2023.** There were no further comments or questions from members. **RESOLVED** That committee note the contents of the report for their assurance.
009/23	**Employee Relations Report**
	Ms Bond introduced the item, advising colleagues that the report had previously been referred to as the 'Colleague in Difficulty' report which has traditionally been received by the Committee and JNCC on a bi-annual basis. The Committee noted that the report would be received on a quarterly basis for oversight and scrutiny and in line with Royal Wolverhampton templates. The Committee noted that data from quarter 4 (2022/23) covered various areas such as tribunals exclusion, sickness absence deep-dives, management of change and impacts to services following strike action. From March 2023 until April 2023, a total of 36 live cases, inclusive of breakdowns, had been reported. Ms Bond advised that on-going works to improve how the data is presented and reported were taking place and that this would be reflected in future reports to outline elements such as age profiling and ethnicity. Mr Hemans referred to the outstanding 36 cases and suggested it may be useful for committee to be briefed as to how long they had been open. **RESOLVED** That committee note the contents of the report for their assurance.
010/23	**2022 NHS Staff Survey Update**

	Ms Bond introduced the item and advised that all Divisions had received local feedback following the receipt of the 2022 National Staff Survey (NSS) received in February 2023. Each division has provided a local action plan in response to local results. The Committee were sited on details of individual action plans outlined within the report, with these being monitored by the Experience and Engagement Group. Some divisions were reported to have already implemented their action plans, whilst Freedom to Speak Up Guardians were reported to be discussing recognition schemes to link in with elements of good practice. Mr Assinder queried progressions to implementing Bystander training. Ms Bond advised that the programme was currently in draft form, with the Trust's Staff Engagement and Organisational Development Lead collating data together in order to provide one single programme with an estimated completion date of the end of June 2023 and implementation date of September 2023. Ms Griffiths responded to the Committee's observation that the NSS results for the People and Culture Directorate had declined. Ms Griffith advised the Committee that a series of workshops had been well attended to explore the survey results. The workshops identified issues relating to resourcing such as resourcing implications resulting in some staff having the chance to meet their colleagues on a face-to-face basis. Due to a lack of resource, it has been noted that morale levels had decreased. Ms Griffiths expressed the importance of ensuring all colleagues feel valued and appreciated. In addition to this, an additional piece of work relating to culture mapping would take place and contribute towards the future behavioural framework. Mr Hemans advised that deep dives had taken place in other areas but not within the People and Culture directorate – the very service that monitors staff health and wellbeing. He suggested that a dive take place within the department within the coming months, with the data being shared at a future meeting for reference. There were no further comments from members. **RESOLVED** That committee note the contents of the report for their assurance.
011/23	**EDI Annual Report**
	Committee noted that this item would be deferred to June 2023.
012/23	**Agenda Pay Gap**
	Ms Griffiths introduced the item for the committee's information only.

	RESOLVED That the report be approved as set out.
013/23	**Items for Information**
	Committee **noted** all items tabled for their information.
014/23	**Escalations to the Trust Board**
	RESOLVED That the following items be escalated to the Trust Board for necessary discussion/action: • Guardian of Safe Working report. • Turnover and Staffing Figures. • Appraisal rates and Mandatory Training Figure improvement requirements. • Departmental PULSE Survey action plan development. • All corporate risks branded against committee.
015/23	**Any other Business**
	There were no further items of business raised by members for discussion.
016/23	**Date and Time of the Next Meeting**
	The next meeting of the People and Organisational Development Committee is due to take place at 13:30 on Monday 26th Day of June 2023 via Microsoft Teams.

Signed:



Committee Chair: Mr Junior Hemans

Date: 26th June 2023