WALSALL HEALTHCARE NHS TRUST

TRUST BOARD MEETING TO BE HELD IN PUBLIC

WEDNESDAY 7 JUNE 2023

MEETING PACK A

Walsall Healthcare
NHS Trust

Agenda Trust Board Meeting to be held in Public

Date	07/06/2023
Time	10:00 - 11:55
Location	MS Teams
Chair	Sir David Nicholson
Explanation	Administration: Keith Wilshere & Jaswinder Toor

1 10:00	**Apologies for absence** Lead: Sir David Nicholson, Group Chair **Apologies Received:** Paul Assinder, Non-Executive Director **In Attendance:** Professor Patrick Vernon, Chair, Walsall Together Dr Simon Harlin (observing) **Agenda Item 6 - Staff Story**: Nicky Dixon, Lead Nurse Capacity and Patient Flow Rachel Dawson, Sister - Discharge Lounge Victoria McKenzie, Staff Nurse, Discharge Lounge Vikki Perry, Trainee Nurse Associate
2 10:00	**To Receive Declarations of Interest from Directors and Officers** 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. *Attachment:* Declarations of Interest - May 2023 - v1.pdf
3 10:02	**Minutes of the Meeting of the Board of Directors held in Public on 5 April 2023** Lead: Sir David Nicholson, Group Chair Action: To Receive and Approve *Attachment:* Draft Public Trust Board Minutes held April 2023.pdf

4 **Matters Arising and Board Action Points from the Minutes of the Board of Directors Meeting held in Public on 5 April 2023**

10:04

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

Attachment:
Action items 1.docx

5 **Patient Voice (link in description box below)**

10:08 **Please right click on link, select 'open link in new window' https://youtu.be/lZmGR3Qi0Uc**
If the link does not open please copy and paste into your chrome browser.

Presenters:
Rani Virk, Divisional Director of Nursing, Division of Medicine & Long Term Conditions, Jinal Patel, Ward Manager, Dr Senthilkumar, Consultant
Lead: Lisa Carroll, Director of Nursing
Action: To Inform

6 **Staff Story - Capacity and Patient Flow**

10:18 Presenters:
Nicky Dixon, Lead Nurse Capacity and Patient Flow
Rachel Dawson, Sister - Discharge Lounge
Victoria McKenzie, Staff Nurse, Discharge Lounge
Vikki Perry, Trainee Nurse Associate

Lead: Alan Duffell, Group Chief People Officer
Action: To Inform

7 **Chair's Report - Verbal**

10:28 Lead: Sir David Nicholson, Group Chair

Action: To Inform

8 **Chief Executive's Report - Verbal Report**

10:33 Presenter/Lead: Prof. David Loughton, Group Chief Executive & Simon Evans, Group Chief Strategy Officer
Comprises the CEO Report, Trust Management Committee Reports (Reading Room reports 14.1 and 14.2)

and updates from the Group Chief Strategy Officer regarding the progression of

- the Group Strategic Aims and Objectives
- The Black Country Collaborative (Reading Room report 14.3) and
- The Black Country Partnership

Action: To Note

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

10:38 Lead: Simon Evans, Group Chief Strategy Officer
Action: To Note and Approve

Attachment:
Strategic Delivery Plan - 2023.24 Front Sheet.docx
Strategic Delivery Plan - 23.24.docx

9 **Walsall Together - Chair's Report**

10:43 Presenters/Leads: Prof. Patrick Vernon, Chair, Walsall Together & Matthew Dodd, Interim Director of Integration
Comprises the Chair's Report for Walsall Together and Care at Home Report (Reading Room Item 14.4)

Action: To Inform

Attachment:
WTPB highlight report April & May 2023.pdf

10.1 **Finance and Performance Committee - Chair's Reports for April 2023 (Chair's report for May 2023 to follow)**

10:48 Presenter/Lead: Kevin Stringer, Group Chief Financial Officer (on behalf of Paul Assinder as Chair of Finance and Performance Committee)
Action: To Inform

(Full Integrated Quality & Performance Report (IQPR) in Reading Room Report Item 14.5)

Attachment:
P&F Chairs Report April.docx

10.2 **Quality, Patient Experience and Safety Committee - Chair's Reports for April and May 2023**

10:53 Presenter/Lead: Dr Julian Parkes, Chair, Quality, Patient Experience and Safety Committee
Action: To Inform
(Full Integrated Quality and Performance Report (IQPR) in Reading Room Report 14.6)

Attachment:
QPES Chairs Report 28_4_23.docx
QPES Chairs Board report 26_5_23.docx

10.3 **People and Organisational Development Committee - Chair's Reports for May 2023**

10:58 Presenter/Lead: Junior Hemans, Chair, People and Organisational Development Committee
Action: To Inform
(Full Integrated Quality and Performance Report (IQPR) in Reading Room Report 14.7)
Attachment:
PODC Highlight Report - May 2023 - Approved.pdf

10.4 Audit Committee - Chair's Report - May 2023

11:03 Presenter/Lead: Mary Martin, Chair, Audit Committee
Comprises Audit Committee - Annual Review of Activities (Reading Room report 14.8)
Action: To Note

Attachment:
WHT Audit Committee Chairs Report 4 May 2023.docx

11.1 Report of the Chief Financial Officer - Months 12 (2022/23) and 1 (2023/24)

11:08 Presenter/Lead: Kevin Stringer, Group Chief Financial Officer
Action: To Inform
(Full Reports including appendices for Months 12 and 1 can be located in Reading Room 14.9)

Attachment:
TB Finance Report April 2023 Front Sheet - month 12 final.pdf
TB Finance Report May 2023 Updated - Final.pdf

11.2 Director of Nursing Report

11:10 Presenter/Lead: Lisa Carroll, Director of Nursing
Comprises:

- DoN Report
- Patient Experience and Complaints Annual Report & Patient Experience Enabling Strategy
- Safeguarding Adults
- Children's Quarterly Report & Infection, Prevention and & Control Annual Report

(Reading Room reports 14.10, 14.11, 14.12, 14.13)
Action: To Inform and Assure

Attachment:
DoN report Trust Board June 2023 final.docx

11.3 Bi-Annual Skill Mix Review

11:15 Presenter/Lead: Lisa Carroll Director, Director of Nursing
Action: To Approve
(Full Report in Reading Room report 14.14)

Attachment:
Biannual skill Mix Review June 2023.pdf

11.4 Midwifery Service Report

11:20 Presenter: Joselle Wright, Director of Midwifery
Lead: Lisa Carroll, Director of Nursing

To comprise Maternity Services Report, Saving Babies Lives 2023 - a report on progress and three year delivery plan for maternity and neonatal services 2023. (Reading Room Report 14.15)

Action: To Inform and Assure

Attachment:
Maternity Services Report.docx

11.5 Group Chief People Officer - Workforce Report

11:25 Presenter/Lead Alan Duffell, Group Chief Officer for People
Action: To Discuss and Note
(Reading Room Report 14.16)

Attachment:
Workforce Metrics Report - 202304 (EXEC TRUST BOARD).pdf

12.1 Chief Medical Officer Report - Verbal

11:30 Presenter/Lead: Dr Manjeet Shehmar, Chief Medical Officer
Comprises:

- Research and Development (Reading Room 14.17)
- 7 Day Audit (Item 12.2)
- Pharmacy and Medicines Optimisation Report (Item 12.3)
- Mortality Report (Item 12.4)

Action: To Discuss and Inform

12.2 7 Day Audit

11:35 Presenter/Lead: Dr Manjeet Shehmar, Chief Medical Officer
Action: To Discuss and Inform

Attachment:
7 Day Services Report - Public Board June.pdf

12.3 Pharmacy and Medicines Optimisation Report

11:40 Presenter/Lead: Dr Manjeet Shehmar, Chief Medical Officer
(Full Report in Reading Room Report 14.18)
Action: To Discuss and Inform
Attachment:
Medicines Management Report - Public Board June.pdf

12.4 Mortality Report

11:45 Presenter/Lead: Dr Manjeet Shehmar, Chief Medical Officer
(Full Report in Reading Room Report 14.19)
Action: To Discuss and Inform

Attachment:
Mortality Report - Public Board June (003).pdf

13.1 Any Other Business

11:50

13.2 IQPR - Executive Summary

11:51 Presenter/Lead: Dan Mortiboys, Interim Director of Finance
Action: To Receive

Attachment:
TB_202304_ExecutiveSummary.pdf

13.3 Questions from Members of the Public

13.4 Date and Time of Next Meeting - Wednesday 2 August 2023 - Microsoft Teams

11:53 Lead: Chair
Action: To Inform

13.5 Resolution

11:54 Lead: Sir David Nicholson, Group Chair

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.

MEETING PACK B – READING ROOM

14 READING ROOM Reference Packs for Information

14.1 Chief Executive's Report

Attachment:
Chief Executive report, 07.06.23.pdf

14.2 Trust Management Committee - Chair's Report

Attachment:
TMC 07.06.23, Report for Trust Board, 25.05.23.pdf
TMC 07.06.23, Report for Trust Board, 27.04.23.pdf

14.3 Black Country Provider Collaboration Report

Attachment:
WHT TB BCPC Update May 23.pdf

14.4 Care at Home - Executive Report

Attachment:
Care at home report May 2023 V2.docx
Appendix 1 Partnership Operational Performance Pack May 2023.pdf

14.5 IQPR - Finance and Performance Reference Pack

Attachment:
TB_202304_PFC.pdf

14.6 IQPR - Quality and Patient Experience and Safety Reference Pack

Attachment:
TB_202304_QPES.pdf

14.7 IQPR - People and Organisational Development Reference Pack

Attachment:
TB_202304_PODC.pdf

14.8 Audit Committee - Annual Review of Activities

Attachment:
Audit Committee Annual Review of Activities Report.docx

14.9 Finance Reports Month 12 and Month 1

Attachment:
Finance Report Month 12 - Full report with appendices.pdf
TB Finance Report May 2023 Updated Month 1 - Final Full Report with appendices.pdf

14.10 Director of Nursing Report

Attachment:
DoN Board report June 2023 final - Reference Pack.docx
Appendix 1 Ward to Board Dashboard Public Trust Board June 2023.xlsm
Appendix 2 Ward audit dashboard Public Trust Board June 2023.xlsx

14.11 Patient Experience & Complaints - Annual Report

Attachment:
PRET Annual Report 2022.2023 Final.pdf

14.11.1 Patient Experience Enabling Strategy

Attachment:
Board cover sheet.docx
PE Strategy Final 13012023.pdf

14.12 Safeguarding Adults and Children's - Quarterly Report

Attachment:
Safeguarding Q4 Report 2023 - Final.pdf

14.13 Director of Infection Prevention & Control - Annual Report

Attachment:
IPC Annual report Public Trust Board June 2023.docx
IPC Annual Report 22-23 Trust Board June 2023.pdf

14.14 Bi-Annual Skill Mix Review

Attachment:
WHT Skill Mix Review January 2023 for Public Trust Board June 2023.pdf

14.15 Maternity Services Report

Attachment:
Saving Babies Lives 2023 a report on progress_.pptx
Three-year-delivery-plan-for-maternity-and-neonatal-services-2023.pdf

14.16 Workforce Metrics Report

Attachment:
Workforce Metrics Report - 202304 (EXEC TRUST BOARD) - reading room.pdf

14.17 Research and Development Report

Attachment:
R&D Report - Public Board June.pdf

14.18 Pharmacy and Medicines Optimisation Report

Attachment:
Medicines Management Report - Public Board June - Full Report - Reading Room.pdf

14.19 Mortality Report

Attachment:
Mortality Report - Public Board June (003) - Full Report - Reading Room.pdf

14.20 Covid-19 National Inquiry

Attachment:
WHT Public Trust Board Covid-19 National Inquiry Update June 2023.pdf

14.21 Quality Improvement Team Report

Attachment:
TB WHT QIT Q4 merged rep.pdf

14.22 Minutes of the Finance and Performance Committee Meeting held March and April 2023

Attachment:
3. PF Minutes - March 2023 BA KG MM- Approved at Committee.docx
3. MINUTES Performance & Finance Committee April 2023.docx

14.23 Minutes of the Quality, Patient Experience and Safety Committee Meeting held March and April 2023

Attachment:
QPES 24.3.23 Minutes.docx
QPES 28.4.23 Minutes.docx

14.24 Minutes of the People and Organisational Development Committee Meeting held March 2023 (No Committee held in April 2023)

Attachment:
3. Minutes - PODC - March 2023 - Approved at Committee, May 2023.pdf

14.25 Minutes of the Audit Committee Meeting held February 2023

Attachment:
3. Audit Committee Mins 06.02.2023 DM MM KS.docx

14.26 Minutes of Charitable Funds Committee Meeting held December 2022

Attachment:
3. Minutes of the CFC 16.12.2022 APPROVED AT COMMITTEE - 13.3.23.pdf

14.27 Minutes of the Trust Management Committee Meeting held April 2023

Attachment:
Final April TMC Minutes V1.1.docx

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	Loyalty Interests	Father – Governor Oxford Health FT	Father
Mr Edward Hobbs	Chief Operating Officer	Loyalty Interests	Sister in Law – Head of Specialist Services St Giles Hospice	Sister in Law
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	Director of Nursing	Loyalty Interests	Spouse - Royal College of Paediatrics and Child Health (RCPCH) Officer for Research	RCPCH
Ms Lisa Carroll	Director of Nursing	Loyalty Interests	Spouse - RCPCH Assistant Officer for exams	RCPCH
Ms Lisa Carroll	Director of Nursing	Loyalty Interests	Spouse - Chair of NHS England/Improvement Children and Young People's Asthma Effective Preventative Medicines Group	NHSE/I
Ms Lisa Carroll	Director of Nursing	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	Director of Nursing	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	Director of Nursing	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	Director of Nursing	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	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	Executive Member Association	Early Pregnancy Units UK
Dr Manjeet Shehmar	Chief Medical Officer	Loyalty Interests	Company Director	Company Director Association of Early Pregnancies Units UK
Dr Manjeet Shehmar	Chief Medical Officer	Outside Employment	Private Practice	Little Aston Hospital Spire
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
Mr Russell Caldicott	Chief Finance Officer	Loyalty Interests	Member of the Executive	West Midlands Healthcare Financial Management Association (HFMA)
Mr Russell Caldicott	Chief Finance Officer	Loyalty Interests	Director	Plan 4 E-Health
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	Outside Employment	Private out-patient consulting and general medical/hypertension and nephrological conditions	Wolverhampton Nuffield
Dr Jonathan Odum	Group Chief Medical Officer	Outside Employment	Chair	Black Country and West Birmingham ICS Clinical Leaders Group
Dr Jonathan Odum	Group Chief Medical Officer	Outside Employment	Fellow of the Royal College of Physicians	Royal College of Physicians
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
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 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 5TH APRIL 2023 AT 09.30AM
HELD VIRTUALLY VIA MICROSOFT TEAMS
PRESENT

Members

Ms M Martin	Deputy Chair/ Non-Executive Director
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
Dr J Odum	Group Chief Medical Officer
Mr K Stringer	Group Chief Financial Officer
Ms L Nickell	Group Director of Education and Training
Mr N Hobbs	Chief Operating Officer
Mr D Mortiboys	Interim Director of Finance
Ms C Griffiths	Chief People Officer
Ms L Carroll	Director of Nursing
Ms C Jones-Charles	Director of Midwifery, Gynaecology and Sexual Health WCCSS
Dr M Shehmar	Chief Medical Officer
Mr M Dodd	Interim Director of Integration
Mr P Assinder	Non-Executive Director
Ms R Barber	Associate Non-Executive Director
Ms O Muflahi	Associate Non-Executive Director
Dr J Parkes	Non-Executive Director
Prof L Toner	Non-Executive Director
Ms S Rowe	Associate Non-Executive Director
Ms D Brathwaite	Non-Executive Director

In Attendance

Mr G Perry	Associate Director – Patient Relations & Experience
Ms P Boyle	Managing Director of Research and Development RWT&WHT
Mr T Parkes	External Press
Ms S Thacker	Associate Head of Midwifery (Shadowing Ms Jones-Charles)
Ms R Virk	Divisional Director of Nursing, Division of Medicine & Long Term Conditions
Ms M Morris	Interim Deputy Director of Nursing
Mr S Jeewa	Freedom to Speak Up Guardian
Ms M Belle	Associate Director of Workforce and Organisational Development
Ms J Okun Ogienwense	Clinical Support Worker
Ms D Thomas	Clinical Support Worker
Ms S Staniszek	Clinical Support Worker
Ms N Akib	Clinical Support Worker
Ms J Toor	Senior Operational Coordinator
Ms E Stokes	Senior Administrator

Apologies

Sir D Nicholson	Group Chair
Mr J Hemans	Non-Executive Director
Ms S Evans	Group Director for Communications and Stakeholder Engagement
Mr K Wilshere	Group Company Secretary
Ms F Allinson	Associate Non-Executive Director
Prof P Vernon	Chair, Walsall Together

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486/23	**Welcome and Apologies**
	Ms Martin welcomed all to the meeting, apologies were received and noted and the meeting was confirmed as quorate. Ms Martin noted that there was no patient story on the agenda and said that it was important that a Patient Story be presented at the next Trust Board Meeting. Prof Cannaby confirmed that work had begun with Patient Advice and Liaison Service (PALS) and the Communications Team to ensure patient stories were provided at all future Trust Board Meetings.
487/23	**Declarations of Interest**
	Ms Martin confirmed that no further declarations of interest were received. **Resolved: that the Declarations of Interest be received and noted.**
488/23	**Minutes of Last Meeting**
	Ms Martin confirmed the minutes of the meeting held on 8 February 23 were approved as an accurate record. **Resolved: that the minutes of the meeting held 8 February 23 be received and APPROVED.**
489/23	**Action Log and Matters Arising**
	Ms Martin noted the action log and updates were received as follows: **Action 540** – Mr Stringer and Ms Rowe to discuss a solution for storage of medical records. **Mr Stringer confirmed that progress had been made since the last Trust Board meeting and cabins had been brought to relocate the Health Records team and files.** This action was closed. **Action 640 –** Ms Carroll and Ms Pickford to provide a detailed report on Safeguarding Level 3 staff attendance. **Ms Carroll confirmed this information would be presented within her report.** This action was closed. **Action 641 –** Dr Shehmar to review impact of SDEC patients being removed from SHMI data analysis. **Dr Shehmar provided a verbal update against this action and confirmed she had been in contact with the Royal Wolverhampton NHS Trust (RWT) to gain knowledge of how RWT reviews SDEC data.** This action was closed. **Resolved: that the updates to the action log be received and noted.**
490/23	**Trust Values and Nolan Principles**
	Ms Martin reminded the Board of the Trust Values and operating in line with the Nolan Principles. **Resolved: that the Trust Values and Nolan Principles be received and noted.**
491/23	**Chair's Report – Verbal**
	Ms Martin confirmed the appointment of Sir David Nicholson as the new Group Chair for Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust. **Resolved: that the Chair's verbal Report be received and noted.**
492/23	**Chief Executive's Report**
	Prof Loughton reported that the Trust's reliance on locum Consultants had reduced since the appointment of substantive Consultant posts and that vacancies were at approx. 3% which was a good position for the Trust.

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	Prof Loughton congratulated Ms Joselle Wright on her appointment as the new Director of Midwifery and advised that she would commence in the role from 1 June 23. Prof Loughton reported on the industrial dispute with Doctors in Training advising that Junior Doctors provide 70% of the care within the Trust. He said the Trust had put plans in place to cover the industrial strikes. Prof Loughton advised that Prof Field had stepped down as the Group Chair of Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust. He thanked Prof Field, on behalf of both Trusts for his great leadership and for all his work and achievements throughout his time at the Trusts. **Resolved: that the Chief Executive's Report be received and noted.**
493/23	**Trust Management Committee – Chair's Report**
	Resolved: that the Trust Management Committee – Chair's Report be received and noted.
494/23	**Joint Steering Group – Chair's Report**
	Prof Toner advised that the Committee in Common had been replaced by the Joint Steering Group (JSG), with 1 team across the Trusts. She reported that the said that the JSG would be meeting to review the priorities across the Trusts. Mr Duffell reported that following a recent meeting, the focus for the People Group, would be on a revised Joint People Strategy across the Trusts. Ms Martin asked if an update could be provided to the Board on how the JSG would work alongside the Acute Care Collaboration Programme. Mr Evans reported that work was underway across all 4 Trusts (RWT, WHT, Sandwell and West Birmingham NHS Trust and the Dudley Group NHS Foundation Trust) under the new leadership of Sir David Nicholson to map the current structures to the Board agendas and relevant subcommittees. He said the JSG was unique RWT and WHT and work was being undertaken to understand how the JSG aligned with what was happening within the 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 being held 2 August 23 on what the structure and format would be and where different responsibilities would lie for strategic development.** **Resolved: that the Joint Steering Group – Chair's Report be received and noted.**
PROVIDE SAFE, HIGH-QUALITY CARE	
495/23	**Director of Nursing Report**
	Ms Carroll reported on the new format for the Director of Nursing Report to align it to the new Quality Framework. Ms Carroll reported on the Trust's continued international recruitment through the Clinical Fellowship Programme. She said from 31 March 23 the Trust had ceased to use agency staff, except for a small number of areas who had been required to due to exceptional circumstances. Ms Carroll highlighted that the Trust had focused on Band 6 and Band 7 development and had organised away days from which good feedback had been received which had helped with supporting the workforce with retention issues.

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	Ms Carroll advised that following the National Education and Training Survey (NETS) survey results conducted by Health Education England (HEE), the Trust had put in place an action plan (shared with HEE) to review and manage the results of the pre-registration adult nursing categories where the Trust had been a low outlier for 7 of the 9 domains. Ms Carroll reported that Safeguarding Level 3 training remained a focus within the Trust and information had been supplied to all senior divisional teams for all staff whose training had expired or was due to expire in the next 3 months. She said that the safeguarding group were committed to ensuring that all appropriate staff would be compliant with Safeguarding Level 3 Training by the end of July 2023. Mr Assinder queried the poor completion of patient risk assessments and the recording of clinical practice across the Trust which had been the subject of a previous Care Quality Commission (CQC) report. Ms Carroll advised that this had been identified as a recurring theme and said that a piece of work had been completed across the Trust and all nursing documentation and risk assessments were being reviewed and audited monthly by the Quality Team. Ms Muflahi asked if Professional Nurse Advocates (PNA) would be increased across the Trust following the significant improvements that had been seen since using PNAs. Ms Carroll advised that the Trust had seen an increase in staff wanting to become PNAs and the Trust was awaiting confirmation of funding for Continuing Professional Development (CPD) for 2023/24 to enable staff to attend the training. Ms Martin asked for clarity of the source of funding and if it covered the course and the time release of staff. Ms Carroll highlighted that the funding was provided by NHS England (NHSE) and that the Trust was awaiting confirmation of this and how much money had been allocated. Ms Rowe asked if a detailed report could be presented at the June Trust Board Meeting on the progress of making Safeguarding Level 3 a sustainable part of staff training. Ms Carroll advised that a Safeguarding report was due to be presented at the June Board meeting. Ms Barber asked for assurance that the themes identified surrounding falls were new themes and whether the Trust was continuing to make improvements to reduce the number of falls. Ms Carroll advised that the themes within the report had been identified through a series of falls. She said that following a thematic review of falls, an action plan had been disseminated across the Trust with monthly falls steering groups and accountability meetings taking place. Ms Barber asked for clarification on the progress for actions on *C-Difficile* cases and if these were existing actions that had been previously reported. Ms Carroll confirmed that the actions had been previously reported and the increase in *C-Difficile* cases was a national issue and not related solely to Walsall Healthcare NHS Trust. She advised that a meeting had taken place with the regional Infection Prevention Control Group and the UK Health Security Agency and actions completed by the Trust had been shared as good practice with other Trusts. Ms Carroll reported on the continuing weekly Consultant Microbiologists antimicrobial ward rounds which had made a significant impact on the Trust's antibiotic prescribing. She advised the Trust had updated the MicroGuide (Antibiotic Prescribing Guidance) to ensure that doctors followed appropriate guidance before selecting which antibiotic to prescribe.

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	Prof Toner asked if the increase in pressure ulcers throughout January 23 had been a result of increased incidences of *C-Difficile* cases. Ms Carroll confirmed that *C-Difficile* cases had not been confirmed as the cause for the increase in pressure ulcers. Prof Toner queried the Trust's discussions with the Integrated Care Board (ICB) to adopt a national Commissioning for Quality and Innovation (CQUIN) for pressure ulcer assessments. Ms Carroll advised the Trust would go ahead with the CQUIN for 2023/24 which would cover the Acute, Community and Emergency Department. She said the Trust had begun to develop a plan to ensure it captured the required information. Ms Brathwaite asked for assurance surrounding the reduction in complaints response to 75% within the Division of Surgery. She asked for the time frame of the implementation of the new Ombudsman Standards within the Trust. Ms Carroll advised that the Trust had been a pilot site for the new Ombudsman Standards over the last 12 months and had embedded the process well. Ms Carroll reported that the Division of Surgery had seen a reduction in complaint response due to the absence of key individuals and the patient experience team were working with the Division of Surgery to increase compliance. Dr Shehmar reported on the NETS survey in adults and asked if the Trust had an action plan in place as the Trust had been recognised as an outlier in several areas. Ms Carroll advised that the Trust had a student shared decision-making council and there had been monthly drop-in sessions with work underway for the team to have a dedicated space within the Trust so that students could access the team when required. She said that significant progress had been made following actions raised from student feedback. **Resolved: that the Director of Nursing Report be received and noted.**
496/23	**Midwifery Service Report**
	Ms Martin reported that Ms Jones-Charles would be leaving Walsall Healthcare Trust (WHT) and thanked her for her hard work and leadership throughout her time at WHT. Ms Jones-Charles confirmed that Ms Wright would replace her as Director of Midwifery, Gynaecology and Sexual Health and thanked the Trust and her colleagues for all the support she had received throughout her time. Ms Jones-Charles reported that the Trust had seen an improvement in acuity to 84% with the national standard as 85% and said that other Trusts had not achieved this rate of standard due to staffing pressures nationally. Ms Jones- Charles advised the Trust had been successful with international recruitment and the recruited midwives would begin working independently throughout April 23 which would reduce the pressure on staff within the maternity department. Ms Jones-Charles reported that triage was a national issue across maternity services and the Trust had implemented a new triage system in 2021. She said the Trust had seen an improvement in the wait time for women, with 90% of women being seen within 15 minutes and 96% of women seen within 30 minutes which was within the National Institute for Health and Care Excellence (NICE) guidelines. Ms Jones-Charles advised that following the implementation of the new triage telephone system in October 22 the Trust had seen 90% of calls within the maternity department being answered. Ms Jones-Charles reported that the maternity department had been ranked number 1 in the West Midlands for Educational Governance and Leadership in the National

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	Education and Training Survey (NETS). She said that the Trust continued to see progress surrounding support of medical and midwifery students and continued to receive positive feedback from students. Ms Jones-Charles advised the Trust had seen a reduction in perinatal mortality rates was on target to achieve a 50% reduction by 2025 which was the national target. Ms Jones-Charles reported that the Trust would be launching an outreach programme for the most deprived areas in Walsall within the Nash Dom Community Hub (Eastern European and Russian-speaking Community Support and Business Development Centre) under the leadership of the Equality and Diversity lead midwife. She said the Trust would provide interpreting services and access to mental health services for those families. Prof Cannaby advised that the Midwifery Service Report at future Trust Board meetings would be multidisciplinary and the lead medical obstetrician within maternity services would attend future Trust Board meetings. Dr Shehmar and Ms Muflahi thanked Ms Jones-Charles for her leadership and hard work throughout her time at the Trust. **Resolved: that the Midwifery Services report be received and noted.**
497/23	**Patient Experience & Complaints**
	Ms Martin advised that the National Survey update featured within the report was from 2021 and the Trust Board were meeting in April 23. She asked if Mr Perry could provide an explanation on the timeline of his report. Mr Perry reported that the Care Quality Commission (CQC) publish their initial findings 9 months after the survey has been undertaken which would delay the Trust's ability to act on the findings. Mr Perry advised that the Trust had signed off the inpatient survey actions from the 2021 survey and would be surveying a cohort of patients for the 2022 survey. He said the Trust would continue to track progress against matters arising from National surveys through the different schemes in place within the Trust. Mr Perry reported that whilst the Trust had improved across all previous surveys, the response rate continued to not meet the national average. He advised there had been positive improvements in decisions surrounding care and treatment and the Trust had launched "It's OK to ask" in November 22 and had scored 6.5 in the National survey. Mr Perry highlighted the work undertaken with children and young people within the Trust and said the first 'Little Steps' health visit to the Trust would take place at the end of April 23. He said this was part of the Trust's 'Little Voices' project and would involve children of years 3, 4 and 5 at primary schools and a 15 steps observation of children's areas including the Emergency Department, Paediatrics and Outpatients. Mr Perry advised that the Trust had gained approval for the 'Little Journey App' which would further enhance the 'Little Voices' project. Mr Perry reported that the Trust was on track with the action plan relating to the National Cancer Survey results. **Resolved: that the Patient Experience & Complaints report be received and noted.**
498/23	**Infection Prevention and Control – Monthly Update**
	Ms Carroll advised that blood culture contaminant rate was a significant concern to the Trust with previous rates at 8% and latest data at 4%. She said the Trust had formed a

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	task and finish group to focus on the Emergency Department (ED) as 50% of contaminants were recorded through ED. Ms Carroll reported that the Trust was continuing to train staff on taking blood cultures and ensuring that they understood the responsibilities of ensuring blood cultures were taken appropriately. Ms Carroll highlighted that the Trust continued to prioritise the case for a 24/7 phlebotomy service within ED which would help reduce contaminant rates. Ms Martin asked for assurance of the deep clean programme following the move into the new ED building. Ms Carroll advised that the move into the new ED building had made vacant the old Acute Medical Unit (AMU) and said that the modular block would be a focus for the Trust's initial deep clean. Ms Martin asked how the progress of the deep clean programme would be monitored. Ms Carroll advised that the progress would be monitored by the Infection Prevention Control Committee which she chairs as Director of Infection Prevention and Control (DIPC). **Resolved: that the Infection Prevention and Control - Monthly Update Report be received and noted.**
499/23	**Quality & Patient Safety Strategy**
	Ms Morris advised that the Joint Quality and Patient Safety Enabling Strategy had been developed as part of collaborative working with colleagues across the Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. She said the Strategy outlined the Trusts' focus over the next 3 years and was fully aligned to the Trusts Joint Strategy. Ms Morris advised that the Strategy had been subject to wide engagement across both Trusts with feedback received from staff, patients and the public, formulated to prioritise a key focus within the Strategy. She said there were 7 priorities within the Strategy, 5 of which were directly from the Joint Trust Strategy linked to the Strategic Objective for care. Ms Morris advised that the reporting arrangements for the Strategy for Walsall Healthcare NHS Trust would be through the Quality, Patient Experience and Safety Group (QPES). She reported that the Strategy had been approved at all operational and support level Committees at both Trusts and would be launched in May 23. **Resolved: that the Quality & Patient Safety Strategy be received and APPROVED.**
500/23	**Annual Workforce Safeguards Report**
	Ms Carroll reported on the annual workforce safeguards and the updated assessment. She said the Trust had received 14 recommendations from NHS Improvement (NHSI) surrounding Workforce Safeguards and that the report covered progress and updates with the Trust focusing on the Allied Health Professions workforce (AHP) in the next 12 months. Ms Carroll advised that the Trust was compliant with 7 of the recommendations and partially compliant with 5. **Resolved: that the Annual Workforce Safeguards Report be received and noted.**
501/23	**A Quality Framework (QF) for Nurses, Midwives, Health Visitors, Allied Health Professionals & Pharmacists**

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	Prof Cannaby reported on the first joint Nursing and Allied Health Professions (AHP) Quality Framework for the Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. She said that within the framework were areas that required improvement or areas that Nurses, Midwives and AHP's needed to address in the next few years. Prof Cannaby advised there was 5 streams within the framework and these included AHP's, Community, Adult, Midwifery and Paediatrics. She said the framework would be launched in April 23 and communications to promote the framework would be featured on Twitter and other media. Prof Toner asked if there were clear dates for when the Trust should have achieved actions by. Prof Cannaby advised that the achievable actions were quarterly, and some actions would be based on the environment and what was achievable. **Resolved: that the A Quality Framework (QF) for Nurses, Midwives, Health Visitors, Allied Health Professionals & Pharmacists be received and noted.** **The Board Convened for a 10 Minute Break at 10.42AM**
INTEGRATED QUALITY & PERFORMANCE (IQPR) SECTION HEADING	
502/23	**Finance and Performance Committee – Chair's Report**
	Ms Martin advised that the Trust forecasted to deliver a break-even revenue position for the year-end. Ms Martin reported that the Trust was on track to deliver the capital spend amount. Ms Martin reported that at the time of the Performance and Finance Committee meeting held in March, the Trust had been seriously challenged to meet the target for patients waiting over 78 weeks and this had been affected by recent industrial strike action. Mr Hobbs reported that the Trust had treated all 78-week risk patients and from 31 March 23 the Trust had declared zero 78-week breaches, other than those patients who had chosen to wait longer for their procedure. Ms Martin congratulated her colleagues for the opening of the new Emergency Department at Walsall Healthcare NHS Trust. **Resolved: that the Finance and Performance Committee – Chair's Report be received and noted.**
503/23	**Quality, Patient Experience and Safety Committee – Chair's Report**
	Dr Parkes reported on the Trust's issues with collecting Sepsis data within paediatrics. He advised that the Trust was compliant with delivering antibiotics within 1 hour. **Resolved: that the Quality, Patient Experience and Safety Committee – Chair's Report be received and noted.**
504/23	**People & Organisational Development Commmittee**
	Ms Brathwaite advised of the concerns over the vaccination take up rate for Flu and Covid-19 at the Trust and said that the Trust had sought assurance to improve uptake for 2023/24. She said the Trust had plans in place to improve compliance surrounding Safeguarding Level 3 Training. Ms Brathwaite reported that the Trust had seen improvements following the results of the National Staff Survey. She said a detailed assurance report had been produced for 2023/24 following the deterioration of staff experience due to bullying and harassment for Black, Asian and Minority ethnic staff. Ms Brathwaite reported that the Anchor Employment work across the Trust and Walsall Together had been commended.

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	Ms Brathwaite advised the Trust had reviewed the trends of declining retention and there had been a thorough analysis of the exit data which indicated the highest reasons for staff leaving the Trust were for promotion and work life balance. Ms Brathwaite advised a detailed report had been received by the Trust regarding work undertaken to improve Lesbian, Gay, Bisexual and Transgender inclusivity. Ms Brathwaite reported that following the People and Organisational Development Committee (PODC) meeting held in February 2023, the Trust had approved the PODC Terms of Reference and the schedule of reporting for 2023/24. **Resolved: that the People & Organisational Development Committee Report be received and approved.**
505/23	**IQPR – Executive Summary**
	Resolved: that the IQPR – Executive Summary be received and noted.
GOVERNANCE REPORTS	
506/23	**Audit Committee - Chair's Report**
	Ms Martin advised that the results of three Internal Audits had been submitted to the Audit Committee in February 23 and said these had been assessed as giving minimal or partial assurance. She said that the Trust was addressing the recommendations made and was closely monitoring the areas that had been highlighted for requiring improvement and an external audit would begin throughout May and June 2023. **Resolved: that the Audit Committee - Chair's Report be received and noted.**
507/23	**Covid-19 National Inquiry – Update Report**
	Mr Bostock reported that module 3 of the investigation covered acute care and the Trust had participated with the preliminary hearing which took place on 28 February 23. He advised that the Trust was in a full position of compliance with the Inquiry to date which would run for several months. **Resolved: that the Covid-19 National Inquiry – Update Report be received and noted.**
CARE AT HOME, WORK CLOSELY WITH PARTNERS	
508/23	**Walsall Together – Chair's Report**
	Mr Dodd reported on the Trust's continued focus on the opportunities with the Children's and Young People Strategic Alliance, which he advised would be an ongoing workstream for the Trust. Mr Dodd advised the Trust had looked at operational issues surrounding Virtual Wards and the Trust had seen good performance over the winter. He said the Trust could do more to demonstrate the potential of using technology for out of hospital care and deal with more acutely ill patients at home. Mr Dodd reported that complex discharge from operation areas had grown in referrals for complex support by 50% during the last quarter. He said numbers were now stable and the Trust had seen a reduction in February 23. Mr Dodd advised that work was required to focus on risk management of admission avoidance and this would put pressure on the Trust during the financial year 2023/24. Mr Dodd said the Trust continued to have problems with the Health Visiting Prioritisation Programme. He said a recovery plan had been presented to the Walsall Safeguarding Board and there had been recognition of work that had been completed with continuous work required with the high level of demand in Walsall. Mr Dodd reported that the Walsall Together Partnership had put forward an evidence-based application to the Health Service Journal Integrated Care Awards for 2023.

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	Ms Martin asked what strain the increased demand and limit on funding would cause for the Walsall Together Partnership. Mr Dodd advised that the Trust had recognised the growth in demand and would continue to look at ways to manage the demand throughout 2023/24. Dr Shehmar reported that following Covid-19 the Trust had seen an increase in adolescents with complex needs admitted to hospital, sometimes inappropriately. She said she was pleased that the Walsall Together Partnership continued to support the Trust with managing these cases. Ms Muflahi asked for assurance that funds would be available to sustain the Virtual Wards. Mr Dodd advised that he could not provide definite assurance for securing funding but the Trust would continue to promote the worth and value of the Virtual Wards for patients. Dr Odum reported that the issues Walsall Healthcare NHS Trust faced were similar to the Royal Wolverhampton NHS Trust and suggested sharing learning between the Trusts on how to approach particular issues. Dr Shehmar confirmed she was happy to work together on a joint piece of work. Mr Dodd reported that the Trust needed to organisationally support staff in making decisions when completing patients risk assessments and tackling concerns that it was safer to keep patients in hospital rather than move them out. **Resolved: that the Walsall Together – Chair's Report be received and noted.**
509/23	**Care at Home – Executive Report**
	Mr Dodd presented the Care at Home – Executive Report alongside the Walsall Together – Chair's Report. **Resolved: that the Care at Home – Executive Report be received and noted.**
510/23	**Proposed Black Country Integrated Care Board Model for Commencement on 1 April 2023**
	Mr Evans presented the report that was a culmination of all the workstreams that had been used to develop the target operating model with the proposals for the workstreams to commence 1 April 23. Mr Evans reported that further work was needed throughout 2023/24 and the model had been approved by the Integrated Care Board (ICB) on 30 March 23. Mr Evans advised that the Model would be separated into 2 sections and that the ICB were looking to create a model where they would be responsible for strategy and planning elements, to include financial planning, activity planning and outcome framework. Mr Evans reported that from a delivery perspective this would be split into 7 areas. He said 3 of the areas would relate to collaboratives and a report would be presented to each of the Trust Boards focussing on the Provider Collaborative. Mr Evans advised that the other 2 collaboratives would focus on Mental Health and Learning Disabilities Collaborative and the new Primary Care Collaborative. Mr Evans advised there were 4 Place based partnerships and each partnership represented 1 area within the Black Country. He said the Trust's Place-based Partnership was Walsall Together. Mr Evans reported that the Trust's expected contribution to the provider collaborative was to be held to account on behalf of the ICB for Standardisation of Care,

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	Sustainability of Services, Integration of Services and Efficiency. He said the Trust would continue to work with the collaborative to achieve the requirements. Mr Evans advised that the Place Based Partnerships were looking at integration from multidisciplinary teams to support the continuity of care, care coordination for complex patients and population and demand management. He said the Trust had seen progress with patients entering and exiting secondary care. Mr Assinder asked for more detail surrounding the superstructure of the ICB. Mr Evans advised that the 6 ICBs across the West Midlands had agreed to work together as part of the delegation of functions from NHS England known as 'Pod' services and that the Birmingham and Solihull ICB had agreed to take the lead of the commissioning of the delivery of pod services from 1 April 23. **Resolved: that the Proposed Black Country Integrated Care Board Model for Commencement 1 April 2023 be received and noted.**
USE RESOURCES WELL	
511/23	**Finance Report – Month 11**
	Ms Martin advised that the Board had held an Extraordinary Board Meeting, in private, on 29 March 23, to discuss and approve the financial plan. Mr Mortiboys reported that the 2023/24 financial position was still under development and the cash position was comfortable. **Resolved: that the Finance Report – Month 11 be received and noted.**
512/23	**Acute Care Collaboration**
	Mr Evans advised that the report was a summary of the last Provider Collaborative meeting and was presented to inform Board members of the Trust's progress regarding the Provider Collaborative and priorities. Mr Evans confirmed that the programme was clinically driven, and the Trust had seen benefits from this with Dr Odum as Chair. He said the priorities of the clinical group had been confirmed to focus on Cancer Health Outcomes, Elective Recovery and Service Transformation. Mr Evans reported that the Corporate Improvement Programme work would begin focusing on human resources workforce, payroll and procurement. Mr Evans advised that the Trust had applied to be part of the National Innovator Programme but had been unsuccessful. **Resolved: that the Acute Care Collaboration report be received and noted.**
513/23	**Research and Education**
	Ms Boyle reported that recruitment and expressions of interest for clinical trials at Walsall Healthcare NHS Trust had doubled throughout 2022/23. She advised that commercial studies had increased substantially and a joint strategy away day had been planned for 4 May 23. She reported that Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust had appointed 2 of the 5 Professors of Nursing, Midwifery and Allied Health Professionals and work on potential collaborations continued across the West Midlands. **Resolved: that the Research and Education report be received and noted.**
514/23	**Urgent and Emergency Care Centre Update – Verbal**

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	Mr Hobbs reported that the new Urgent and Emergency Care Centre (UECC) had opened on the 2 March 23. He said that the Acute Medical Units had moved into the new building on 9 March 23. Mr Hobbs advised that the Trust was still awaiting the relocation of the Paediatric Assessment Unit which would move into the new UECC adjacent to the Children's Emergency Department by the end of April 23. He said the moves that had already taken place were phase one of the development with the vacated space in the old Emergency Department and Urgent Treatment Centre to be upgraded in Phase two. Mr Hobbs thanked the project team who had coordinated the successful moves overseen by Ms White, Ms Slevin and Mr Roberts. **Resolved: that the Urgent and Emergency Care Centre Update – Verbal be received and noted.**
VALUE OUR COLLEAGUES	
515/23	**Staff Story – Anchor Employee**
	Ms Griffiths advised that following the Care Quality Commission report the Trust had been recognised for outstanding practice surrounding the Anchor Employment Partnership Programme which had been developed to help members of the community into paid care roles within the Trust. Ms Belle introduced Ms Thomas, Ms Akib, and Ms Staniszek Clinical Support Workers from Wards 1,3 and 29 who had joined the Trust through the Partnership Programme. Ms Thomas, Ms Akib and Ms Staniszek presented their stories and how they had entered the Partnership Progamme which had provided them with their careers as clinical support workers, allowing them to achieve their ambitions as well as support them with studies within the Trust. Members of the Board thanked the members of staff for choosing Walsall Healthcare NHS Trust as their employer and for their positive attitude and hard work. **Resolved: that the Staff Story – Anchor Employee be received and noted.**
516/23	**NHS National Staff Survey Results**
	Ms Griffiths reported that the Trust had seen an 83% improvement in indicators for the NHS National Staff Survey. She said there had been an increase in health and well-being indicators and satisfaction with flexibility and experience at work. She said the Trust had been one of the most improved Trusts' nationally for staff satisfaction. Ms Griffiths reported that further work was required for 'culture' and staff recommending the Trust as a place to be treated. Mr Assinder asked for further information as to why staff would not encourage others to work at the Trust or recommend the Trust as a place to be treated. Ms Griffiths advised that focus work with staff was ongoing, and the Trust had seen better satisfaction with appraisals, education, training, and development. She said the focus work being undertaken had begun to change the experience of staff and staff felt more invested in with more opportunities to work flexibly. Mr Duffell advised that the Trust needed to communicate externally and within the Trust to make staff aware of the great levels of care being delivered within Walsall Healthcare NHS Trust. Prof Loughton advised on the increased recruitment of substantive staff and ceasing use of agency staff which had had positive impact and helped with reduced

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	harm to patients. He asked that Prof Cannaby work with her nursing deputies to publicise the reduced harm to patients within the Trust. **ACTION: Mr Duffell to discuss with Ms Evans the need to communicate the good patient care stories at Walsall Healthcare NHS Trust.** **ACTION: Prof Cannaby to work with Deputy Directors of Nursing to publicise the reduced harm rates to patients within the Trust and the Trust ceasing agency use.** Mr Duffell reported that the Trust had formed a Staff Survey Oversight Group, and this would allow divisions to have ownership over objectives being set and actions undertaken would be reported back to People and Organisational Development Committee (PODC). Ms Muflahi highlighted that it was very positive for the Trust to have an anti- racist and anti-discriminatory pledge and it was important that it was in the recorded message when calling the Trust. Dr Shehmar reported that work with the Surgical Division was ongoing following comments received through the medical workforce and education groups. Mr Hobbs advised that as the Trust entered a challenging financial period the Trust would need to work harder to collectively ensure staff continued to feel supported. Ms Martin noted that the Trust was the 3rd most improved Trust in the country and that this was an incredible achievement. **Resolved: that the NHS National Staff Survey Results Report be received and noted.**
517/23	**Executive Workforce Report**
	Mr Duffell reported that junior doctor negotiations were still underway in relation to an agreed settlement on pay. He said that an agreement had been reached between the Unions, Agenda for Change Unions and the Government but would have to be put forward to members to formally decide to accept the pay recommendation or not. Mr Duffell advised that the Trust would not know the outcome of Unions accepting the pay award until early May 23 and it would be the end of June 23 before staff received pay increases. Mr Duffell said that the Trust had moved towards standardised reporting of workforce metrics between Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust which allowed for direct comparisons between the two Trusts. He advised that the 5 metrics listed within the report would become 6 to incorporate vacancy position as a key metric. Ms Griffiths reported that sickness absence had become stable following higher recordings in previous months. **Resolved: that the Executive Workforce Report be received and noted.**
518/23	**Freedom to Speak Up – Quarterly Update**
	Mr Jeewa introduced himself as the new Freedom to Speak Up Guardian for Walsall Healthcare NHS Trust and presented the Freedom to Speak Up quarterly update report. Mr Bostock reported that the Freedom to Speak Up Team had held a meeting with the assurance function to triangulate the intelligence gathered into a dashboard alongside complaints, claims incidents and other sources of intelligence which had proved to be beneficial.

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	Resolved: that the Freedom to Speak Up – Quarterly Update be received and noted.
519/23	**Education & Training**
	Ms Nickell advised that the Education and Training Strategic Framework for Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust had been agreed and was multi professional across all staff groups. Ms Nickell reported that there had been a change in education fund tariffs and the Trust had been recognised as being under recovery of undergraduate medicine. She said the Trust had addressed this and had taken on additional medical students to ensure there was a null effect on the income. Ms Nickell reported following the National Education and Training survey (NETS), Adult Nursing had been highlighted as an area of concern and the Trust had action plans in place for any areas listed as a red flag. She said the Trust also had blue flags where Health Education England (HEE) had observed good practice. Ms Nickell advised that the number of responses to the NETS survey had doubled, and the Trust had seen engagement from doctors in training and undergraduate students. Ms Nickell reported that Aston Medical Students had successfully integrated into the Trust following the approval of the business case and positive feedback had been received. Ms Nickell highlighted that the Trust had received a successful visit from HEE in November 22 and no patient safety concerns had been raised. She thanked the Division of Medicine and Long-Term Conditions for the robust programme of actions they had completed against work addressed. Ms Nickell advised that a revisit would take place in November 23. Ms Muflahi asked why Nursing Associates were not featured in the report as the Trust had overseen the recruitment of further Nursing Associates. Ms Carroll reported that the Trust would be looking at Nursing Associates through the establishment skill mix review every six months. She advised that the Trust had an agreement for funding to continue for the next 3 years to support Nursing Associates to complete the Nursing Degree Apprenticeship. Ms Carroll advised that the Trust would support 10 Nursing Associates every year through Birmingham City University to become registered Nurses within the Trust. **Resolved: that the Education & Training be received.**
MINUTES OF COMMITTEE MEETINGS – FOR INFORMATION ONLY	
520/23	**Finance and Performance Committee Meeting**
	The Board Members received, for information, the confirmed minutes of the Finance and Performance Committee (PFC) Meeting held 22 February 23. **Resolved: that the minutes of the Finance and Performance Committee (PFC) Meeting held in February 23 be received for information.**
521/23	**Quality and Patient Experience Committee Meeting**
	The Board Members received, for information, the confirmed minutes of the Quality and Patient Experience Committee (QPES) Meeting held 24 February 23. **Resolved: that the minutes of the Quality and Patient Experience Committee (QPES) Meeting held in February 23 be received for information.**
522/23	**People and Organisational Development Committee Meeting**
	The Board Members received, for information, the confirmed minutes of the People and Organisational Development Committee (PODC) Meeting held 27 February 23.

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	Resolved: that the minutes of the People and Organisational Development Committee (PODC) Meeting held in February 23 be received for information.
REPORTS FOR REFERENCE ONLY	
523/23	**Appendices 2-4 for NHS Staff Survey Results**
	Resolved: that the Appendices 2-4 for NHS Staff Survey Results be received and noted.
CLOSING ITEMS	
524/23	**Any Other Business**
	No Other Business was raised.
525/23	**Date and time of the next meeting**
	Ms Martin confirmed that the next meeting was to take place on Wednesday 7 June 2023.
526/23	**Resolution**
	The Board to resolve to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960. **Resolved: that the Resolution was received and APPROVED.**

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Item 4

NHS
Walsall Healthcare
NHS Trust

18 May 2023 09:26

List of action items

Agenda item		Assigned to	Deadline	Status
Public Trust Board 03/08/2022 10.10 Safeguarding Adults and Children - Quarterly Report				
467.	Safeguarding Adults and Children Quarterly Report - Ms Pickford agreed to share with the Board in December 22, the training package being developed for the Learning Disability Agenda	Carroll, Lisa	22/06/2023	Pending
	Explanation action item Ms Carroll confirmed that the Oliver Mcgowan Disability training would be implemented in quarter 4 - and the action would be reviewed in June 2023.			
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	Pending
	Explanation action item 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.			
Trust Board Meeting to be held in Public 05/04/2023 15.2 NHS National Staff Survey Results				
689.	NHS National Staff Survey Results - Minute Ref 516/23	Cannaby, Ann-Marie Prof.	07/06/2023	Completed

	Explanation action item Prof Loughton advised that as you decrease the use of agency and locum staff this has an impact in terms of harm reduction to patients. Prof. Loughton requested that Prof Cannaby work with her Deputy Directors of Nursing to publicise the reduced harm rates to patients within the Trust. ACTION: Prof Cannaby to work with Deputy Directors of Nursing to publicise the reduced harm rates to patients within the Trust.			
688.	NHS National Staff Survey Results - Minute Ref 516/23	Duffell, Alan Evans, Sally	07/06/2023	Completed
	Explanation action item 516/23 - Mr Duffell advised that the Trust needed to communicate externally and within the Trust to make staff aware of the great levels of care being delivered within Walsall Healthcare NHS Trust. ACTION: Mr Duffell to discuss with Ms Evans the need to communicate the good patient care stories at Walsall Healthcare NHS Trust. **Update: Ms Evans confirmed that the good news stories would be shared in the Trust's Weekly Dose newsletters.**			

Item 8.1

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting	
Meeting Date:	7 June 2023
Title of Report:	Strategic Delivery Plan – Year 1 (2023/24) of Joint Strategy
Action Requested:	Note and approve
For the attention of the Board	
Assure	• Delivery metrics have been agreed to provide assurance over the achievement of strategic objectives
Advise	• Regular updates will be provided against these metrics through the sub-committee structure
Alert	• Some metrics are outside of the control of WHT alone, e.g. PLACE based objectives
Author and Responsible Director Contact Details:	Tim Shayes - Deputy Chief Strategy Officer – Planning, Performance and Contracting Tel 01902 694366 Email timothy.shayes@nhs.net Responsible Director – Simon Evans, Chief Strategy Officer Email: simon.evans8@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:	None from the strategy specifically
Report Data Caveats	Not applicable
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**
Equality and Diversity Impact	N/A – the strategy seeks to address inequalities
Risks: BAF/ TRR	N/A
Risk: Appetite	N/A
Public or Private:	Public
Other formal bodies involved:	N/A
References	The strategy takes account of the key national policy documents, including: • The NHS Long Term Plan

	• NHS Operational Priorities 2022/23 • 'Integrating Care: Next steps to building strong and effective integrated care systems across England' (NHSEI November 2020) • 'Integration and Innovation: working together to improve health and social care for all' (Department of Health and Social Care, February 2021) • 'Legislating for Integrated Care Systems – five recommendations to Government and Parliament' (NHSEI February 2021) • 'NHS Provider Selection Regime – consultation on proposals' (NHSEI February 2021) Health and Social Care Act, 2022
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:	As per front sheet title
Item/paragraph **1.0**	Detail

NHS

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 and on course to achieve the 78-week target by the end of June 2023.
- 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 reporting	Receiving Committee
Care	- We will embed a culture of learning and continuous improvement at all levels of the organisation	- 5% 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.	CQI Board Report	QGAC
	- We will prioritise the treatment of cancer patients, focused on improving the outcome of those diagnosed with the disease	- Reduce the 62 day backlog to 195 in RWT and 61 in Urology by the end of March 2024.	F&P Report and IQPR	QGAC & P&F
	- We will deliver safe and responsive urgent and emergency care in the community and in hospital	- Delivery of the 70% 2 hour Urgent Community Response standard - Delivery of the 76% 4 hour A&E target	IQPR	QGAC & P&F
	- 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)	IQPR and Elective Recovery Report	QGAC & P&F
	- 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 Report	P&F
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.	Workforce Report	WOD
	- 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.	Workforce Report	WOD
	- Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged	- Improve overall staff engagement on the level achieved in 2022/23, by March 24, addressing identified areas for improvement where groups are less well engaged	Workforce Report	WOD
	- Deliver year on year improvement in Workforce Equality Standard performance	- Deliver an improvement on 2022/23 in Workforce Equality Standard performance by March 2024.	Workforce Report	WOD
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 Committee
	- Improve clinical service sustainability by implementing new models of care through the provider collaborative		Provider colloborative project plan	Joint 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 pathways being offered through virtual wards by March 2024.	IQPR	Performance and Finance Committee
	- Progress joint working across Wolverhampton and Walsall that leads to a demonstrable improvement in service outcomes	- Reduce the growth in the Urology waiting list across both Trusts by March 24 compared to the trend seen in 2022/23.	Integration Plan Update	Joint 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	Innovation, Research and Improvement Joint Committee	Research and Innovation Committee
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.	Update from health inequalities group	QGAC
	- 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 P&F Report	P&F
	- Work together with PLACE based partners to deliver improvements to the health of our immediate communities	A reduction in the average number of medically fit for discharge patients from 2022/23 at RWT by March 2024.	PBP Monthly Board Report	Trust Board

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.

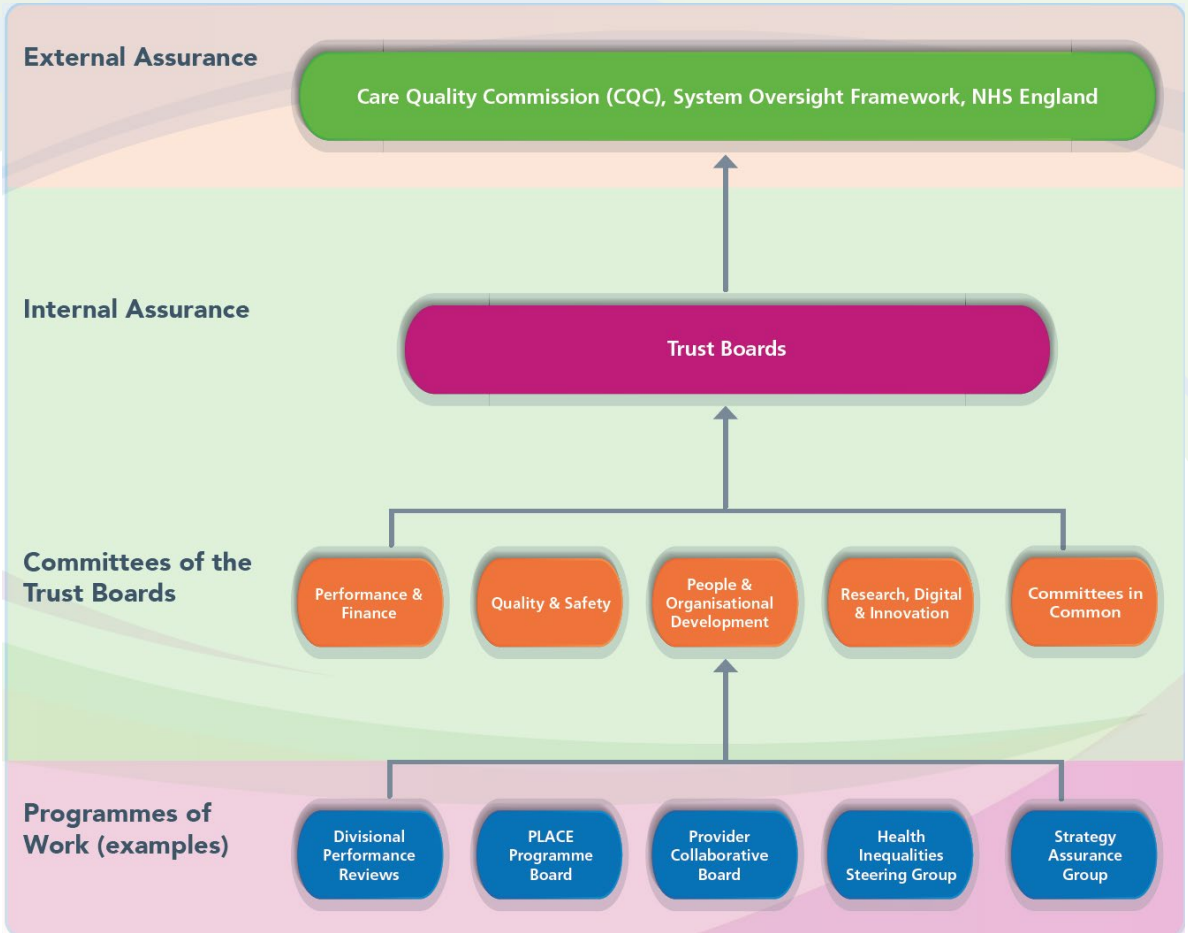
Reporting to Board

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



Item 9

NHS
Walsall Healthcare
NHS Trust

Walsall Healthcare Trust Board Meeting	
Meeting Date:	07th June 2023
Title of Report:	Walsall Together Partnership Board Highlight Report
Action Requested:	Note contents
For the attention of the Board	
Assure	**April's Meeting** • Operational pressures eased through February with work ongoing to -realise how to maximise initiatives and use resources more effectively • Ratification of the Clinical and Professional Leadership Group (CPLG) Terms of Reference **May's Meeting** • Operational demand has remained at a stable level although still elevated • The medically stable for discharge pathway is seeing numbers at its lowest level for 2 years • Board approved an interim review of the Terms of Reference, with a full review to take place next year once the formal delegation responsibilities are in place
Advise	• This report covers items discussed at April and May's meetings
Alert	**Aprils' Meeting** • Working with commissioners to transition to an outcomes-based contract for WHT community services by 2024/25 • ICB operating model recommendations are being made to the ICB in March following input from place-based partnerships and provider collaboratives. Further discussions, particularly in regard to resourcing, will continue into quarter 1, 2023/24 **May's Meeting** • Board approves the recommendations for the system development funding subject to ICB approval of the allocation • The reduced funding for the out of hospital services is of concern. The partnership board agree to escalate the concerns to the Trust Board
Author and Responsible Director Contact Details:	Rachael Gallagher Personal Assistant Walsall Together Professor Patrick Vernon – Chair, Walsall Together patrick.vernon1@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 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 legal or equality & diversity implications associated with this paper.
Risks: BAF/ TRR	Failure to deliver care closer to home and reduce inequalities
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	WMBC BCH BC 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:	Walsall Together Partnership Board Meeting

Walsall Together Partnership Board
Highlight Report
April & May 2023

1. PURPOSE OF REPORT

The purpose of the report is to provide an overview of key discussions at the Walsall Together Partnership Board meetings in April and May 2023.

The chair of the meeting was Professor Patrick Vernon.

2. BACKGROUND

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.

3. DETAILS

April

3.1. Patient story – this month's story focussed on adolescents with complex needs that often reach crisis point, resulting in unnecessary, costly acute hospital admissions and subsequent placements with unregulated providers that do not deliver the level of support and care required. Board members received an overview of the key challenges facing this cohort as well as a detailed insight into the experiences of 1 patient and their family. To improve the outcomes and experiences of these patients and families, an integrated approach across multiple partners is required that focusses on earlier support and intervention. A full audit report and recommendations will be presented to the partnership board when available. A project has been included in the 2023/24 transformation programme and resource allocated to support the work.

3.2. Operational Report – Board was briefed on the highlights in March's operational data. Walsall coped reasonably well with the latest round of junior doctors strikes with no major incidents of areas of concern. The long-term impact is likely to be seen in the upcoming months. The reinstatement of core services within Health Visiting has alleviated some of the pressures in primary care. Additional communications to inform the citizens of Walsall those services are available is required to realise maximum effectiveness. The Board approve a deep dive into the potential impacts of reduced core and development funding for 2023/24.

3.3. Transformation Programme – Board was alerted to the risks associated with finding sustainable funding for the adult mental health workers within the Family Safeguarding model. There is limited time to find a resolution and board were asked to support the ongoing conversations investigating a solution. Board agree that the model delivers significantly improved outcomes for families in Walsall, which must be maintained, and also poses a significant reputational risk to the partnership if not resolved.

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

3.5. Place Development – The Integrated Care Board approved the recommendations for a system operating model at its meeting in March. Further work is required to investigate the delegation function, noting the expectation that place-based governance arrangements will operate in shadow form for the 23/24 financial year. Board agreed to consider what is required ahead of implementation expected April 2024. The Board noted a risk around funding for clinical engagement at place moving forward, following a reduction in the sessions funded to support the previous arrangements.

3.6. Equality, Diversity and Inclusion – Board members were presented a paper on EDI for discussion with members. The paper detailed approaches adopted in the partnership and the wider system and included discussion points for consideration to adopting a collective strategic commitment to EDI, enhancing existing work. Board agreed it was the right approach for the partnership and agreed that some areas of focus should be identified that can be done very well and have the greatest impact.

3.7. Wellbeing Outcomes Framework – Board was presented an update of progress made to date on the wellbeing outcomes framework. Board was assured that the skeleton framework has been completed and were asked to discuss next steps for the framework. Board approved for the model to be shared as intellectual property to other interested parties regionally and nationally. Board took an action to further investigate the feasibility of adopting a single integrated commissioning framework in Walsall which would mean that all organisations commission services utilising the framework, targeting services to population needs.

May

3.8. Patient story – This month's story concentrated on young carers. Presenters from the local authority along with two brothers who shared their experiences as young carers highlighted the necessity of identifying young carers at the earliest opportunity. The local authority team are reviewing the current methods of identification and aim to work better with adult social care and the mental health teams to increase numbers. The work of the local authority aims to keep young carers safe and well, attending education and providing support and respite.

Board heard from two brothers who shared their experiences of becoming carers for their father from the age of eight, the impact on their own lives and the support received from the local carers centre. The Board was presented a forward plan for the service and board was asked to promote and share via their individual communication channels. The partnership is currently drafting a partnership carers strategy and agree to connect with the presenters and the local authority to ensure the voice of young carers is captured.

3.9. **Operational Report –** the Board was briefed on the highlights in April's operational data. Demand in the system has stabilised although at an increased level with contingencies mitigating additional increases. The medically stable for discharge pathway data is at it lowest in 2 years with the average length of stay at 2.5 days. The reduced funding for the out of hospital services is of concern and is expected to have a significant impact on current provision as well as flow through the hospital. Work is ongoing to review the potential impact on services, what a remodel of services would look like, and a position statement is being drafted to send to the ICB and system partners. Board members expressed concerns of the potential impact to other areas of the system and agree that explicit detail should be included in the position statement.

3.10 **Transformation Programme –** Board was updated to the position of the risk associated with finding sustainable funding for the adult mental health workers within the Family Safeguarding model. Additional partners are now included in conversations to support the process of finding the sustainable funding. Discussions suggest that a collaborative effort to identify some non-recurrent funding for this financial year would be the best interim solution, whilst clinical and professional leads review the pathways and model of care for mental health provision across Place. Board was assured that the transformation programme was prioritising initiatives that make best use of collective resources, and those that would directly impact on the capacity and quality of services in advance of Winter.

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

3.11. **Place Development** – Board was informed that the Joint Commissioning Committee has formally transitioned to the Place Integrated Commissioning Committee and has met formally for the first time. Board was asked to approve the recommendations included in the paper for the utilisation of the expected system development funding. Board approved the recommendations subject to ICB approval of the allocation.

3.12. **WTPB Terms of Reference –** Board members were asked to approve an interim review of the terms of reference to update membership and duties. A full review will take place next financial year once the new place delegation responsibilities are in place. Board approve the interim review.

3.13. **Health and Housing –** Board was presented a comprehensive 12-month overview from their housing partner whg. The presentation detailed how health and housing align and collaborate to provide better outcomes for Walsall residents and especially to those who are most deprived and have the worst health outcomes. Detail of some of the schemes and how they work were shared with board highlighting the importance of non-statutory services engaging within communities to better their health outcomes. Board was informed that like

many others difficult financial decisions will inform targeted preventions and board were asked to think about finding a suitable solution for some of the schemes. A formal request has been made to the national team to try and secure sustainable funding for the schemes helping tackle health inequalities in Walsall.

4. RECOMMENDATIONS

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

Item 10.1

Trust Board/Committee/Group Chairs Assurance Report

Walsall Healthcare NHS Trust

Name of Committee/Group:	Performance & Finance Committee
Date(s) of Committee/Group Meetings since last Board meeting:	26th April 2023
Chair of Committee/Group:	Paul Assinder, Non-Executive Director
Date of Report:	28th April 2023

ALERT **Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee**	• **Procurement** The Committee were alerted to key risks of inflationary pressures, lack of freight capacity in the logistics system and long-term vacancy issues. The regional procurement hubs are being rationalized and we will carefully monitor the suitability of coverage for Walsall. • **Theatre Upgrade** Reduced capital funding for 2023/24 will jeopardise the urgent upgrade of Manor Operating Theatres (with consequent operational efficiency and clinical safety consequences). • **Financial Budget 2023/24** The Committee was updated on negotiations with the ICB on the current year's budget. It was noted that Walsall's loss of revenue income this year is greater than peers and that to achieve the deficit plan being currently mooted by the ICB would require the achievement of cash releasing efficiency savings of c6.8%. Whilst the Committee acknowledge the financial challenge faced by the NHS this year and the obvious need to deliver improved productivity, it considers that it would be unable to recommend to the Board agreement to any plans which it deems to be either unachievable or fundamentally unsafe.

ADVISE **Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought**	• **PFI Update** The Committee has requested a background briefing on the structure of the Walsall PFI, to contextualise future updates on contract performance monitoring and negotiations. • **2 Weeks Wait for suspected skin cancers** Staff sickness issues has resulted in a failure to meet this target in March & April. The Committee is monitoring mitigation plans
ASSURE **Positive assurances & highlights of note for the Board/Committee**	• **Financial Performance 2022/23** The pre-audited accounts show a revenue surplus of £49,000 and a (capital) surplus against CRL of £18,000. Year end cash is £38m and the Black Country ICS in total is reporting a c£357m surplus. • **Procurement** The Committee received a positive performance report for 2022-23 (Cashable benefit of £0.6m) • **Activity & Waiting Times** The contribution of community-based services to care outside hospital, avoidance of inappropriate hospital admissions and timely appropriate hospital discharge remains impressive. Hospital based urgent and emergency care remains firmly in the top quartile of national performance. The Prime Minister's 78 week elective treatment guarantee by 31st March was achieved in Walsall.
Links to Trust Strategic Aims & Objectives (Please delete that which is not appropriate)	
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 We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our
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
Recommendation(s) to the Board/Committee	• The Board is recommended to note the content of this report
Changes to BAF Risk(s) & TRR Risk(s) agreed	• BAF SO 05 – Use of Resources The Committee recommend increasing risk score to 25 (currently 20) due to the challenges in setting a balanced 2023/24 budget. • Corporate RR 3058 – Undertakings from NHSE – increase to 20 (currently 6) for same reason • Corporate RR 'New' – The Committee wish to raise Cyber security as a main corporate risk.
ACTIONS **Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)**	The full Board to consider the 2023/24 Financial Plan and Budget
ACTIVITY SUMMARY **Presentations/Reports of note received including those Approved**	None
ACTIVITY SUMMARY **Major agenda items discussed including those Approved**	As above

Matters presented for information or noting	None
Self-evaluation/ Terms of Reference/ Future Work Plan	None
Items for Reference Pack	None

Trust Board/Committee/Group Chairs Assurance Report

Walsall Healthcare NHS Trust

Name of Committee/Group:	Quality, Patient Experience and Safety (QPES)
Date(s) of Committee/Group Meetings	28th April 2023
Chair of Committee/Group:	Dr Julian Parkes
Date of Report:	28th April 2023

ALERT **Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee**	• The 18-week RTT performance is stable in relation to other trusts nationally. Now at 78 out of 122 reporting Trusts. • The national shortage of Health Visitors continues to be reflected locally. Recruitment to these roles and supporting roles continues • Demand for support for Medically Stable for Discharge patients with complex needs has increased resulting in greater pressure for funding of out of hospital domiciliary and care home facilities. Funding plans for 2023/24 are being considered • VTE Compliance remains below target at 90.40%. A QI project is in place • Level 3 children's and adult's safeguarding remains below target. • 10 cases of Clostridium Difficile in March 2023. There have been 50 cases this year (target 27) • The second Junior Doctor strike resulted in 638 oupatient appointments and 76 elective surgical procedures being postponed • Missing records is a problem with temporary notes not being married up with the patient record
ADVISE **Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought**	• The Outpatient Improvement Programme supported by Four Eyes Insight has commenced with the aim of increasing clinic utilization and reducing DNA rates • Challenges to Cardiac Physiology (CP) investigations and Endoscopy waiting times due to increased referrals and also sickness and vacancies in the case of CP. CP recovery plan progressing well. Numbers waiting over 6 weeks down from 412 at the end of December to 111 at the end of March • One hour antibiotic times for sepsis were achieved in 79.65% in ED and 72.27% inpatients in February • There are currently 210 overdue incident actions • Maternity staffing is challenged by high levels of parental leave • MCA (Mental Capacity Act) compliance was 65%, but not at the 100% target and it remains volatile • Weekly medication audits continue

ASSURE **Positive assurances & highlights of note for the Board/Committee**	• Ambulance hand over times continue to be one of the best 2 in the West Midlands • In March 2023, 74.02% of patients were managed within 4 hrs in ED, and WHT remains in the upper quartile • Only one patient was waiting over 78 weeks on 31st March. Patient chose to wait longer • 2 week wait times for skin cancer have fallen to 14 days following the introduction of tele-dermatology • 50% of patients were treated within the 62 day performance target for cancer referrals, which is better than the West Midlands performance although there has been a significant in month fall in performance • Bookings are now at day 14 for suspected breast cancer • Despite increased levels of activity, performance remains strong in the Community Based Hospital Avoidance and Step Up bed service. • 100% delivery in 2 hour response from Rapid Response Team • Falls per 1000 bed days was 3.38 in March • Pressure relieving Hybrid mattresses have been deployed in the Trust • An electronic prescribing package has been funded enabling the planning of a roll-out • The latest SHMI for the 12 month period from November 2021 to October 2023 is 1.003 • Improvement in consultant review within 14 hrs within 7 day service standards. 93% overall compliance. Ongoing consultant review 91% compliance
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 • Sepsis compliance • Patient experience • 7 day consultant review
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 Chairs Assurance Report

Name of Committee/Group:	Quality, Patient Experience and Safety (QPES)
Date(s) of Committee/Group Meetings since last Board	26th May 2023
Chair of Committee/Group:	Dr Julian Parkes
Date of Report:	26th May 2023
ALERT **Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee**	• The 18-week RTT performance is stable in relation to other trusts nationally. The Trust is now at 79 out of 122 reporting Trusts. • 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 likely to be significantly below current funding resulting in cuts to these services, despite their significant service success • VTE Compliance remains below target at 86.55%. • Level 3 childrens and adults safeguarding remains below target • Despite continued low falls performance, there were 4 falls resulting in severe harm in April. Initial investigation suggests they are not linked.
ADVISE **Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought**	• The Outpatient Improvement Programme supported by Four Eyes Insight has commenced with the aim of increasing clinic utilization and reducing DNA rates • Cardiac physiology investigation continues to improve from 412 in December 2022 to 53 in April 2023. Non obstetric ultrasound has recovered • One hour antibiotic times for sepsis were achieved in 78.87% in ED and 720.30% inpatients in April • A total of 4 C diff cases for April. The national Trust target is not yet available. Decanting and deep cleaning of wards has begun • There are currently 191 overdue incident actions • Maternity staffing is challenged by high levels of parental leave • MCA (Mental Capacity Act) compliance was 67.74% in April 2023, and has stabilized but is not at the 100% target • Weekly medication audits continue and demonstrate improvement.
ASSURE **Positive assurances & highlights of note for the Board/Committee**	• 73of the 85 actions from the CQC inspections from 2019, 2020 and 2021 have been closed • Ambulance hand over times continue to be one of the best 3 in the West Midlands • 20 midwives have been recruited to start in September following a recruitment drive • There is a reduction in still birth and perinatal mortality in line with national ambition

	• Medically stable for discharge (MSFD) patients on the pathways have reduced to the lowest numbers since June 2021 at an average number of 38 • The average Length of Stay as MSFD is the lowest it has ever been at 2.5 days • Agency use has plummeted at the Trust and authorization needs to be through the Director of Nursing or on call Director • In April 2023, 77.4% of patients were managed within 4 hrs in ED, and WHT remains in the upper quartile • 65.5% of patients were treated within the 62 day performance target for cancer referrals, which is a significant improvement in performance • Bookings are now at day 11 for suspected breast cancer • 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 3.18 in April.
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 • Sepsis compliance • Patient experience • 7 day consultant review
Matters presented for information or noting	
Self-evaluation/ Terms of Reference/ Future Work Plan	• Terms of Reference received
Items for Reference Pack	

Trust Board/Committee/Group Chairs Assurance Report

Walsall Healthcare NHS
NHS Trust

Name of Committee/Group:	The People and Organisation Development Committee
Date(s) of Committee/Group Meetings since last Board	22nd May 2023
Chair of Committee/Group:	Junior Hemans Non-Executive Director and Chair
Date of Report:	22nd May 2023

ALERT **Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee**	• The challenging trend for retention (24 months) continues to be reflected: specific note for registered Nursing and Midwifery (N&M) staff group and for AHP staff group. Analysis shows that 40% of leavers stay within the NHS, with 70% of those retained within the Black Country. The committee commissioned further analysis on work-life balance, age profile and assurance on the impact of other retention actions initiated this year, whilst noting vacancy levels are the lowest level they have ever been within the trust. • The committee received an in-depth analysis from the Guardian of Safe Working and were pleased to note the assurance given on exception reporting and the positive work taking place with doctors in training and being extended to SAS doctors. However, the committee was concerned about the ownership of exception reporting with some 53% of reports closed by the Guardian rather than managers, action to improve this through improved information at induction, appraisal and training identified. • Sickness absence is at its lowest monthly level at 4.67% in month (April), returning to be within target for the first time in 24 months. The committee was pleased to note the positive impact on wellbeing and attendance from the work of the Healthy Attendance Project (OCH and partnership working) and noted that maintaining a low vacancy rate will ensure the level of absence continues to reduce. The committee noted this as a good news story that should be commended and publicised internally.

ADVISE Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought	
	• The committee noted the ICB People Program Delivery Group are spending time re-basing and planning activity to ensure strategic impact and outcomes from fewer more targeted priorities, the committee noted that the planned activity is on target and agreed to receive an update once the planning cycle is completed. • The committee noted that the current actions on the BAF and Corporate Risk Register are completed and the outcomes still outstanding have been carried over to the new Board Assurance Frameworks which are to be launched shortly. The committee reviewed the updated BAF documents and were pleased to note that Equality, Diversity, and Inclusion is detailed separately to Culture to ensure all outcomes are clear and delivery is monitored effectively. The committee noted the updated format and content as reflective of the priorities and work of the committee. • The statutory and mandatory training and appraisal rates are not at target yet, although targeted action will ensure the trends return to compliance within the summer months, there are some hotspot areas being targeted. The Trust has launched My Academy as the new platform for recording and reporting compliance, this is in line with the system at RWT and will allow more consistent reporting. • The committee received an update on Employee Relations activity and was pleased to note that further alignment is taking place with RWT to ensure consistency of reporting.

ASSURE **Positive assurances & highlights of note for the Board/Committee**	
	• The committee received and noted the annual Gender Pay Gap report, noting that whilst the pay gap has narrowed (improved) this year there is still a difference of 11% in the difference in median pay between men and women in favour of male employees, the committee noted the plan of action to continue to address this gap. • The committee noted Registered Nurse (RN) /Midwife vacancy rate for March 2023 is now just below 1%, the lowest rate ever recorded. A total of 319 Clinical Fellowship Nurses commenced within the Trust since the program began. The plan to cease agency has been enacted, with booking by exception only and with the governance in place. • The committee took positive assurance on the 2022 National Staff Survey delivery plans for the current year noting that all but two Divisions (14 in total) have a detailed plan in place, the remaining 2 divisions are set to complete in June. This provides local actions on a consistent template and the assurance and oversight of this takes place through the multi-disciplinary Staff Survey and Oversight task group. The committee noted there has been significant work at local level to respond to the staff survey and in addition were pleased to note and approve the 5 shared Trust wide priorities following the 2022 Staff Survey as follows: 1. Improve the experience of colleagues from black, Asian and minority backgrounds, eliminate discriminative practices and behaviours by challenging inappropriate behaviours and taking robust action. 2. Co-design a joint people plan and behaviour framework in partnership with staff across both Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust to support the joint Trust strategy. 3. Deliver a civility and respect programme across the Trust to all colleagues providing resources to staff and teams to uphold positive behaviours and to eliminate discrimination, bullying and harassment. 4. Communicate good news stories relating to patient care and services including celebrating improvements taken in response to incidents and concerns raised. 5. Continue to be an employer of choice in Walsall and work with local community partners to support local residents into employment within the wider health and social care sector.

• Links to Trust Strategic Aims & Objectives (Please delete that which is not	
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) Progress joint working across Wolverhampton and Walsall
Recommendation(s) to the Board/Committee	• To receive the Guardian of Safe Working Report at the next Trust Board in June. • To note there is further focus on Retention at PODC seeking to target hot-spot areas and to improve 24-month retention for key groups. • To note the progress on attendance levels and return to target in month April of 4.67%. • To receive an update on the National Staff Survey Action Plans and note the 5 priority areas for action at Trust level. • To note the committee has reviewed the new Board Assurance Frameworks. • To note the annual assurance reports received by the committee during May: Gender Pay Gap.
Changes to BAF Risk(s) & TRR Risk(s) agreed	• No changes to risk score or BAF risk this month, note the new BAF has been reviewed.

ACTIONS **Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)**	• Detailed assurance report on the statutory and mandatory training performance across the trust and reasons for variance to target. • Detailed assurance on the plan and actions to address the detrimental staff experience for BAME colleagues related to bullying and harassment.
ACTIVITY SUMMARY **Presentations/Reports of note received including those Approved**	• Updates noted on the activity of JNCC, LNC. • Noted the Health and Wellbeing activity this month.
ACTIVITY SUMMARY **Major agenda items discussed including those Approved**	• Updated Workforce Metrics – note vacancy rate. • Staff survey 2022 action plans and five trust wide priorities • BAF new format reports and updates
Matters presented for information or noting	• Guardian of Safe Working Report • Gender Pay Gap report. • Safer Staffing Report.
Self-evaluation/ Terms of Reference/ Future Work Plan	• Joint terms of reference and future workplan for 2023-24 approved and further alignment planned during the meeting of Committee Chairs taking place in June.
Items for Reference Pack	• Not applicatble.

Walsall Healthcare NHS Trust

Audit Committee
Chair Assurance Report

Name of Committee/Group:	Audit Committee
Date(s) of Committee/Group Meetings	4 May 2023
Chair of Committee/Group:	Mary Martin
Date of Report:	12 May 2023

ALERT **Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee**	• The losses and payments report highlighted the higher than usual write-offs of out-of-date drugs. This is to be investigated. • 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. The committee asked for the report to be circulated to QPES, P&F and PODC and the recommendations be split between these committees for additional monitoring.
ADVISE **Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought**	• The Internal Audit plan for 23/24 has been agreed and how has a total of 152 days' work. • The external Audit Strategy Memorandum was presented. This year the Trust has had a revaluation exercise carried out on fixed assets as well as having managed a large capital programme. These areas will be addressed during the audit.
ASSURE **Positive assurances & highlights of note for the Board/Committee**	• An interim report on recommendation tracking was reviewed and good progress has been made. • The Counter Fraud annual report for 2022/23 was reviewed and approved.
Recommendation(s) to the Board/Committee	The Board needs to give delegated powers to the Audit Committee to sign off the Annual Report and Accounts for 22/23.
Changes to BAF Risk(s) & TRR Risk(s) agreed	• A new Board Assurance Framework template is being introduced in line with the new Strategic Objectives from now on and will be reviewed at the next meeting.
ACTIONS **Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)**	• See the item on Operating Theatres above.

ACTIVITY SUMMARY **Presentations/Reports of note received including those Approved**	• The NEDs had a detailed debrief on the Cyber Security incident which occurred in March. Due to the sensitivity of the information shared it was recommended a report comes to the Private Board in June. Meanwhile the NEDs were reassured that all the relevant parties who need to be involved were working well together. They recorded thanks to the new Joint Cyber Security Team coving both Walsall and Wolverhampton Trusts.
ACTIVITY SUMMARY **Major agenda items discussed including those Approved**	• Single Tender action report was discussed. • The Security review was discussed. • Counter Fraud progress report on reactive cases was discussed.
Matters presented for information or noting	
Self-evaluation/ Terms of Reference/ Future Work Plan	
Issues identified potentially relating to Equality, Diversity, and Inclusion	

Walsall Healthcare NHS Trust

Trust Board Meeting	
Meeting Date:	Wednesday 7th June 2023
Title of Report:	Financial Performance Update Month 12
Action Requested:	Members of the Committee are asked to: Approve ☐ Discuss ☐ Inform ☒ Assure ☒
For the attention of the Board	
Assure	Members can take assurance over the Trust financial oversight from the following: • The Trust has delivered a pre-audit surplus of £0.049m at the year end, this is in line with the revised forecast outturn reported previously. • The Trust has a balanced capital plan with spend of £42.248m at the year-end, £18k within the capital resource limit (subject to final NHSE approval). This has included the delivery of the new A& E department, enhancement to the hospital estate (ward refurbishment), significant investment in imaging, a new endoscopy stack and significant investment in IT. • The Trust is holding significant cash balances at close of the period which gives greater stability regarding trading on a going concern basis moving forwards • The Trust has completed the NHSE Financial Sustainability review (reported to Audit Committee) and Internal Audit validated high or maximum scores in over 93% of areas. Benchmarking received from the RSM (Internal Audit), shows that WHT performed well above average across their client base. • The Trust achieved the highest possible Internal Audit rating in the Creditors internal audit. • The Trust has achieved financial balance in the previous 3 years and has also had 'clean' external audits. • The Trust continues to develop closer working relationships with Royal Wolverhampton Trust including the appointment of a Group CFO across both trusts. This will enable increased scrutiny and adoption of best practice
Advise	The Trust has the following key elements for 2022/23 and 2023/24 reported for members attention: • The overall ICB Full Year position is £0.357m surplus against a break even forecast position. • The 2022/23 financial year has been challenging, with reductions in income baselines and capital funds. To continue with the much needed investment within our services it was important to ensure value for money is secured from within the operation of the Trust. • 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 back into more 'normal' operational performance and

	key aspects to financial sustainability will be o Delivery of efficiencies in year o Reduction in use of temporary workforce (removal of agency) o Securing income allocated to the system for the Trust o Reduction where appropriate of covid designated expenditure • Planning Guidance for annual planning was published just before Christmas. The Trust made the draft submission on 23 February 2023 and a final submission 30 March 2023 (endorsed by Trust Board). Work is ongoing to develop a financial plan in line with national and ICB guidance. A separate update on 2023/24 will be presented to the Committee
Alert	The report draws the attention of committee to: • The final year end position is subject to external audit scrutiny, the findings presented to the Trust's Audit Committee (in a report titled the ISA 260) where amendments to the accounts produced can be requested. The final accounts will be endorsed by the Trust Board will include the recommendations of Audit Committee (though adoption of the accounts can be delegated to Audit Committee by Trust Board). • The overall ICB Full Year position is £0.357m surplus against a break even forecast position. • The financial settlement offered to the Trust for 2023/24 has a considerable decrease in revenue. The ICB has agreed to allocate further resources held back in the original offer but in the original offer the Trust is seeing a considerable reduction in income from the ICB compared to 2022/23. Analysis is still taking place, but the Trust has been offered a higher % reduction in income than other acute providers • Walsall has been given an ERF target of 104.9% (subject to negotiation) of 2019/20 activity (pre-pandemic) priced at 23/24 prices. Any performance below this level will see the Trust income settlement reduced but performance above this level will see additional income earned paid@ 100% PbR. • 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 2022/23. The Trust may wish to terminate these services in 23/24 on that basis. • Trust Board approved a draft capital programme for 23/24 at the meeting on 29 March 2023. The report recommends: • That members note the delivery of a breakeven revenue position for 2022/23. • That members continue to seek assurances over delivery of the efficiency programme and agency cessation trajectories in 23/24 as these improvements will be essential for financial stability • That the Trust enters 2023/24 with a significant underlying revenue deficit which will worsen with a significant reduction in income. • While the Trust has a balanced capital plan for 23/24, the Trust's

	ambitions for 23/24 would require further capital resources.
Author and Responsible Director Contact Details:	Dan Mortiboys, Operational Director of Finance d.mortiboys@nhs.net Kevin Stringer- Group CFO Kevin.stringer@nhs.net
Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	We will deliver financial sustainability by focussing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	
Improve the Healthcare of our Communities	
Effective Collaboration	
Resource Implications:	The report summarises revenue and capital positions of the Trust for the current and next financial years
Report Data Caveats	This is a standard report using the previous month's date. It may be subject to cleansing and revision.
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**
Equality and Diversity Impact	Nothing specifically associated with his report.
Risks: BAF/ TRR	Corporate Risks 2081 and 2082
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:	**Financial Performance Update Month 12**

1. PURPOSE OF REPORT

The purpose of the report is to inform members of the Trust Management Committee of the financial performance of the Trust for the 2022/23 and attainment of the financial plan (revenue, capital, and cash).

BACKGROUND
In accordance with national planning guidance, the Trust submitted a Board endorsed financial outturn of a £7.6m deficit in April 2022, system deficit for the Integrated Care System (ICS) being c£48m.

National colleagues reviewed the submissions and allocated further system resources (at a national level c£1.4b) though these funds are only receivable for systems submitting balanced plan outturns.

The regulator required a further national round of planning following release of additional funds. The Trust re-submitting the financial plan for the 2022/23 financial year from the £7.6m deficit to break-even, as endorsed through the Extraordinary Performance and Finance Committee on the 17th of June 2022 (as detailed within the below table):

£m	WHT	Allocation Basis	Comment
Plan Deficit @ 28 April	**(7.6)**		
Additional Funding	2.3	Current Deficit Plan	Additional funding received with no attached requirements = £14.6m. Current deficit plan was based on excess inflationary pressures at a point in time
ERF Upside	1.3	2019/20 Baseline	
Balance sheet flex	1.6	Fair Shares	Adjusted Income
Residual Gap	**(2.5)**		
Further Realignment	2.5	Residual Gap	Realignment to reach break-even for each organisation
Break-even	**-**		

2. FINANCIAL PERFORMANCE MONTH 12

2.1 Black Country Integrated Care System

The ICB Year End reported position is £0.317m surplus and variance against a break-even plan. This is an improvement from M11, where the ICS reported a £17.7m deficit, £16.2m adverse to plan. The position achieved because the ICB released income to providers (without worsening its own position) and asked providers to re-analyse, and where appropriate, utilise the flexibility in their balance sheets. -

The financial positions for ICS member organisations is:

Item	Revenue Position			Prior Month Comparative		Prior Month Comparative	
	Plan Year End £'000	Actual Year End £'000	Variance Year End £'000	M11 Actual £'000	Difference £'000	M11 Variance £'000	Difference £'000
BCH	0	9	9	(1,946)	1,955	(1,946)	0
DIHC	0	45	45	13	32	13	0
SWBH	0	99	99	(4,049)	4,148	(3,573)	(476)
DGFT	0	24	24	(1,340)	1,364	(559)	(781)
RWT	0	91	91	(2,172)	2,263	(1,458)	(714)
WHT	0	49	49	(7,533)	7,582	(7,036)	(497)
WMAS	0	0	0	(668)	668	(1,649)	981
ICS	**0**	**317**	**317**	**(17,695)**	**18,012**	**(16,208)**	**(1,487)**

It should be noted the 2022/23 financial plan was achieved through the considerable use of one-off funding and this challenges the sustainability of the model of care across the ICS with an indication of a significant normalised system deficit.

2.2 Walsall Healthcare Trust Financial Performance 2022/23 Month 12

2.2.1 Revenue

Year End Position

The Trust has achieved a £0.049m surplus in 2022/23. This is the fourth year consecutively the Trust has achieved its statutory breakeven duty.

National pay negotiations saw an offer to NHS Agenda for Change staff in March 2023 which included a one off payment relating to service in 2022/23 financial year. NHSE have instructed Trusts to include the anticipated income and expenditure for this one off payment in 22/23 financial year. For Walsall this is a value of c£8.5m and vastly distorts the year end picture. In addition it was announced that Walsall's CFO would be redundant from the Trust and these one off costs have been included in 22/23. The full impact of junior doctors industrial action is still being finalised.

Annual Planning 2023/24

Key submission dates for the final submission for the Trust to NHSE was 30 March 2023. Trust Board and PF Committee had meeting on 29 March 2023 to consider the plan to submit.

The ICB has reissued financial envelopes to Trusts. The Trust is being offered a considerable reduction in income from 2022/23. Negotiations across the ICB continue, and escalation with NHSE/I is in process. A separate update will be presented to the Committee on the current financial plan for 2023/24, for the Trust and across the wider ICB.

3. INCREMENTAL COSTS ASOCIATED WITH RESPONSE TO COVID 19

NHSI/E have asked for these costs to be reported (having previously been reported monthly in 2020/21). The Full Year return showed Covid 19 expenditure of c£1.013m.

Allowable cost type 22/23	Full Year
Existing workforce additional shifts to meet increased demand	158,359
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	48,951
Increase ITU capacity (incl. Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	128,859
PPE associated costs	97,583
Segregation of patient pathways	579,448
Grand Total	**1,013,199**

4. BALANCE SHEET

4.1 Cash

Description	Balance 31st March 2022 £m's	Balance 31st March 2023 £m's	Movement (adverse) /positive £m's
Cash held and in Bank	55.6	38.7	(16.9)

The Trust cash position remains strong. The Trust is forecasting a significant deficit in 2023/24 and will therefore supply more detailed cash reporting in 23/24.

4.2. Capital 2022/23

Trust Board approved a level of capital expenditure of £41.450m for the 2022/23 financial year. However, following subsequent review (the material change being the removal of the Skin Hospital) the total capital programme for 2022/23 was redefined as £38.188m. At the start of the financial year the programme was not fully funded but the Board wished to progress the theatres project.

During the financial year the Trust has been awarded further capital for specific investments (theatres) and also an increase in capital from the ICB. The handover of the new Urgent and Emergency Care Centre (UECC) from the contractor has caused delay to a number of other capital schemes in year. The Trust has re-profiled capital as appropriate.

The total capital funding available to the Trust was £42.266m at the year end. Full Year Capital expenditure is £42.248m, and under delivery of £18k (subject to NHSE approval), a significant achievement given the issues with supply chain, slippage in key programmes and the late award of capital from NHSE in February 2023. Details of the Year End position are included in **Appendix 4**.

5. Summary, Key Risks & Mitigations

Black Country and West Birmingham Integrated Care System:
The ICB Year End reported position is £0.317m surplus against a break even plan.

Trust:

Revenue
- The Trust has reported a Full Year surplus of £0.049m against a revised break even forecast (subject to audit)
- The Trust has been asked to include income and expenditure for a one off payment to Agenda for Change staff

Capital and Balance Sheet
- The Trust cash position remains able to support the need of the Trust within the financial year.
- The capital plan in 2022/23 is within CRL and has maximised use of resources.
- The current 23/24 capital plan is balanced but does not match all the Trust's ambitions.

Governance and next actions:

- External Audit will review the 22/23 statement of accounts and report to Audit Committee. The Trust will incorporate External Audit finding on that basis.
- The financial standing of the Trust is regularly reported to Executive, TMC, P&F and Trust Board
- Nursing Director has targeted zero nurse agency from 1 April 2023
- Chief Medical Officer is looking to remove medical agency costs
- Recurrent CIP plans need to be developed to ensure the financial sustainability of the Trust
- Current forecast position highlights a significant risk to breakeven duty in 2023/24.
- Current capital ambitions exceed funding in 2023/24.

APPENDICES

1. Financial Performance 2022/23
2. Temporary Staffing 2022/23
3. Trust charting of income and expenditure run rates (SPC charts)
4. Capital Programme
5. Better Payment Practice Code Performance

Trust Board Meeting	
Meeting Date:	Wednesday 7th June 2023
Title of Report:	Financial Performance Update Month 1
Action Requested:	Members of the Committee are asked to: Approve ☐ Discuss ☒ Inform ☐ Assure ☐
For the attention of the Board	
Assure	Members can take assurance over the Trust financial oversight from the following: • The Trust and System have submitted deficit plans of £14m and £74m respectively. • Capital expenditure plans need to be prioritised in order to live within the capital envelope of £25m • The Trust is holding significant cash balances at close of the period which provides stability regarding trading on a going concern basis moving forwards • The Trust has completed the NHSE Financial Sustainability review (reported to Audit Committee) and Internal Audit validated high or maximum scores in over 93% of areas. Benchmarking received from the RSM (Internal Audit), shows that WHT performed well above average across their client base. • The Trust achieved the highest possible Internal Audit rating in the Creditors internal audit. • The Trust has achieved financial balance in the last 3 years preceding 2022/23 and has also had 'clean' external audits. • The Trust continues to develop closer working relationships with Royal Wolverhampton Trust including the appointment of a Group CFO across both trusts. This will enable increased scrutiny and adoption of best practice.
Advise	The Trust has the following key elements for 2023/24 reported for members attention: • The overall ICB Month 1 position is £20.2m deficit against a planned deficit of £12.7m, (£7.5m variance). • The 2023/24 financial plan is challenging and contains significant risk. • The 2023/24 financial plan has seen reduced income baselines and capital funds. This has resulted in a requirement for significantly reduced expenditure run rates. • WHT have re-profiled the submitted deficit plan to account for planned mitigations taking effect • 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, more 'normal'

	operational performance and key aspects to financial sustainability will be: • Delivery of efficiencies in year • Reduction in use of temporary workforce (removal of agency and temporary costs supporting unfunded areas and performance) • Securing income allocated to the system for the Trust • Reduction where appropriate of covid designated expenditure • Delivery of the regulatory imposed productivity gains in order to deliver the ERF target Capital expenditure plans need to be prioritised in order to live within the capital envelope
Alert	The report draws the attention of committee to: • The Trust has submitted a deficit plan of £14.05m • The Trust has delivered a deficit of £3.915m at Month 1, this is £1.096m above the planned deficit of £2.819m. • 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, more 'normal' operational performance and key aspects to financial sustainability will be: • Delivery of efficiencies in year • Reduction in use of temporary workforce (removal of agency and temporary costs supporting unfunded areas and performance) • Securing income allocated to the system for the Trust • Reduction where appropriate of covid designated expenditure • Delivery of the regulatory imposed productivity gains in order to deliver the ERF target • Capital expenditure plans need to be prioritised in order to live within the capital envelope of £25m • Efficiency and Cost Improvement Programme plans are currently £12.1m short of the £17.2m target • Temporary staffing costs remain high and require planned reductions to take place to achieve the agreed financial forecast. • The Trust is £0.178m below the ERF plan for April 2023 • 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 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 report recommends:

	• That members note the 2023/24 plan and the risks contained within. • That members continue to seek assurances over delivery of the efficiency programme, agency cessation and overall temporary cost trajectories across 2023/24 That the Trust enters 2023/24 with a significant underlying revenue deficit.
Author **Responsible Director** **Contact Details:**	Robin Andrews – Interim Operational Director of Finance robin.andrews4@nhs.net Kevin Stringer – Group CFO Email kevin.stringer@nhs.net
Links to Trust Strategic Aims & Objectives	
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 the Healthcare of our Communities	
Effective Collaboration	
Resource Implications:	The report summarises revenue and capital positions of the Trust for the current and next financial years
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	Nothing specifically associated with this report
Risks: BAF/ TRR	Corporate Risks 2081 and 2082
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	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:	**Financial Performance Update Month 1**

1. PURPOSE OF REPORT

The purpose of the report is to inform members of the Performance and Finance Committee of the financial performance of the Trust for the 2023/24 and attainment of the financial plan (revenue, capital, and cash).

1.1 BACKGROUND

In accordance with national planning guidance, the Trust submitted a Board endorsed financial outturn of a £31.3m deficit in March 2022, system deficit for the Integrated Care System (ICS) being c£145.8m.

National colleagues reviewed the submissions and fed back to the system that plans were not affordable, the ICS was a national outlier for planned financial performance and that there was a requirement to improve significantly.

The regulator required a further round of planning following the March 2023 submission. The Trust re-submitting the financial plan for the 2023/24 financial year from the £31.3m deficit to a £14.0m deficit, as endorsed through the Extraordinary Board on 3rd May 2023. The ICS submitted a revised deficit of £68.9m.

	ICB £m	BCH £m	DIHC £m	SWBH £m	DGFT £m	RWT £m	WHT £m	WMAS £m	Total £m
Draft Plan Submission 23rd Feb	**0.00**	**0.00**	**0.00**	**(71.00)**	**(69.00)**	**(83.00)**	**(51.00)**	**(63.00)**	**(337.00)**
Income	0.00	0.00	0.00	7.10	5.70	9.90	4.40	43.10	70.20
Expenditure	0.00	1.10	0.65	8.20	12.50	15.30	10.20	15.60	63.55
Technical	20.00	2.80	0.15	25.80	0.00	(0.70)	5.10	4.30	57.45
Plan submission 30th March	**20.00**	**3.90**	**0.80**	**(29.90)**	**(50.80)**	**(58.50)**	**(31.30)**	**0.00**	**(145.80)**
Income	(10.80)	0.00	0.00	9.00	7.10	9.90	5.10	0.00	20.30
Expenditure	0.00	0.00	0.00	2.20	2.50	3.50	1.80	0.00	10.00
Technical	25.00	0.00	0.30	6.10	0.00	3.00	7.20	0.00	41.60
25th April position	**34.20**	**3.90**	**1.10**	**(12.60)**	**(41.20)**	**(42.10)**	**(17.20)**	**0.00**	**(73.90)**
Distribution of ICB surplus	(34.20)	0.00	0.00	0.00	19.80	13.30	1.10	0.00	0.00
Residual ICS challenge	0.00	0.00	0.00	(6.15)	2.05	2.05	2.05	0.00	0.00
27th April position	**0.00**	**3.90**	**1.10**	**(18.75)**	**(19.35)**	**(26.75)**	**(14.05)**	**0.00**	**(73.90)**

N.B.
The ICB declared a £5m planned surplus at submission bringing the revised system deficit plan to £68.9m.

1.2 Plan Profile

The Trust submitted a deficit profile on 4th May based on delivery of efficiencies growing throughout the year and higher spend during the winter months resulting in a profile with higher deficits in the early and later months of the year with smaller deficits during summer.

Upon review it has been identified that a £12.5m staffing challenge has been profiled broadly evenly, further analysis indicates the Trust requires a re-profiled delivery of this element of the financial plan to reflect the plans in production.

This reprofile is centred around pushing the majority of the challenge £12.5m challenge sitting in M1-4 into M5-12. The logic behind this is that grip and control measures and mitigations are yet to take a grip or be implemented or currently being planned. The main items not impacting M1-4 are:

- Vacancy control panel
- Agency spend control processes/panel
- Temp medical spend planned mitigations in development
- Temp Nursing review against delegated budgets
- Vacancy freeze
- Others still to be identified

Therefore the Trust is requesting the plan reprofile below which pushes 85% of the £4m challenge in M1-4 into M5-12 of the year. This produces the below revised deficit profile for the Trust which pushes the M1 planned deficit from £2.1m to £2.8m.

Re-profile 85% of M1-4 challenge	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Submitted deficit profile	(2,129)	(1,550)	(1,499)	(2,298)	(502)	158	(1,153)	(232)	(562)	(1,718)	(793)	(1,740)	**(14,018)**
Revised deficit profile	(2,819)	(2,523)	(2,342)	(3,267)	(1,333)	(344)	(1,402)	(461)	587	(282)	485	(316)	**(14,018)**

2. FINANCIAL PERFORMANCE MONTH 1

2.1 Black Country Integrated Care System

- Although there is no national reporting at Month 1, Trusts have submitted a summary of their month 1 performance data to the ICS.
- This data indicates that the ICS is off plan in the month one. This is a £20m deficit representing an adverse variance of £7.5m (2.9% of the M1 ICS allocation). All organisations except Dudley Group and West Midlands Ambulance Service are in deficit.
- The key adverse variances reported by organisations are against Income (£8.3m) and Pay (£4.3m) budgets.

The financial positions for ICS member organisations is:

Item	Revenue Position			
	Plan Mth 1 £'000	Actual Mth 1 £'000	Variance Mth 1 £'000	Variance Mth 1 % *
BCH	325	(331)	(656)	(2.5)%
DIHC	72	33	(39)	(1.8)%
SWBH	(2,566)	(5,328)	(2,762)	(4.9)%
DGFT	(2,593)	(2,559)	34	0.1%
RWT	(5,997)	(8,287)	(2,290)	(3.2)%
WHT **	(2,129)	(3,915)	(1,786)	(6.0)%
WMAS	189	238	49	0.1%
ICS	**(12,699)**	**(20,149)**	**(7,450)**	**(2.9)%**

* Percentage of Planned Turnover

** Plan to be reprofiled. Variance to reprofiled plan is £1.1m

N.B.
Members of the committee are asked to note the re-profiled % variance of planned turnover is 3.4%.

2.2 Walsall Healthcare Trust Financial Performance 2023/24 Month 1

2.2.1 Revenue

<u>In Month Position</u>

The April 2023 in month actual position was a £3.915m deficit, £1.096m above plan (£2.819m) – See Appendix 1

Income was £0.243m higher than plan due to additional Education & Training income (offset by costs), one-off community FCP income and passthrough drugs over performance. This was offset by £0.178m ERF underperformance against the Trust planned delivery for April.

Staffing costs were above plan in month (£0.969m).This was driven by substantive staff costs underspend due to vacancies in Surgery, WCCSS, & MLTC offset by overspends in Temporary Nursing (vacancy & sickness cover A&E, AMU, PAU, Theatres, ICU & Community) and Temporary Medical (Vacancy cover in Acute, Emergency Care, Obs, Imaging, Paediatrics & Surgery). Temporary costs for the “other” staff group also overspent in Imaging, Cancer, Pharmacy, I.T., Audiology and MLTC. Additional staffing costs associated with the impact of the Jnr Dr strike are £0.407m.

This is being investigated within Divisions and additional actions will be necessary to bring back to budget.

Non-pay costs were over plan (£0.368m). Driven by Drugs, Provisions & Catering, Energy, Business Rates and Pathology Services. Again further work to understand the drivers and determine possible mitigation is underway.

Drivers of the position

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. The table below details uncontrollable costs in Month1:

Driver	£000's
Excess Inflationary Pressures	
Drugs (incl volume)	141
Energy	97
Business Rates	23
Excess Inflationary Pressures - sub total	**261**
Drivers outside WHT Control	
Jnr Dr Strike - Acting Down	306
Jnr Dr Strike - Temp Costs	101
Drivers outside WHT Control - sub total	**407**
Other Drivers	
CIP (excess of 6%)	329
Other	99
Other Drivers - sub total	**428**
Total variance to plan	**1,096**

In summary, the Trust position contains pressures highlighted as inflationary risks of £0.261m, pressures driven by the Jnr Dr strike of £0.407m and £0.428m of pressures linked to under delivery of the efficiency plan and temporary staffing.

2.2.2 Efficiencies

The Cost Improvement Programme (efficiency) identified £5.1m of savings for 2023/24 against a divisional target of £17.2m (a shortfall of £12.1m in schemes needed to deliver the required levels of saving) with 29.7% of the £5.1m of schemes rated as high risk. Significant work is needed to identify further schemes / mitigations to close the remaining CIP gap.

At Month 1 there has been delivery of £0.1m against a plan of £0.3m. However, if the plan was phased in equal twelfths the Trust would need to secure £1.4m YTD and have therefore an adverse variance of £1.3m (CIP plans and unidentified schemes are back phased).

Additional stretch CIP of £7.2m (Balance Sheet Release) and £2.05m is targeted against non-operational budgets adds further risk to the CIP programme (also phased in the latter end of the financial year)

Further detail on the efficiency programme is included within a separate report on the PF agenda by the Chief Operating Officer who oversees CIP efficiency delivery. It is imperative that the CIP plan is delivered in order to achieve the planned budget deficit.

3. Balance Sheet

3.1 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)

Trade and Other Receivables Analysis	April 2023 Actual		(DRAFT) March 2023 Actual	Variance
	£'000		£'000	£'000
Debtors NHS (Accounts Receivable and Accrued)	13,785		10,930	2,855
Debtors non-NHS	6,705		7,544	(839)
Debtors - Prepayments	14,297		11,626	2,671
Bad Debt Provision	(1,789)		(1,808)	19
Total Trade and Other Receivables	**32,998**		**28,292**	**4,706**

In line with previous discussions at PF, the table below highlights the position with Black Country ICB who make up the majority of the NHS debt.

Breakdown of ICB Debtors @30th April 23	Value	Commentary
Trade Debt	£'m	
Legacy Debt from Walsall CCG	0.34	This debt is old and has been provided for
Disputed Items	4.67	Income for these items has been received via the BC ICB year end agreement, so no further I&E impact. Discussions for these services with the ICB for next year continue
Items raised in April 23 (under 30 days)	7.15	Invoices raised as part of YE settlement (mainly relating to Risk Share and IFRS16 Allocations)
Payments Received	-2.11	Relating to invoices raised in April 23
Items over 30 days awaiting approval @30 April (not disputed)	1.19	This primarily relates to the provision of ICT services to the ICB. Further work is taking place.
NHS Debt	**11.24**	

CREDITORS

Trade and Other Payables Analysis	April 2023 Actual		(DRAFT) March 2023 Actual	Variance
	£'000		£'000	£'000
Trade Creditors	4,148		6,232	(2,084)
Capital Creditors	2,714		7,355	(4,641)
NHS Creditors	15,260		4,008	11,252
Creditor Accruals	17,539		23,376	(5,837)
Deferred Income	3,460		711	2,749
Other Creditors	16,237		16,408	(171)
Tax, NI	5,606		4,920	686
Total Trade and Other Payables	**64,964**		**63,010**	**1,954**

Trade Creditors and Capital Creditors have reduced in April 23 reflecting payments made following year end. NHS Creditors are increased due to Q1 charges now being invoiced and is also reflected in the increase of pre-payments. The Trust continues to minimise NHS creditors to simplify Agreement of Balances. However, 65.1% of NHS creditors (90.9% in volume) have been paid within 30 days in April 23 and in 2022/23 this was 76.2% (83.1% volume).
Key variances to year end on Deferred Income since 22/23-year end mainly relates to the receipt of Q1 HEE income and cancer funding.

Description	Balance 31st March 2023 £m's	Balance 30th April 2023 £m's	Movement (adverse) / positive £m's
Cash held and in Bank	38.4	32.5	(5.9)

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).

There will be a need to accurately forecast cashflows at Trust and system level as there is a possibility that cash will need to move around the system if providers have insufficient working capital to operate.

4. Capital

2023/24

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.

Details of the April 2023 position are included in **Appendix 4**.

5. Summary, Key Risks & Mitigations

Black Country and West Birmingham Integrated Care System:
The overall ICB Month 1 position is £20.2m deficit against a planned deficit of £12.7m, (£7.5m variance).

Trust:

Revenue
The April 2023 Month 1 position was a £3.915m deficit, £1.096m above the £2.819m planned deficit. The drivers were Income higher in the month (£0.343m) offset by Staffing costs above plan (£0.969m) and non-pay costs above plan (0.368m).

Capital and Balance Sheet

- The capital plan in 2023/24 is not fully funded and projects need to be prioritised to live within the available envelope.
- Debtors are being progressed and further escalation will be needed if progress is not made.
- The Trust is currently holds a healthy cash position but this is planned to be utilised throughout 2023/24.

Risks

If the Trust were to move away from our submitted deficit position the following consequences would apply:

- Risks to movement from level 3 to level 4 mandatory intervention for the Trust
- Impact on 'Use of Resources' and thus CQC rating (to include 'well led')

Financial risks notified to the board upon adoption of the financial plan are:

- Failure to deliver the efficiency target
- Failure to recover in month overspends
- Failure to deliver the stretch £7.2m B/S flexibility
- Failure to deliver the stretch £2m fair share system challenge
- Inflationary pressures forecast but taken as a risk into the plan
- Failure to meet NHSE/I ERF target
- Income disputes with the BCICB and BSOLICB
- Failure to adequately reduce temporary staffing levels
- Winter pressures above planned resources

Governance and next actions:

- The risks to achievement of revenue and capital outturn highlighted to Executive, TMC, P&F and Trust Board
- Director of Nursing & Medical Director developing plans to reduce Temporary Workforce costs.
- Recurrent CIP plans need to be developed further and focused on.
- Current position highlights a significant risk to plan delivery in 2023/24.
- Currently identified capital needs exceed funding in 2023/24 plan but will be addressed through prioritisation via the capital control group.
- Pressures and investments for 2023/24 are still to be prioritised by Executive.

APPENDICES

1. Financial Performance 2023/24
2. Temporary Staffing 2023/24
3. Trust charting of income and expenditure run rates (SPC charts)
4. Capital Programme
5. Performance against Efficiency Targets
6. Better Payment Practice Code Performance

Item 11.2

Walsall Healthcare NHS
NHS Trust

Meeting of the PublicTrust Board		
Meeting Date:	7 June 2023	
Title of Report:	Director of Nursing Report	
Action Requested:	Receive for assurance	
For the attention of the Board		
Assure	• Safeguarding adult and children's training is achieving the Trust target for levels 1 and 2 training. • Falls per 1000 bed days was 3.18 in April 2023 (3.38 in March 2023). • Nursing and midwifery vacancy rate is less than 1% as of the end of April 2023. • From the 1st April 2023 agency use ceased except in exceptional circumstances. A risk assessment process with approval by Directors is in place should agency be deemed necessary. • The 'little voice' initiative launched in April 2023, engaging with primary school aged children to review paediatric services.	
Advise	• The total number of Trust-acquired pressure ulcers reported in April 2023 was 34, a slight decrease from March's performance but within normal variation. • Within the ED department, 78.87% of patients with sepsis received antibiotics within the first hour in April 2023; for inpatients, 70.30% of patients received antibiotics within the first hour. • The timeliness of observations for April 2023 was 88.02%, including ED and 89.70%, excluding ED. (86.57%, including ED and 89.69%, excluding ED in March 2023). • Weekly medication audit results demonstrate improvement with focus still required for prescribing medications, documenting the nature of an allergy and patient weights.	
Alert	• MCA compliance for April 2023 was 67.74% (65.00% in March 2023). Compliance performance has been more stable over the past 6 months. • There were 4 cases of C.difficile in April 2023 all were deemed unavoidable. • Safeguarding adults and children level 3 training has seen a slight improvement but remains below Trust target. • VTE compliance for April 2023 was 86.55% (90.40% in March 2023). • 4 severe harm falls occurred in April 2023. 3 have been deemed serious incidents and are subject to the RCA process.	
Author and Responsible Director Contact Details:	**Authors:** Caroline Whyte – Deputy Director of Nursing Email – caroline.whyte3@nhs.net Christian Ward – Deputy Director of Nursing Email – christian.ward@nhs.net **Responsible Directors:** Lisa Carroll – Director of Nursing Email – lisa.carroll5@nhs.net	
Links to Trust Strategic Objectives	***Strategic Aim (SA)***	***Associated Strategic Objectives (SO)***

	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 1st 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:	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:** 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	**208** - Failure to achieve 4 hour waits as per National Performance Target of 95%, resulting in patient safety, experience and performance risks (Risk Score 16). **2245** - Risk of suboptimal care and potential harm to patients from available midwives being below the agreed establishment level (Risk Score 20). **2325** – Incomplete patient health records documentation and lack of access to patient notes to review care. This is due to a known organisational backlog of loose filing and increased reported incidents of missing patient notes (Risk Score 16). **2439** - External inadequate paediatric mental health and social care provision leading to an increase in CYP being admitted to our acute Paediatric ward whilst awaiting a Tier 4 bed or needing a 'place of safety' (Risk Score 12).	

	2540 - Risk of avoidable harm going undetected to patients, public and staff due to ineffective safeguarding systems (Risk Score 12). **2581** – Internal risk for patients awaiting Tier 4 hospital admission (Risk Score 12). **2587** - Risk of staff harm due to insufficient numbers of staff fit mask tested on two different masks (Risk Score 9). **2601** - Inadequate Electronic Module for Sepsis/deteriorating patient identification, assessment and treatment of the sepsis 6 (Risk Score 8).
Risk: Appetite	Low
Public or Private:	Public
Other formal bodies involved:	None
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:	Director of Nursing Report
Item/paragraph **1.0**	**Key points from the report include:** **Workforce:** Vacancies: Nursing and midwifery vacancy rate is less than 1% in April 2023. Agency cessation: Agency use ceased across the Trust from the 1 April 2023. There are some limited exceptions to allow for specialist areas (ED and Paediatrics) where there are vacancies, Wards 9 and 14 where there is no substantive staffing and Mental Health RMN or CSW cover. Both ED and Paediatrics have active recruitment plans and trajectories to resolve within 6 months. Red Flags: Safecare reporting of Red Flag incidents has continued with 8 flags not immediately mitigated in April 2023. Care Hours per patient Day (CHPPD) CHPPD Trust average for April 2023 was 8.0 this has seen an increase from the previous month (March 7.5) in comparison to the national average of 8.1 **Education:** Awaiting visit from HEE following the results of the NETS survey, action plan in place. **Excellent Care:** Falls: The Trust falls rate remains significantly low (3.18 per 1000 bed days) compared to other local providers and against the national average (6.1 per 1000 bed days: Royal College of Physicians). 4 severe harm falls in month.

	Tissue Viability: Trust acquired pressure ulcers decreased in the month to 34, above the target of 17. Hybrid Mattresses roll out was completed in April 2023. Observations on time: Observations on time have plateaued at just below 90% with 15 of 26 clinical areas achieving above 90%. Targeted work is taking place in 4 areas where compliance is below 85%. Venous Thrombosis: VTE compliance for April 2023 was 86.55% compared to 90.40% in March 2023. It has been identified that the single pregnancy record has caused a problem with the Badgernet VTE data which has impacted on performance figures. This has now been rectified. Deteriorating Patient: Issues with Scale 2 within NEWS2 (oxygen administration and monitoring of saturation levels using a nationally recognised monitoring and escalation process) has been de-escalated as a corporate risk following review at the Risk Management Executive in April 2023. The critical care outreach team identify all patients placed onto Scale 2 for appropriateness of use. Sepsis: Within the Emergency Department (ED), 78.87% of patients received antibiotics within the first hour in April 2023. For inpatients, 70.30% of patients received antibiotics within the first hour. Medication Management: Medications Management has continued to be monitored through the Medicines Management Group (MMG). Areas requiring further improvement identified through audits are allergy recording, omission documentation, weight recording, block capitals prescribing and prescriber identification. A new drug chart has been developed and piloted and this will be rolled out across the Trust from June 2023. Mental Capacity Assessment (MCA) MCA compliance has increased in month to 67.74%. Safeguarding: Compliance with level 1 and 2 training in both adult and children's safeguarding remains above the 90% target. Training compliance in level 3 adult and children's safeguarding remains below target. Clostridiodes difficile (C.diff): C.diff toxin cases remain elevated (national theme across providers), with 4 avoidable cases identified in April 2023. Patient Experience: The little voices initiative launched in April 2023 in conjunction with a local primary school. Paediatric areas were viewed by a team of young inspectors who rated the service and gave ideas / views for improvement.

Item 11.3

Walsall Healthcare
NHS Trust

Meeting Public Trust Board	
Meeting Date:	7th June 2023
Title of Report:	Biannual skill mix review
Action Requested:	To approve
For the attention of the Board	
Assure	The Biannual skill mix review has been undertaken in January 2023 utilising the Safer Nursing Care Tool and professional judgement in line with nationally recognised best practice
Advise	Following the skill mix review the Director of Nursing recommends no change to the current funded establishments. Review again in June 2023
Alert	Nil
Author and Responsible Director Contact Details:	Lorraine Gardner Corporate Matron for Workforce; lorraine.gardener@nhs.net Lisa Carroll Director of Nursing & Director of Infection Prevention and Control
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) 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
Effective Collaboration	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Progress joint working across Wolverhampton and Walsall
Resource Implications:	None
Report Data Caveats	This is a standard biannual report.
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**
Equality and Diversity Impact	N/A
Risks: BAF/ TRR	Safe High Quality Care BAF
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	
References	None
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

Item 11.4

Walsall Healthcare NHS Trust

Meeting of the Trust Board – held in Public	
Meeting Date:	7 June 2023
Title of Report:	Maternity Services Report
Action Requested:	Inform/ Assure
For the attention of the Board	
Assure	• The Trust was able to maintain 1:1 care in labour throughout the reporting period. • The service continues to strengthen the Midwifery Workforce following a successful recruitment event. • There has been improvement in several spheres of training and educational supervision for medical staff. • There is a downward trend in Still Birth and Perinatal mortality in line with national ambition.
Advise	• The Three-Year Delivery Plan for Maternity and Neonatal Services has been launched. The aim of the plan is to make care safer, more personalised, and more equitable. • The Service continues to collect Service User data to inform practice. • The maternity service is participating in several research studies.
Alert	• Midwifery Staffing remains on the risk register with a score of 20. • There are gaps in junior doctor rota which continue to pose a challenge.
Author and Responsible Director Contact Details:	Jo Wright Director of Midwifery, Gynaecology and Sexual Health josellewright@nhs.net Vinita Gurung Clinical Director for Obstetrics and Gynaecology vinita.gurung@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	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: Effective: Caring: Responsive: Well-led**
Equality and Diversity Impact	There are no Legal, Equality and Diversity implications associated with this Report
Risks: BAF/ TRR	• BAF 1: Safe, high-quality care • Risk number 2245: Lack of registered nurses and midwives
Risk: Appetite	Low
Public or Private:	
Other formal bodies involved:	NA
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

Executive Report Details	
Summary Title:	**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 are driven by maternity leave which remains high within the unit with 13 WTE midwives currently not at work. The current midwifery vacancy is also 8 WTE. Staffing overall remains challenging. Parenting leave was 10.1% whilst sickness absence within the service was 7.6%, all sickness is being managed as per Trust policy.

Area	Vacancy		Maternity Leave		LT Sickness		ST Sickness	
Team	MW	MSW	MW	MSW	MW	MSW	MW	MSW
ANC/ FAU	-0.20	-0.43	0.00	0.00	0.60	0.00	0.00	0.80
Delivery Suite	-4.08	3.07	7.06	0.00	2.68	0.00	0.61	0.00
MLU	0.38	5.42	0.00	0.00	0.00	0.00	0.00	0.00
Community	-0.75	-1.77	2.00	0.00	2.00	0.60	1.80	0.80
Wards	8.38	6.54	1.22	0.00	0.00	0.00	0.61	0.00
Total	**3.73**	**12.83**	**10.28**	**0.00**	**5.28**	**0.60**	**3.02**	**1.60**

	Leave	Sickness	Working day	Study day	Parenting	Other	Total
Registered Midwives %	12.7%	7.6%	1.2%	3.2%	10.1%	0.6%	35.4%
Unregistered staff %	16.0%	7.0%		1.9%		0.8%	25.7%

Although there have been improvements with midwifery staffing levels staffing remains on the risk register with a score of 20. Walsall Healthcare NHS Trust have recently participated in a Local Maternity and Neonatal System recruitment event where 20 candidates where successfully recruited. These recruits are 80% midwifery students not yet qualified and not due to enter the service until September 2023. The national recommendation is that safe staffing acuity should be 85%, therefore the risk will be reviewed again in September. There have been no adverse outcomes reported or our service user complaints identified due to staffing concerns.

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

2.1

The Three-Year Delivery Plan for Maternity Services (SDP) has been launched, (see Appendix 1) technical guidance to support its implementation will also be released shortly. The SDP plan is directed at frontline staff and leadership, describing the building blocks needed to ensure the needs of women, babies and families are at the heart of services. The plan summarises responsibilities for each part of the NHS including Trusts, Integrated Care Boards and Systems including Local Maternity and Neonatal Systems and Operational Delivery Networks, and NHS England. There are 4 overarching themes within the SDP.

1.Listening to, and working with, women and families with compassion.	2.Growing, retaining, and supporting our workforce with the resources and teams they need to excel.
We want to ensure care is personalised and that service users have informed choice. Voices of all women including those from diverse backgrounds must be heard, and services should work closely with all service users to collaboratively plan, design and improve care. understand and act based on how it feels for their teams to work at their organisation.	We want to ensure there are sufficient highly skilled staff across the whole maternity and neonatal team whilst combatting workforce inequalities. Staff should feel valued, with plentiful opportunity for skills and career development to facilitate a lifelong career in the NHS.
3. Developing and sustaining a culture of safety, learning, and support. There should be a positive safety culture in every maternity and neonatal service, where everyone takes responsibility for safer care and learning, and leaders	**4. Standards and structures that underpin safer, more personalised, and more equitable care.** Best practice should be consistently implemented across the country, with timely, accurate data available to support learning and early identification of emerging safety issues. Women can access their records, and interact with their plans and information to support informed decision-making

To ensure standardisation across maternity services and assist delivery of the SDP, a template has been provided from NHSE with the key recommendations for Trusts with timescales for to implementation. Progress will be monitored at a divisional level and regionally via the LMNS and Integrated Care Boards. The service is currently completing a gap analysis to ascertain our current position against the recommendations of the SDP and a plan will be devised to ensure delivery. The board will receive quarterly updates to provide assurance that the SDP is being achieved.

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

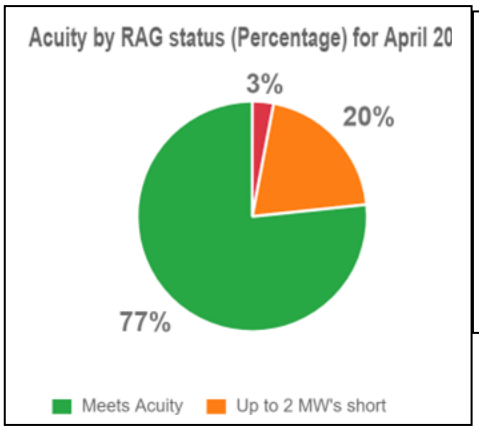
3.1 Activity within the Maternity Unit

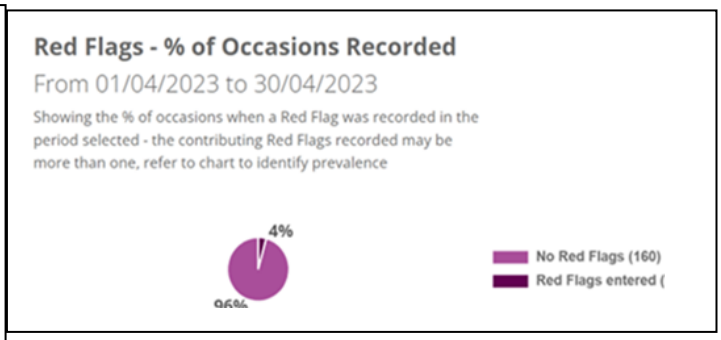
Births within the service remain consistent and a 12-month overview of activity to date demonstrates this WHT has serves women from an ethnically diverse population, 33% of service users were from a non-British White background with Indian, Pakistani and Back African being the largest ethnicity within this group.

Month	Year	Births
May	2022	300
June		385
July		288
Aug		312
Sept		325
Oct		297
Nov		324
Dec		358
Jan	2023	293
Feb		247
Mar		290
April		263

EthnicCategory	Count
White - British	133
Asian or Asian British - Indian	31
Asian or Asian British - Pakistani	29
White - Other	20
Black or Black British - Black African	13
Black or Black British - Black Caribbean	9
Asian or Asian British - Bangladeshi	8
NULL	5
Declined to answer	4
Mixed - White & Black African	4
Other Ethnic Groups - Other	3
Asian or Asian British - Other	3
Mixed - White & Asian	1

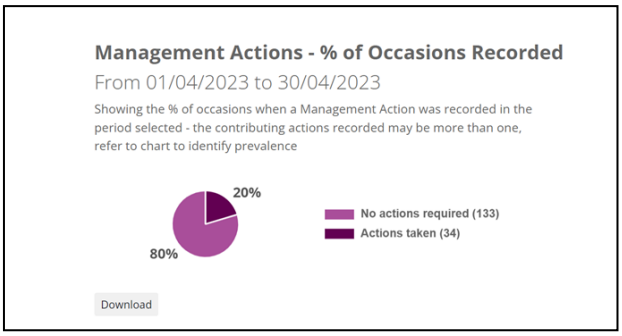
On these occasions the wards and delivery suite were at levels of high acuity. The correct escalation procedure was activated, staff were redeployed, and the on-call maternity manager called. Acuity





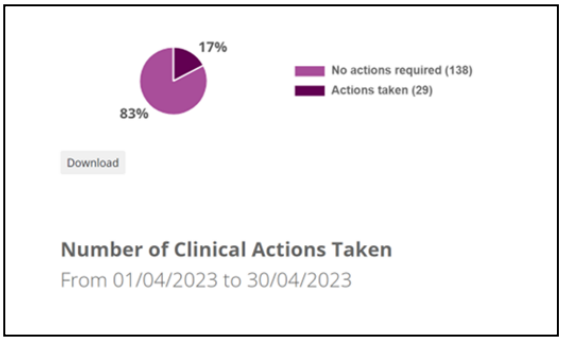
was 77% for April, there were 7 occasions where red flags were triggered, these were all delay delays in the induction of labour process during high periods of activity. There were no complaints registered or adverse incidents due to this. Where staffing proved, challenging specific actions were taken to maintain safety.

Management actions taken 01-30th April 2023		
Action	Number of occasions	%
Redeploy staff internally	22	46%
Escalate to Manager on call	13	27%
Staff unable to take allocated breaks	7	15%
Staff stayed beyond rostered hours	5	10%
Manager/Matron working clinically	1	2%
	48	100%



To support and maintain safety during times of increased acuity several clinical actions were also taken these actions centred around and commencing induction of labour. There is currently a quality improvement project ongoing to support enhancing the induction of labour process for women.

Action Taken	Occasions	Overall %
Delay in commencing IOL	1	3%
Delay in continuing IOL	29	97%



3.2

Service user experience

Maternity services actively seek the voices of women and their families; we are aware that some groups are more at risk of poor pregnancy outcomes and actively seek their voice. The Maternity Voices Partnership are closely involved with our services and the EDI lead midwife collates their views and this is disseminated to all staff.

Table

Birth Experience

whenever I needed help I got it, lovely caring staff, perfect. I bled after and the team were really quick and effective.

Antenatal Experience

- very good- lots of information. I can't fault them, lovely staff, lots of information, felt like I was well taken care of Supportive and helpful

White	5
White other	1
White and Black Caribbean	1
White and Black African	0
White and Asian	0
Indian	0
Pakistani	3
Bangladeshi	0
Black Caribbean	1
Black African	1

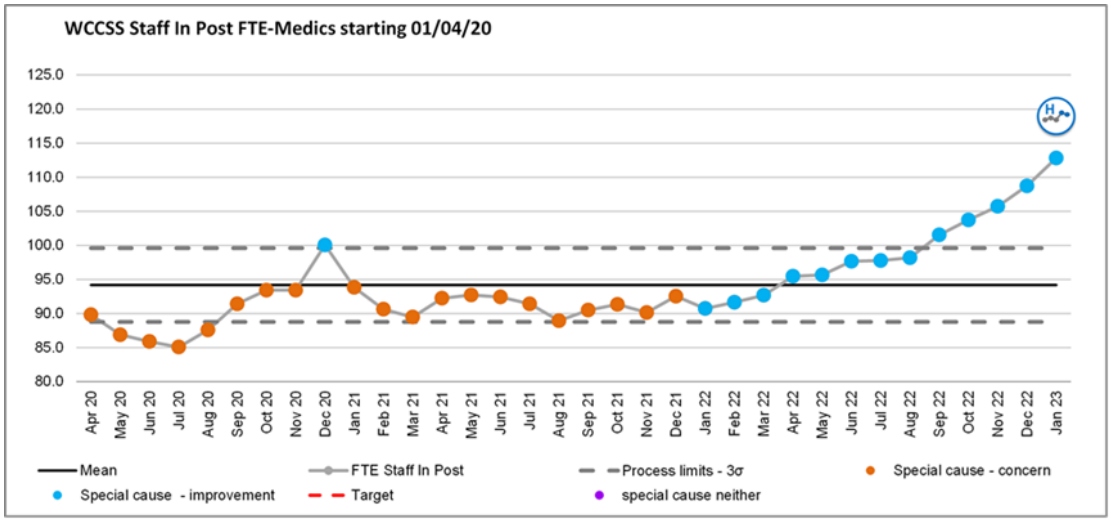
4.0

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

4.1

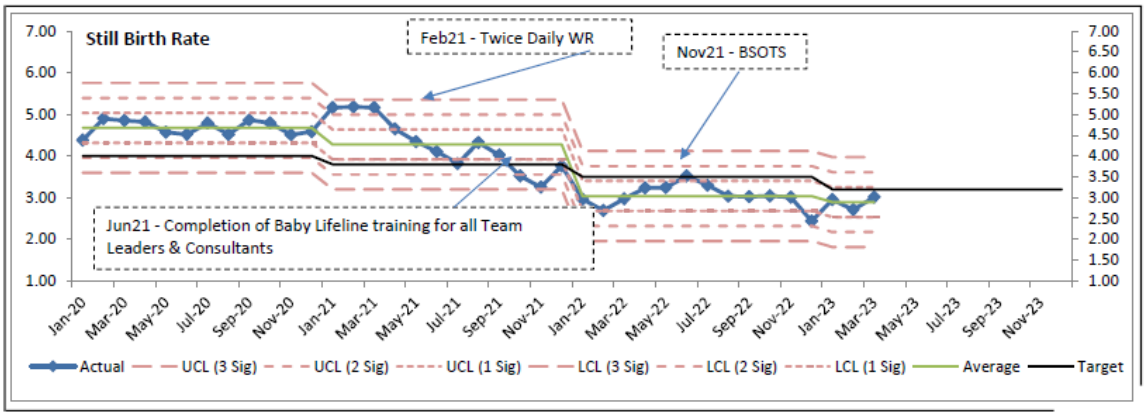
Although the birth rate is falling nationally, there are rising levels of clinical complexity requiring more specialised obstetric input. Following the publication of Ockenden final report in March 2022, four consultants were appointed in obstetrics and gynaecology. This has enabled splitting consultant cover into obstetrics and gynaecology which offers greater safety. Two of the new appointments specialise in maternal medicine. We have expanded our maternal medicine services by increasing the number of specialised clinics. Maternal medicine obstetricians meet regularly with the regional multidisciplinary team for discussion of complex cases.

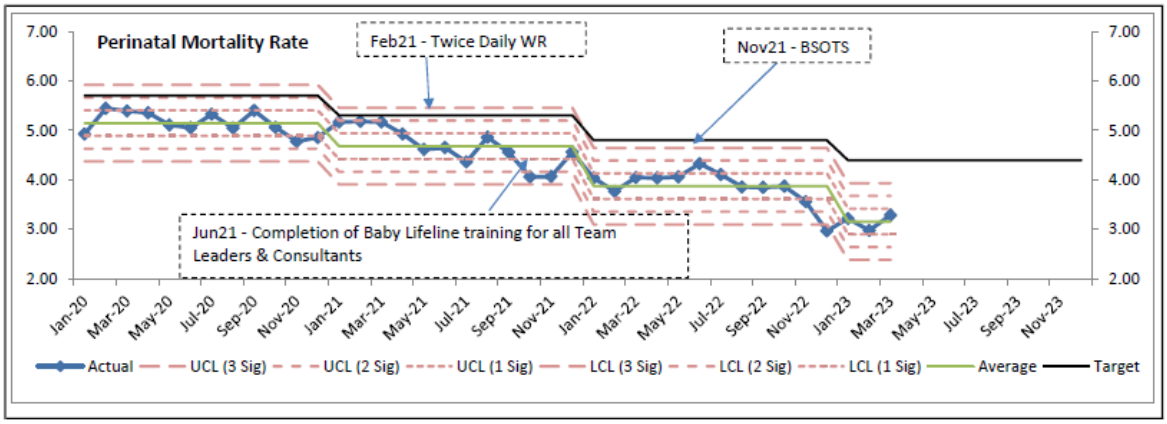
Graph below demonstrates investment in medical workforce. In addition to four consultant appointments, we converted two trust doctor posts to clinical fellow posts which has offered us greater workforce stability. Two clinical fellows were recruited through the Clinical Fellowship Programme at RWT. They have successfully progressed to middle grade post and they have been provided support with their membership exam.



Despite best efforts to cover any workforce gaps by ensuring timely recruitment, gaps in junior doctor rota continues to pose a challenge. This is mainly due to HEE junior doctors going out of programme and lack of timely communication to the care group.

4.2 There is a continued downward trend in Still Birth and Perinatal mortality in line with national ambition and we are projected to achieve 50% reduction in stillbirths by 2025.





One of the main drivers for the improvement in stillbirth rate and perinatal Mortality Rate appears to be the introduction of twice daily consultant-led ward rounds. The Sands and Tommy's Policy Unit released a Saving Babies Lives Progress report and have highlighted that there has been little progress on reducing preterm birth which is a driver for neonatal death. This was presented at Women's services clinical audit day (see Appendix 2). Again, the report noted that pregnancy loss is higher for those from minoritized groups and those living in most deprived areas.

4.3 The Maternity services are participating in the following Research Projects aimed at improving maternal and perinatal outcomes:

- OASI 2 Care Bundle: prevention of 3rd and 4th degree tears in labour.
- Giant Panda Study: This study is looking at which blood pressure medication is best for pregnant women with high blood pressure and their babies.
- Peri PREM Care Bundle: prevention and reduction in preterm birth
- SNAP-2: The SNAP 2 trial is looking to evaluate enhanced support to help pregnant women use Nicotine Replacement Therapy (NRT) as part of a quit attempt.

4.4 There has been a significant improvement in several spheres of training and educational supervision since 2018 as per GMC trainees survey as detailed below.

Programme Group	Trust / Board	Site	Indicator	2018	2019	2021	2022
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Overall Satisfaction	58.88	71.50	82.14	78.33
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Clinical Supervision	82.81	83.75	95.00	93.33
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Clinical Supervision out of hours	84.38	76.56	95.54	87.50
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Reporting systems	65.00	71.25	88.57	73.33
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Work Load	60.94	37.50	57.14	44.79
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Teamwork	53.13	68.75	82.14	77.78
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Handover	60.16	71.88	79.46	73.96
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Supportive environment	56.25	52.50	83.57	76.67
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Induction	77.50	83.75	87.14	83.33
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Adequate Experience	64.69	71.88	76.79	79.17
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Curriculum Coverage	66.67	70.84	76.19	
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Educational Governance	71.88	70.83	88.10	81.95
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Educational Supervision	79.69	85.94	95.54	89.58
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Feedback	75.52	72.92	79.76	88.20
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Local Teaching	59.38	54.59	62.38	67.22
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Regional Teaching	79.79	76.67	77.38	81.95
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Study Leave	71.61	65.63	72.02	61.46
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Rota Design	54.69	54.69	60.71	60.42
Obstetrics and gynaecology	Walsall Healthcare NHS Trust	Manor Hospital - RBK02	Facilities			74.25	71.04

Organisation	Respdts (Exc. Any Masked)	Learning Env. and Culture	Educational Gov and Leadership	Supporting and Empowering Learners	Delivering Curricula and Assessments
Walsall Healthcare NHS Trust	5	77.83%	90.91%	76.70%	73.68%
Wye Valley NHS Trust	4	70.36%	89.71%	62.14%	57.81%
The Shrewsbury And Telford Hospital NHS Trust	12	83.09%	86.22%	83.41%	73.44%
University Hospitals Of North Midlands NHS Trust	17	70.99%	81.41%	73.84%	52.61%
Birmingham Women's And Children's NHS Foundation Trust	25	70.69%	80.65%	77.34%	53.54%
University Hospitals Of Derby And Burton NHS Foundation Trust	5	78.36%	78.41%	80.56%	58.75%
The Royal Wolverhampton NHS Trust	12	81.92%	78.00%	80.69%	76.09%

Subject and Specialism

Obstetrics And Gynaecology

Colour Coding

This page is now colour-coded for Trusts.
The cells for trusts are shaded on a scale based on how their quality domain scores compare to the benchmarks for their trust group.Low scores are shaded red, high scores are shaded blue, with white for scores that match the group average.
For non-trusts, the cells are unshaded.

Learning Env. and Culture	Educational Gov and Leadership	Supporting and Empowering Learners	Delivering Curricula and Assessments
N/A Benchmark for Trust Group	N/A Benchmark for Trust Group	N/A Benchmark for Trust Group	N/A Benchmark for Trust Group
72.42% National Average	77.75% National Average	72.32% National Average	57.52% National Average

4.5 There have been no HSIB or SI cases reported during this reporting period.

Item 11.5

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting	
Meeting Date:	**7th June 2023**
Title of Report:	April 2023 Workforce Metrics
Action Requested:	To Note
For the attention of the Board	
Assure	The report provides the board with assurance regarding key workforce metrics: • Retention measures • Vacancy rate • Turnover rates • Sickness absence rates • Mandatory Training compliance • Annual appraisal compliance
Advise	• Vacancy rate for nursing and midwifery is below 1%, lowest ever, however is challenged by adverse trend on retention rates, with the 24-month overall Trust indicator (79%) deviating below lower limits set at 82% (target 2023-24). • A review of trends indicates that 'Work Life Balance' is declared as the reason for resignation or exit by 1 in 5 N&M colleagues leaving the Trust, program to address this is on target. • Vacancy rates for medical and dental and AHP workforce also at lowest level and well within target. • Turnover rates confirm a third month of improvement, consolidated within an 11-12% range. • Sickness Absence in-month 4.67% during April 2023 for the Trust overall, is at the lowest level during any point in the previous 24 months and has returned to target for first time since April 2021. Improvement target of 1% met for 2022-23 year. The rolling 12 months analysis shows an improvement trajectory now into the seventh month of reduction. The Healthy Attendance program led by Occupational Health and Wellbeing continues to support divisions with pro-active management of attendance at work. • Mandatory Training 88% outturn for April 2023 remains at a historically high level of compliance, however the current 24-month trend is evidencing cause for concern; with the achievement of the 90% target no longer assured, hence action plan to correct in place. • Appraisal compliance remains stable, with an 81% outturn for April 2023 maintaining the 79-85% range established during 22/23.
Alert	• Note there is some re-alignment required between establishment, and 2023-24 budget, this will reflect in vacancy metric data from June onwards. [Finance-related performance indicators, such as vacancy rates and pay expenditure are shared one month in arrears (as of March 2023 month-end). April 2023 positions will be shared once ledger positions are finalised]. See page 2 of report impacts vacancy figure ** • The 'My Academy Walsall' learning management system went live on 15 May 2023; with an emphasis on ease of use, which brings all learning activities into one place and is same platform as RWT allowing still greater collaboration and investment in colleague learning and development.

Author and Responsible Director Contact Details:	Sebastian Smith – Cox (Workforce Intelligence, Planning & Analytics Lead) s.smith-cox@nhs.net	Catherine Griffiths (Chief People Officer) catherine.griffiths27@nhs.net
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 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) Progress joint working across Wolverhampton and Walsall	
Resource Implications:	Resource implications concerning staff health and wellbeing and attendance at work. Impact on financial resources concerning bank and agency cover. Low vacancy rates enhance staff morale and experience support wellbeing at work.	
Report Data Caveats	Please see Appendix A	
CQC Domains		
Equality and Diversity Impact	All workforce policies and procedures are required to be compliant with all relevant employment legislation and the Equality Act 2010. NHS Employers guidance and terms and conditions.	
Risks: BAF/ TRR	The risk to the organisation is concerning: • Use of Resources. • Employment legislation. • Equality, Diversity & Inclusion. • Organisational Reputation.	
Risk: Appetite		
Public or Private:		
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	

Item 12.2

NHS
Walsall Healthcare
NHS Trust

Trust Board (Public)	
Meeting Date:	7th June 2023
Title of Report:	7 Day Service Standards - Winter 2023
Action Requested:	Inform and assure
For the attention of the Board	
Assure	• Clinical Standard 2 (Consultant review within 14 hours of admission). There has been an Improvement on previous audit across all Divisions, with MLTC and WCCS meeting the standard. Although Surgery did not meet the compliance target, there has been an increase from 50% to 82% from the previous audit. Overall Trust compliance 93%. • Clinical Standard 8 (ongoing consultant review). Improvement on previous audit with Trust wide compliance of 91%
Advise	• Updated Guidance from NHSE in February 2022 reduced the internal data collection to ease the burden on NHS Trusts removes external reporting. • To advise of progress made to meet the national 7 day service standards • Audit of patient notes for the period 11.01.23 to 17.01.23
Alert	• There continues to be an issue with missing records. Temporary notes are not married with parent health record and therefore raises patient safety concern
Author and Responsible Director Contact Details:	Tel 01922 721172(ext 3352) Email 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
Support our Colleagues	a) Be in the top quartile for vacancy levels b) Improve overall staff engagement c) Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	a) Deliver improvements at PLACE in the health of our communities
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	None
Report Data Caveats	This report relies on patient records available at the time of audit
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	Risk No 663: Delivering a 7 day service as per the four critical standards in the NHSE guidance Risk No 1524: Failure to comply with professional standards of clinical record keeping which may impact on quality of care and patient safety. Risk No 2405: Incomplete patient health records documentation and lack of access to patient notes to review care due to a known organisational backlog of loose filing and increased reported incidents of missing patient notes. Risk No 2684: Loose filing build up (patient episodes) on AMU and AEC

Risk: Appetite	
Public or Private:	
Other formal bodies involved:	N/A
References	7 day service clinical standards - NHS England Board assurance framework for seven day hospital services - NHS England
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:	7 Day Service Standards - Winter 2023
1.	**BACKGROUND** The Committee will have had sight of the previous reports. The 7 day service programme has been updated and recent guidance sets out revised reporting which removed the burden of national reporting, this is set out below.
2.	**Priority Standards** 4 priority standards are reported on and these form the basis of whether the Trust is meeting the 7 day service standard. 2. Time to first consultant review, within 14 hours in the acute admission setting 5. Availability of diagnostics 6. Consultant led interventions 8. Ongoing consultant review, all patients to be reviewed every 24 hours. The Trust has the option to review performance against the other six 7DS clinical standards and a narrative is included in this report. Trusts are no longer required to upload reports to a national portal but must be ready to demonstrate performance against the 4 priority standards to commissioners and regulators. All evidence underpinning this report is stored centrally by the Medical Directorate.
3.	**UPDATED METHODOLOGY** In February 2022 NHSE issued updated Board Assurance Framework which reduced burden of data collection as outlined below: 1) Trusts should assess at least once a year whether their acute services are meeting the four priority 7DS clinical standards. 2) A 7 Day Services report signed off by the Executive Medical Director should be presented to the provider Board at least once a year. 3) The content of the report can be drawn from the following sources: a) Sitrep. If sitrep shows that LOS and number of discharges do not vary significantly between weekdays and weekends, it is likely that the Trust is running acute services efficiently. However, if LOS is longer for admissions on Thursdays and Fridays, and number of daily discharges drops on Saturdays and Sundays, it is likely that services have a lower level of consultant cover at weekends, lower multi-professional team provision at weekends, and/or that community and social care services are less able to take transfers of patients at weekends. If this is the case, it is suggested a deep dive is undertaken to understand this variation better and mitigate it. b) Consultant job plans. Consultant job plans should be reviewed to ensure that there is sufficient timetabled consultant time to meet the anticipated demand from emergency admissions. c) It is accepted that there may be insufficient consultants in a specialty to meet Standard 8. In this case the Chief Medical Officer may grant a derogation to allow the inclusion of Specialty Doctors and doctors in higher specialist training at ST4 and above to provide some of the daily ward rounds. Nevertheless, there should be consultant ward rounds on at least 4 days a week including at least 1 weekend day. Such derogations should be specialty-specific and be reviewed at least annually. d) Deep dives. Where the daily sitrep suggests significant variation by day of the week or where the Chief Medical Officer has granted a derogation from clinical standard 8, a deep dive into any area of concern regarding 7 day services will be undertaken and form part of this report. Deep dives should typically be in the form of an audit of medical records. e) In addition to the requisite level of consultant presence to deliver standard 8, providers should have systems to support seamless and appropriate ongoing review, specifically:

i) A board round system that enables the responsible consultant to delegate reviews appropriately based on clinical need and the presence of agreed written protocols
ii) A system of escalation for deteriorating patients based on agreed protocols, ideally built around monitoring each patient's National Early Warning Score (NEWS2)
iii) A clear process to decide which patients do not need a daily consultant review and the proportion of admitted patients in this category.

f) Wider performance and experience measures. These include patient experience data, GMC junior doctor survey data and audits of staffing levels.

4.

REPORT

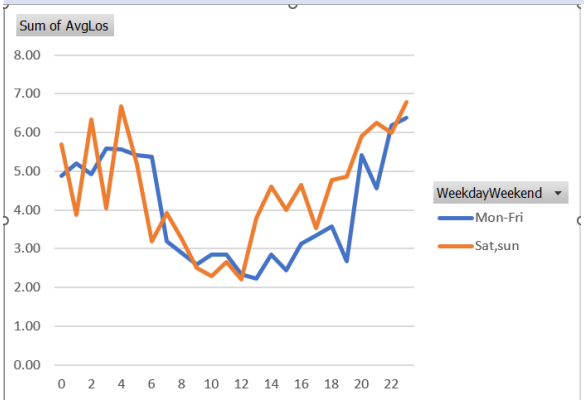
Priority Standards

Length of stay: The daily hospital sitrep does not show significant variation in LOS associated with the day of the week patients are admitted. An audit of inpatient length of stay for a period of 3 months was completed.

Over the period the average LOS for those admitted Monday - Friday was 3.54 days and for those admitted Saturday - Sunday was 4.31. This is consistent with previous data.

Average length of stay

Weekend / Weekday	31/12/2022	31/01/2023	28/02/2023	Grand Total
Mon-Fri	3.66	3.40	3.56	3.54
Sat,sun	4.45	4.28	4.20	4.31
Grand Total	**3.83**	**3.59**	**3.70**	**3.70**



Discharges: The weekly patient discharge data shows significant variation in the number of discharges by day of the week with reduced numbers of discharges over the weekend. This may relate to the availability of external services over the weekend (14.01.23 and 15.01.23) rather than the lack of a 7 day consultant cover and the Committee may want to seek assurance from Divisions.

Disch Dt	Ward Disch Tx	Medical	Surgical	Total
11/01/2023	23	53	19	**95**
12/01/2023	22	58	35	**115**
13/01/2023	17	62	39	**118**
14/01/2023	10	36	6	**52**
15/01/2023	3	34	8	**45**
16/01/2023	16	57	17	**90**
17/01/2023	20	61	23	**104**
Total	**111**	**361**	**147**	**619**

Job Planning is currently being reviewed by Divisions, led by the Associate Medical Director - Workforce and supported by the Revalidation Manager.

Specialties have weekend Consultant cover built into job planning.

5. **DEEP DIVE OUTCOME**

An audit of patient notes for the period 11.01.23 to 17.01.23 was undertaken. Evidence of delegated ward rounds has been received and this will be taken into consideration while completing the audit. A programme to randomly generate 70 patient records for review was used, however 2 requests to health records only resulted in 83 records (see below for detail).

Total number of records requested: 142
Number of records available for audit: 82
Number of records containing admission notes: 58

This result is in line with the previous audit where only 58 records were available. Records could not be located, had not been returned to health records or had been pulled for clinic.

Loose notes continue to be an issue and not married up with the main patient record. These are kept on ward areas as health records will not accept loose filing. This is a risk to patient care as the most recent inpatient admission(s) are not available to clinicians. This risk has been identified by the Trust and has been on the Risk Register for some time at both Divisional and Care Group level.

When the Trust moves to a complete electronic record system this will not be an issue as reliance on records being returned to health records will be negated and the use of loose filing will not occur, all patient records will be accessible.

6. Audit

Clinical Standard 2: Time to first consultant review, within 14 hours in the acute admission setting (compliance is 90% of all patients reviewed by Consultant within 14 hours – or delegated).

DIVISION	NO OF RECORDS REVIEWED	NO OF RECORDS MEETING STANDARD 2	COMPLIANCE TO STANDARD	COMPLIANCE AT LAST AUDIT
Trust wide	58	55	93%	60%
MLTC	24	23	96%	55%
Surgery	11	9	82%	50%
WCCS	23	23	100%	92%

There has been an Improvement on previous audit across all Divisions, with MLTC and WCCS meeting the standard. Although Surgery did not meet the compliance target, there has been an increase from 50% to 82% from the previous audit. Details of the records audited are available for review if required.

See below for weekday/weekend compliance.

	WEEKDAY			WEEKEND		
DIVISION	NO OF RECORDS REVIEWED	WITHIN 14 HOURS	COMPLIANCE TO STANDARD	NO OF RECORDS REVIEWED	WITHIN 14 HOURS	COMPLIANCE TO STANDARD
Trust wide	50	47	**94%**	8	8	**100%**
MLTC	17	16	**94%**	7	7	**100%**
Surgery	11	9	**82%**	0*	0	**N/A**
WCCS	22	22	**100%**	1	1	**100%**

*there were only 2 surgical admissions over that weekend where the length of stay was over 14 hours. The records for audit are randomly generated and these were not picked up as part of the randomisation.

For comparison, the following table sets out the results from the previous audit.

DIVISION	OVERALL COMPLIANCE	WEEKDAY	WEEKEND
Trust wide	60%	**59%**	**73%**
MLTC	55%	**55%**	**67%**
Surgery	50%	**50%**	**50%**
WCCS	92%	**89%**	**100%**

7.

Audit

Clinical Standard 8: Ongoing consultant review, all patients to be reviewed every 24 hours (compliance is 90% of all patients receiving ongoing consultant review – or delegated)

DIVISION	NO OF RECORDS REVIEWED	NO OF RECORDS MEETING STANDARD 8	COMPLIANCE TO STANDARD
Trust wide	58	53	91%
MLTC	24	21	87.5%
Surgery	11	10	91%
WCCS	23	23	100%

8.

OBSERVATIONS

1. It remains difficult to obtain sufficient records for a sample (70 records identified). A total of 141 records were requested which resulted in only 82 available for audit. Out of those 92, only 53 sets of notes contained the relevant in patient episode. Temporary/loose notes continue to be used by wards and these are not being married with the main record. This was highlighted in the last report and the position has not changed.
2. There has been an improvement in compliance across the 3 Divisions for Standards 2 and 8.
3. Documentation has improved.

Item 12.3

Walsall Healthcare NHS Trust

Trust Board (Public)	
Meeting Date:	7th June 2023
Title of Report:	Medicines Management Report
Action Requested:	To discuss and inform
For the attention of the Board	
Assure	• It is through the Medicine Management Group that audit compliance is being monitored and escalated to Divisions where necessary. • Monthly Divisional Medicines Management Group meeting across all divisions now in place with agreed TOR and membership to further strengthen the effectiveness of medicines management through Divisional and Care Group engagement and the risk register. • Following Section 29A Notice in October 2023 measures have been put in place to address the specific issues raised in the Notice concerning medicines management. • The Trust have responded back to the CQC as requested within the timeframe allocated with an update position regarding the Section 29A notice. • Projects to support communication and education of staff are in place which include e-Learning, video training and face-to-face.
Advise	• 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. • Electronic drug storage units have been installed and in operation within wards 16 & 17 and the newly opened UECC. • Electronic drug storage units have been purchased for refurbs on Ward 5/6, Wards 14&15, Maternity & Ward 24/25. The units for wards 14 & 15 are available and need to be installed+/-ward refurbishment. The installation of electronic drug storage units will largely resolve compliance issues and further enhance drug security. • The Trust is reviewing implementing an EPMA system and a project manager has been appointed to address the requirements for procurement, business case and timelines. In the meantime, a review of the paper charts has been completed and is due for roll-out in the coming months, accompanied with training video to support the launch of the revised WHT chart. • External EL Audit in aseptic unit completed on 16th March 2023. Awaiting full report and actions, but verbal feedback provided. • Home Office Inspection visit for Controlled Drugs Management scheduled May 2023. All pre-visit documents completed & submitted.
Alert	• The ward audit of medicines management continues to show gaps in compliance.

	• 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 Case tabled for approval at Trust Investment Group meeting April 23.
Author and Responsible Director Contact Details:	Author – Tony Chopra, Deputy Director of Pharmacy – Gurdeep.chopra1@nhs.net Responsible Director – 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) 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
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 legal or 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:	
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

Item 12.4

NHS
Walsall Healthcare
NHS Trust

Trust Board (Public)	
Meeting Date:	7th June 2023
Title of Report:	Mortality Report (December 2022 - March 2023)
Action Requested:	Members of the Trust Board are asked to: Approve ☒ Discuss ☒ Inform ☒ Assure ☒
For the attention of the Board	
Assure	The most recent published SHMI value for the 12 month rolling period (published by NHS Digital March 2023) November 2022 - October 2023 is 1.003 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 months November and December. • Community ME is now being rolled out to all Walsall GP Practices with 24 practices (at the time of the report) signed up, 47% of the total Walsall GPs. • 4 LeDeR deaths were reported during this period.
Alert	• The Community ME service did not become statutory in April 2023 as planned and is delayed until Summer 2023. • There are currently 20 SJRs outstanding, however good progress is being made within specialties to clear this.
Author and Responsible Director Contact Details:	Mr Salman Mirza Email salman.mirza2@nhs.net Mrs Lorraine Moseley Email lorraine.moseley3@nhs.net Manjeet Shehmar, CMO Email: 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
Support our Colleagues	a) Improve overall staff engagement b) Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	a) 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:	None
Report Data Caveats	Data is correct at the time of reporting. NHS Digital reporting is 3 months in arrears.
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.
Risks: BAF/ TRR	• BAF001 Failure to deliver consistent standards of care to patients across the Trust results in poor patient outcomes and incidents of avoidable harm • Performance against SHMI is recorded on the trust risk register
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	
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

Item 13.2

Walsall Healthcare NHS
NHS Trust

Integrated Quality & Performance Report

April 2023

Caring for Walsall together

How to Interpret SPC (Statistical Process Control) charts

Variation			Assurance		
	H L	H L	?	P	F
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	?	H L	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	P	H L		Green
Yes	P			Green
Yes	F	H L	Monthly performance has achieved the set trajectory but performance across recent months is showing inconsistencies against set trajectories and targets	Amber
Yes	F			Amber
Yes	F	H L		Amber
Yes	?			Amber
Yes	?	H L		Amber
Yes	P	H L		Amber

Performing against Trajectory	SPC Assurance	SPC Variation	Rationale	Ragging Applied
No	F		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	F	H L		Red
No	?	H L		Red
No	F	H L	Monthly performance has not achieved the set trajectory but performance across recent months is showing improvements towards set trajectories and targets	Amber
No	?	H L		Amber
No	?			Amber
No	P	H L		Amber
No	P			Amber
No	P	H L		Amber

Walsall Healthcare NHS
NHS Trust

EXECUTIVE SUMMARY

QUALITY	PERFORMANCE
• Trust wide CQC action plan with responsible executive directors and identified leads has been established. •The use of scale 2 within NEWS2 has been de-escalated from the corporate risk register, significant oversight and assurance is in place and will continue to be monitored. • VTE compliance for April 2023 was 86.55%, complared to March 2023 which was 90.40%. 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 April 2023 was 88.02% compared to 86.57% in March 2023. Excluding the ED performance was 89.69%. • Falls per 1000 bed days was 3.18 in April 2023 and in line with the previous consistent performance. • 4 avoidable cases of C.Diff were reported in April 2023. • The percentage of patients screened who received antibiotics within 1 hour within the Emergency Department was 78.87% by E-sepsis in April 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.	• 77.4% of patients were managed within 4 hours of arrival at ED, above the national target of 76%. WHT's national ranking was 23rd out of 109 Trusts in March 2023. • The Trust delivered its best month of ambulance handover times (<30mins) since June 2021 in April 2023, and continues to deliver some of the best Ambulance Handover times in the West Midlands, with performance in the Top 3 regionally for the last 30 consecutive months. • In March 2023, for 62-day Cancer performance the Trust was materially better than the West Midlands average (44.2%) with 65.59% of patients treated within 62 days of GP referral. The Trust met it's trajectory for reduction of 62 day patients for the end of March 2023 • The Trust's 6 Week Wait (DM01) Diagnostics performance is now 42nd best (March 2023), out of 121 Trusts. Endoscopy remains the service with the highest number of patients waiting over 6 weeks. April performance reported 20.62% of patients waiting over 6 weeks at Trust level. • The Trust's 18-week RTT performance was 55.68% of patients waiting under 18 weeks at the end of April, national ranking 79th (out of 121 Trusts March 2023). The Trust's 52-week waiting time performance is 8th best in the Midlands (out of 20 Trusts). The Trust reported two patients waiting in excess of 78 weeks during April. Both patients were offered dates during April, but preferred due to their personal circumstances to wait and have their surgery during May Board should note the following risks: • The Trust postponed a further 638 outpatient appointments and 76 surgical procedures during the 2nd Junior Doctor Industrial Action in April 2023.
WORKFORCE	**FINANCE**
• Sickness absence spiked to the upper limits of the trend range, reflecting an escalation in days lost to traditional winter illness (Cold/Influenza). Reductions in long-term musculoskeletal illness, due to recovery plan interventions, are being offset by rising stress/anxiety-related absence. • Annual appraisal compliance continues to improve and is currently 84.1%. Compliance remains highest amongst Prof Scientific and Technic colleagues (91.8%), although evidence of increased appraisal sessions across all staff groups is present. • Training compliance remains high at 87%, with most individual competencies now at or above the 90% target. Safeguarding Adults Level 3 (80%) and Adult Basic Life Support (65%) remain outliners.	• The Trust enteres 2023/24 with an adjusted Deficit plan of £14m. • The overall ICB Month 1 position is £20.2m deficit against a planned deficit of £12.7m, (£7.5m variance). • The Trust has delivered a deficit of £3.915m at Month 1, this is £1.096m above the planned deficit of £2.819m. This being driven by Income that was £0.243m higher in the month, Staffing costs £0.969m above plan & non-pay costs £0.368m above plan.