Bundle Trust Board Meeting to be held in Public 2023/24 11 October 2023

1 10:00 - Chair's Welcome, Apologies and Confirmation of Quorum
Lead: Paul Assinder, Deputy Chair
Apologies Received:
Sir David Nicholson, Group Chair
Mary Martin, Non-Executive Director
Fiona Allinson, Associate Non-Executive Director
In Attendance:

2 10:02 - Patient Voice - Taylor Griffiths - Link in Description Below - Verbal
Presenter: Fiona Micheli, Clinical Lead, Urgent Community Response
Lead: Lisa Carroll, Chief Nursing Officer
Action: To Inform
Please click on the link below to watch the story on Youtube or alternatively cut and paste into your Chrome browser:
12311314 Patient Experience Taylor Griffiths - YouTube

3 10:12 - Staff Story - Verbal
Lead: Alan Duffell, Group Chief People Officer
Presenters: Jo Wright, Laura Parsons, Rickell Bailey & Harley Goddard (Maternity Services)
Action: To Inform

4 10:22 - Register of Declarations of Interest
Lead: Paul Assinder, Deputy 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.
4. Declarations of Interest - August 23 - v3

5 10:24 - Minutes of the Previous Meeting held 2 August 2023
Lead: Paul Assinder, Deputy Chair
Action: To Receive and Approve
5 Draft Final Public August Trust Board Minutes

6 10:29 - Action Log and Matters Arising
Lead: Paul Assinder, Deputy Chair
Action: To receive updates on actions and any Matters Arising
6 Action items

7 10:31 - Chair's Report - Verbal
Lead: Paul Assinder, Deputy Chair
Action: To Inform

8 10:36 - Pack A. Group Chief Executive's Report
Lead: Prof. David Loughton, Group Chief Executive
Action: To Inform
Group Chief Executive Report to comprise:
Trust Management Committee Chair's Report (Item 8.1)
Research and Education (Item 8.2)
8 WHT. Chief Executive Trust Board report 11.10.23

8.1 10:41 - Pack B. Trust Management Committee - Chair's Report (Reading Room)
8.1 WHT. Trust Board report of TMC 21.09.23

8.2 10:41 - Pack B. Research and Education (Reading Room)
Standing Item:
Dr Manjeet Shehmar, Pauline Boyle
8.2 R&D report - Sept 2023

8.3 10:41 - Pack A. Winter Plan
Lead: Ned Hobbs, Deputy Chief Executive/Chief Operating Officer
Action: To Approve
Comprises:
NHSE Letter (Reading Room 8.3.1)
8.3 Trust Board - Winter Plan Front Sheet Oct 2023
8.3 Winter Plan 202324 v4

8.3.1 10:46 - Pack B. Winter Plan - NHSE Letter
8.3.1 PRN00645_Delivering operational resilience across the NHS this winter_270723

8.4 10:46 - Pack A. Reinforced Aerated Autoclaved Concrete (RAAC)
Lead: Ned Hobbs, Deputy Chief Executive/Chief Operating Officer
Action: To Inform
8.4 PRN00777_Reinforced aerated autoclaved concrete (RAAC) letter_05092023

9 10:51 - Support our Colleagues (SECTION HEADING)

9.1 10:51 - Pack A. People Committee - Chair's Report
Lead: Junior Hemans, Non-Executive Director/Chair, People Committee
Action: To Inform and Assure
9.1 Chairs Report -Committee-Board Template Sept 23

9.1.1 10:56 - Pack B. IQPR - People (Reading Room)
9.1.1 IQPR - People

9.2 10:56 - Pack A. Group Chief People Officer Report
Lead: Alan Duffell, Group Chief People Officer
Action: To Inform and Assure
Comprises
Executive Workforce Metrics report (Reading room 9.2.1)
9.2 Exec Workforce Report - TB October 2023

9.2.1 11:01 - Pack B. Workforce Metrics (Reading Room)
9.2.1 Workforce Metrics Report - 202308 (Exec Board) v3

10 11:01 - COMFORT BREAK

11 11:11 - Effective Collaboration (SECTION HEADING)

11.1 11:11 - Pack A. Group Chief Strategy Officer Report
Lead: Simon Evans, Group Chief Strategy Officer
Action: To Inform and Assure
Comprises:
Black Country Provider Collaborative (Reading Room 11.1.1)
Quality Improvement (Reading Room 11.1.2)
11.1 WHT TB Group CSO Report Oct 23

11.1.1 11:16 - Pack B. Black Country Provider Collaborative (Reading Room)
11.1.1 Key Msgs BCPC Executive - September 2023

11.1.2 11:16 - Pack B. Quality Improvement Team Update (Reading Room)
11.1.2 Appendix One - WHT QI Report 21-09-23
11.1.2 Appendix - NHSE Maturity matrix self-assessment WHT TB

12 11:16 - Improve the Health of our Communities (SECTION HEADING)

12.1 11:16 - Pack A. Walsall Together - Chair's Report
Lead: Prof. Patrick Vernon, Chair, Walsall Together
Action: To Inform and Assure
12.1 WTPB Highlight report September 23

12.2 11:21 - Pack A. Group Director of Place Report
Lead: Stephanie Cartwright, Group Director of Place
Action: To Inform and Assure
Comprises:
Partnership Operational Performance Pack (Reading Room 12.2.1)
12.2 Walsall TB Group Director of Place Report Care at home report Oct 2023 v1

12.2.1 11:26 - Pack B. Group Director of Place - Partnership Operational Performance Pack (Reading Room)
12.2.1 Appendix 1 Partnership Operational Performance Pack September 2023

13 11:26 - Excel in the Delivery of Care (SECTION HEADING)

13.1 11:26 - Pack A. Finance and Productivity Committee - Chair's Report
Lead: Paul Assinder, Deputy Chair/Chair, Finance and Productivity Committee
Action: To Inform and Assure
13.1 F&P Chairs Report

13.1.1 11:31 - Pack B. IQPR - Finance & Productivity Committee (Reading Room)
13.1.1 F&P IQPR

13.2 11:31 - Pack A. Group Chief Financial Officer Report
Lead: Kevin Stringer, Group Chief Financial Officer
Action: To Inform & Assure
Comprises
Month 5 Report (slidedeck) - Reading Room 13.2.1
13.2 Group CFO Report Oct fin

13.2.1 11:36 - Pack B. Month 5 Finance Report (Reading Room)
13.2.1 Group CFO Report Public Board Oct 23 fin

Lead:
Kevin Stringer, Group Deputy Chief Executive Officer/Group Chief Financial Officer/
Dan Mortiboys, Interim Director of Finance
Action: To Inform and Assure

13.3 WHT Audit Committee Chairs Report 040923 (003)

13.4 11:41 - Pack A. Quality Committee - Chair's Report
Lead: Dr Julian Parkes, Non-Executive Director/Chair, Quality Committee
Action: To Inform and Assure

13.4 Quality Committee Chairs Report - September 2022

13.4.1 11:46 - Pack B. IQPR - Quality Committee (Reading Room)

13.4.1 IQPR - Quality

13.5 11:46 - Pack A. Chief Nursing Officer Report by Exception
Lead: Lisa Carroll, Chief Nursing Officer
Action: To Inform and Assure
Comprises:
Patient Experience and Complaints Report (Reading Room 13.5.1)
Infection Prevention and Control (Reading Room 13.5.2)
Q1 Safeguarding Report (Reading Room 13.5.3)

13.5 CNO report to board October 2023

13.5.1 11:51 - Pack B. Patient Experience & Complaints Report (Reading Room)

13.5.1 Patient Voice Report June-Aug 2023

13.5.1 Patient Voice Report Appendix

13.5.2 11:51 - Pack B. Infection Prevention and Control (Reading Room)

13.5.2 IPC Update- for October board 2023

13.5.3 11:51 - Pack B. Quarter 1 Safeguarding Report (Reading Room)

13.5.3 WHT Q1 Safeguarding Report

13.6 11:51 - Pack A. Bi-Annual Skill Mix review
Lead: Lisa Carroll, Chief Nurse Officer
Action: To Approve
Comprises:
Biannual Skill Mix Review Data Pack (Reading Room 13.6.1)

13.6 Biannual Skill Mix Review June 2023

13.6.1 11:56 - Pack B. Bi-Annual Skill Mix Review Data (Reading Room)

13.6.1 Biannual Mix Review June 2023 data for Trust Board October 2023

13.7 11:56 - Pack A. Director of Midwifery Report
Lead: Joselle Wright, Director of Midwifery
Action: To Inform and Assure
Comprises:
· Perinatal Mortality Thematic Review (Reading Room 13.7.1)
· Preterm Birth Review (April) (Reading Room 13.7.1)
· HSIB letter of concern (Reading Room 13.7.1)
· ATAIN Quarterly Report (Reading Room 13.7.1)
· Maternity Health Safety Investigation Branch update for Walsall September 2023 (Reading Room 13.7.1)

13.7 Maternity report Trust Board October 2023 Final JW

13.7.1 12:01 - Pack B. Director of Midwifery Reports (Reading Room)

13.7.1 Preterm Birth April 2023

13.7.1 Perinatal Mortality Thematic Review May to July 2023

13.7.1 HSIB Update September 2023

13.7.1 Concern HSIB_

13.7.1 ATAIN QUARTER 1 2023 REPORT

13.8 12:01 - Pack A. Chief Medical Officer Report by Exception
Lead: Dr Manjeet Shehmar, Chief Medical Officer
Action: To Inform and Assure
Comprises:
Chief Pharmacist Report (Reading Room 13.8.1)
Safe High Quality Care Report (Reading Room 13.8.2)

13.8 CMO report to board Oct 2023

13.8.1 12:06 - Pack B. Chief Pharmacist Report (Reading Room 13.8.1)

13.8.1 Chief Pharmacist Report - Public Reading Room

13.8.2 12:06 - Pack B. Safe High Quality Report (Reading Room 13.8.2)

13.8.2 SHQC report September 2023 - Public Reading Room

13.9 12:06 - Pack A. Group Director of Assurance Regulatory Report - Verbal Update
Lead: Kevin Bostock, Group Director of Assurance
Action: To Inform
Comprises:
Covid-19 National Inquiry - Progress Update

13.10 12:10 - Pack A. Chief Operating Officer Report by Exception
Lead: Ned Hobbs, Deputy Chief Executive/Chief Operating Officer
Action: To Inform and Assure

13.10 Trust Board COO report

13.11 12:15 - Pack A. Protecting and Expanding Elective Capacity - Self Assessment
Lead: Ned Hobbs, Deputy Chief Executive/Chief Operating Officer
Action: To Inform and Assure
Comprises:
Appendices 1 & 2 (Reading Room 13.11.1)

13.11 Trust Board Protecting Expanding Elective Capacity

13.11.1 12:20 - Pack B. Protecting and Expanding Elective Capacity - Self Assessment (Reading Room)

13.11.1 APPENDIX 1 Protecting and expanding elective capacity letter Finance & Productivity Committee September 2023

13.11.2 APPENDIX 2 Protecting and Expanding Elective Capacity Finance & Productivity Committee September

14 12:20 - Any Other Business

15 12:22 - IQPR - Executive Summary

IQPR TB_202308_ExecutiveSummary

16 12:22 - Resolution
Lead: Paul Assinder, Deputy Chair
Action: 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 be approved.

17 12:24 - Date and Time of Next Meeting - Wednesday 13 December 2023 @ 10am-12.30pm
Lead: Paul Assinder, Deputy Chair
Action: To Note

18 12:24 - Minutes of Committee Meetings of the Board - READING ROOM (SECTION HEADING)

18.1 12:24 - Pack B. People Committee Minutes held 24th July 2023

18.1 Approved - People Committee Minutes September 2023

18.2 12:24 - Pack B. Quality Committee Minutes held 21 July 2023
Lead: Lisa Carroll, Director of Nursing & Dr Manjeet Shehmar, Chief Medical Officer Annual Report - April 2023

18.2 QPES Minutes July 2023 - Approved

18.3 12:24 - Pack B. Finance and Productivity Committee Minutes of Meetings held July and August 2023

18.3 Finance and Productivity Committee Meeting Minutes August 2023 APPROVED AT COMMITTEE_Redacted

18.4 12:24 - Pack B. Trust Management Committee Minutes of Meeting held 20 July 2023

18.4 Final July TMC Minutes

Agenda Item No 4

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
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	Deputy Chief Executive/Chief Operating Officer	Loyalty Interests	Father – Governor Oxford Health FT	Governor Oxford Helath FT
Mr Edward Hobbs	Deputy Chief Executive/Chief Operating Officer	Loyalty Interests	Sister in Law – Head of Specialist Services St Giles Hospice	St Giles Hospice
Mr Edward Hobbs	Deputy Chief Executive/Chief Operating Officer	Outside Employment	Director of Operational Improvement for Urgent & Emergency Care (0.2 WTE)	NHS England
Dr Julian Parkes	Non-Executive Director	Loyalty Interests	Daughter – Nurse in ED at Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust
Dr Julian Parkes	Non-Executive Director	Loyalty Interests	Trustee	Windmill Community Church in Wolverhampton
Mr Junior Hemans	Non-Executive Director	Outside Employment	Visiting Lecturer	Wolverhampton University
Mr Junior Hemans	Non-Executive Director	Outside Employment	Company Secretary	Kairos Experience Limited
Mr Junior Hemans	Non-Executive Director	Outside Employment	Chair of the Board	Wolverhampton Cultural Resource Centre
Mr Junior Hemans	Non-Executive Director	Outside Employment	Chair of the Board	Tuntum Housing Assiciation (Nottingham)
Mr Junior Hemans	Non-Executive Director	Outside Employment	Director	Libran Enterprises (2011) Ltd
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Member	Labour Party
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Business Mentor	Prince's Trust
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Non-Executive Director	The Royal Wolverhampton NHS Trust
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Wife works as a Therapist at The Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust
Mr Junior Hemans	Non-Executive Director	Loyalty Interests	Second Cousin works as a Pharmacist at The Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust
Mr Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshere Associates
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Secretary of the Club which is a registered Co-operative with the Financial Conduct Authority.	The Royal British Legion (Beeston) Social Club Ltd
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Trustee, Director and Managing Committee member of this registered Charity and Limited Company since May 1988.	Foundation for Professional in Services for Adolescents (FPSA)
Mr Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshere Associates
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Company Secretary	Royal Wolverhampton NHS Trust
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Committee member of registered Charity and Limited Company – Foundation for Professional in Services for Adolescents (FPSA)	Foundation for Professional in Services for Adolescents (FPSA)
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Interim Company Secretary	Dudley Integrated Healthcare NHS Trust
Mr Kevin Bostock	Group Director of Assurance	Shareholdings and other ownership interests	Sole director	Sole director of 2 limited companies Libra Healthcare Management Limited trading as Governance, Risk, Compliance Solutions and Libra Property Development Limited
Mr Kevin Bostock	Group Director of Assurance	Loyalty Interests	Group Director of Assurance	The Royal Wolverhampton NHS Trust
Mr Kevin Bostock	Group Director of Assurance	Outside Employment	Trustee of a Health and Social Care Charity	Close Care Charity No 512473

Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Outside Employment	Treasurer West Midlands Branch	Healthcare Financial Management Association
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Loyalty Interests	Brother-in-law is the Managing Director	Midlands and Lancashire Commissioning Support Unit
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Loyalty Interests	Member	CIMA (Chartered Institute of Management Accounts)
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Gifts	Spade used for 'sod cutting'.	Veolia
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Loyalty Interests	Chief Financial Officer and Deputy Chief Executive	Royal Wolverhampton NHS Trust
Mr Kevin Stringer	Group Chief Finance Officer & Director of IT and SIRO	Outside Employment	Interim Director of Finance	The Dudley Group NHS Foundation Trust
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Royal College of Paediatrics and Child Health (RCPCH) Officer for Research	RCPCH
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - RCPCH Assistant Officer for exams	RCPCH
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Chair of NHS England/Improvement Children and Young People's Asthma Effective Preventative Medicines Group	NHSE/I
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Consultant Paediatrician and Clinical Lead for Respiratory Paediatrics at University Hospitals of North Midlands NHS Trust (UHNM)	University Hospitals of North Midlands NHS Trust
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Guardian of Safe Working and Deputy Clinical Tutor UHNM (ends 1st October 22)	University Hospitals of North Midlands NHS Trust
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - West Midlands National Institute for Health Research (NIHR) Clinical Research Scholar	West Midlands Institute for Health and Clinical Research
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Director of Medical Education at UHNM (commenced 1st Sept 22)	University Hospitals of North Midlands NHS Trust
Prof Louise Toner	Non-Executive Director	Outside Employment	Non-Executive Director	The Royal Wolverhampton NHS Trust
Prof Louise Toner	Non-Executive Director	Outside Employment	Professional Advisor	Birmingham City University
Prof Louise Toner	Non-Executive Director	Outside Employment	Trustee	Wound Care Alliance UK
Prof Louise Toner	Non-Executive Director	Outside Employment	Trustee	Birmingham Commonwealth Society
Prof Louise Toner	Non-Executive Director	Outside Employment	Teaching Fellow	Advance HE (Higher Education)
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Chair of Education Focus Group and Member of Board of Directors	Birmingham Commonwealth Association
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Member	Greater Birmingham Commonwealth Chamber of Commerce
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Member	Bsol Education Partnerships Group
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Member/Advisor	Health Data Research UK
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Royal College of Nursing	Member
Prof Louise Toner	Non-Executive Director	Outside Employment (Ended 30/4/22)	Associate Dean	Faculty of Health, Education and Life Sciences at Birmingham University
Prof Louise Toner	Non-Executive Director	Loyalty Interests	Required Registration to practice	Nursing and Midwifery Council
Dr Manjeet Shehmar	Chief Medical Officer	Shareholdings and other ownership interests	(Ended December 22) - Company Director Association of Early Pregnancy Units UK Non paying, no profit UK speciality Society for Early Pregnancy. Executive Board Member Secretary Board Member	Association of Early Pregnancy Units UK
Dr Manjeet Shehmar	Chief Medical Officer	Loyalty Interests	(Ended December 22) - Executive Member Association	Early Pregnancy Units UK
Dr Manjeet Shehmar	Chief Medical Officer	Loyalty Interests	(Ended December 22) - Company Director	Company Director Association of Early Pregnancies Units UK
Dr Manjeet Shehmar	Chief Medical Officer	Outside Employment	Private Practice	Little Aston Hospital Spire
Dr Manjeet Shehmar	Chief Medical Officer	Loyalty Interests (non-remunerated)	First Aid Provision	RSSB Spiritual Organisation
Ms Mary Martin	Non-Executive Director	Outside Employment	Trustee/Director, Non Executive Member of the Board for the Charity	Midlands Art Centre
Ms Mary Martin	Non-Executive Director	Outside Employment (Ended 08/12/22)	Trustee/Director, Non Executive	B:Music Limited
Ms Mary Martin	Non-Executive Director	Outside Employment	Director/Owner of Business	Martin Consulting (West Midlands) Ltd
Ms Mary Martin	Non-Executive Director	Outside Employment	Residential property management company	Friday Bridge Management Company Limited (residential property management company)

Mr Matthew Dodd	Interim Director of Integration	Loyalty Interests	Wife working as a Physiotherapy Assistant at Birmingham Community Health Care	Wife
Ms Ofrah Muflahi	Associate Non-Executive Director	Outside Employment	UK Professional Lead	Royal College of Nursing
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	Royal College of Nursing
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Mentor	The Catalyst Collective
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Husband an employee of the Royal College of Nursing UK	Husband
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	Q Community at Health Foundation
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Husband Director of OBD Consultants, Limited Company	Husband
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	UK Oncology Nursing Society
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member	The Seacole Group
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Member of Health Inequalities Task Group	Coalition for Personalised Care
Ms Ofrah Muflahi	Associate Non-Executive Director	Loyalty Interests	Founder/Director (Unpaid Association)	BANMA - British Arab Nursing & Midwifery Association
Mr Paul Assinder	Non-Executive Director	Outside Employment	Honorary Lecturer	University of Wolverhampton
Mr Paul Assinder	Non-Executive Director	Loyalty Interests	Governor	Solihull College & University Centre
Mr Paul Assinder	Non-Executive Director	Loyalty Interests	Director	Rodborough Consultancy Ltd.
Mr Paul Assinder	Non-Executive Director	Loyalty Interests	Voluntary Role as Treasurer (unpaid)	Parkinson's UK Midlands Branch
Ms Sally Evans	Group Director of Communications and Stakeholder Engagements	Outside Employment	Group Director of Communications and Stakeholder Engagement	Royal Wolverhampton NHS Trust
Ms Sally Rowe	Associate Non-Executive Director	Loyalty Interests	Executive Director Children's Services	Walsall MBC
Ms Sally Rowe	Associate Non-Executive Director	Loyalty Interests	Trustee	Association of Directors of Children's Services
Mr Simon Evans	Group Chief Strategy Officer	Loyalty Interests	Group Chief Strategy Officer	Royal Wolverhampton NHS Trust
Mr Simon Evans	Group Chief Strategy Officer	Outside Employment	Governor (unpaid)	University of Wolverhampton
Mr Alan Duffell	Group Chief People Officer	Loyalty Interests	Member	Chartered Management Institute
Mr Alan Duffell	Group Chief People Officer	Loyalty Interests	Member	CIPD (Chartered Institute for Personnel and Development)
Mr Alan Duffell	Group Chief People Officer	Outside Employment (Ended)	System Workforce Lead	BC&WB System Workforce SRO
Mr Alan Duffell	Group Chief People Officer	Outside Employment	Interim Chief People Officer	The Dudley Group NHS Foundation Trust
Mr Alan Duffell	Group Chief People Officer	Outside Employment	Group Chief People Officer	The Royal Wolverhampton NHS Trust
Mr Alan Duffell	Group Chief People Officer	Outside Employment	Provider Collaborative HR & OD Lead	Black Country Provider Collaborative
Mr Alan Duffell	Group Chief People Officer	Outside Employment	Member	NHS Employers Policy Board
Dr Jonathan Odum	Group Chief Medical Officer	Loyalty Interests	Group Chief Medical Officer	The Royal Wolverhampton NHS Trust
Dr Jonathan Odum	Group Chief Medical Officer	External private employment	Private out-patient consulting for general medical/hypertension and nephrological conditions	Wolverhampton Nuffield Hospital
Dr Jonathan Odum	Group Chief Medical Officer	External Role	Chair	Black Country and West Birmingham ICS Clinical Leaders Group
Dr Jonathan Odum	Group Chief Medical Officer	External Association Fellowship	Fellow of the Royal College of Physicians	Royal College of Physicians of London
Mr Daniel Mortiboys	Interim Director of Finance	No interests to declare		
Ms Claire Bond	Deputy Director of People and Culture	No interests to declare		
Ms Carla Jones-Charles	Director of Midwifery	No interests to declare		
Ms Fiona Allinson	Associate Non-Executive Director	Outside Employment	Exam Invigilator	St Benedicts High School, Alcester
Ms Fiona Allinson	Associate Non-Executive Director	Loyalty Interests	Son works for Provider	Care Quality Commission
Ms Fiona Allinson	Associate Non-Executive Director	Outside Employment	Trustee	The Shakespeare Hospice
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional - Lay Member	Walsall ICB (Walsall Place)
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	Onward
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	Housing Plus Groups, Homes Board
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	Customer Service Committee, A2Dominion
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional	OPCC NWP Join Audit Committee
Ms Rachel Barber	Associate Non-Executive Director	Outside Employment	Non Financial Professional - Magistrate	Ministry of Justice
Ms Rachel Barber	Associate Non-Executive Director	Indirect	Health Assistant	Sister in Law - Wolverhampton Royal Hospital Health NHS Trust
Ms Stephanie Cartwright	Group Director of Place	Nil Declaration		
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Sister - Consultant Surgeon - Colorectal	The Royal Wolverhampton NHS Trust
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Sister - Chiropodist	Solihull Hospital
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Member	The Royal College of Surgeons
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Sister-in-Law - GP	GP at Practice in Manchester
Dr Salman Mirza	Deputy Chief Medical Officer	Loyalty Interests	Member	Medical Protection Society

Mr William Roberts	Deputy Chief Operating Officer	Loyalty Interests	Wife is a Vascular Surgery Training Registrar	West Midlands Deanery
Mr Rajpal Virdee (tenure of contract ended 31/12/22)	Associate Non-Executive Director	Loyalty Interests	Lay Member	Employment Tribunal Birmingham
Mr Rajpal Virdee (tenure of contract ended 31/12/22)	Associate Non-Executive Director	Loyalty Interests	Vice President of Pelsall Branch Conservative Party Association (from 19th June 2021)	Conservative Party Association
Mr Rajpal Virdee (tenure of contract ended 31/12/22)	Associate Non-Executive Director	Loyalty Interests	Deputy Chair	Aldridge-Brownhills Conservative Association
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Trustee	Nishkam Healthcare Trust Birmingham
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Outside Employment	Appointed as an unpaid Trustee for the Charity	Pathway Healthcare for Homeless People (ended April 2022)
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Director	EJC Associates
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Chair	The Royal Wolverhampton NHS Trust
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Honorary Professor	University of Warwick
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Loyalty Interests	Honorary Professor	University of Birmingham
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Outside Employment	Advisor to Health Holding Company and Board Member of Makkah Health Cluster and Al Bahah Health Cluster, Kingdom of Saudi Arabia	Health Holding Company, Kingdom of Saudi Arabia
Professor Stephen Field (end of tenure - 31/03/23)	Chairman	Outside Employment	UK Special Representative for Healthcare to Saudi Arabia	British Embassy Riyadh
Mr Russell Caldicott (left April 2023)	Chief Finance Officer	Loyalty Interests	Member of the Executive	West Midlands Healthcare Financial Management Association (HFMA)
Mr Russell Caldicott (left April 2023)	Chief Finance Officer	Loyalty Interests	Director	Plan 4 E-Health
Professor Ann-Marie Cannaby (left August 2023)	Deputy Chief Executive/Group Chief Nurse	Outside Employment	Professor of Nursing Sciences	Birmingham City University
Professor Ann-Marie Cannaby (left August 2023)	Deputy Chief Executive/Group Chief Nurse	Loyalty Interests	Visiting Professor (Unpaid assignment)	Staffordshire University
Professor Ann-Marie Cannaby (left August 2023)	Deputy Chief Executive/Group Chief Nurse	Loyalty Interests	Teaching (Fellow)	Higher Education Academy
Professor Ann-Marie Cannaby (left August 2023)	Deputy Chief Executive/Group Chief Nurse	Loyalty Interests	Member	Royal College of Nursing
Professor Ann-Marie Cannaby (left August 2023)	Deputy Chief Executive/Group Chief Nurse	Shareholdings and other ownership interests	Director	Ann-Marie Cannaby Ltd
Professor Ann-Marie Cannaby (left August 2023)	Deputy Chief Executive/Group Chief Nurse	Outside Employment	Principal Clinical Advisor	British Telecom
Professor Ann-Marie Cannaby (left August 2023)	Deputy Chief Executive/Group Chief Nurse	Outside Employment (ended)	Honorary Fellow (unpaid assignment)	La Trobe University, Victoria, Australia
Professor Ann-Marie Cannaby (left August 2023)	Deputy Chief Executive/Group Chief Nurse	Outside Employment	Member of the Advisory Panel - Volunteer role	Cavell (Charity) Advisory Panel
Professor Ann-Marie Cannaby (left August 2023)	Deputy Chief Executive/Group Chief Nurse	Loyalty Interests	Group Chief Nurse Officer	The Royal Wolverhampton NHS Trust
Professor Ann-Marie Cannaby (left August 2023)	Deputy Chief Executive/Group Chief Nurse	Outside Employment	Advisory Board Member	Charkos Global Ltd
Professor Ann-Marie Cannaby (left August 2023)	Deputy Chief Executive/Group Chief Nurse	Outside Employment (Unpaid)	Professor of Vice-Chancellor's Health Advisory Board	Coventry University

Agenda Item No 5

NHS
Walsall Healthcare
NHS Trust

MEETING OF THE TRUST BOARD HELD IN PUBLIC
HELD ON WEDNESDAY 2nd AUGUST 2023 AT 10.00AM
HELD VIRTUALLY VIA MICROSOFT TEAMS

PRESENT

Sir D Nicholson	Group Chair
Mr P Assinder	Non-Executive Director/ Deputy Chair
Prof L Toner	Non-Executive Director
Ms M Martin	Non-Executive Director
Dr J Parkes	Non-Executive Director
Ms D Brathwaite	Non-Executive Director
Mr J Hemans	Non-Executive Director
Ms S Rowe	Associate Non-Executive Director
Ms F Allinson	Associate Non-Executive Director
Ms R Barber	Associate Non-Executive Director
Ms O Muflahi	Associate Non-Executive Director
Mr K Stringer	Group Chief Financial Officer/ Group Deputy Chief Executive
Mr S Evans	Group Chief Strategy Officer
Mr A Duffell	Group Chief People Officer
Dr J Odum	Group Chief Medical Officer
Mr K Bostock	Group Director of Assurance
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Ms S Cartwright	Group Director of Place
Ms C Griffiths	Chief People Officer
Ms L Carroll	Chief Nursing Officer
Dr M Shehmar	Chief Medical Officer
Mr M Dodd	Interim Director of Integration
Ms J Wright	Director of Midwifery, Gynaecology and Sexual Health WCCSS

In Attendance

Mr K Wilshere	Group Company Secretary
Mr W Roberts	Director of Operations for MLTC/ Deputy Chief Operating Officer
Ms H Murdoch	Head of Communications
Ms P Boyle	Managing Director of Research and Development RWT & WHT
Ms S Chand	Interim Chief Pharmacist
Mr Mp Ncube	Divisional Director of Clinical Support Services
Ms T David-Eyen	Deputy Divisional Director of Women's, Children's & Clinical Support Services
Ms E Cahill	Occupational Therapist, Community Division
Ms A Ellison	Physiotherapist, Community Division
Mr R Hassan	Junior Doctor, Emergency Department
Mr J Aslam	Senior Medic, Emergency Department
Ms K Degville	Receptionist, Emergency Department
Ms D Roper	Clinical Support Worker, Emergency Department
Mr O Rubio	Registered Nurse, Emergency Department
Mr S Jeewa	Freedom to Speak Up Guardian
Ms J Toor	Senior Operational Coordinator
Ms E Stokes	Senior Administrator

Apologies

Prof D Loughton	Group Chief Executive
Mr N Hobbs	Deputy Chief Executive/Chief Operating Officer
Mr D Mortiboys	Interim Director of Finance
Prof P Vernon	Chair, Walsall Together

555/23	**Chair's Welcome, Apologies and Confirmation of Quorum**
	Sir David welcomed everyone to the meeting, apologies were received and noted, and the meeting was confirmed as quorate. Sir David welcomed Ms Cartwright to Walsall Healthcare NHS Trust and introduced her as the Group Director of Place for Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust.
556/23	**Patient Story**
	Ms Carroll introduced Sat Moore's patient story advising that Ms Moore had received care at Walsall Healthcare NHS Trust following admittance for Covid-19. She welcomed Ms Cahill, Occupational Therapist and Ms Ellison, Physiotherapist from the Long Covid-19 team who worked within the community division and had provided care and support to Ms Moore during her admission and relevant aftercare support. Ms Martin asked if the Trust had sufficient resources to manage patients who had been diagnosed with Long Covid-19. Ms Cahill said that patients had to be referred from their GPs to the Care Navigation Centre who triage the referrals and following Multidisciplinary team meetings patients would be advised which service would be most suitable for their individual care. She said these services consisted of access to dieticians, psychologists, self-care management courses and an Intensive Therapy Unit follow-up clinic. Ms Cahill reported that the Trust was able to provide face to face therapy at home and patients had responded positively to the service. Ms Ellison advised that the Trust continued to adapt to individual patient needs and not focus on the constraints of clinical settings. Ms Barber asked if the coordination of services could be improved. Ms Ellison advised that working within the community division there had been difficulties with integrated working with acute services and this was a wider issue that needed to be resolved. Ms Cahill reported that work was ongoing with GPs to provide better insight into Long Covid-19 diagnosis and management. Prof Toner asked if the limited psychology support services available within the Trust created difficulties for the community division. Ms Cahill advised the Trust had access to 2 members of staff within the psychology service and they continued to work through the waiting list. She said that from September 23 there would be only 1 member of the psychology team available to provide support and this would have a significant impact on the community therapy team. Sir David queried the ongoing issues between the community services, hospital services and mental health services. Ms Carroll advised that work was ongoing to improve relationships between acute and community services and the Trust continued to meet regularly with mental health providers. Sir David praised the remarkable patient story and thanked Ms Cahill and Ms Ellison for their hard work and support to patients. **Resolved: that the Patient Story be received and noted.**
557/23	**Staff Voice – Emergency Department**
	Mr Duffell introduced Mr Hassan, Mr Aslam, Ms Degville, Ms Roper and Mr Rubio from the Emergency Department team at Walsall Healthcare NHS Trust (WHT) who provided a brief description of their roles at the Trust. Mr Duffell asked what it was like working within the new Emergency Department. Mr Aslam advised the new Emergency Department (ED) was a fantastic department and allowed the Trust to positively represent Walsall and continue to offer excellent care to patients. Mr Duffell asked what key challenges staff faced working for the Trust within the ED. Mr Aslam

	advised that a key challenge within the ED was exit block which had resulted in overcrowding which had a direct impact on patient safety. He said the Trust continued to use alternative pathways which included ambulatory emergency care, surgical assessment unit and gynaecological assessment unit to offload the pressures. Mr Aslam advised that one of the pressures within the ED was the increase in attendance of mental health patients who required admission and due to the unavailability of beds could be left to wait in the department for several hours. Mr Hemans asked if patients presenting with mental health problems were people that were attending the ED for the first time or whether these were patients with ongoing mental health issues and concerns. Mr Aslam reported that the patients he had treated had previous history of mental health problems and could be managed better with direct access to mental health services. Ms Rowe asked if mental health services within the community could be improved to help prevent patients from attending the ED. Mr Rubio agreed that patients were not getting the support they required from the community and the correct support being offered to patients would result in reduced A&E attendances. Mr Roberts advised that the Trust had begun to work with the Black Country Healthcare NHS Foundation Trust to source an assessment unit in an alternative area for mental health patients with only a small cohort of patients that would be suitable for the service. Dr Shehmar asked Mr Aslam why he had chosen to work for Walsall Healthcare NHS Trust after completing his training across the West Midlands. Mr Aslam advised that he had been born and raised in Walsall and felt it was an honour to serve the community of Walsall and said over his 3-year training period he had seen many improvements at WHT and enjoyed the supportive working environment colleagues provided. Ms Muflahi reported on the workforce shortage within paediatrics and asked what the Trust was doing to strengthen the clinical pathways and care within the ED. Mr Aslam advised that the Trust initiated hospital-based pathways for paediatric patients and would continue to look at options to integrate community pathways and primary care for paediatric patients that would allow them to receive the relevant care required. Sir David thanked Mr Hassan, Mr Aslam, Ms Degville, Ms Roper and Mr Rubio for sharing their positive experiences as well as the challenges they faced and thanked them for the compassionate care they continued to show to patients treated within the Emergency Department. He said the Trust had been recognised nationally for the excellent service provided to patients. **Resolved: that the Staff Voice – Emergency Department be received and noted.**
558/23	**Declarations of Interest**
	Ms Muflahi advised that she had recently been appointed the Founder/Director of British Arab Nursing and Midwifery Association (BANMA). **Resolved: that amendments to Ms Muflahi declarations of interest be received and noted.**
559/23	**Minutes of the Previous Meeting held 7 June 2023**
	Sir David confirmed the minutes of the meeting held on 7 June 2023 were approved as an accurate record. **Resolved: that the minutes of the previous Meeting held 7 June 2023 be received and APPROVED.**
560/23	**Action Log and Matters Arising**
	Sir David confirmed there were no matters arising. Sir David noted the action log and updates were received as follows: **Action 839 – Dr Shehmar and Mr Stringer to provide an update to the Trust Board on the implementation timeline of Electronic Patient Records.** Dr Shehmar advised that the information

	requested would be provided within her Chief Medical Officer Report. Mr Stringer advised that a further update would be provided at the October Board meeting. **Resolved: that the updates to the Action Log be received and noted.**
561/23	**Chair's Report – Verbal**
	Sir David advised that he had nothing further to report that was not already included on the agenda. **Resolved: that the Chair's Report be received and noted.**
562/23	**Group Chief Executive's Report**
	Mr Stringer thanked all staff members for their support in providing continuity of care to patients during the recent industrial actions that Walsall Healthcare NHS Trust (WHT) had faced. Mr Stringer reported that the new Emergency Department had opened at WHT on the 9 June 23 and was a fantastic facility for patients. Mr Stringer advised the Trust had celebrated the NHS 75th Birthday on the 5 July 23 with many celebrations across the Trust having taken place. Mr Stringer reported that following a meeting with the Mayor of Walsall on 12 July 23, focused work was continuing with the Walsall Connected Community Initiative. He said this was important for communities with digital challenges. Mr Stringer thanked Prof Cannaby, Group Chief Nurse on behalf of Prof Loughton for all her support and work following her departure from the Trust 14 July 23. He wished her luck in her new role as Pro-Vice Chancellor for Health and Life Sciences at Coventry University. Sir David thanked Prof Cannaby on behalf of the Board for her contributions to the Trust during her service. Mr Stringer advised that Mr Assinder had been appointed as Deputy Chair for WHT. **Resolved: that the Chief Executive's Report be received and noted.**
	Excel in the Delivery of Care (Section Heading)
563/23	**Elective Performance and Recovery Progress Report**
	Mr Roberts provided a summary on the Trust's performance against the NHS Constitutional Standards for elective care and recovery of access to elective care. He advised that the Trust's highest priority was cancer care with 68% of patients treated within the 62-day constitutional target. Mr Roberts reported that the Trust was 10% above the national median and 20% ahead of the West Midlands. He said the Trust had been provided a trajectory by NHS England for the number of patients waiting beyond the constitutional target and the Trust was significantly ahead of the trajectory. Mr Roberts reported on the new National target to ensure patients were diagnosed within 28 days and said that 88% of patients had received diagnosis within the required time frame against a trajectory of 67% for May 23 the last reported period. He advised that the Trust's breast service had met the National target for the first time since July 2020. Mr Roberts reported that the Trust had met the National target to have no patients waiting beyond 78 weeks for treatment and since March 2023 there had been 3 patients waiting above that time frame which had been due to patient choice. He said the Trust was on target to have no patients waiting beyond 65 weeks by March 2024. Mr Roberts advised that significant work was ongoing to improve patient experience for patients attending outpatient consultations. He said the Trust's 'Did Not Attend' (DNA) rate had decreased by 2% from the previous year.

	Mr Roberts reported that the volume of elective work had been reduced during the recent industrial action. Prof Toner asked if the challenges with shortages of clinical endoscopists would result in the endoscopy business case being unsuccessful. Mr Roberts advised that the endoscopy business case consisted of 3 qualified full time clinical endoscopists and the Trust had recruited 2 additional consultant gastroenterologists. Ms Barber asked how the Trust could ensure that the same patients were not repeatedly delayed due to the staff industrial actions. Mr Roberts advised that patients that were scheduled for surgical or procedural treatments that had been cancelled due to industrial action would be rescheduled for the week following the original procedure date. Sir David asked how the Trust would manage the number of patients on waiting lists throughout 2023/24. Mr Roberts advised that the Trust would ensure the target of patients waiting over 65 weeks was reached before the March 24 deadline. He said the Trust's ability to run a high volume of elective care through a challenging winter period would be better than most organisations. **Resolved: that the Elective Performance and Recovery Progress Report be received and noted.**
564/23	**Finance and Performance Committee - Chair's Report**
	Mr Assinder advised that the Trust was seeing 13% more referrals than in 2019 and was 9% above planned activity for 2023/24 which had resulted in increased pressure for the Trust. Mr Assinder reported that the average wait for suspected skin cancer referrals had increased to 25 days from 31 May 23. He said this had been a result of staff sickness and industrial action and the Trust would continue to monitor mitigation and recovery processes. Mr Assinder advised that the Trust had approved a deficit plan of £14.8M for 2023/24. He said the financial plan was extremely challenging and the Trust was £2.5M off plan. Mr Assinder reported that key drivers for the Trust not delivering against the plan were temporary staffing pressures, excess inflation and the cost of industrial action which the Trust had measured at £1M. Mr Assinder reported that the Trust's acute elective activity was operating at 95% and there was opportunity to increase elective work. Mr Hemans asked if the Estates Strategic review would consider the possibility of the remodelling or redevelopment of housing if required. Mr Assinder advised that the Strategy would be prepared with local partners to ensure that the plan that was produced worked well for all Black Country organisations. **Resolved: that the Finance and Performance Committee – Chair's Report be received and noted.**
565/23	**Chief Financial Officer Report**
	Mr Stringer said that the Black Country Integrated Care Board (ICB) financial plan was £15M off plan and reported that 5 of 8 organisations were not where they had predicted to be. Mr Stringer advised that the Trust was £2.5M off plan with £2.1M related to excess inflation and industrial action costs. He reported that the Trust's Cost Improvement Programme (CIP) had a £17.2M target with 59% identified as a higher risk and 8.25% which would be worked through. He said a target had been set for 80% of the CIP to be identified by the end of September 23. Ms Martin asked if there would be any National support to support the impact of industrial action. Mr Stringer advised that the Trust would not receive payment for any additional costs incurred. He said that Elective Recovery Fund phasing (ERF) rules would be altered for April 24 and the target would be

	lowered and this would be traded through Performance and Finance Committees to reflect the activity that was not able to be achieved during the industrial strikes. Ms Martin advised that the internal audit program would look at the management of cash and asked for assurance that this work would be completed externally at an early stage. Mr Stringer reported the Trust would bring forward the internal audit work and ensure all possible actions were taken to reduce debtor involvement. Ms Muflahi asked how the Trust's financial position would impact on Maternity and Neonatal services and the alignment to the Ockenden actions. Mr Stringer advised that all schemes within the CIP had received an equality impact assessment by clinicians to ensure that any actions taken would not have a quality impact. He said that Ockenden was a National requirement and the Trust would not be disinvesting in Ockenden requirements. Ms Brathwaite asked what measures were in place to monitor risks and finances across the ICB. Mr Stringer advised that a productivity group consisting of members of the ICB and all providers had met to review the different opportunities across the system and to monitor individual organisation financial issues. **Resolved: that the Chief Financial Officer Report be received and noted.**
566/23	**Audit Committee – Chair's Report**
	Ms Martin advised that the Audit Committee had approved the final annual accounts and reports and thanked Mr Green for supporting Walsall Healthcare NHS Trust (WHT) to complete the work that had been required to enable the Trust to submit the annual accounts and reports with a clean audit opinion from the external auditors. Ms Martin reported on interim staffing pressures within the finance team during the final external audit. She said the work that had been completed had been exceptional with an external valuation of the Trust's estate having been completed. She said that this was required every 5 years and 2023 had been the first year the Trust had implemented a standard on the Trust's leases. Ms Martin advised that the Internal Auditors Annual Report had found weaknesses in the framework of governance, risk management and control that had become inadequate and ineffective. She said this summary had followed 3 pieces of work the internal auditors had carried out in 2023 that had produced negative reports. Ms Martin reported that the Trust was focused on the areas that required improvement. Ms Martin reported that the Trust had submitted the Data Security Protection Toolkit (DSPT) and following submission of the DSPT self-assessment, the internal auditors had responded with a negative report informing the Trust that the evidence provided was unsatisfactory in several cases. Ms Martin advised that a single cyber team had been established across Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust. Prof Toner asked how the Trust could improve capacity within theatres. Ms Martin advised that internal auditors would be working with Mr Hobbs to work through the theatre utilisation action plan. Prof Toner queried the implications of the Trust not being compliant with the DSPT. Mr Bostock advised that the Trust had since received a progression report from NHS Digital which stated that the Trust had been upgraded to 'approaching standards' and that the Trust was now on target to have met the standards by the end of 2023. Ms Rowe referred to the continuing problems with health records and asked if the Audit Committee

	was assured by the long-term plan that had been put into place to rectify the issues the Trust faced with paper records. Ms Martin advised that the program did have a funded agreed timeline and mitigations were in place to support working with paper records. Dr Shehmar reported that the Trust was working through several legal requirements related to procurement and had received support from NHS England to ensure that timelines were as short as possible. She said centralised funding was available within the Integrated Care System (ICS) and the Trust needed to complete a benefits realisation by September 23. Dr Shehmar advised that the Trust had a pilot plan in place which would continue to be monitored monthly through the Digital Improvement Board. **Resolved: that the Audit Committee – Chair's Report be received and noted.**
567/23	**Charitable Funds – Chair's Report**
	Mr Assinder provided the Charitable Funds – Chair's Report. Prof Toner queried why the Chief Nursing Officer had been removed from Charitable Funds Committee membership. Mr Assinder advised this was currently due to work related pressures and advised that as all voting members of the Board were members of the Charitable Fund Committee they were able to attend future meetings. Ms Allinson queried the Trust's plans to raise the profile of the Trust Charity and the access to funds. Ms Evans advised that the Trust had undertaken a roadshow for the Trust Charity and the official opening of the refurbished fundraising hub in 2023. She said the Trust Charity had recruited a new member of staff which would further help support the promotion of the Charity. Ms Evans advised that the Trust would work with fund holders to establish a fund spending plan to ensure the Trust continued to spend appropriately to benefit patients and staff. Dr Shehmar asked what could be done to raise awareness with staff on how to access charitable funds and what funds could be utilised for. Ms Evans advised that the fundraising team regularly spoke with staff throughout the Trust to provide support in accessing charitable funds. **Resolved: that the Charitable Funds – Chair's Report be received and noted.**
568/23	**Quality, Patient Experience and Safety Committee – Chair's Report**
	Dr Parkes reported that Venous Thromboembolism (VTE) compliance remained below target at 90%. Dr Parkes advised that Level 3 Children's and Adult's safeguarding training had moved online following a joint training package with The Royal Wolverhampton NHS Trust (RWT). Ms Rowe asked when compliance data for staff completing Level 3 Children's and Adult's training would be available. Ms Carroll reported that current compliance figures showed the Trust would be compliant by the end of August 23. She said the Trust would be checking which staff groups had completed training to interface against the intercollegiate guidance and RWT. Dr Parkes reported that maternity staffing remained on the risk register with a score of 16. He said there were 17.83 whole time equivalent maternity support work vacancies with improvements forecasted for September 23. Dr Parkes advised that the Mental Capacity Act (MCA) compliance was 45% in June 23 which had been a significant reduction from previously recorded months. Ms Brathwaite asked what further work could be undertaken by the Trust to improve MCA compliance. Ms Carroll advised that all junior doctors were receiving MCA training during induction to help them better understand the inputs and processes. She said the Trust was currently reviewing the

	audit tool following a significant drop in compliance in June 23. Dr Shehmar advised that the Trust's formal consent forms had a tick box to document that the individual's capacity had been assessed and where staff were unsure, the documentation would direct the staff member to the best interest consent form and paperwork. She advised that the Trust needed to ensure that these processes were captured during the Trust's audit data. Dr Parkes reported that timeliness of observations had been recorded at 92% for June 23. Dr Parkes advised that there had been a significant reduction in hospital acquired pressure ulcers following the introduction of pressure relieving mattresses. He reported that 1 hour antibiotic times for sepsis were achieved with 83% reported in the Emergency Department and 90% reported for inpatients in June 23. He said the figures were comparable with the best performing Trusts nationally. Ms Barber asked for assurance regarding the 169 overdue incident actions. Mr Bostock advised there was intensive focus on the overdue incident actions which were decreasing weekly. **Resolved: that the Quality, Patient Experience and Safety Committee – Chair's Report be received and noted.**
569/23	**Chief Nursing Officer Report**
	Ms Carroll advised that the Trust had launched the Clinical Accreditation scheme in April 23 with the Trust having reviewed 11 wards throughout April and May 23. She said 7 wards had been accredited and presented with certificates with the positive story to be shared across the Trust's social media. Ms Allinson asked for clarification regarding the grading of the wards in the accreditation scheme. Ms Carroll reported that wards working towards accreditation would be graded as ruby, emerald and sapphire with platinum being the highest grading colour within the scheme. Ms Carrol reported that the Infection Prevention Control (IPC) team had 9 abstracts accepted for the National Infection Prevention Society Conference scheduled for October 23 with one of the Trust's IPC practitioners being nominated for the Rising Star of Nursing Times Award. Ms Carroll provided assurance to the Board against the actions the Trust was undertaking following the education and training survey in which the Trust had been recognised as an outlier in 7 domains for pre-registration adult nursing. She advised that the NHS England workforce team had visited the Trust during August 23 and had provided verbal assurance following the actions the Trust had and was undertaking. Ms Carroll reported that the Trust had received a positive review from the West Midlands Children's Network following their review of paediatric surgery and critical care in June 23. She said the actions that had been identified would be monitored though the children's group with a subgroup focusing solely on paediatric surgery. Ms Carroll advised that the Trust had received a letter from the Integrated Care Board (ICB) Chief Nursing Officer on the 15 June 23 to request that an executive lead for Special Educational Needs and Disability (SEND) be identified. Ms Carroll reported that as Chief Nursing Officer she had been identified as the SEND lead for Walsall Healthcare NHS Trust. Sir David confirmed Ms Carroll as the SEND executive for the Trust. Ms Carroll advised that the Trust had reported 6 cases of *C-Difficile* in June 23. She said the Trust had been assured by the ICB on the actions the Trust continued to complete and this had recorded as a national increase in *C-Difficile.* Ms Carroll reported that the Trust had seen an increase in *C-Difficile* cases within the community and the Trust had started to support the ICB with work to support GPs

	surrounding antibiotic prescribing. Prof Toner asked if there had been an increase in reporting of pressure ulcers within the community. Ms Carroll advised the Trust had seen an increase in the reporting of pressure ulcers but all had been graded as low harm. **Resolved: that the Chief Nursing Officer be received and noted.**
570/23	**Director of Midwifery Report**
	Ms Wright reported that the Trust had a maternity support worker vacancy of 17.83 whole time equivalent (WTE) and 5 WTE vacancies were for the Midwifery Led Unit (MLU) which had not yet been formally opened. Ms Wright advised on the management of change process for maternity support workers, a National program to help develop staff and enhance their skills by moving them from a band 2 to a band 3. Ms Wright advised the Trust had seen a high sickness rate within the midwifery staffing group and which had predominantly been long-term sickness. She said that following analysis, work related stress had not been identified as a cause for the high sickness rates and staff continued to be supported through the professional midwifery advocate service. She reported that no adverse incidents had been identified related to the shortfall in staffing within maternity services. Ms Wright reported that the Trust had recruited 18 fellowship midwives in 2022 who had begun transitioning into the midwifery establishment. Ms Wright advised that the Trust's stillbirth and neonatal death figures remained below the National average and the Trust had not been identified as an outlier. She reported that every case was measured and reviewed within 72 hours with the Trust continuing to monitor and ensure reoccurring themes or concerns were not missed. Ms Wright reported that following a recent event, Fellowship Midwives (FM) had shared stories of their successes and challenges of coming to the United Kingdom. She said the FM had received additional support from the Trust which had helped integrate them successfully into the Trust. Ms Wright advised that in June 23 the Maternity Outreach Service had been established in one of the most deprived areas of Walsall which allowed the Trust to take services to women who were marginalised with historically poor outcomes. She said the Maternity Outreach service would be holistic and incorporate clinical, social and psychological support and was being led by Ms King-Stephens. Dr Shehmar asked if the introduction of the revised 'Delivering Fetal Monitoring Education Programme' had resulted in the reduction of neonatal morbidity cases or whether this remained a concern for the Trust. Ms Wright advised that the implementation of the training had caused a downward trend in the reporting of neonatal morbidity. Mr Hemans asked how the Trust could continue to improve the service following the recent staffing issues and improve the experience of ethnic minority patients who had raised concerns during the 'Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE)' report. Ms Wright said that asian and black minority groups were 3-4 times more likely to have a poor outcome during pregnancy and childbirth and the Trust continued to provide education to staff and open forums for patients through the Maternity Outreach Service to ensure their voices continued to be heard. **Resolved: that the Director of Midwifery Services report be received and noted.**

571/23	**Infection Prevention & Control Quarterly Report**
	Sir David noted the approval of the Delivery Plan included within the Infection Prevention & Control Quarterly Report. **Resolved: that the Infection Prevention & Control Quarterly Report be received and the Delivery Plan APPROVED.**
572/23	**Chief Medical Officer Report**
	Dr Shehmar advised that the Trust had made good progress with the upper limb surgery review and reported that the Trust would have completed all case reviews with letters sent out to patients by the end of August 23. She reported that Duty of Candour had been completed along with a Royal College of Surgeons review. Dr Shehmar reported that external investigations were ongoing with work underway to close the gaps that had been highlighted during the investigations. Dr Shehmar reported that 25% of cases had been triggers for Duty of Candour following which patients had been called back into clinic to address any care that was required. She said that clinic follow up appointments were at 40%. Dr Shehmar advised on the appointment of a new interim Chief Pharmacist and confirmed that medicines management audits on wards were continuing. She said the audits had shown improvements on wards and a new drug chart had been rolled out across the Trust following a multidisciplinary education programme. Dr Shehmar reported that the Trust was working closely with clinical teams to ensure the Trust continued to utilise spend in the appropriate places and a reduction in spend had been seen in August 23. Dr Shehmar advised that following the approval of education in acute medicine and medical specialties, Health Education England (HEE) had provided the Trust with 10 additional trainees during 2023 which illustrated the confidence that HEE had in the Trust's delivery of the training programmes. Dr Shehmar asked the Board for approval of the revalidation report. Sir David confirmed approval of the revalidation report. **Resolved: that the Chief Medical Officer Report be received and the Revalidation Report APPROVED.**
573/23	**Learning From Deaths Report**
	Dr Shehmar reported that the most recently published NHS Digital Summary Hospital Level Mortality Indicator (SHMI) value for the 12-month rolling period February 22 – January 23 was 0.9904 which was within the expected range. She said the Trust continued to review all deaths that were eligible for medical examiner review with the continued rollout of the Community Medical Examiner Programme which 48% of GPs had signed up to. Dr Shehmar advised that there had been 3 Learning Disabilities Mortality Review Deaths (LeDer) during February 22 – January 23 and the Trust continued to work with the National LeDer team to ensure the Trust received reports back in a timely manner. **Resolved: that the Learning from Deaths Report be received and noted.**
574/23	**Group Director of Assurance Regulatory Report – Verbal**
	Mr Bostock reported that the Care Quality Commission (CQC) had reviewed the Section 29A warning notice which the Trust had been issued with in October 22 and the Trust was awaiting the formal report on the reinspection which would subsequently be shared in the public domain. Mr Bostock advised the Trust had received a human tissue authority inspection in July 23 and would

	receive the official report in 4 weeks' time. **Resolved: that the Group Director of Assurance Regulatory Report be received and noted.**
	Improve the Health of our Communities (Section Heading)
575/23	**Walsall Together – Chair's Report**
	Mr Dodd advised that the Service Development and Aging Well Funds supported a range of out of hospital services and following a revised offer, whilst the Trust had not received all the funds that they had requested, there had been improvements. He said a spending plan had been discussed with the Partners and the risks had been highlighted with the Integrated Care Board (ICB). **Resolved: that the Walsall Together – Chair's Report be received and noted.**
576/23	**Walsall Together – Draft Terms of Reference**
	Mr Dodd reported that the revised Terms of Reference required approval and advised that had been no substantial change to note. He said the frequency had been updated to every 2 months as the Board felt the governance and management arrangements were at sufficient maturity to allow focus on strategic elements. **Resolved: that the Walsall Together – Draft Terms of Reference be received and APPROVED.**
577/23	**Care At Home**
	Mr Dodd advised that the Integrated Care Board (ICB) had proposed a draft scheme of delegation regarding responsibilities that are moved to Place. He said the Trust was reviewing the legal implications surrounding delegation and comparison with lead provider models. Mr Dodd reported that work was being completed in conjunction with other Place provider partnerships and Walsall Together would be expected to play a lead role due to the maturity of the discussions that had taken place. Mr Dodd advised that the Walsall Together Partnership would begin working closely with the executive team with the support of Mr Evans and Ms Cartwright and begin discussions surrounding corporate governance and financial issues. **Resolved: that the Care at Home Report be received and noted.**
	Support our Colleagues (Section Heading
578/23	**People and Organisational Development Committee – Chair's Report**
	Mr Hemans reported that the Trust had been recognised as the 10th most improved Trust Nationally in 2023 on the Freedom to Speak Up Index. Mr Hemans advised that 12-month retention rates had improved but 24-month retention rates remained a challenge. Mr Hemans reported on the Trust's partnership work with local businesses and community following the Trust Pledge to support the apprenticeship levy locally to further develop training and development opportunities for the community. Mr Hemans advised that the equality objectives contained with the Equality, Diversity and Inclusion (EDI) strategy had been achieved. He said performance on workforce equality standards had improved and the People & Organisational Development Committee (PODC) had received an update of the work completed by the LGBTQ+ group. Sir David noted the representation of black, asian and minority ethnic employees at Band 8a and above. Ms Griffiths advised that the data had been monitored Nationally and had improved by 10% in 2023. She said that cultural ambassadors continued to support recruitment panels and this had seen a positive influence on recruitment.

	Resolved: that the People and Organisational Development Committee – Chair's Report be received and noted.
579/23	**Group Chief People Officer Report**
	Mr Duffell reported an improvement on the Trust's 12-month retention rate and said the Trust's vacancy rate was at the lowest recorded at 4%. He said sickness absence had continued to improve and in-month absence was below target at 5%. Mr Duffell advised that the Trust's annual appraisal compliance was below target and required further analysis to understand the variation in appraisal completion. Mr Duffell reported that the Royal College of Nurses (RCN) recent ballot for members had been completed with an aggregated version opposed to a Trust-by-Trust basis. He said this had required the RCN to ensure all its members crossed the threshold line and as this requirement had not been met, this had resulted in the RCN not being able to take any further formal industrial action. Mr Duffell advised that the junior doctor mandate would expire on 16 August 23 and the Trust would be advised in September 23 if the junior doctors would have a further 6-month option to take industrial action. **Resolved: that the Group Chief People Officer Report be received and noted.**
580/23	**EDI Annual Report 2023 – Public Sector Equality Duty – For Approval**
	Mr Duffell reported that the EDI (Equality, Diversity and Inclusion) Annual Report 2023 – Public Sector Equality Duty required approval by Trust Board and had been shared with the relevant subcommittees of the Board. **Resolved: that the EDI Annual Report 2023 – Public Sector Equality Duty be received and APPROVED.**
581/23	**Freedom to Speak Up – Annual Report**
	Mr Jeewa provided the Board with an analysis of the number of concerns that had been generated through Freedom to Speak Up (FTSU) from 1 April 22 – 31 March 23 and reported that there had been an increase in the number of concerns generated rising from 110 – 144. Mr Jeewa reported that 49% of cases reported had included an element of bullying and harassment which was above the National position of 31%. Mr Jeewa advised that the Trust was amongst the top 10 most improved Freedom to Speak Up sub-score. He said the Trust had seen a decline in the proportion of cases reported anonymously and this indicated a growing confidence in the Freedom to Speak Up Guardian role. Mr Jeewa reported that the FTSU team continued to support colleagues to escalate patient and staff safety concerns which had helped to establish a culture of openness and safety. Mr Jeewa advised that Civility and Respect training was currently under trial and would be implemented across the Trust in September 23 and assured the Board that the FTSU team continued to be committed to high visibility across the Trust. Ms Allinson asked if the Trust had begun to correlate the data that had been recorded to identify any underlying issues within the Trust in relation to bullying and harassment. Mr Jeewa advised that bullying and harassment was a Nationwide issue and was not isolated to Walsall Healthcare NHS Trust. Ms Rowe asked if the Trust would review the support networks focused on international recruitment following the staff feedback of not feeling supported. Ms Carroll advised the Trust had reviewed the support packages in place and a dedicated support team was in place focused on supporting staff

	from point of arrival in the Country and throughout their time at the Trust. Ms Muflahi asked how confident the Trust was that assurance would be received through the Civility and Respect programme. Mr Duffell advised that the Civility and Respect programme would allow the Trust to get to the core of the issues that needed to be addressed. Sir David thanked Mr Jeewa for the support provided to the Trust as the FTSU Guardian. **Resolved: that the Freedom to Speak Up – Annual Report be received and noted.**
	Effective Collaboration (Section Heading)
582/23	**Strategic Delivery Plan – Year 1 (2023/24) of Joint Strategy**
	Mr Evans reported that individual conversations with Executive leads and Non-Executive leads for each subcommittee had concluded and each individual Key Performance Indicators (KPIs) and reporting mechanisms had been agreed through the Committee chairs. **Resolved: that the Strategic Delivery Plan – Year 1 (2023/24) of the Joint Strategy be received and APPROVED.**
583/23	**Any Other Business**
	Sir David confirmed that no other business had been raised.
584/23	**IQPR – Executive Summary**
	Resolved: that the IQPR – Executive Summary be received and noted.
585/23	**Questions from the Public**
	Sir David confirmed that no questions had been raised by the Public.
586/23	**Resolution**
	To consider passing a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business about to be transacted, publicity on which would be prejudicial to the public interest.
587/23	**Date and Time of Next Meeting**
	Sir David confirmed the Date and time of Next Meeting – Wednesday 11 October – 10:00AM-12:30PM. **The meeting concluded at 12:34PM.**

Agenda Item No 5

NHS
Walsall Healthcare
NHS Trust

Agenda Item No 6

Walsall Healthcare
NHS Trust
25 September 2023 13:26

List of action items

Agenda item		Assigned to	Deadline	Status
Trust Board Meeting to be held in Public 07/06/2023 12.2 7 Day Audit				
839.	Minute Ref - 547/23 - 7 Day Audit	Shehmar, Manjeet Stringer , Kevin	11/10/2023	Pending
	Explanation action item Update: 2/8/23: the scanning bureau was due to start December 23/January 24 and is dependent on the building being completed as per the programme. Mr Stringer agreed to provide a further update at October 23 Board. Ms Martin queried the implementation timeline for Electronic Patient Records. Dr Shehmar advised that the Trust's focus was on ensuring the scanning bureau was functional to ensure paper notes that were in current circulation could be scanned and made available electronically. She said that a programme of work on Electronic Patient Records was currently going through funding reviews and work would be ongoing. ACTION: Dr Shehmar and Mr Stringer to provide an update to the Trust Board on the implementation timeline of Electronic Patient Records.			

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting – to be held in Public on 11 October 2023		
Title of Report:	Chief Executive's Report	Agenda Item No: 8
Author:	Gayle Nightingale, Executive Assistant to the Group Chief Executive	
Presenter/Exec Lead:	Prof David Loughton CBE, Group Chief Executive	

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

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

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NHS Trust

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

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

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

Walsall Healthcare NHS Trust

Chief Executive's Report

Report to Trust Board Meeting to be held in Public on 11 October 2023

EXECUTIVE SUMMARY

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

BACKGROUND INFORMATION

As follows.

RECOMMENDATIONS

To note the report.

1.0	**Review**
	This report indicates my involvement in local, regional and national meetings of significance and interest to the Board.
2.0	**Consultants**
	There has been five Consultant Appointments since I last reported: **Gastroenterology** Dr Ismaeel Al-Taib Dr Joanne O'Rourke **Anaesthetist with Specialist Interest in Chronic Pain** Dr Faisal Shiekh **Acute Medicine** Dr Yasir Arafat Dr Kurram Raja
3.0	**Policies and Strategies**
	Policies for September 2023 • Policies, Procedures and Guidelines – Quarter 3 Report • Policies, Procedures and Guidelines - Quarter 5 Report • CP947 V2 – Admissions Criteria for Critical Care Policy • HR13 V2 – Maintaining High Professional Standards (MHPS) Policy • IP992 V4 – Surveillance and Alert Organisms Policy • IP993 V2 – Extended Spectrum Beta-Lactamase Producing Organisms (ESBL) Policy • MH927 V2 – Rapid Tranquilisation Policy • OP985 V3 – Charitable Funds Policy • OP994 V2 – Safekeeping of Patients Money and Property Policy • OP995 V5 – NHS Complaints Handling Policy • Royal College of Obstetricians and Gynaecologists (RCOG) – Management of Endometrial Hyperplasia Guidelines

4.0	**Visits and Events**
	Since the last Board meeting, I have undertaken a range of duties, meetings and contacts locally and nationally including: • Since Friday 27 March 2020 I have participated in weekly virtual calls with Chief Executives, led by Dale Bywater, Regional Director – Midlands – NHS Improvement/ England • 17 August 2023 – met virtually with PA Consulting as part of the Black Country Integrated Care Board (ICB) Financial Improvement programme and participated in the virtual Joint Negotiating Committee (JNC) • 18 August 2023 - virtually met with Kerrie Allward, Director of Adult Social Services, Walsall Council and virtually met with Wendy Morton MP and Eddie Hughes • 22 August 2023 – undertook a virtual Joint RWT and WHT Non-Executive Directors (NEDs) Briefing • 23 August 2023 – participated in a virtual NHS Providers - Provider Selection Regime (PSR) Roundtable webinar • 30 August 2023 – participated in an NHS Leadership event with Ned Hobbs, Chief Operating Officer/ Deputy Chief Executive on Winter Planning for 2023/24 • 4 September 2023 - participated in the Black Country Collaborative Executive Group meeting • 6 September 2023 – participated in an NHS Leadership event with Amanda Pritchard, Chief Executive – NHS England • 7 September 2023 - met with Pat Usher and Jane Wilson, Joint Staff-side Leads • 12 September 2023 – participated in a Black Country Provider Collaborative Board Development session • 14 September 2023 – participated in a virtual Local Negotiating Committee (LNC) and participated in the Walsall Council Social Care and Health Scrutiny Committee • 15 September 2023 – attended the Joint WHT and RWT Research Celebration event • 19 September 2023 - undertook a virtual Joint RWT and WHT Non-Executive Directors (NEDs) Briefing • 20 September 2023 - participated in a virtual Walsall Proud Partnership meeting and participated in the interviews for a Regional Research Delivery Networks (RRDN) Director • 21 September 2023 - chaired the virtual Trust Management Committee (TMC) • 22 September 2023 – virtually met with Wendy Morton MP and Eddie Hughes MP, participated in a Joint WHT and RWT Black Country Integrated Care Services (ICS) Financial meeting and presented with Sir David Nicholson KCB CBE - Chair, the Staff Long Service Awards
5.0	**Board Matters**
	There are no Board Matters to report on this month.

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Trust Board Meeting – to be held in Public on 11 October 2023		
Title of Report:	Chair's report of the Trust Management Committee (TMC) held on 21 September 2023 – to note this was a virtual meeting	Enc No: 8.1
Author:	Gayle Nightingale, Executive Assistant to the Group Chief Executive	
Presenter/Exec Lead:	Ned Hobbs, Chief Operating Officer/ Deputy Chief Executive	

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

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: None On Risk Register: Yes☐No☒ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	Risk Description: None Is Risk on Risk Register: Yes☐No☒ Risk Score (if applicable):		
Resource Implications:	Revenue: None Capital: None Workforce: None Funding Source: None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		

Walsall Healthcare NHS Trust

Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: 21 September 2023
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure • The Trust Management Committee met on 21 September 2023 and was quorate. • Divisional assurance reports were received and scrutinised from all 4 clinical Divisions. • Specialist professional reports were received and scrutinised, including those from the Chief Nursing Officer, Maternity services and Infection Prevention & Control. • The Trust Management Committee endorsed the Trust's Winter Plan 2023/24.
Advise • Matters discussed and reviewed at the most recent Trust Management Committee (TMC) are set out in detail within the report below.
Alert • The Trust has an adverse variance to financial plan at month 5. • The Trust has had more cases of Clostridium Difficile than target at month 5.

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

Walsall Healthcare NHS Trust

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

Report to Trust Board Meeting to be held in Public on 11 October 2023

EXECUTIVE SUMMARY

Chair's report of the Trust Management Committee (TMC) held on 21 September 2023 – to note this was a virtual meeting.

BACKGROUND INFORMATION

As per the below.

RECOMMENDATIONS

To note this report.

1	**Key Current Issues/Topic Areas/ Innovation Items:**
	• Terms of Reference for the Trust Management Committee (TMC).
2	**Exception Reports**
	• There were none this month.
3	**Items to Note – all of the following reports were reviewed and noted in the meeting**
	• Chief Nursing Officer Report • Midwifery Services Report • Infection Prevention Report • Divisional Quality and Governance Report – Medicines and Long-Term Conditions Report • Divisional Quality and Governance Report – Surgery Report • Divisional Quality and Governance Report – Women's, Children's and Clinical Support Services Report • Divisional Quality and Governance Report – Community Services Report • Integrated Quality Performance Report (IQPR) • Trust Financial Position (Revenue and Capital) - Month 5 Report • Workforce Metrics Report
4	**Items to be Noted or Approved - Statutory or Mandated Reports (1/4, 6 monthly and Annual) – all of the following reports were reviewed, discussed* and noted in the meeting**
	• Bi-Annual Staffing Skill Mix Report • Data Security and Protection Toolkit (DSPT) Improvement Plan Update Report • Patient Voice and Complaints Annual Report • Research and Development Report • Contracting and Business Development Verbal Update Report • Walsall Together Report • Black Country Provider Collaboration Verbal Update Report • Quality Improvement Team Update Report • Sustainability and Green Plan Update Report • Property Management Update Report • Property Update – Eldon Court Report

	• Emergency Preparedness, Resilience and Response (EPRR) Self-Assessment of Core Standards Report • Winter Plan 2023/24 • Health and Safety Annual Report • Digital Strategy and Programme Update Report • Board Assurance Framework (BAF) Heat Map Report
5	**Business Cases – approved**
	• Business Case for the Expansion of Respiratory Care • Business Case for the Expansion of Gastroenterology Care • Business Case for Frontline Digitisation
6	**Policies approved**
	• Policies, Procedures and Guidelines - Quarter 5 Report • CP947 V2 – Admissions Criteria for Critical Care Policy • HR13 V2 – Maintaining High Professional Standards (MHPS) Policy • IP992 V4 – Surveillance and Alert Organisms Policy • IP993 V2 – Extended Spectrum Beta-Lactamase Producing Organisms (ESBL) Policy • MH927 V2 – Rapid Tranquilisation Policy • OP985 V3 – Charitable Funds Policy • OP994 V2 – Safekeeping of Patients Money and Property Policy • OP995 V5 – NHS Complaints Handling Policy • Royal College of Obstetricians and Gynaecologists (RCOG) – Management of Endometrial Hyperplasia Guidelines
7	**Other items discussed**
	• Executive Walkabout Action Summary Update Report

Walsall Healthcare NHS Trust

Trust Board Meeting - in Public - 11 October 2023		
Title of Report:	Research & Development Report	Agenda Item No: 8.2
Author:	Catherine Dexter	
Presenter/Exec Lead:	Pauline Boyle	

Action Required of the Board/Committee/Group
Discussion Yes☒No☐
Recommendations: This report is for information and assurance to the Trust Management Committee (TMC)

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

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

Summary of Key Issues using Assure, Advise and Alert

Assure

- Constant growth of Commercial research within the Trust, meeting the target set following the Lord O'Shaughnessy recommendation of doubling the number of commercial recruits.
- The number of staff undertaking potential home-grown trials has increased to 17.
- Walsall continue to explore collaborations with local and regional research partners.

Advise

- The Maternity Hybrid role will finish in December 2023. There is a risk due to lack of funding the role will cease. The link role has been pivotal in contributing to the growth and development of Maternity research, it has also helped promote and engage Maternity staff in becoming more involved in research. If the link role is unstainable due to funding this will impact on research within this division.
- The above is echoed with the Compton Care (Palliative Care) Hybrid post which is due to finish in January.
- Aseptic pharmacy support for research studies currently on hold, working in collaboration with the Interim Director of Pharmacy to rectify this issue, non-aseptic pharmacy support has been rectified.
- Clinical Incident reported relating to one of WHT Trials, Escalated to Medical Director, Group Director of Research, Development R&D Director & Associate Director of Research and Professional Development. Duty of candour and incident form completed. Fact finding and lesson learnt in progress with a debrief to be arranged on completion of findings.
- Additional resource is required to support our workforce to complete their own research. By pooling resource across the Black Country, we will become more efficient in support our staff.
- We need to exploit the unique position we are in within the Black Country to promote the diverse and stable population we serve, to secure more research opportunities for our population to access trials, particularly commercial trials which offer our population access to new novel treatments.
- Future finance reports will include drug cost savings as well as system wide savings due to less activity.

Alert

- None

Walsall Healthcare
NHS Trust

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Improve overall staff engagement
Improve the Healthcare of our Communities	• Develop a health inequality strategy
Effective Collaboration	• Improve population health outcomes through provider collaborative • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Walsall Healthcare NHS Trust

Research & Development Report

EXECUTIVE SUMMARY

This report is to inform the Trust Management Committee (TMC) of research activities at Walsall Healthcare NHS Trust.

The information provided will focus on:

- Number of Studies open, in Set up and in the Pipeline (Appendix 1-Graph 1)
- Number of Home-Grown Studies (Summary)
- Recruitment by Specialty (counted to the end of August) (Appendix 2-Table1)
- Recruitment over the previous 5 years (Appendix 3-Graph 1)
- Research Financial update -Commercial Income (As from April 2023)- (Appendix 4) Table 2, 3 & 4
- Research Financial update - Non-Commercial (Cost savings to the NHS)- (Appendix 5) Table 1
- Research current investment into service support departments to support research activity (Appendix 6) Table 1

BACKGROUND INFORMATION & ADDITIONAL INFORMATION

- The recent Lord O'Shaughnessy report articulated the decline of commercial activity within the UK and the detrimental impact upon both opportunities for our patients as well as a significant loss of income. Walsall Healthcare NHS Trust has prioritised trials that meet the needs of our population, those that can offer new novel treatments as well as income generating.
- This R&D report reflects research activity currently being undertaken within Walsall Healthcare NHS Trust. Research activity at the Trust continues to increase, with Commercial research (clinical trials) contributing most to this growth. Home grown research (research undertaken by staff) has also seen a sharp rise with more colleagues requesting support from R&D through their research journey.
- There is stability within the team, with a new member joining who will support oncology studies.
- Research Celebration event is on the 15th of September attendance opened across RWT & WHT.
- The Trust is committed to developing relationships with academic partners and potential collaboration discussions are ongoing.
- Stability within Support Services.

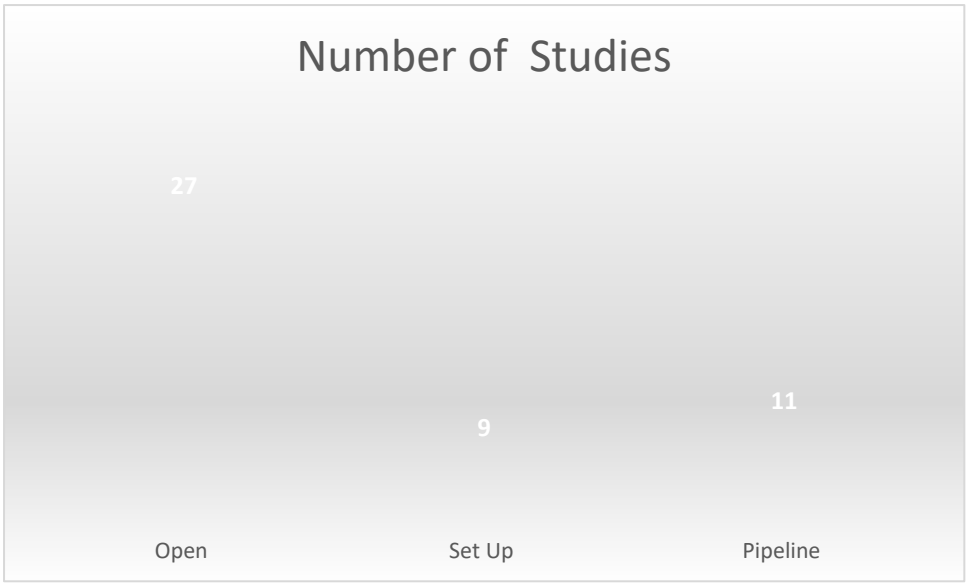
RECOMMENDATIONS

There are no specific recommendations relating to approvals or decisions the report relates to information only on research activity.

Walsall Healthcare NHS Trust

Appendix 1

Graph 1-Reflects the number of studies open, in set up and in the pipeline



Number of home-grown Studies

Walsall Healthcare have 17 potential home-grown studies recorded, specialities include ED medicine, Education, Sexual Health, Respiratory and Palliative Care. A more robust process for reporting on home grown studies is being developed.

Appendix 2: Table 1 – Recruitment by Speciality

Recruitment by Specialty (counted to end of August)

	Pro rata to end of month 5			2023-24 compared with	
	2018-19	5yr avg.	**2023-24**	2018-19	5yr avg.
Ageing	0	0	**0**		
Anaesthesia, Perioperative Medicine and Pain Management	0	2	**0**		-100%
Cancer	33	8	**4**	-88%	-50%
Cardiovascular Disease	0	4	**8**		100%
Children	26	6	**0**	-100%	-100%
Critical Care	0	4	**0**		-100%
Dementias and Neurodegeneration	0	0	**0**		
Dermatology	2	3	**14**	740%	367%
Diabetes	8	2	**2**	-73%	0%

Ear, Nose and Throat	23	4	**0**	-100%	-100%
Gastroenterology	0	0	**0**		
Genetics	11	2	**0**	-100%	-100%
Haematology	0	0	**0**		
Health Services Research	62	12	**2**	-97%	-83%
Hepatology	0	0	**0**		
Infection	7	144	**0**	-100%	-100%
Mental Health	0	16	**0**		-100%
Metabolic and Endocrine Disorders	0	0	**0**		
Musculoskeletal Disorders	0	0	**1**		
Neurological Disorders	0	0	**0**		
Ophthalmology	0	0	**0**		
Oral and Dental Health	0	0	**0**		
Primary Care	0	0	**0**	-100%	
Public Health	0	0	**0**		
Renal Disorders	0	1	**11**	2540%	1000%
Reproductive Health and Childbirth	37	51	**12**	-68%	-76%
Respiratory Disorders	9	2	**1**	-89%	-50%
Stroke	3	0	**0**	-100%	
Surgery	0	0	**0**		
Trauma and Emergency Care	0	14	**0**		-100%

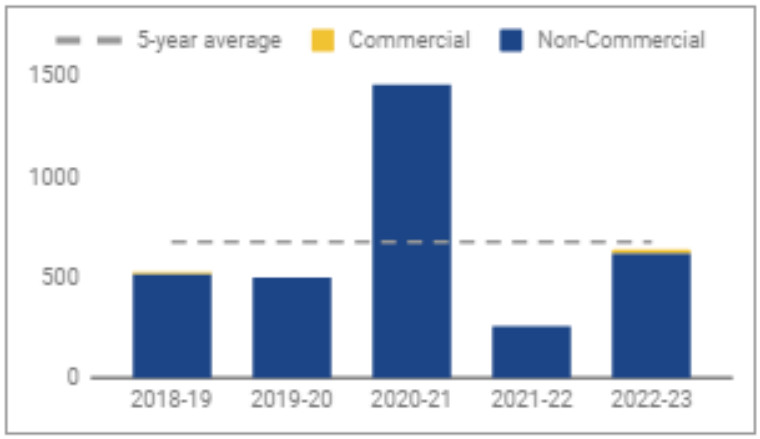
Within existing R&D resource, staff have been identified to explore potential studies available to be delivered in those specialities not currently active.

A follow-on meeting is being held on 10 October with Aston University to discuss potential collaborations.

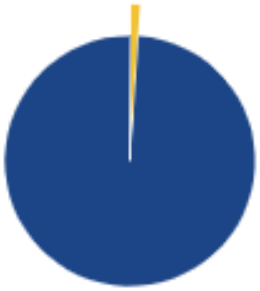
A research celebration event is being held on 15 September where the Trust will recognise the brilliant research activity and provide practical support for our workforce.

Appendix 3: Graph 1- Recruitment over the previous 5 years

Recruitment over previous 5 years

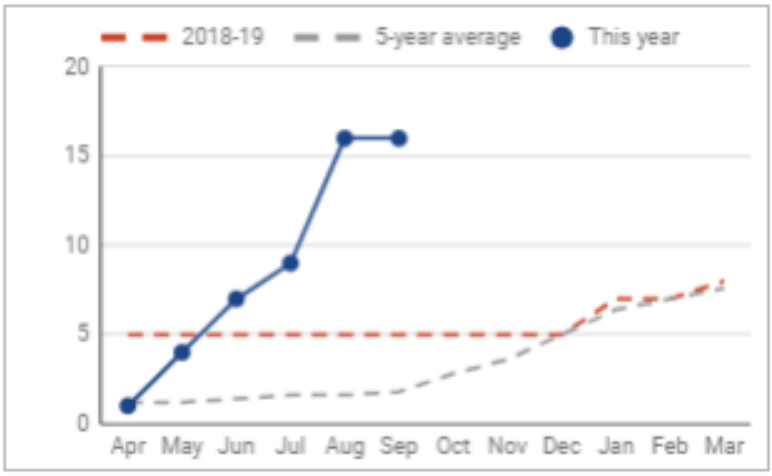


Average **679** per annum



1% commercial recruitment over 5 years

2023-24 Commercial — 16 recruits



2018-19	8
5-year average	8

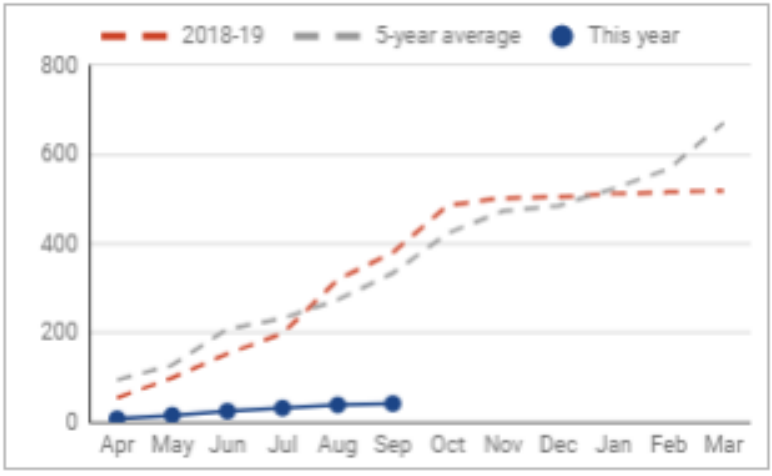
Pro rata to end of last month

220% ahead of 2018-19

900% ahead of 5 year average

28% commercial recruitment so far this year

2023-24 Non-commercial — 42 recruits



2018-19	520
5-year average	672

Pro rata to end of last month

88% behind 2018-19

86% behind 5 year average

Appendix 4 Commercial Research Financial update

Table 1 - Commercial Income received into the Trust as from April 2023

AstraZeneca (AZ TRACK)	£1,734.65
	£1,827.64
	£4,061.22
AD-REAL	£3,545.10
	£2,052.00
KEYNOTE 905EV-303	£5,803.00
Delta Teen	£9,554.40
BISIL	£0.00
Victor-MK-1242-0345	£0.00
Total:	**£28,578.01**

Table 2 - Commercial Income to be received from activity as from April 2023

DIVISION	CURRENT TRIAL	RECRUITS TO DATE	AVG. INCOME PER RECRUIT	TOTAL
Medicine	**AstraZeneca total (AZ TRACK)**	16	£1,226.77	£19,628.32
	Labs		n/a	£0
	Pharmacy		n/a	£0
	Imaging		n/a	£0
Medicine	**AD-REAL (OBSERV)**	6	£4,598.00	£27,588.00
	Labs		n/a	£0
	Pharmacy		n/a	£0
	Imaging		n/a	£0
Medicine	**KEYNOTE 905EV-303 total**	0	£5,803.00	£0
	Labs		tbc	£0
	Pharmacy		tbc	£0
	Imaging		tbc	£0
Medicine	**Delta Teen total**	2	£4,050	£8,100.00
	Labs		£191	£382.00
	Pharmacy		£1,755.5	£3,511.00
	Imaging		n/a	£0
Medicine	**Victor-MK-1242-0345 total**	2	£11,242.65	£22,485.30
	Labs		£157.19	£314.39
	Pharmacy		£1,477.8	£2,955.60
	Imaging		n/a	£0
Medicine	**BISIL**	0	£2,085.21	£0
	Labs		n/a	£0
	Pharmacy		n/a	£0
	Imaging		n/a	£0
Total		**26**	**£29,005.63**	**£83,604.62**

Table 3 – Pending Commercial Income

DIVISION	PENDING TRIAL	AVG. INCOME PER RECRUIT
Surgery	**GORE**	£2,111.21
Medicine	**Vitiligo**	£12,194.21
Medicine	**MK-0616-01**	TBC
Medicine	**LP0145-2240**	£11,251.98
Medicine	**IST-07**	£9,373.49
Medicine	**TRAPEDS 2**	TBC
Medicine	**FINE-ONE**	£3,957.21

Appendix 5- Non-Commercial Income -Projected

Table 1 – Pending Commercial Income

Division	Study (Opened)	Finance associated with this study	Target	Recruited	Actual	Predicted
Medicine	A-Star	£224 per patient, plus after Year 1, each visit (every 3-6 months) £35.00	20	11	£2,464 (excludes income post year 1)	£4,480 (excludes income post year 1)
Medicine	Badbir	£120 per patient, £30 per follow up (1-3 yr)	1-2 per month	21	£2,520 (excludes follow up)	£2,520
Medicine	PASHiON	£400 per patient plus non reported CT-Scan	2	1	£400	£800
Medicine	MucACT COPD	£2,400-includes pharmacy set up, archiving, Participation Identification Centre (PIC), R&D set up. **Extra per participant** £100-Randomisation £94-Follow up LAB-£46.27 Sputum kits-£6.97 Per pt £247.24	10	1	£2,647.24	£4,872.4
Surgery	RACIER Hip	Per Patient payments -£779, plus one-off payment for SIV & R&D set up £1,631.80	25	7	£7,084.8	£21,106.8
Surgery	RACIER Knee	Per Patient payments-£829, plus R&D set up £500	25	7	£6,303	£21,225
Surgery	Sapphire	£4.00 per patient	(no target as agreed with sponsor)	61	£244	£244
Women's & Childrens	SNAP	£33.00 per patient	1-3 per month	9	£297	£297

Medicine	Easy-AS	£300.00	5	1	£300	£1,500
Medicine	Sphere	£120.00	(no target as agreed with sponsor)	16	£1,920	£1,920
Medicine	VENUS 6	Per Patient payments-£469.00. Other-Archiving £500 Nurse travel-£22.20	(no target as agreed with sponsor)	7	£3,805.2	£3,805.2
Total					£27,985	£62,770.4

Appendix 6- Current investment into service support department to support research activity

Table 1

Support service	Band	WTE
Pharmacy	5	1
Radiology	7	0.2
Labs	4	0.8

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting to be held in Public 11 October 2023		
Title of Report:	Winter Plan 23/24	Agenda Item No: 8.3
Author:	Will Roberts – Deputy Chief Operating Officer	
Presenter/Exec Lead:	Ned Hobbs – Chief Operating Officer and Deputy Chief Executive Ned.Hobbs1@nhs.net 01922 603351	

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

Recommendations:

To note the contents of the report, and the risk to resilience of Urgent & Emergency Care services this Winter unless the Trust receives external funding to support Option 2 of the Winter Plan.

To **approve** Option 2 of the Winter Plan, subject to receipt of identified £646,774 additional funding.

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: Corporate Risk 208 – Failure to achieve 4-hour emergency access standard On Risk Register: Yes☒No☐		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	Workforce: The Trust is mindful of increasing resilience in core Urgent and Emergency Care services to be able to safely manage increased Winter pressures. Funding Source: The Trust's Winter Plan was endorsed at Finance & Productivity committee on Wednesday 27th September 2023. The level of core financial allocation poses a risk to delivery of a safe Winter, without further funding allocations.		
Report Data Caveats	N/A		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Safe, Responsive, Well-led
	NHSE	Yes☒No☐	Details: Access standards
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☒No☐	Details: Access standards

	Other	Yes☐No☐	Details:
CQC Domains	**Safe:**	**Responsive:**	**Well-led:**
Equality and Diversity Impact	There is clear evidence that greater deprivation is associated with a higher likelihood of utilising Emergency Department services, meaning longer Emergency Access Standard waiting times will disproportionately affect the more deprived parts of the community we serve. The published literature evidence base for differential access to secondary care services by protected characteristic groups of the community is less well developed. However, there is clear evidence that young children and older adults are higher users of services, there is some evidence that patients who need interpreters (as a proxy for nationality and therefore a likely correlation with race) are higher users of healthcare services. And in defined patient cohorts there is evidence of inequality in use of healthcare services; for example, end of life cancer patients were more likely to attend ED multiple times if they were men, younger, Asian or Black. In summary, further research is needed to make stronger statements, but there is published evidence of inequity in consumption of secondary care services against the protected characteristics of age, gender and race.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: TMC 21st Sep 2023
	Board Committee	Yes☒No☐	Date:
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☒No☐	Date: Fortnightly Restoration & Recovery meeting

Summary of Key Issues using Assure, Advise and Alert

Assure:-

- The Winter Plan is an evidence-based plan, to build resilience in the Urgent & Emergency Care pathway across Community and hospital services.
- It builds on learning from previous Winters, including a formal review of Winter 22/23.
- The Winter Plan addresses NHS England's letter (PRN00645) of 27 July 2023 from the National Director of Integrated Urgent and Emergency Care and Deputy Chief Operating Officer, the Chief Operating Officer and Chief Finance Officer of NHS England pertaining to *Delivering operational resilience across the NHS this winter* and the ten high-impact interventions contained within.
- The Winter Plan has been scrutinised and endorsed by Finance & Productivity Committee on 27 September 2023.
- The Winter Plan has been scrutinised and supported by Quality Committee on 22 September 2023.
- The Winter Plan has been scrutinised by the Black Country Urgent & Emergency Care Operational Group on 18 September 2023 and the Black Country Urgent & Emergency Care Board on 21 September 2023. The Black Country Urgent & Emergency Care Board was assured of Walsall's plan, on condition of securing the additional funding to deliver Option 2 (recommended).

Advise:-

- The Trust's Winter Plan contains three options.

- Option 1 can be funded from the allowance in the Trust's 23/24 Financial Plan
- Options 2 and 3 rely on external funding to supplement the Trust's allocated Winter funding.
- The Trust has strategically prioritised schemes at the hospital/community interface within the limited funding available to promote alternatives to acute hospital care wherever clinically possible.

Alert:-

- The Trust's financial constraints, combined with the ICS's financial constraints and reductions in SDF funding allocations mean that this Winter Plan is more restricted in its interventions than previous years.
- Option 1 provides insufficient resilience to adequately manage Winter. In particular it includes a forecast bed deficit of between 11 and 48 beds that is not mitigated. This contains increased risks of delayed admission from Emergency Department (ED) to acute hospital beds, delayed ambulance handover, potential requirement for ED corridor nursing, and risk of increased harm as a result. This would be more likely to be experienced if the prevalence of norovirus and/or influenza and/or Covid is high, or if Winter has sustained adverse weather. The greatest risk will be if prevalence of seasonal infections and adverse weather occur severely and/or concurrently.
- Option 2 would provide reasonable resilience for the Winter ahead, but relies on £646,774 external funding to support. It would still not mitigate the pessimistic end of the forecast demand on acute hospital beds and so has inherent risk still.
- Option 3 is financially unviable, given the Trust's deficit position.

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

Agenda Item No: 8.3

Walsall Healthcare NHS Trust

Urgent & Emergency Care Resilience: Winter Plan 2023/24

Active Period
1st October 2023 to
31st March 2024

Version 4

Executive Lead

Ned Hobbs
Chief Operating Officer & Deputy Chief Executive Officer

Contributing Authors

William Roberts
Deputy Chief Operating Officer & Director of Operations, Medicine & Long Term Conditions

Walsall Healthcare NHS Trust
Trust Headquarters | Moat Road | Walsall | West Midlands | WS2 9PS

Section

1.0 Background and context

The Winter of 2022/23 was an incredibly difficult period for Urgent & Emergency Care at both Walsall Healthcare NHS Trust, across the West Midlands region, and indeed nationally. Winter 2022/23 was considerably more challenging from an Urgent & Emergency Care perspective than previous Winters (NHS Confederation, 2023)[1]; with "severe and unsustainable" (NHS Providers, 2023)[2] pressure on Emergency Departments across the country (Royal College of Emergency Medicine, 2023)[3]. The concurrent challenge of a COVID surge, influenza surge, Respiratory syncytial virus (RSV) surge and peak in emergency department attendances led to a period of extreme and severe pressure. Furthermore, the proportion of COVID positive inpatients presenting as asymptomatic increased the challenge of isolating COVID positive and COVID contact patients.

Figure 1: COVID Positive inpatients (inc. ICU), April 2021 – April 2023

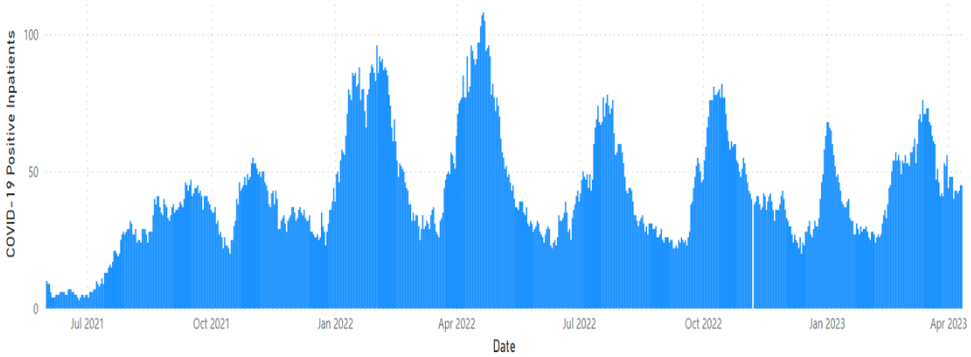
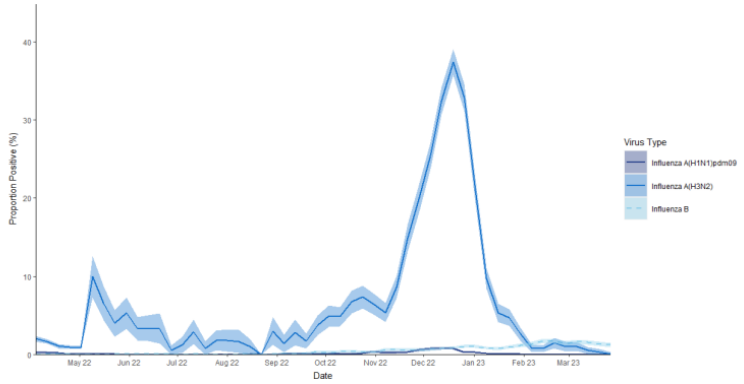
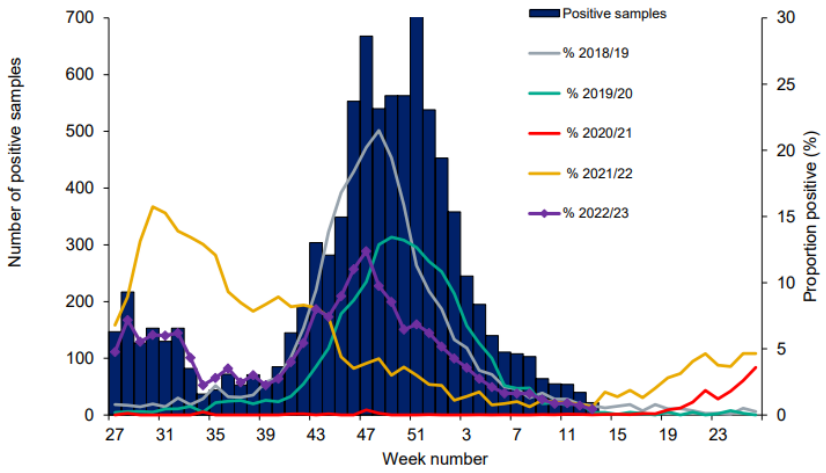


Figure 2: Respiratory DataMart weekly positivity (%) for influenza, England, April 2022 – March 2023



[1] https://www.nhsconfed.org/analysis-what-does-the-urgent-and-emergency-care-sitrep-data-2022/23-tell-us
[2] https://nhsproviders.org/news-blogs/news/nhs-under-severe-and-unsustainable-pressure
[3] https://rcem.ac.uk/publication-of-true-12-hour-length-of-stay-data-a-welcome-and-significant-step-for-emergency-medicine/

Figure 3: Number of positive RSV samples and proportion of the population positive (%), April 2024 – March 2023[4]



The resultant pressures of increased hospital occupancy levels, above average staff absence and Winter-specific illness and acuity led to challenged Urgency & Emergency Care performance across the Black Country Integrated Care System.

Since the Winter of 2022/23, the Trust has both further invested in the Urgent & Emergency Care pathway and benefited from the implementation of investments made previously. This includes:

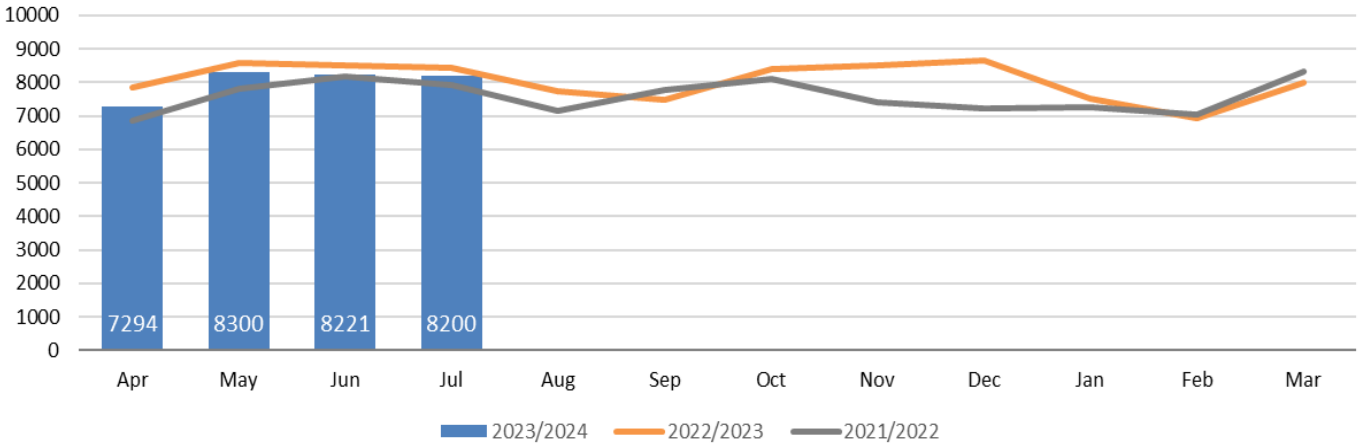
1. The successful recruitment up to 16 Consultants and 13 Middle Grades in the Emergency Department, providing Winter level resilience as part of business as usual all year round;
2. The successful relocation of the Emergency Department, Acute Medical Unit and Paediatric Assessment Unit to the new Urgent & Emergency Care Centre;
3. The planned relocation of the Ambulatory Emergency Care Unit to the vacated old Emergency Department, expanding the space for medical patients requiring same day emergency care;
4. The successful implementation of the Emergency General Surgery Business Case, including dedicated emergency lists for Hot Gall Bladders and added resilience within the Emergency Consultant rota;
5. Opening of Ward 14 on a substantive basis, providing 27 medical inpatient beds all year round;
6. Opening of 15 additional surgical inpatient beds on Ward 9.
7. Recruitment to the Intermediate Care Service full establishment, reducing the variation in the number of patients not meeting criteria to reside. The number of patients has averaged below 40 in recent months.

Last year's Winter Plan heavily mitigated these pressures and enabled Walsall Healthcare NHS Trust to deliver a higher quality of care than would otherwise been achieved. Together, the Trust delivered the best ambulance handover times in the West Midlands for 16 of the 17 months to February 2023 and has indeed improved its national ranking for the delivery of the 4 hour Emergency Access Standard to consistently within the upper quartile nationally. This was testament to the planning and execution of every Division, Department, and colleague in the Trust and partners, particularly colleagues within Walsall Together.

[4] Week 1 is represented as w/c 1 January.

Winter 2023/24 presents a different set of challenges which will be equally if not more challenging than the preceding one. We know that traditionally emergency care services face greater pressure during the winter months because of patients being more acutely unwell and thus staying in hospital longer. Presentations to the Emergency Department have been comparable in 2023 to 2022 and there is no indication that this Winter will present any less of a challenge.

Figure 4: Type 1 ED Attendances, 2021/22 – 2023/24



This is set against the context of significant national pressures for Emergency Care. Whilst national performance has improved since the start of 2023 the proportion of patients spending beyond 12 hours following Decision to Admit in the Emergency Department, beyond 4 hours in the Emergency Department (July 2023 vs. July 2022), or beyond 30 minutes to offload from an ambulance is consistent with this time the previous year (June & July 2023 vs. June and July 2022).

Figure 5: Proportion of type 1 attendance spending >12 hours in the Emergency Department following a decision to admit, April 2019 – July 2023

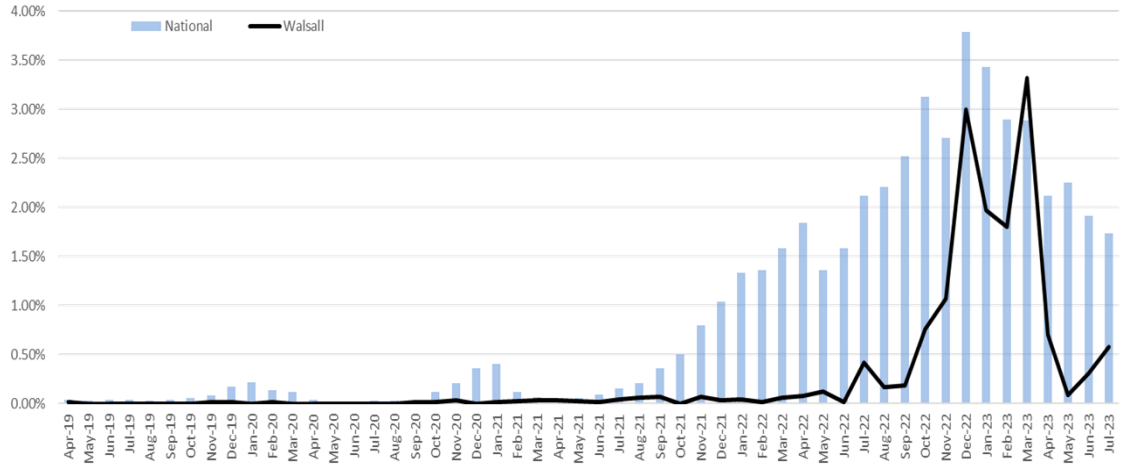


Figure 6: National 4 Hour Emergency Access Standard Performance, April 2019 – July 2023

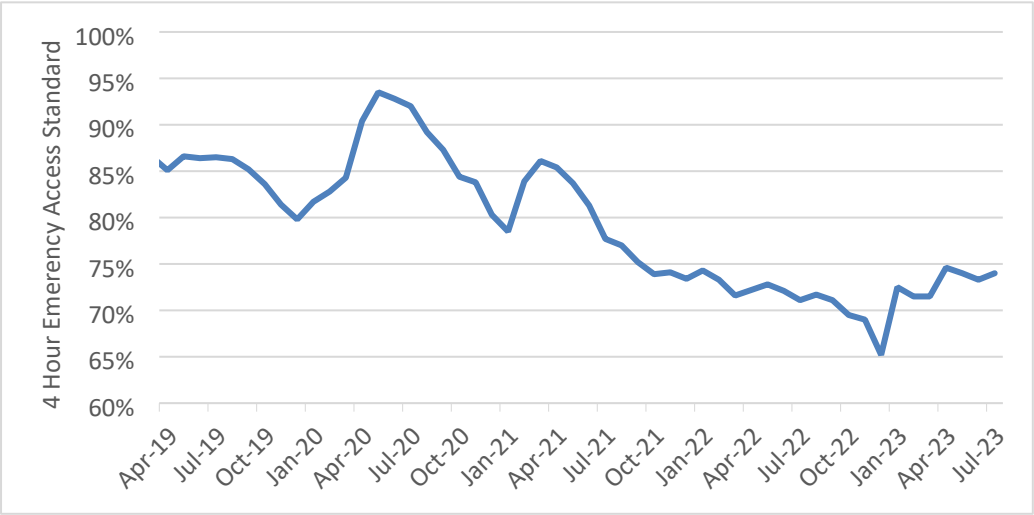
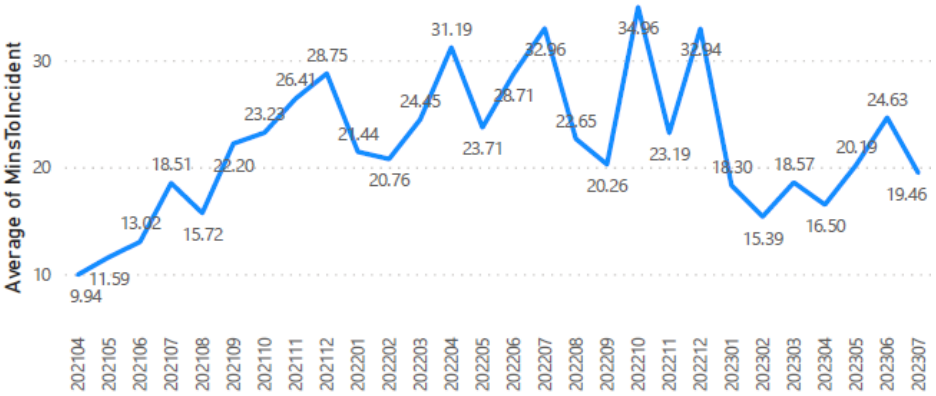


Figure 7: Response Times to Cat 2 Calls for the West Midlands Ambulance Service, April 2019 – July 2023



In addition, developments in the wider economy are also placing increased importance on effective Winter Planning. The 'Cost of Living Crisis' is increasing poverty and hardship for the most financially vulnerable. The Institute of Health Equity led by Public Health Professor Sir Michael Marmot claims the increased financial hardship will have a direct negative impact on both Physical and Mental Health[5] which will likely increase the demand for health services, including Urgent & Emergency Care. Given Walsall is the 25th most deprived English Local Authority out of 317[6], this will have a disproportionate effect on Communities the Trust serves. As an anchor institution for the Borough of Walsall with a commitment to reducing health inequality, it is crucial the Trust factors this into the Winter Plan.

[5] https://www.instituteofhealthequity.org/in-the-news/press-releases-and-briefings-/fuel-poverty-cold-homes-and-health-inequalities-press

[6] https://www.walsallintelligence.org.uk/home/demographics/deprivation/

With this challenging context in mind, the 3 central tenets of the Winter Plan are as follows:

1. A strategic focus on interventions that improve quality of care and result in reduction in overnight hospital admissions, including an increase in same day emergency care (SDEC) services, interventions to get people better sooner (reducing inpatient length of stay), and interventions through the Community Division and Walsall Together Partnership to avoid admissions, rather than solely opening more hospital inpatient beds.

2. Following the success of our targeted approach to managing the Festive period over the last three years, the same approach will be adopted for 2023/24 running from Saturday 16th December 2023 to Sunday 7th January 2024. Operational services over the key weekends and bank holidays will run as close to a normal working day arrangements as possible, in order to maximise the number of safe patient discharges. Historically bed occupancy rises steeply over this period as fewer patients are discharged over Christmas and the New Year period, and it is this risk which must be mitigated.

3. A strategic focus on the recruitment and use of substantive workforce, rather than reliance on temporary bank, agency and locum workforce to fulfil planned interventions. This has resulted in part of the previous Winter Plan allocation being diverted to fund substantive rather than temporary interventions such as increased senior decision-making in ED, service expansion of Ambulatory Emergency Care and extending operational hours of the Discharge Lounge.

Getting this right is really important, and is a whole hospital, whole Trust, and whole health economy responsibility. It is important because if we don't get it right, patients will spend excessive time in the ED with associated risk of worse outcomes, and will be at increased risk of contracting covid-19, influenza, RSV or other infections under our care.

We also know that emergency care services are high pressure environments, with a greater burnout rate for staff. The pan-West Midlands Stat-stress study highlighted that staff working along the emergency care pathway in ED, wards and Critical Care were 40-50% more likely to report symptoms suggestive of Post-Traumatic Stress Disorder during the Covid-19 pandemic. This Winter Plan seeks to improve the resilience of the Trust's emergency care pathways for the benefit of the patients we serve, and also crucially to protect the wellbeing of hard-working staff working in highly challenging environments. Importantly, and directly to support staff experience and wellbeing, we have taken a conscious decision to shift the balance of the Winter Plan financial allocation from non-recurrent temporary interventions towards approved recurrent interventions to ensure substantive staff can be recruited to strengthen emergency care services.

Thank you to all colleagues who played their part in delivering as safe a Winter as possible last year and thank you to all colleagues who have been involved in developing this plan. Just about every specialty or department in the Trust has a role to play to ensure we manage Winter as well and as safely as we can, along with our partner organisations, and it is our collective responsibility to ensure that we do just that.

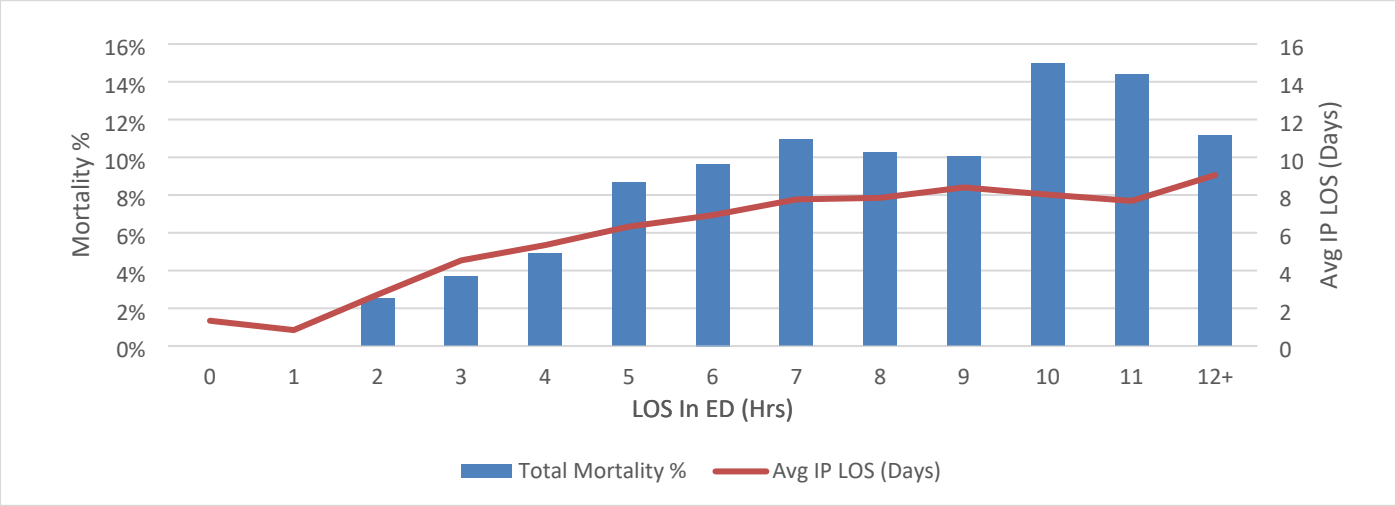
2.0 Executive Brief

Last year's Winter plan anticipated that the winter of 2022/23 would be the most challenging yet. Given the severely challenged position of Urgent & Emergency Care so far this year, high non-elective demand, more acutely unwell patients due to undiagnosed or delayed diagnosis of conditions, and the most significant financial constraints affecting the NHS for many years, this Winter is expected to be at least as challenging.

The Urgent and Emergency Care system in England has high levels of risk within it currently. As a proxy for the level of overcrowding in Emergency Departments, and the level of Exit Block (delayed admission for patients needing admitting from ED into the hospital), the country is delivering marginally better 4-hour Emergency Access Standard performance when compared to the same time the previous year (July 2023 vs. July 2022).

The 4-hour Emergency Access Standard is a relatively high-level measurement. However, we know that for our sickest patients presenting to eD, where the triage category is either Category 1 (critical) or Category 2 (very urgent), mortality increases by almost 4% for those patients waiting above 4 hours.

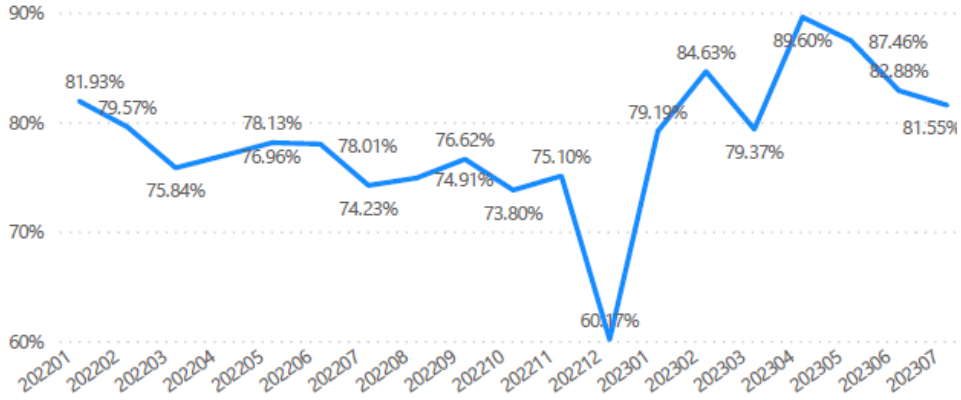
Figure 8: In Hospital Mortality Rate (%) and average inpatient length of stay, by length of stay in the Emergency Department, triage Category 1 and 2 patients only, August 2022 – July 2023



The risks are not currently just within hospitals. Indeed some of the greatest risks are for patients in the community needing an emergency ambulance to attend to them[7]. West Midlands Ambulance Service has experienced sustained pressure with hospital handover delays at Emergency Departments over the last few years, meaning crews are unable to be released to get to the next 999 call at times.

[7] College of Paramedics and Royal College of Emergency Medicine (2021), *Increased ambulance handover delays threatening patient safety, RCEM and College of Paramedics warn* https://www.rcem.ac.uk/RCEM/News/News_2021/Increased_ambulance_handover_delays_threatening_patient_safety__RCEM_and_College_of_Paramedics_warn.aspx

Figure 9: % of Ambulance Handovers within 30 mins, Black Countr ICB, January 2022 – July 2023



This year's Winter Plan explicitly seeks to build on the National delivery plan for recovering urgent and emergency care services, released in January 2023. The plan set out five key objectives, namely:

A) Increase capacity to help reduce bed occupancy, provide additional ambulances and expand 'Same day' emergency care services. *Walsall have been the recipient of £2.083M from NHSE to support the opening of 27 additional inpatient beds.*
B) Grow the workforce, including more clinicians available for 111 and Emergency Medical Technicians to work alongside paramedics.
C) Speed up discharge from hospital, including the introduction of 'Care transfer hubs' and a new approach to step-down care tat avoids the need for some therapies whilst occupying a hospital bed.
D) Expand new services in the community, with a view to avoid up to 20% of emergency admissions. This will include more joined-up care for older people living with frailty, urgent community response and greater use of virtual wards.
E) Help people access the right care first time, with 111 being he first port of call. Br April 2024, urgent mental health support will also be universally available via 111.

Alongside these five objectives, the Trust's Winter Plan seeks to place a focus on reducing overcrowding within the Emergency Department and place a rigorous focus on infection control, correctly streaming of patients upon admission to minimise the risk of nosocomial transmission.

Furthermore the Winter Plan addresses NHS England's letter (PRN00645) of 27 July 2023 from the National Director of Integrated Urgent and Emergency Care and Deputy Chief Operating Officer, the Chief Operating Officer and Chief Finance Officer of NHS England pertaining to Delivering operational resilience across the NHS this winter and the ten high-impact interventions contained within.

Specifically, in response to NHS England's requirements, this plan:

- ✓ Continues to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place (see below)
- ✓ Contains operational and surge planning to prepare for different winter scenarios
- ✓ Has been endorsed by the Black Country ICS Urgent & Emergency Care Board to ensure effective system working across all parts of the system
- ✓ Strategically has clear emphasis on supporting our workforce to deliver over winter

Our staff have continued to work tirelessly throughout this year. Whilst Spring and Summer often brings a less pressured time for the NHS, regrettably this year the heightened pressure has been largely constant. Some staff are tired from the cumulative impact of the pandemic and Urgent & Emergency Care pressures, and are nervous about the Winter ahead. We need to ensure core

Health & Well-being offerings continue throughout the coming Winter and that our Winter Plan is as resilient as it can be to both provide the best possible patient care, and the best possible working environment for staff. Importantly, and directly to support staff experience and wellbeing, we have taken a conscious decision to continue to shift the balance of the previous Winter Plan financial allocation from non-recurrent temporary interventions that often rely on our own staff undertaking more shifts, towards approved recurrent business cases to ensure substantive staff can be recruited to strengthen emergency care services. This is reflected in a reduced non-recurrent allocation for Winter in the Trust's 2023/24 Annual Plan (£1.5M).

This has played a part in contributing to the approval of the following business cases over the last year or so, all of which will support a safer Winter (and indeed all year round), in addition to ED and AMU nurse establishment reviews:

- Substantive workforce for 34 beds on Ward 4
- Substantive workforce for Ward 14 (NHSE UEC revenue funded)
- Expanded Consultant input for the General Surgery urgent & emergency care pathway
- Introduction of an additional substantive medical ward (ward 14) and 15 additional surgical beds
- Substantive Intermediate Care Service and Integrated Front Door enhancements

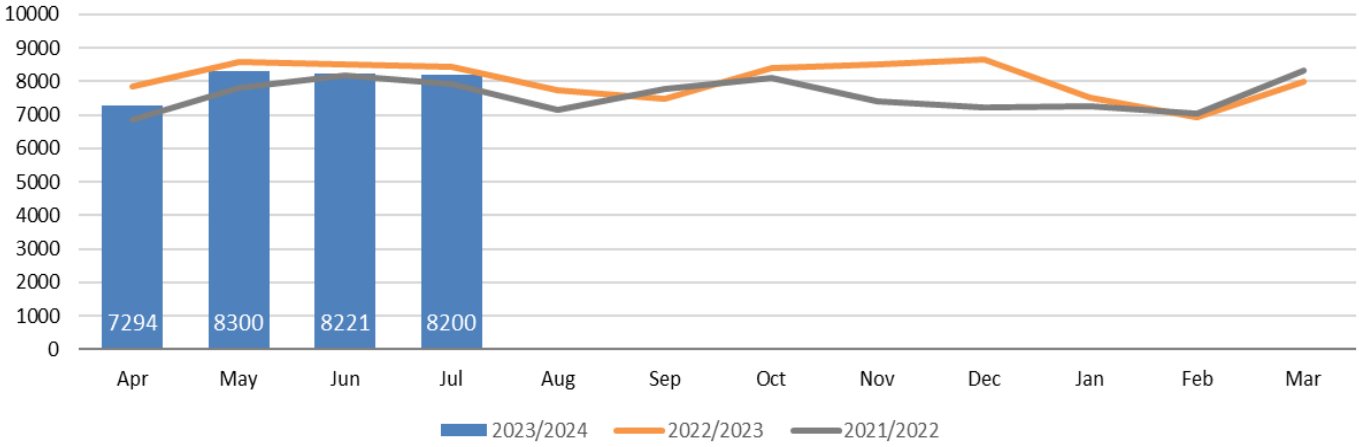
This built on those business case approved in advance of the 2022/23 Winter Plan:

- ED medical workforce (including doctors, ACPs and ENPs)
- Ambulatory Emergency Care
- Discharge Lounge hours extension
- Therapy provision to surgical wards

A full review of the 2022/23 Winter plan was undertaken across all Divisions and departments, and once more the key themes, areas of good practice, improvement and successful interventions were identified and captured. See Section 10.0 for the full review.

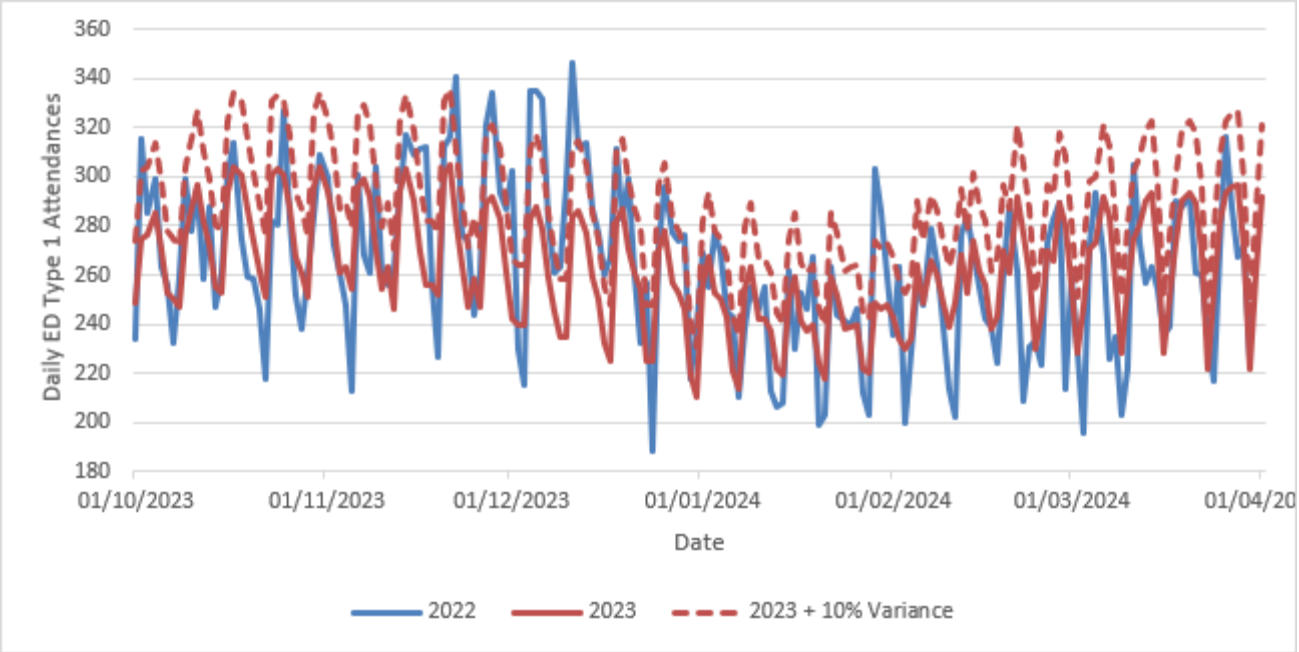
Walsall Healthcare NHS Trust Key Metrics

Figure 10: Emergency Department Type 1 attendances



It is predicted that Walsall will see a 6.25% rise in type 1 ED attendances in 2023/24, albeit with a similar trend to that seen in 2022/23.

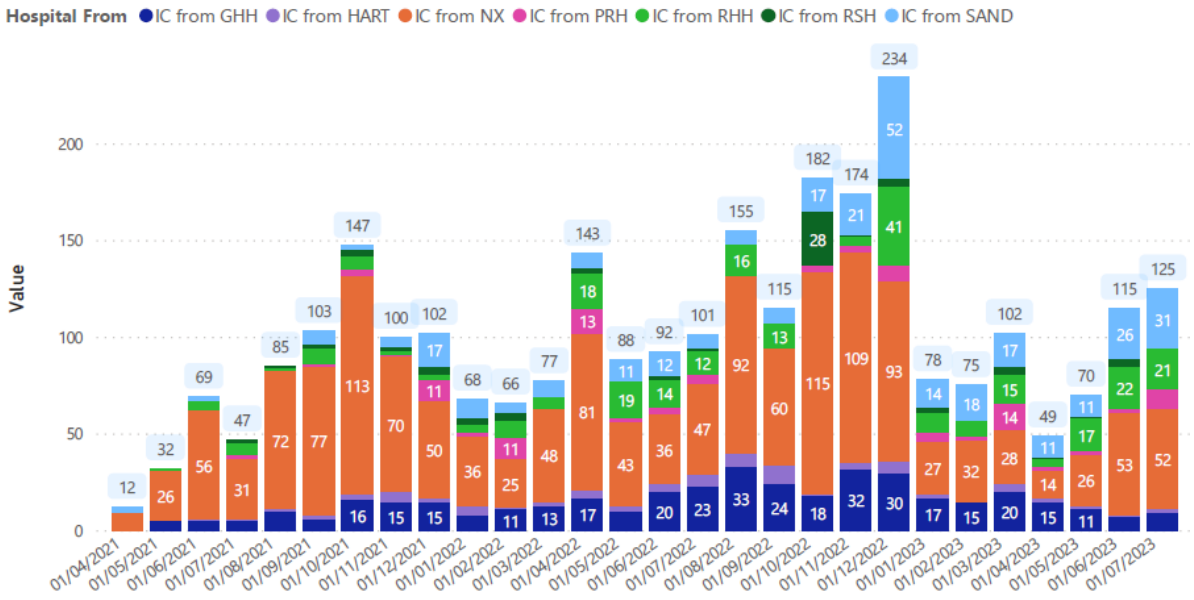
Figure 11: Actual vs predicted[8] daily Emergency Department type 1 attendances, October 2023 – March 2024



Despite our own pressures, WHT has continued to support neighbouring Trusts at times of extremis by receiving ambulances intelligently conveyed by West Midlands Ambulance Service, and by accepting requests for formal ambulance diverts where possible. Despite a reduction since a December 2022 peak, the number of intelligently conveyed ambulances Walsall is supporting is beginning to follow a similar trend, with both June and July 2023 exceeding levels seen in the previous year.

[8] The projection is based upon the level of activity from 16th August 2021 until 28th March 2022 vs the same period in 2022-2023. The projection also takes into consideration actual activity experienced over the last 6 months (2023) to capture current trend in activity [Midlands Commissioning Support Unit Analysis]

Figure 12: Intelligently conveyed ambulances to Walsall Manor Hospital, by Hospital, April 2021 – July 2023



Despite the additional support to other organisations, performance against the four hour emergency access constitutional standards have improved to be consistently with the national upper quartile and ambulance handovers remain amongst the best in the West Midlands.

Figure 13: Emergency Access Standard, National and Midlands Regional ranking, November 2020 – July 2023

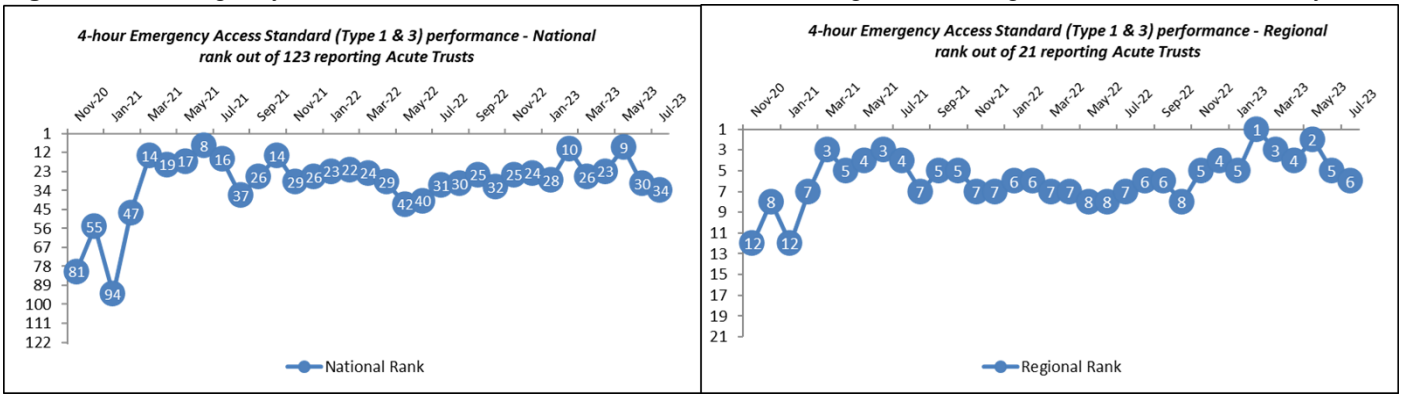
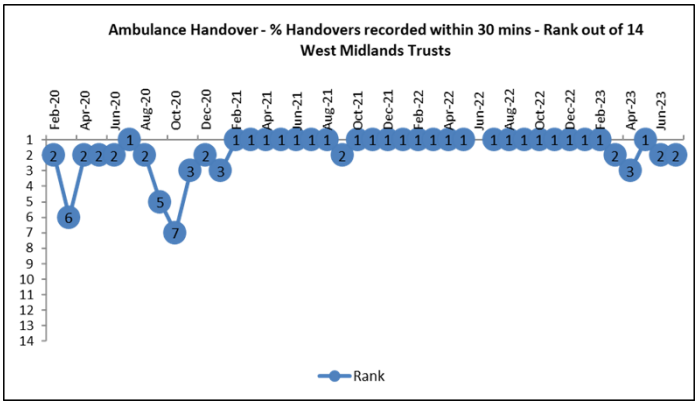


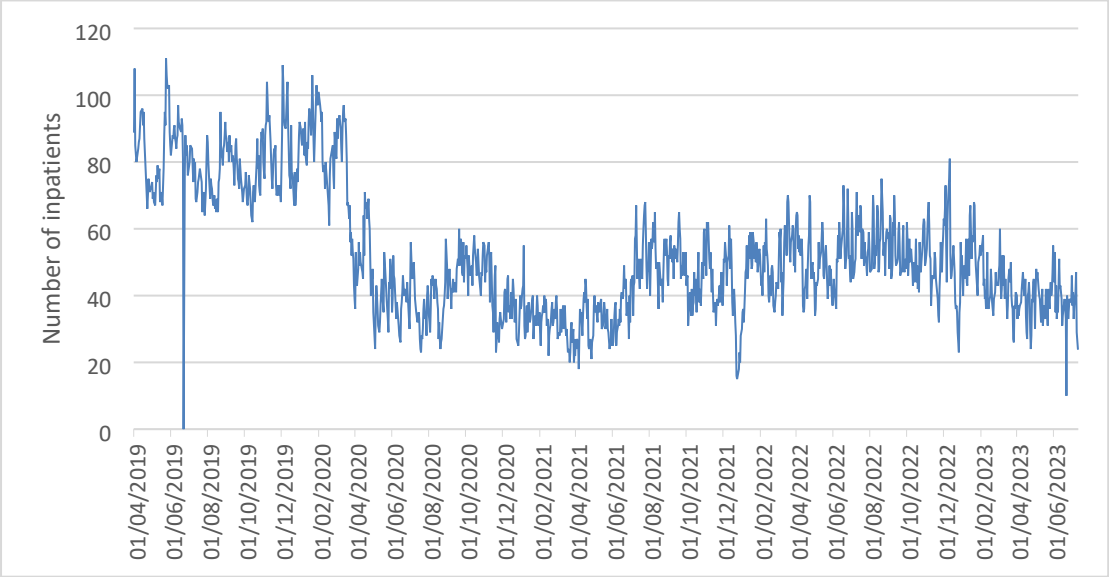
Figure 14: Ambulance handovers within 30 minutes, performance and ranking, February 2020 – July 2023

Time Period: July 2023		
Trust Name	Performanc	Rank
South Warwickshire NHS Foundation Trust	97.42%	1
Walsall Healthcare NHS Trust	93.44%	2
The Royal Wolverhampton NHS Trust	88.32%	3
University Hospitals of Derby and Burton NHS Foundation Trust	88.17%	4
Wye Valley NHS Trust	84.84%	5
University Hospitals Coventry And Warwickshire NHS Trust	82.42%	6
Sandwell And West Birmingham Hospitals NHS Trust	80.76%	7
George Eliot Hospital NHS Trust	79.62%	8
The Dudley Group NHS Foundation Trust	75.41%	9
Worcestershire Acute Hospitals NHS Trust	70.71%	10
Heart of England NHS Foundation Trust	70.50%	11
University Hospitals Of North Midlands NHS Trust	67.67%	12
University Hospitals Birmingham NHS Foundation Trust	65.96%	13
Shrewsbury And Telford Hospital NHS Trust	43.93%	14



The Trust's ability to maintain flow throughout the hospital and thus minimising exit block from ED has been greatly enhanced by the hard work of our Community Division and Walsall Together colleagues and the management of our medically stable for discharge (MSFD) patients. Since April 2023, the number of MSFD patients has averaged 38, consistently below the Trust's internal standard of 50.

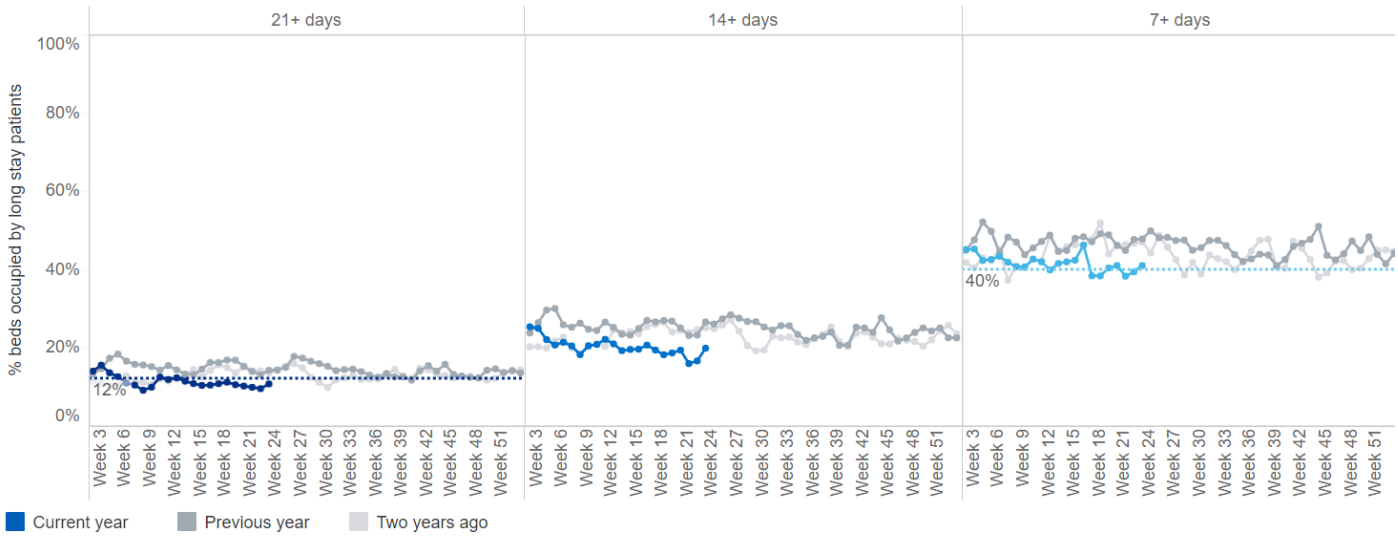
Figure 15: Daily number of patients medically stable for discharge (i.e. awaiting pathways 1-3), April 2019 – July 2023



This performance is further reinforced by how few inpatients the Trust has with a length of stay above 14 and 21 days, as can be seen in figure 16. As of 7 August 2023 - 3 September 2023:

- The Trust has the 3rd lowest proportion of inpatient beds occupied by patients with a length of stay of 21+ days (of 119 reporting Trusts);
- The Trust has the 3rd lowest proportion of inpatient beds occupied by patients with a length of stay of 14+ days (of 119 reporting Trusts).

Figure 16: Year on year comparison of beds occupied by patients as a proportion of total occupied eds, 2021/22 – 2023/24



The Winter Plan in 2023/24 is faced with the challenge of managing a limited amount of System Development Funding (SDF) which is resulting in several community interface initiatives needing to be prioritised and supported through the Trust's Winter Plan allocation. These include:

1. Continuation of the expanded Intermediate Care Service, maintaining the current number of patients medically optimised for discharge in the Trust;
2. Continuation of 7 day working for Enhanced Case Managers in Care Homes, supporting hospital avoidance and expediating discharge for patients residing in a Care Home;
3. Continuation of the Integrated Front Door Service from 0800 – 1800, providing targeted intervention for A&E attendees and inpatients, with a view to transfer care to Community Pathways;
4. Continuation of the Urgent Treatment Centre extended opening hours from 2330 – 0500.

The 2023/24 Winter Plan adopts the learning from previous years. Facilitated by EPRR, we undertake a Trust-wide learning and debrief process, of which the contents is captured in Section 10.

Approval of the 2023/24 Winter Plan will be subject to the following Governance approval process:

- Trust Management Committee on 21 September 2023
- Black Country Urgent & Emergency Care Board on 21 September 2023
- Quality Committee on 22 September 2023
- Finance & Productivity Committee on 27 September 2023
- Trust Board on 11 October 2023

3.0 Purpose of this document

3.1 The purpose of this Urgent & Emergency Care Resilience Winter Plan is to:

- Inform all relevant organisations and individuals of the way in which the system intends to manage Urgent and Emergency Care demand and provide resilience over the winter 2022/23
- Hold information on the approach taken to building the winter plan
- Provide assurance to Trust Board

3.2 The plan should be read by:

- Trust Board members
- Divisional Teams of Three
- Matrons
- Clinical Directors in all non-elective specialties
- Senior operational managers in the Trust
- All colleagues who are on an on-call rota.
- Senior operational managers in all system partner organisations
- Infection Control Leads
- Informatics Leads
- Black Country Urgent & Emergency Care Operational Group & Board

A Winter Plan Video for Trust colleagues shall be developed to ensure the Plan is widespread and understood.

3.3 This document should be read in conjunction with the following documents, plans and arrangements:

- The appendices to this document
- Emergency Department Covid Escalation Policy
- Escalation policy – Full Hospital Protocol
- Covid-19 Contingency Plan (Version 3.3 June 2021)
- RSV Surge Plan (August 2021 and ongoing)
- Major Incident Plan (May 2019)
- Divisional, Enabling Departments and local Business Continuity arrangements
- Severe Weather Plan
- Walsall Council Severe Weather Partnership
- Walsall Council Local Covid-19 Outbreak Plan

4.0 Approach to planning for winter 2023/24

4.1 Like in 2022/23, the 2023/24 Winter Plan reflections and lessons learned workshops were developed, co-ordinated and reported upon by the Head of EPRR. A detailed database of reflections, new ideas, areas that succeeded and interventions/arrangements that can be improved upon were documented. This report was shared to all Divisions and key departments and formed a strong foundation to fine tune arrangements for the winter ahead. Supplemented by strong and consistent datasets, both offered planners an excellent starting point for 2023/24 and were shared before and briefed at the initial planning meeting.

4.2 Divisions have produced strategic plans following similar principles to the previous winter. Many of these were reiterated in a letter to all staff in January 2023, providing a clear evidence base for many decisions we take and where we decide to allocate additional resource.

- **We know delayed admission from ED to inpatient wards is harmful, and contributes to increased mortality[9] [10]**
  Delays to hospital inpatient admission for patients in excess of 5 hours from time of arrival at the ED are associated with an increase in all-cause 30-day mortality. Between 5 and 12 hours, delays cause a predictable dose-response effect. For every 82 admitted patients whose time to inpatient bed transfer is delayed beyond 6 to 8 hours from time of arrival at the ED, there is one extra death. Indeed our own internal data has previously shown an approximate 0.75% increase in mortality for each additional hour a patient spends in ED prior to admission.

- **We know boarding additional patients on inpatient wards is harmful, and contributes to increased mortality[11]**
  Boarding' patients has been shown to nearly double the mortality on the wards and within 30 days of discharge not only of patients directly experiencing boarding (from 2% to 4.2%), but also for all patients on wards where patients are boarded (from 2% to 3.7%). The practice was also found to increase length of stay for all patients on wards with boarders and to increase readmissions for boarders themselves.

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[9] Getting it Right First Time (2021), *Emergency Medicine: GIRFT Programme National Specialty Report,* https://www.gettingitrightfirsttime.co.uk/medical-specialties/emergency-medicine/
[10] Jones S, Moulton C, et al (2022), *Association between delays to patient admission from the emergency department and all-cause 30-day mortality,* Emerg Med J. 2022 Mar;39(3):168-173. https://pubmed.ncbi.nlm.nih.gov/35042695/
[11] Nuffield Trust (2022), *Should Emergency Departments move patients to other wards even when there is no bed space* available, https://www.nuffieldtrust.org.uk/news-item/should-emergency-departments-move-patients-to-other-wards-even-when-there-s-no-bed-space-available

- **We know outlying medical patients to non-medical wards increases length of stay (and by proxy increases exposure to harm events), ultimately increasing bed occupancy as a result[12]**
  After adjusting for other factors, medical outliers are associated with an increased LoS, although mortality and readmissions are not worse than patients treated in appropriate specialty wards. Increased length of stay is associated with increased harm events other than death however, including hospital acquired functional decline and hospital acquired infection, as well as exacerbating increased bed occupancy.

- **We know short inpatient hospital length of stay is associated with favourable outcomes[13]**
  Short length of stay in hospital was associated with favourable post-discharge outcomes such as early readmission and mortality, and with a delay in time interval from discharge to death and shorter length of stay in hospital during readmission.

- **We know consultant-delivered care is associated with improved outcomes (including reduced length of stay)[14]**
  Studies designed to improve patient care which have incorporated earlier involvement of consultants have resulted in better patient outcomes, more efficient use of beds and decreased length of stay.

- **We know well coordinated care (particularly for older patients) is associated with reduced length of stay[15]**
  Multidisciplinary team care, Improved discharge planning, early supported discharge programmes and use of defined clinical care pathways, including advanced care planning are all shown to reduce length of stay.

- **We know community alternatives to hospital for urgent & emergency care can deliver high quality urgent care for patients[16]**
  Community services, including Urgent Community Response/Rapid Response Team services can deliver high quality care for patients with urgent care needs, with high levels of patient satisfaction and good clinical outcomes.

Our strategic focus remains aligned with this evidence.

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[12] Nuffield Trust (2022), *Should Emergency Departments move patients to other wards even when there is no bed space* available, https://www.nuffieldtrust.org.uk/news-item/should-emergency-departments-move-patients-to-other-wards-even-when-there-s-no-bed-space-available

[13] Han T et al (2022), *Evaluation of the association of length of stay in hospital and outcomes*, International Journal for Quality in Health Care, Volume 34, Issue 2, 2022, mzab160, https://doi.org/10.1093/intqhc/mzab160

[14] Academy of Medical Royal Colleges (2012), *The Benefits of Consultant delivered care*, http://www.aomrc.org.uk/wp-content/uploads/2016/05/Benefits_consultant_delivered_care_1112.pdf

[15] Miani C, Ball S, Pitchforth E, et al (2014). *Organisational interventions to reduce length of stay in hospital: a rapid evidence assessment*. Southampton (UK): NIHR Journals Library; 2014 Dec. (Health Services and Delivery Research, No. 2.52.) Scientific summary. https://www.ncbi.nlm.nih.gov/books/NBK263809/

[16] The Strategy Unit (2022), *Urgent Community Response: Evidence Scan,* https://www.strategyunitwm.nhs.uk/sites/default/files/2022-05/Urgent%20Community%20Response%20Evidence%20Scan%202022%20%281%29.pdf

5.0 Winter plan modelling methodology

The following methodology was used to calculate the expected impact/benefits of the planned interventions to produce a winter bed model at a Black Counatry ICS Level.

Approach

The winter planning for 2023/24 was conducted using a discrete event modelling methodology. This approach allocates both activity levels and lengths of stay randomly from a distribution. In this case, the distribution is taken from the prior 24 months. Such a statistical approach better reflects the likely variation in factors that provide a challenge to hospital bed occupancy.

Whilst predicted demand for Winter 2023/24 is based on data across the prior 24 months, Winter 2022/23 carries the greatest weighting. The data is inclusive of:

- Ambulance conveyances including out of area conveyances and intelligent conveyances.
- ED Walk in activity.
- Changes in Length of stay for both medical and surgical patients.
- Medical, surgical and paediatric activity was modelled with discrete medical, surgical and paediatric bed availability. That is, the bed bases are considered mutually exclusive.
- The model was largely influenced by the high influenza admissions rates of the previous winter.

6.0 Modelling

- The Trust has a substantive G&A bed base of 466 beds, inclusive of Critical Care but exclusive of Paediatrics.
- At the peak of winter pressures including predicted COVID, a combination of other infections such as Flu and Pneumonia, adverse winter weather and intelligent ambulance conveyancing suggests a requirement of between 506 and 543 beds. This results in a forecast unmitigated bed deficit of between 40 and 77 beds. There are a predicted total of 17 to 39 days where demand exceeds the 335 bed base; this is across a 12 week period.
    - There is a peak demand for medical beds of 381 against a G&A medical bed base of 335 leaving a forecast unmitigated bed deficit of 46 beds. There are a predicted total of 18 days where demand exceeds the 335 bed base.
    - There is a peak demand for surgical beds of 119 against a G&A surgical bed base of 110 leaving a forecast unmitigated bed deficit of 9 beds. There are a predicted total of 25 days where demand exceeds the 110 bed base.

Figure 17: Bed Demand Predictions, G&A Beds (exc. Paeds) at Walsall Manor Hospital, October 2023 – March 2024

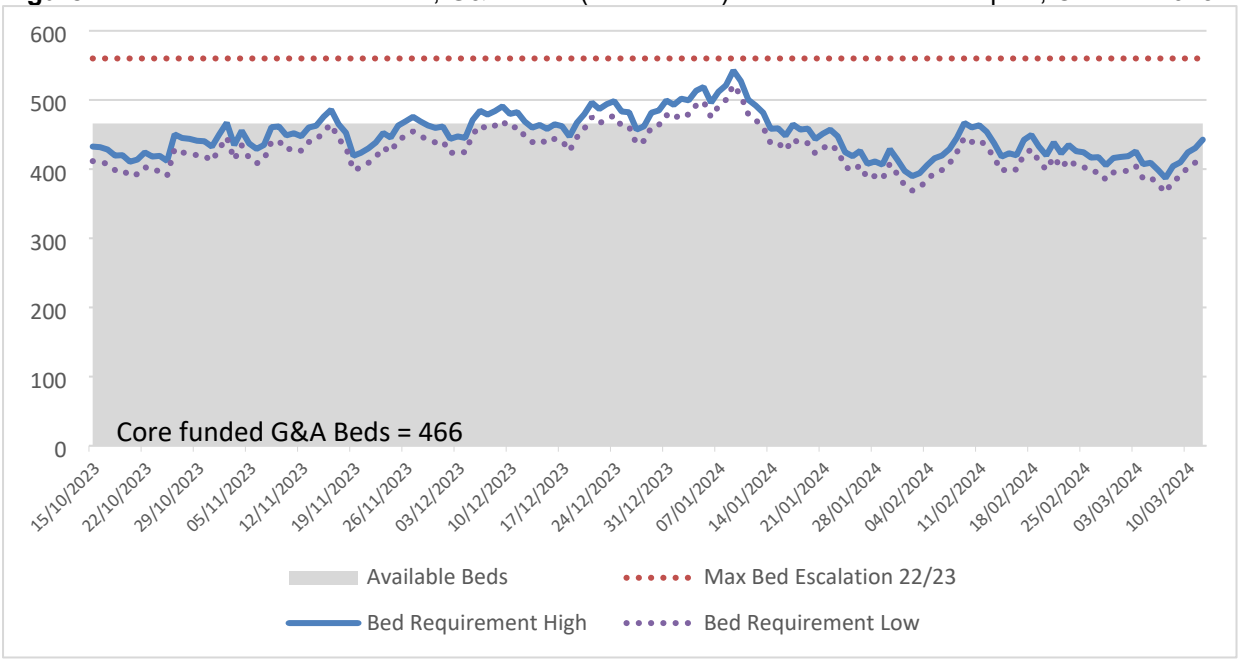


Figure 18: Bed Demand Predictions, Medical Beds at Walsall Manor Hospital, October 2023 – March 2024

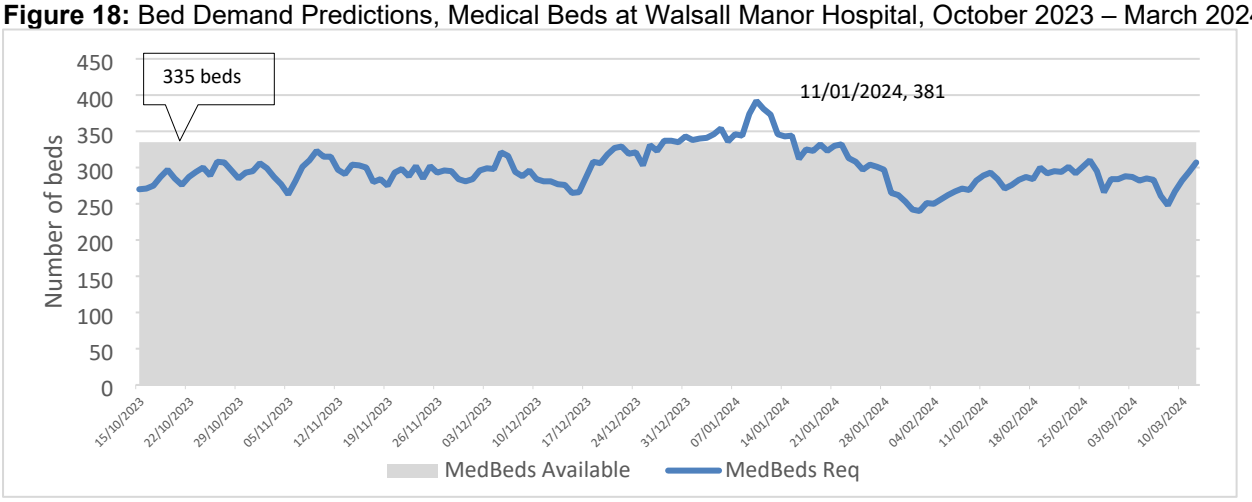
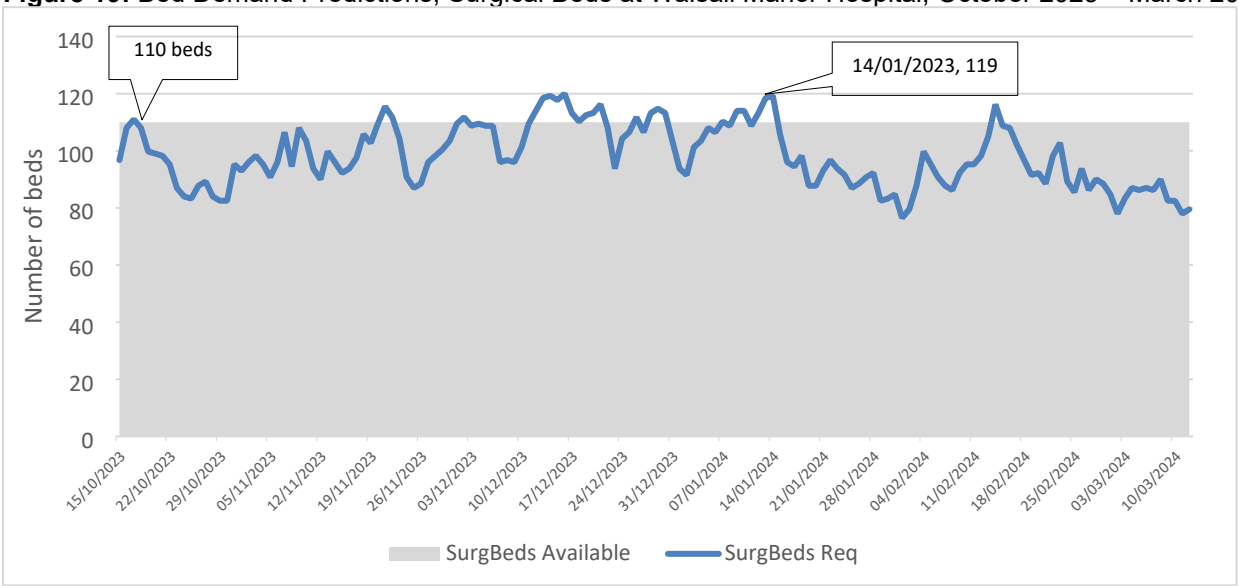


Figure 19: Bed Demand Predictions, Surgical Beds at Walsall Manor Hospital, October 2023 – March 2024



The gap across the remaining three Acute Trusts in the Black Country is generally greater than that seen at Walsall. Whilst this is testament to the aforementioned improvements made at Walsall across the urgent & emergency care pathway, the Trust cannot function is isolation of the emergency demand seen across the ICB. We can see that there is an unmitigated gap of between 11 and 48 beds at its peak. It is however worth observing that the unmitigated gap in beds is expected to predominantly last from 20 November 2023 to 15 January 2024. This will be approximately an eight week period. It is also worth noting that there is clear evidence of increased risk with bed occupancy levels exceed 92% and so caution should be applied in interpreting sufficient beds to run at 100% occupancy on certain days to be adequate.

The impact of the Winter Plan 2023/24 – of which the detail is captured in section 7 - is expected to partially mitigate the bed gap, the entire gap cannot be closed.

Figure 21: Bed Gap, with the impact of mitigations, Medical Beds, Walsall Manor Hospital

	Optimistic scenario	**Pessimistic scenario**
Unmitigated G&A bed shortfall	**40**	**77**
Mitigating Interventions		
Intermediate Care Service capacity to hold MSFD patients to <40 rather than <50	-5	-5
Additional Surgical Beds on Ward 23	-5	-5
AEC relocation (and expansion) to manage GP medical referrals	-4	-4
AEC extension until midnight	-2	-2
Consultant led Ward Rounds on Sundays	-2	-2
Fes working from the Unit at a Weekend	-1	-1
Virtual Ward reduction in excess bed days	-3	-3
Integrated Front Door admission avoidance	-4	-4
Improved inpatient CT turnaround time facilitating earlier decision making and reduced length of stay	-3	-3
Residual G&A shortfall without funded mitigation	**11**	**48**

To mitigate the residual G&A forecast bed gap, the Trust has made the request to the ICB through the Black Country UEC Operational Group and UEC Board for 21 additional overnight beds (to run from the old AMU) to open for a period of 12 weeks, at a cost of £496,774.

7. Detailed plans & summary costings

The 2023/24 Annual Plan allocated £1.5M to the Winter Plan. £0.11M was already committed as part of the business case to substantiate the nursing establishment on Ward 4 for 34 beds. This left an allocation of £1.39M.

As part of NHS England's approach to 2023/24 Annual Plans, it was confirmed that no additional winter funding allocation would be made to Trusts or ICBs mid-year. This was reinforced in NHS England's letter dated 27 July 2023 'Delivering operational resilience across the NHS this winter'.

The Department of Health & Social Care's 'Market Sustainability and Improvement Fund' for Social Care did confirm an allocation of £2,177,567 for the Walsall Local Authority for the Winter of 2023/24. This has predominantly been allocated to the Social Care Market.

Two new operational realities must be factored into the Trust's risk assessment for Winter. Firstly, the 'Cost of Living Crisis' is putting more people into poverty which respected public health

academics, such as Professor Sir Michael Marmot, saying fuel poverty will worsen both physical and mental health[17]. Secondly, the likelihood of Industrial Action continuing across the winter is now real. Junior Doctors have extended their mandate to strike for a further further six months, now ending on 29 February 2024.

This Winter Plan paper therefore outlines three options for the Board.

1. Option 1 – (£1.37M) This option sets a core set of Winter Interventions designed to mitigate the pressure on UEC, at a cost within the available Winter Plan envelope as signed off by Trust Board as part of the 2023/24 Financial Plan. However, the option heavily curtails most large interventions to November-February and does not consider any initiatives whereby the risk falls below a score of 16, leaving several significant risks to be without sufficient mitigation. Such exclusions include no additional therapist input over the weekend to expedite discharge for example.

   This option would not provide sufficient mitigation for the expected demand for hospital beds and contains avoidable and excessive risk in maintaining safe UEC services.

2. Option 2 – (£1.37M + NHS Midlands allocation + bed costs). This option enables the key interventions to run for longer over the duration of Winter to align the Trust's response with past experience of Winter pressure. This option would deliver satisfactory resilience for UEC pathways, but contain some risk in the event of a Winter with more significant adverse scenario factors such as higher levels of Covid, Influenza or Norovirus or more significant risk in the social care setting due to the cost of living crisis.

   In addition, a further 21 general medical beds would be provided for a 12-week period to fully mitigate the projected optimistic scenario and further mitigate the pessimistic scenario. [NB: this option includes an assumed allocation of £150,000 from the NHSE Midlands Region of non-recurrent revenue costs associated with revenue slippage of regional UEC capital developments, and the additional 21 beds funded by the Black Country ICB at a cost of £496,774].

3. Option 3 – (£1.96M + bed costs) This option is the broadest set of interventions and includes expanded Geriatrician input, and increased housekeeping and portering support, additional beds for Women's services and increased operational support for managing Capacity & Flow. This option would deliver the greatest resilience for UEC pathways.

   [NB: this option includes an assumed allocation of £150,000 from the NHSE Midlands Region of non-recurrent revenue costs associated with revenue slippage of regional UEC capital developments, and the additional 21 beds funded by the Black Country ICB at a cost of £496,774, in addition to further Trust funding].

[17] https://www.instituteofhealthequity.org/in-the-news/press-releases-and-briefings-/fuel-poverty-cold-homes-and-health-inequalities-press

7. 1 Financial summary

Figure 22: Financial Summary, Options 1 - 3

	Option 1		Option 2		Option 3	
	Initiatives	Add. Beds	Initiatives	Add. Beds	Initiatives	Add. Beds
Community	£362,730	-	£362,730		£362,730	
Corporate	£65,969	-	£65,969		£89,959	
Estates	£19,333	-	£19,333		£125,704	
MLTC	£584,415	-	£684,177	£496,774	£781,096	£496,774
Surgery	£110,277	-	£110,277		£224,579	
WCCSS	£227,341	-	£277,010		£399,125	
Total	**£1,370,055**		**£2,016,270**		**£2,479,966**	
External Funding						
e.g. NHS Midlands	-		*£150,000*		*£150,000*	
e.g. BC ICB	-		*£496,774*		*£496,774*	
Total	**£1,370,055**		**£1,369,496**		**£1,833,192**	

7.2 Division of Medicine

The Division has received substantial support from the Winter Plan Fund in order to recurrently invest in the ED Medical Workforce, Ward based staffing and expand Ambulatory Emergency Care. The focus on the Winter Plan is therefore focused on extending Consultant-led Ward Rounds and the opening hours for Ambulatory Emergency Care.

The Division was in receipt of funding from NHS England to support the substantive opening of 27 medical beds, based on Ward 14. A Business Case to make all 37 beds on Ward 4 substantive has also been approved in 2023/24, hence this scheme not being present in the 2023/24 Winter Plan.

It should be noted that there are no additional Winter beds as part of the core funded Winter Plan. Given the projected capacity gap – as set out in figures 18 to 21 – the Trust will escalate to the ICB for additional funding to support the temporary expansion of the medical bed capacity by a further 21 beds.

It should also be noted that there is no scheme to bolster senior decision makers within the Emergency Department. The investments in Consultant, Junior Doctors, ACP and ENP establishments is supporting winter-level capacity all year round. Furthermore, the Consultants within the Emergency Department now have annualised job plans, allowing greater flexibility as to when they are utilised.

Figure 23: Summary of intervention within Winter Plan 2023/24, Medicine & Long-Term Conditions Division

Intervention	Expected benefit	Option	Risk without inclusion (L x C)
Inpatient Ward Rounds on a Sunday	Progressing patients care plans over the weekend to ensure timely, quality care and increased discharges over the weekend; to improve flow. Sunday ward rounds will be in place on Wards 1, 2, 3, 4, 14, 15, 16, 17 and 29 from November to February.	1, 2, 3	20 (4 x 5)
Extended Ambulatory Emergency Care Opening Hours	Extending opening hours from 2200 to 0000 to maximise the ability of the Emergency Department to stream patients away, reducing occupancy and managing risk within the Department.	1, 2, 3	20 (4 x 5)

Maintaining Opening Hours of the Urgent Treatment Centre overnight	In the absence of continued SDF funding, this funding is to continue to operate the Urgent Treatment Centre from 2330 to 0530, resulting in patients being managed away from the Emergency Department.	1, 2, 3	20 (4 x 5)
Extend Frailty Unit Cover	Extending weekday hours and providing additional medical and nursing support over the weekend to ensure frail, elderly patients are seen and treated by specialists with the aim of avoiding unnecessary admissions and treated as same day emergencies. The Unit will be physically open on a weekend to enable assessment away from the Emergency Department	1, 2, 3	16 (4 x 4)
Acute Physician in the Emergency Department	In anticipation of an increase in referral for medical inpatient beds, an Acute Medicine Consultant will be based in the Emergency Department to post take medical referrals, supporting timely transfer to the appropriate medical ward.	1, 2, 3	16 (4 x 4)
Transfer Team from ED & AMU	Additional staff to ensure the timely movement of patients from ED and from AMU at times of peak demand	1, 2, 3	16 (4 x 4)

7.3 Division of Surgery

The Surgical Division have utilised some Winter Funding to support recurrent investment in Business Cases that more sustainable support additional emergency pressures. Since last Winter, the Division have had investment in expanding the General Surgery Consultant workforce, enabling the running of Hot Gall Bladder Theatre lists and increased resilience for Consultant input for emergency patients.

The Division is also ensuring that Winter Plans continue to protect the ring-fenced elective ward, which has not been breached since April 2020 and allows for the continued treatment of many urgent and routine elective patients.

Figure 24: Summary of intervention within Winter Plan 2023/24, Surgical Division

Intervention	Expected benefit	Option	Risk without inclusion (L x C)
Additional Trauma capacity	Mitigating the risk of delayed access for emergency trauma surgery, including maintaining standards against the 36 hour time to theatre standard for a fractured femur. This is particularly crucial around the bank holiday weekends.	1, 2, 3	16 (4 x 4)
Additional CEPOD capacity	Mitigating the risk of delayed access for emergency trauma surgery, including maintaining standards for time to theatre. This is particularly crucial around the bank holiday weekends.	1, 2, 3	16 (4 x 4)
Surgical Flow Nursing	To provide bolstered operational resilience for discharge planning and timely allocation of beds for surgical patients	3	12 (4 x 3)
Additional Consultant Geriatrician input	Bolstered Consultant input to support enhanced recovery of elderly and surgical patients, thus improving length of stay	3	12 (4 x 3)

7.4 Community Division

The following interventions have been derived to enhance the support for admission avoidance and complex discharge teams in order to ensure sufficient capacity to avoid delays and cope with increased demand through the Winter period.

Figure 25: Summary of intervention within Winter Plan 2023/24, Community Division

Intervention	Expected benefit	Option	Risk without inclusion (L x C)
Integrated Front Door	Maintenance of Service to support Hospital Avoidance and Expedition of Hospital Discharge onto Community Pathways within the Emergency Department and Wards	1, 2, 3	20 (4 x 5)
Intermediate Care Service	Maintenance of current staffing to maintain MFFD current activity through Winter to ensure discharges are expedited.	1, 2, 3	20 (4 x 5)
Enhanced Case Management for Care Homes	Hospital Avoidance and Expedition of Hospital Discharge for care home patients providing UCR response.	1, 2, 3	20 (4 x 5)

7.5 Division of Women's, Children's and Clinical Support Services

Several schemes have been devised and developed within the Division to support flow during the peak of winter including senior decision making, advice & guidance, increased diagnostic activity, pharmacy extended service and a bolstered workforce to support any surges arising during the winter months.

Figure 26: Summary of intervention within Winter Plan 2023/24, WCCSS Division

Intervention	Expected benefit	Option	Risk without inclusion (L x C)
Additional Nursing support for paediatric patients needing inpatient or assessment unit	To enable ward to increase bed capacity during surge and increased acuity	1, 2, 3	20 (4 x 5)
Additional medical support for paediatrics (1 WTE Consultant)	To facilitate senior decision making in ED/PAU. To allow for daily Hot clinics, Manning of GP - Consultant phone line for advice & guidance which will reduce the footfall for PAU/ED	1, 2, 3	20 (4 x 5)
Pathology-additional Norovirus and Flu testing /COVID testing	To support the seasonal flu programme	1, 2, 3	20 (4 x 5)
Extended pharmacy working hours during the winter period	To allow pharmacy resource to support completion of medicines reconciliation at the point of admission. To support higher level of discharges during the festive period. To support the timelier discharge of patients and bring forward discharges (subject to EDS being available)	1, 2, 3	20 (4 x 5)

Additional night provision for ED and Inpatients - Radiographer and CSW	To support increased activity during the evenings to ensure efficient turnaround for inpatient and ED scans continue into the night. Additional CT & plain film capacity for Inpatient and ED	1, 2, 3	16 (4 x 4)
Increased nursing support for surgical outliers (5 beds)	To support surgical female capacity during winter period.	2, 3	16 (4 x 4)

Corporate Services

Figure 27: Summary of intervention within Winter Plan 2023/24, Corporate Services

Intervention	Expected benefit	Option	Risk without inclusion (L x C)
Operation Centre extended hours	Additional operational site support provides more robust management of the site, particularly during times of peak pressure. Increasing resilience during the Twilight period is as a direct result of feedback and review of last year's plan.	1, 2, 3	16 (4 x 4)
Additional cover for Infection Control over the weekend	Strengthened evening and weekend IPC on-call cover to optimally manage the predictable increased prevalence of seasonal viruses including RSV, norovirus and influenza, as well as COVID-19.	1, 2, 3	16 (4 x 4)

The aforementioned NHS England letter contains 10 High-Impact interventions. A summary response

10 High-Impact Interventions Action		Summary Walsall plan responses
1.	**Same Day Emergency Care**: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.	Extend AEC until midnight. Relocate AEC to old ED to increase cubicle capacity.
2.	**Frailty**: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.	Run Acute Frailty service for extended hours on weekdays and from the unit at weekends.
3.	**Inpatient flow and length of stay (acute)**: reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.	Increased Imaging capacity. Additional inpatient ward consultant ward rounds on a Sunday.
4.	**Community bed productivity and flow**: reducing variation in inpatient care and length of stay, including mental health, by implementing in-	Enhanced Intermediate Care service capacity maintained. Enhanced Case Management in Care Homes.

	hospital efficiencies and bringing forward discharge processes.	
5.	**Care transfer hubs**: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.	Enhanced Intermediate Care service capacity maintained to coordinate transfer of care for all pathway 1-3 discharges.
6.	**Intermediate care demand and capacity**: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.	Enhanced Intermediate Care service capacity prioritised from Trust allocation.
7.	**Virtual wards**: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.	Maintenance of VW capacity, but constrained ability to increase due to reduced SDF funding.
8.	**Urgent Community Response**: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.	In place 08:00-00:00.
9.	**Single point of access**: driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, e.g. home treatment	In place 08:00-00:00.
10.	**Acute Respiratory Infection Hubs**: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.	Adult ARI pathway managed through Care Navigation Centre and Virtual Ward/UCR as applicable. Paediatric RSV/ARI pathway conditional on additional funding.

8.0 Risks

Winter Plan Risks

Figure 28: Winter Plan Risks

Risk (an uncertain future event that could affect the outcome)	Risk Rating	Mitigation (what steps can be taken to reduce adverse effects)
Increase in inpatient demand meets the pessimistic scenario resulting in insufficient beds to mitigate a worst case scenario	16	Initiation of Internal Critical Incident. ICB are also considering the allocation of more than 21 additional beds.
Challenges at neighbouring Trusts results in a further increase in 'intelligently conveyed' ambulances received at Walsall Manor.	16	Invoicing for costs incurred.
Increase in Covid inpatients to a level like Wave 3	12	Change in IPC rules with benefit of less disruption to normal hospital functioning. Point of Care testing in Emergency Portals. Covid & Flu Staff Vaccination Campaign
Staff Sickness increases to unsustainable levels	8	Lowest levels of vacancies at the Trust for many years, so entering this winter with greater staffing resilience than before.
MFFD list far surpasses 45 patients.	8	Walsall Together to monitor closely and quickly implement resolutions.

Corporate Risks Affected by Winter

Figure 29: Winter Plan Risks on the Corporate Risk Register

Risk Title	Current risk score	Risk description
Risk 208 Failure to achieve 4-hour emergency access standard resulting in patient safety, experience and performance risks.	16	Despite improvement in the Trust's national ranking for EAS performance, there remains a delay in patients being assessed in ED which will result in failure to achieve consistent wait to be seen times, time to treatment which will impact upon failure to achieve 4 hour EAS. This will lead to poor patient experience and risk of adverse clinical outcomes including mortality.

8.1 Command and Control.

Tactical Command will lead the Trust wide response to the winter UEC pressures and seasonal infectious disease challenges in addition to the core Site Safety Meeting structure. Battle rhythm will be set by forecasted trends and the need to respond early to appropriate indicators and triggers, particularly prevalence of influenza. Divisional leaders will ensure operational arrangements dovetail into the acute hospital Tactical Command tempo.

Thrice daily Site Safety Meetings will remain managing daily operational matters and will flex and enhance membership and tempo to meet the challenges as they present.

9.0 External Reporting

Early reporting of data that indicates emerging problems is seen as a key element in the effective management of winter. Trusts are required to use UNIFY2 for reporting local winter pressures. Clarity regarding SITREP contents will follow in due course, current expectations are:

- temporary A&E closures
- A&E diverts
- ambulance handover delays over 30 minutes
- trolley-waits of over 12 hours
- cancelled elective operations
- urgent operations cancelled in the previous 24 hours and those operations cancelled for the second or subsequent time in the previous 24 hours
- availability of critical care, paediatric intensive care and neonatal intensive care beds
- non clinical critical care transfers out of an approved group and within approved critical care transfer group (including paediatric and neonatal)
- bed stock numbers (including escalation, numbers closed, those unavailable due to delayed transfers of care etc.)
- and details of actions being taken if trust has considers that it has experienced serious operational problems

The additional Covid-19 reporting requirements are as follows:

- STP Covid Daily
- National Covid Daily
- Discharge Daily
- Mortuary Weekly
- PPE Weekly

10.0 Appendices

Winter Plan phased interventions and costings

Winter Plan 2023-24 19Sept23.xlsx

Severe Weather Plan

http://themanor.xwalsall.nhs.uk/Data/Sites/1/userfiles/858/severe-weather-plan---assumptions-and-expectations.docx

Winter Plan 2022/23 Reflections & Debrief

Walsall Healthcare NHS Trust

UEC Resilience: Winter Plan 2022-23 Debrief Report

Collation of reflections from all Divisions and key Departments

Chief Operating Officer, All Divisional Directors of Operation

April 2023 (Version 2.0, Final)

Mark Hart, Head of EPRR
Debbie Barry, ICC Operations and Project Manager

1

NHS England letter
https://www.england.nhs.uk/wp-content/uploads/2023/07/PRN00645-delivering-operational-resilience-across-the-nhs-this-winter-270723.pdf

To:
- ICB:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
  - chief people officers
- NHS acute, community and mental health trust:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses/directors of nursing
  - chief people officers
- Primary care networks

cc.
- NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

27 July 2023

Dear Colleagues,

Delivering operational resilience across the NHS this winter

This letter sets out our national approach to 2023/24 winter planning, and the key steps we must take together across all parts of the system to meet the challenges ahead.

In January, we published our delivery plan for recovering Urgent and Emergency Care (UEC) services: an ambitious two-year plan to deliver improvements for patients across the integrated Urgent and Emergency Care (iUEC) pathway. This plan, along with the Primary Care Recovery Plan, Elective Recovery Plan and the broader strategic and operational plans and priorities for the NHS, provides a strong basis to prepare for this winter.

The publication of the UEC Recovery Plan followed an incredibly challenging winter – with high rates of infectious disease, industrial action, and capacity constraints due to challenges discharging patients, especially to social and community care. We know these challenges have continued but want to thank you for the work you have done in the face of this to ensure that there have nonetheless been significant improvements in performance. Thanks

to these improvements, we are in a significantly better place compared to last summer. Compared to last June, A&E performance has improved and Category 2 performance is 14 minutes faster.

This progress and the plan we are today setting out for winter preparedness are key steps in helping us achieve our two key ambitions for UEC recovery of:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

To help achieve these ambitions, we have ensured that systems have had clarity over finances well before winter to allow them to plan effectively and further roll-out the measures that we know will improve services for patients. We have invested extensively in this, including:

- £1 billion of dedicated funding to support capacity in urgent and emergency services, building on the £500 million used last winter.
- £250 million worth of capital investment to deliver additional capacity.
- £200 million for ambulance services to increase the number of ambulance hours on the road.
- Together with DHSC, an additional £1.6 billion of discharge funding over 2023/24 and 2024/25, building on the £500 million Adult Social Care Discharge Fund.

While we are making good progress towards achieving our overall ambitions, we want to encourage providers to achieve even better performance over the second half of the year. We will therefore be launching an **incentive scheme** for those providers with a Type 1 A&E department to overachieve on their planned performance in return for receiving a share of a £150 million capital fund in 2024/25. We are asking providers to meet two thresholds to secure a share of this money:

- Achieving an average of 80% A&E 4-hour performance over Q4 of 2023/24.
- Completing at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

We recognise that these are stretching targets but know that many providers will be able to achieve these to help the NHS as a whole make greater headway towards improving care for patients. Providers should already be putting measures in place which will contribute towards reaching these, including a greater focus on the longest times in department, particularly those spending longer than 12-hours, and wider system flow. We will communicate more details on this shortly, including how we will be working with you to improve data quality.

Turning to our wider planning for winter, we are clear that the challenges are not just in ambulance services or emergency departments, and recovery requires all types of providers to work together to provide joined-up care for patients. ICBs will play a vital role in system leadership but the actions we take need to extend across the wider health and care system including mental health services, services for children and young people, community health services, primary care and the voluntary, community and social enterprise (VCSE) sector.

We are therefore setting out four areas of focus for systems to help prepare for winter:

1. Continue to deliver on the UEC Recovery Plan by **ensuring high-impact interventions are in place**

Together with systems, providers, and clinical and operational experts we have identified 10 evidence-based high-impact interventions. These are focused around reducing waiting times for patients and crowding in A&E departments, improving flow and reducing length of stay in hospital settings. Delivering on these will be key to improving resilience in winter. We have recently written to all systems to ask that they assess their maturity against these areas as part of the universal improvement offer for the UEC Recovery Plan. Systems will then receive dedicated support on the four areas they choose to focus their improvement for winter.

More detail on these areas can be found at Appendix A and on the NHS IMPACT website.

2. **Completing operational and surge planning** to prepare for different winter scenarios

We have already collectively carried out a detailed operational planning round for 2023/24 but we are now asking each system to review their operational plans, including whether the assumptions regarding demand and capacity remain accurate. Although this will cover surge planning for the whole winter, specific plans should be made for the Christmas/New Year/early-January period which we know is often the most challenging time of the entire year.

In addition to this, and recognising the importance of planning for multiple scenarios, we are asking systems to identify how they will mobilise additional capacity across all parts of the NHS should it be required to respond to peaks in demand driven by external factors eg, very high rates of influenza or COVID-19, potential further industrial action.

This planning is essential to ensure winter plans protect and deliver elective and cancer recovery objectives, as well as deliver the primary care access programme, and proactive care for those most at risk of hospital admission (guidance on proactive care will be published shortly).

Next week, we will be issuing each ICB with a template to capture their surge plan and overall winter plan. We will work with those areas that are facing the greatest challenges across the UEC pathway via our tiering programme to support them in completing these returns. If you think you require additional support, please contact england.uec-operations@nhs.net.

All returns should be sent to england.uec-operations@nhs.net by **11 September 2023**.

3. **ICBs should ensure effective system working across all parts of the system**, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector.

ICBs will play a vital role in system leadership and co-ordination but it is important that all parts of the system play their role. The NHS England operating framework describes the roles that NHS England, ICBs and NHS providers should play, working alongside our partners in the wider health and care system. It outlines our collective accountabilities and responsibilities to ensure we deliver a health service that maximises outcomes for patients.

To help systems plan, we have developed a set of recommended winter roles and responsibilities (**Appendix B**) to ensure clarity on what actions should be undertaken by each part of the system. These will require broad clinical leadership to implement, and systems should be using these to develop their winter planning return, reflecting how these relate to the circumstances within their individual system.

DHSC is also writing to local authorities and the adult social care sector shortly to set out priority actions for improving winter resilience and encouraging cross-system working with the NHS on winter planning.

To assist system working this winter, next week, we will also be publishing an updated specification for System Co-Ordination Centres and an updated Operational Pressures Escalation (OPEL) Framework to ensure we are taking a consistent and co-ordinated approach to managing pressures across all systems.

4. **Supporting our workforce** to deliver over winter

This year colleagues have continued to work incredibly hard in the face of increased demand. We know how much supporting your workforce matters to you, and it is crucial that employers ensure that they take steps to protect and improve the wellbeing of the workforce.

Last winter, we saw flu return at scale. It is vitally important that we protect the public and the health and care workforce against flu and other infectious diseases, and the best way of doing this is to ensure they are vaccinated. Providers should also ensure that they have an

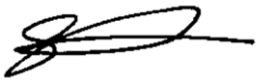
established pathway for identifying patients at-risk of COVID-19 and flu in their care, including those who are immunosuppressed.

Systems and providers should also continue to improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise, as set out in 2023/24 priorities and operational planning guidance and more recently in the NHS Long Term Workforce Plan, and ensure continued supply through maintaining education and training.

We want to thank you and everyone across the NHS for your continued hard work this year, we have again faced some unprecedented challenges but through strong partnership working we have once again risen to these.

The coming months will undoubtably be difficult, but we will continue to support you to ensure that we collectively deliver a high-quality of health service to patients and support our workforce. Thank you again for all your efforts as we work to build a more resilient NHS ahead of winter.

Yours sincerely,



Sarah-Jane Marsh
National Director of Integrated Urgent and Emergency Care and Deputy Chief Operating Officer
NHS England

Sir David Sloman
Chief Operating Officer
NHS England

Julian Kelly
Chief Financial Officer
NHS England

Appendix A: 10 High-Impact Interventions

Action	
1.	**Same Day Emergency Care**: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2.	**Frailty**: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3.	**Inpatient flow and length of stay (acute)**: reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4.	**Community bed productivity and flow**: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
5.	**Care transfer hubs**: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6.	**Intermediate care demand and capacity**: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
7.	**Virtual wards**: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
8.	**Urgent Community Response**: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
9.	**Single point of access**: driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment
10.	**Acute Respiratory Infection Hubs**: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

Classification: Official

To:
- All NHS trusts:
  - chairs
  - chief executive officers
  - estates leads

cc.
- Integrated care boards:
  - chairs
  - chief executive officers
  - estates leads
- Regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

5 September 2023

Dear Colleagues,

Reinforced aerated autoclaved concrete (RAAC)

Last week new guidance was published by the Department for Education regarding the approach to the presence of RAAC in the school estate. This has generated heightened public interest in the presence of RAAC in the NHS estate, and a number of questions from colleagues.

You are all aware of the risks associated with RAAC as part of the extensive programme of work undertaken over recent years. We are writing to reiterate the position in the NHS estate, and to outline actions you should be taking to assure yourselves as far as possible that RAAC is identified and appropriately mitigated, to keep patients, staff and visitors safe.

To provide co-ordination to these actions, we will be communicating via regional operations centres. **Please therefore ensure that appropriate arrangements are made within your organisation to be able to respond to communication from your regional operations centre (ROC) on this subject.**

Guidance on RAAC identification, monitoring and remediation

All guidelines on RAAC are based and driven by expert advice from the Institute for Structural Engineers (IStructE). There has been no change in IStructE guidance, which government has confirmed continues to be the basis of action to manage the situation in the NHS and wider public sector. We continue to work closely with government departments and technical advisory groups and have asked to be made aware of any changes to the guidance so that we can share these with you immediately.

Following an alert issued by The Standing Committee on Structural Safety (SCOSS) in 2019, the NHS in England put in place a now well-established programme to identify RAAC, support providers to put appropriate mitigations in place, and plan for eradication. We have worked closely with the trusts managing the 27 previously identified sites, including securing funding for investigative, safety/remedial and replacement work, with three of those sites now having eradicated RAAC.

As part of this ongoing work, in May 2023 NHS England sent out additional guidance to organisations including all provider trusts (including mental health, community and ambulance) following updated national guidance from IStructE on RAAC identification, management and remediation and Further Guidance on Investigation and Assessment (April 2023).

Identification of RAAC

We asked trusts to assess their estate again based on this updated guidance. Initial assessments of additional sites identified through this process are already being undertaken and are expected to be completed by the end of this week. The national RAAC programme team are collating information from these assessments, including where appropriate mitigation plans and the steps necessary to remove this material from use.

Given the importance of this work, we ask that – in any instances where this has not already been the case – boards ensure they support their estates teams and review the returns they provided to assure themselves that the assessments made were sufficiently thorough and covered all buildings and areas on your estate (including plant/works, education and other non-clinical areas/buildings).

ICBs will want assurance about the primary care estate and should work with their local primary practices and PCNs to ensure you have confirmation that no RAAC has been identified or, where it has, on the identification and management of RAAC. Guidance for the primary care estate was circulated in January of this year, which ROCs can reshare.

Management of identified RAAC

Trusts which have previously identified RAAC will have put in place management plans in line with the IStructE guidance.

In light of the need to maintain both the safety and confidence of staff, patients and visitors, **we recommend that in those organisations where the presence of RAAC has been confirmed and is being managed, boards take steps now to assure themselves that the management plans in place for each incidence – and particularly where panels are currently subject to monitoring only – are sufficiently robust and being implemented.**

Where you think you require assistance in completing this work, please contact: england.estatesandfacilities@nhs.net.

Planning for RAAC incidents

Effective management of RAAC significantly reduces associated risks; but does not completely eliminate them. Planning for RAAC failure, including the decant of patients and services where RAAC panels are present in clinical areas, is therefore part of business continuity planning for trusts where RAAC is known to be present, or is potentially present.

A regional evacuation plan was created and tested in the East of England. Learnings from this exercise have been cascaded to the other regions.

We would recommend that all boards ensure that they are familiar with the learning from this exercise and that they are being incorporated into standard business continuity planning as a matter of good practice.

This exercise is, however, essential for those organisations with known RAAC, and should be done as a matter of priority if it has not already been completed.

Thank you to you and your teams for the work on this to date, particularly in those organisations where RAAC has been found and management/remediation plans have been enacted. As mentioned above we will communicate further information through ROCs.

Yours sincerely,

Jacqui Rock
Chief Commercial Officer

Dr Mike Prentice
National Director for Emergency Planning and Incident Response

Walsall Healthcare NHS Trust

Trust Board Meeting to be held in Public – October 2023

Title of Report	a) Highlight Report from the People Committee Chair	Agenda Item No: 9.1
Author:	b) Clair Bond – Director of HR Operations and OD Walsall Healthcare NHS Trust	
Presenter:	c) Junior Hemans – Non Executive Director and Chair of the People and Organisation Development Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	d) 25th September 2023	

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

Recommendations:

The Board is asked to note the National Staff Survey went live on 21st September 2023; the response rate is currently 9.3%.

The Board is asked to note that the People Committee is seeking to bring Non-Executive Representation to the EDI, Health and Wellbeing and Health and Safety groups. The People Committee are seeking particular assurance on staff experience and on incidences of bullying and harassment in order to make further progress on the Trust Board Pledge.

The Board is asked to note that the workforce metrics for appraisal and mandatory training are below target and a recovery plan is in place for performance against target for appraisals, and in particular for corporate and estates areas.

The Board is asked to note the positive development of career frameworks is progressing well, with a positive impact on retention. The People Committee has commissioned a further assurance report on the impact of the retention measures currently in place, including the intelligence from exit monitoring and the workforce planning intelligence on planned retirements.

The Board is asked to note the continued progress with the anchor employment model in Walsall, the committee received a further assurance report detailing the impact on local economy and the contribution to bringing the local community into employment.

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

Summary of Key Issues:

1. The Career Framework is progressing well and supports the Trust retention strategy.

2. The Equality Objectives contained within the EDI strategy for 2020-2023 contain the anchor employer model. The People Committee received significant assurance on the continued progress of this approach.

3. The Safter Staffing report and skill mix review provided the People Committee with significant assurance on the nursing and midwifery workforce with the vacancy rate well within parameters of control.

4. Mandatory training compliance requires further improvement, some areas have reached target in September 2023, however further assurance is required.

5. IPDR compliance requires improvement across the Trust and the committee reviewed progress in September however further assurance on progress is required to return to compliance with target.

6. Sickness in month is above target at 5.1% and further detailed focus through the Healthy Attendance Program has been deployed to ensure workforce availability remains stable through the winter months.

7. The committee noted the start of the NHS National Survey. The Staff Survey Oversight group have been meeting throughout August and are monitoring response to the 2023 National Staff Survey.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	a) Embed a culture of learning and continuous improvement
Support our Colleagues	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement

	d) Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	a) Develop a health inequalities strategy b) Deliver improvements at PLACE in the health of our communities
Effective Collaboration	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care

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

Walsall Healthcare NHS Trust

EXCEPTION REPORT FROM PEOPLE AND ORGANISATION DEVELOPMENT COMMITTEE CHAIR

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

Alert

1. The appraisal compliance rate, at 77.7%, is below the target set and the impact of the recovery plan has not yet made sufficient progress to assure on this metric.

2. Further assurance required on Trust culture and staff experience of bullying and harassment, and performance against the 'compassionate culture' elements of the Workforce Equality Standards. Although staff engagement improved within the 2022 National Staff Survey, further improvement is required on compassionate culture and eliminating discrimination. The People Committee are focusing on this element for assurance.

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

Advise

1. The vacancy rate, at 5.6%, has achieved the target.
2. The 12-month turnover rate, at 10.6%, is above the target.
3. The 12-month retention rate, at 90.7%, has achieved the target.
4. The sickness absence rate, at 5.1%, is above the target.
5. The mandatory training compliance rate, at 85.9%, is below the target.
6. The appraisal compliance rate, at 77.7%, is below the target. Greater assurance required to recover IPDR performance Trust wide to reach target by end Q3.

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

1. The People Committee received significant assurance of progress against the anchor employer model and its impact on providing local communities with quality sustainable employment and career pathways.

2. The People Committee received significant assurance of progress on implementing career pathways and the embedding of the career framework. The delivery of these pieces of work are fundamental to the Trust's retention strategy.

3. The Trust vacancy rate remains top-quartile. The 12-month retention target is being met and continues to show stable performance.

Walsall Healthcare
NHS Trust

ACTIVITY SUMMARY
Presentations/Reports of note received including those Approved

1. No reports to be referred to Trust Board for information.

ACTIVITY SUMMARY
Presentations/Reports of note received including those Approved

1. Workforce Metrics Report.
2. Board Assurance Framework and Corporate Risk Register
3. Anchor Employer Assurance Report
4. Career Framework Report
5. Safe Staffing Report.
6. Safer Nursing Care Tool
7. Bi Annual Skills Mix Review.

Matters presented for information or noting

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

Chair's comments on the effectiveness of the meeting:

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

Walsall Healthcare
NHS Trust

People Committee

How to Interpret SPC (Statistical Process Control) charts

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

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

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

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

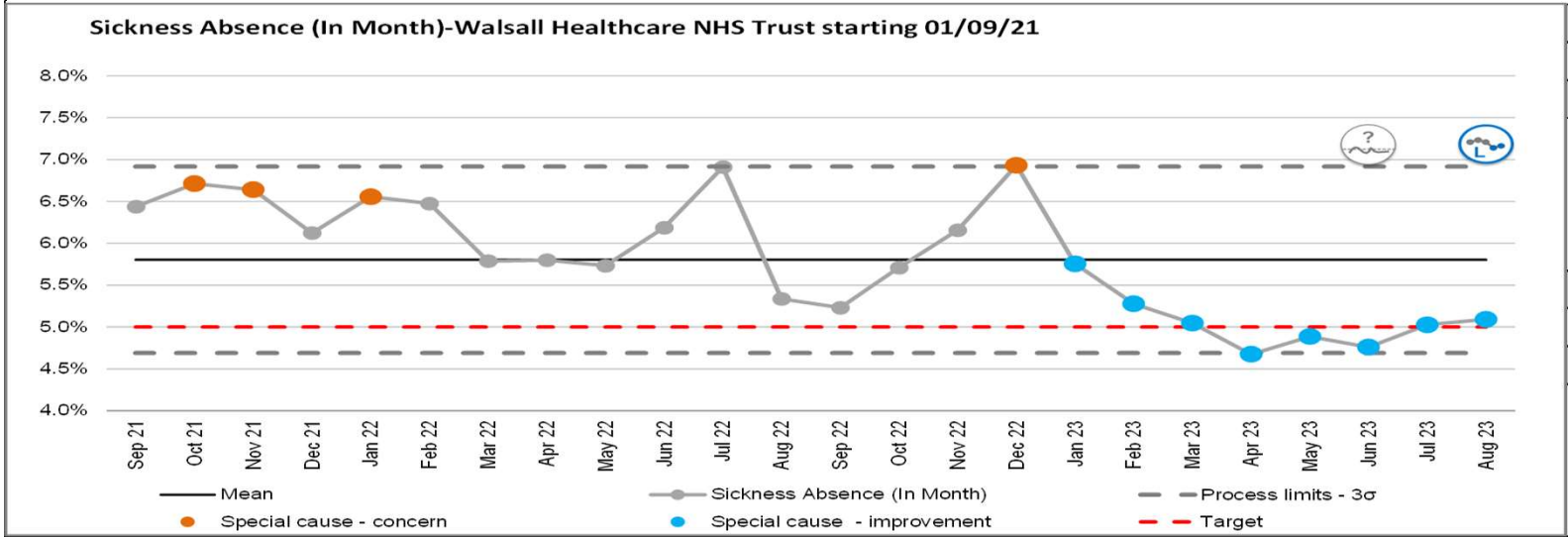
IQPR Ragging Methodology

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

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

		Reporting Period	Actual	Trajectory	2023/24 Target	SPC Assurance	SPC Variation
PEOPLE & ORGANISATIONAL DEVELOPMENT COMMITTEE							
%	Sickness Absence	Aug-23	5.09%		5.00%		
%	PDRs	Aug-23	77.18%		90.00%		
%	Mandatory Training Compliance	Aug-23	85.94%		90.00%		
%	% of RN staffing Vacancies	Aug-23	3.36%		7.00%		
%	Turnover (Normalised)	Aug-23	10.63%		10.00%		
%	Retention Rates (12 Months)	Jul-23	90.71%		88.00%		
%	Bank & Locum expenditure as % of Paybill	Aug-23	12.52%				
%	Agency expenditure as % of Paybill	Aug-23	2.20%				

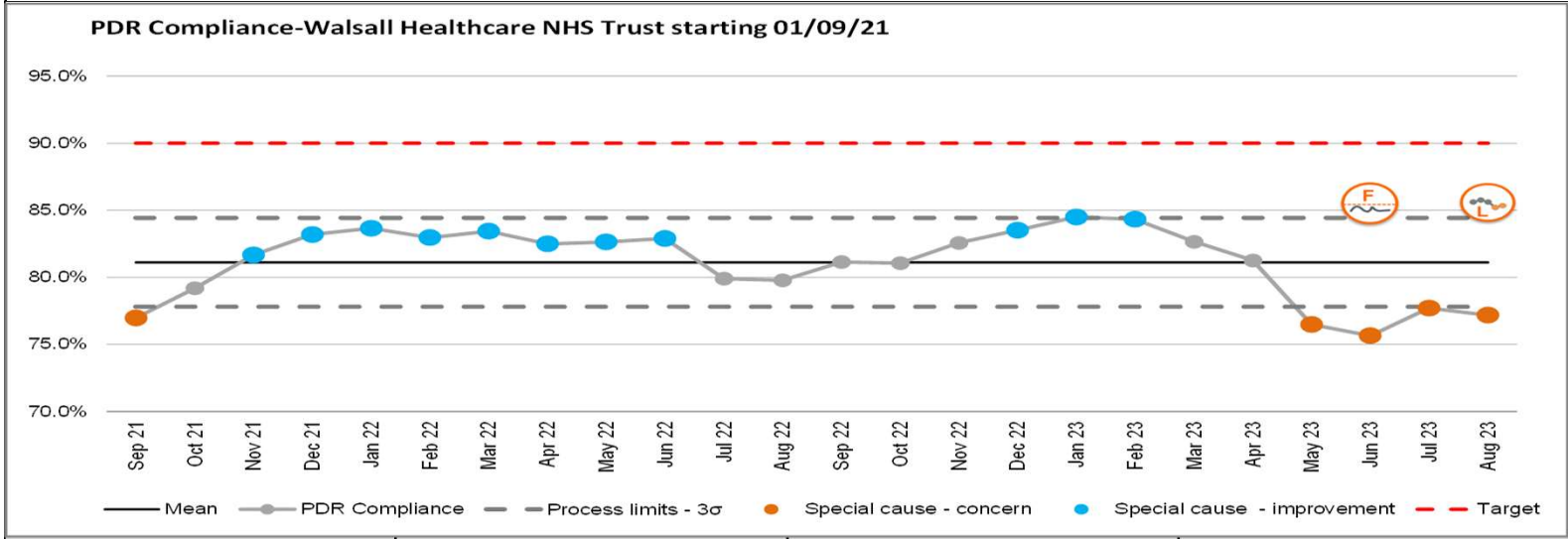
Metric Name: Sickness Absence



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

Background	What the chart tells us	Issues	Actions	Mitigations
Sickness Absence outturns have been normalised through the exclusion of COVID-19 illnesses. Separate updates of COVID-19 absence rates are shared daily with operational leads.	August 2023 sickness absence, which was 5%, confirmed a trend of special cause improvement meeting the target.	Although we are not assured of meeting the target long-term, several months of improved trajectory support the view that strategic improvements regarding attendance management are beginning to feed through into lower absence rates.	The operational improvements regarding absence data management, specifically focusing on greater recording of informative reasons for absence in ESR, have contributed to increased insights regarding absence causation with monthly manager dashboards.	Monitoring of sickness absence includes Executive oversight at the monthly Divisional review meetings. Fast track referrals by the Occupational Health Team to Physiotherapy Services will ensure that injured colleagues receive early recovery interventions.

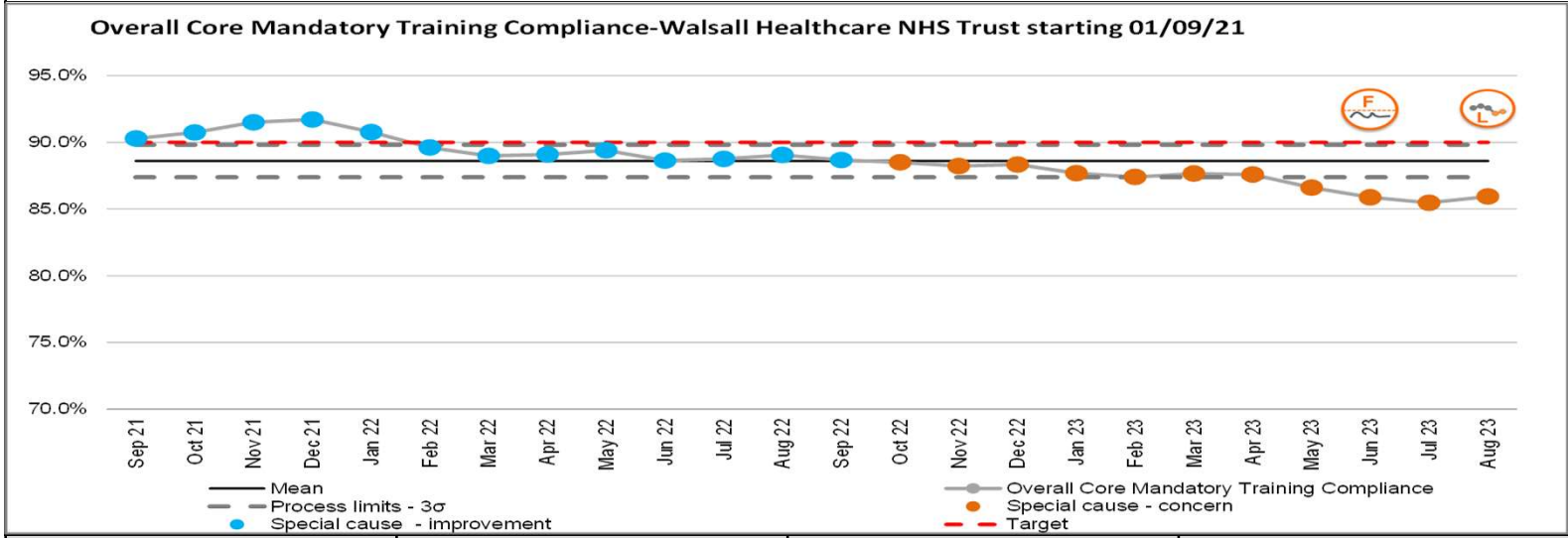
Metric Name: PDRs



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

Background	What the chart tells us	Issues	Actions	Mitigations
Appraisal compliance is calculated using exclusion lists.	Appraisal compliance also carries special cause concern, with the 77% August 2023 outturn representing an ongoing decline month on month.	The decline in annual appraisal completion rates continues to be felt most acutely amongst Corporate & Estates colleagues, with attainment rates amongst these services a clear outliner.	A collaborative support approach to manage the compliance gap at divisional level will continue, with operational leads asked to ensure recovery plans are in place for the areas of most significant concern.	Monitoring of PDR compliance is reviewed at the monthly executive led Divisional review meetings.

Metric Name: Mandatory Training Compliance



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

Background	What the chart tells us	Issues	Actions	Mitigations
Training compliance is calculated using exclusion lists.	Despite the 86% outturn for August 2023 Mandatory Training remaining an historically low level of compliance, the current 24 month trend is evidencing cause for concerns; with achievement of the 90% target no longer assured.	A downtrend trajectory continues for Mandatory Training compliance, with assurance regarding target achievement at risk.	Operational successes regarding the My Academy rollout mean that divisional teams can once again re-engage with self-service training compliance insights, which have historically led to a target achieving improvement trajectory.	The project team continues to consult with stakeholders and services to ensure implementation of the Totara LMS is carried out at a pace which does not compromise regulatory or governance commitments.

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting – to be held in Public 11 October 2023		
Title of Report:	Group Chief People Officer Report	Agenda Item No: 9.2
Author:	Clair Bond, Interim Director of Human Resources and Organisational Development	
Presenter/Exec Lead:	Alan Duffell, Group Chief People Officer	

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

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: No specific risk. On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Safe, Caring, Responsive, Effective, Well-Led.
	NHSE	Yes☒No☐	Details: Safer staffing
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: 25 September 2023
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Walsall Healthcare NHS Trust

Summary of Key Issues using Assure, Advise and Alert

Assure

The report provides assurance on key workforce metrics and items requiring escalation to the board, specifically:

- Vacancy rates
- Turnover and retention rates
- Sickness absence rates
- Training and appraisal compliance rates

Indicators relating to vacancies rates and 12-month retention are within target.

Advise

- **Vacancy rates are below target at 5.6%** reflecting, as planned for, an increased number of nursing and midwifery vacancies, combined with a reduced over-establishment amongst the clinical support workforce (e.g. Healthcare Assistants). The Medical and Dental (M&D) 4% vacancy rate reflects an increased substantive workforce; whereby more rotational doctors joined the organisation during August 2023 versus those who rotated to other Trusts.

- **Retention is meeting the target meeting the 90% target** having improved most noticeably across scientific and technical roles and clinical support services. **Turnover is 10.6% slightly elevated against the 10% target**. Exit interview processes remain in place and key themes are reported via Board Sub Committee on a regular basis. It is worth noting that in August 2023 the Trust received more rotational doctors in post graduate training compared to the doctors rotating out of the Trust.

- **In month sickness absence was 5.1%** against a 5% target and has increased slightly for the second consecutive month. The Healthy Attendance at Work Project continues a focus on long term sickness absence which combined with a high focus on prompt recording and closing of absence has led to the average length of absence for stress, anxiety and depression reducing.

Alert

The Board is alerted to:

- **Appraisal compliance is 77.7% against a target of 90%.** The decline in annual appraisal completion rates continues to be felt most acutely amongst Corporate & Estates colleagues. A formal enquiry with leadership teams of these areas is taking place in October to understand trajectories for improvement and support required to ensure all colleagues receive a quality appraisal conversation. A review of the process to streamline appraisal paperwork will take place.

- **Mandatory & Statutory training is 85.9% against a 90%** target. A downtrend trajectory continues for Mandatory Training compliance. The *My Academy* rollout for M&S training is complete and an assurance piece of work is underway to provide confidence that training compliance is accurately reflected through the system, this will be completed by the end of October. The rollout has also involved a review of subject content to ensure relevance and accessibility.
- Industrial action continues with the BMA calling with IA taken by consultants and junior doctors starting to overlap as seen in September and October. The recent ballot of Junior Doctors was successful in achieving a mandate for strike action for a further 6 months – until February 2024.

Walsall Healthcare NHS Trust

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Effective Collaboration	• Improve clinical service sustainability • Progress joint working across Wolverhampton and Walsall

Walsall Healthcare NHS Trust

Executive Summary

This report provides the Board with information and assurance on key workforce metrics and an update on key workforce matters.

Two of the six workforce indicators are meeting the agreed targets/ thresholds mandatory training, vacancy rates and 12 month retention. Appraisal compliance, turnover are sickness are rated amber.

- Normalised turnover is 10.6%, deteriorating slightly against 10.2% in July 2023, impacted by receiving a higher than normal intake of rotational doctors in training in August 2023. The retention rate is below the average of 11.4% of 2022/2023.
- The vacancy rate has worsened for the second month however continues to meet the target at 5.6%%. Over the last month the number of staff employed has increased by around 45WTE, driven by increases across the staff groups, with the largest increases in registered nursing staff. Recruitment continues to outpace turnover. Of the 350 wte Clinical Fellowship Nurses currently employed at the Trust 51wte continue to work towards registration.
- Attendance levels have remained broadly stable with a very slight worsening between July and August 2023. The in month performance for this indicator is below the target at 5.1% against a target of 5%. Levels of absence remained elevated and will continue to impact performance in relation to the 12 month rolling absence rate for some time which currently sits at 5.76%. The Healthy Attendance at Work Programme continues.
- Performance in relation to generic Mandatory Training continues below the expected target of 90%. Despite a slight improvement in month. In relation to appraisal, compliance rates remain significantly below target and is rated red. Focused work with corporate and estates areas is taking place over October.
- The fill rate in August was 96.29% combined for registered nursing staff and CSW an increase from 94% in July 2023. In August enhanced roster controls were implemented to reduce bank usage such as elating approval of rota and requested shifts via matrons. The key drivers for bank cover remain; backfilling slots for CFN pre-registration, sickness cover over and above 3.4% in any ward area and providing 1:1 care via Mental Health Support Workers.

Walsall Healthcare NHS Trust

Key Workforce Metrics

	Target	Will We Meet The Target?	Is Performance Stable?
Sickness Absence	5%	Sometimes	Getting Better
Mandatory Training Compliance	90%	Sometimes	Getting Worse
Appraisal Compliance	90%	No	Getting Worse
Turnover (12 Months)	10%	No	Getting Better
Retention (12 Months)	88%	Yes	Getting Better
Vacancy Rate	7%	Sometimes	Yes

Walsall Healthcare NHS Trust

Executive Board Meeting		
Title of Report:	August 2023 Workforce Metrics	Agenda Item No: 9.2.1
Author:	Sebastian Smith – Cox (Group Head of Workforce Intelligence & Planning) s.smith-cox@nhs.net	
Presenter/Exec Lead:	Alan Duffell, Group Chief People Officer	

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

Recommendations:

The board are asked to note the content of this report within the context of Trust performance management objectives and strategic objectives related to people and organisational development.

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	The risk to the organisation is concerning: • Use of Resources. • Employment legislation. • Equality, Diversity & Inclusion. • Organisational Reputation. Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	Resource implications concerning staff health and wellbeing and attendance at work. Impact on financial resources concerning bank and agency cover.		
Report Data Caveats	Please see Appendix A		
Compliance and/or Lead Requirements	CQC	Yes☐No☐	Details:
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☒No☐	Details: 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
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate. All workforce policies and procedures must comply with all relevant employment legislation and the Equality Act 2010. NHS Employers guidance and terms and conditions.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☐No☐	Date: 25 September 2023
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

The report provides assurance regarding key workforce metrics;

- Retention and turnover measures
- Sickness absence rates
- Training compliance
- Annual appraisal compliance

Indicators relating to vacancies rates and 12-month retention are within target.

Advise

- The 5.6% vacancy rate reflects a budgeted establishment that has increased month-on-month, reconciled against an actual substantive workforce that has also risen during August 2023, as per the month-end finance ledger. An increased number of nursing and midwifery vacancies, combined with a reduced over-establishment amongst the clinical support workforce (e.g. Healthcare Assistants), has contributed to a rising overall vacancy outturn. The Medical and Dental (M&D) 4% vacancy rate reflects an increased substantive workforce, whereby more rotational doctors joined the organisation during August 2023 versus those who rotated to other Trusts.

- The Trust continues to work with partners across the system to provide assurance regarding establishment controls while pursuing initiatives that improve the colleague experience. The sustained improvement trajectory for Turnover (12 Months) provides evidence that People and OD initiatives to enhance colleague experience are having a positive impact.

- The decline in annual appraisal completion rates continues to be felt most acutely amongst Corporate & Estates colleagues, with attainment rates amongst these services a clear outliner. A collaborative support approach to manage the compliance gap at divisional level will continue, with operational leads asked to ensure recovery plans are in place for the areas of most significant concern. A formal enquiry with leadership teams of these areas is taking place in October to understand trajectories for improvement and support required to ensure all colleagues receive a quality appraisal conversation. A review of the process to streamline appraisal paperwork will take place.

- August 2023 sickness absence, which was 5%, confirmed a trend of special cause improvement meeting the target. Although we are not assured of meeting the target long-term, several months of improved trajectory support the view that strategic improvements regarding attendance management are beginning to feed through into lower absence rates. The Healthy Attendance at Work Project continues a focus on long term sickness absence which combined with a high focus on prompt recording and closing of absence has led to the average length of absence for stress, anxiety and depression reducing. The operational improvements regarding absence data management, specifically focusing on greater recording of informative reasons for absence in ESR, have contributed to increased insights regarding absence causation with monthly manager dashboards.

Alert

- Mandatory & Statutory training is 85.9% against a 90% target. A downtrend trajectory continues for Mandatory Training compliance. The *My Academy* rollout for M&S training is complete and an assurance piece of work is underway to provide confidence that training compliance is accurately reflected through the system, this will be completed by the end of October. The rollout has also involved a review of subject content to ensure relevance and accessibility.

- Industrial action continues with the BMA calling with IA taken by consultants and junior doctors starting to overlap as seen in September and October. The recent ballot of Junior Doctors was successful in achieving a mandate for strike action for a further 6 months – until February 2024.

Links to Trust Strategic Aims & Objectives	
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Effective Collaboration	• Improve clinical service sustainability • Progress joint working across Wolverhampton and Walsall

Walsall Healthcare NHS Trust

August 2023 Workforce Metrics

Executive Lead Name: Alan Duffell
Executive Lead Title: Group Chief People Officer

Document Author Name: Sebastian Smith – Cox
Document Author Title: Group Head of Workforce Intelligence & Planning

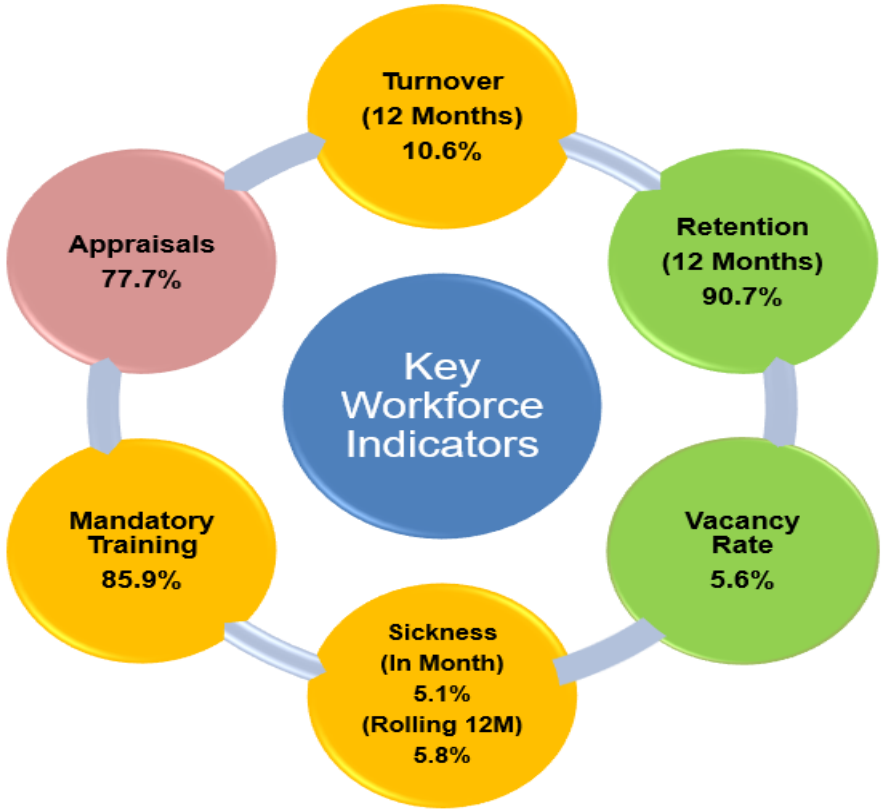
Contents

Care Colleagues
Collaboration Communities

What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Walsall Healthcare NHS Trust

Key Workforce Metrics

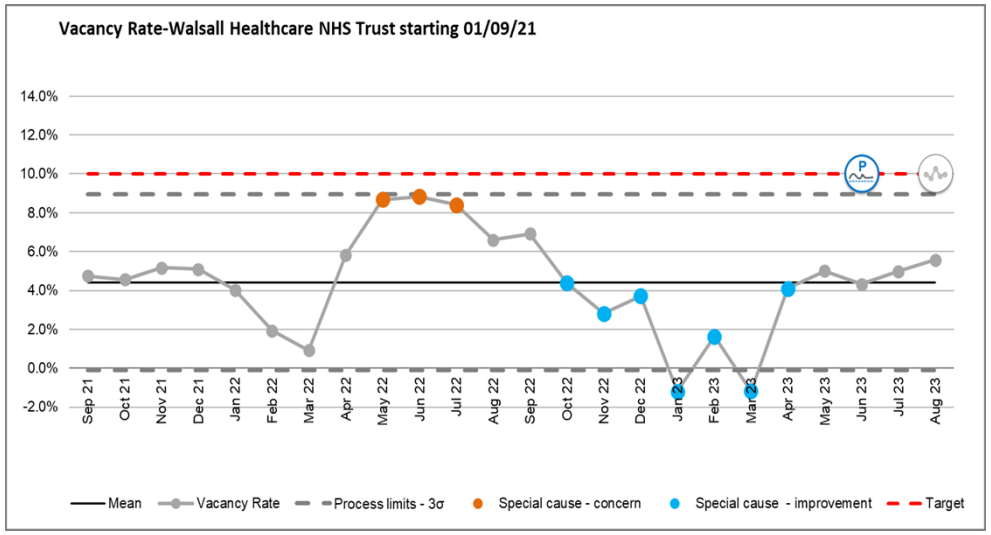


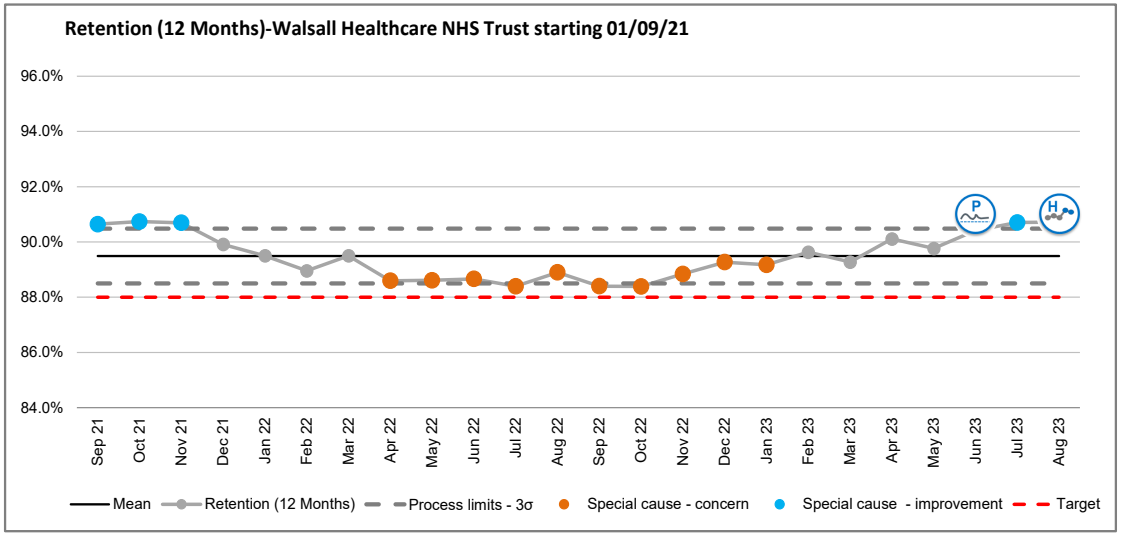
	Target	Will We Meet The Target?	Is Performance Stable?
Sickness Absence	5%	Sometimes	Getting Better
Mandatory Training Compliance	90%	Sometimes	Getting Worse
Appraisal Compliance	90%	No	Getting Worse
Turnover (12 Months)	10%	No	Getting Better
Retention (12 Months)	88%	Yes	Getting Better
Vacancy Rate	7%	Sometimes	Yes

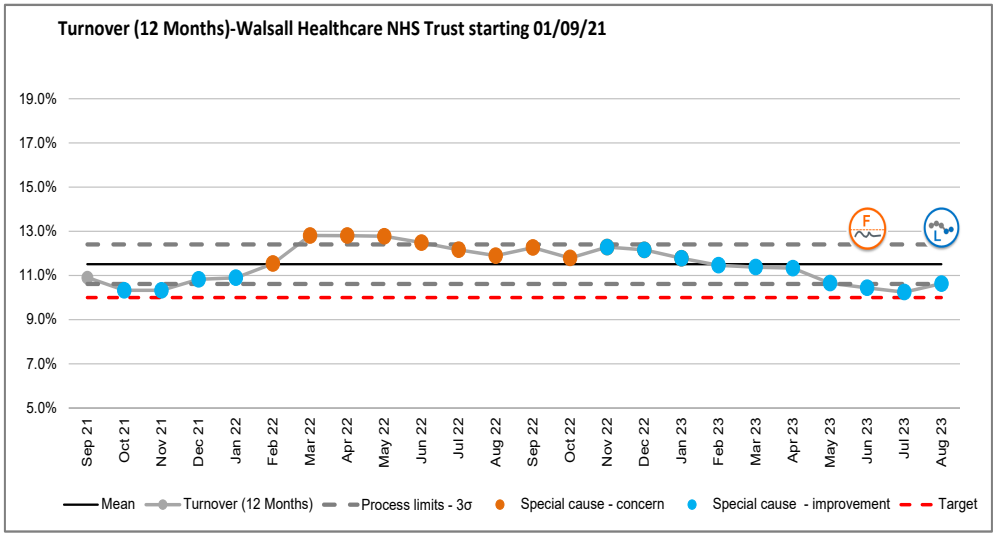
What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Walsall Healthcare NHS Trust

Attract, Recruit Retain







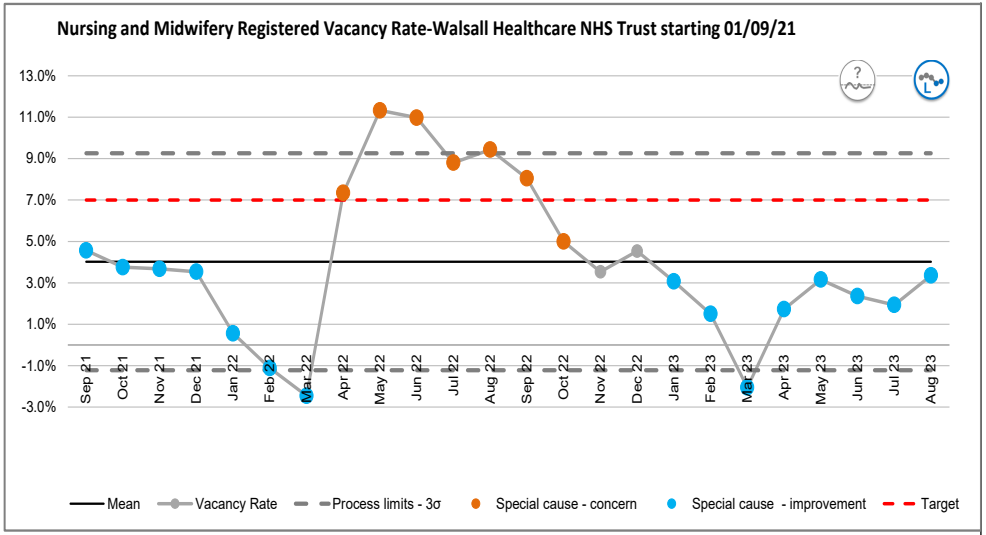
Key Issues & Challenges

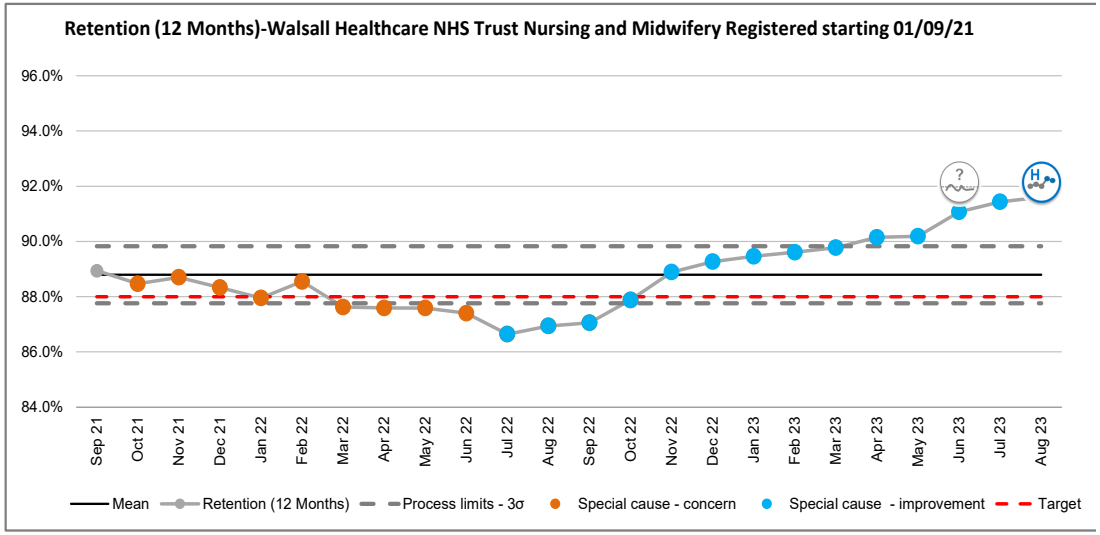
- The 5.6% vacancy rate reflects a budgeted establishment that has increased month-on-month, reconciled against an actual substantive workforce that has also risen during August 2023, as per the month-end finance ledger.
- An increased number of nursing and midwifery vacancies, combined with a reduced over-establishment amongst the clinical support workforce (e.g. Healthcare Assistants), has contributed to a rising overall vacancy outturns.
- The Trust continues to work with partners across the system to provide assurance regarding establishment controls while pursuing initiatives that improve the colleague experience.
- The sustained improvement trajectory for Turnover (12 Months) provides evidence that People and OD initiatives to enhance colleague experience have a positive impact.

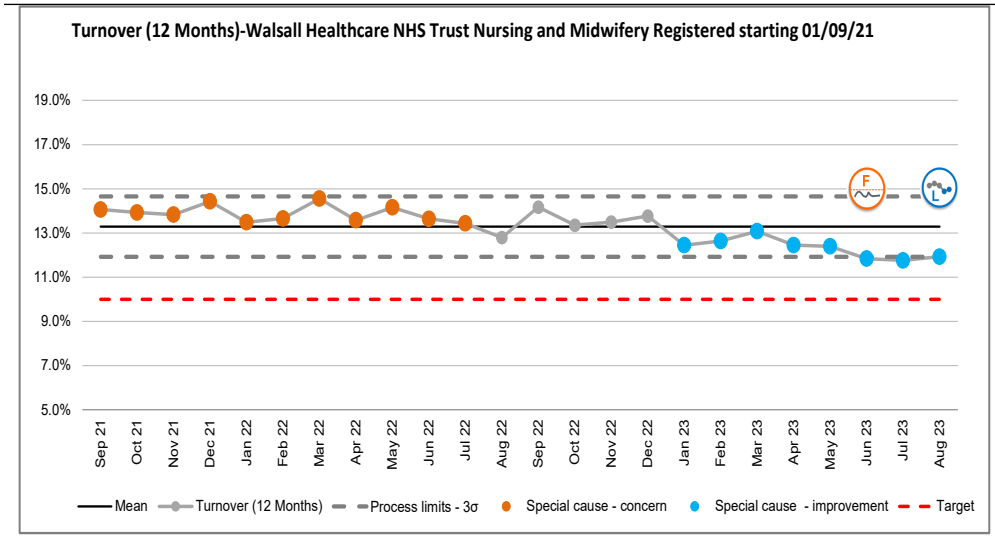
What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Walsall Healthcare NHS Trust

Attract, Recruit Retain







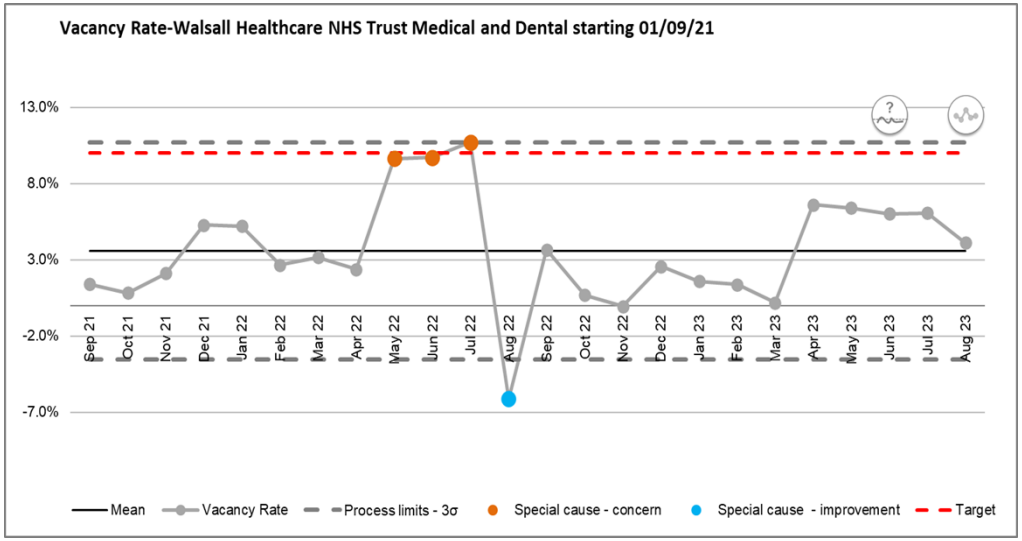
Key Issues & Challenges

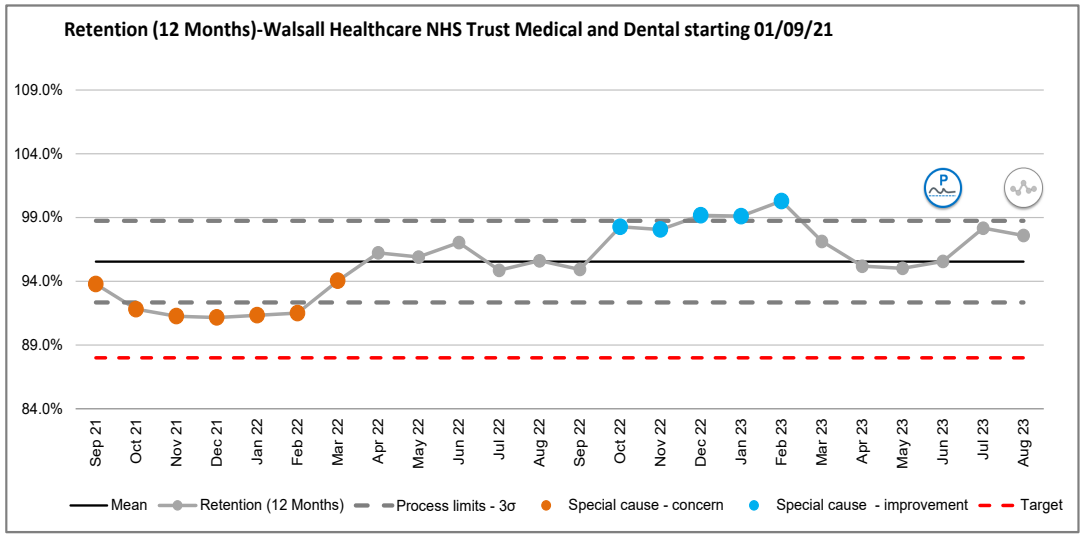
- The Registered Nursing & Midwifery (RN&M) 3.36% vacancy rate reflects a month-on-month 38 FTE increase in the budgeted establishment, reconciled against a 14.8 FTE increase in the actual workforce per the month-end finance ledger.
- The prolonged period of special cause improvement in the Retention (12 Months) metric provides assurance that the trust will meet the monthly target.
- A review of RN&M exit information is required to bring further clarity to help reduce turnover. 33% of August 2023 leavers did not provide a reason for leaving the trust, averaging 24% of staff monthly for the past six months doing the same.

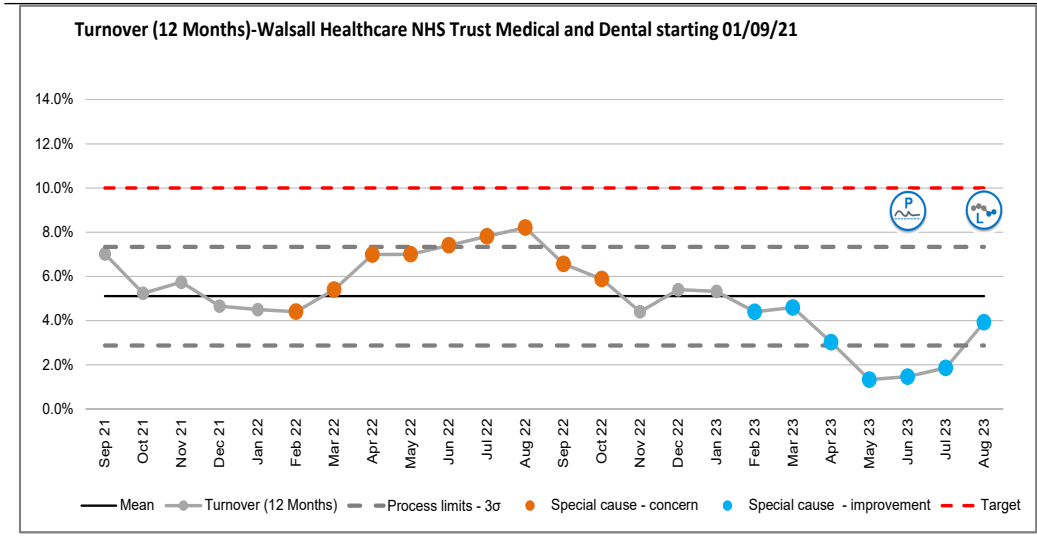
What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Walsall Healthcare NHS Trust

Attract, Recruit Retain







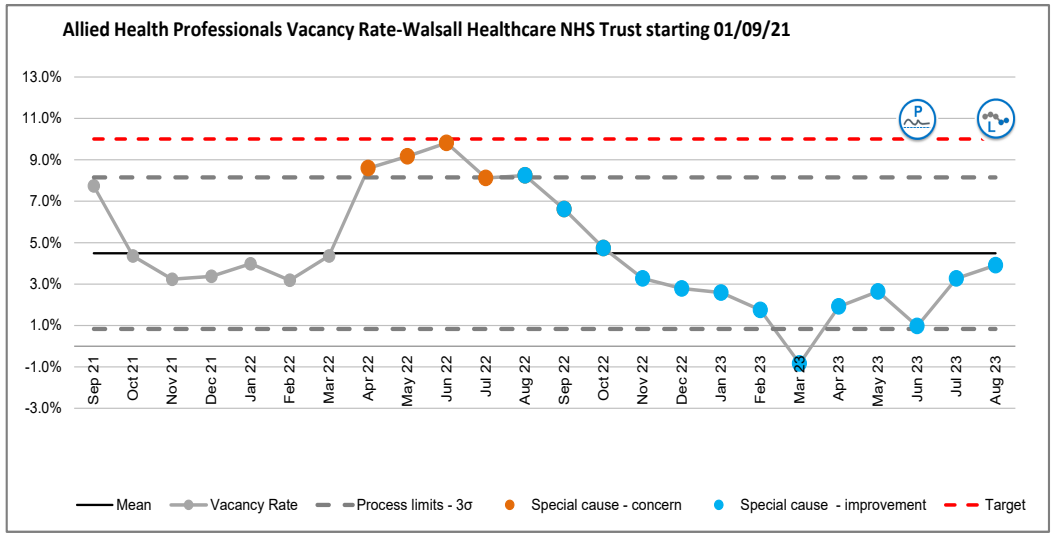
Key Issues & Challenges

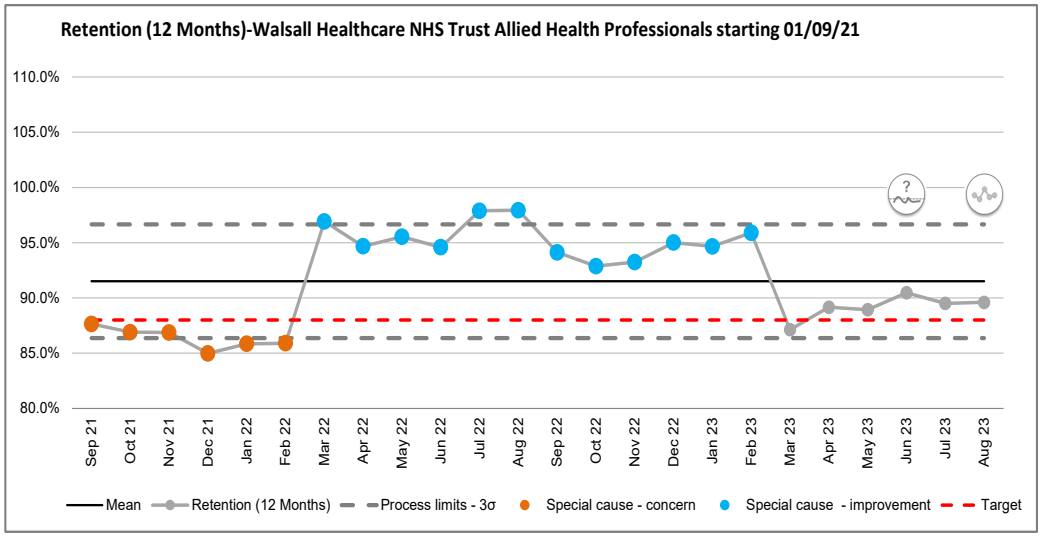
- The Medical and Dental (M&D) 4% vacancy rate reflects an increased substantive workforce, whereby a more significant number of rotational doctors joined the organisation during August versus those who rotated to other Trusts.
- The Retention (12 Months) metric provides confidence that the target threshold of retaining 88%+ M&D colleagues can be achieved.
- A review of M&D exit information is required to bring further clarity to help reduce turnover. 49% of July 2023 leavers did not provide a reason for leaving the trust, averaging 50% of staff monthly for the past six months doing the same.

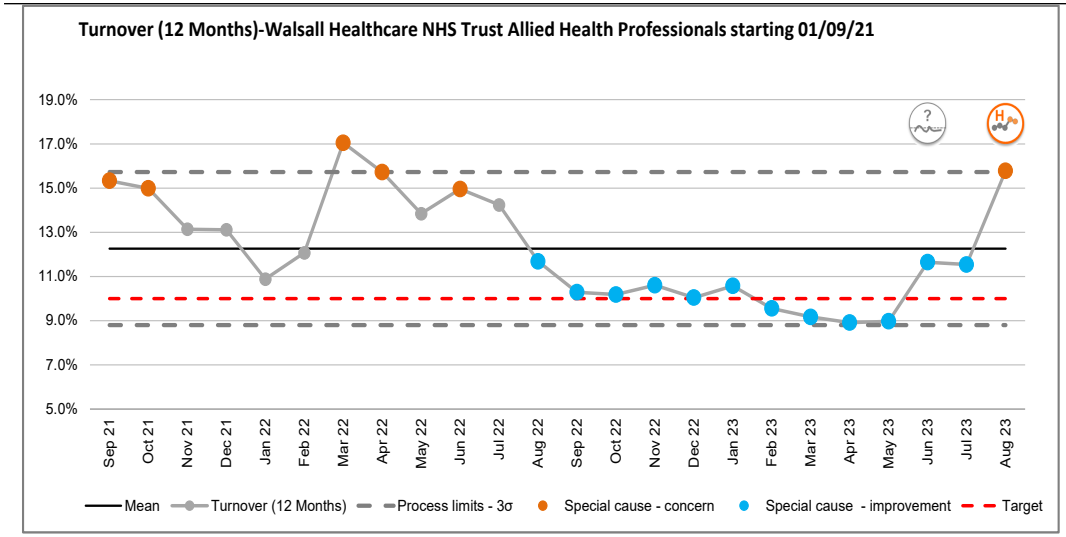
What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Walsall Healthcare NHS Trust

Attract, Recruit Retain







Key Issues & Challenges

- The Allied Health Professionals (AHP) 4% vacancy rate represents a 4% reduction year on year, reflecting a 22 FTE increase in the budgeted establishment, reconciled against a 33 FTE increase in the actual workforce during the past 12 months.
- The August 2023 rise in AHP Turnover (12 Months) reflects voluntary resignations, predominately for external promotion.
- The AHP Retention (12 Months) metric is stable, with assurance that the 88% target can be met, albeit inconsistently.

Walsall Healthcare NHS Trust

Mandatory Training and Appraisals

Medicine & Long-Term Conditions - Mandatory Training Compliance			
	Jul-23	Aug-23	Movement +/-
*Division Overall	81%	85%	3.32%
Acute Care Group	81%	83%	1.89%
Cardiology	83%	83%	0.00%
Elderly Care Group	80%	88%	7.72%
Emergency Care Group	83%	84%	0.83%
Gastroenterology	80%	87%	6.85%
Long-Term Conditions	79%	80%	1.43%
Medicine & Long-Term Conditions Management	86%	88%	1.95%
Surgery - Mandatory Training Compliance			
	Jul-23	Aug-23	Movement +/-
*Division Overall	83%	84%	0.24%
Cancer Services	84%	83%	-0.87%
General Surgery	82%	84%	1.77%
Head & Neck Care Group	83%	82%	-0.77%
Outpatient & Support Services	81%	75%	-5.74%
Surgery Management	88%	89%	1.20%
Theatres, Critical Care & Anaesthetics	83%	84%	0.76%
Trauma Orthopaedics and MSK Services	81%	81%	-0.54%
Women's, Children's & Clinical Support Services - Mandatory Training Compliance			
	Jul-23	Aug-23	Movement +/-
*Division Overall	89%	88%	-0.32%
Children's, Families and Neonates Care Group	90%	90%	-0.12%
Clinical Support Services	88%	88%	0.50%
Women's & Children's Management & Support	88%	90%	1.95%
Women's Services	89%	88%	-0.96%
Estates and Facilities - Mandatory Training Compliance			
	Jul-23	Aug-23	Movement +/-
*Division Overall	83%	81%	-1.99%
Facilities	82%	80%	-2.02%
Estates Management	90%	88%	-1.92%
Facilities	82%	80%	-2.02%
Community - Mandatory Training Compliance			
	Jul-23	Aug-23	Movement +/-
*Division Overall	89%	88%	-0.81%
Place Based Teams	83%	83%	-0.34%
Adult Services Management	94%	96%	1.92%
Intermediate & Urgent Care	89%	92%	2.33%
Palliative Care & End Of Life Care	94%	93%	-1.16%

Staff Group	Appraisal Compliance Numerator	Appraisal Compliance Denominator	Appraisal Compliance Outturn
*All	2476	3208	77.18%
Add Prof Scientific and Technic	58	88	65.91%
Additional Clinical Services	518	649	79.82%
Administrative and Clerical	572	814	70.27%
Allied Health Professionals	198	239	82.85%
Estates and Ancillary	255	334	76.35%
Healthcare Scientists	33	44	75.00%
Medical and Dental	175	191	91.62%
Nursing and Midwifery Registered	667	849	78.56%
AfC Only	4777	6225	76.74%

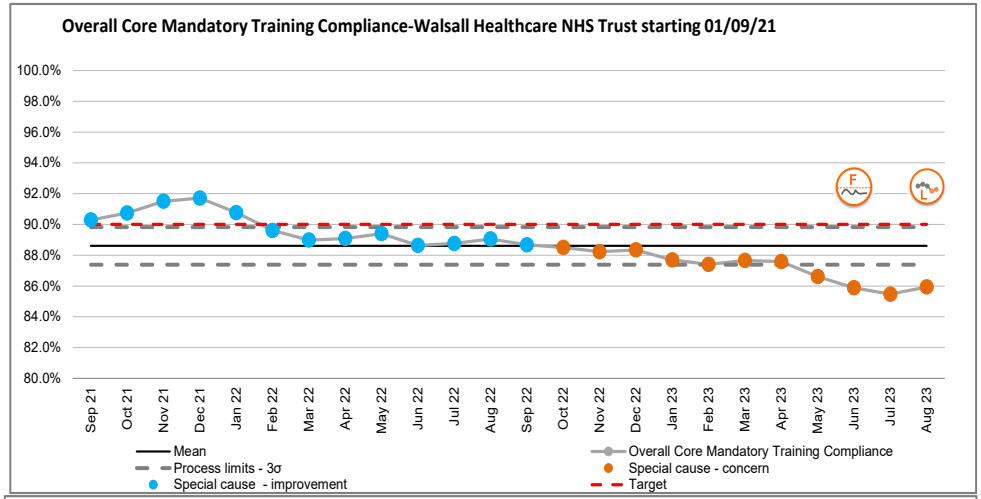
Key Issues & Challenges

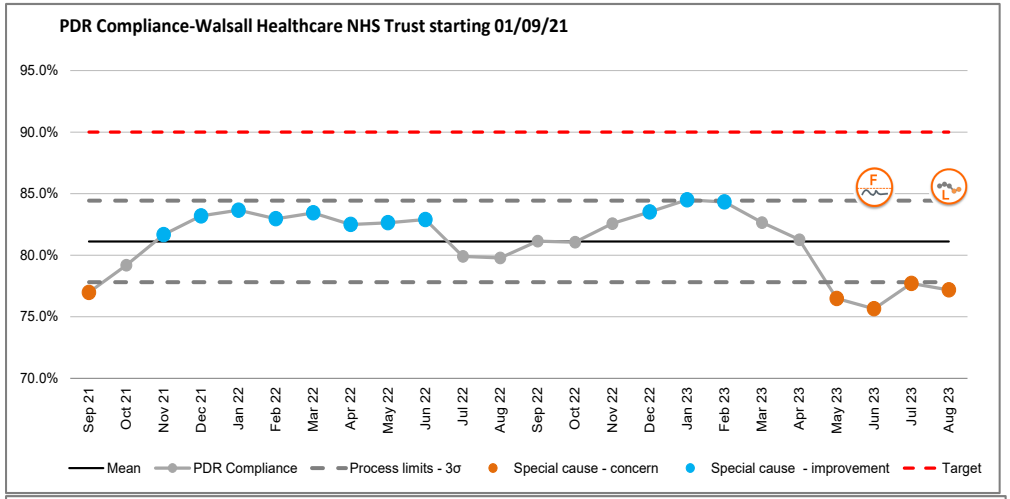
- A downtrend trajectory continues for Mandatory Training compliance, with assurance regarding target achievement at risk.
- Operational successes regarding the My Academy rollout mean that divisional teams can once again re-engage with self-service training compliance insights, which have historically led to a target achieving improvement trajectory.
- The Appraisal compliance trend holds no assurance available for target achievement evidence over the past two years.
- The decline in annual appraisal completion rates continues to be felt most acutely amongst Corporate & Estates colleagues, with attainment rates amongst these services now a clear outliner.
- A collaborative support approach to managing the compliance gap at the divisional level will continue, with operational leads asked to ensure that recovery plans are in place for the areas of most significant concern.

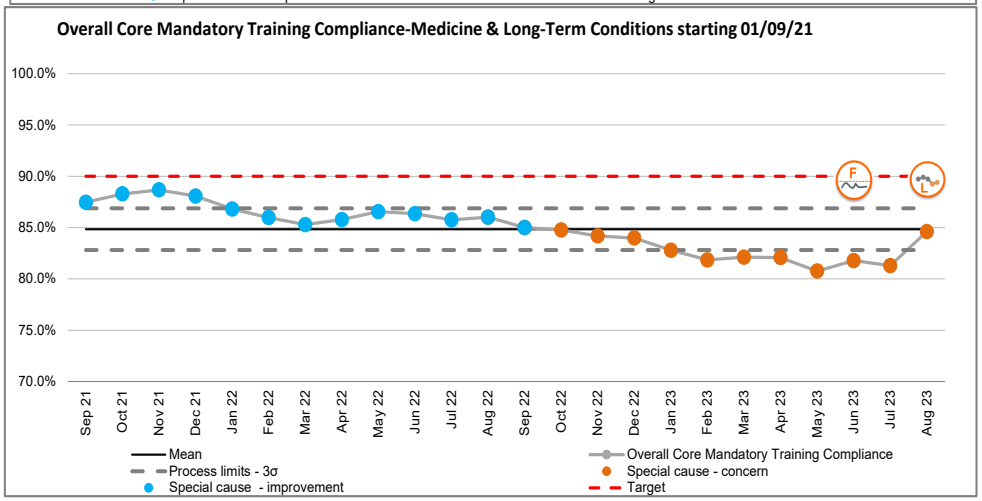
What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

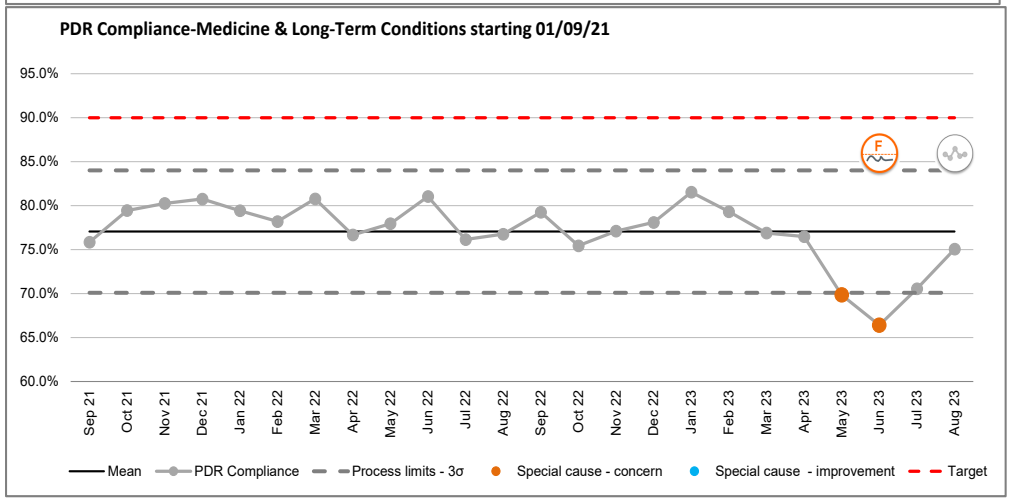
Walsall Healthcare NHS Trust

Mandatory Training and Appraisals





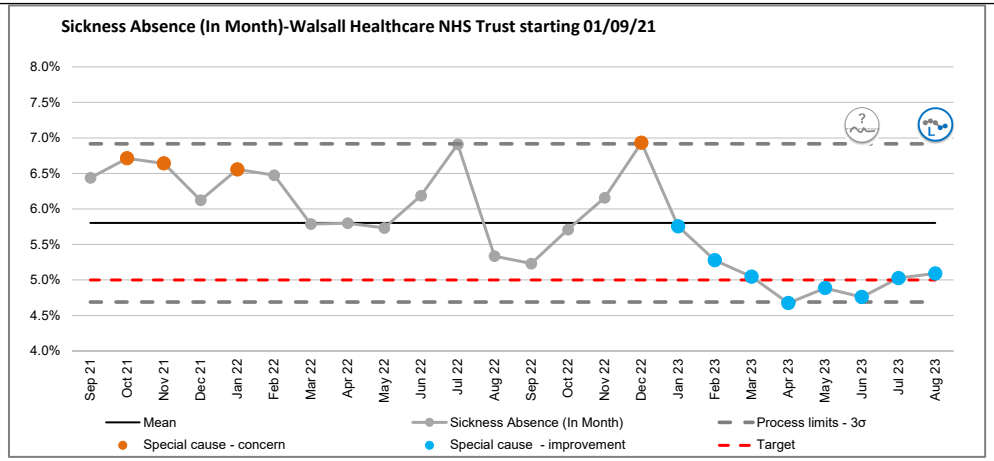


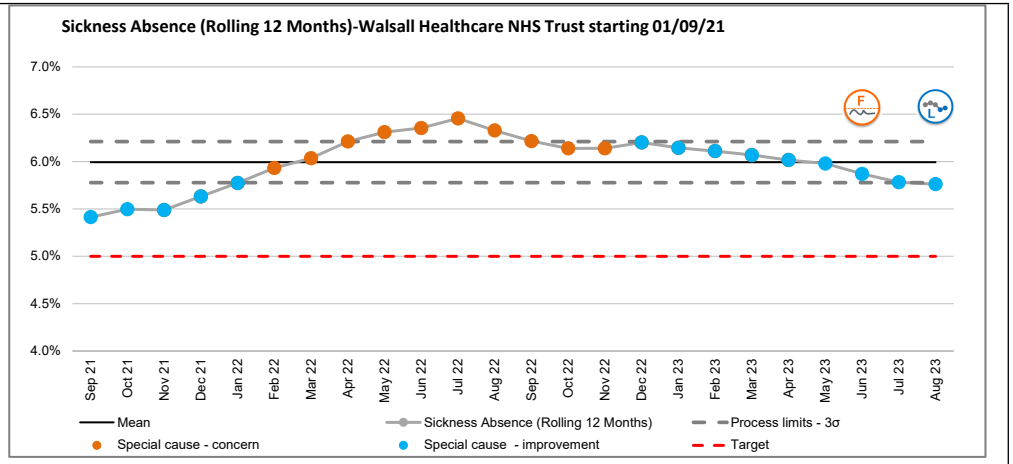


What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Walsall Healthcare NHS Trust

Health & Wellbeing





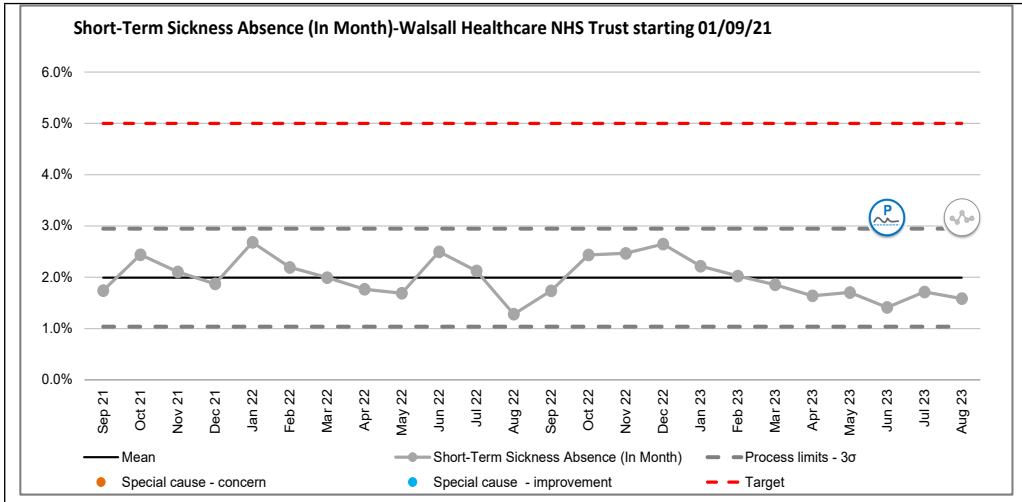
Key Issues & Challenges

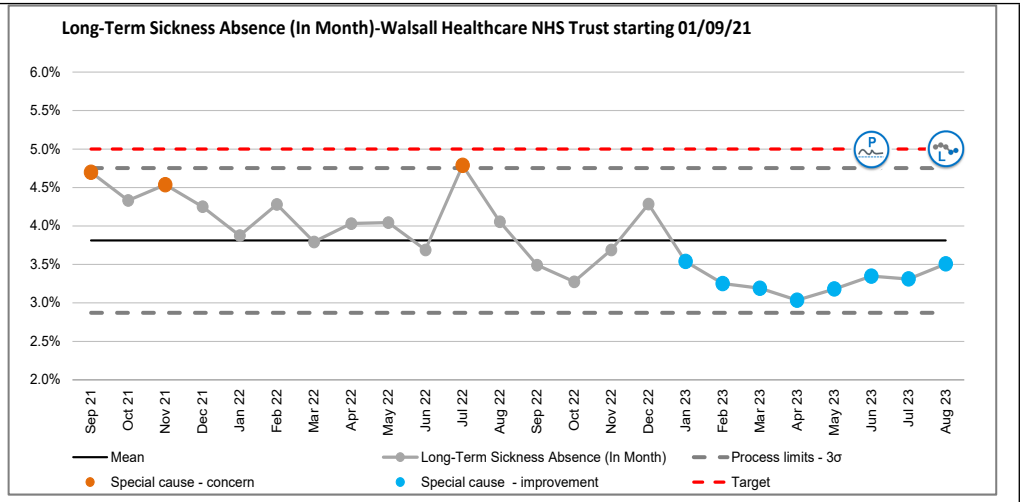
- In-month sickness absence, which was 5% during August 2023, confirmed a trend of special cause improvement.
- Although we do not have an assurance of meeting the target, a positive trend for the past seven months reflects the strategic improvements throughout the trust regarding attendance management.
- The Estates & Facilities (E&F) division remains an outlier, whereby division absence increased to 9.2% during August 2023, driven by a sustained high level of Stress-related absence.
- At a Trust level, absence attributed to stress/anxiety-related illnesses continues to fall but remains higher than any other absence reason.
- Amongst non-medical clinical staff groups, RN&M absence rates have evidenced the most significant improvement; in-month sickness rates (1%) are now at the lowest since August 2020.

What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better

Walsall Healthcare NHS Trust

Health & Wellbeing





Key Issues & Challenges

- The average ratio of long-term versus short-term days lost during the past two years averages 6:4.
- The most significant drivers for sickness absences during August 2023 were stress/anxiety (long-term), gastrointestinal problems (short-term) and musculoskeletal problems (short and long-term). These three reasons for absence accounted for 40.8% of FTE days lost during August 2023, a 3% decrease versus July 2023.
- Long-term absence occurrences were highest amongst Allied Health Professionals (7.44%), averaging 4.3% monthly for the past six months.
- The operational improvements made throughout the trust regarding absence data management, specifically focusing on recording informative reasons for absence in ESR, have contributed to increased insights regarding absence causation.

Walsall Healthcare NHS Trust

Workforce Metrics

Workforce Profile	As at 31/03/2023	2023/24												YTD Change
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Substantive Staff FTE	4435.71	4434.69	4461.89	4481.04	4488.98	4535.01	-	-	-	-	-	-	-	45.33
Substantive Staff FTE (Ex. Rotational Drs)	4341.71	4342.69	4369.89	4389.04	4396.98	4423.58	-	-	-	-	-	-	-	47.33
Substantive Staff Headcount	5112	5119	5141	5167	5170	5217	-	-	-	-	-	-	-	55
Bank Staff Only Headcount	1181	1198	1230	1219	1050	1074	-	-	-	-	-	-	-	38
% Staff from a BME Background	37.30%	37.60%	39.03%	39.23%	39.42%	39.57%	-	-	-	-	-	-	-	1.93%

Workforce Profile BY Staff Group (FTE)	As at 31/03/2023	2023/24												YTD Change
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Add Prof Scientific and Technic	103.29	101.00	101.10	101.77	102.77	102.63	-	-	-	-	-	-	-	-1.53
Additional Clinical Services	845.07	835.77	839.50	837.37	838.35	833.73	-	-	-	-	-	-	-	-7.69
Administrative and Clerical	921.93	920.29	916.72	914.25	920.35	923.17	-	-	-	-	-	-	-	-7.68
Allied Health Professionals	294.29	291.18	293.43	293.28	295.15	299.65	-	-	-	-	-	-	-	-1.01
Estates and Ancillary	256.83	255.87	253.30	253.18	251.93	255.75	-	-	-	-	-	-	-	-3.65
Healthcare Scientists	44.02	45.61	44.61	44.61	44.61	44.51	-	-	-	-	-	-	-	0.59
Medical and Dental	498.05	494.53	511.78	512.93	514.12	532.18	-	-	-	-	-	-	-	14.88
Nursing and Midwifery Registered	1454.23	1470.44	1482.46	1504.66	1502.71	1524.38	-	-	-	-	-	-	-	50.42
Students	18.00	20.00	19.00	19.00	19.00	19.00	-	-	-	-	-	-	-	1.00

Starters by Staff Group (FTE)	2022/23	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Total Starters	765.10	53.57	37.46	44.86	21.05	159.27	-	-	-	-	-	-	-	316.22
Add Prof Scientific and Technic	13.17	2.40	2.30	0.20	0.00	2.07	-	-	-	-	-	-	-	6.97
Additional Clinical Services	176.28	15.48	4.61	15.17	7.84	6.53	-	-	-	-	-	-	-	49.63
Administrative and Clerical	124.51	14.36	7.41	9.80	5.60	8.99	-	-	-	-	-	-	-	46.16
Allied Health Professionals	47.80	1.00	3.92	4.00	3.00	5.80	-	-	-	-	-	-	-	17.72
Estates and Ancillary	29.57	0.00	0.45	0.00	0.00	4.00	-	-	-	-	-	-	-	4.45
Healthcare Scientists	5.20	1.60	0.00	0.00	0.00	0.00	-	-	-	-	-	-	-	1.60
Medical and Dental	219.34	6.00	10.00	8.00	4.00	113.95	-	-	-	-	-	-	-	141.95
Nursing and Midwifery Registered	134.22	12.73	8.76	7.69	0.61	17.93	-	-	-	-	-	-	-	47.73
Students	15.00	0.00	0.00	0.00	0.00	0.00	-	-	-	-	-	-	-	0.00

Apprenticeships	2022/23 Total	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Apprentices Started in month	17	0	6	0	0	1								7
Number of Staff Converted to Apprentices in month	68	1	6	0	0	2								9

Walsall Healthcare NHS Trust

Workforce Metrics

Leavers by Staff Group (FTE)	2022/23	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Total Leavers	623.91	47.90	38.97	38.87	45.15	131.41	-	-	-	-	-	-	-	**302.30**
Add Prof Scientific and Technic	13.24	0.00	2.00	0.00	0.00	0.80	-	-	-	-	-	-	-	2.80
Additional Clinical Services	112.73	11.06	6.43	5.01	5.95	13.92	-	-	-	-	-	-	-	42.37
Administrative and Clerical	119.94	11.65	7.88	13.48	8.35	8.59	-	-	-	-	-	-	-	49.95
Allied Health Professionals	36.30	1.00	0.60	3.80	2.12	7.80	-	-	-	-	-	-	-	15.32
Estates and Ancillary	20.20	0.47	3.48	0.00	0.89	0.40	-	-	-	-	-	-	-	5.24
Healthcare Scientists	6.57	0.00	1.00	0.00	0.00	0.00	-	-	-	-	-	-	-	1.00
Medical and Dental	152.30	10.00	4.00	5.80	10.10	87.46	-	-	-	-	-	-	-	117.36
Nursing and Midwifery Registered	161.63	13.72	13.59	10.77	17.75	12.44	-	-	-	-	-	-	-	68.27
Students	1.00	0.00	0.00	0.00	0.00	0.00	-	-	-	-	-	-	-	0.00

Retention	2022/23	2023/24												2023/24 Average
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Retention Rate (12 Months)	**89.27%**	**90.11%**	**89.76%**	**90.41%**	**90.71%**	**90.72%**	-	-	-	-	-	-	-	**90.34%**
Retention Rate (24 Months)	**79.39%**	**79.39%**	**79.18%**	**79.64%**	**79.81%**	**80.26%**	-	-	-	-	-	-	-	**79.66%**
Retention Rate (5 Years)	58.62%	58.09%	57.75%	57.94%	58.56%	58.45%	-	-	-	-	-	-	-	58.16%

Retention Rate (12 Months)	2022/23	2023/24												2023/24 Average
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Add Prof Scientific and Technic	**69.23%**	**86.25%**	**80.06%**	**85.44%**	**51.43%**	**56.86%**	-	-	-	-	-	-	-	**72.01%**
Additional Clinical Services	**86.84%**	**87.02%**	**86.69%**	**87.08%**	**76.88%**	**77.48%**	-	-	-	-	-	-	-	**83.03%**
Administrative and Clerical	**92.36%**	**92.23%**	**91.47%**	**91.03%**	**82.20%**	**82.61%**	-	-	-	-	-	-	-	**87.91%**
Allied Health Professionals	**87.13%**	**89.16%**	**88.93%**	**90.47%**	**85.40%**	**84.10%**	-	-	-	-	-	-	-	**87.61%**
Estates and Ancillary	**89.79%**	**90.60%**	**91.29%**	**92.35%**	**80.40%**	**81.60%**	-	-	-	-	-	-	-	**87.25%**
Healthcare Scientists	**86.28%**	**87.26%**	**89.32%**	**91.48%**	**85.72%**	**85.58%**	-	-	-	-	-	-	-	**87.87%**
Medical and Dental	**97.13%**	**95.19%**	**95.02%**	**95.56%**	**91.96%**	**92.67%**	-	-	-	-	-	-	-	**94.08%**
Nursing and Midwifery Registered	**89.78%**	**90.15%**	**90.19%**	**91.07%**	**79.28%**	**79.52%**	-	-	-	-	-	-	-	**86.04%**

Employee Relation Activity – Number of Open & Closed Cases	2022/23 Monthly Avg.	2023/24												YTD Monthly
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Open Formal Grievance Cases	15	13	11	9	6	6								9
Open Bullying & Harassment Cases	5	4	4	4	1	2								3
Open Capability Cases	3	2	2	5	4	2								3
Open Disciplinary Cases	18	24	31	30	29	28								28
Cases Closed	10	3	10	7	2	6								6

Walsall Healthcare NHS Trust

Workforce Metrics

Turnover % (Normalised) - Rolling 12 Months	2022/23	2023/24												2023/24 Average
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Overall Turnover	11.38%	11.33%	10.65%	10.44%	10.24%	10.63%	-	-	-	-	-	-	-	10.66%
Add Prof Scientific and Technic	12.45%	12.45%	14.99%	14.53%	13.31%	12.83%	-	-	-	-	-	-	-	13.62%
Additional Clinical Services	14.35%	15.09%	13.58%	13.04%	13.52%	13.86%	-	-	-	-	-	-	-	13.82%
Administrative and Clerical	9.14%	9.61%	8.38%	8.80%	8.18%	7.97%	-	-	-	-	-	-	-	8.59%
Allied Health Professionals	9.17%	8.91%	8.97%	11.65%	11.54%	15.78%	-	-	-	-	-	-	-	11.37%
Estates and Ancillary	8.04%	6.87%	7.67%	6.33%	5.20%	2.86%	-	-	-	-	-	-	-	5.79%
Healthcare Scientists	9.96%	9.45%	8.63%	3.55%	2.43%	2.53%	-	-	-	-	-	-	-	5.32%
Medical and Dental	4.59%	3.01%	1.33%	1.46%	1.86%	3.92%	-	-	-	-	-	-	-	2.32%
Nursing and Midwifery Registered	13.08%	12.45%	12.40%	11.84%	11.76%	11.93%	-	-	-	-	-	-	-	12.07%

Sickness Absence	2022/23	2023/24												2023/24 Average
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
% Sickness Absence In Month	5.05%	4.67%	4.89%	4.76%	5.03%	5.09%	-	-	-	-	-	-	-	4.89%
% Sickness Absence (Rolling 12 Months)	6.07%	6.02%	5.98%	5.87%	5.78%	5.76%	-	-	-	-	-	-	-	5.88%
FTE Days Lost	6917	6200	6749	6384	6994	7144	-	-	-	-	-	-	-	6694
% Short Term Sickness	34.68%	35.06%	34.91%	29.67%	34.13%	31.12%	-	-	-	-	-	-	-	32.98%
% Long Term Sickness	65.32%	64.94%	65.09%	70.33%	65.87%	68.88%	-	-	-	-	-	-	-	67.02%
Estimated Cost of Sickness £	£8,662,364	£586,363	£667,728	£603,515	£645,432	£687,953	-	-	-	-	-	-	-	£638,198

Top 3 Sickness Reasons (FTE Days Lost)	2022/23	2023/24												% Change - (YTD Avg)
	Monthly Avg.	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Anxiety/stress/depression/other psychiatric illnesses	2125.3	1961.8	1880.3	1802.1	1810.4	1740.1	-	-	-	-	-	-	-	-13.47%
Back Problems	500.4	506.5	545.6	521.4	768.6	667.2	-	-	-	-	-	-	-	20.28%
Gastrointestinal problems	726.2	670.8	659.5	727.1	808.3	619.2	-	-	-	-	-	-	-	-4.02%

Education / OD	2022/23	2023/24												2023/24 Average
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Core Mandatory Training	87.66%	87.58%	86.61%	85.88%	85.47%	85.94%	-	-	-	-	-	-	-	86.30%
Appraisal	82.66%	81.27%	76.48%	75.65%	77.70%	77.18%	-	-	-	-	-	-	-	77.66%

Walsall Healthcare NHS Trust

Workforce Metrics

Freedom To Speak Up Engagements	2022/23 Total	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Trust Overall	132	8	10	20	21	13								72

Establishment Gap By Staff Group (FTE)	2022/23	2023/24												YTD Change
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Total Establishment Gap	**-72.75**	**168.82**	**205.03**	**223.05**	**208.68**	**264.37**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**295.80**
Additional Clinical Services	-68.44	-48.41	-43.38	-27.77	-29.87	-18.94	-	-	-	-	-	-	-	40.67
Administrative and Clerical	-16.41	63.31	73.22	74.08	83.36	84.78	-	-	-	-	-	-	-	90.49
Allied Health Professionals	-2.15	5.05	7.00	6.18	8.96	10.97	-	-	-	-	-	-	-	8.33
Estates and Ancillary	53.71	84.82	87.62	87.93	88.16	89.09	-	-	-	-	-	-	-	34.22
Healthcare Scientists	-1.05	0.92	-1.88	-0.44	0.56	0.28	-	-	-	-	-	-	-	0.61
Medical and Dental	0.92	34.18	33.40	32.80	23.20	21.65	-	-	-	-	-	-	-	31.88
Nursing and Midwifery Registered	-47.50	26.82	48.42	46.64	30.97	55.27	-	-	-	-	-	-	-	94.14
Professional and Scientific	8.17	2.13	0.63	3.63	3.34	5.87	-	-	-	-	-	-	-	-4.54
Students	0.00	0.00	0.00	0.00	0.00	0.00	-	-	-	-	-	-	-	0.00

Agency Spend (£000's)	2022/23	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Total Agency Spend	**£15,777**	**£867**	**£1,186**	**£826**	**£886**	**£504**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**£4,269**
Nursing and Midwifery Registered	£6,815	£135	£244	£349	£328	£17	-	-	-	-	-	-	-	£1,073
Qualified Scientific, Therapeutic and Technical	£1,334	£145	£160	£101	£96	£36	-	-	-	-	-	-	-	£538
Support to Clinical Staff	£900	£77	£92	£187	£134	£177	-	-	-	-	-	-	-	£667
of which support to nursing staff	£292	£4	-£18	£39	£29	£83	-	-	-	-	-	-	-	£137
NHS Infrastructure Support	£2,029	£156	£162	£2	£114	£127	-	-	-	-	-	-	-	£561
Medical and Dental	£4,699	£353	£527	£188	£215	£147	-	-	-	-	-	-	-	£1,430
of which Consultants	£1,609	£100	£213	£64	£123	£89	-	-	-	-	-	-	-	£590
of which Career/Staff Grade	£1,345	£136	£153	£52	£47	£56	-	-	-	-	-	-	-	£443
of which Trainee Grades/Trust Grade	£1,746	£118	£161	£71	£46	£1	-	-	-	-	-	-	-	£397

Bank Spend (£000's)	2022/23	2023/24												YTD Total
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Total Bank Spend	**£30,435**	**£2,555**	**£2,681**	**£2,604**	**£2,523**	**£2,870**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**£13,233**
Nursing and Midwifery Registered	£9,301	£949	£900	£726	£794	£854	-	-	-	-	-	-	-	£4,224
Qualified Scientific, Therapeutic and Technical	£26	£4	£3	-£2	£3	£8	-	-	-	-	-	-	-	£16
Support to Clinical Staff	£6,765	£556	£573	£663	£608	£657	-	-	-	-	-	-	-	£3,056
of which support to nursing staff	£5,801	£459	£489	£568	£515	£558	-	-	-	-	-	-	-	£2,588
NHS Infrastructure Support	£2,541	£210	£193	£210	£251	£176	-	-	-	-	-	-	-	£1,040
Medical and Dental	£11,802	£837	£1,012	£1,008	£866	£1,174	-	-	-	-	-	-	-	£4,897
of which Consultants	£6,273	£522	£646	£619	£440	£763	-	-	-	-	-	-	-	£2,990
of which Career/Staff Grade	£2,765	£47	£247	£197	£224	£227	-	-	-	-	-	-	-	£942
of which Trainee Grades/Trust Grade	£2,763	£268	£119	£192	£203	£184	-	-	-	-	-	-	-	£965

Walsall Healthcare NHS Trust

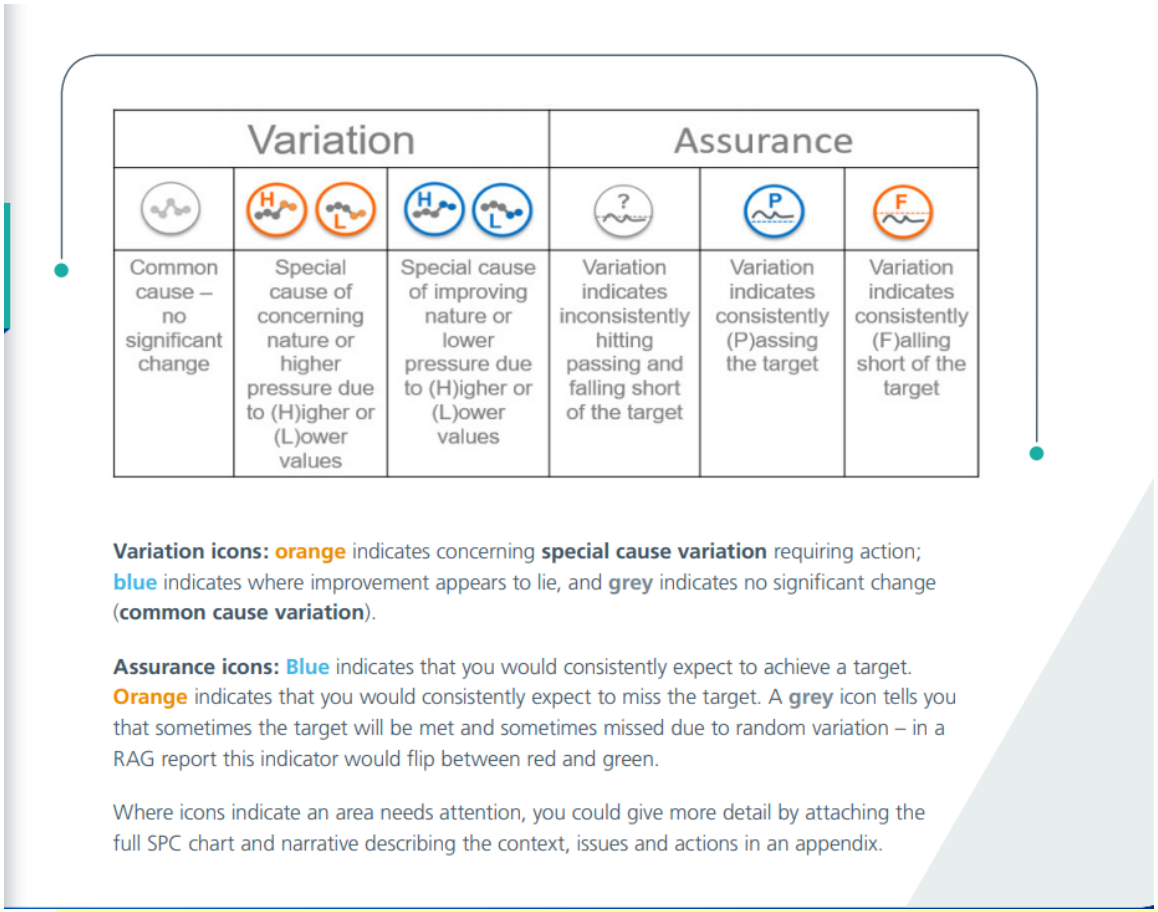
Appendix A - Supplementary Comments

- Sickness Absence outturns have been normalised through the exclusion of COVID-19 illnesses. Separate updates of COVID-19 absence rates are shared daily with operational leads.
- Workforce Profile figures are reflective of Permanent and Fixed Term colleagues.
- Turnover figures are 'normalised' through the exclusion of Rotational Doctors, Students, TUPE Transfers and End of Fixed Term Temp contracts.
- Absences totalling 28 calendar days or more are classified as being Long-Term.
- The 'Estimated Cost of Absence' is taken from the Electronic Staff Records (ESR) System and based upon the salary value of absent colleagues but not including potential on-costs.
- Retention Calculation: No. Employee with XX or more months of service Now / No Employees one year ago (Rotational Doctors, Students, TUPE Transfers, Fixed Term colleagues are excluded from both the numerator and denominator)
- Establishment Gap information reflects budgeted and actual workforce figures taken from the finance ledger, effective month-end. Due to this, establishment gaps are indicative of gaps within the financial establishment and importantly, not necessarily wholly related to ongoing or historical recruitment campaigns.
- Training & Appraisal compliance is calculated using exclusion lists detailed in this document's Appendix.
- As of January 2020, 'Core Mandatory' compliance is reflective of the national Core Skills Training Framework.;

  - Conflict Resolution
  - Fire Safety
  - Equality, Diversity and Human Rights
  - Information Governance and Data Security
  - Health, Safety and Welfare
  - Load Handling
  - Patient Handling
  - Infection Prevention and Control Level 1
  - Infection Prevention and Control Level 2
  - Adult Basic Life Support
  - Safeguarding Children Level 1
  - Safeguarding Children Level 2
  - Safeguarding Children Level 3
  - Safeguarding Adults Level 1
  - Safeguarding Adults Level 2
  - Safeguarding Adults Level 3
  - Prevent Level 1 & 2
  - Prevent Level 3

Walsall Healthcare NHS Trust

Appendix B - Using the SPC Charts



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

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

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

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

Making data count | NHS Improvement. 2019. Making data count — strengthening your decisions. [ONLINE] Available at: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL.pdf. [Accessed July 2019].

Walsall Healthcare NHS Trust

Appendix B - Using the SPC Charts

Making data count | NHS Improvement. 2019. Making data count — strengthening your decisions. [ONLINE] Available at: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL.pdf. [Accessed July 2019].

Walsall Healthcare NHS Trust

Appendix C - HR KPI RAG Rating Scales

Appraisal rate	<81%	81% - 90%	>=90%
Mandatory Training Attendance	<81%	81% - 90%	>=90%
Retention (24 Months)	<75%	75% - 85%	>=85%
Retention (12 Months)	<78%	78% - 88%	>=88%
Sickness Absence %	>6%	5% - 6%	<=5%
Turnover	>11%	10% - 11%	<=10%
Vacancy Rate	>11%	10% - 11%	<=10%

Appendix D - Training & Appraisal Exclusion Lists

Training	Annual Appraisal
• Bank Staff • Students • Anyone on Career Break • Anyone on External Secondment • Anyone on Suspension • Anyone on Maternity Leave • Anyone Long-Term Sick	• Bank Staff • Students • Anyone on Career Break • Anyone on External Secondment • Anyone on Suspension • Anyone Managed Externally • Anyone on a fixed-term contract. • Anyone employed for less than one calendar year. • Anyone on Maternity Leave • Anyone Long-Term Sick

NHS
Walsall Healthcare
NHS Trust

Report to Trust Board Meeting – Walsall Healthcare NHS Trust to be held in Public on Wednesday 11th October		
Title of Report:	Group Chief Strategy Officer Report: - Black Country Provider Collaborative Update - Quality Improvement Team Update	Agenda Item No: 11.1
Author:	Simon Evans - Group Chief Strategy Officer Report	
Presenter/Exec Lead:	Group Chief Strategy Officer Report	

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

Recommendations:

- **Approve the QI maturity matrix self-assessment**
- **Note the good progress being made in the BCPC**
- **Note that a future meeting of the JPC will consider a joint approach to QI that could be adopted across all four Trusts**

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ On Risk Register: Yes☐No☒		
Changes to BAF Risk(s) & TRR Risk(s)	None		
Resource Implications:	None		
Report Data Caveats	None		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☒No☐	Details: Response to NHS Impact
	Health & Safety	Yes☒No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

Equality and Diversity Impact	None as a result of this paper		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: BCPC Executive Group
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☒No☐	Date: Improvement and Research Sub-Group

NHS
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Summary of Key Issues using Assure, Advise and Alert
Assure • Good progress is being made with the BCPC work programme in both clinical and corporate work streams. • The Joint Provider Committee is now in place and will oversee progress of the BCPC on behalf of all four Trusts. • The Senior QI leadership team continues to collaborate with colleagues from across the Black Country to establish a joint approach.
Advise • An event was held with Executives, Non-Executive Directors, and senior leaders from across both trusts to review the recently published 'Delivery of Continuous Improvement' review[1] (DCI review) and undertake the self-assessment as to both trusts current rating alongside the 5 domains for quality improvement (NHS IMPACT). • Further Joint Board Development sessions are planned for the BCPC following the success of the event in September. • Alignment of Board sub-committees, trust board meetings have been agreed by all four Trusts.
Alert **Positive assurances & highlights of note for the Board** • NHS IMPACT (Improving Patient Care Together) has been launched to support all NHS organisations, to have the skills and techniques to deliver continuous improvement and is the new, single, shared NHS improvement approach. An initial stocktake assessment has been completed which requires Board sign off prior to submission.

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

[1] https://www.england.nhs.uk/long-read/nhs-delivery-and-continuous-improvement-review-recommendations/

Walsall Healthcare NHS Trust

Group Chief Strategy Officer Report:

Report to Trust Board Meeting to be held in Public on 11th October

EXECUTIVE SUMMARY

This report provides an update on two key areas of work. Firstly, an update on the progress of the Black Country Provider Collaborative work programme. This covers the key meetings held over the period and provides an update on the relevant work streams.

Secondly, the report contains an update on the Continuous Improvement Programme. This demonstrates the continued good progress made with the collaborative approach with Walsall Healthcare NHS Trust and includes the NHS England maturity matrix self-assessment, which assesses the Trusts' state of readiness against the 5 domains for quality improvement. This has to be completed by all Trusts, approved by the board and returned by end of October 2023.

BACKGROUND INFORMATION

Section One: The Black Country Provider Collaborative (BCPC) Update – August/September 2023

The BCPC Executive Group met on the 7th August 2023. Updates were received from each of the workstreams:

a) Clinical Improvement Programme

1. **'Further Faster' Outpatient Initiative**
   An update on progress with the 'Further Faster' outpatients initiative. Positive progress is being made with further actions to validate demand and establish 'Super clinics' now being focused on for progression during the latter stages of the initiatives.

2. **BCPC GIRFT Quarterly Report**
   GIRFT quarterly data was presented showing minimal progress in attaining target performance. Key challenge is the 'lag time' in data reporting centrally (currently between 3 to 6 months behind). Local work is being progressed to identify more frequent data is available on a monthly basis to enable Clinical Networks to proactively manage progress on delivery.

b) Corporate Improvement Programme

a. **Payroll** – Milestones and delivery dates were presented to ensure delivery of the agreed option by the end of the 23/24 financial year.
b. **HR (Mandatory Training)** – Two organisations submitted an offer and the preferred bidder (RWT) will be asked to present their proposal at a future Collaborative Executive

c) Draft BCPC Annual Report

A full and final version will be published online in September.

d) BCPC 23-24 Budget

There is currently a shortfall in the required budget for the BCPC. The Collaborative Executive agreed to a four-way split of the shortfall.

e) Governance

It was confirmed that all four trusts have now approved the collaboration agreement and Terms of Reference for the Joint Provider Committee. Further work to align Trust Board meeting cycles, and the focus and functions of Trust Board sub-committees is underway.

f) Workforce

An update on a key range of priorities being progressed, as follows

a. **International recruitment** - A proposal to progress a single BCPC wide International Recruitment campaign for 24/25 was discussed and agreed.
b. E-Rostering - It is hoped and anticipated that by utilising common systems and approaches across the four partners, that a range of productivity and efficiency savings will be identified.
c. Seamless Movement of Staff – Analysis of the current position for Car parking and ID cards was presented with a potential way forward over a short, medium and long-term timeline.

g) Strategic Developments

a. North-Hub – Work to progress the North Hub FBC through Trust Boards has progressed, however, NHSE have confirmed that approval for further funding to support the scheme is not forthcoming.
b. **Productivity & Value Group** – PA Consulting have now commenced work with the system to support financial recovery. They will be reaching out to meet teams and key people from across the system shortly.

h) Clinical Summit

The next Clinical Summit is being planned for October 27th and will be a joint summit with the Primary Care Collaborative.

i) Joint Board Development Session

All four Trust Boards met as part of a joint Board development session on 12th September. This was the first opportunity all four Boards had to meet jointly; it provided a good space to share updates from each organisation as well as the BCPC work programme. Further joint events are planned as we continue to build ever stronger collaborative relationships.

Section Two: Continuous Improvement Update

This report provides the Board with an update on progress against the QI Board Action plan and other strategic developments in the QI arena. It also contains the outputs of the session ran with senior leaders that culminated in the completion of the Board level maturity matrix self-assessment. This needs to be approved by the Board and submitted to NHSE by end October 2023.

The general QI update report which includes details on training numbers, the QI project Registry and other QI activities are included in the Reading Room for information.

Delivering Continuous Improvement DCI Review

The NHS delivery and continuous improvement review and recommendations (DCI review) considered how the NHS, working in partnership, can both deliver effectively on its current priorities and continuously improve quality and productivity in the short, medium, and long term.

The focus of the report identifies 5 domains that need to be in place for an organisation to have truly embedded continuous improvement and for it to be part of BAU for everyone. Those organisations that have achieved this have adopted a Quality Management System (QMS) i.e. Quality planning, quality control and quality improvement. Perhaps not unsurprisingly, all Trusts currently rated as outstanding by the CQC already have this management model in place.

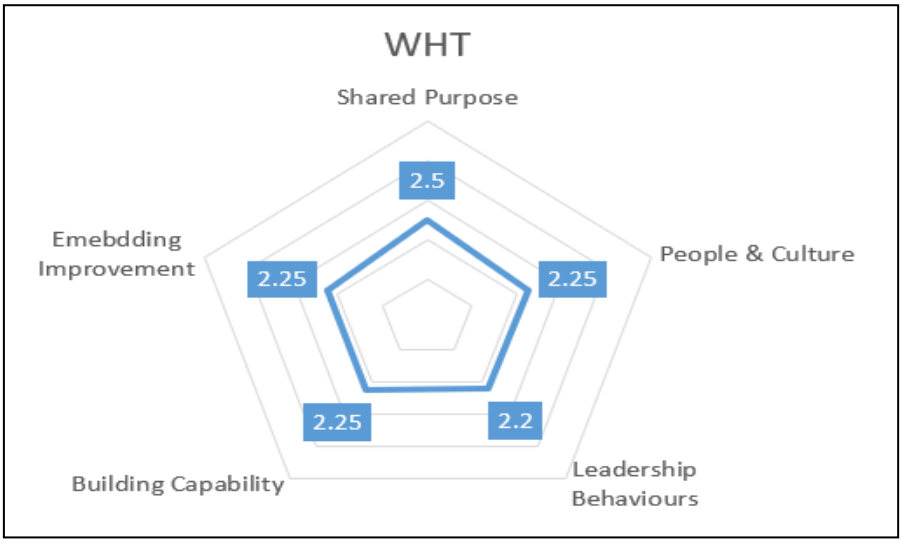
Domains

1. Building a shared purpose and vision
2. Investing in People and Culture
3. Developing Leadership Behaviours
4. Building Improvement Capability
5. Embedding into management and systems

A Maturity matrix (self-assessment) has been sent to all CEOs to assess our state of readiness against the 5 domains for quality improvement (NHS IMPACT). An event was recently held with Executives, Non-Executive Directors and senior leaders from WHT and RWT to work through the self-assessment.

WHT and RWT reported broadly similar levels of maturity with most responses lying between the developing and progressing stages. Improvement actions were identified during the workshop and are being incorporated into the QI Board action plan which will be presented to TB for sign-off in December. The detailed self-assessment is available in the Reading Room.

A synopsis of our scoring against the domains is below:



Descriptor	***Rating***
Starting	1
Developing	2
Progressing	3
Spreading	4
Improving & Sustaining (exemplar)	5

Black Country Quality Improvement System
All four Trusts across the Black Country currently have a version of a QI methodology in place. As part of our continued drive to align ways of working, a piece of work is underway to try and develop a consistent approach across all four providers. A joint proposal on an agreed approach has been developed and a paper is being presented to the BCPC Executive Group, with a view to coming to the Joint Provider Committee for approval. This will look to establish a consistent approach to embedding a quality management system (QMS). The paper will also include ideas and areas for collaboration eg. QI Awards for the Black Country, Bespoke training packages, huddle boards, coaching modules, sharing good practice, QI leads for whole systems pathways etc.

The QI leadership team has attended an NHS Provider event reviewing the learning from the Virginia Mason Trusts and hearing firsthand from the two CEO's regarding the level of commitment and 'buy-in' required from the Board. A meeting was also held with the Head of the Leeds Improvement Method from Leeds Teaching Hospitals NHS Trust; the Trust is regarded as an exemplar for embedding QI at all levels of the organisation. The learning will be incorporated into the QI Board action plan.

QI Awards 5th July:

Our first Joint QI Awards event was held on 5th July with over 200 people in attendance, 130 posters received (70 WHT, 60 RWT), 50 nominations for QI Champions and QI Teams with 17 Awards and 10 oral presentations on the day. The feedback received was resoundingly positive with the event being well supported by Executives and Non-Executive Directors.

The event evaluated well with general feedback themes being:

- the opportunity to showcase people's work and successes,
- the positive sharing of ideas and innovations,
- the coming together of the two trusts,

- networking opportunities and hearing the oral presentations.

A short video of the event which truly captures 'the spirit of the day' can be found at:
https://youtu.be/eHIWZM3O9g8

RECOMMENDATIONS

1. **Approve the maturity matrix self-assessment**
2. **Note the good progress being made in the BCPC**
3. **Note that a future meeting of the JPC will consider a joint approach to QI that could be adopted across all four Trusts**

Pack B - Any Cross-References to Reading Room Information/Enclosures:

a) **NHS Impact Maturity Matrix Self-Assessment**
b) **QI Team quarterly update**
c) **BCPC Programme Update**

Key Messages on the Provider Collaborative – September 2023

The following are the key messages from a range of BC Provider Collaborative activities including both the Collaborative Executive meeting of the 4th September, and the PC Board Development meeting on the 12th September 2023.

1) **North Hub**

   Dialogue with NHSE has continued throughout the summer period on the North Hub business case. Unfortunately, NHSE has confirmed that access to national TIF funding was no longer possible.

   With a continued need for an 'elective hub' in the Black Country, the BCPC will be working with ICB colleagues to reflect on the recent 'North Hub' journey and identify where next through the Elective Care & Diagnostic Board in early October.

2) **Mandatory Training**

   The Collaborative Executive received an update at their 4th September meeting, on the recent EOI process. It was confirmed that two EOI's were received, with one subsequently withdrawing.

   It was confirmed that the remaining EOI would now be asked to develop a PID and Business Case for presentation, review, and support through the remainder of this financial year. To aide this work a secondment was agreed and would be appointed to commence from the end of September, identifying a clear work plan for approval by the Collaborative Executive.

3) **MMUH**

   The Collaborative Executive received an update from the senior leadership team from SWBH on the progress of the MMUH development.

   A number of revenue implications were highlighted which are being pursued through active dialogue with the BC ICB and wider NHS partners. Some further work has been requested by the Collaborative Executive and will be brought back for discussion at their next meeting prior to any decision making that maybe required from the JPC in October.

4) **Joint Provider Committee**

   It was confirmed that all four partner Trusts had approved the proposal to establish a Joint Provider Committee, which will commence from October 2023. The Collaboration Agreement and the terms of Reference had been agreed, and Helen Attwood is in the process of collecting all necessary signatures to formalise the arrangements.

   All four partners have also confirmed that they have adjusted their SORD's (Scheme of Reservation and Delegations) to enable this establishment, and the BCPC Managing Director is reviewing support arrangements for the JPC in the short term.

5) **BCPC Annual Report**

   The first BCPC Annual Report has now been drafted and is under final review. An Executive Summary is also being developed, and it is anticipated that printed versions will be ready and available for the Clinical Summit in October.

   The final versions will be signed off by the Collaborative Executive in October, with electronic copies available shortly afterwards via the webpage.

6) **Clinical Summit**

   The next Clinical Summit will be held on Friday 27th October at the GTG Training & Conference Centre in Wolverhampton. A draft programme for the day is being finalised, which will have a range of short presentations from key system speakers, together with 'spotlight' videos on some of our key achievements, Clinical Network time, and an opportunity for clinical input into the planning for 24/25 work plan priorities.

Registration is currently 'open', with 140 registered so far on a maximum capacity of 200 delegates. Should anyone wish to register, please reach out to Ellie Haddington asap.

7) Governance – Collaborative Executive Refresh

With the Joint Provider Committee now established the next stage of the Provider Collaborative Governance refresh will begin to focus on the Collaborative Executive and its supporting workstream infrastructure over the remainder of the financial year.

It is anticipated that the membership of the Collaborative Executive will be reduced to a more manageable number through a **fair and equitable** process via an EOI which will be released shortly.

This repositioned Collaborative Executive will be focused on delivering the BCPC Work Plan, and is still likely to be complemented by an 'Extended Collaborative Executive' meeting in person (face to face) on a quarterly basis, ensuring wider involvement and engagement on all system wide activities and priorities.

8) Joint Board Development Session

The PC Joint Board Development session was successfully held on the 12th September at the GTG Training & Conference Centre. Feedback was positive in the main with a desire to hold such events on 2 to 3 times a year basis.

Feedback is being reviewed on format, venue, and topic suggestions which will be provided for consideration at the October JPC.

9) BCPC Profile Raising

Interest in the BCPC continues to grow with further presentations undertaken and requested as follows:

- **NHS Governance Conference** – a presentation on the BCPC's Journey to date
- **NHS Providers** – a presentation the ICB Chief Nurse forum on the work of the BC Provider Collaborative, and how nursing can play a key role in their development
- **NHS Finance Directors** - A presentation on the work of the BC Provider Collaborative, and possible alignment of productivity and efficiency priorities
- **BC ICB Strategic Development Committee** - The development of the Joint provider Committee, and how it supports the development of the Black Country ecosystem.

Quality Improvement Team

Appendix One

NHS

Quality Improvement Team Update

April – August, Financial Year 2023/24

Quality Improvement Team
Joyce Bradley – Head of Quality Improvement

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

Care Colleagues
Collaboration Communities

Content

Care Colleagues
Collaboration Communities

Executive Summary

- NHS England Launched “NHS Improving Patient Care Together (IMPACT)” on 19th April 2023. This was to address the recommendations of the NHS Delivery of Continuous Improvement (DCI review) requested by Amanda Pritchard.
- Worked collaboratively to ensure that the QI Awards Event was successful and equitable across the two organisations, with over 130 posters showing improvement work and 50 nominations for staff and teams the outcome of the extensive planning was seen in the success of the event.
- The QI Team continues to develop capacity and capability in QI across the organisation, enabling colleagues within services to make service led improvements. The collaboration is wider than Walsall and Wolverhampton with other local organisations able to fill vacant seats in training sessions at short notice.
- Ensuring that the QI Team has opportunity to continue their own development in understanding and applying improvement science which will ensure retention of staff and embedding of skills and knowledge more widely in the organisation
- Traditionally June – August is a quieter time for the team with less training requirement. This year that has not been the case with increased requests for facilitation of sessions, bespoke training for teams and the QI Awards

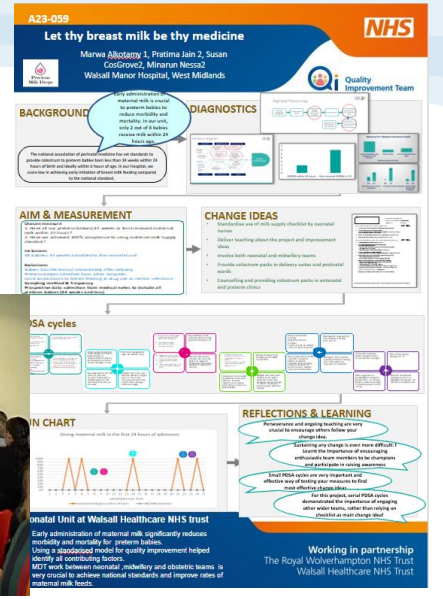
Update from the Divisional QI Leads

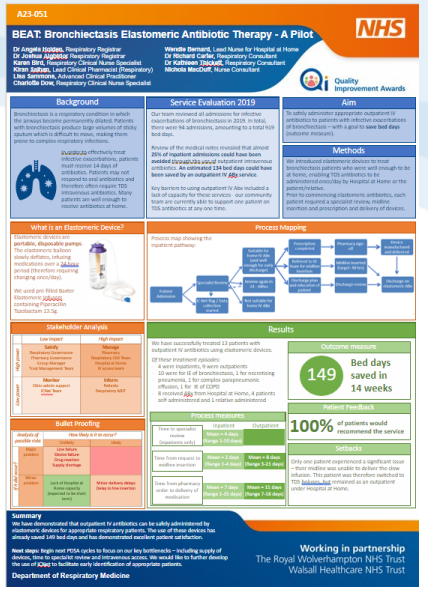
- WCCSS – Work progressing on Osteoporosis fractures project, developing a consistent approach across the Division including development of a local Quality Management System for coordinating Quality Planning, Quality Control and Quality Improvement.
- Surgery – Wider discussion with the Division have identified areas of concern which they would like QI support to improve.
- Community – Divisional lead left in May 2023. Advertised for a new Divisional Clinical Lead – Interviews in September 2023.
- Medicine & Long Term Conditions – Recruitment to the Divisional posts was initially unsuccessful, these went out to advert with interviews in mid-September 2023
- QI Clinical Fellow – Intensivist whose rota is 50% clinical and 50% QI, commenced at the start of August for 1 year. Updates from the Clinical Fellow will be included here.

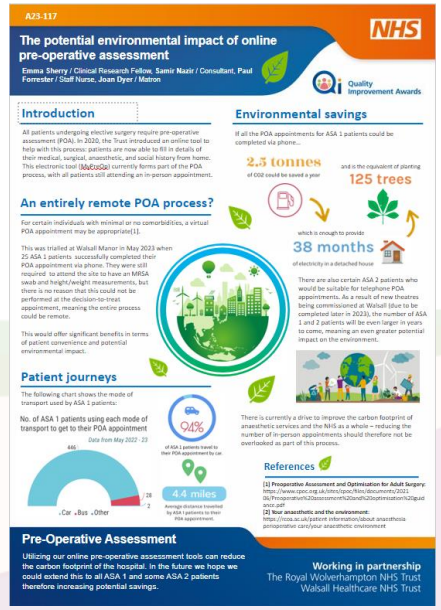
Care Colleagues
Collaboration Communities

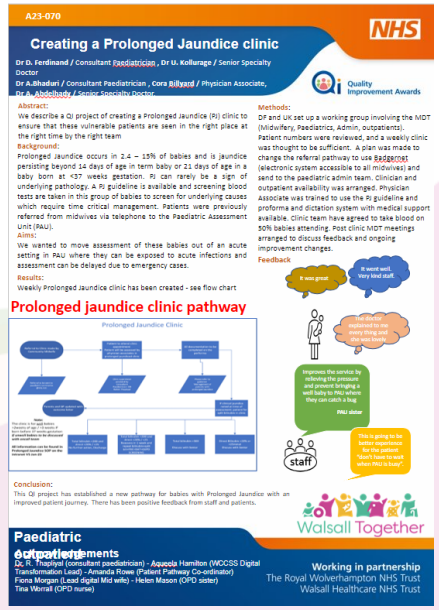
Quality Improvement Awards

- The QI Awards event was held on 5th July and was a roaring success. Over 130 posters were submitted which were then shortlisted to 84 posters for judging.
- 11 Awards were given out including:
  - Best Overall Poster
  - Greener Services
  - Best Oral Presentation on the day
  - Applying QI Methodology – one for each Trust
  - Clinical Audit Posters – one for each Trust
  - Improving Services Together – one for each Trust
  - People's Choice – Best Poster - one for each Trust
- Over 50 nominations for colleagues were received and 6 Awards were given out
  - QI Champion - one for each Trust
  - QI Leadership & Culture - one for each Trust
  - QI Team - one for each Trust
- QI Team Launched the "Community of Practice" (inset photo)
- QI Awards was successful enough that the team are planning to run an event in 2024 rather than wait until 2025









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Capacity & Capability

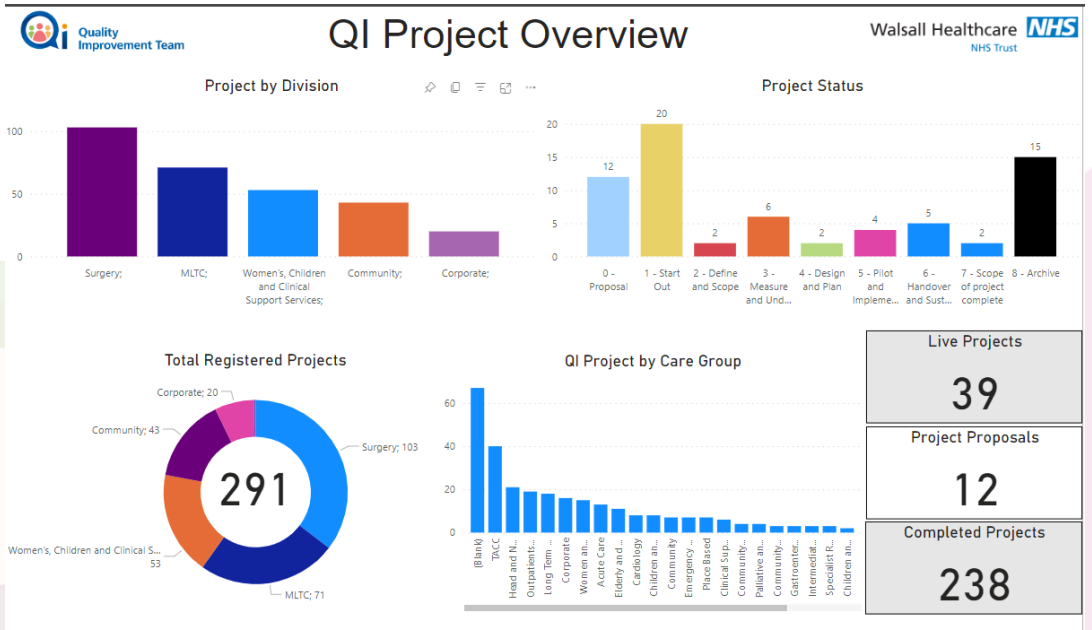
QI Training Delivery

- Cohort 18 of QSIR Practitioner commenced on 29th March 2023, included 9 delegates from across the Black Country ICS, including delegates from the Black Country Healthcare NHS Foundation Trust and NHS England. Cohort 19 (May-July) also had delegates from across the ICS. These cohorts completed with certificates being awarded by Non-Executive Directors.
- The first bespoke Estates & Facilities QI training package with specific training for Bands 3-4 (half day sessions) and Bands 5-6 supervisors (full day sessions), ran through June and July. The feedback was really positive, the delegates finding the training really useful to be involved in and grateful that they were being included.
- QSIR Fundamentals and Virtuals cohorts continued to be delivered along with Facilitation of session with teams to identify improvements to services.

Capacity & Capability – continued (1)

QI Projects

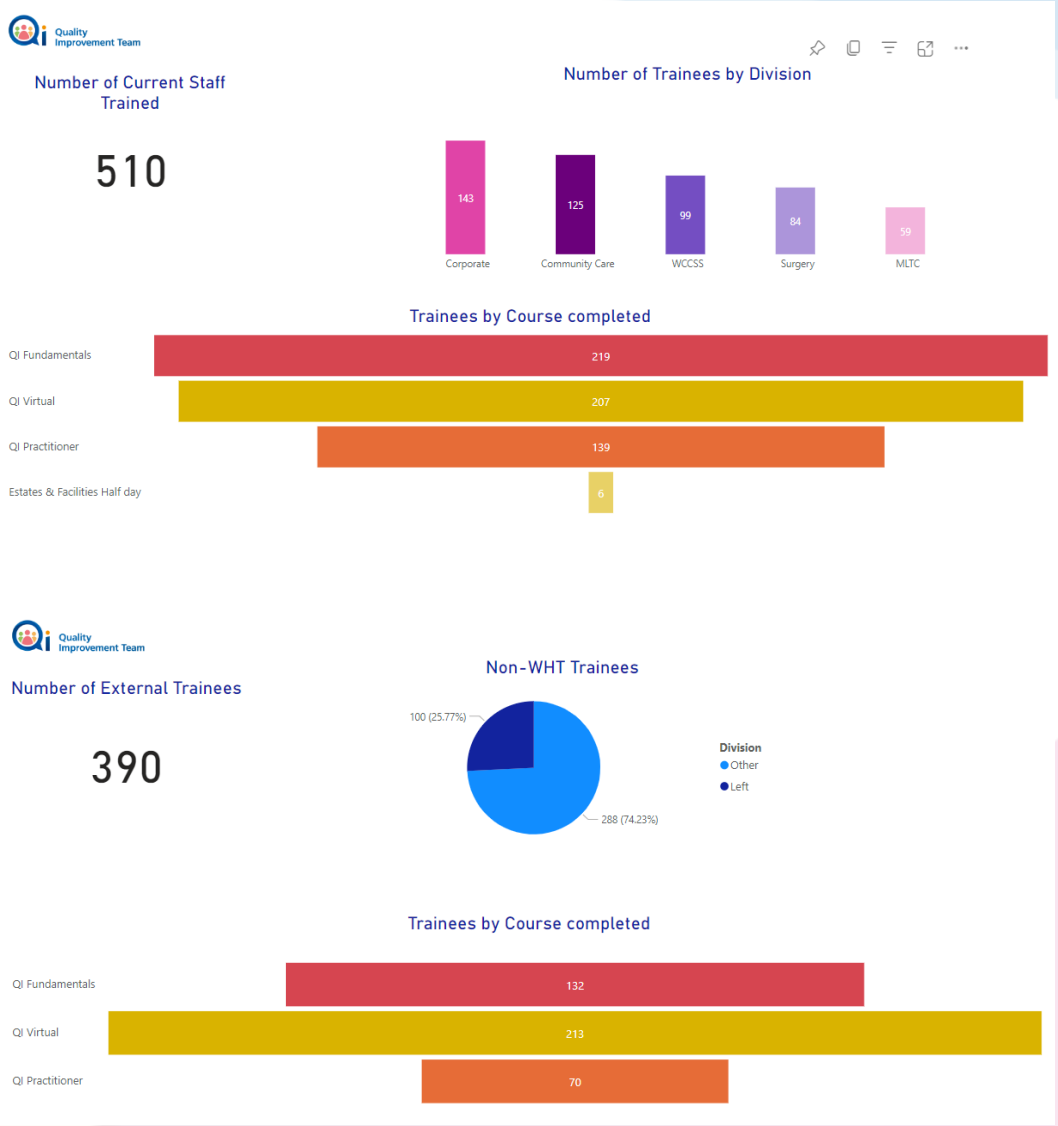
- The QI project registry has been update to include all of the QI Posters submitted to the QI Awards. The have a distinct reference (QA-23) and were uploaded prior to the main Doctors in Training (DIT) Induction in August.
- All historic and live/active QI projects known to the QI Team have been uploaded to the registry
- During Q4 the QI Team has finalised elements of the Project part of the Registry so that Wolverhampton can record their projects in the same system.
- DIT induction included a session from QI Team to show the new colleagues where to identify ideas for QI work and to see what has already happened.



Capacity & Capability – Continued (2)

QI Training – Monitoring Progress

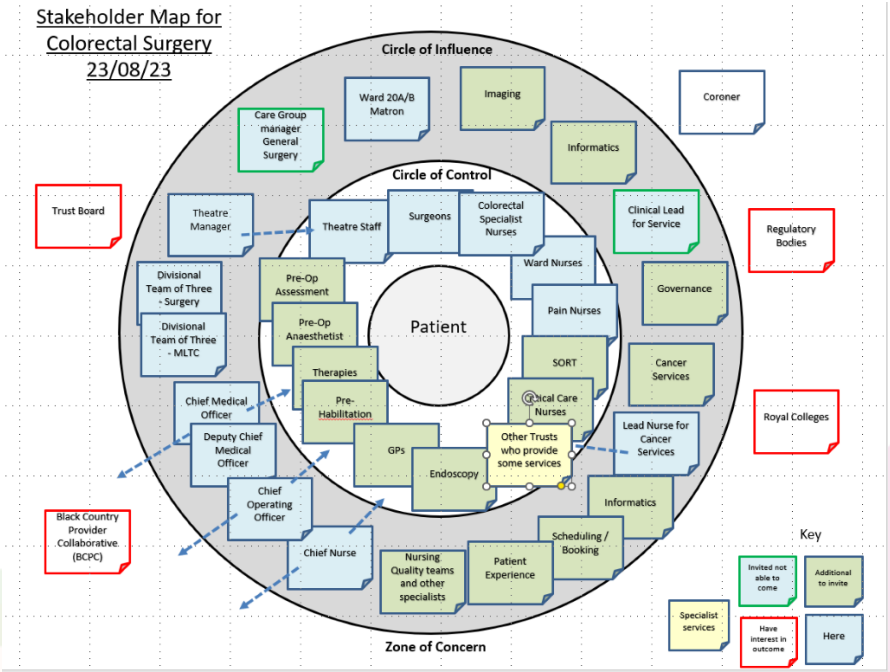
- The total number of Walsall Healthcare staff who have undertaken QSIR Training is 510 which brings us to 11.3% of the staff.
- The register counts individuals once whether they have undertaken more than one programme (i.e. a count of delegates on the courses will be larger than the total).
- This number excludes the staff who have left the organisation (100) or are not employed by WHT (290).
- Staff external to WHT have included colleagues from Sandwell & West Birmingham, Black Country Healthcare NHSFT, NHS England Regional Team and RWT.



Patient Flow and Staff Engagement

Facilitation of Sessions

- April - QI and Patient Experience Session,
  4N Chart discussions @ Fair Oaks Day Hospice
- May – Further work with Fair Oaks Day Hospice,
- June – Surgery – on the day cancellations – Process mapping,
  Fair Oaks Day Hospice Staff and Patient 4N exercises,
  Insights Discovery for Dietetics and QI Team
- July - Facilitated discussion with small group from Colorectal Surgery, workshop on NHS IMPACT and the self -assessment return, Presented at Regional Infection Prevention and Control Conference
- August – ICS Discharge Improvement Event session 1 at SWBH,
  Colorectal Surgery – facilitated discussion,
  ICS Discharge Improvement Event session 2 at Dudley



Patient Flow and Staff Engagement – Continued (1)

Service / Profession specific QI Training

- The QI Team delivered the third annual Regional Anaesthetics Trainee QSIR Fundamentals day during May 2023 and have been commissioned to deliver the same training for 2024.

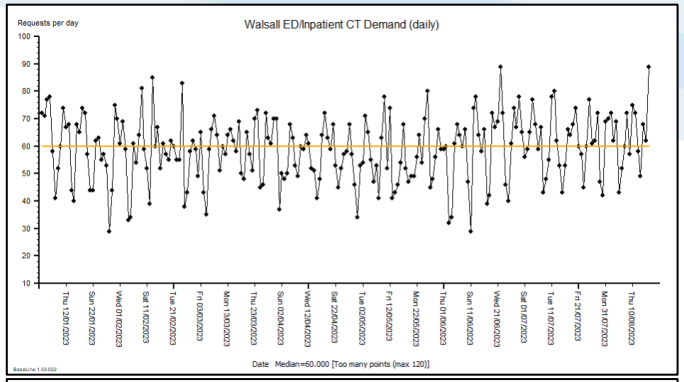
Focussed QI Work undertaken by QI Team

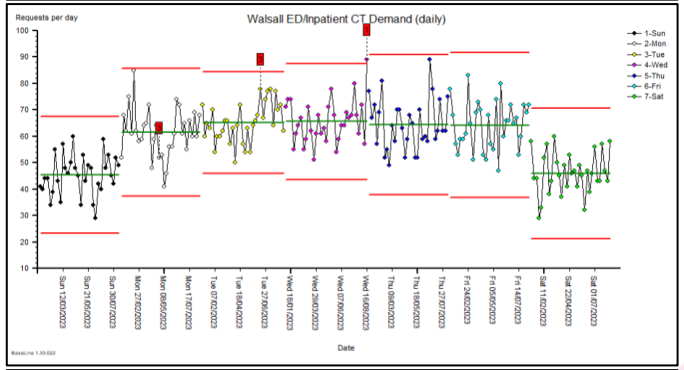
- April – Supporting Collaborative Working - Pharmacy & Chemotherapy, Process mapping Lymphodema service part 1
- May – Lymphoedema Process mapping – Part 2 – clinic scheduling
- June – Shortlisting posters for QI Awards, Judging Nominations
- July – Commence QI work alongside Theatre 11 (ENT) Waste Segregation
- July – Initial meeting with community Quality Team regarding link with QI Team

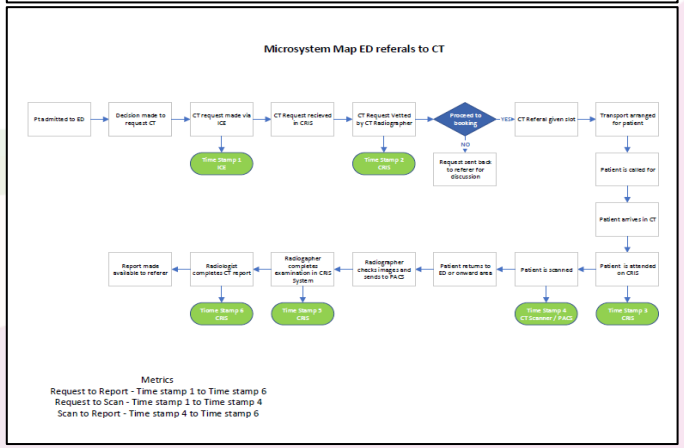
Patient & Work Flow – CT scanning

Health Care Systems Engineering – Imaging

- In May the second member of the Team on Health Care Systems Engineering (HCSE) training acquired Level 1.
- To embed the training and demonstrate the benefits of applying HCSE the two Level 1 Engineers were looking for projects to support. Antenatal clinic was to be one but the training sessions were cancelled due to industrial action.
- Operational colleagues attended a local conference and saw what the Kent and Medway Imaging Network have achieve by applying HCSE and subsequently approached the team. The Kent and Medway HCSE team had mentioned the interest to the team as well.
- The Trust will be applying HCSE to CT scanning and improving the flow and utilisation through the CT scanner used for In-patients and ED
- Initial data has been collected and the basic flow mapped (run charts and process map)







Patient & Staff Safety

QI Huddle Boards

- The QI Huddle boards continue to be an intervention which teams want to apply within their area.
- Discussion have been held to look at merging the Quality Team's Quality & Improvement Board with the QI Huddle Board and a Pilot of the QI Huddle Board had been agreed. This will look at the other elements that are then required. This will be piloted on 3 test wards at both WHT and RWT, commencing in September
- The ongoing support to those areas with huddle boards will be provided by members of the QI team or the members of the Improvement Team aligned to that division.

Location	Status	Lead	Division
Neonatal Unit	Active	Sue Worsey / Dr T lane	WCCSS
Gynaecology OPD	TBC	Shanna Fletcher	WCCSS
Delivery Suite	Active	Erica Birch / Emma Doherty	WCCSS
Ward 25 Post Natal Care	Active	Patricia Stych	WCCSS
Imaging	Active	Tracy Matthews	WCCSS
Strategy and Planning	Active	Roseanne Crossey	Corporate
North Locality	Active	Marie Grice	Community Care
South Locality	Active	Zoe Allen	Community Care
East Locality	Active	Liam Myrie	Community Care
West Locality	Active	Debbie Emery	Community Care
0-19 Service	Active	Vicky Bailey	Community Care

Location for Planned Boards	Lead	Proposed Start	Training Status
Portering Services	Damian Jones	Aug 2023	Complete
Performance and Information	Amanda Cater	Aug 2023	Complete
Test Ward 1 – Ward 16	Andrew Lathe	Sep 2023	TBC
Test Ward 2 – Ward 10	Claire Cooper	Sep 2023	TBC
Test Ward 3 - AMU	Melissa Perry	Sep 2023	TBC
Ward 20A	Claire Keeling	Sep 2023	
ITU	Xana Marriott	2023	Partial Completion

Developing the QI Team

Team Development Sessions and other Training

- The QI team have a development session every 6 weeks to work through how to progress the development of a Culture of Quality Improvement across the two organisations and ensure that their own knowledge and understanding of applying QI methodology remains current.
- The May development Session focussed on – Patient Experience and QI and how to involve experts by experience in QI projects
- The August development session focussed on the Board Development plan and ensuring that the elements identify by colleagues from across the organisation in the NHS IMPACT workshops were included in the plans
- The August development session also looked at the feedback from the QI Awards and whether to propose holding the event again next year – due to covid the event has previously be every two years. It was unanimously agreed to run an event in 2024
- The HCSE Programme has enabled colleagues to access a foundation Health Care Operations Management course at no additional cost to the organisation and to date 5 Colleagues from across the QI Team and Improvement Team at WHT have completed the programme.

Plans for September 2023 onwards

Capacity & Capability

- Additional Trainers to undertake Accreditation as soon as process dates confirmed
- Delivery of Health Care Systems Engineering Flow workshop – a one-day session on improving patient flow in planned care.
- Continue the development of the Black Country Quality Improvement System (BCQIS) to confirm how the providers in the Black Country would work collaboratively to support improvement work across the BC ICS.
- Dedicated QI Training for the Business Informatics and Performance Teams across both WHT and RWT will commence in September – jointly delivered by the QI Team from both sites.
- A QSIR Fundamentals which has been opened to Library & Knowledge Managers across the country will take place in November 2023.

Patient Flow

- Embed HCSE Level 1 tools and consolidate learning by applying them to live projects including CT Scanning and plain film X-ray pathway in ED. These are cross division projects that will include the Divisional QI Leads and the Improvement Team Divisional support
- Map agreed Outpatient clinics with a view to supporting the improvement of flow.

Plans for September 2023 onwards – (continued 2)

Other Developments

- Development of a recognition award possibly the “Quarterly QI Star” to recognise the work being undertaken across the divisions more timely than at an annual award.
- Support the delegates who have completed training to apply their learning to more improvements through the growth of the Community of Practice
- Recruitment to the Divisional Clinical Lead roles for Community and Medicine and Long Term Conditions
- Consolidate the collaborative working across the QI Team and Improvement Team
- Consolidate the collaborative working across the QI Teams in the Provider organisations within the Black Country Integrated Care System

Care Colleagues Collaboration Communities

Capacity & Capability – Training FY 2023-24 and beyond

Training Schedule for the rest of 2023-24 and into 2024-25

- There are 2 Cohorts of QSIR Practitioner due to commence in September and 2 late in January 2024. Fundamentals will continue to be offered every other month and Virtual in between to ensure everyone has access to some level of QI training.
- Planning is underway to confirm 6 Cohorts of QSIR Practitioner will run during 2024-25 financial year.
- Health Care Systems Engineering (HCSE) Flow sessions will take place through the year
- A training package on ‘Making Data Count’ with a specific emphasis on understanding SPC charts and measurement will be developed to launch in Q3.
- Working with system partners to ensure equal access to QI training across the system for colleagues and that our training offers are complementary, building on the same underlying principles – measurement over time, the Model for Improvement and engaging stakeholders being the key elements.

Q. Data: NHS Impact Self-assessment Levels across 22 Categories from National Survey

		1	2	3	4	5	
	Category	**Starting**	**Developing**	**Progressing**	**Spreading**	**Improving & Sustaining**	**WHT**
	Building a Shared purpose and Vision					**Average score**	**2.5**
7	Board and executives setting the vision and shared purpose	Starting: We are starting to develop a shared vision aligned to our improvement methodology, although only known by a few and not lived by our executive team. Our organisational goals are not yet aligned with the vision and purpose in a single, strategic plan.	Developing: Our board, executive leaders and senior management team can describe a shared vision and purpose that is the start of the process to align these with our organisational goals.	Progressing: Our board, executive leaders and senior management team are active and visible in promoting the shared vision and translating it into a narrative that makes it meaningful and practical for staff. Measures have been agreed and defined with a small number of key metrics (e.g. Operations, Quality, Financial and People / workforce).	Spreading: Our vision and shared purpose inform our journey and plans, and operational and clinical leaders and teams across our organisation know how they are contributing to, and own, our organisational goals. All employees have been communicated to and understand our shared vision in a way that means something to them.	Improving & sustaining: Our vision and shared purpose is well embedded and often referred to by the board and other leaders, who are able to bring it to life and make the link between their team's priorities and improvement plans and the agreed organisational goals. Most of our staff can describe our vision and shared purpose in their own words and what they can do in their role to contribute.	3
8	Improvement work aligned to organisational priorities	Starting: Our organisational purpose, vision, values and strategic priorities are in development, but not yet widely communicated to staff. Organisational goals are yet to be defined in a way that enables them to be cascaded to all of our teams.	Developing: Our organisational purpose, vision, values and strategic priorities are understood by some within our organisation, but generally seen as organisational goals rather than something which is directly meaningful to them.	Progressing: Our organisational purpose, vision, values and strategic priorities have been translated into agreed organisational goals, and measurement systems have been established. The priorities are well understood by most leaders and managers, which is helping to create organisational alignment.	Spreading: Our organisational purpose, vision, values and strategic priorities are visible and understood by leaders, managers and most staff. Our organisational goals have been agreed and measurement systems have been established and are being used across most areas.	Improving & sustaining: Our organisational purpose, vision, values and strategic priorities are role modelled and actively reinforced and communicated by leaders and managers, widely understood by most staff across our organisation and translates into improvement activity at team level.	3
9	Co-design and collaborate - celebrate and share successes	Starting: We are at the early stages of working out what quality or continuous improvement means in our context and how we will apply it systematically. So far engagement has been largely focused on senior leadership.	Developing: The Board has set a small number of bold aims with measurable goals for improvement, and a communications and engagement plan ensures that staff have at least heard about these goals.	Progressing: Our improvement goals are developed and refined through a collaborative engagement process, which at least involves leaders and most managers and a two-way feedback process.	Spreading: We have an agreed plan for delivery at organisational level which is cascaded through line managers down to team level, based on an established engagement and co-development process and a common approach to improvement. Celebration and learning events are used to recognise and share improvements.	Improving & sustaining: Our leaders and managers model collaborative working as part of the organisation's continuous improvement approach . We have an agreed plan for delivery at organisational level that we can systematically track to team level. Celebrate and learning events are an established practice to recognise and share improvements widely.	3
10	Lived experience driving this work	Starting: There is an aspiration or stated commitment to engage patients, carers, staff and public in further design of our shared purpose and vision, but it is not yet fully worked through or systematic.	Developing: Patients, carers, staff and public are involved in the design and communication of our shared purpose and vision, and may have a role in setting improvement priorities.	Progressing: Patients, carers, staff and public are actively engaged in co-designing organisational purpose, vision, values and setting strategic priorities for improvement.	Spreading: Patients, carers, staff and public are actively engaged in setting improvement priorities, including at service, pathway or team level, and in evaluating the impact of improvements from a user perspective.	Improving & sustaining: Patients, carers, staff and public have a voice which influences the strategic improvement agenda and decision making at board level, including setting the strategic direction of the organisation and wider system.	1

		1	2	3	4	5	
	Category	**Starting**	**Developing**	**Progressing**	**Spreading**	**Improving & Sustaining**	**WHT**
	Investing in People and Culture					**Average score**	**2.25**
11	Pay attention to the culture of improvement	Starting: There is an aspiration or stated commitment at Board level to establish an improvement culture, but it is yet to be worked through even at Board and executive level.	Developing: Our Board is committed to establishing an improvement culture and has plans to put this into practice, including Board development. The organisation has ways of measuring culture change (e.g. using a cultural survey or the NHS staff survey) and readiness for improvement.	Progressing: Our improvement approach considers culture as an integral aspect, including for corporate functions, recognising the value they bring to enabling organisational improvement. The majority of improvement activity starts with ways to actively engage staff and teams from clinical, operational, and corporate services in support of improvement goals and effective delivery of patient care. Our organisation has ways of measuring culture change and readiness for improvement at departmental or team level.	Spreading: Leaders and managers at all levels understanding their part in establishing a culture consistent with improvement. We consider measures and markers of culture change alongside other ways of evaluating improvement, down to team level. We have established a culture where our staff feel confident and empowered to take part in improvement activity in their own area and talk openly and honestly to leaders and managers when they are 'walking the floor' (e.g., during 'go & see' visits).	Improving & sustaining: We have a reputation for having established a culture consistent with improvement, and we can evidence that with data (e.g., NHS staff survey). Teams and departments work collaboratively across organisational boundaries to deliver improvement which benefits patients and users. We recognise leaders, managers and staff who are role models for the kind of behaviour and culture we want to create.	2
12	What matters to staff, patients and carers	Starting: Our ways of understanding what matters most to staff, patients and carers tend to be reliant on formal mechanisms (e.g., surveys) and the link to improvement is not strong or systematic.	Developing: We understand well as an organisation what matters most to staff, patients and carers (e.g., through two-way engagement) and this helps to shape our overall improvement priorities and our approach. Picking up on what matters most to our staff helps to bring us together around a common agenda and creates energy for improvement.	Progressing: Most of our services and functions have a good understanding of what matters most to staff, patients and carers (e.g., through two-way engagement) and this informs their local improvement priorities and activity. Our staff have a voice at Board level to provide feedback on how it feels to work here (e.g., through staff stories, informal interactions, staff networks). Leaders and managers help to translate the needs of patient sand carers into improvement priorities or goals.	Spreading: Most of our teams have a good understanding of what matters most to staff, patients and carers (e.g., through two-way engagement) and this informs their local improvement priorities and activity. Most staff feel invested and excited about the opportunities they have to participate in improvement activity which matters to them. Patients and service users have a role in the development, prioritisation and monitoring of delivery of improvement goals.	Improving & sustaining: Most of our staff can describe what matters most to them, patients and carers and how this translates into their local improvement priorities and activity. There is a strong and direct connection between their improvement activity and making things better for patients, which is energising. Patients and service users often work in close partnership with our teams on improvement activity, helping to focus on what will make the greatest difference.	2
13	Enabling staff through a coaching style of leadership	Starting: There is some recognition of how a coaching style of leadership helps to encourage improvement, but it is not widely applied.	Developing: There is an organisational endorsement of a coaching-style of leadership, but it is not applied systematically (e.g., through leadership training). There are some good examples of how a coaching-based approach can bring about improvement, and this is increasingly recognised and encouraged. Staff are often supported to make changes when doing improvement activities.	Progressing: A coaching style of leadership is well established with training available for leaders and managers who request it. Leaders and managers are widely engaged in improvement and regularly sponsor improvement activities (e.g., to help unblock issues). Senior leaders participate in improvement, celebration and learning events on a regular basis. Staff generally feel supported and empowered.	Spreading: Leaders and line managers are trained systematically in coaching and enabling teams to solve problems for themselves. Our executive leaders act as coaches and teachers of the improvement method for all levels, including role modelling a coaching style. Managers and clinicians participate in improvement, celebration and learning events on a regular basis. Staff talk about feeling more trusted and empowered.	Improving & sustaining: A coaching style of leadership is embedded as the default approach throughout the organisation, and it is applied to our greatest challenges. Staff and teams thrive in this environment and take greater ownership of improvement. Our leaders and managers are recognised as effective improvement coaches and are often sought after to lead and support improvements beyond our own organisation.	2
14	Enabling staff to make improvements	Starting: Improvement activity is limited and may be centralised (e.g., led by a discrete 'improvement team' with relevant skills operating independently). Staff do not generally feel able to make improvements in their own area of work.	Developing: Some staff and teams feel able to make improvements (e.g., if they have been trained or are supported by a central team). There may be learning locally but it is generally not shared across teams and departments.	Progressing: The majority of staff are actively involved in improvement activity and feel able to suggest ideas for improvement and to make changes in their own area.	Spreading: The majority of teams feel empowered and trusted to carry out improvement activity in their own areas, applying a consistent approach. Our staff understand the factors driving progress (whether positive or negative), and can solve problems effectively.	Improving & sustaining: Staff and teams are systematically engaged in improvement activity as part of their day to day work and are proactive in sharing the learning, and in looking for ways to collaborate with other teams and organisations in improvement programmes.	3

		1	2	3	4	5	
	Category	**Starting**	**Developing**	**Progressing**	**Spreading**	**Improving & Sustaining**	**WHT**
	Developing Leadership behaviours					**Average score**	**2.2**
15	Leadership development strategy	Starting: Our board, senior leaders and line managers are not yet trained in a consistent and defined improvement approach which they are expected to apply and role model.	Developing: Our leadership team have started to develop their improvement knowledge and are gaining an understanding in how it can impact their role.	Progressing: Our leadership works with managers and teams across the organisation to develop improvement skills and enable and co-ordinate improvement.	Spreading: Our leadership and management teams actively enable staff to own improvement as part of their everyday work and all teams and staff have had training in improvement.	Improving & sustaining: Our board focus on constancy of purpose through multi-year journey and executive hiring and development, including succession planning. Our board are visibly linked to future planning at a system level.	2
16	Leadership Values and behaviours	Starting: Our leadership values and behaviours and our expectations of managers are not explicitly defined, or do not include reference to an improvement-based approach.	Developing: Leadership values and behaviours are agreed across our organisation.	Progressing: Leadership values and behaviours are agreed, and role modelled by leaders and managers across the organisation.	Spreading: Leadership values and behaviours are agreed, role modelled and supportively challenged when not lived up to.	Improving & sustaining: A clear framework and expectations for leadership and management values and behaviours which are consistent with an improvement-based approach are applied throughout the organisation.	2
17	Leadership acting in partnership	Starting: Our Leadership works to competing and misaligned goals lacking in clarity.	Developing: Most of our leaders work in partnership with their fellow leaders and managers.	Progressing: Our leadership team have shared goals with commissioners and work effectively with systems partners.	Spreading: Our leadership team has shared longer term goals with network partners or commissioners as well as collaborative involvement over wider health economy.	Improving & sustaining: Our board and system focus on constancy of purpose through multi-year journey with improvement at its core.	2
18	Board development to empower collective QI leadership	Starting: Our board discusses improvement at board meetings, but it is not a regular occurrence.	Developing: Our board has received some improvement training and visit to parts of the organisation at least monthly. Improvement is discussed at every board meeting.	Progressing: Our leadership works with managers and teams across the organisation to enable and co-ordinate improvement.	Spreading: Our leadership and management teams actively enable staff to own improvement as part of their everyday work.	Improving & sustaining: Our leaders and managers - CEO through to front line demonstrate their commitment to change by acting as champions of the improvement and management method, by removing barriers and by maintaining a visible presence in areas where direct care / operational work is done.	3
19	Go and see visits	Starting: Some senior leaders spend time on the 'shop floor' from time to time to engage directly with staff and teams but it is not routine or widely practiced.	Developing: Our leaders understand the importance of 'walking the floor' to 'go & see'; but we have variation in leader participation; some leaders and managers use our improvement tools.	Progressing: Our Executives regularly 'walk the floor'/'go & see'; they incorporate the tools and methods into their meetings, strategic planning and daily management.	Spreading: All levels of leadership and management 'walk the floor'/'go & see' as a matter of routine and the insights they gain informs decision making and problem solving to support improvement.	Improving & sustaining: Leaders undertake 'walk the floor'/'go & see' visits for external bodies to visit their site and to observe different ways of working.	2

		1	2	3	4	5	
	Category	**Starting**	**Developing**	**Progressing**	**Spreading**	**Improving & Sustaining**	**WHT**
	Building Improvement Capability and Capacity					**Average score**	**2.25**
20	Improvement capacity and capability building strategy	Starting: We do not have a structured training or capability building approach for improvement skills. Training is ad hoc and focused on small central teams. We have some use of external resources (e.g. Academic Health Science Networks and Institute for Healthcare Improvement Open School).	Developing: Our improvement methodology has been agreed and the Board has undergone its own development to build literacy around quality improvement. Staff have access to induction on joining, improvement training and a small group of staff support capability building.	Progressing: Training is a balance of both technical skills, behavioural attributes and data analysis. Coaching support is available during and post training and time is given for staff to undertake training and development in the adopted improvement methodology. Some learning is shared across the organisation. A system exists to identify, engage and connect all those people that have existing QI capability.	Spreading: Sustainability is addressed via 'in-house' training and development approaches including train the trainer models. Improvement capability building for 'lived experience' service user partners is underway; they are seen as contributors to improvement teams. The programme is working towards being self-sustaining through developing its own improvement coaches.	Improving & sustaining: There is a systematic approach to improvement, and induction and training are provided to every member of staff as part of learning pathways and career progression, including induction and line manager training with >80% coverage. Capability building is self-sustaining, meeting the improvement needs of the organisation. The organisation consistently shares capability, building learning with other sites, regionally and nationally.	3
21	Clear improvement methodology training and support	Starting: No single improvement methodology has been adopted and only limited sharing of improvement gains/learning is cascaded beyond the immediate area where improvement is underway.	Developing: There are pockets of capability built by motivated staff with an interest in improvement. We have a training needs analysis which is underway to understand staff development & training needs for NHS Impact components, alongside a dosing formula and skills escalator to support capability building ambitions.	Progressing: Clarity exists on which improvement methodology and approach is being consistently applied. A longer term commitment exists to a training and development system for building capability at scale. Service users and carers are recognised as key stakeholders.	Spreading: Training and development are undertaken by all leaders, managers and staff. Learning from all improvement activity is effectively shared across the organisation. Staff, patients, service users and wider teams are using their skills and knowledge to deliver improvement and cascade improvement techniques to their peers.	Improving & sustaining: Learning from improvement activity is driving continuous improvement There is a common improvement language across the organisation. Knowledge and learning from improvement is highly visible, harvested, collated and shared widely as part of a scaling up and spread strategy.	2
22	Improvements measured with data and feedback	Starting: Our organisational approach to reviewing and tracking progress against goals has yet to be defined, At present Improvement doesn't feature in whole organisational measures.	Developing: We are seeing minimal improvement in our organisational measures. We have developed some elements of our organisational approach to reviewing and tracking progress, however this is ad-hoc and stakeholders do not feel it supports them to deliver.	Progressing: We are tracking improvement over time for some of our organisational measures. We have a holistic approach to achieving our goals, evidenced by data, centred on problem solving, and management that stakeholders feel is supportive.	Spreading: Improvement is sustained for most organisational measures. Our goals are reviewed regularly at organisational level and our plans are adapted to ensure they meet the clearly defined goals if required.	Improving & sustaining: Sustained improvement over time for all system measures. We understand what is driving performance, (whether positive or negative), and problem solve effectively. Our goals around longer term sustainability are reviewed regularly at organisational level.	2
23	Co-production	Starting: We have small discrete teams with relevant skills operating independently from one another labelled as clinical governance, service development, clinical audit or transformation, that are working in silos reporting to various directors.	Developing: Learning is captured when doing improvements, but this is rarely shared across departments.	Progressing: Users and wider stakeholders are strongly involved in co-designing and co-producing the capability building approach. Staff, patients, service users and other stakeholders have access to improvement capability development.	Spreading: Stakeholders are both supported and challenged to ensure success. We understand the factors driving progress (whether positive or negative), and problem solve effectively.	Improving & sustaining: Stakeholders are both supported and challenged to ensure success. Users and wider stakeholders are embedded within teams and are an integral part of the capability building process.	2
24	Staff attend daily huddles	Starting: Any huddles are only traditional shift change clinical handovers.	Developing: There is a plan in place for team huddle to focus on continuous improvements in all clinical frontline areas with clinical and operational staff in attendance.	Progressing: All clinical frontline areas have continuous improvement team huddles established. There is a plan in place to establish continuous improvement team huddles in all operational/support/corporate areas.	Spreading: All operational/support/corporate areas have continuous improvement team huddles established.	Improving & sustaining: There is a cascade of huddles for all teams from Executive to frontline teams (clinical, operational, corporate) which hold regular continuous improvement huddles using a standardised format and process.	2

		1	2	3	4	5	
	Category	**Starting**	**Developing**	**Progressing**	**Spreading**	**Improving & Sustaining**	**WHT**
	Embedding improvement into management systems and processes					**Average score**	**2.25**
25	Aligned goals	Starting: Where improvement plans exist they are very locally determined and driven. Our business planning is an activity conducted at board and senior leadership level but executives' and functions goals are often not well aligned with each other.	Developing: Our department goals may involve up or downstream departments; we do not share improvement planning across departments. Our business planning is an activity conducted at board and senior leadership level to produce goals that are cascaded top-down to the rest of the organisation.	Progressing: Our organisational goals are established to support our overall vision; our departmental goals align systematically with those of our organisation. Our business planning process is based on two-way engagement leading to greater local ownership of the goals.	Spreading: Our organisational and departmental goals are systematically aligned to our overall vision; and we are working to align goals across our system. Our organisational goals are developed using a consistent management system, based on two-way engagement leading to strong ownership of the goals and greater transparency between areas.	Improving & sustaining: Our organisational and departmental goals are systematically aligned to our overall vision and that of our system. Individual objectives are clearly linked to the strategic plan through the team, departmental and organisational goals and improvement plans.	2
26	Using the management system for planning and understanding	Starting: Our business planning and performance management processes do not make it easy for us to understand status or progress against our goals. We do not have visibility of what we are working on across the organisation.	Developing: Our business planning and performance management processes give the Board and senior managers reasonable visibility of status and progress against our goals. There are some routines for selecting and prioritising improvement work. Although we have some resource available there is no defined process for prioritising and allocating resource.	Progressing: Our business planning and performance management processes give the Board and most line managers good visibility of status and progress against our goals. There is good visibility of what we are working on across the organisation. We have an agreed approach for selecting and prioritising improvement work. Staff and assets from enabling services (e.g. HR, Finance, Comms, Informatics) are also aligned to our improvement priorities.	Spreading: Our business planning and performance management processes give good visibility of status and progress against our goals across all departments and teams. We have an agreed and transparent approach for selecting and prioritising improvement work which generally works well. Our supporting resources are assigned to supporting delivery of improvement goals across the organisation in a way that is perceived to be fair and effective. Staff and assets from enabling services (e.g. HR, Finance, Comms, Informatics) are also aligned to improvement priorities and are shared across the system in an agile way.	Improving & sustaining: Our business planning and performance management processes give good visibility of status and progress against our goals across all departments and teams, and is considered the 'one version of the truth' across the organisation. We have an agreed and transparent approach for selecting and prioritising improvement work which works well and can flex to meet changing needs. There is complete and timely visibility of what teams are working on across our organisation. There is a co-ordinated approach to review, prioritise and co-ordinate allocation of resources to support pathway-level improvement.	3
27	Using the management system to respond to local, system, and national priorities	Starting: We do not yet have a coordinated or consistent management approach to how we respond to changing needs, address problems or deliver against our plans. Instead it is perceived as reactive or firefighting.	Developing: Across the organisation, we believe having a management method (e.g., Lean) is important to our success. Some of our leaders are using management methods daily, which is recognised to be helping.	Progressing: Most leaders and managers in the organisation use our management methods to manage and run their departments, including responding to problems that may arise or to take account of changing priorities.	Spreading: Our management method is well embedded in how we work in all parts of the organisation, to team level. As an organisation we are using run charts and statistical process control (SPC) charts not just RAG or tables. Our technology, staff and facility decisions are aligned with our management system goals.	Improving & sustaining: All teams use the management method to understand, run and improve each aspect of our organisation; we use data effectively (e.g., SPC) to understand and improve performance. Whether our work is succeeding or is challenged, we strive for continuous improvement.	2
28	Using the management system to integrate QI into everything we do	Starting: Improvement/QI is seen as separate to the day to day delivery of services. Our performance management system is seen as separate from any improvement activity or methods we apply, and may be sending conflicting signals within the organisation.	Developing: Improvement/QI is starting to be more integrated with day-to-day delivery and targeted towards particular performance priorities or risks. Improvement activity is contributing to performance in some front-line clinical areas.	Progressing: Improvement/QI is starting generally well integrated with day-to-day delivery across the organisation and is increasingly the basis of how we deliver against our performance goals. Improvement activity is contributing to performance in many front-line clinical areas and supporting clinical functions.	Spreading: As part of our management system, all parts of the organisation are using improvement/QI methods, and learning occurs between areas (e.g., to understand and reduce waste). We have multiple examples of sustained improvement over months and years, not just month-to-month variation.	Improving & sustaining: The way we understand, manage and improve performance across the organisation – including how we use and report data – is consistent with our approach to improvement and based on an improvement cycle. We have many examples of sustained improvement, including reference cases recognised beyond our organisation.	2

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Trust Board Meeting – to be held in Public 11 October 2023		
Title of Report:	Walsall Together Partnership Board	Agenda Item No: 12.1
Author:	Rachael Gallagher - Personal Assistant, Walsall Together	
Presenter/Exec Lead:	Professor Patrick Vernon – Chair, Walsall Together patrick.vernon1@nhs.net	

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

Recommendations:

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

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	There are no direct resource implications as a result of this report. The financial pressures and plans to utilise any available short-term funding are routinely discussed across the partnership and reported to the Partnership Board. We continue to await further guidance from the ICB in relation to the process of delegation. A key component of the process will be to understand the resource implications and any associated transfer of ICB resources.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☒	Details:
	NHSE	Yes☐No☒	Details: not at this stage
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details: not at this stage
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains	**N/A**		

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Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate. No impact.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: WTPB 20th September 2023
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

- Operational reporting and the impacts to other areas of the system was discussed, it was agreed that a substantial agenda item is required in November to review the report as a partnership
- Operational demand remains elevated, and winter mitigations are in place. Board agreed to review winter planning during Novembers meeting
- The partnership strategy is under review and a discussion paper is in development in advance of the next Partnership Board meeting
- There are no formal updates in relation to formal delegation from the ICB

Advise

- This report covers items discussed in Septembers meeting.

Alert

- Reflecting the pressures across operational services, the transformation programme indicates a higher number of projects facing obstacles with clear themes of funding and capacity issues, full oversight remains at the Clinical and Professional Leadership Group
- Board reviewed The Right Care, Right Person Programme and agreed that some of the risks associated with the programme require additional investigating by partners and a meeting to discuss mapping governance routes at Place was agreed. This will need to include representatives from operational management on the acute site, due to the implications for emergency medicine.

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

Walsall Healthcare NHS Trust

Walsall Together Partnership Board Highlight Report

Report to Trust Board Meeting to be held in Public on 11th October 2023

EXECUTIVE SUMMARY

Junes Meeting

1.1. **User story –** September's user story was an update around the NHSE-funded Core20Plus Connectors work. The connector shared a presentation of work done to date connecting with cohorts of the population furthest away from services, aiming to tackle health inequalities. Detail of the national initiative was presented to board members and the work done locally to address the issues. Good progress has been made with 10 volunteers being recruited from the target populations, building connections, gathering intelligence and signposting people to the most appropriate services. Board members gave thanks for the presentation and the work gone into gathering the valuable information which needs to be fed into the partnerships forward plan. The Board noted that the initiative is funded non-recurrently and therefore requires a sustainability plan to continue this important work for the local communities.

1.2. **Operational Report –** Board was briefed on the highlights of August's operational data. Demand stabilised during August although still elevated. Utilisation across the Virtual Ward pathways remains at around 50% capacity and work is underway to ensure the provision is utilised. Adult social care demand remains high but additional capacity has alleviated waiting times for assessments. Conversations are underway to review the operational report to develop the data reported on to ensure it is meaningful for all partners highlighting demands, risk and mitigations.

1.3. **Financial pressures –** An updated financial position paper was presented to board members highlighting the impact on services as a result of financial pressures. The ICB has committed to fully fund community transport but no agreement has been reached as yet regarding the shortfall in funding for care provided at Goscote Hospice. Board was assured that work is ongoing to review the offer to evaluate if it could be resized; and the matter is being escalated through the appropriate channels. The intermediate care service finances remain in deficit with work ongoing to identify efficiencies within the service and potential mitigations if additional funding cannot be sourced. Board members were assured that the right conversations are happening to alleviate the impacts on all areas of the system.

1.4. **Transformation Programme –** Board was informed that there were a higher number of projects facing obstacles for the month with a recurrent theme emerging of resource and capacity issues. Partnership engagement remains good and conversations are progressing, so the main impact is on pace of delivery, as opposed to non-delivery. Full oversight remains with the Clinical and Professional Leadership Group and there are no current escalations.

1.5. **Right Care, Right Person Programme –** Board members were sighted on a new national programme agreed between the Home office and Health to ensure that the right agency with the right skills and training responds to calls received by the police in relation to mental health or welfare. Implementation of the programme in the West Midlands is going to be gradual over the next 18 months to 2 years, utilising current data to ensure the most appropriate planning for implementation is done. Board asked if the programme was robust enough to ensure vulnerable adults do not get missed in the new system and board were informed that the phased approach would help mitigate any potential risks. However, phase 1 commences in October and the plans infer a change in practice could be seen very quickly. It was agreed that a meeting is required to engage with partners on the programme including potential governance routes at Place and the variations in each partners policies and procedures. This will need to include representation from operations on the acute site, particularly from emergency medicine.

1.6. **Communications Brief –** Board approved the paper for circulation across the partnership subject to one amendment with regards to host provider not lead provider partnership model.

1.7. **Place Development** – The PMO has been reviewing and refreshing the partnership strategy in preparation for a partnership discussion. It was noted that the principles of the original business case and core components of the model would not be dramatically changed, but amended to reflect the partnership aims and ambitions, incorporate learning from the pandemic and utilising regional and national learning on integration.

1.8. **Delegation Proposal –** There were no new updates in relation to the delegation policy since the proposal sent to the ICB in August. Comments were made that the proposal was well received by the ICB and it was noted how advanced the partnership is. It was suggested that when delegation is approved the board will possibly need to meet more frequently and potentially need additional developmental time.

1.9. **What Good Looks Like For Our Communities –** Board was updated on a piece of work in collaboration with Walsall Housing Group (WHG) and Birmingham University researching digital health inclusion. The research was carried out by WHG colleagues after undergoing peer research training linking in with communities to identify barriers to digital access. The research has been used to establish a co-innovation group looking at digital barriers and ways to help people access health platforms in an equitable way. Board agreed that digital is a priority for the partnership and is timely with the strategy refresh to incorporate the research findings into the development and forward plan for the partnership.

BACKGROUND INFORMATION

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

RECOMMENDATIONS

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

Any Cross-References to Reading Room Information/Enclosures:

- The Care at Home report contains more detail pertinent to the operational performance of the partnership and implications associated with the ICB delegation.

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Trust Board Meeting – to be held in Public 11th October 2023		
Title of Report:	Group Director of Place (including Care at Home)	Agenda Item No: 12.2
Authors:	Michelle McManus, Walsall Together Director of Transformation; Steve Jackson, Director of Operations, Community Division; Stephanie Cartwright, Group Director of Place	
Presenter/Exec Lead:	Stephanie Cartwright, Group Director of Place	

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

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	There are outstanding funding issues to be resolved for some community services.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☒	Details:
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	No impact		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☒No☐	Date: WTPB 20th September 2023
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

- ***Medically Stable for Discharge:*** The level of patients awaiting discharge pathways 1-3 remained low at on average 24 patients. The average length of stay for being medically stable was 2.5 days.
- ***Avoiding Hospital Admissions*:** In line with a stabilisation in demand during August, Community services saw a sustained high level of referrals for services such as Care Navigation Centre; Rapid Response team and the Integrated Front Door service.

Advise

- ***Virtual Wards:*** The adult virtual wards continued to offer 80 virtual beds covering respiratory, heart failure, palliative care, hospital at home and frailty pathways during July. Referrals into the service remained below the service capacity. Work is ongoing with acute colleagues to promote referrals.
- Following the release of the ICB draft delegation policy, the partnership has submitted a draft proposal outlining the potential scope of delegation to Walsall Place. The Walsall submission included potential governance arrangements and a scope of services previously shared and approved by the Partnership Board.

Alert

- ***Funding for out-of-hospital services:*** Funding has been confirmed from the ICB for some elements of provision for 2023/24. The funding envelope has been reduced to the reported figure last month. Plans are being finalised to sustain service levels for the remainder of the year; however, the reduction in funding will inevitably increase the financial risk.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Safe and responsive urgent and emergency care • 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	• Deliver improvements at PLACE in the health of our communities

Walsall Healthcare NHS Trust

Group Director of Place

(incorporating Care at Home)

Report to Trust Board Meeting to be held in Public on 11th October 2023

EXECUTIVE SUMMARY

This report provides an overview of the portfolio of the Group Director of Place. It includes information relating to the development of the place-based partnership in Walsall, and also the performance, risk, assurance, and transformation in the Communities Strategic domain during August 2023.

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

BACKGROUND INFORMATION

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

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

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

PERFORMANCE, ASSURANCE AND RISK – COMMUNITY SERVICES

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

The Walsall Together (WT) Joint Planning Group and WT Tactical Command continue to focus on the impact of operational performance and pressures on the citizens of Walsall and how it affects their health and well-being.

Demand: Demand for Community Locality Services remained stable in August.

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

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

Discharge and Step-Up Pathways: The level of patients awaiting discharge pathways 1-3 remained low at an average of 24 patients, with the average length of stay as being medically fit running at 2.5 days.

Financial impacts on service delivery 2023/24: Services delivered by the Partnership are facing significant financial challenges in the current financial year. As a result, steps are being taken to:

- Where allocations have decreased in some funding streams, these have been utilised in line with the principles shared with WTPB
- Many services have been reduced in scope to match the funds available.
- Mitigations have been put in place to minimise the impact to the residents of Walsall.
- There is a risk around additional winter funds and the pre-commitments that are being made on them as part of this proposal.
- In some services longer term transformation plans are being developed to reshape services in order mitigate the financial risks.

PLACE-BASED PARNTERSHIP DEVELOPMENT

Following the release of the ICB draft delegation policy, which was included in the papers for the July Trust Board, the partnership has submitted a draft proposal outlining the potential scope of delegation to Walsall Place. The Walsall submission included potential governance arrangements and a scope of services previously shared and approved by the Partnership Board. Some points of assurance/awareness:

- Several Places and Systems around England are working through the governance and structures required for delegation; we are linking in closely to these places.
- There is a clear provision in the Health & Care Act (2022) for delegation, however NHS England are seeking legal advice on a national level to confirm the mechanism through which delegation can be achieved.
- It is not yet clear on how any variation on scope or pace between Black Country Places will be managed.

The ICB has since released a draft Operating Model for the system, which the partnership will review and respond to in full.

Recognising that the Walsall Together business case was for 3 years from April 2019 up to March 2023, it is now timely to refresh the model and describe the next phase of the ambition for the partnership. This will be developed in the context of receiving delegation from the ICB and will incorporate local, regional and national learning around integration, place-based working, asset-based working at scale, and collaborative commissioning.

It should be noted by the Board that the Partnership has been nominated for a Health Service Journal Award in the category of Place Based Partnership and Integrated Care. A presentation was made to the judging panel on 26th September and winners will be announced at the Awards Dinner in London in November. The Walsall Partnership has also been recently referenced as a model of excellent place partnership by the Chief Executive of the NHS Confederation at their Health Beyond the Hospital conference at the end of September.

DEVELOPMENT OF JOINT VISION FOR COMMUNITY SERVICES

Work has commenced on collaboration and the creation of joint responses amongst community services within the Black Country. This work has been on two levels:

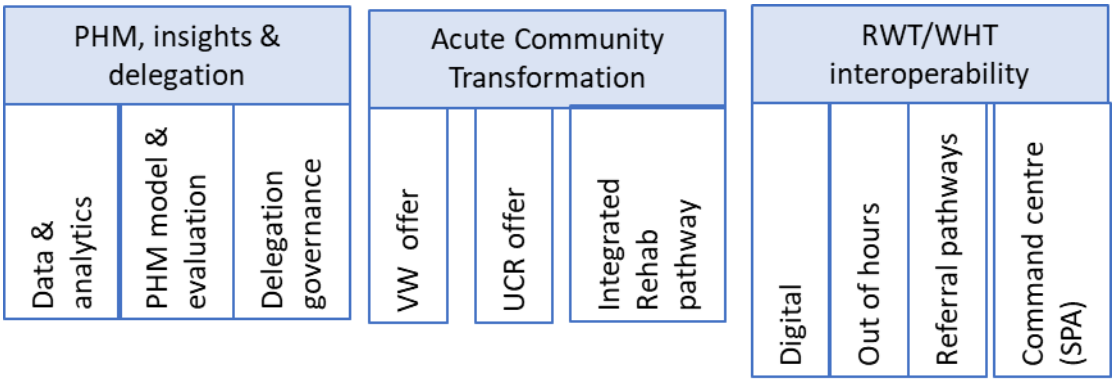
Wolverhampton and Walsall:

Following the Trust Boards' joint development session on 5th September 2023, an outline programme for the collaborative work across the group has been developed and the groups are in the process of being established. This will involve both acute and community colleagues as required. A summary of the work undertaken since the Board Development session is as follows:

- A draft governance model has been produced
- A set of proposed workstreams have been identified (please see below)
- Proposed project leads have been identified
- Acute medical leads have been confirmed from Wolverhampton (Dr Richard Carter & Dr Gil Malocm), and are being discussed at Walsall
- A dedicated medical lead for community services has been appointed (Dr Simon Harlin as Group Strategic Clinical Lead for Community Services – Wolverhampton and Walsall)
- Our vision has been presented to various partners and has received strong support, recognition and appreciation of early involvement.

A paper detailing all of the above will be taken to both Trust's executive teams in early October.

Proposed workstreams:



Black Country Community Providers:

A programme of work is being developed by the NHS community providers within the Black Country to look at areas for collective action during this winter. The focus is on maintaining sovereignty at Place, whilst collaborating on areas where a Black Country-wide approach will enable more people to be cared for at home. Examples of potential areas for collective action include:

- a minimum specification for services across the Black Country around urgent care pathways, virtual wards and access to medical advice for community teams;
- high impact interventions such as structured medication reviews for people at high risk of hospital (re)admission, standardised interventions in care homes and local agreements over community care for people where their GP or hospital provider is based outside of their borough of residence;
- increasing referrals from West Midlands Ambulance Service by improving the capability of community services to deal with demand surge. This involves capacity and demand reviews as well as creating the governance structure to ensure patient safety is maintained at those points where demand may temporarily exceed capacity

The two programmes of work are complementary, with both aimed at working together where this makes sense for each service's local population. The Wolverhampton and Walsall collaboration affords the opportunity to work at a faster pace in securing many of these benefits.

RECOMMENDATIONS

The Board is asked to note the contents of the report, particularly the risks and assurances included.

Any Cross-References to Reading Room Information/Enclosures:

Walsall Together Operational Performance PowerPoint (Appendix 1)

Walsall Together

Walsall Together Partnership Operational Update: September 2023

Stephen Jackson

Collaborating for happier communities

[Emergent] Score Card for WT Tiers – Tiers 1

Walsall Together

Tier	Activity in-month	Thresholds			Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Tier 1: Integrated Primary, Long Term Conditions Management, Social & Community Services													
Community Services	Hours delivered by Locality teams	<5525	5525-6500	>6500	5957.75	6321	5589	6281.25	6608	5837.25	5739.5	5814.25	5561.5
	Hours cancelled by Locality teams	>1350	1147-1350	<1147	643.25	377.25	370.25	390.25	188.00	106.25	282.75	279.75	207.00
	% of hours demand unmet	>23%	20%-23%	<20%	9.74%	5.63%	6.21%	5.85%	2.77%	1.79%	4.70%	4.59%	3.59%
Multidisciplinary Team(MDT)	No. MDTs held	<20	20-24	>24	22	30	24	29	12	14	N/A	N/A	N/A
	No. referrrals received	<100	100-200	>200	11	26	15	19	17	21	N/A	N/A	N/A
	No. cases reviewed	<100	100-200	>200	68	82	68	87	61	69	N/A	N/A	N/A
Adult Social Care	Care & support assessments & 3 conversations incoming / in progress (snapshot in-month)				639	967	861	814	874	860	889		
	Care and Support Assessments and 3 Conversations Completed - Total				283	316	352	356	243	306	309		
	Monthly Adult contacts completed by Team				1,024	1,349	1,170	1,250	1,066	1,167	1,209	1,147	1,178

[Emergent] Score Card for WT Tiers – Tier 2 & 3

Walsall Together

Tier 2: Specialist Community Services																		
ASC Safeguarding Concerns	Concerns received				381	354	322	388	338	321	342	308	375	355	321	303	335	364		328
	Concerns progressing to s42 eqnuiry				61	65	56	45	53	32	63	82	75	77	56	40	58	47		57
	% of concerns progressing to s42 enquiry				16%	18%	17%	12%	16%	10%	18%	27%	20%	22%	17%	13%	17%	13%		17%
	Safeguarding cases in progress				84	129	97	120	82	97	99	36	44	70	52	58	55	93		57
Tier	**Activity in-month**	**Thresholds**			**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**
Tier 3 : Interimediate Care, Unplnanned Care & Crisis Services																				
Care Navigation Centre	Calls received	<435	435-512	>512	1270	1307	1323	1207	1171	1142	1310	1475	1463	1109	1232	1191	1272	1205	1153	1120
Rapid Response Team	Referrals received	<160	160-247	>247	294	242	277	245	250	285	307	339	313	245	325	269	292	251	280	281
	% admission avoidance	<73%	73%-87%	>87%	89.2%	98.0%	90.0%	90.2%	90.1%	90.2%	93.8%	90.3%	89.8%	88.6%	80.2%	83.3%	93.5%	100.0%	90.0%	70.1%
Medically Stable For Discharge	Average number of MSFD in WMH	>57.5	50-57.5	<50	46.40	50.10	54.10	52.10	51.30	50.59	49.17	50.53	52.40	41.50	42.40	38.00	38.66	38.25	29.11	24.00
	Average number of days MSFD	>5.75	5.0-5.75	<5.0	4.0	4.0	4.0	4.6	4.6	4.0	3.4	3.5	2.7	2.8	2.6	2.5	2.7	2.95	2.92	2.50
Domiciliary & Bed Based Pathways	Domiciliary Pathways - Discharged ALOS	>25	21-25	21<	27	25	27	26	27	25	34	27	31	32	30	31	32	34	30	22
	Domiciliary Pathways - Average service users				213.6	222.2	203.5	204.4	177	223.8	244.25	275.5	267.7	267.7	285	283.2	281.5	259	244.2	241
	Bed-based Pathways - Discharged ALOS	>36	24-36	24<	48	48	47	48	36	52	39	46	17	17	40	40	38	37	30	25
	Bed-based Pathways - Average beds in use				82	81	78	81	93.25	78	82	64	77.8	77.8	76.6	67.7	67.75	61.25	67.2	70.5
Integrated Assessment Hub	Hospital Avoidance	20<	20-28	>28	193	224	219	157	165	210	174	230	160	163	194	199	206	180	213	185
	Prevent Readmission	35<	35-50	>50	19	10	5	9	23	11	7	21	3	7	17	8	5	6	2	7
	Early Supported Discharge	40<	40-54	>54	31	48	85	49	52	61	40	55	54	57	28	43	37	68	52	44
	Assisted Discharge	35<	35-50	>50	68	76	44	74	86	82	109	99	63	59	64	34	52	105	54	45

Tier 0 Resilient whg The H Factor Social Prescribing Programme – August Stats

243 Clever Conversations

104 Home visits Completed

20 sign up to the Social Prescribing programme

43 completed/improved WEMWBS questionnaire

11 Referrals to Money Advice Team

21 Referrals made to internal support service Referrals i.e. E&T Team, CHO, Befriending

18 Referrals made to external support service Referrals i.e. Rethink, Mind Kind, Bereavement, Adult Social Care etc

Diabetes Matters Champion Engagement Programme

30 new referrals received

155 Clever Conversations

117 New customers engaged

1 Community Events attended

1 Referral to Money Advice Team

5 Referrals made to external support service Referrals

11 Referrals made to internal support service Referrals

WHG - Diabetes Matters – Case Study

Background EC was referred to the Diabetes Health champions by a colleague in the Kindness Champion team as this customer had been identified as lonely and isolated. This customer is 77yrs old and was a single parent whose children had moved away from her. EC had multiple health conditions
EC has heart disease and had previously been fitted with a pacemaker, mobility issue due to pain, high blood pressure, high cholesterol, was anaemic and mental health issues linked to confidence and anxiety. EC had been borderline diabetic for 25 years. On 18th Nov 2021 EC was diagnosed with type 2 diabetes.

Support Offered
EC was signposted by the Kindness Champion as adopting healthy behaviours was central to improving confidence to leave the home. EC Says I think if you ask for advice you must take it. My health champion came to visit me at home where I was comfortable, A what matters to me assessment was completed and it showed that EC really did want to change her lifestyle. EC used to eat breakfast and one big meal in a day. The health champion helped EC with advice in my diet by advising to spread my meal over a day and to include lot of vegetables and fruits with less sugar. Before EC would drink 15 cups of coffee daily, the health champion advised EC to cut down on the coffee and advised to try things like herbal tea, no added sugar diluted squash instead of fruit juice. The health champion also advised me to increase my physical activity and to improve my mental health by listening to the music and reading books. The Perma Model of wellbeing was used to support EC to set their own goals and establish a timeframe to work towards to achieve them. Improving EC's knowledge of her diabetes and confidence to try new things have been central to her PERMA goals.
EC was previously using a wheelchair to go out and slowly with support EC began to feel she could walk outside herself. She can now go to the local shop without any support. EC has managed to get her sugar levels consistently down to being borderline again and she is motivated to continue this work further.

When EC was asked about her Health Champion, she said It's always good to see her, she makes me smile, she helped me to take the seriousness out of me which has worked as a medicine for me. She encouraged me in so many ways to get rid of worries, stress and brought lot of changes in my life which helped me controlling my sugar level. Now I am so positive and stronger. I did lots of efforts to bring my sugar down. My latest blood test show that my sugar level at the borderline. I am so thankful for whg for helping me to achieve this goal.
Before I was thinking why I am living but now I want to live more and have a new goal I want to fly to see other country.

EC is now ready to commence looking at her loneliness and will be supported by the Kindness Champions to commence this next part of her journey
EQ5D Final Score - 75

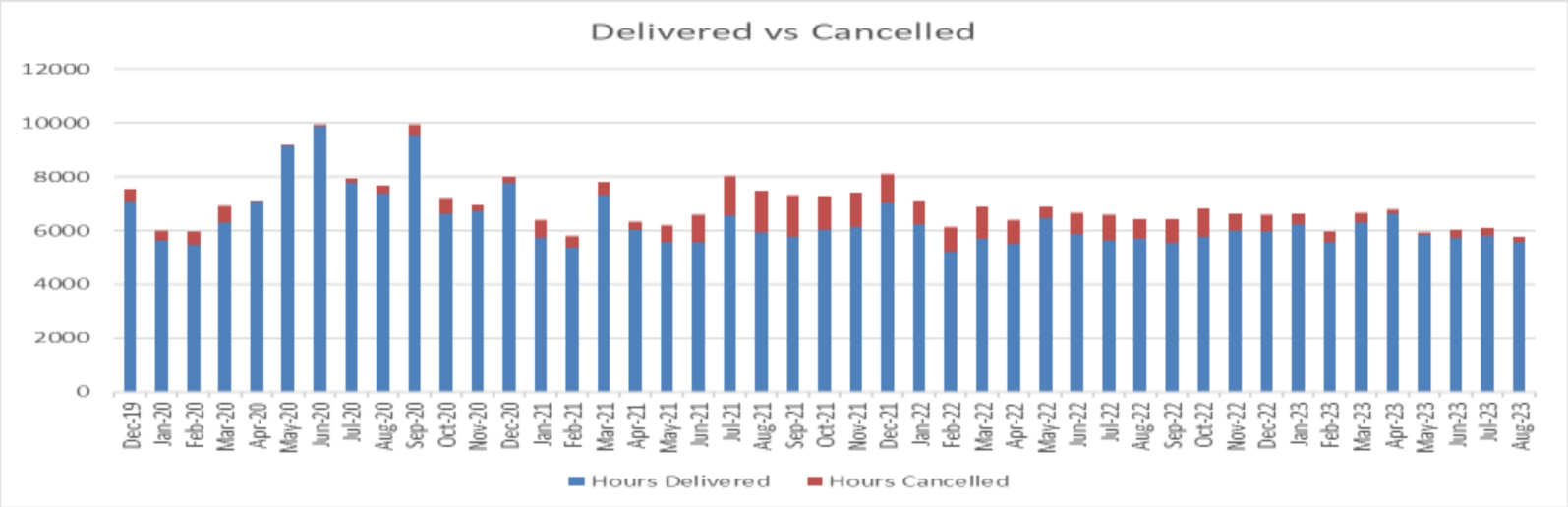
A.C.E - Reducing the impact of poverty on children and families

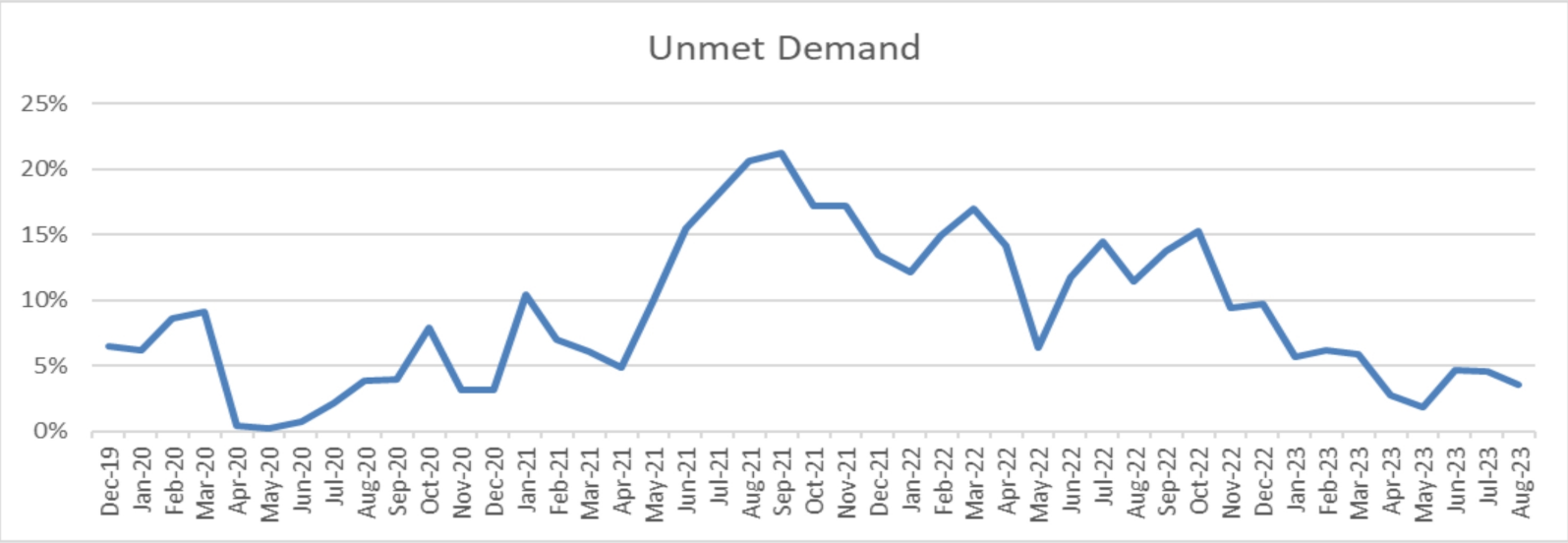
- A.C.E is a proof of concept and a partnership programme designed, delivered by whg and health
- Focus upon improving parents, children's self care of the child's asthma and reducing avoidable hospital admissions
- A referral pathway is established with Walsall Healthcare NHS Trust and whg
- **93** Children have been supported through A.C.E increasing parents skills, access to health services
- whg are presenting A.C.E at the National Ask About Asthma Campaign in September
- A co authored blog about the programme will be circulated at the national AAA Conference
- Learning from the proof of concept is being used to launch year 2
- https://www.insidehousing.co.uk/insight/insight/how-a-walsall-social-landlord-is-fast-tracking-damp-repairs-for-children-with-asthma-82319

Left to right: Connie Jennings, social inclusion manager at WHG; Lisa Cummings, senior specialist paediatric asthma practitioner at Walsall Healthcare NHS Trust; Tracey Longon, mum of eight; and Ruth Jones, social prescriber at WHG, all work on the programme

Tier 1:

Community Nursing Capacity and Demand:





The Locality Teams delivered 5,561 hours during July 2023. The number of cancelled hours decreased compared to the previous month.

The improvement in both hours delivered and cancelled is a result of further recruitment and mitigation measures to ensure that cancellations are kept to a minimum.

Last updated : September 2023

Tier 1: Making Connections Walsall

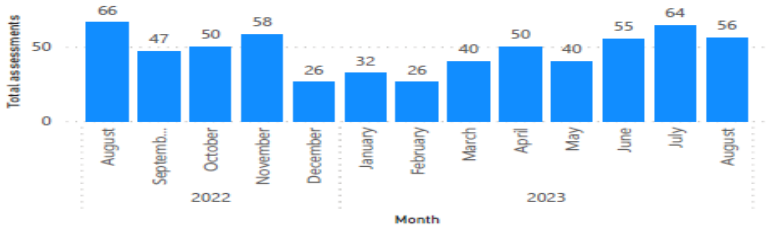
Making Connections Walsall - Assessment & Goals Summary

Source: DCRS (Data Collection & Reporting Service)

01/08/2022 31/08/2023

client_type
COVID_19
Making Connections

Assessments



Assessments 610

Locality_Name	n	%
East	155	25.4%
North	182	29.8%
South	127	20.8%
West	146	23.9%
Total	**610**	**100.0%**

local_issue	n	%
Not recorded	348	57.0%
Loneliness & isolation	209	34.3%
Emotional wellbeing	41	6.7%
Financial concerns	5	0.8%
Bereavement	4	0.7%
Housing Issues	2	0.3%
Frightened or nervous	1	0.2%
Total	**610**	**100.0%**

referral_source	n	%
GP or other primary care services	267	43.8%
Local authority Services	190	31.1%
Self	45	7.4%
Community / voluntary services	40	6.6%
Intermediate care team	35	5.7%
Community & District Nursing	13	2.1%
Emotional wellbeing services	13	2.1%
Hospital services	6	1.0%
Lifestyle services	1	0.2%
Total	**610**	**100.0%**

employment_status	n	%
Retired	432	70.8%
Permanently Sick / Disabled	105	17.2%
Unemployed	42	6.9%
Response declined	11	1.8%
Temporary sick	9	1.5%
Full time carer	7	1.1%
Employed: routine / manual	2	0.3%
Looking after home or family full time	2	0.3%
Total	**610**	**100.0%**

sign_off_reason	n	%
Only wanted some information	146	23.9%
Not signed off	144	23.6%
Plan completed	93	15.2%
Could not contact client	72	11.8%
Not ready to make changes	62	10.2%
Signpost only	28	4.6%
Plan part completed	19	3.1%
Other	18	3.0%
Not eligible	14	2.3%
Inability to continue	8	1.3%
Chose an alternative service	4	0.7%
Client DNAs (Did not attend)	1	0.2%
Disappointed with rate of progress	1	0.2%
Total	**610**	**100.0%**

Goals 621

goal	n	%
Reduce anxiety/low mood	210	33.8%
Actions to enable goal achievement	140	22.5%
Connect more: Join a group	111	17.9%
Information required	66	10.8%
Be active: Find an enjoyable activity	50	8.1%
Build confidence/independence	26	4.2%
Learn something new: Take a course/Start new hobby	14	2.2%
Give/volunteer more: Volunteer/Help somebody	3	0.5%
Take more notice of the environment: Take time to enjoy the moment	1	0.1%
Total	**621**	**100.0%**

referral_to	n	%
Community / voluntary services	396	63.7%
Local authority services	42	6.8%
Emotional Wellbeing Services	30	4.8%
Other (put details in 'Referral_other')	30	4.8%
Lifestyle change/support services	28	4.5%
Bereavement Support	22	3.6%
GP or other primary care services	17	2.7%
Citizens advice	12	1.9%
Not recorded	11	1.8%
Leisure activity	9	1.4%
Lunch Club	8	1.3%
Dementia cafe	7	1.1%
Advice and Guidance	6	1.0%
Disability services	3	0.5%
Total	**621**	**100.0%**

Walsall Council

PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

Last updated - September 2023

Tier 1: Making Connections Walsall

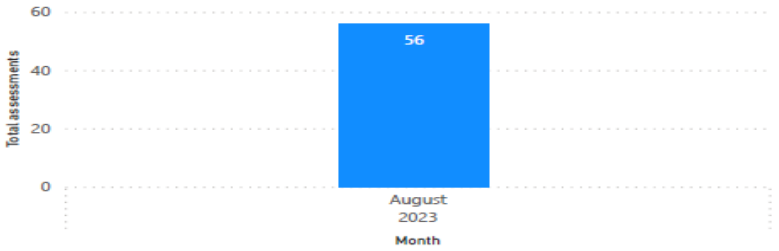
Making Connections Walsall - Assessment & Goals Summary

Source: DCRS (Data Collection & Reporting Service)

01/08/2023 31/08/2023

client_type
- COVID_19
- Making Connections

Assessments



Assessments 56

Locality_Name	n	%
East	16	28.6%
North	15	26.8%
South	8	14.3%
West	17	30.4%
Total	**56**	**100.0%**

local_issue	n	%
Not recorded	34	60.7%
Loneliness & isolation	19	33.9%
Emotional wellbeing	1	1.8%
Frightened or nervous	1	1.8%
Housing Issues	1	1.8%
Total	**56**	**100.0%**

Goals 40

goal	n	%
Reduce anxiety/low mood	15	37.2%
Connect more: Join a group	8	20.1%
Actions to enable goal achievement	7	17.6%
Information required	5	12.6%
Build confidence/independence	3	7.5%
Be active: Find an enjoyable activity	1	2.5%
Learn something new: Take a course/Start new hobby	1	2.5%
Total	**40**	**100.0%**

referral_source	n	%
GP or other primary care services	26	46.4%
Local authority Services	20	35.7%
Self	5	8.9%
Community / voluntary services	2	3.6%
Intermediate care team	2	3.6%
Emotional wellbeing services	1	1.8%
Total	**56**	**100.0%**

employment_status	n	%
Retired	38	67.9%
Permanently Sick / Disabled	14	25.0%
Temporary sick	3	5.4%
Unemployed	1	1.8%
Total	**56**	**100.0%**

sign_off_reason	n	%
Not signed off	25	44.6%
Only wanted some information	17	30.4%
Could not contact client	5	8.9%
Not ready to make changes	3	5.4%
Signpost only	3	5.4%
Inability to continue	2	3.6%
Not eligible	1	1.8%
Total	**56**	**100.0%**

referral_to	n	%
Community / voluntary services	26	65.0%
Local authority services	5	12.5%
Bereavement Support	2	5.0%
GP or other primary care services	2	5.0%
Advice and Guidance	1	2.5%
Emotional Wellbeing Services	1	2.5%
Leisure activity	1	2.5%
Not recorded	1	2.5%
Other (put details in 'Referral_other')	1	2.5%
Total	**40**	**100.0%**

Walsall Council

PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

Last updated - September 2023

Tier 2:
Adult Social Care

ASC have received 328 concerns which a decrease in cases on the previous month.

The number of cases progressing to a s42 enquiry is higher to the previous period.

There are currently 57 opens S42 enquiries. This has been raised with managers to ensure the timely completion of enquiries which includes caused enquiries. Emphasis has also been placed on the need to inform people including referrers of outcomes following enquiries. This approach has caused a reduction.

Neglect & Psychological abuse remain the two highest categories of alleged abuse in this period.

Walsall Adult Social Care

Safeguarding concerns

Reporting period: 01/08/2023 31/08/2023

328
Concerns received

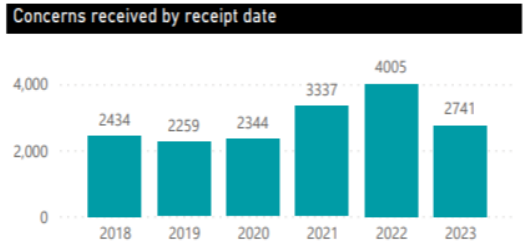
17.38
% leading to S42 enquiry

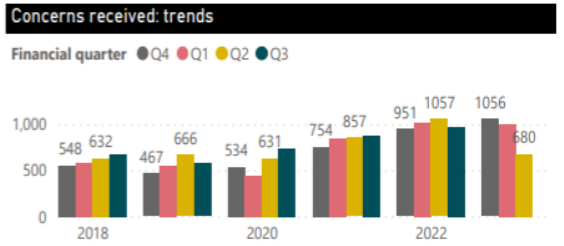
57
S42 enquiries

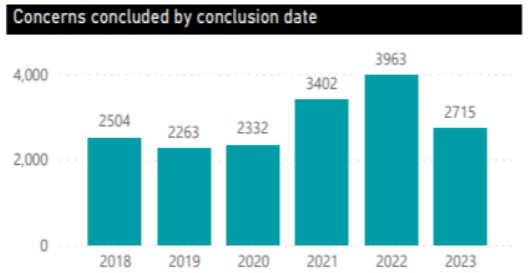
1
Non-S42 enquiries

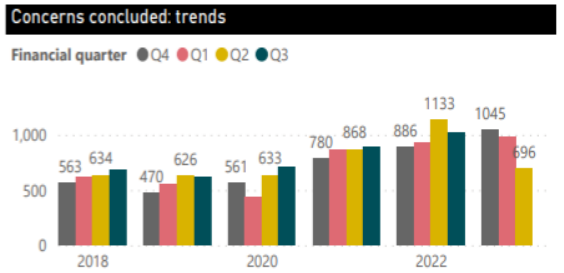
213
NFA

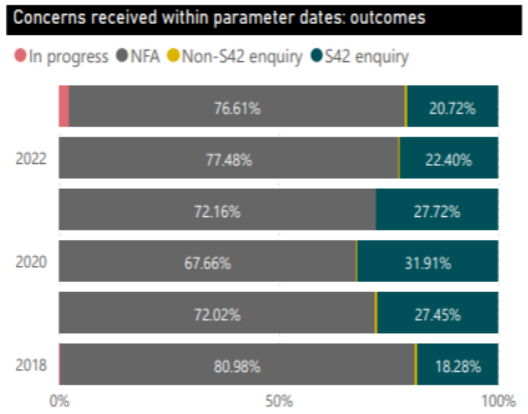
57
In progress

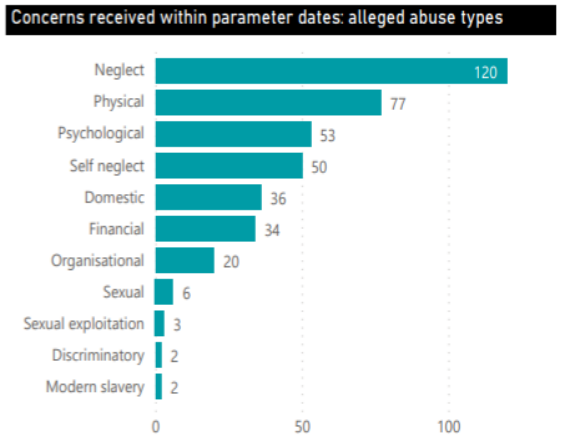












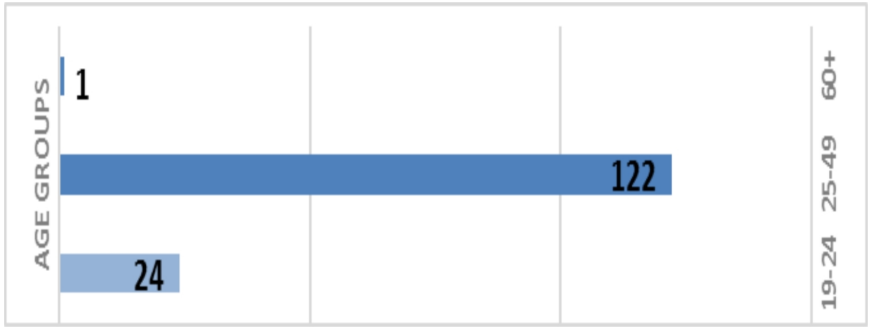
Last updated : September 2023

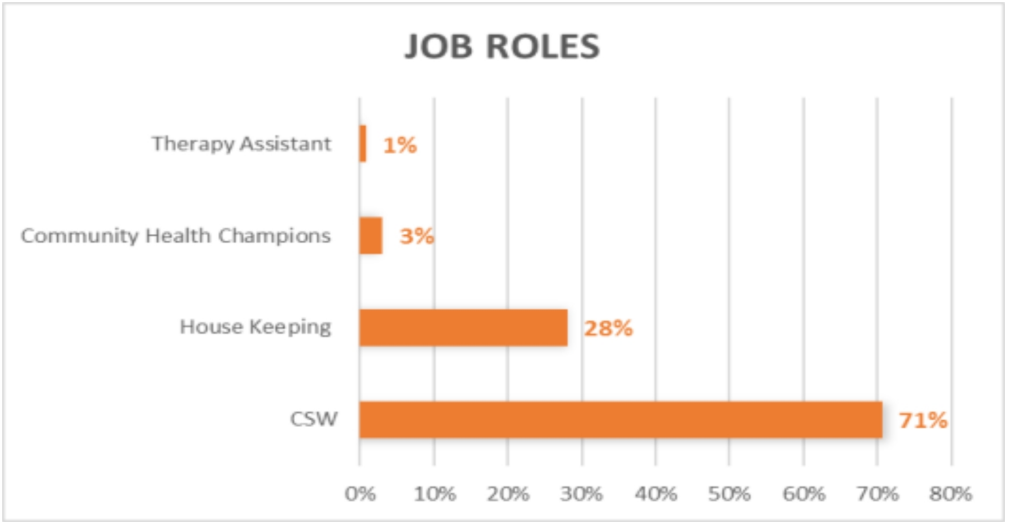
Adult Social Care Outcomes Framework Measures - Monthly Data and Targets for 2022/23

Indicator	Data Source Data Provider Lead Officer	15/16 Result	16/17 Result	17/18 Result	18/19 Result	19/20 Result	20/21 Result	21/22 Result	22/23 Result	April 23/24 Data	May 23/24 Data	June Q1 Data	July 23/24 Data	Aug 23/24 Data	Sept Q2 Data	Oct 23/24 Data	Nov 23/24 Data	Dec Q3 Data	Jan 23/24 Data	Feb 23/24 Data	Mar 23/24 Data	23/24 Target	Comments
3D (formerly 1C): The proprtion of people who use services who receive direct payments	Mosaic		613	800	785	789	601	586	618	625	634	643	660										
	AACM		1951	1978	2069	2100	2206	2184	2275	2303	2314	2372	2404										
	Tina James/ Paul Calder		**31.4%**	**40.4%**	**37.9%**	**37.6%**	**27.2%**	**26.8%**	**27.2%**	**27.1%**	**27.4%**	**27.1%**	**27.5%**										
2B (formerly 2A): Part 1 Permanent admissions of adults (aged 18-64) into residential/nursing care homes, per 100,000 population.	Mosaic, RAP approvals & call off forms	7	11	22	10	24	18	20	27	1	6	9	11									15	
	AACM	160,336	161,838	164,309	165,555	165,355	167,500	167,500	167,500	167,500	166,383	166,383	166,383										
	Tina James/ Paul Calder	**4.4**	**6.8**	**13.4**	**6.0**	**14.5**	**10.8**	**11.9**	**16.1**	**0.6**	**3.6**	**5.4**	**6.6**									**9.1**	
2B (formerly 2A): Part 2 Permanent admissions of older people (aged 65+) into residential/nursing care homes, per 100,000 population.	Mosaic, RAP approvals & call off forms	271	309	311	329	301	311	284	302	16	53	76	97									300	
	AACM	47,940	49,154	49,773	50,159	49,866	50,500	50,500	59,500	59,500	49,649	49,649	49,649										
	Tina James/ Paul Calder	**565.3**	**628.6**	**624.8**	**655.9**	**603.6**	**615.8**	**562.4**	**598.0**	**31.7**	**106.8**	**153.1**	**195.4**									**594.1**	
2D (formerly 2B): Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services.	Mosaic	254	113	220	55	76	94	79	106	139	106	114	128										
	ICS	317	130	266	73	91	125	103	123	162	123	134	147										
	Tina James/ Paul Calder	**80.1%**	**86.9%**	**82.7%**	**75.3%**	**83.5%**	**75.2%**	**78.1%**	**86.2%**	**85.8%**	**86.2%**	**85.1%**	**87.1%**									**82.0%**	
2E (formerly 1G): Proportion of people who live in their own home or with their family.	Mosaic	473	497	505	502	494	489	490	483	2303	2384	2471	2535										Metric widened to all long term service users under the revised ASCOF Framework Implemented from April 2023. Metric previously concerned LD service users aged 18-64 only
	AACM	551	585	587	596	574	573	576	573	3217	3345	3474	3573										
	Tina James/ Paul Calder	**85.8%**	**85.0%**	**86.0%**	**84.2%**	**86.1%**	**85.3%**	**85.1%**	**84.3%**	**71.6%**	**71.3%**	**71.1%**	**70.9%**										
4B Proportion of S42 enquiries where a risk was identified and the reported outcome was that this risk was reduced or removed	Mosaic									47	67	58	31										New ASCOF metric introduced from April 2023
	AACM									52	75	65	35										
	Donna Gyde									**90.4%**	**89.3%**	**89.2%**	**88.6%**										

TIER 2 Workforce Development Work 4 Health

147 secured employment



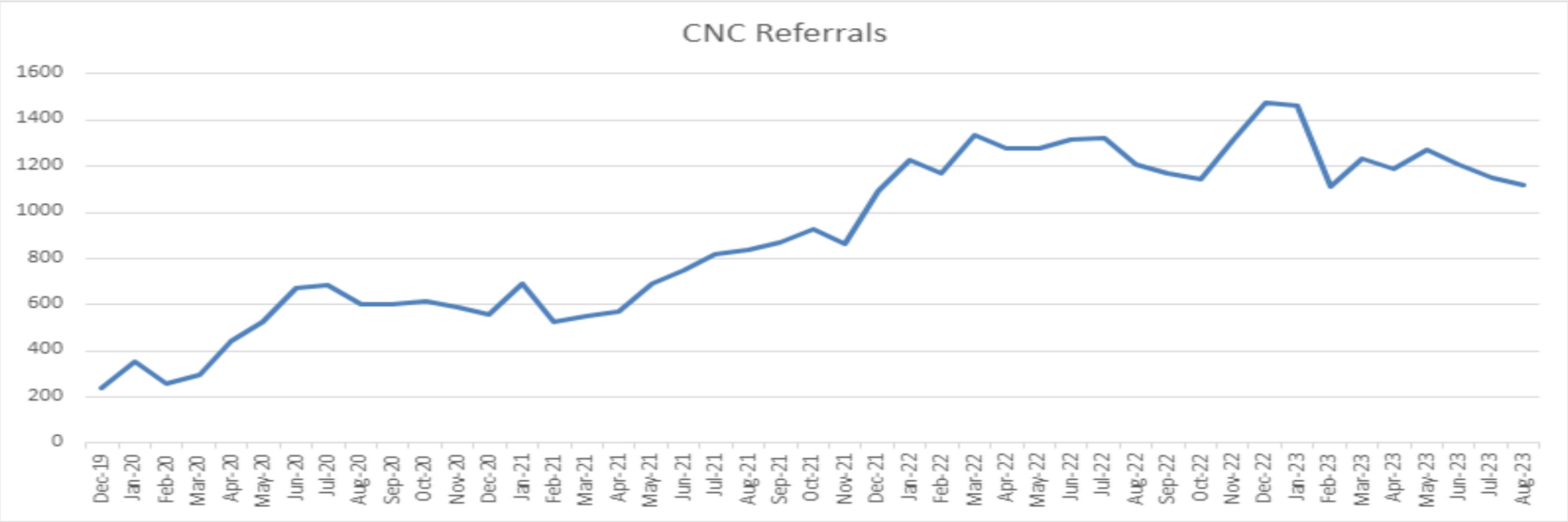


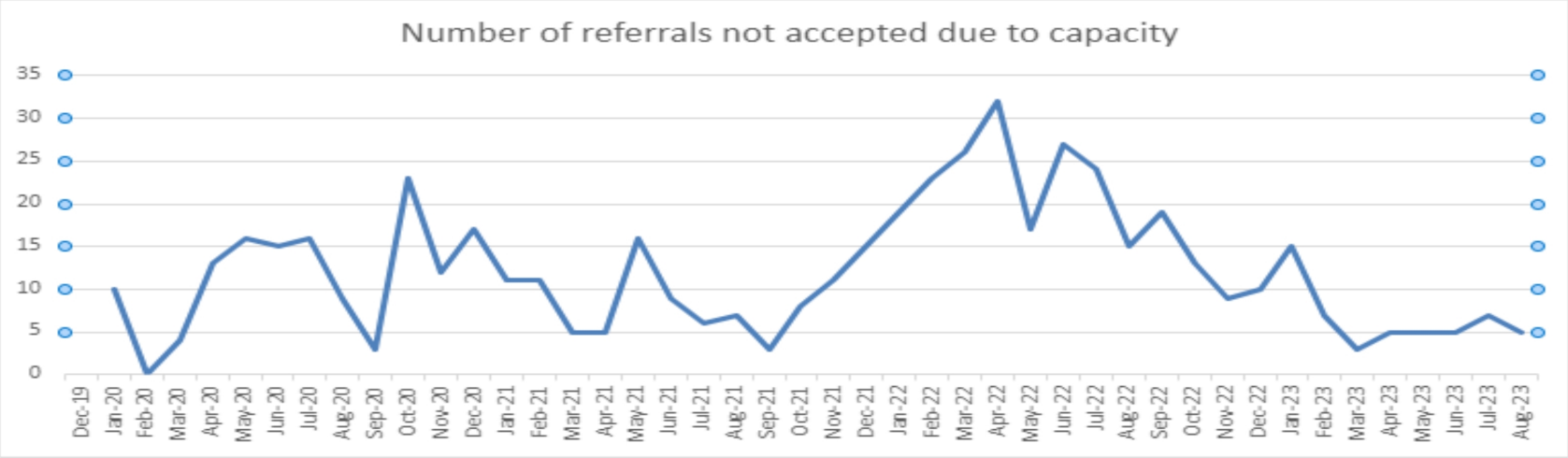
Social Value generated £2,121,530

82% Unemployed prior to commencing NHS job role

56% BAME

Tier 3:
Care Navigation Centre (CNC):





The CNC continued to receive a high level of referrals in Augsut 2023

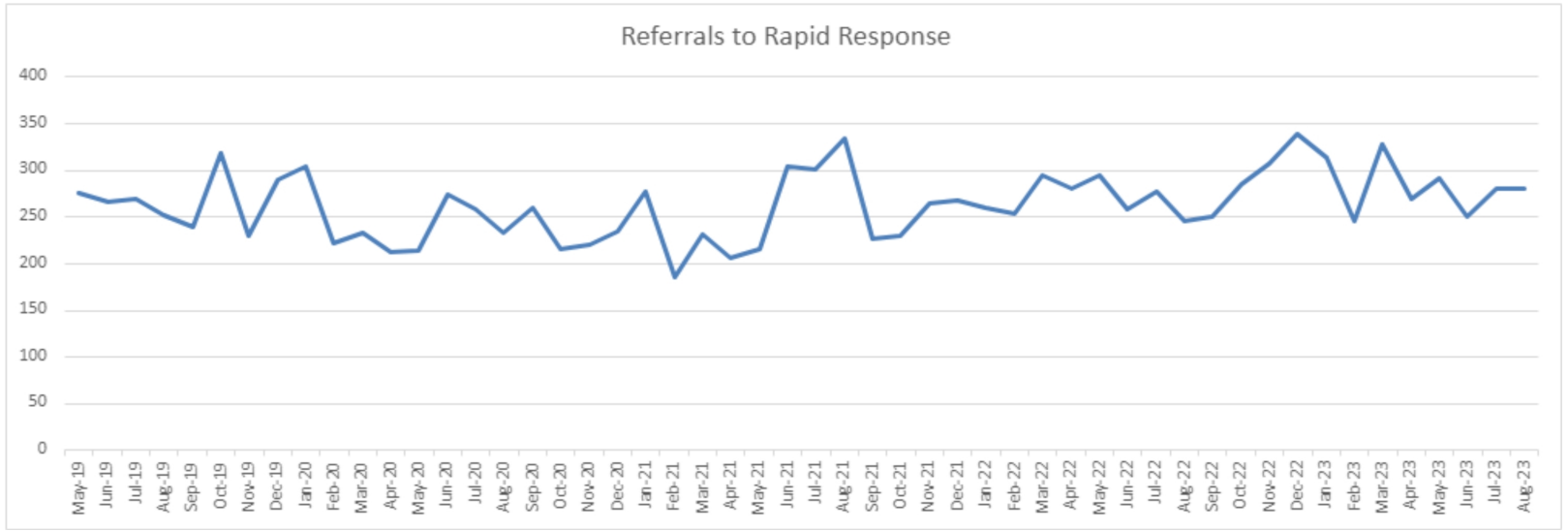
The expansion of capacity that has been embedded has enabled to CNC to receive greater call volumes and disposition more patients into Community pathways avoiding pressure on GP's, ED and hospital admissions.

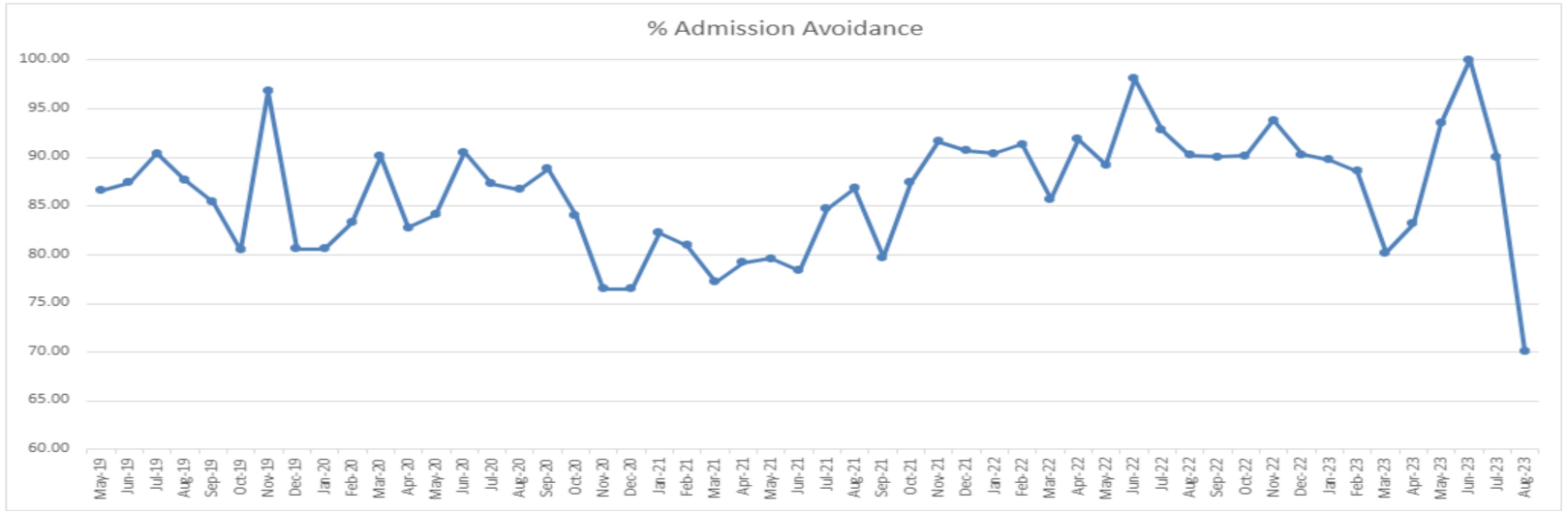
The high call volumes are a result of the enhanced service that has been implemented. This includes the further expansion of CNC capacity streaming patients directly from WMAS into Community pathways and services strengthening of disposition pathways into Rapid Response and Integrated Front Door teams.

Additionally, a 999/111 SPA has been implemented through CNC for ED divert into FES, AEC, SACU and Gynae Early pregnancy services.

Last updated : September 2023

Tier 3: Rapid Response



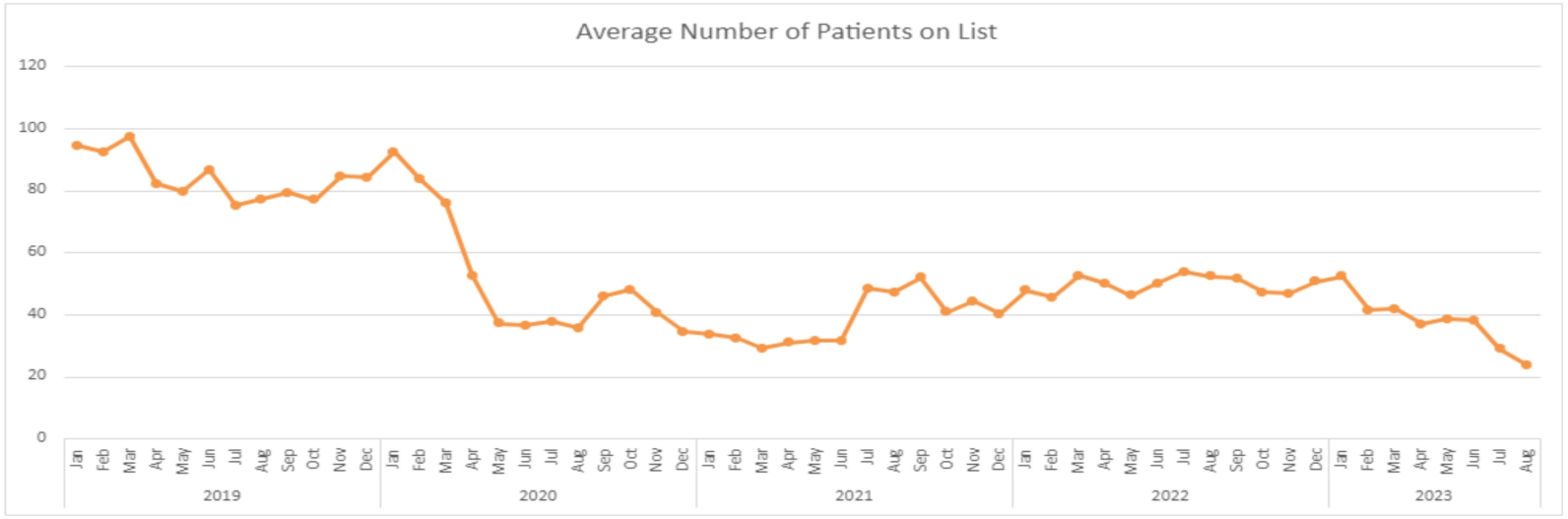


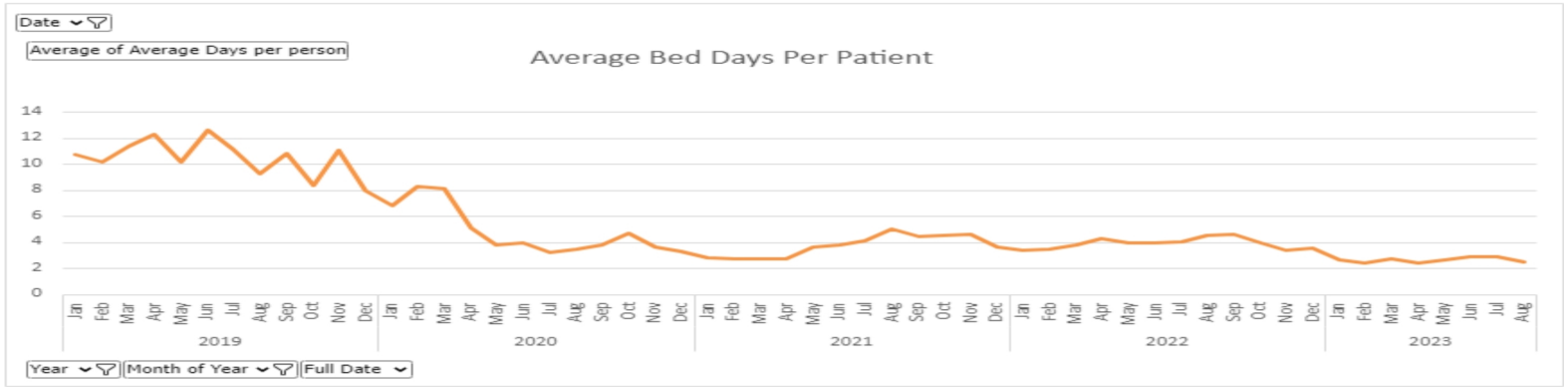
Rapid Response is visible to NHS111 and WMAS as a direct referral / call disposal route for clinical and non-clinical referrals. This was initially set up as a pilot however is now embedded within the service. This has not led to a significant level of referrals to date and is being managed within the present capacity of the service.

Additional capacity within Rapid Response have been implemented in order to manage the increase in dispositions from WMAS

Last updated : August 2023

Tier 3: Medically Stable for Discharge (MSFD): the numbers of patients averaged 24 patients during August 2023





The number of patients on the MSFD list averaged 24 patients during June 2023 with the average length of stay maintained at an average of 2.5 days demonstrating good flow.

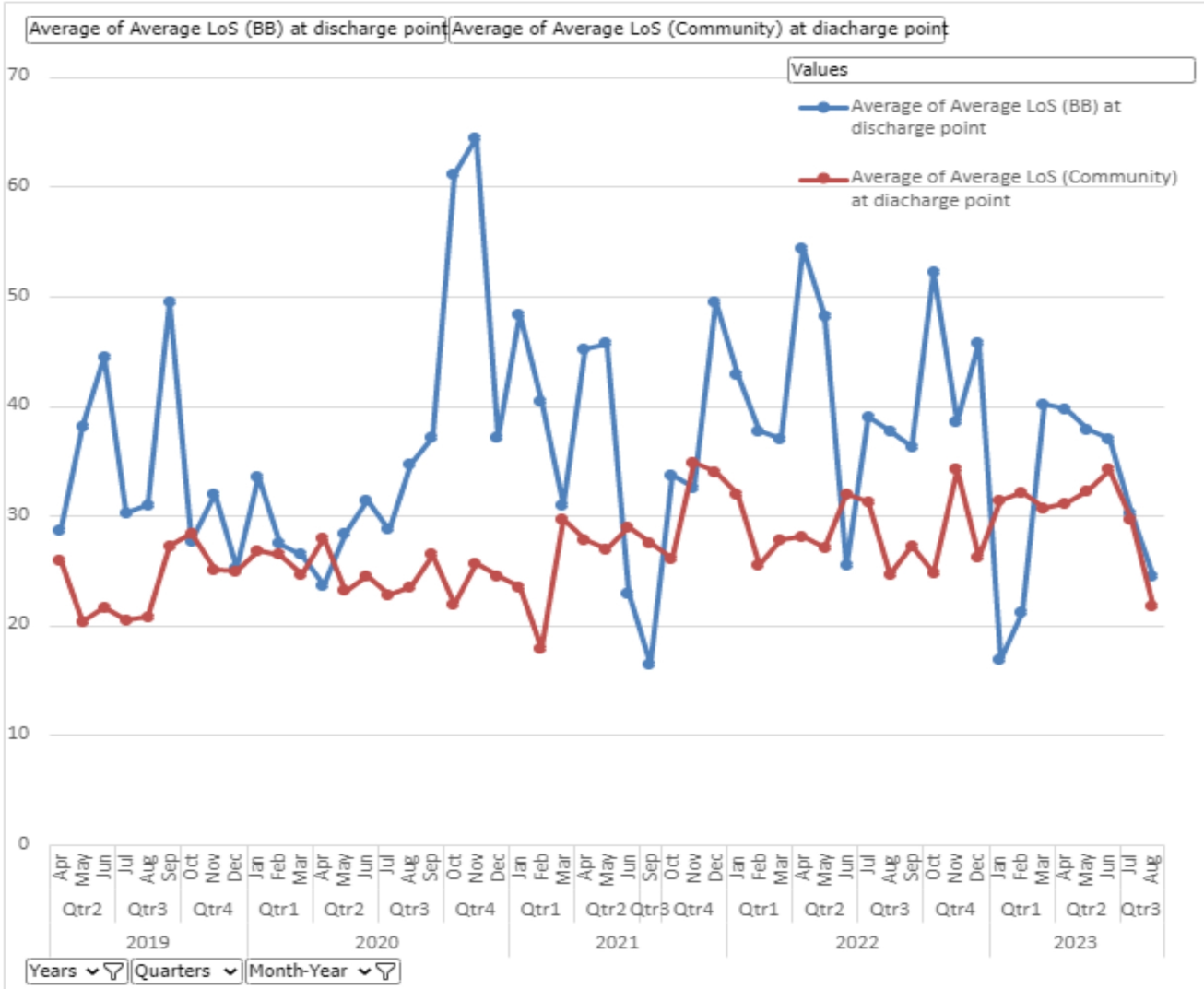
Work continues to make efficiencies in the discharge and ICS pathways to ensure that there are minimal delays for patients. This includes working collaboratively with partner organisations within the system to address the repatriation of patients.

The Intermediate Care Service has also started to pilot a light touch assessments of patients meeting specific criteria in pathway one to enable a full supported assessment in their own home. This enables a more accurate assessment of their needs.

Work is continuing on bolstering up the admission avoidance activity and interventions of the hospital to try and reduce dependency and reduce the demand for packages of care.

Last updated: August 2023

Tier 3: Domiciliary and Bed-Based Pathways

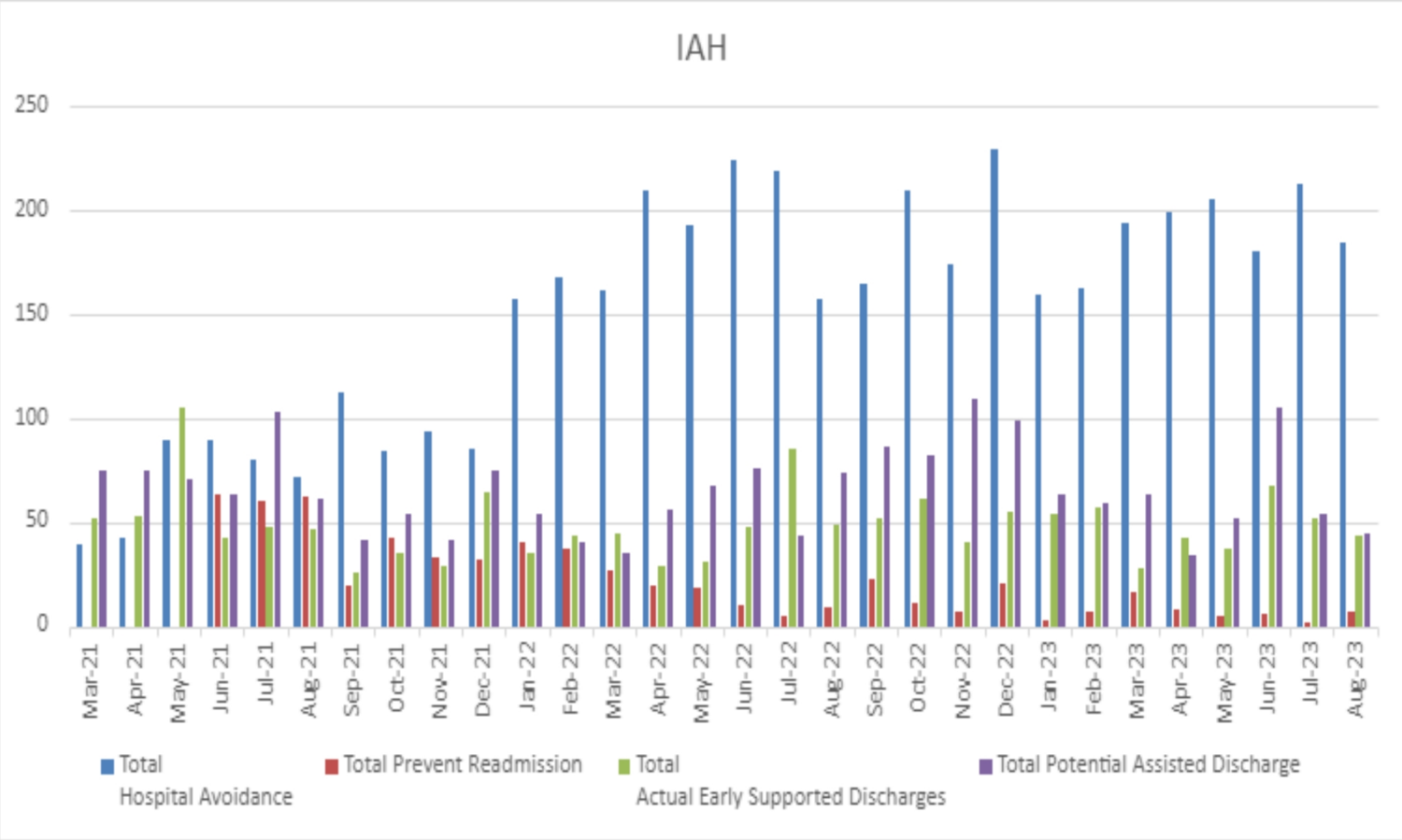


COMMENTARY HERE :

- Therapy demands and the change in national model is having a significant impact on community ICS therapists, unplanned crisis demands and hospital discharges remain key priorities in patient safety.
- Due to Covid, individuals have been more unwell and therefore have needed rehab/Reablement for a longer period of time- Long Covid MDT exceptional success.
- There is a recruitment plan underway for gaps in the social care workforce which is impacting on LOS

Last updated : September 2023

Tier 3/4:
Integrated Assessment Hub:



Integrated Assessment Hub

- **Hospital Avoidance:** This IAH pathway enables people directly contacting the Frail Elderly Service or Ambulatory Care at the Manor with post-discharge complications to be seen by Rapid Response, Enhanced Care Home Support Team or CIT team instead and receive a community-based assessment & clinical review, thereby avoiding conveyance to hospital.
- An enhanced service has been implemented where the pathway will be extended to patients attending ED. This will enable patients to be streamed, clinically assessed and dispositioned into Community pathways that are appropriate to manage their conditions and provide the support that they need. The success of this can be seen in the hospital avoidance activity data.

Last Updated : September 2023

Tier 3/4:
Virtual Wards

Walsall Together

Wards	Planned Go Live	Actual Go Live	Beds Plan	Actual Beds Open	Actual Admissions Aug 23	% Of Capacity Used	Step down vs Step up	Av. LOS (days)	% Face to Face contacts	No. of Readmissions
Acute Respiratory Infections	Jul 2022	Jul 2022	25	20	33	53%	29/4	5	92%	4
Heart Failure	Jul 2022	Sep 2022	10	10	5	16%	3/2	8	90%	1
Palliative Care	Jul 2022	Nov 2022	15	15	21	45%	8/12	5.5	N/A	2
Hospital @ Home	Sep 2022	Dec 2022	20	20	53	85.5%	49/4	8	91%	8
Frailty	Jul 2022	Jan 2023	40	15	30	64.5%	19/11	6	96%	3

Walsall Healthcare NHS Trust

Trust Board Meeting to be held in Public
11 October 2023

Title of Report	Finance and Productivity Committee Chair's Report	Agenda Item No: 13.1
Author:	Paul Assinder	
Presenter:	Paul Assinder (Committee Chair)	
Date(s) of Committee/Group Meetings since last Board meeting:	August, September and Extraordinary meeting in September 2023	

Action Required of Committee/Group (Please remove action as appropriate)			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☐No☒	Yes☒No☐	Yes☒No☒	Yes☒No☐

Recommendations:

- The Board are asked to note the increased risk to the achievement of the 2023/24 Financial Plan

ALERT

Finance
The Trust has posted a year to date deficit of c£16.8m at Month 5. This is adverse to plan by c£4.6m. The main drivers of this variance were reported as:
Excess Inflationary Pressures £1.9m
Industrial Action £1.9m
Excess Staffing costs £0.4m
Undelivered CIP £0.3m

The wider ICB remains in deficit and has been advised that Walsall's forecast outturn based on current scenarios is c£31m deficit (range £20m - £46m deficit). However, the Trust continues to pursue returning to plan and is taking mitigating actions. An extraordinary F& P meeting considered the financial scenarios for 2023/24 on 20 September.

The Trust will need cash support in quarter 4 of the financial year based on current scenarios and is working with the ICB to manage this.

Elective Recovery Plan
The plan, as presented to Committee appears to be robust. However, the Board should note current trajectory risks to the 'All Outpateint first attendances in under 65 weeks' target in Oral Surgery, Dermatology and Rheumatology. The Trust is working through remedial measures to target these areas.

Efficiency Programme
To date savings opportunities of £13.8m, 80.2% of the target, have been identified. Whilst this represents good progress, any shortfall may impact on the Trust's financial position at year end. The Trust is currently working through the findings of the Price Waterhouse Coopers review and have noted this does not currently contain the level of opportunities that had been hoped for.

ADVISE

Endoscopy
Recovery of high waiting numbers remains on course but at 31 May, 1,848 people were waiting over 6 weeks.

Skin cancer
Again good progress is being made with 60.2% of patients waiting over 2 weeks.

Elective Recovery Plan & Capacity Return
The Committee approved the plan, noting risks to out patient targets for new and follow up appointments.

Winter Plan
The Committee considered the Trust's Winter Plan, noting an estimated bed shortfall (compared with baseline funding) of 11-48 beds – cost c£0.6m. The Committee were advised that additional external funding is being sought.

Business Case for the expansion of EPR/EMR Functionality
This case, funded externally through additional capital allocations to the Trust, was considered and supported for endorsement to the Board.

Emergency Preparedness
A self assessment of EPRR as 'partially compliant' was received. This is subject to external validation.

ASSURE

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	Note continued risk to financial position and working capital. In addition note risks to Outpateint first attendances in under 65 weeks' target. Is Risk on Risk Register: Yes☒No☐ Risk Score (if applicable):		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led standards
	NHSE	Yes☒No☐	Details: Well-led standards
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☒No☐	Details: Well-led standards, License assessment, Code of Governance
	NHS Constitution	Yes☒No☐	Details: Well-led standards, License assessment, Code of Governnace
	Other	Yes☐No☒	Details:
Summary of Key Issues:			
• As noted above			

Walsall Healthcare
NHS Trust

Links to Trust Strategic Aims & Objectives			
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations		
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards		
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities		
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care		
Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes☐No☒	Date:
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date
	Other	Yes☐No☒	Date:
Any Changes to Workplan to be noted	Yes☐No☒		Date:

Walsall Healthcare
NHS Trust

EXCEPTION REPORT FROM FINANCE AND PRODUCTIVITY COMMITTEE CHAIR

MATTERS FOR THE BOARD's ATTENTION
ACTIVITY SUMMARY Ongoing financial forecasting was considered at the extraordinary F&P meeting held in September 2023. Additional funding for winter pressures being sought.
Matters presented for information or noting
Chair's comments on the effectiveness of the meeting:

Agenda Item No: 13.1.1

Walsall Healthcare NHS Trust

Finance and Productivity Committee

How to Interpret SPC (Statistical Process Control) charts

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

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

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

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

IQPR Ragging Methodology

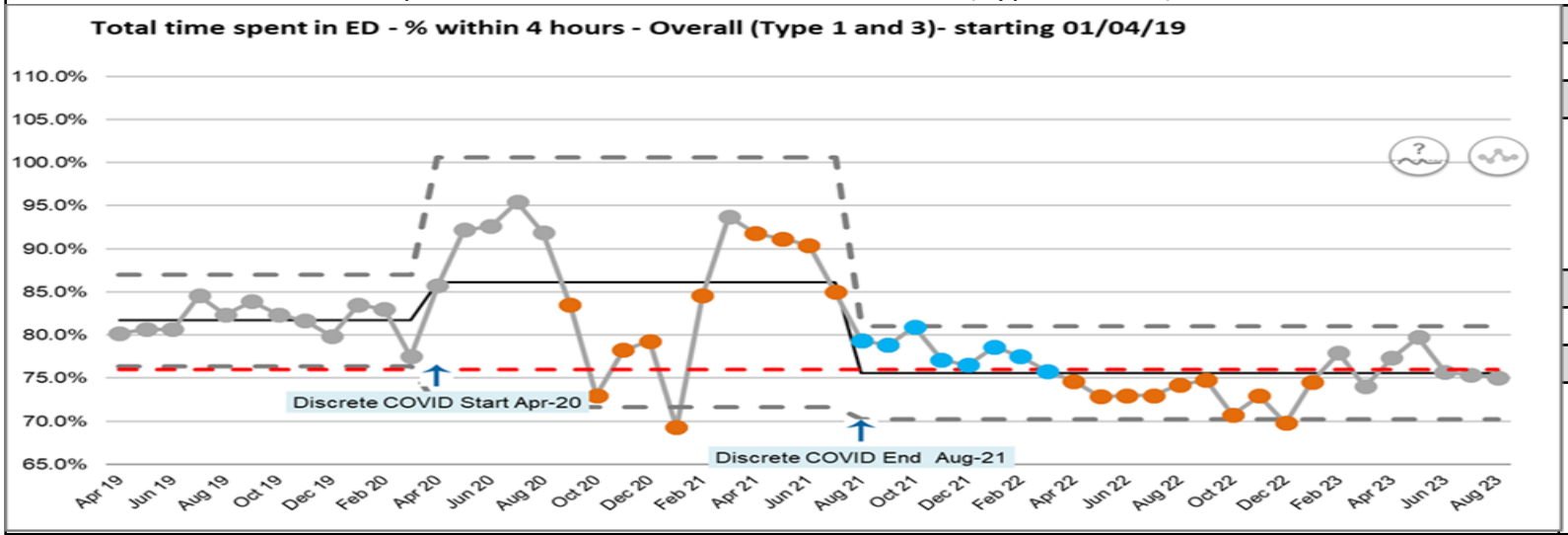
Performing against Trajectory	SPC Assurance	SPC Variation	Rationale	Ragging Applied
Yes			Monthly performance has achieved the set trajectory *and is showing continual improvement in* performance over recent months. In some cases, the current process is fully capable of achieving the target set for the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

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

		Reporting Period	Actual	Trajectory	2023/24 Target	SPC Assurance	SPC Variation
PERFORMANCE & FINANCE COMMITTEE							
%	18 weeks Referral to Treatment - % within 18 weeks - Incomplete	Aug-23	55.90%	56.00%	92.00%	F	L
No.	18 weeks Referral to Treatment - No. of patients waiting over 52 weeks - Incomplete	Aug-23	1610	1347	1000	F	H
No.	18 weeks Referral to Treatment - No. of patients waiting over 65 weeks - Incomplete	Aug-23	317	347	0	P	
No.	18 weeks Referral to Treatment - No. of patients waiting over 78 weeks - Incomplete	Aug-23	0	0	0	F	L
%	Ambulance Handover - Percentage of clinical handovers completed within 30 minutes or recorded time of arrival at ED	Aug-23	90.65%		95.00%	?	
%	Cancer - 2 week GP referral to 1st outpatient appointment	Jul-23	74.16%		93.00%	?	
%	Cancer - 2 week GP referral to 1st outpatient appointment - breast symptoms	Jul-23	89.36%		93.00%	F	
%	Cancer - 28 Day Faster Diagnosis - % Compliance - Overall	Jul-23	76.05%	75.00%	75.00%	?	
%	Cancer - 62 day referral to treatment from screening	Jul-23	100.00%		90.00%	?	
%	Cancer - 62 day referral to treatment of all cancers	Jul-23	85.14%		85.00%	?	L
No.	Cancer - No. of patients waiting 63+ Days for treatment	Jul-23	47	100	61	?	

		Reporting Period	Actual	Trajectory	2023/24 Target	SPC Assurance	SPC Variation
%	% of Service Users waiting 6 weeks or more from Referral for a Diagnositc Test	Aug-23	20.81%		1.00%	F	H
%	Total Time spent in ED - % within 4 hours - Overall (Type 1 and 3)	Aug-23	75.06%	76.00%	76.00%	?	L
%	Percentage of patients spending more than 12 hours in ED	Aug-23	5.56%	3.50%	2.00%	?	
%	Locality Teams - % of Hours Demand Unmet	Aug-23	3.59%		20.00%	F	L
Ave	MSFD - Average number of Medically Fit for Discharge Patients in WMH	Aug-23	24		50	?	L
%	Urgent Crisis Response (UCR) - 2 Hour Response Rate	Aug-23	68.62%		70.00%	?	
%	Rapid Response - % Admission Avoidance	Aug-23	70.11%		87.00%	?	
£	Total Income (£000's)	Aug-23	32771	See Financial Performance for further detail			H
£	Total Expenditure (£000's)	Aug-23	36183	See Financial Performance for further detail			H
£	Total Temporary Staffing Spend (£000's)	Aug-23	3401	See Financial Performance for further detail			H
£	Capital Expenditure Spend (£000's)	Aug-23	227	See Financial Performance for further detail			

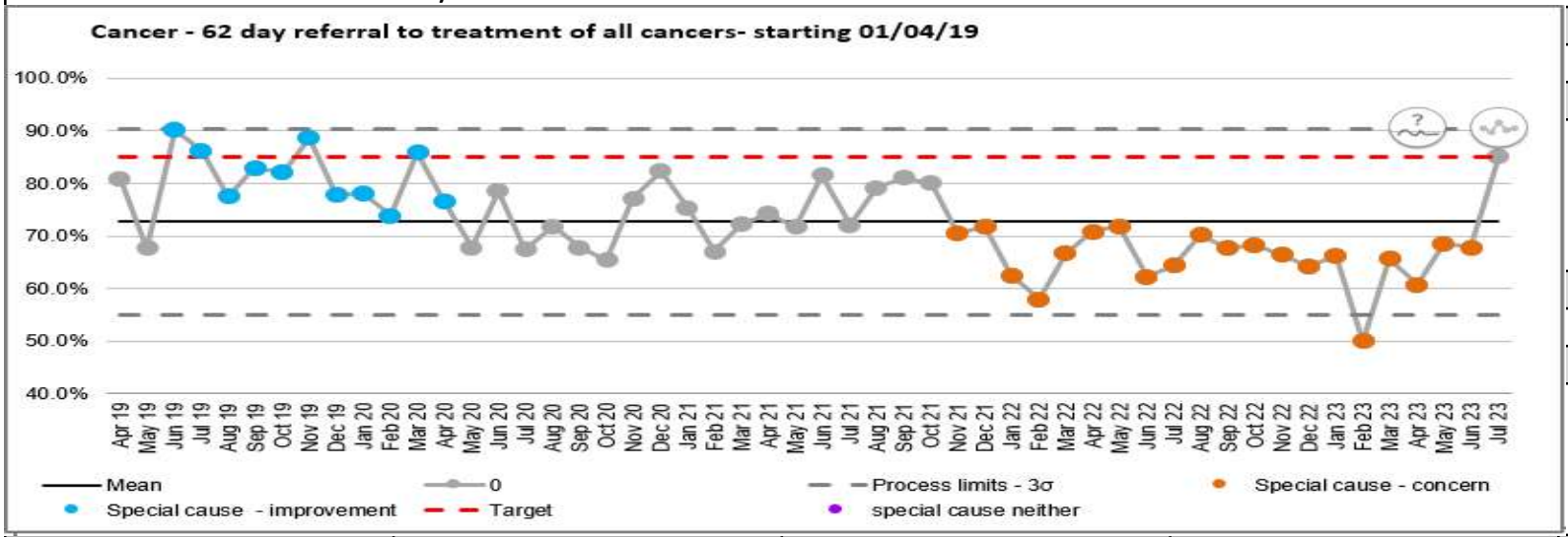
Metric Name: Total Time spent in ED - % within 4 hours - Overall (Type 1 and 3)



Month
Aug-23
Variance Type
Common Cause - No Significant Change
Target
76% (from April 2023)
Target Achievement
Variation Indicates Inconsistently Passing and Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Percentage of A+E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A+E department. WHT's national ranking is upper quartile, at 30th best Trust out of 123 reporting Acute Trusts in August 2023. Regional ranking 4th out of 21 Trusts.	National target changed to 76% April 2023, the Trust fell short of this target with a performance of 75.06%. No statistical special cause concern for the last 7 months (noting the application of stepped change on the chart for the Covid period)	High cubicle occupancy caused by exit block for patients needing medical admission. Ability to improve Non Admitted pathway. Ability to effectively manage the increase in Mental Health presenting patients to ED. Appropriate streaming of GP referrals.	ED will highlight patients who meet criteria for non inpatient based pathways (e.g. virtual wards, community-based rapid response) based on observations and GP records A triage working group has been formulated to identify opportunities for improved efficiencies. Triage <15mins (August): 78.89%.	Dedicated space for Mental Health Pathway has been allocated but will not be ready until November due to Estate works in the old ED. Relocation of Ambulatory Emergency Care into the old ED footprint. Substantively opening ward 14 to 27 beds following receipt of financial allocation from NHSE

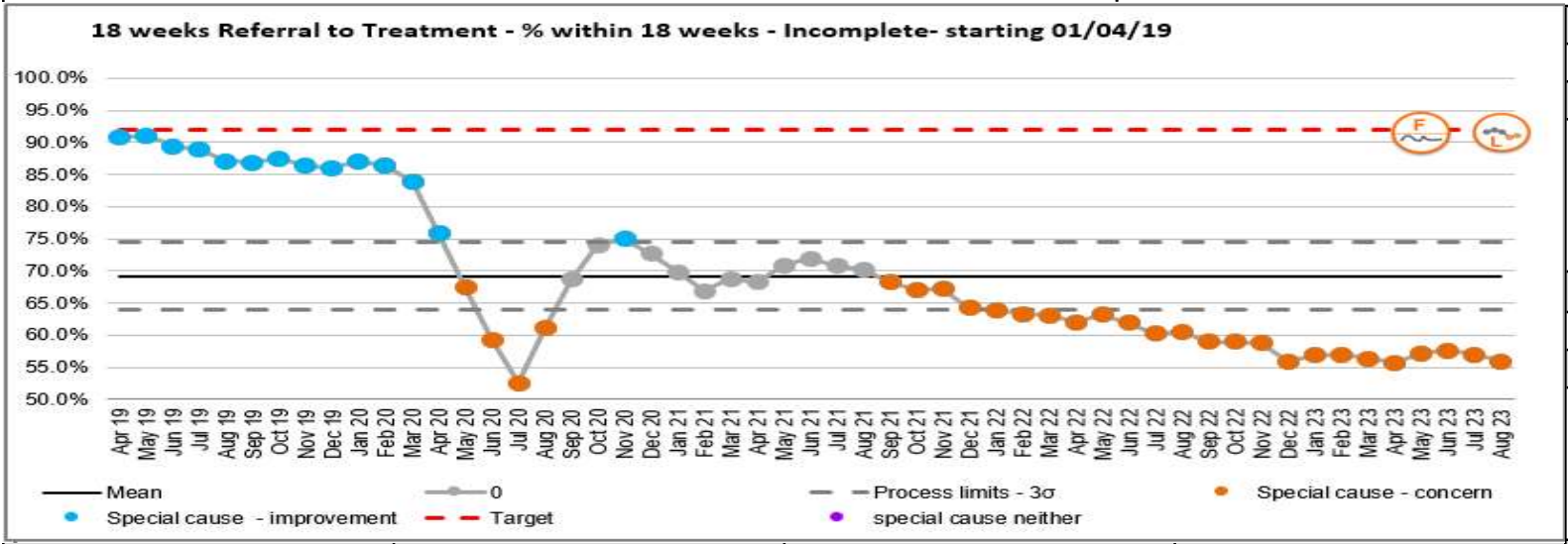
Metric Name: Cancer - 62 day referral to treatment of all cancers



Month
Jul-23
Variance Type
Common Cause - No Significant Change
Target
85.00%
Target Achievement
Variation Indicates Inconsistently Passing and Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer. Latest bench marking reports the Trust 10th out of 119 reporting Trusts. (upper decile)	The Trust achieved the national standard of 85% for the first time since March 2020, ending the run of statistical data concern. The Trust remains ahead of trajectory for reduction of over 62-day patients. Work continues to reduce colorectal waits, as a significant contributor to the 62-day+ cohort.	The core risks to delivery are currently timely endoscopy access (specifically for colonoscopy) and urgent histopathology results, as delivered by the Black Country Pathology Service.	Mitigation plans in place for patients that have appointments on industrial action days. Business Case to expand gastroenterology, (inc increase to 2ww capacity) is being presented at Trust Investment Group Sept 23. Request to SWBH to increase radiology capacity in breast 2ww clinics	Endoscopy expansion Business Case approved at P&F Committee in June, £780k/year investment 3,000+ additional endoscopies /year. Continued reduction in patients waiting over 63 days ahead of forecast. Blackcountry Pathology Services presented a recovery plan during April to the Cancer Board

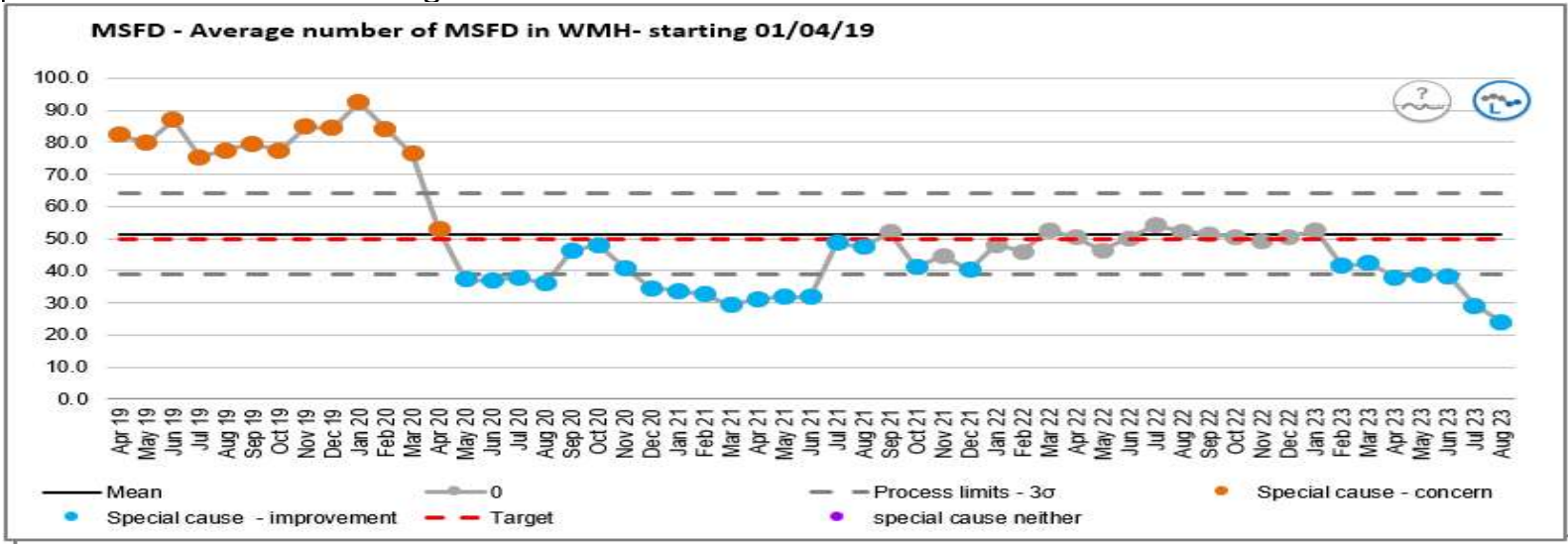
Metric Name: 18 weeks Referral to Treatment - % within 18 weeks - Incomplete



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

Background	What the chart tells us	Issues	Actions	Mitigations
Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral. National ranking position is now 69th (out of 119 reporting Trusts) for August 23 performance, 4th consecutive months of 18 week RTT national ranking improvement	Performance remains statistical special cause concern in August and below the trajectory (57.09%) at 55.90%. However, the Trust's 52-week waiting time (as a % of total PTL) is 7th best in the Midlands out of 20 Trusts. WHT remains upper Quartile for capped theatre utilisation with an average touch time utilisation of 84.9%.	August saw 84% elective theatre sessions utilised (32 sessions lost to Consultant & Junior Doctor strikes). The Trust postponed 406 outpatient appointments due to industrial action. 3 specialities face challenges to achieving zero patients waiting 65 weeks, Oral Surgery, Rheumatology and Dermatology	Booked clinic utilisation for August 91.97%, shows a statistically significant improvement with the last 8 data points all being above the mean. The Trust approved a business case to expand elective theatre sessions by 6.5 session per week. (in place from October 2023)	The Trust is participating in NHSE Further Faster Programme, including a focus on increasing PIFU pathways with a view to further reducing the DNA rate for follow up appointments. The Trust is ahead of trajectory to support delivery of zero 65 weeks RTT wait by the end of March 2024

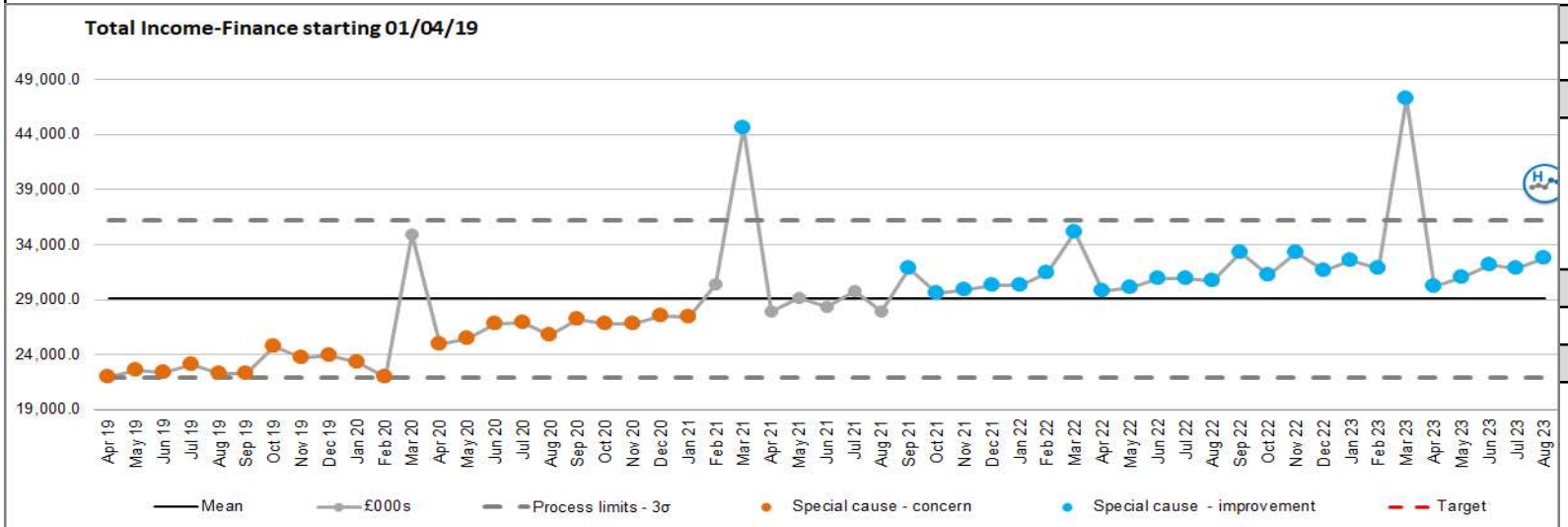
Metric Name: MSFD - Average number of MSFD in WMH



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

Background	What the chart tells us	Issues	Actions	Mitigations
The number of medically stable for discharge patients (average). These are patients who do not need hospital bed for their acute management (ICS pathways 1-4)	The Service delivered a strong performance in August, with the number of MSFD patients at 24.	Demand is always high for the discharge plans that the Intermediate Care Service deliver. The Length of Stay in Augsut was at an average of 2.5 days demonstrating good flow through the pathways.	Work continues to make efficiencies in the discharge and ICS pathways to ensure minimal delays for patients. Work underway to improve data capture for the national requirement to record & submit discharge ready date.	Flexibility to respond to meet demand through a resilient workforce is in constant review to maintain and support acute patient flow.

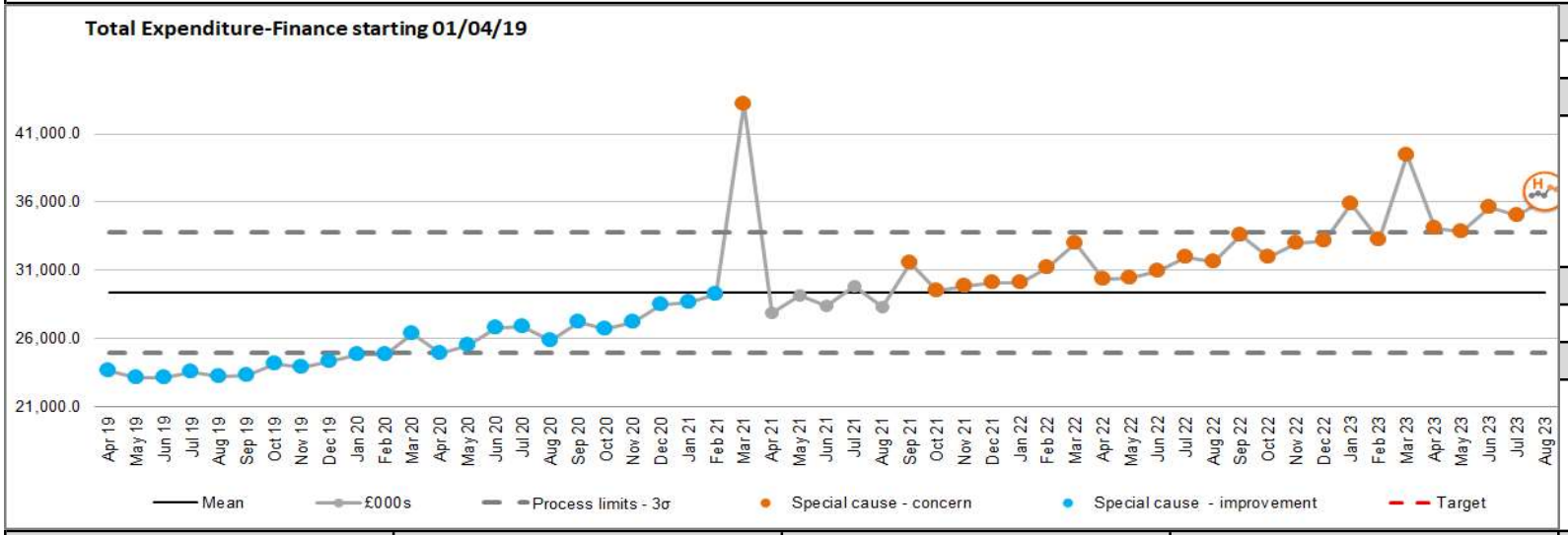
Metric Name: Total Income



Month
Aug-23
Target
Target Achievement

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

Metric Name: Total Expenditure

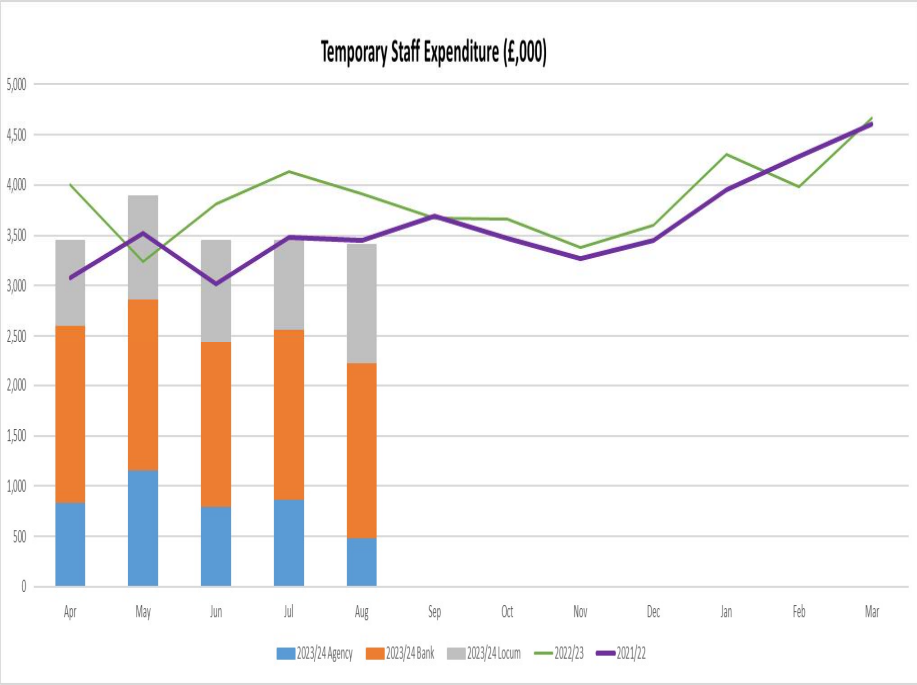


Month
Aug-23
Variance Type
Special Cause of Concerning Nature or Higher Pressure
Target
Target Achievement

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

Financial Performance to August 2023 (Month 5)

	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
Subtotal Income	156,332	157,879	1,547
Subtotal Pay Expenditure	(111,298)	(113,181)	(1,884)
Subtotal Non Pay Expenditure	(51,973)	(56,133)	(4,160)
Subtotal Finance Costs	(5,346)	(5,424)	(78)
Total Surplus / (Deficit)	(12,284)	(16,859)	(4,575)
Plan Re-Profile	4,306	0	(4,306)
Adjusted Surplus / (Deficit)	(7,978)	(16,859)	(8,881)



Financial Performance

- The Trust has submitted a deficit plan of £14.05m for 2023/24
- The Trust has reprofiled the submitted deficit plan
- The financial settlement offered to the Trust for 2023/24 has a considerable decrease in revenue. Trust plans show a higher % reduction in income than other acute providers in the system.
- The income movements following Covid-19 rescinding and changes to IPC guidelines has resulted in reduced income allocations for the 2023/24 financial year. It will be important the Trust moves quickly into financial recovery and more 'normal' operational performance
- The Trust is in discussion with BC ICB on a range of services that have traditionally being funded outside block but have not been in 2023/24 or 2022/23. The Trust may wish to terminate these services on the basis 50% of the funding has been offered.
- The Trust has delivered a deficit of £16.859m at Month 5, this is £4.575m above the planned deficit of £12.284m.
- Income was £1.547m above plan (this includes £485k over performance against the ERF target) Staffing costs were £1.884m above plan and non-pay costs were £4.160m above plan.

Capital

- Trust Board approved a level of capital expenditure of £25m for the 2023/24 financial year. This includes £2.5m of PDC funding for digital aspirant schemes and £12.6m grant funding for decarbonisation projects.
- The capital plan in 2023/24 is not fully funded and projects need to be prioritised to live within the available envelope.
- Year to Date Capital expenditure for Month 5 was £1.303m against a plan of £11.820m.

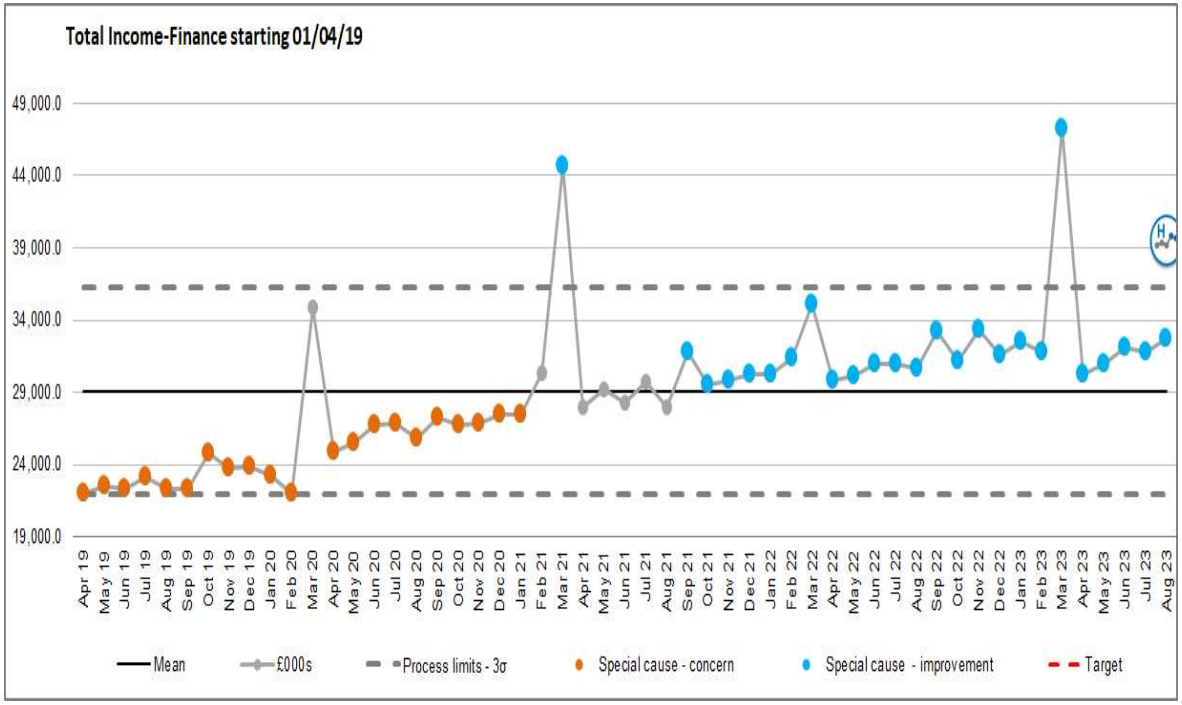
Cash

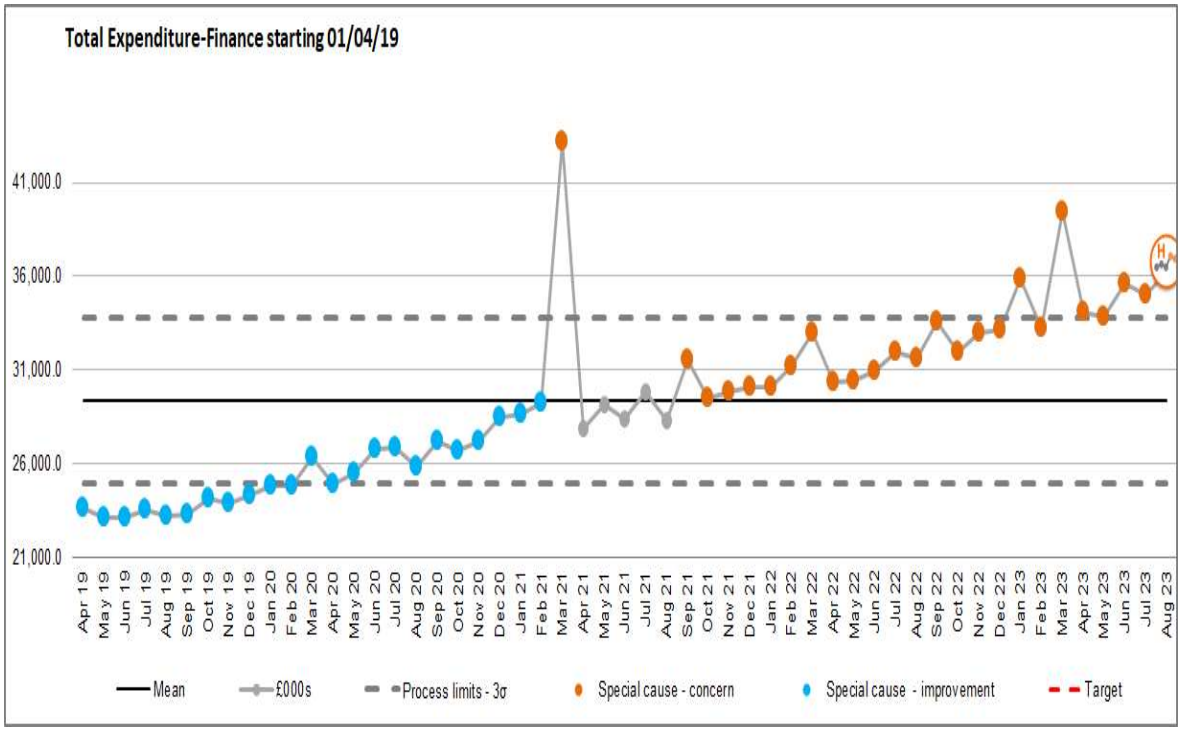
- The Trust currently holds a healthy cash position, however the forecast deficit results in the need for borrowing in future months. The trust is seeking cash support from the ICB during Q3.

Efficiency attainment

- Traditional CIP plans (£17.2m Divisional Target) are currently at 81% achievement (64% Recurrent & 36% Non- Recurrent)
- FOT delivers 64.5% of the £26.45m stretch original planned savings
- FOT savings of £17.1m of which £8.3m are high risk (£2.3m still to be identified) and £5.3m are medium risk schemes (including £3.3m of technical adjustments).

Income and expenditure run rate charts





Income additional information

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

Expenditure additional information

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

Walsall Healthcare NHS Trust

Paper for submission to the Trust Board Meeting – to be held in Public on 11 October 2023		
Title of Report:	Group Chief Finance Officer Report	Agenda Item No: 13.2
Author:	Dan Mortiboys, Interim Director of Finance	
Presenter/Exec Lead:	Kevin Stringer, Group CFO	

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

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: Risks 2081 and 2082 deal with the risk of deficit in year and the financial sustainability of the Trust respectively. On Risk Register: Yes☒No☐		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	The Report summarises the overall financial position of the Trust at Month 3		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☒	Details:
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains			
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☒No☐	Date: 26 July 2023 PF Committee
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Walsall Healthcare NHS Trust

Summary of Key Issues using Assure, Advise and Alert
Assure
Advise
Alert • The Trust is reporting a YTD deficit of £16.859m at the end of Month 5. This is £4.575m adverse to the revised plan and £8.881m adverse to the original plan submitted to NHS England. It is essential the Trust looks to minimise the deficit for the current year and develops financial recovery plans in the medium term. • Excluding technical adjustments, there remains a high level of unidentified CIP (£3.4m) and c50% of total CIP identified is seen as high risk. • The Trust is carrying significant financial risks in 2023/24 and is working on all possible mitigations.

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

Group Report of the CFO

for the month of August (Month 5) 2023

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

Care Colleagues
Collaboration Communities

Summary

Overview of Financial Performance

The Trust is reporting a YTD deficit of £16.859m at the end of Month 5. This is £4.575m adverse to the revised plan and £8.881m adverse to the original plan submitted to NHS England.

Income is positive to plan by £1.547m due largely to , £0.975m of Education & Training income (offset by costs) and additional income as the Trust is ahead of elective recovery targets.

Pay is overspent by £1.884m. The Trust has incurred extra costs providing cover for junior doctor and consultant strikes (£1.871m). While substantive pay is underspent due to vacancies, this underspend is more than offset by temporary staffing costs.

For non pay drugs are overspent by £0.921m. Clinical supplies and services overspend is being driven by increased usage of hearing aids in audiology, YMS Endoscopy outsourcing and wheelchairs. Non Clinical Supplies and other non pay overspend is driven by various inflationary pressures, adhoc / unfunded costs linked to security, small works etc in addition to cost pressures from insourcing and outsourcing to maintain diagnostic performance.

System Updates

The ICB has a YTD deficit of £70.9m, £24.8m adverse to plan (2.1%) with 5 out of 8 organisations off plan.

Capital

The 23/24 Trust capital programme is £24.403m. The constituent parts of the programme are £9.053m of Capital Resource Limit (CRL) from Black Country ICB, £12.6m of Public Sector Decarbonisation Scheme (PSDS) and £2.75m from NHSE for Front Line Digitisation. YTD expenditure on the programme is £1.303m. Programmes are suffering from differing delays. Discussions are continuing with PSDS and NHSE in regards to the Trusts theatres modernisation programme and for clinical purposes it has been proposed that works in the Old ED to develop hot imaging have a higher clinical priority than develop the ED Shell Space (beds for AMU). The Trust continues to forecast all funds being deployed in the financial year.

Risks

The Trust continues to have significant risk to its Revenue position. These risks are scrutinised through the Performance and Finance Committee but include achieving and developing CIP plans and pressures from increased use of bank staff.

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Month 5YTD I&E Performance – Walsall Healthcare Trust

	Plan £000s	Actual £000s	Variance £000s
Income			
Healthcare Income	147,442	147,897	**455**
Other Income (Education&Training)	3,226	4,201	**975**
Other Income (Other)	5,664	5,782	**117**
Subtotal Income	**156,332**	**157,879**	**1,547**
Pay Expenditure			
Substantive Salaries	(108,026)	(95,542)	**12,484**
Temporary Nursing	(2,589)	(8,010)	**(5,421)**
Temporary Medical	(404)	(6,327)	**(5,923)**
Temporary Other	(279)	(3,302)	**(3,023)**
Vaccination Programme			**0**
Subtotal Pay Expenditure	**(111,298)**	**(113,181)**	**(1,884)**
Non Pay Expenditure			
Drugs	(9,331)	(10,252)	**(921)**
Clinical Supplies and Services	(7,479)	(8,829)	**(1,350)**
Non-Clinical Supplies and Services	(12,717)	(14,090)	**(1,373)**
Other Non Pay	(16,923)	(17,440)	**(517)**
Depreciation	(5,523)	(5,521)	**1**
Subtotal Non Pay Expenditure	**(51,973)**	**(56,133)**	**(4,160)**
Interest Payable	(5,346)	(5,424)	**(78)**
Subtotal Finance Costs	**(5,346)**	**(5,424)**	**(78)**
Total Surplus / (Deficit)	**(12,284)**	**(16,859)**	**(4,575)**
Plan Re-profile	4,306		**(4,306)**
Submitted Plan Profile	**(7,978)**	**(16,859)**	**(8,881)**

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I&E Performance – Drivers of the Overspend YTD Month 5 – External Factors

Drivers of the Deficit	YTD
	£000's
Excess Inflationary Pressures	
Drugs (incl volume)	921
Energy (incl contracts and leases)	415
RPI linked contracts (non PFI)	142
Business Rates	173
Provisions	271
Excess Inflationary Pressures - sub total	**1,922**
Other Funding Pressures	
Pay award - 23/24	125
Other Funding Pressures - sub total	**125**
Drivers outside WHT Control	
Dr Strike - Acting Down	1,122
Dr Strike - Temp Costs	497
Dr Strike - Deductions	(196)
Dr Strike - Lost Income	448
Excess Inflationary Pressures - sub total	**1,871**
Drivers outside WHT Control - sub total	**3,918**

The Trust is experiencing excess inflationary pressures (as Trusts are nationally), there is a slight pressure from the pay award and pressure from strikes

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I&E Performance – Drivers of the Overspend YTD Month 5 – Controllable

Drivers of the Deficit	YTD
	£000's
Other Drivers	
CIP	328
ERF Over-performance	(485)
Imaging Outsourcing + Mobile MRI	691
Medinet Neurology Clinics	198
Security Charges (patient watch)	165
Anaesthetics Consultant Locums	569
General Surgery Locums	264
General Surgery Juniors Unfunded Rota	225
Paediatric Nursing Unfunded Establishment	719
Paediatric Junior Medical Unfunded Rota	159
ED Medical Staffing (excl. strike)	572
ED ACPs, RNs and CSWs	501
ED Admin staff	178
ED Non Pay (excl. drugs and provisions)	101
Gastro Medical Staffing (excl. strike)	309
Gastro RNs and CSWs	249
YMS Endoscopy Insourcing	176
Elderly Care Medical Staff (excl. strike)	110
Elderly Care RNs and CSWs	435
Vacancy Underspends	(4,200)
Overperformance on Education and Training Income	(975)
Patient Appliances	323
Clinical Consumables	805
Interest Receivable	(357)
Other	(403)
Other Drivers - sub total	657
Total variance to plan	4,575

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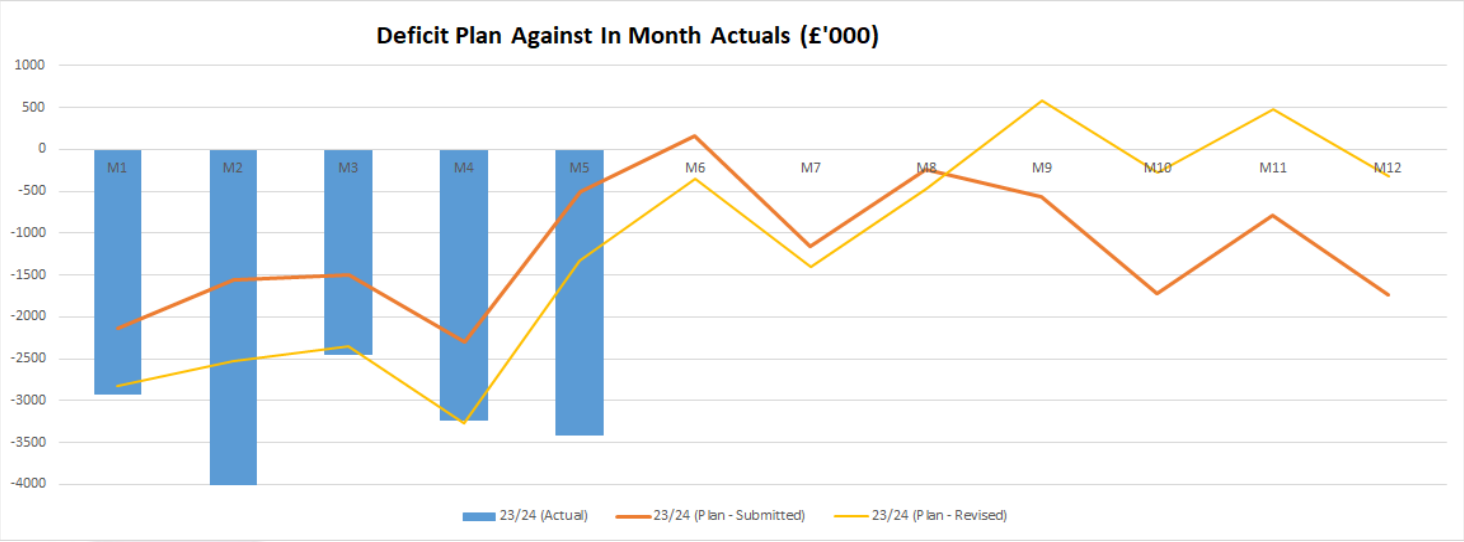
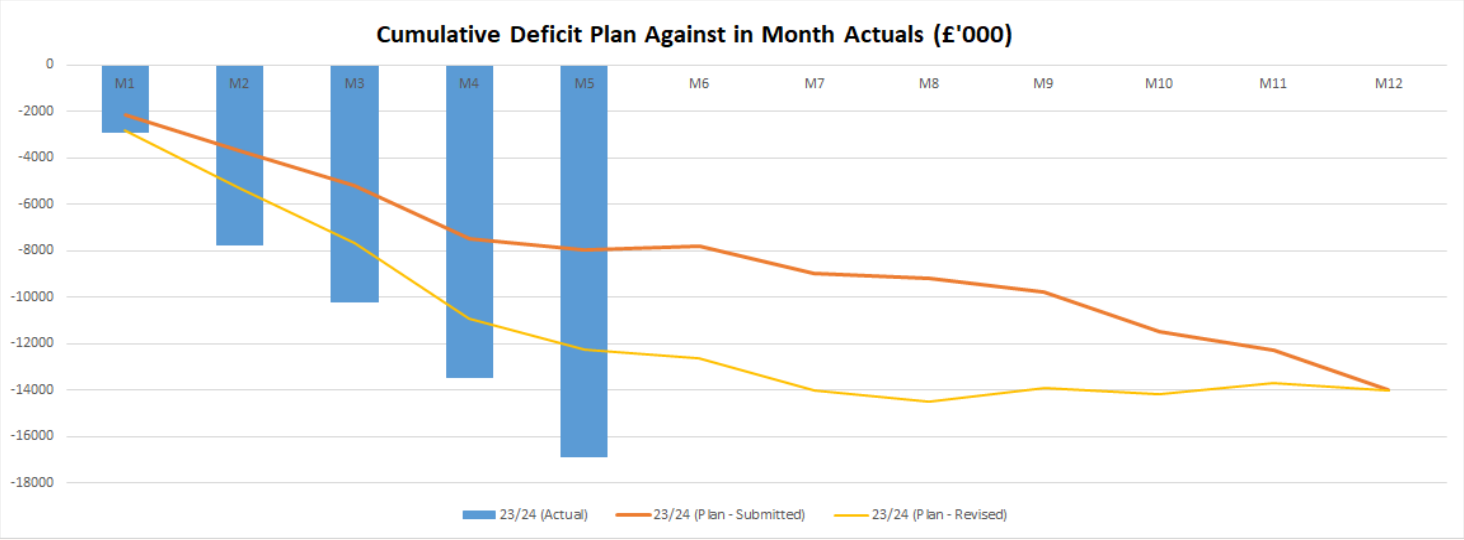
I&E Performance – Walsall Healthcare Trust





- Revised Plan is for a deficit of £12.284m at Month 5. YTD actual shows an adverse variance to plan of £4.575m
- Important to note that NHSE did not allow WHT to update the financial plan profile and therefore are seeing a variance of £8.881m YTD in external reporting

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Statement of Financial Position

STATEMENT OF FINANCIAL POSITION			
Statement of Financial Position for the month ending August 2023	Balance as at 31/03/23	Balance as at 31/08/23	Year to date Movement
	'£000	'£000	'£000
Non-Current Assets			
Property, plant & Equipment	242,431	238,462	(3,969)
Intangible Fixed Assets	6,012	5,649	(363)
Receivables greater than one year	693	129	(564)
Total Non-Current Assets	**249,136**	**244,240**	**(4,896)**
Current Assets			
Receivables & pre-payments less than one Year	27,929	26,683	(1,246)
Cash (Citi and Other)	38,358	16,793	(21,565)
Inventories	3,629	3,605	(24)
Total Current Assets	69,916	47,081	(22,835)
Current Liabilities			
NHS & Trade Payables less than one year	(62,290)	(49,520)	12,770
Other Liabilities	(711)	(5,086)	(4,375)
Borrowings less than one year	(6,527)	(5,773)	754
Provisions less than one year	(183)	(183)	-
Total Current Liabilities	(69,711)	(60,562)	9,149
Net Current Assets less Liabilities	**205**	**(13,481)**	**(13,686)**
Non-current liabilities			
Borrowings greater than one year	(120,584)	(118,986)	1,598
Total Assets less Total Liabilities	128,757	111,773	(16,984)
FINANCED BY TAXPAYERS' EQUITY composition :			
PDC	252,913	252,912	(1)
Revaluation	65,284	65,284	-
Income and Expenditure	(162,566)	(189,441)	(26,875)
In Year Income & Expenditure	(26,874)	(16,982)	9,892
Total TAXPAYERS' EQUITY	128,757	111,773	(16,984)

Working Capital

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

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

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

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.

Trade payables/accruals have reduced from March 23 by £13m due to the payment of invoices and release of balance sheet provisions within the plan. This is also reflective of the current cash balance movements

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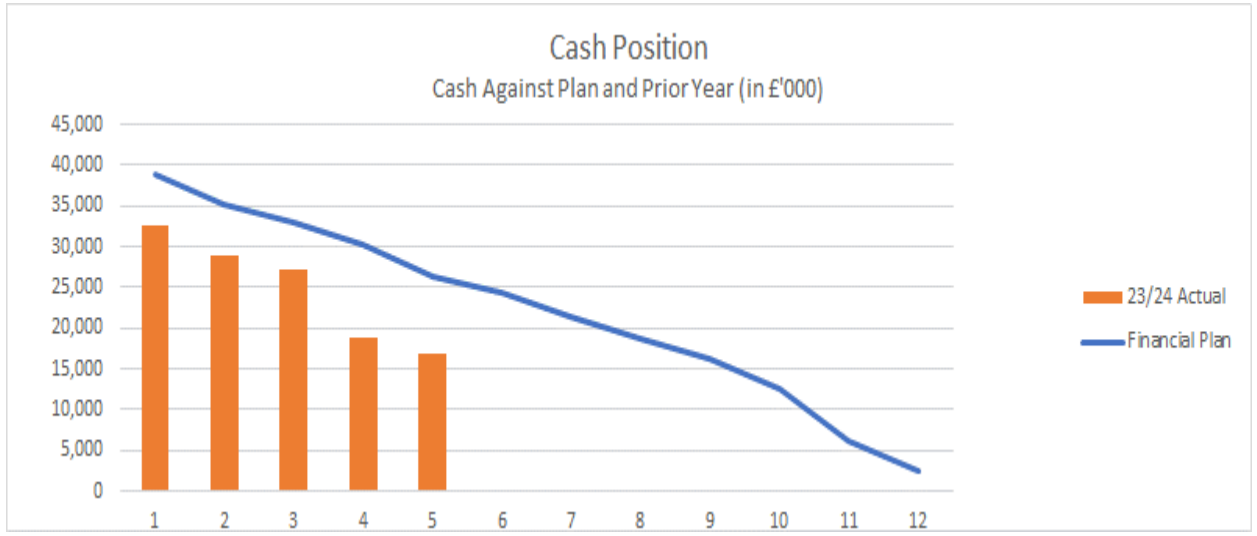
Cashflow

CASHFLOW STATEMENT Statement of Cash Flows for the month ending August'23	Year to date Movement
	£'000
Cash Flows from Operating Activities	
Adjusted Operating Surplus/(Deficit)	(12,236)
Depreciation and Amortisation	5,644
Donated Assets Received credited to revenue but non-cash	0
Fixed Asset Impairments	0
(Increase)/Decrease in Trade and Other Receivables	1,804
Increase/(Decrease) in Trade and Other Payables	(1,956)
Increase/(Decrease) in Other Liabilities	0
Increase/(Decrease) in Stock	28
Increase/(Decrease) in Provisions	0
Other movements in operating cash flows	0
Interest Paid	(4,519)
Dividend Paid	(805)
Net Cash Inflow/(Outflow) from Operating Activities	**(12,040)**
Cash Flows from Investing Activities	
Interest received	**679**
(Payments) for Property, Plant and Equipment	**(8,509)**
Initial Indirect costs in respect of new right of use assets	**0**
Receipt from sale of Property	**0**
Net Cash Inflow/(Outflow)from Investing Activities	**(7,830)**
Net Cash Inflow/(Outflow) before Financing	**(19,870)**
Cash Flows from Financing Activities	(1,695)
Net Increase/(Decrease) in Cash	**(21,565)**
Cash at the Beginning of the Year 2023/24	38,358
Cash at the End of the August	**16,793**

- The cash balance as at 31 August 2023 is £16.79m, a £2m decrease on the previous month and a decrease of £9.6m on financial plan.
- The cash balance has moved by £21.6m (decrease) on the closing balance at March 2023 of £38.4m.



Income	£m	
	28.0	Block Payments
	0.4	NHS
	2.1	Non-NHS(including £2m from WMB Council for Health Child Programme)
	2.1	VAT Income(including £1.1m ED P22 VAT Recovery, main supplier Tibury Douglas)
	0.1	Interest
	0.2	Other Income (e.g. Credit Card, Cash Income)
	33.0	

Expenditure	£m	
	(20.9)	Pay related costs including Tax, NI and Pension costs
	(8.6)	Non Pay
	(2.7)	Unitary
	(1.2)	NHS LA
	(1.6)	Other Expenditure
	(35.0)	
	(2.0)	

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Capital

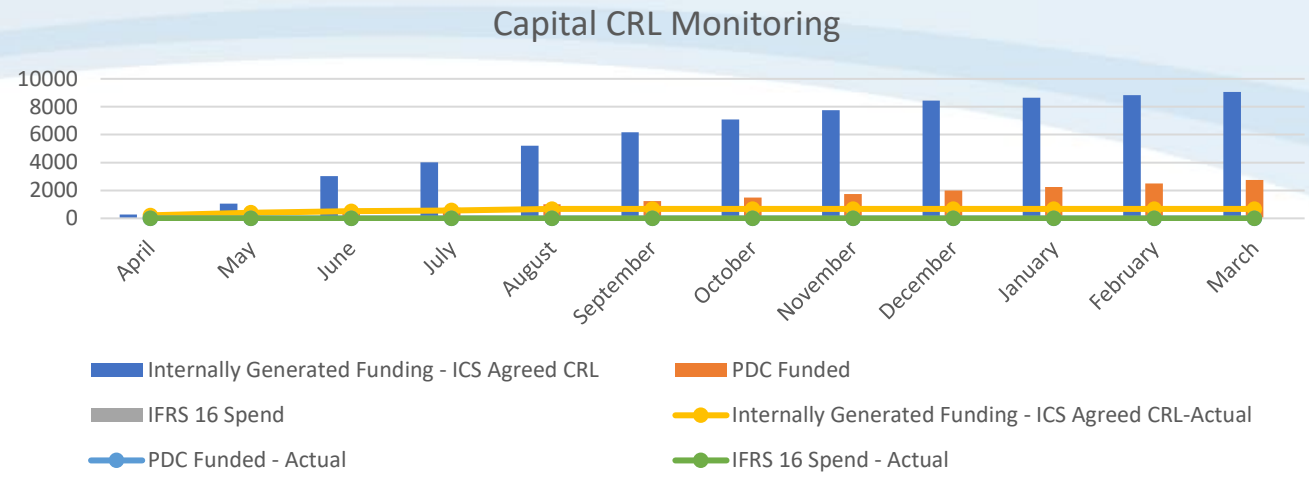
The trust has spent £1.3m of Capital YTD to 31st August 2023, which is an underspend of £10.5m against planned YTD Capital of £11.8m. Of the £1.3m YTD Spend:

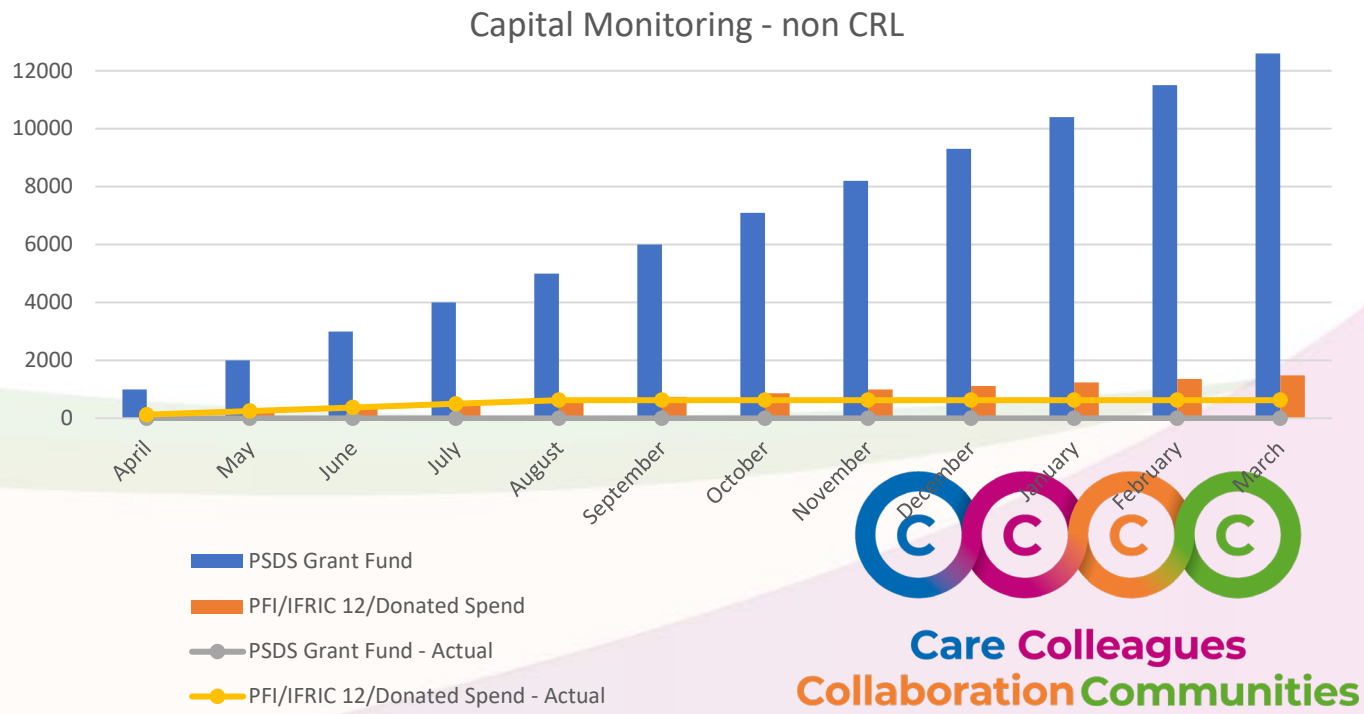
•£0.7m relates to capital spend which the ICS is measured against, which is an underspend of £7.5m vs plan due to timing of orders. There has been no spend YTD on PDC Funding leading to a variance of £1m vs plan YTD whilst supporting business cases undergo approval. The trust expects to meet the CRL plan of £11.8 at the end of the year.

•The balance of the YTD Capital spend of £0.6m relates to PFI/IFRIC 12 capital while the variance of £3m vs plan is as a result of no actual cost yet against the PSDS grant funds.

•BCPS request to transfer CRL allocation of £53k to support high priority replacement schemes.

Scheme	M5 YTD Budget	M5 YTD Spend
	£'000s	£'000s
Estates:		
PFI Lifecycle:	620	631
ED Shell Space/Old ED works	2,000	108
Lead Lined Room	200	-
Estates Lifecycle	400	335
New Build-Non Clinical (PSDS Match Funding)	3,000	-
Theatre Refurb	3,000	27
Health Records	1,000	
Estates Total	**10,220**	**1,100**
Medical Equipment:		
Medical Equipment	300	203
Medical Equipment Total	**300**	**203**
Information Management & Technology:		
IT Equipment	300	-
Information Management & Technology Total	**300**	**-**
PDC Funding		
IM&T PDC Funding	1,000	-
PDC Funding Total	**1,000**	**-**
Grand Total	**11,820**	**1,303**





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Efficiencies Plan Overview

	CIP Plan Submitted to NHSE £'m	Plans at Month 5 £'m	% Achievement	Recurrent	Non Recurrent
Traditional' CIP (including ERF)	17.2	13.8	80%	64%	36%
Technical Adjustment requested	7.2	3.28	43%	0%	100%
Stretch Requested	2.05	0	0%		
Total	26.45	17.08	64.5%	51%	49%

Percentage CIP per NHSE	**6.80%**	**4.40%**

The Trust was given 2 additional financial challenges later in the planning round which it classed as CIP while plans developed. The above table breaks down the elements of the plan between the headings and the achievement against each.

At the time of writing the final PWC report is awaited and may support a change in technical adjustment.

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Efficiencies FOT by Division

Division	Target	Green	Amber	Red	Total
MLTC	3,908	132	455	1,802	**2,389**
DoS	3,474	664	556	1,376	**2,597**
WCCSS	3,882	635	377	1,233	**2,245**
Community	2,621	18	473		**490**
Estates	1,250	95	38	223	**356**
Corp (IMT)	444	380	65	0	**445**
Corp (HR)	242	150	95		**244**
Corp (Fin)	360	815		1,144	**1,959**
Corp (Nurs)	314	104	6		**110**
Corp (Comms)	21	21			**21**
Corp (COO)	188	100			**100**
Corp (Med)	253	66			**66**
Corp (Govern)	173	51			**51**
Corp (Improv)	70	163			**163**
Procurement (Divisional)				239	**239**
Unidentified/Stretch	2,050			2,325	**2,325**
Balance Sheet	7,200		3,276		**3,276**
Total	**26,450**	**3,394**	**5,340**	**8,342**	**17,076**

FOT divisional savings of £17.1m of which £8.3m are high risk (£2.3m still to be identified) and £5.3m are medium risk schemes (including £3.3m of technical adjustments).

FOT delivers 64.5% of original planned savings

Care Colleagues Collaboration Communities

Audit Committee
Chair Assurance Report

Walsall Healthcare NHS Trust

Name of Committee/Group:	Audit Committee
Date(s) of Committee/Group Meetings	4 September 2023
Chair of Committee/Group:	Mary Martin
Date of Report:	1 October 2023

ALERT **Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee**	• The RSM Counter Fraud Team and the Internal Auditors advised that the Trust had made little progress in the implementation of the agreed management actions around rostering and there were significant issues that required attention. • The actions that remained were - updates to the E-Rostering Policy - roll out of the Allocate E-Rostering system to all areas of the Trust. - timely rostering - verification of bank and agency shifts prior to payment. - identification and prevention of potential duplicate payments. • The Dropbox was still in use for the collection of timesheets. Since April 2022 RSM Counter Fraud Team have received seven referrals in relation to the fraudulent completion of paper timesheets. • The Data Security and Protection Tool Kit final submission and improvement plan showed the Trust was non-compliant with 17 of the 113 assertions. The Trust declared a final overall position of "Standard not met". The Trust has subsequently submitted a detailed improvement plan to NHS England and was awarded 'Approaching Standards' on 27th July 2023. The improvement plan is being monitored by the Information Governance Steering Group.

ADVISE **Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought**	• The Internal Audit Report – Data Quality – Venous Thromboembolism Assessment – Partial Assurance. The auditors identified 5 medium and 2 low recommendations. The External Auditor's Internal Control Report contained 3 high and 6 medium internal control recommendations as well as 5 recommendations from the prior year not yet implemented. These will be tracked via iBabs. • The WHT financial accounts team is now fully staffed with substantive staff. The external auditor advised the Trust to use the month 9 close as a trial run for the year end to test the robustness of the arrangements ahead of the year end.
ASSURE **Positive assurances & highlights of note for the Board/Committee**	• The Internal Audit Plan is progressing to plan.
Recommendation(s) to the Board/Committee	• The Board to consider whether the Fit and Proper Persons Test (FPPT) should apply to other senior staff.
Changes to BAF Risk(s) & TRR Risk(s) agreed	• The new Board Assurance Framework was thoroughly reviewed. The committee was concerned that mitigation of some risks was outside the control of the Trust. In particular: - The Trust is incurring additional costs in relation to the mitigations put in place for Mental Health Provision. Discussions are being held at both ICS and National level. - The Trust needs to implement a long-term strategic plan to support the Trust's long-term financial plan which needs to get back to break even. On-going discussions around funding levels need to take place with the ICS, which is completing its cash forecasting work and an ICS wide review of provider balance sheets. - There is a national problem for many Trusts in implementing Datix IQ which needs resolution at that level. The latest date for go live is November 2023
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**	• Cyber Security update - Over 50% of staff who opened the test phishing email clicked on the fake malicious web link. Further education in progress. - Implementation of two factor authentication for remote users completed. - The group cyber security joint service (with RWT) has been successfully established. The Trust has been asked by NHS England to participate in a case study around best practice to cyber security response.
ACTIVITY SUMMARY **Major agenda items discussed including those Approved**	

Matters presented for information or noting	• The National Cost Collection Assurance for 2022/23 – Pre-submission report • Security & Car Parking report. • Regulatory report. • Review of Conflicts of Interest Policy Compliance and Registers. • Single Tender Actions. • Review of Losses and Special Payments.
Self-evaluation/ Terms of Reference/ Future Work Plan	
Issues identified potentially relating to Equality, Diversity, and Inclusion	

Walsall Healthcare NHS Trust

Trust Board Meeting to be held in Public on 11th October 2023

Title of Report	Chair's Report from the Quality Committee	Agenda Item No: 13.4
Author:	Dr Juilan Parkes	
Presenter:	Chair of Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	22nd September 2023	

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

Recommendations:

- That the Board note the report and matters of concern

ALERT

- The affordable option in the Trust's Winter Plan does not provide sufficient resilience to adequately manage winter. A more resilient plan will require external funding to support.
- There remains a number of unfunded priority business cases, leading to an associated clinical risk. This includes recruitment to paediatric nurse posts and resuscitation mandatory training
- There has been a rise again in perinatal mortality. Work is underway to explore the reasons for this and to improve early booking and closer monitoring of high risk mothers.
- Endoscopy remains the most challenged diagnostic modality in the Trust. A business case has been successful and recruitment has commenced
- The national shortage of Health Visitors continues to be reflected locally. Recruitment to these roles and supporting roles continues
- VTE Compliance remains below target at 91.87%.
- Level 3 children's and adult's safeguarding training has been moved to be online with a joint training package with RWT. The impact of this has still to be realised
- There have been 21 cases of C Diff in July and August 2023, 10 were deemed avoidable.

ADVISE

- The 18-week RTT incomplete performance is now 55.9%, a small fall
- In June 2023 the Trust did not achieve the 2WW GP referral for suspected cancer with a performance of 74.2%
- There are currently 168 overdue incident actions
- Midwifery staffing remains on the risk register with a score of 16
- There continues to be significant vacancies for Maternity Support Workers
- MCA (Mental Capacity Act) compliance was 45% in June 2023, a significant reduction
- The funding for out of hospital services has been reduced by the ICB for 2023/24

ASSURE

- Ambulance hand over times continue to be one of the best 2 in the West Midlands at 90.65% within 30 mins
- 75.1% of patients were managed in ED in August within 4 hrs against a national expectation of 76%

- Medically stable for discharge (MSFD) patients on the pathways remain low at 24
- The average Length of Stay as MSFD remains low at 2.5days
- The 62 day cancer care target has been delivered
- Despite increased levels of activity, performance remains strong in the Community Based Hospital Avoidance and Step Up bed service together with virtual ward performance.
- Nursing and midwife vacancy rate is 1.94%
- Falls per 1000 bed days was 3.16% in August
- Timeliness of observations was 90.72% in August
- Funding has been identified for a complete electronic patient record system
- One hour antibiotic times for sepsis were achieved in 86.04% ED and 73.64% for inpatients in August

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details Safe, effective, caring
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:

Summary of Key Issues:

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
- Trust Winter Plan report
- Unfunded business case report

Links to Trust Strategic Aims & Objectives			
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations		
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards		
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities		
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care		
Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes☐No☐	Date:
	Board Committee	Yes☒No☐	Date: September 2023
	Board of Directors	Yes☐No☐	Date
	Other	Yes☐No☐	Date:
Any Changes to Workplan to be noted	Yes☐No☒		Date:

Walsall Healthcare NHS Trust

EXCEPTION REPORT FROM QUALITY COMMITTEE CHAIR

MATTERS FOR THE BOARD's ATTENTION **Information, issues et.al that either require bringing to the Board's attention or that Board may need to deal with, any matters requiring Board delegation**
ACTIVITY SUMMARY • Constitutional Standards and Acute Services Restoration and Recovery • Community Services Report • Safe High Quality Care Oversight report • Maternity Services update • Serious Incident Update • CQC Action Plan update • Clinical Audit and Effectiveness • Infection Control • Trust Winter Plan report • Unfunded business case report
Matters presented for information or noting • 104 day harm update • Recall project update
Chair's comments on the effectiveness of the meeting:

Agenda Item No: 13.4.1

Walsall Healthcare NHS Trust

Quality Committee

How to Interpret SPC (Statistical Process Control) charts

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

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

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

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

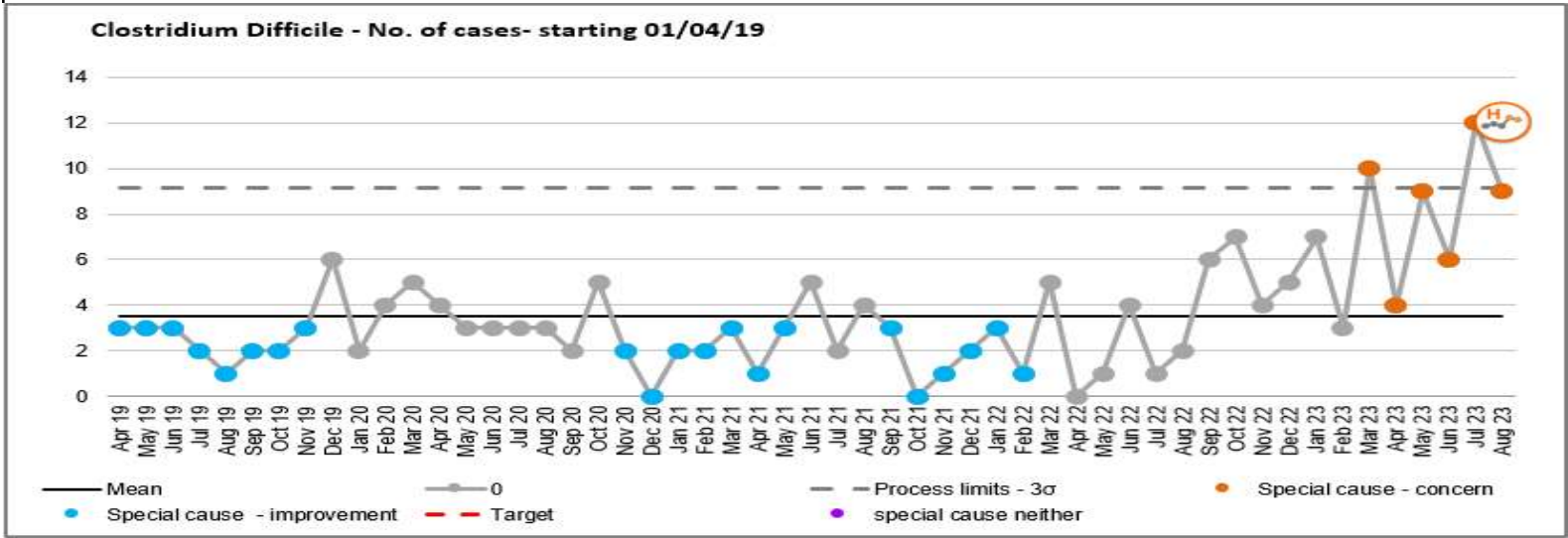
IQPR Ragging Methodology

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

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

		Reporting Period	Actual	Trajectory	2023/24 Target	SPC Assurance	SPC Variation
QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE							
No.	Clostridium Difficile - No. of cases	Aug-23	9	2	26	?	H
No.	MRSA - No. of Cases	Aug-23	0	0	0	?	
%	VTE Risk Assessment	Aug-23	91.87%		95.00%	?	L
%	Sepsis - ED - % of patients screened who received antibiotics within 1 hour - E-Sepsis Module - Adults	Aug-23	87.11%		90.00%	F	H
%	Sepsis - ED - % of patients screened who received antibiotics within 1 hour - E-Sepsis Module - Paeds	Aug-23	55.56%		90.00%	F	
No.	Falls - No. of falls resulting in severe injury or death	Aug-23	0	0	0	?	
Rate	Falls - Rate per 1000 Beddays	Aug-23	3.16				L
No.	National Never Events	Aug-23	0	0	0	?	L
No.	Serious Incidents (inc cat 3 & 4 pressure ulcers, HCAI's & Falls) - Hospital Acquired	Aug-23	3				
No.	Serious Incidents (inc cat 3 & 4 pressure ulcers, HCAI's & Falls) - Community Acquired	Aug-23	0				
Rate	Midwife to Birth Ratio	Jul-23	25.8	28	28	?	L
No.	Pressure Ulcers (category 2, 3, 4 & Unstageables) - Hospital	Aug-23	15				
No.	Pressure Ulcers (category 2, 3, 4 & Unstageables) - Community	Aug-23	16				H

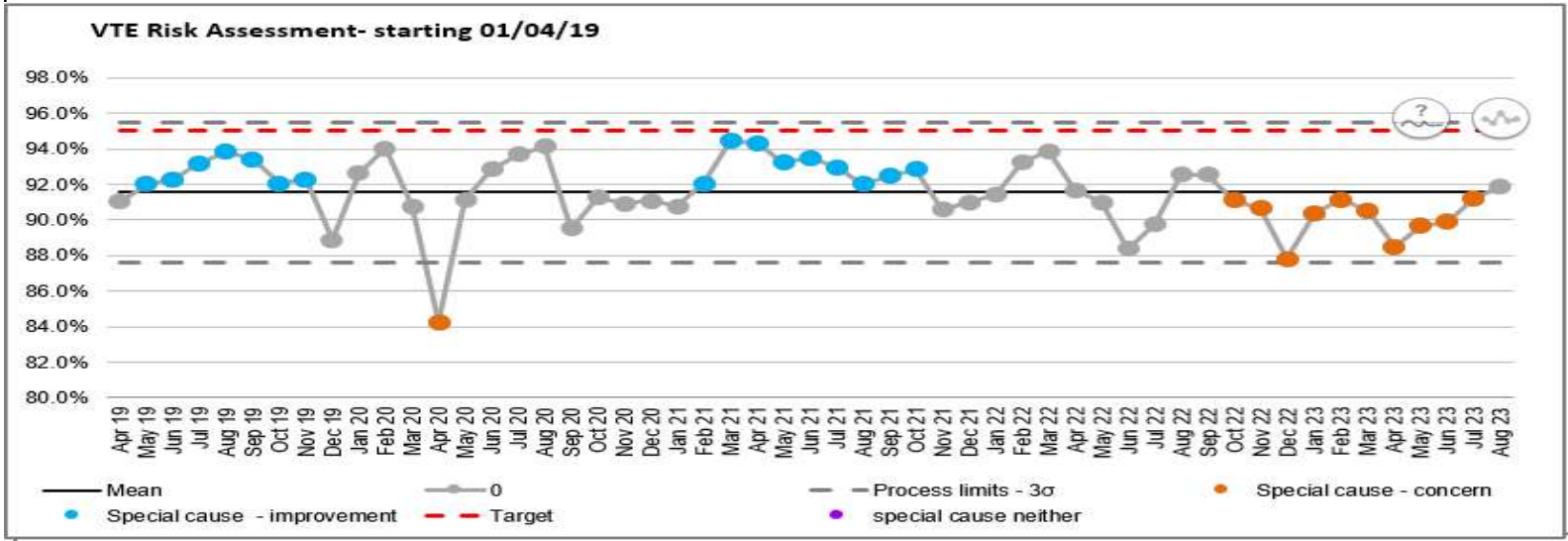
Metric Name: Clostridium Difficile - No. of Cases



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

Background	What the chart tells us	Issues	Actions	Mitigations
Minimise rates of Clostridium difficile The thresholds for 23/24 have been published, WHT has been allocated no more than 26 cases for 2023/24. This is a reduction of 1 case compared to 2022/23 (threshold was 27)	There were 9 cases reported in August taking the year to date to 40.	Of the 9 C.Diff toxin cases reported in August 2023 4 were deemed avoidable.	Continued emphasis on training, enteric audits to identify cleaning issues for resolution, antimicrobial stewardship, commode use reduction, gloves off campaign, appropriate sampling in event of loose stool and subsequent isolation. Deep clean of the modular wards is now completed.	N/A

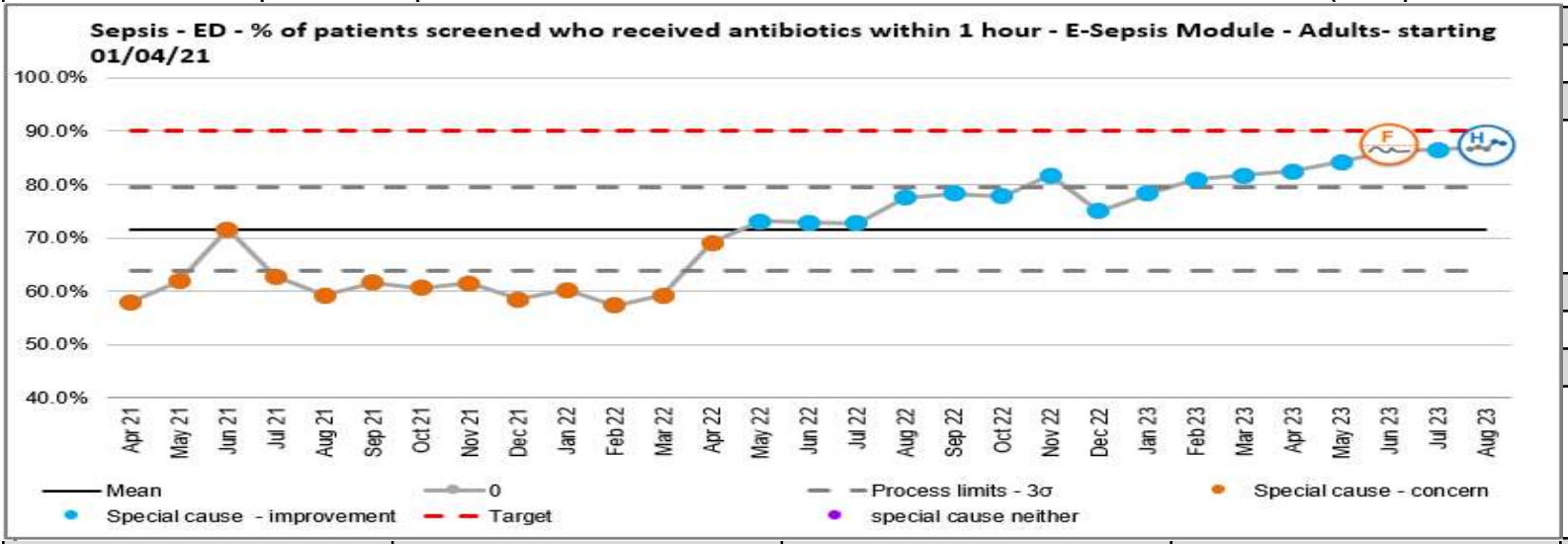
Metric Name: VTE Risk Assessment



Month
Aug-23
Variance Type
Common Cause - No Significant Change
Target
95.00%
Target Achievement
Variation Indicates Inconsistently Passing and Falling Short of the Target

Background	What the chart tells us	Issues	Actions	Mitigations
VTE risk assessment: all admitted patients aged 16 or over undergoing risk assessment for VTE (agreed cohorts applied)	Performance remains below the target of 95%, within normal variation. August's compliance was 91.87% which is a slight improvement on July's performance.	Monthly reports continue to be sent to Divisions, in addition to the daily reporting to consultants.	Audits have shown a number of process and IT issues which are now being worked through in QI projects.	Hospital acquired thrombosis (HATS) are reported on Safeguard and discussed at Divisional Quality Boards. HATS are also reported to the Thrombosis Group and each Division continues to report on the outcome of investigations.

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



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

Background	What the chart tells us	Issues	Actions	Mitigations
Proportion of Service Users presenting as emergencies who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within one hour of diagnosis (Adults)	The percentage of adult patients screened who received antibiotics within 1 hour within the Emergency Department in August 2023 was 87.11%. The data shows improving statistical variation and has been above the mean for the last 16 months.	Focus on staff training continues and the sepsis team continue to review all open assessments on vital pac.	The PBI report has been refreshed to focus on the Antibiotics within the hour. Sepsis performance is reviewed via the deteriorating patient group and reported via patient safety group.	The sepsis team reviews all open sepsis assessments on vital pac ensuring they are closed down when appropriate. They are also responding to sepsis alerted patients. Results are comparable with high perfoming trusts.

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting – to be held in Public On Wednesday 11th October 2023		
Title of Report:	Chief Nursing Officer Report	Agenda Item No: 13.5
Author:	Christian Ward – Deputy Chief Nursing Officer christian.ward@nhs.net	
Presenter/Exec Lead:	Lisa Carroll – Chief Nursing Officer lisa.carroll5@nhs.net	

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

Implications of the Paper:			
Risk Register	Yes ☒ No ☐ Risk Title: 2245 - Available midwives being below agreed establishment level – score 16 2540 - Trust-wide: Ineffective safeguarding systems – score 12 3043 - Suboptimal paediatric nursing ratios – score 16 3061 - CYP and adults with learning disabilities are not receiving care in line with local and national best practice standards – score 12		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	Workforce: agency costs for paediatric nurses, pending business case allocation of funds.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Registration and licensing Well led.
	NHSE	Yes☒No☐	Details: Related standards
	Health & Safety	Yes☒No☐	Details: Health & Safety Act
	Legal	Yes☒No☐	Details: Duty of Candour, Claims and Litigation
	NHS Constitution	Yes☒No☐	Details: Constitutional Standards
	Other	Yes☒No☐	Details: Professional registration issues
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	None identified within the report		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: TMC 21/09/2023
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure • Safeguarding adult and children's training is achieving the Trust target for levels 1 and 2 training. • Falls per 1000 bed days were 3.40 and 3.16 in July and August 2023 respectively. Weekly falls accountability meetings are continuing, identifying lessons for shared learning. • The nursing and midwifery vacancy rate is 1% as of the end of August 2023, a slight increase on the previous month. • Agency cessation plans continue to see a dramatic reduction in the usage of agency nursing staff, with a robust risk assessment process in place for the agreement of agency usage. • Within the ED department, 82.76% and 86.04% of patients received antibiotics within the first hour in July and August 2023 respectively (82.97% in June 2023). These figures are comparable with the highest performing Trusts nationally. • The timeliness of observations for July and August 2023 was 90.05% and 90.72% respectively (June 90.48%), including ED and 91.88% and 92.88% for July and August respectively (June 92.06%), excluding ED. Results have been in excess of the Trust target for the past 2 months. • The number of hospital acquired pressure ulcers has returned to normal range of incidents (15 per month in July and August) since June's reduction to 4. • The Trust won Employer Contribution of the Year Award for collaboration with Walsall College for work supporting T-Level students, 13 of the 15 have started undergraduate training as nurses with the two remaining employed as HCSW at Walsall.
Advise • Safeguarding adult and children's training level 3 is now available for completion via MyAcademy. • MCA compliance reporting needs revision to ensure reported, moved recently from Safeguarding Team to Matrons. • Inpatients antibiotic provision within the hour fell to 74.14% and 73.64 in July and August respectively (89.80% in June 2023). This will be reviewed by Deteriorating Patient Group to ascertain if this a data issue.
Alert • In July and August 2023 there were 12 and 9 cases respectively of C.difficile (10 avoidable in total). Nationally there is a rise in Clostridium Difficile infections.

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

Report to Trust Board Meeting to be held in Public – 11th October 2023

EXECUTIVE SUMMARY

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

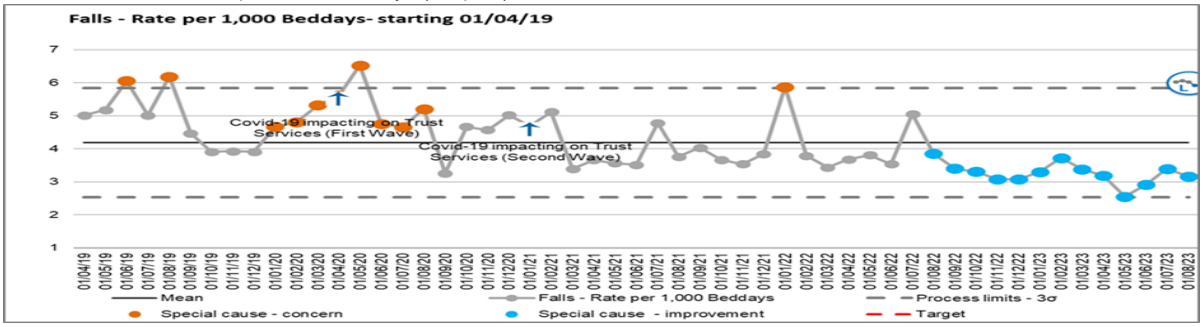
BACKGROUND INFORMATION

1.0 Quality

1.1 Falls

- The number of Trust falls recorded for July and August 2023 is 55 and 54 respectively.
- Chart 1 shows falls per 1000 bed days; July and August 2023 was 3.40 and 3.16 respectively (2.92 in June 2023).
- There was 1 severe harm fall in July and none in August 2023, the fall in July is being reviewed via the SI process.

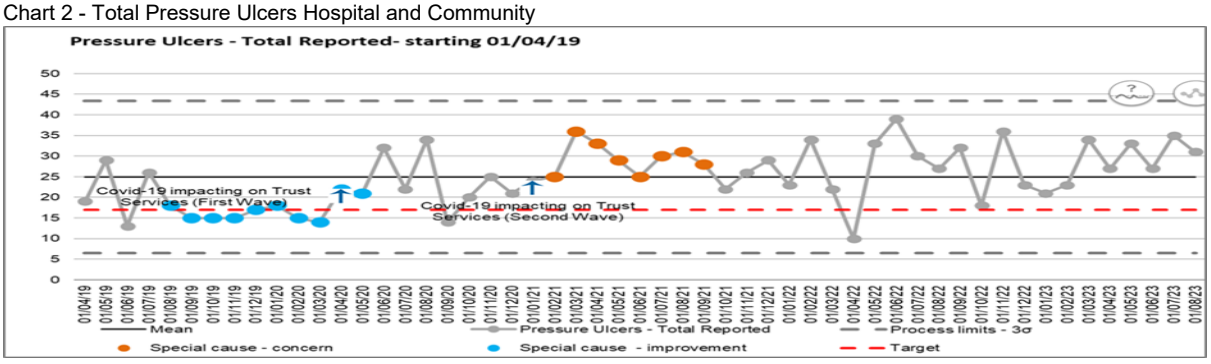
Chart 1 - Falls per 1000 bed days (hospital)



1.2 Tissue Viability

- July and August 2023 data demonstrates normal range in pressure ulcer incidents (Chart 2); Community TV incidents has reduced in July and August after a peak in incidents.

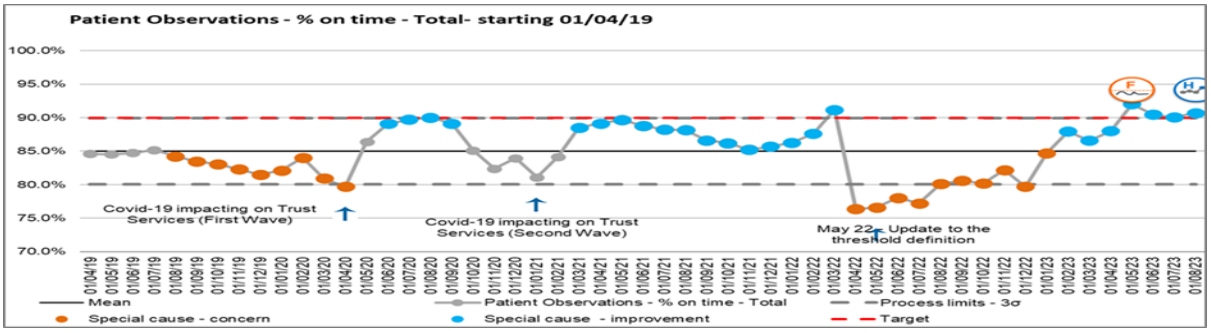
Chart 2 - Total Pressure Ulcers Hospital and Community



1.3 Observations on Time

- The timeliness of observations for July and August 2023 was 90.05% and 90.72% respectively (June 90.48%), including ED (Chart 8) and 91.88% and 92.88% for July and August respectively (June 92.06%), excluding ED (Chart 9). Results have been in excess of the Trust target for the past 4 months.
- 24 out of 26 clinical areas achieved the 90% target. Focus is required on ED and AMU who have not yet reached target in month. The quality team are supporting these clinical areas to improve their compliance.

Chart 3 - Patient Observations on Time



1.4 Clinical Accreditation Scheme

- Nine wards have been reviewed since April 2023. Five wards have been accredited, 2 ward areas have been awarded Emerald, 3 areas awarded Ruby and 4 areas 'Working Towards Accreditation' to date. The remaining wards are awaiting discussion via the clinical accreditation board before a rating is agreed.

Table 1 – Accreditation results

Date	Ward / Dept	Level Awarded
05 04 2023	Ward 1	Ruby
14 04 2023	Ward 2	Emerald
21 04 2023	Ward 3	Working towards accreditation
28 04 2023	Ward 4	Working towards accreditation
03 05 2023	Ward 15	Ruby
19 05 2023	Ward 17	Working towards accreditation
31 05 2023	Ward 7	Emerald
18 07 2023	AMU	Ruby
18 08 2023	Ward 29	Working towards accreditation

1.5 Deteriorating Patients

- A business case is being developed to support a 24/7 sepsis outreach service.
- As of September 2023, 41% of clinical staff had completed the Royal College of Physicians e-Learning package. This is an increase from 36% in June 2023. Previously compliance fell from as a result of an additional 543 members of staff identified as being required to complete the training. A data cleanse is in progress to ensure all relevant medical and nursing staff have the competency assigned to their MyAcademy.

1.6 Nursing Quality Audits

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

Table 2 - Trust overall – Audit Compliance

NHS Walsall Healthcare NHS Trust

Walsall Healthcare NHS Trust Quality Dashboard - Average Scores 2023

	CARE OF THE DYING	CATHETER AUDIT	CONTINENCE	DETERIORATING PATIENT & SEPSIS	DOCUMENTATION	ENVIRONMENT	FALLS & DECONDITIONING	IPC	MEDICINES MANAGEMENT	NUTRICIAN & HYDRATION	ORAL CARE	PAIN MANAGEMENT	PATIENT EXPERIENCE	PHARMACY AUDIT (WARD & AREAS - pharmacy responsibilty)	TISSUE VIABILITY
2022 Average	93.1%	67.3%	80.6%	74.6%	92.4%	89.8%	85.0%	95.7%	90.7%	85.8%	87.3%	92.3%	90.8%	91.5%	78.6%
JANUARY	95.7%	67.5%	83.2%	77.8%	91.7%	93.7%	78.8%	95.0%	91.7%	91.2%	89.4%	95.7%	88.0%	83.5%	79.5%
FEBRUARY	95.9%	82.3%	93.4%	97.5%	92.3%	92.5%	87.6%	95.3%	92.0%	89.2%	96.1%	98.1%	95.8%	82.4%	96.0%
MARCH	93.1%	87.0%	82.4%	98.9%	86.4%	92.9%	85.7%	94.2%	92.8%	92.0%	88.8%	97.2%	95.8%	100.0%	90.6%
APRIL	99.6%	91.5%	80.1%	99.0%	88.0%	93.2%	89.4%	95.7%	92.8%	90.5%	91.8%	94.5%	95.6%	84.2%	88.1%
MAY	90.4%	81.5%	77.7%	97.0%	87.3%	91.8%	90.6%	95.2%	93.1%	89.8%	87.8%	96.4%	96.7%	85.6%	91.2%
JUNE	96.9%	85.7%	90.7%	95.8%	92.3%	92.6%	90.7%	95.8%	94.3%	84.3%	95.4%	95.4%	96.8%	77.1%	89.9%
JULY	97.7%	84.6%	89.6%	98.8%	87.8%	94.0%	89.2%	96.5%	95.1%	88.8%	94.0%	95.0%	97.8%	100.0%	94.6%
AUGUST	95.1%	82.6%	92.4%	99.2%	91.7%	95.7%	88.1%	94.9%	95.6%	90.8%	90.6%	93.4%	95.7%	77.8%	96.2%

1.7 Medicines Management

- An unannounced CQC inspection took place on the 20th June 2023, this was a follow up visit following the Section 29a notice that was served on the organisation in relation to medicines management. Following this inspection, the CQC wrote to the Trust to notify of serious concerns and issued a letter of intent of urgent enforcement action under Section 31 of the Health and Social Care Act.
- The Trust responded to the CQC on the 23rd June 2023, the inspection report has been received and is due to be published on Friday 15th September 2023. The Section 29a notice has subsequently been revoked.

1.8 Infection Control

- Bi-monthly Infection control report can be found in the Reading Room. The report provides detail of the actions being taken in response to the high incidence of Clostridiodes diffficlie.

Clostridiodes difficile (C. diff):

- 12 cases of C.difff were reported in July and 9 in August 2023. Out of the 21 cases reported in these 2 months 10 were deemed avoidable.
- The national Trust target for 2023/24 has been set at 26 which is a reduction of one on 2022/23 target – Table 3 provides the current trajectory given this new target.

Table 3 - C. Diff cases

2023/24	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Max Cases per Month	2	2	2	2	2	2	2	2	3	3	2	2
Actual cases per month	4	9	6	12	9							
Cumulative YTD projected	2	4	6	8	10	12	14	16	19	22	24	26
Acute Cumulative actual	4	13	19	31	40							

1.9 Patient Experience

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

1.10 Adult and Children's Safeguarding and Associated Training

The Q1 safeguarding report is available in the Reading Room.

- Adult Safeguarding Level 3 = 78.73% (August 2023)
- Child Safeguarding Level 3 = 76.28% (August 2023).
- Adult and Children's level 3 training is now available via MyAcademy.
- Further data cleansing is in progress whilst correct competencies are aligned to staff; this alignment may result in an increase or decrease in the compliance figures whilst staff are undertaking training.

1.11 Special Educational Needs and Disability (SEND)

- A letter from the CNO at the ICB has been received into the Trust on the 15th June 2023; to request that an executive lead for SEND is identified. The CNO has been identified as the lead for WHT, who has met to discuss progress with the Team delivering on the SEND action plan.

1.12 Mental Capacity Assessment (MCA)

- MCA compliance for June was 45.00%. The MCA data is collected in the Tendable Audit (Respect). An MCA action plan is monitored via the Trust wide Safeguarding Group.

1.13 Sepsis

- Within the Emergency Department (ED), 82.76% and 86.04% (Chart 4) of patients received antibiotics within the first hour in July and August 2023 respectively (82.97% in June 2023). For inpatients, 74.14% and 73.64% (Chart 5) of patients received antibiotics within the first hour in July and August 2023 respectively (89.80% in June 2023). This reduced compliance in inpatient performance will be reviewed at Deteriorating Patient Group.

Chart 4 - ED Sepsis Performance

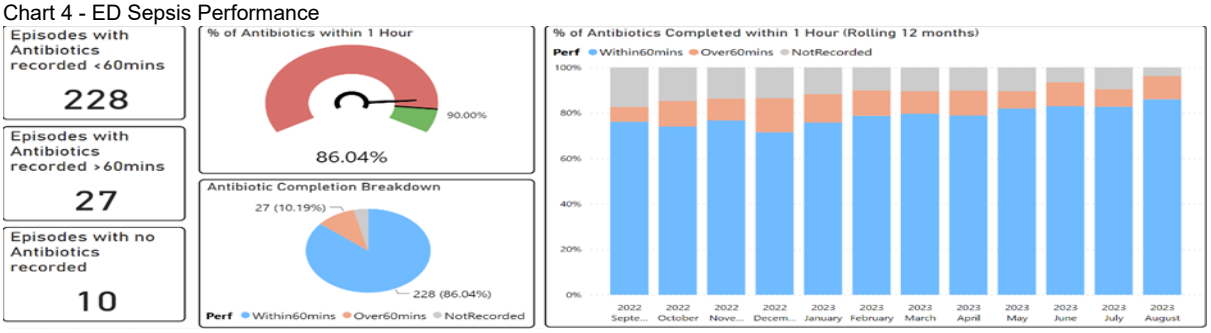
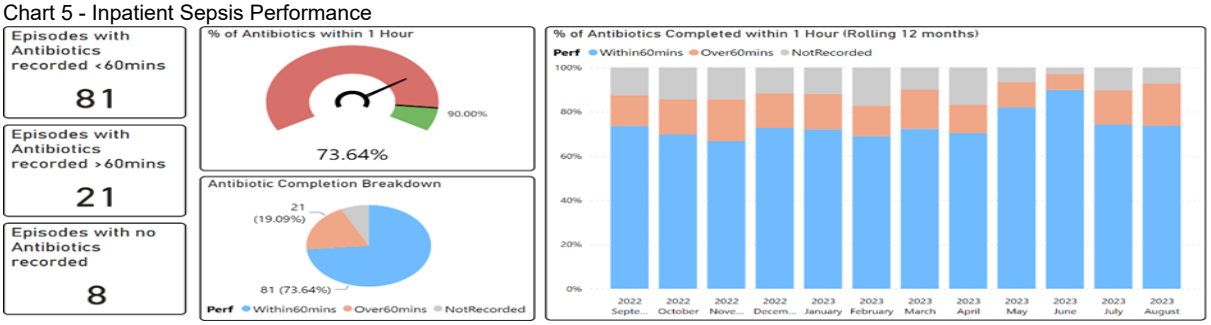


Chart 5 - Inpatient Sepsis Performance

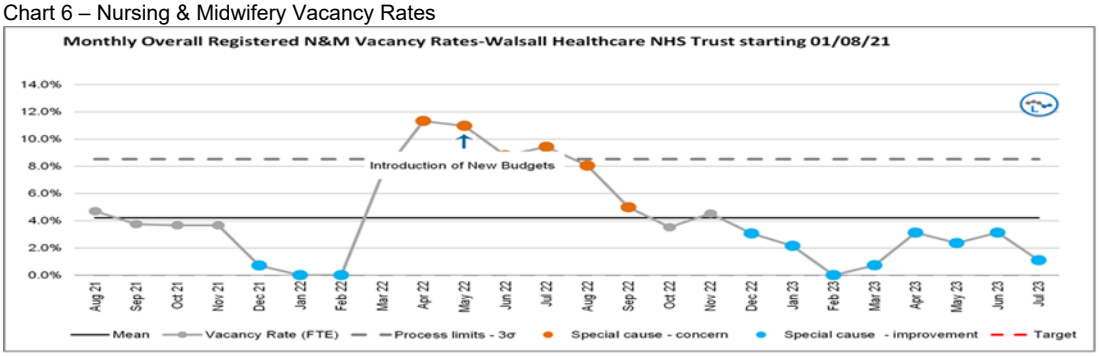


2.0 Workforce

2.1 Nursing and Midwifery Vacancies

- In August 2023, the total number of Registered Nurse/Midwife vacancies decreased to 1% (Chart 6).
- The CFN programme continues in 2023/2024. 44 nurses have arrived to date, with an additional 13 due to arrive in October before the programme ends in November for this financial year.

Chart 6 – Nursing & Midwifery Vacancy Rates



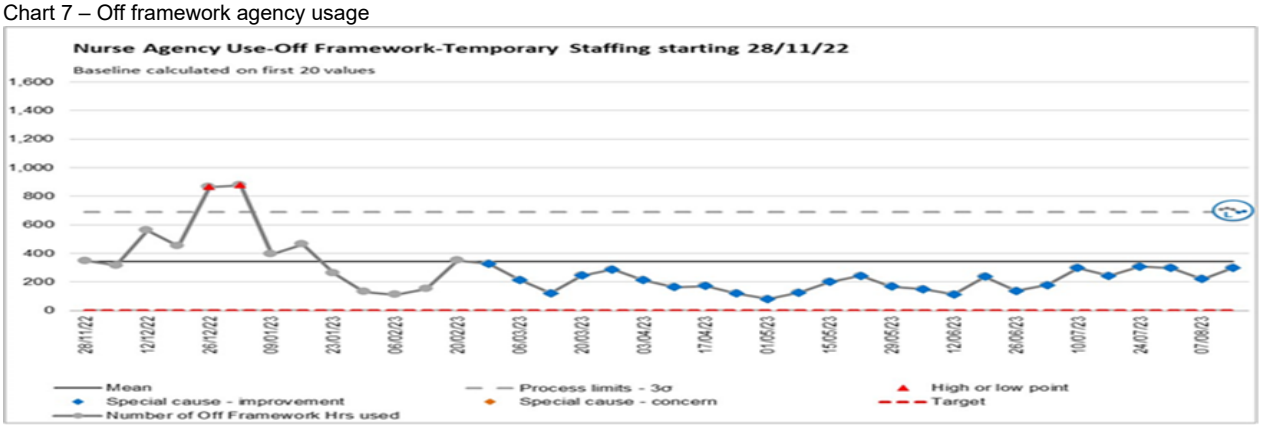
2.2 Agency Cessation

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

- The Trust continues to build the bank of mental health CSWs. Agency staff are currently utilised when bank cannot fill following a risk assessment to maintain patient safety.
- Agency authorisation now requires risk assessments to have been completed and reviewed by senior divisional leadership before being presented to the Chief Nursing Officer or on call Director for authorisation.
- Minimal agency usage for tiers 1 & 2 was used throughout July and August 2023. Off framework agency usage is illustrated in chart 7.

- The focus is now on reduction of bank use with confirm and challenge with ward managers and matrons and a change to authorisations for requesting bank.
-

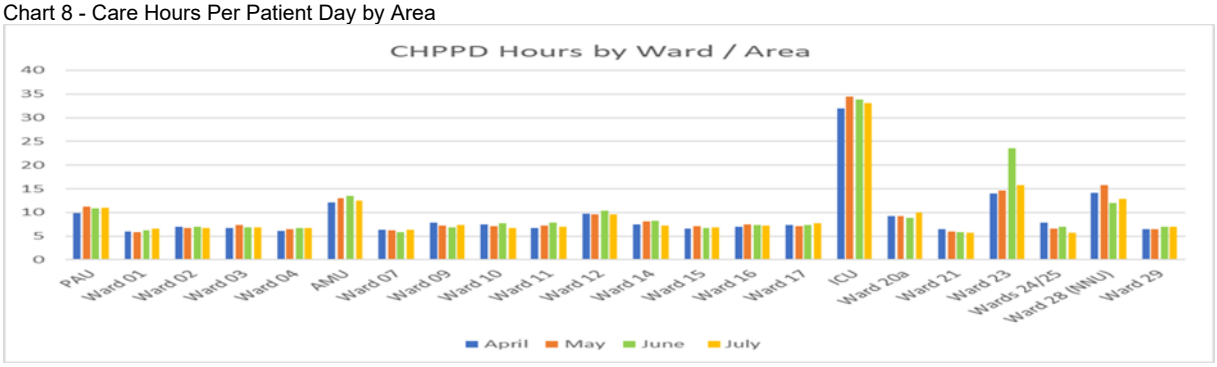
Chart 7 – Off framework agency usage



2.3 Care Hours per Patient Day

- CHPPD trust average for July was 8.0 This has seen a decrease from June 2023 (8.2 CHPPD) in comparison to the national average of 9.77, this national figure is an amalgam of all NHS inpatient facilities who provide data – including paediatrics and mental health units /hospitals /trusts.

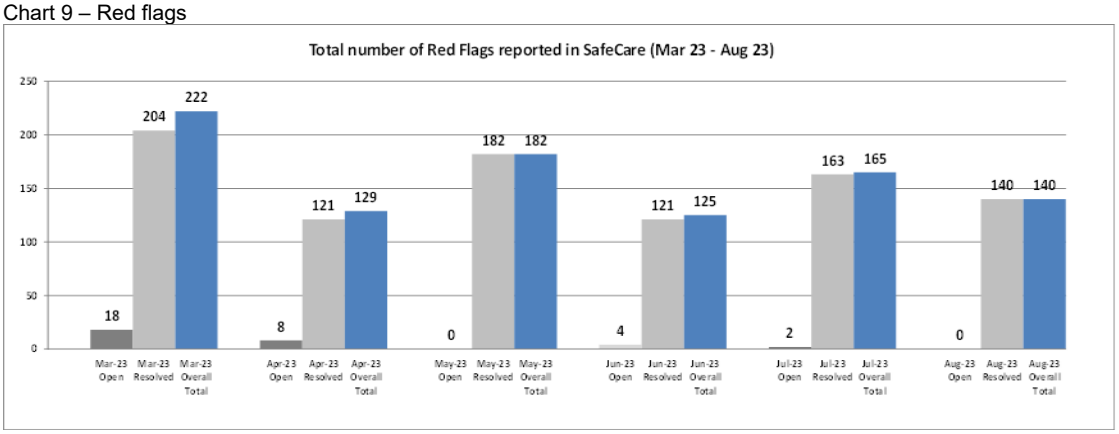
Chart 8 - Care Hours Per Patient Day by Area



2.4 Red Flags

- 165 red flags were raised on the safe care system in July 2023, 2 red flags were not able to be resolved.
- A total of 140 Red Flags were raised on the safe care system in August 2023 all of the red flags were mitigated and closed.
-

Chart 9 – Red flags



3.0 Education

- Standards for Student Supervision and Assessment S(SSA) training compliance now at 69%, a 1% improvement on the June 2023.
- National Education and Training Survey (NETS) action plan in place. Progress being reporting via NMAAF and Education and Training Steering group.
- My Focus on my Academy will be launched at WHT in September 2023
- The Trust won Employer Contribution of the Year Award for collaboration with Walsall College for work supporting T-Level students. The first cohort of 15 have graduated of those 13 have been offered their first choice of university and the remaining 2 have taken up posts as HCSWs with WHT.

RECOMMENDATIONS
To note the contents of the report.

Reading Room Information/Enclosures:

- Patient voice report – June / July 2023
- IPC bi-monthly report
- Safeguarding Q1 report

Walsall Healthcare NHS Trust

Trust Board Meeting – to be held in Public On 11 October 2023		
Title of Report:	Patient Voice Report June-August 2023	Agenda Item No: 13.5.1
Author:	Garry Perry, Associate Director Patient Relations, and Experience	
Presenter/Exec Lead:	Lisa Carroll, Chief Nurse	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☐No☒	Yes☒No☐
Recommendations: Note the contents of the report and improvement work linked to patient feedback			

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: Delays in responding to formal complaints. On Risk Register: Yes☒No☐ Risk Score (if applicable): 12		
Changes to BAF Risk(s) & TRR Risk(s) agreed	Risk Description None Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	Revenue: none Capital: none Workforce: none Funding Source: n/a		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led Regulation 16: Receiving and acting on complaints
	NHSE	Yes☒No☐	Details: NHS England » NHS England and NHS Improvement guidance: Using the Friends and Family Test to improve patient experience
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details: The National Health Service (Complaints) Regulations 2004 (legislation.gov.uk)
	NHS Constitution	Yes☒No☐	Details: Patient rights and NHS promises
	Other	Yes☒No☐	Details: NHS Complaints Standards: https://www.ombudsman.org.uk/organisations-we-investigate/nhs-complaint-

			standards/nhs-complaint-standards-summary-expectations
CQC Domains	**Safe:** you are protected from abuse and avoidable harm **Effective:** your care, treatment and support achieve good outcomes, helps you to maintain quality of life and is based ono the best available evidence **Caring:** staff involve and treat you with compassion, kindness, dignity, and respect **Responsive:** services are organised so that they meet your needs		
Equality and Diversity Impact	The work of the Patient Relations and Experience team seeks to advance equality of opportunity and inclusion. Recent assessment for our servce against the EDS2 domains demonstrated achieving activity Domain 1a: Patient (service users) have **required level of access** to the service and 1b: Individual patients (service users) health needs are met with **activity exceeds requirements** for 1c: When patients (service users) use the service they are free from harm and 1d: Patients (service users) report positive experiences of the service.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☐No☐	Date:
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

- Complaint timeframes have remained above target for the past 8 months with a 92% average for the months Jun-Aug 2023
- Note the positive outcome of EDS2 (Equality Delivery System 2) Patient Experience peer assessment.
- We have been shortlisted for two PEN (Patient Experience Network) Awards for Little Voices and the Manor Lounge
- Successful Walsall Connected Digital Inclusion Hub

Advise

- Friends and Family recommendation is below target of 92% by quarter 4 across 6 of the 8 touchpoints except for community and postnatal – areas being targeted that consistently have a low response rate and recommendation.

Alert

NIL

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement. • Prioritise the treatment of cancer patients. • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Improve overall staff engagement
Improve the Healthcare of our Communities	• Develop a health inequality strategy. • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative. • Implement technological solutions that improve patient experience. • Progress joint working across Wolverhampton and Walsall

Patient Voice Report, April-May 2023

Report to Trust Board Meeting to be held in Public on 11 October 2023

EXECUTIVE SUMMARY

To provide summary data for the Patient Relations and Experience Team including Complaints, Concerns, Compliments and the Friends and Family Test (FFT) for the months of June-August 2023. The report also provides detail on learning taken and a summary of activity to support an enhanced positive Patient Experience including updates on National Surveys, volunteering, and spiritual, pastoral, and religious care.

BACKGROUND INFORMATION

A report on patient and carer experiences is presented to the Quality Patient Experience and Safety Sub-Committee on a bi-monthly basis and the Board of Directors as part of the series of quality reports. This report focuses on patient and carer experiences and how people are involved with and engaged in shaping service developments. The Patient Voice provides an opportunity for trends to be identified and for improvement and learning arising from outcomes.

RECOMMENDATIONS

Any Cross-References to Reading Room Information/Enclosures:

- EDS2 (Equality Delivery System 2 Assessment outcome)

1.0 Details

1.1 Feedback data

15684 feedback contacts were gathered between 1st June 2023 and 31st August 2023. This includes all Patient Relations related contacts (872), along with Friends and Family Test (15684) and Mystery Patient responses (220).

Complaints (including MP letters)	103
Concerns this included queries / comments & suggestions etc	591
Compliments	178
Friends and Family Test	14592
Mystery Patient (QR code)	220 (Jun-Aug)

Table 1. Patient Feedback by contact type

1.2 Complaints and Concerns

During June-August 2023, Surgery received the most contacts Trustwide with 358 contacts received. MLTC received 260, WCCSS received 125, and Community received 89 The remaining 40 contacts were logged as Corporate or “other” in the event of a referred-on case.

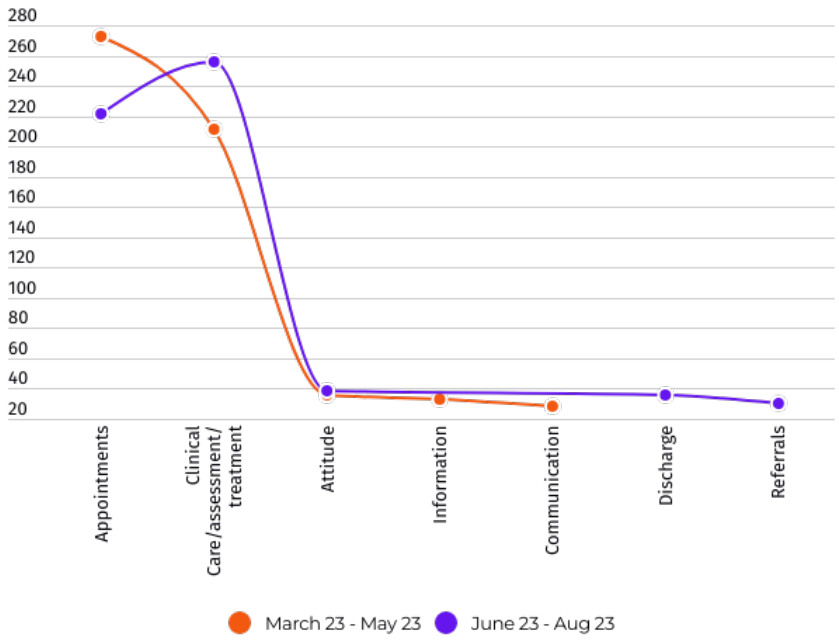


Table 2. Complaints and Concerns by trend type

- Trust wide, the highest trend in contacts for this period was in relation to Clinical Care / Assessment / Treatment with 259 contacts received, which equates to 37.3% of the total contacts received (excluding compliments). 138 contacts were in relation to Treatment Advice / Issues with an additional 64 contacts logged as Treatment / Care / Supervision - Inadequate.

- Urology received the highest number of related contacts with 31, followed by the Emergency Department with 24.

- The second highest trend is contacts relating to Appointments with 221 contacts received, which equates to 31.8% of the contacts received (excluding compliments). The Urology service received the highest number of contacts with 56 contacts received. ENT received the second highest contacts with 20 contacts received.

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

There has also been a slight increase in contacts relating to staff attitude with 26 contacts received. These contacts include families reporting a lack of empathy or being spoken to in a rude manner. The Emergency Department received the most contact. With 4 contacts received. The Patient Relations & Experience Teams have developed a customer care training session which we intend to trial with both the Emergency Department and Antenatal Teams in early October, in an attempt to support staff to deliver good customer care.

1.3 Complaint response timeframes

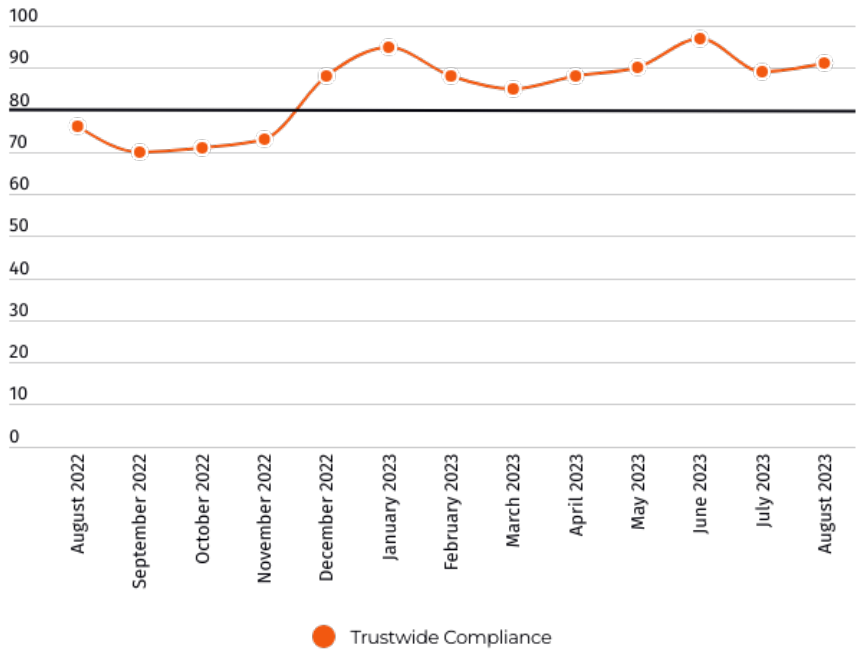


Table 3. Complaint response timeframes

- Trust wide, our average agreed response timeframe compliance in June-August 2023 was 92%. During this period, both WCCSS and Community achieved 100% compliance. MLTC's average timeframe compliance was 98% and Surgery achieved an average compliance of 76%.

- Whilst we have improved our overall compliance in comparison to June 2023 – August 2023, Surgery achieved 50% timeframe compliance in May 2023. This was predominantly due to delayed responses from the Urology department. This has been a theme across both formal and informal concerns and is a theme which has carried over from our previous report.

1.4 Parliamentary and Health Service Ombudsman (PHSO)

There were no new cases confirmed by the PHSO during June - Aug 2023.3 requests for information were received during this period, including complaint files and patient records for PHSO consideration.

1 case was fully upheld, and 2 cases has been partly upheld by the PHSO during June - Aug 2023.

The fully upheld case was related to a patient who felt we treated them inappropriately when scheduling them first on the list for prostate surgery on 10 March 2020 and then, on the day, moved them to last on the list because he is living with HIV. The PHSO found the Trust treated the patient inappropriately when moving their position on the surgery list to last.

The PHSO felt this situation caused the patient to feel anxious, humiliated and upset, and worried about their future care at the Trust. Upon review of our response, the PHSO did not think the Trust has taken sufficient steps to put right this impact, and to ensure the same situation does not happen again.

The first partially upheld case was regarding the patient felt the delay in diagnosing his stroke meant there was a delay in them receiving vital treatment. The patient said the misdiagnosis of the type of stroke they had meant the patient did not receive the appropriate treatment and this has had a long-term impact on their recovery. The PHSO advised they had not found failings in the care the medical team at Walsall Healthcare NHS Trust (the Trust) provided to the patient following their admission on 1st December 2019, up to being diagnosed with a stroke on 6th December 2019.

They considered the team adequately assessed and monitored the patient while trying to find out the cause of his symptoms. The PHSO did find a failing with the Speech and Language Therapy (SLT) assessment the patient had on 5th December 2019. The PHSO considered the assessment was insufficient to fully explore their symptoms. The PHSO did state they cannot say this would have resulted in the medical team diagnosing the patient with a stroke sooner, but it may have contributed to doctors' consideration of their condition. They also find it a failing that the clinical team did not refer the patient back to the SLT team on 6th December 2019 when they were diagnosed with a stroke and they continued to struggle swallowing. This delay meant he was not seen by the SLT team for the duration of his admission at the Trust. The PHSO do not consider it is likely this had a clinical impact on the patient's recovery, but this was a missed opportunity for the SLT team to discuss the diagnosis with the patient, to provide support at a very difficult time for them.

The second partially upheld case was in relation to the patient complaining about surgery conducted by Walsall Healthcare NHS Trust (the Trust) on 23rd November 2018 and the follow-up care and treatment. The patient felt the Trust:

- Did not conduct the surgery adequately
- Did not inform them fully of risks
- Failed to manage pain and infection adequately following surgery
- Did not take account of their underlying condition of HIV
- Lacked LGBT awareness

The PHSO advised they saw potential failings in pain management and a delay in post operative follow-up. The PHSO advised they have not seen failings in the surgery, consent, infection management, underlying HIV condition and LGBT awareness. Therefore, they partly upheld the complaint in relation to inadequate pain relief provided upon discharge and a delayed follow up appointment.

1.5 Learning from Complaints

Case 38951

A formal complaint was received regarding a series of missed diagnosis' in the ED department. These included fractured ribs and a bleed on the brain. Although the X-ray taken was reported as showing no rib fracture, the ED team have reviewed the images as part of their investigation and confirmed the presence of a fracture. It was also acknowledged that in view of the patient's unwitnessed fall, the clinician should have considered performing a CT scan of the head.

Following the investigation into the concerns raised, the ED team have introduced a quality improvement project within the department where the clinicians have been advised to review the management of elderly patients presenting with falls. A teaching session has already been delivered and the clinicians involved with the patient's care have been advised to reflect on the concerns raised.

The Patient Relations Team are also actively encouraging staff to complete Reflective Shoes Action plans as part of their investigations to aid in our journey of moving from "we will" to "we have".

2.0 Friends and Family Test

2.1 Recommendation

Table 4 illustrates the FFT recommendation scores for all 8 touchpoints. Outpatients, Community and Postnatal Community are the only touchpoints on track to achieve the current 90% target, and future 92% target set for Q4. Inpatients has remained consistent over Q1 and into July/August, ED and Antenatal have shown a declining score from Q1 into July/August. Birth and Postnatal Ward have a fluctuating score.

FFT Recommendation	Apr-23	May-23	Jun-23	Q1 Average	Jul-23	*Aug-23
Inpatients	89	91	88	89	88	88
Outpatients	93	93	93	93	93	91
ED	84	85	82	84	81	80
Community	99	99	100	99	98	99
Antenatal	87	94	88	90	89	85
Birth	75	55	86	72	92	78
Postnatal Ward	89	87	70	82	73	86
Postnatal Community	91	100	88	93	80	95

Table 4 – FFT recommendation score
*August data currently unvalidated, submission due mid-September.
Colour coding key on right.

Equal or above 90% target	Above future 92% target (Q4)	Below current 90% target

2.2 Response rate

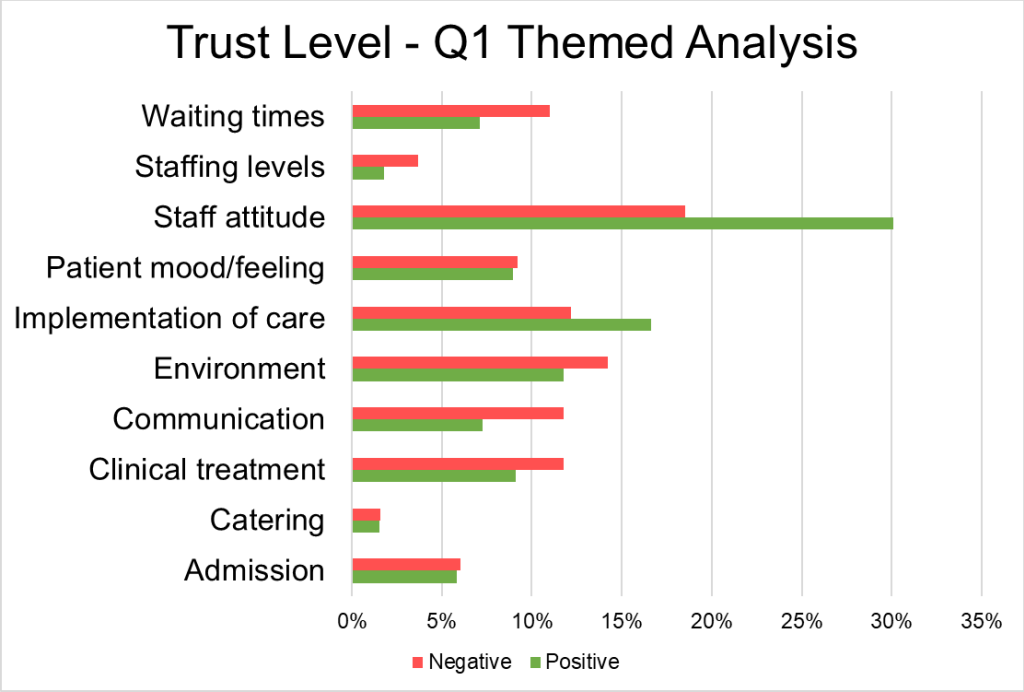
Table 5 illustrates the FFT response rates for all 8 touchpoints. All touch points have a fluctuating response rate when compared across Q1 and July/August. Postnatal Ward and Community have shown signs of improved response in August, however unvalidated currently.

FFT Response Rate	Apr-23	May-23	Jun-23	Q1 Average	Jul-23	**Aug-23
Inpatients	29.8%	45.4%	30.6	35.3%	32.7	25
Outpatients	16.5%	19.1%	17	18.0%	16.8	16
ED	16.8%	19.5%	15.6	17.3%	16.1	15
Community*	132	148	241	174	294	296
Antenatal	12.8%	12.8%	11.3	12.3%	12.1	7
Birth	26.7%	23.4%	20.1	23.4%	26.7	21
Postnatal Ward	70.4%	33.3%	10.5	38.1%	19.8	67
Postnatal Community	17.3%	22.4%	14.1	17.9%	12.6	21

Table 5 – FFT Response Rate
*Community report total responses **not** response rate due to data validation of community eligible population. ** August data currently unvalidated, submission due mid-September.
Due to a change in NHSE data publication, no regional or national comparison is currently available.

2.3 Friends and Family Test Themed Analysis

Chart 6 shows the themed analysis for Q1 free text FFT comments. Staff attitude, like Q4 22/23 remains the highest positive and negative theme. The themed analysis dashboard has been actively promoted through department training including at Fundamentals of Care training, Induction and National Survey Workshops as a tool to help identify areas of improvement online with changes in the FFT. Community and Outpatient dashboards will be launched in early Q3.



Table/Chart 6 Themed Analysis (Inpatient and ED)

3.0 Mystery Patient

Table 7 illustrates the scored Trust level Mystery Patient questions for Q1 and July/August. Respect and dignity and involvement in decisions about your care and treatment has fluctuated across the period, showing an improved score in August. The Trust has seen a reduced average score from April to August 23 for courtesy of the staff and environment and hospital facilities. When compared to Q4 average scores,

Table 7 illustrates the scored Mystery Patient feedback received through Q1 and July/August. It also shows the Q4 data for change comparison. All questions are showing a decline when compared to the Q4 data. Chart 8 illustrates the number of responses received during the same period, highlighting that the data receiving through Mystery Patients is increasing in number, strengthening the quality of the data. Q1 saw a 284% increase in feedback received through the mystery patient scheme when compared to the Q4, with Q2 set to increase on Q1.

Significant increase in responses received in Inpatient areas and the Emergency Department.

Items for escalation

All 4 questions have shown significate decline since Q4 2022/23. Special focus to be made on Courtesy of the staff and Environment and hospital facilities as these have not shown improvement in August compared to Respect and dignity and involvement in decisions.

Question	23/23 Q4 Average	Q 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Courtesy of the staff	8.4	7	7.3	6.9	7	6.8	7
Environment and hospital facilities	7.9	7.1	7	7.2	7	6.7	6.8
Treated with respect and dignity	8.6	7.7	8.3	7.6	7.8	7.7	8.1
Involvement in decisions about your care and treatment	8.8	7.4	7.4	7.6	7	7.7	8.2

Table 7 Mystery Patient Scored Questions – Scored inline with CQC national survey scoring matrix.

Mystery Patient Responses	Q4 Average	Q 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Inpatients	24	98	18	45	35	52	30
Outpatients	10	23	4	13	6	13	13
Emergency Department	7	60	6	30	24	14	13
Maternity	5	10	3	6	1	2	1
Community	5	4	1	2	1	7	7
Trust wide	0	1	0	1	0	0	1
Total	**51**	**196**	**32**	**97**	**67**	**88**	**65**

Table 8 Mystery Patient Responses by Area

4.0 National Survey Updates

Adult Inpatient Survey 2022

The National Adult Inpatient Survey was published in August. 333 Walsall Healthcare NHS Trust patients responded to the survey with a response rate for Walsall of 27.59% (National average was 40.2%). The trusts results were worse than most trusts for 12 questions, somewhat worse for 5 questions and about the same as others for 28 questions. As the headline survey was shared with us ahead of publication, action planning workshops were held during July with over 50 staff of all disciplines taking part. 6 focus areas have been actioned which responds to the questions where we fared the worst in terms of the survey response. These are:

1. **Delayed arrival** – time on the waiting list before admission and time waiting for a bed after arriving at the hospital.
2. **Nutrition and hydration** – access to food outside of mealtimes and help from staff to eat meals.
3. **Treatment and Care** – patients able to talk to hospital staff about their worries and fears and staff doing all they can to control pain.
4. **Leaving hospital** – consideration of family and home situation when planning to leave hospital and enough notice about when patients are going to leave.
5. **Medication** – take home medicines, the purpose/side effects/ how to take and written information to take away.
6. **Continued support** – Getting support from health and social are services following leaving hospital and condition management.

The action plan has been shared with the Patient Feedback and Oversight Group and regular updates and assurance will be provided through this group in addition to Patient Experience Group.

The actions align with the improvement priorities outlined in our Patient Experience Enabling Strategy and workstreams are underway supporting a response to the focus areas described. The Trust mystery patient scheme questions have also been changed to monitor how we are doing.

Maternity Survey 2022

Update on actions:

Choice

Digital midwife has reviewed data from 2022 regarding choice of delivery and if this was offered and compared this to the current year. Auditing now taking place to randomly select women that have been boked to ensure that they have been offered choice. In September a self-service booking option will go live on the trust website.

Information

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

The Maternity team have disseminated the survey findings to all maternity staff groups and have carried out an experience of care survey to track the results against the retrospect survey findings. There is a Divisional Patient Experience template in place which supports the Trust wide enabling strategy – this has been completed with commitments against the three improvement pillars of Involvement, Engagement and Experience.

Staff have been reminded to ensure all staff direct women to the "Where to give birth: choosing your birth location" on Badgernet and push notifications are automatically sent at week 10,11,12,35, and 36 weeks.

Re-launch of ‘It’s OK to ask’. Campaign material circulated for use across whole of Maternity.

Infant Feeding

Revisit the frequency of the infant feeding study day with an aim of being 80% compliant with attendance by the end of 2023. A specific training day was held for fellowship midwives in August. It is also planned for all new staff to have a 1.1 meeting with the infant feeding specialist within first 2 weeks from appointment to ensure they are aware of the information mothers need to feed their baby.

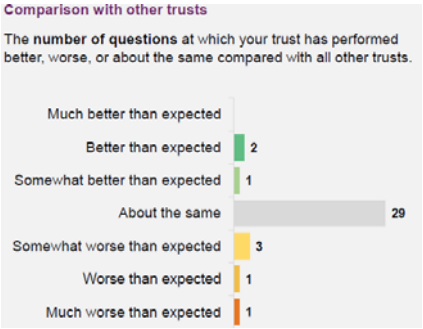
Launch of " Babybuddy app" will also be coming as part of the family hub initiative which will contain relevant infant feeding information and sources of support available.

Children and Young Peoples Survey

The next survey 2023 is due for fieldwork between August- November 2023 with full publication due in the Spring of 2024.

Urgent and Emergency Care 2022

Published results were released in July. 224 patients took part in the survey from 1250 with a response rate of 18% against 23% for all Trusts. The Trust scored the best nationally for arrival at A&E and patients being given enough privacy when discussing conditions with the receptionist. We also scored amongst the top 5 nationally for waiting.



Given the survey was conducted in the old Emergency Department, overall, this was a positive set of results for the Trust.

An action planning workshop with staff from the Emergency Department has been held with nursing and medical involvement. Four key areas have been chosen for response namely waiting, communication, medication and leaving hospital. The action plan and survey findings were presented to the Patient Feedback Oversight Group and progress will be monitored by the Patient Experience Group and Quality, Patient Experience and Safety Committee for assurance.

Cancer Patient Experience Survey 2022

Published in July there was a response rate of 46% against a national rate of 53% reported via tumour group Breast care had the higher proportion of responses.

There were 37 questions above the expected range. 10 questions were below the expected range.

	No. Responses	Proportion
Breast	77	38%
Colorectal / LGT	33	16%
Gynaecological	14	7%
Haematological	12	6%
Lung	19	9%
Prostate	19	9%
Sarcoma	0	0%
Urological	18	9%
Other	12	6%
Total	204	100%

Questions Above Expected Range

	Case Mix Adjusted Scores			National Score
	2022 Score	Lower Expected Range	Upper Expected Range	
Q8. Diagnostic test results were explained in a way the patient could completely understand	85%	72%	84%	78%
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	84%	69%	83%	76%

Questions Below Expected Range

	Case Mix Adjusted Scores			National Score
	2022 Score	Lower Expected Range	Upper Expected Range	
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	**65%**	69%	86%	**78%**
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	**42%**	42%	62%	**52%**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	**62%**	68%	89%	**79%**
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	**44%**	53%	79%	**66%**
Q35. Patient was always able to discuss worries and fears with hospital staff	**52%**	52%	76%	**64%**
Q36. Hospital staff always did everything they could to help the patient control pain	**68%**	74%	94%	**84%**
Q37. Patient was always treated with respect and dignity while in hospital	**71%**	80%	96%	**88%**
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	**63%**	69%	87%	**78%**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	**29%**	34%	55%	**45%**
Q59. Patient's average rating of care scored from very poor to very good	**8.6**	8.6	9.1	**8.9**

There are four focus areas for response, Community, Decision Making, Communication and Controlling Pain. The action planning workshop was attended by over 21 staff including volunteers from the breast cancer support group and patient involvement partners.

5. Voluntary Service Update

Table 9 Illustrates the volunteer activity for Q1 and July/August. Volunteer hours have increased by 60% in Q1 when compared to Q4. An increase has also been seen in the number of active volunteers, increasing from 123 in Q4 to 130 in Q1. The volunteers are also committing to more hours, with the top volunteer hours raising from 90 in Q4 to 136 in Q1.

Area	Q1	July	August
Hospital	2793	1004	1040
Community	901	303	330
Self Care Management	546	79	78
Chaplaincy	352	68	67
Trust Total	4592	1454	1515

Volunteer Hours			
1st	136	53	73
2nd	136	49	67
3rd	109	46	48

New volunteer in period	36	4	11
Active Volunteers in period	130	100	93

Working week	146	39	40
Total cost (B2 equivalent)	£52,578	16,648	17,347

Table 9

6.0 Involvement, Engagement and Experience – Our Enabling Strategy

The Patient Experience Enabling Strategy set out our priorities for improving patient experience in the next 3 years. Three pillars of improvement have been identified. These are Involvement, Engagement and Experience. Guided and informed by the patient voice – using feedback and insight gained from our patients, families, and carers who either completed a national or local survey, took part in the Friends and Family Test, provided positive feedback, or raised a concern or complaint.

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

Women's Childrens and Clinical Support Services (WCCS)

Involvement

Work continues to ensure that all groups with special characteristics have information that meets their needs. A significant amount of patient information has been uploaded onto BadgerNet App this includes written, images and videos. Work with the maternity website is nearing completion and is undergoing testing.

Engagement

The MVP meetings take place every 2 months with service users and staff. The MVP lead also meets with the DoM on a Monthly basis.

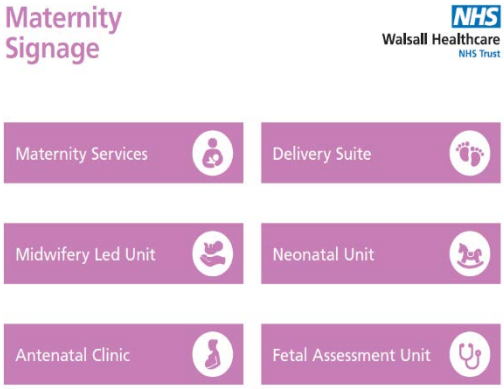
There is now a system in place in the antenatal clinics to display waiting times to service users.

We are aiming for ICP measures to be at 95% by September 2023, this has been challenging and the service is working with the Trust ICP lead to ensure compliance with environmental factors.

Experience

A patient experience midwife has been appointed and started on the 24th of July 2023. The Patient Experience Lead will be piloting new customer services training, due to concerns highlighted by feedback about receptionists' maternity will be part of this pilot.

Maternity clinical areas are displaying patient feedback. The service is maintaining > 90% attendance at the LMNS Engagement and Advisory group.



The way service users navigate our services is also being enhanced, work is ongoing to improve the signage so that our users can get to the areas they need to, symbols as well as narrative will be included so that those with literacy concerns or don't understand English can be supported.

Children and Young People

Involvement

Matron has co-designed (with the Little Voices) our new 'All about me' boards and place mats. This will aid in the communication of information that is important for us to understand about our patients and their families and will support ward rounds etc.

The Division is developing an IPC / Health promotion pack for CYP admitted where we ask them to get involved – we are asking the student nurses to help lead on this as it's a good engagement and health promotion piece of work to get involved with. The pack will contain IPC related content, the CYP hand hygiene tool, a host of involvement opportunities (FFT, Tops and Pants, QR codes for mystery patient feedback and a form to fill in should they want to come back, and form part of our patient engagement groups or Youth Forum.)

Engagement

Work that engages and is meaningful to children and young people is taking shape and becoming embedded in practice. Staff are also part of this work with some very enthusiastic staff onboard.
There has been an initial meeting of the Youth Forum with a workshop held to provide involvement in the development of a Walsall wide Young Persons Mental Health and Wellbeing Strategy. We have now also established a trust wide CYP Group and are planning a sub-group focussing on Surgery in Children.

Experience

Feedback being captured demonstrates the largely positive experience that CYP and families have on our wards. Future initiatives will cement this into 'business as usual' and will support staff experience which in turn, will support recruitment and retention. Some focused work to take place in COPD – feedback around waiting times and formal complaints identify this as an area to dig a little deeper into.

We also launched 'Top Toilet Tip's to make toilets visible across our paediatric areas include hand hygiene messaging – following again little voices feedback. Since the Little Voices visit in April play volunteers have been devised with new adverts about to go out to recruit more volunteers to support the play specialists. There is ongoing work with the Dad's Peer Support Group and the Dad Pad has been launched. In July a positive 15 steps visit took place on neonatal with an action plan now in place following feedback.

Surgery

Involvement

More involvement and ownership in sharing and learning from FFT and patient voice reports is needed at ward/department levels. Matrons will be working with senior sisters to explore and try different approaches next quarter. The division's FFT performance continues to be measured on the accountability framework, against the target of 92% quarter4. Currently the divisional average (Apr-Aug) is 90%.

Engagement

Progress made engaging with patients and family to resolve problems timelier. Back to Floor Fridays has meant that some issues identified have been resolved immediately or led to further work. For example, Matron's will be working with facilities to address concerns about how meals are distributed, and how housekeeping and nursing staff can work differently to improve service for patients.

ICU held a "Summer Meet and mingle", which was a resounding success. An example of the feedback received.

"*Knowing not alone, when I speak up somebody else usually feels same and supports what I'm saying. Helpful knowing not on own and others feel same. Seeing patients who have fully recovered really gives me hope."*

Experience

Positive feedback from the ICB medicines management visit for surgical wards, pharmacy, and theatres. "Theatres were fantastic".

Feedback from ICU staff on Pet Therapy, "this has taken a while but was worthwhile yesterday when we saw our patients and staff faces!!" Helen and Florence (pup) will be visiting the hospital every Monday afternoon from August.

Medicine and Long-Term Conditions

Involvement

Commitment: **We will involve patients and their families in decisions about their treatment, care, and discharge plans:**

- PDSA with Ward 2 looking at setting an estimated date of discharge at point of admission with the MDT and patient/families.
- Wards 1, 3 and 4 commencing in stage 2.
- Weekly collaborative meeting with the ICS and Therapy teams.

- Ward Round Standards: QI Project, working with QI Leads Trust and Wolverhampton. Currently looking at Governance process to support.
- Working with Walsall Council Care homes. Discharge Matron now meets regularly with Care Home managers to collaboratively work together to improve patient experience on admission and discharge.

Engagement

Commitment: **We will develop our Patient Partner programme using the patient voice to inform us of service change and improvements across the division. We will proactively act on feedback and suggestions from patients and their families to improve our services.**

- Recent experience of inviting patient representatives to support the new UETC planning.
- Introducing more patient local resolution meetings/initial telephone calls when concerns complaints received.

Patient representatives have previously supported an ICB peer review visit offering feedback and suggestions. Division looking to maintain this process with all new patient pathways, information, resources etc.

Experience

Commitment: **We will support our staff to develop a culture of learning to improve care and experience for every patient.**

We will encourage and provide learning opportunities for all levels of staff to help them provide the best patient experience.

- Culture of learning to start with our Student Nurses. Divisional structured support/learning programme in draft.
- New recruitment, scoping opportunities to have a divisional rotational programme.
- Fundamentals of Care SD commenced (ward by ward).
- Simulation clinical scenario sessions.
- Round table incident review meetings.
- Implement the Dementia strategy alongside the patient enabling divisional commitments.
- Work more collaboratively with the LD team, so to enhance the ‘all about me’ individualised patient care practice.

The AMU have started a patient update service where the Ward Clerk will contact the patients relative to ensure they are in receipt of the most up to date information of their loved one. Takes place throughout the day by a designated Ward Clerk.

The AMU Ward Clerks are located at different stations within the unit. This has supported the timely answering of telephone calls.

The Ward 16 team along with the Palliative Care Team arranged for a patient to marry her fiancé whilst in hospital. The patient was at her end of life, it was her wish to be married as soon as possible following the sad diagnosis.

Community

Involvement

- Implementation of community catheter clinics for non-housebound patients.
- Implementation of medication sheets
- Raise and Praise posters are now being utilised across the various clinic sites within Children's Care Group to allow patients to log compliments directly with Patient Experience via a QR Code.
- Face to face clinics have been re-introduced by Health Visiting for 9–12-month contacts.
- Bereavement group work has commenced which has increased the team's community reach and supports self-resilience.
- All new moms are now receiving 6–8-week reviews rather than just first-time moms.

Engagement

- MSK – closer working with pain service to improve the Complex regional pain syndrome (CRPS) pathway to improve patient outcomes.
- AHP Black Country Summit – networking opportunity for the Speech and Language Team
- Contribution to the ICB End of Life Strategy
- Collaborative working between the Targeted Team and midwifery has meant that premature and medical needs children 0-5 are having consistency and continuity of care
- Promotion of Cervical Cancer Awareness week (19-24 June) #SmearforSmear by our Cervical Screening Outreach Nurse
- Collaborative working between Palliative Care Therapies Team and Community Respiratory Nurses underway to facilitate a new breathlessness management clinic (to hopefully commence in July 2023)
- Collaborative Health in Pregnancy pathway with Midwifery where information sharing meetings are held to ensure vulnerable pregnant women receive early intervention.
- Recognising and rewarding the hard work of our community volunteers through the #WHTVolunteerAwards on 16.06.23

Experience

- Back to Floor Fridays have helped to break down manager / employee barriers and highlight areas for improvement.
- Staff are being included in strategic planning within localities.
- Recognition of International Nurses Day by providing staff with goody bags / hydration packs
- Recognition of staff though Dietitians week (5-9 June 2023) #WeAreDietetics

Walsall Connected – The Island

The new Walsall Connected centre was officially launched at 2pm on Wednesday 12 July 2023 by the Mayor of Walsall, Councillor Chris Towe, and Professor David Loughton CBE. Walsall Connected is a partnership between Walsall Council and local community associations, libraries, and partner organisations. In total, there are now 28 Walsall Connected sites across the borough, conveniently located in the heart of local communities. Trained staff and volunteers are on hand to assist people and teach valuable digital skills.

As well as offering support to residents to access online council services, our Walsall Connected Centres give residents the opportunity to learn transferable digital skills such as using email and web browsing.

Walsall Connected - Manor Hospital

Walsall Connected

145 Total residents seen at Manor Hospital Walsall Connected

XX Residents seen at Manor Hospital Walsall Connected last week

115 Customers feel confident to complete process independently

127 Customer supported fully at location on day

30 Residents registered disabled supported

How was customer supported	Users
Complete online process for customer	1
Contacted service with customer present	4
Customer self-serve	16
Customer upskilled via computer	7
Customer upskilled via iPad	5
Customer upskilled via own mobile device	4
Digital support with customer self-serving	9
Information given	64
Referral made to service	2
Telephone number for service provided	33
Grand Total	145

Customer persona	Users
Have Access / Lack awareness	55
Have access but need help/support	42
Limited/data Access	22
No Access	26

Age Bracket	Users
65+	68
25-64	69
Working Age	4
16-24	4

Green boxes highlights increased figures from previous week

Walsall Council

Data used up to 03.09.23

Walsall Connected

Family and Carers

Encounters	Q1	**July**	**August**
Total Encounters	89	50	58
Identifies as an unpaid carer	48	19	27

Support Categories	Q1	**July**	**August**
Pastoral	80	41	55
Signposting Internal	9	6	3
Signposting External	28	7	2
Care Update	3	1	10
Support Caring - In Hospital	14	14	2
Support Caring - Discharge/at home	26	7	6
Patient Relations	4	9	2

Who has received support?	Q1	**July**	**August**
Unpaid Carer	48	18	27
Family Member	20	7	12
Patient	21	25	17

Table 10 – Family and Carer responses

Partners in care document

The Family and Carer Support Service has launched the *Partners in Care Document* and is currently piloting it on wards 1, 2, 3, 4, 11, 16, 29 and Hollybank House.

This document is to support the ward identity, recognise and support the unpaid carers on the ward, and to identify the level of support they will be delivering. Following this pilot, the document and process will be reviewed in line with a Trust wide launch.

Carers training

To support the Partners in Care document, a training video and quiz has been developed to support staff understand the resources available to them through the family and carer support service, and how the *Partners in Care Document* can be used. To date, 45 staff have completed the training.

The Welcome Hub

The main atrium welcome hub staff continue to offer a professionally courteous front of house service supported by Trust volunteers as the initial 'meet and greet' for Trust visitors and patients. The team also manage the 'access line' for patient location plus general queries as well as assisting in the collection of family and friend's feedback. Of notable concern is the ability to locate and retrieve wheelchairs, this provides considerable challenge with a poor experience for those who require mobility support on arrival. We are looking at options to increase supply in addition to audit current provision and awareness raise regarding pre-visit options.

	June 2023	July 2023	August 2023	**Total**
Patient Location Query	189	246	264	699
General Query	15	7	4	26
Appointment Query	5	2	6	13
Wheelchair Query	116	112	98	326
Total	**209**	**367**	**372**	**1,064**

Table 11 – Enquiry Line Welcome Hub

	June 2023	July 2023	August 2023	**Total**
Parcels to Patients	0	0	0	0
Video Calls	3	0	0	3

Equality Delivery System 2 (EDS2 assessment)

The Equality Delivery System (EDS2) is a toolkit designed by the Department of Health to help NHS organisations improve the services they provide for their local communities; consider health inequalities in their local area; and provide better working environments that are free of discrimination. The EDS has four goals and 18 specific outcomes. As part of the EDS process, NHS organisations engage with their patients, local voluntary organisations, and their staff to determine a grade for their equality performance, identify where improvements can be made and act on their findings.

The EDS goals are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged, and included workforce.
- Inclusive leadership at all levels

Earlier this year the Integrated Care Board chose Patient Experience as the service area to be assessed against Domain 1.

Domain 1: Commissioned or provided services

1A: Service users have required levels of access to the service

1B: Individual service user's health needs are met

1C: When service users use the service, they are free from harm

1D: Service users report positive experiences of the service

Following an internal assessment initial scoring and evidence gathering, a peer review and rating assessment was undertaken on 25 May 2023. The stakeholder panel consisted of EDI leads for Walsall Council and the Trust, Healthwatch Walsall, Patient Involvement Partner, Walsall Mindkind, Nashdom CIC, One Walsall and Walsall Together.

The assessment outcome was rated as follows:

- Doman 1a – Achieving Activity
- Domain 1b – Achieving Activity
- Domain 1c – Excelling Activity
- Domain 1d - Excelling Activity

Achieving activity	2	**Required level of activity taking place**	Data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have adequate access to the service. Patients consistently report good or very good (or the equivalent) when asked about accessing services. Demonstration that the organisation has identified barriers to accessing services
Excelling activity	3	**Activity exceeds requirements**	Data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have tailored access to the service. Patients consistently report very good or excellent (or the equivalent) when asked about accessing services. Demonstration that the organisation has knowledge of barriers and have changed outcomes for people who experience those barriers in accessing services

There were a small number of recommendations made by the panel regarding service user feedback, vulnerable group data collection and third sector partnerships which are being responded to and will be updated in a future report.

And finally…….

The Little Voices project has made it into the Communicating Effectively category of The Patient Experience Network National Awards (PENNA), while The Power of a cup of tea is in the Staff Engagement category.

PENNA are the first and only awards programme to recognise best practice in patient experience across all facets of health and social care in the UK. Winners will be announced on 28 September at an event at the University of Birmingham.

Both developed by the Patient Relations & Experience Team. Little Voices has seen the team partner with Pelsall Village School with "inspectors" (a group of pupils) reviewing paediatric services for Walsall children and young people. They have worked on "Little Steps" which is a children and young people's version of the 15 Steps Challenge – a suite of toolkits that explores different healthcare settings through the eyes of patients and relatives. And the Manor Lounge offers a comfortable space where staff can take a break and enjoy free drinks and snacks, as well as chat to volunteers. Originally set up to provide staff with space to take a break from the pressures of the pandemic, this facility has expanded to support staff through the current cost-of-living crisis. The Trust's catering team now provides staff with free breakfasts and hot meals at a minimal cost.

Garry Perry
Associate Director Patient Relations and Experience
5 September 2023

Walsall Healthcare NHS
NHS Trust

Patient Relations
& Experience

NHS Equality Delivery System 2 Domain 1: Commissioned or provided services Peer review assesment outcome

Assessment date: 25 May 2023

Brownhills Community Association

Stakeholder Evidence Panel & Peer Review

- Irena Hergottova, Equality, Inclusion and Cohesion Lead, Walsall Council
- Angela Cope, EDI Network Manager, Walsall Healthcare NHS Trust
- Aileen Farrer, Manager, Healthwatch Walsall
- Imrana Niazi, Patient Involvement Partner and Manager of One Palfrey Big Local
- Nike Morris, Chief Executive Officer and Lead Mental Health Social Worker, Walsall Mindkind
- Ana Tomulescu, Programme Manager, NASH DOM CIC, Walsall
- Sharon Felton, Manager Darlaston All Active
- Paul Felton, West Midlands Amputee Support Group
- Vicky Hines, Chief Executive Officer, One Walsall
- Dr Simon Harlin, Walsall Together

Walsall Healthcare staff presenting:

- Garry Perry, Associate Director Patient Relations and Experience
- Andrew Rice, Patient Experience and Voluntary Services Manager

Admin Support:

Sarah Evans, Patient Experience Support Officer

Assessment Domain

Domain 1: Commissioned or provided services

1A: Service users have required levels of access to the service

1B: Individual service user's health needs are met

1C: When service users use the service, they are free from harm

1D: Service users report positive experiences of the service

Usually organisations are required to provide an organisation rating, created by adding all outcome scores together. As we are scoring only one domain the maximum score will be 12 (a maximum score of 3 for each of the 4 outcomes). The organisation rating will develop as the other domains are explored and scored.

Panel Assessment

Domain	Outcome
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service
	1B: Individual patients (service user's) health needs are met
	1C: When patients (service users) use the service, they are free from harm
	1D: Patients (service users) report positive experiences of the service

Domain 1a: Achieving Activity

Scoring Rating

2

Average Panel Rating

2.2

Reason/s for rating provided:

- **Good evidence given**
- **Innovative initiatives in place**
- **Trust working hard to ensure all service users have equitable access for patient experience**
- **Provided evidence of policies and data from protected charcteristics. Have evidence based action plans**
- **Progress is monitored**

Areas suggested for improvement

- **Provide more data from patient/service users perspective on their satisfaction with the service provided**
- **Increase methods of publicising services available**

Panel Assessment

Average individual score 10/12

Domain	Outcome
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service
	1B: Individual patients (service user's) health needs are met
	1C: When patients (service users) use the service, they are free from harm
	1D: Patients (service users) report positive experiences of the service

Domain 1b: Achieving Activity

Scoring Rating

2

Average Panel Rating

2.1

Reason/s for rating provided:

- **Good links with partners/charities and evdience of provided support to vulnerable patients**
- **Some great initiaves exemplified**
- **Good evidence provided of meeting needs of high risk patients with protected characteristics**

Areas suggested for improvement

- **It would be good to see EIA's and how the work in place influences wider system**
- **Consider expanding the group of VCSE partners to support patients at higher risk that could offer support after discharge (geographically accessible, culturally appropriate etc)**

Panel Assessment

Domain	Outcome
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service
	1B: Individual patients (service user's) health needs are met
	1C: When patients (service users) use the service, they are free from harm
	1D: Patients (service users) report positive experiences of the service

Domain 1c: Activity Exceeds Requirements

Scoring Rating

3

Average Panel Rating

3

Reason/s for rating provided:

- **Excellent examples of working with VCSE**
- **Awareness of health inequalities data and acting on it**
- **Improvement Culture clear**
- **Systems in place for monitoring and escalating patient safety concerns**
- **Clear the enabling strategy has been actioned and brought to life**
- **Excellent strategy**

Areas suggested for improvement

- **Explore ways to improve contact with groups - consider a forum for high risk/vulnerable patients**

Panel Assessment

Domain	Outcome
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service
	1B: Individual patients (service user's) health needs are met
	1C: When patients (service users) use the service, they are free from harm
	1D: Patients (service users) report positive experiences of the service

Domain 1c: Activity Exceeds Requirements

Scoring Rating

3

Average Panel Rating

3.2

Reason/s for rating provided:

- **CQC inspection - Outstanding practie identified**
- **Patient voice clearly prominent and data readily available**
- **Stakeholders involved**
- **Positive role modelling**
- **Patient Voice report - EQM and feedback**
- **Improved FFT position especially ED**
- **Communities influencing improvement - innovation in engagement with under represented voices**

Areas suggested for improvement

- **Influence staff practices and behaviour through accessible data on patients**

Additional comments from panel members

- The team are proactive in their approach to patient engagement. This is evident in data and information provided
- Keen to look at ways that we at One Walsall can support this work as we work with 300 plus voluntary and community organisations
- Exploring ways we at One Walsall can promote the work of the sectcor and partners more broadly

- Consider a referral system between hospital and community to support patient with non-clinical needs
- Maintain the passion and continue to allow the critical friend reflection element of your work.
- It is obvious you ask yourself challenging questions and this is a culture within the department striving to do more to provide equitable access
- Wheelchair use/loan consideration

Walsall Healthcare NHS Trust

Public Trust Board Meeting 11th October 2023		
Title of Report:	Infection Prevention Update: July/August 2023	Agenda Item No: 13.5.2
Author:	Amy Boden, Associate Director- Nursing Operations and Deputy Director Infection Prevention	
Presenter/Exec Lead:	Lisa Carroll, Chief Nursing Officer and DIPC	

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

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: Risk ID 351: Managing Clostridoidies difficile in accordance with national recommendations to prevent a breach in National target of 26 cases. Score 12. Risk ID 354: Colleagues not meeting hand hygiene standards leading to increased risk of infection. Score 9. Risk ID 361: Failure to isolate patients due to high demand of isolation capacity. Score 20. Risk ID 3297: Limited surgical site infection surveillance in the absence of an SSI team. Score 16. On Risk Register: Yes☒No☐		
Changes to BAF Risk(s) & TRR Risk(s) agreed	Summary of IPC BAF demonstrated in this report.		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Safe domain.
	NHSE	Yes☒No☐	Details: HCAI contract
	Health & Safety	Yes☒No☐	Details:
	Legal	Yes☒No☐	Details: Health and Social Care Act (2022)
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:

NHS
Walsall Healthcare
NHS Trust

CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: IPCC 21.9.23
	Board Committee	Yes☐No☐	Date:
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

- Multi-modal actions are taking place to prevent the incidence of *C.difficile.* A fishbone analysis has been undertaken to demonstrate actions undertaken and interventions to focus on.
- The fishbone analysis has identified significant improvements in sampling practice and reduced severity in *C.difficile* infection.
- The deep clean programme continues to take place, with some amendments to reflect required estates works.
- The Infection Prevention annual audit programme is being completed as planned.
- Enteric audit cycles have identified improvements since educational interventions and DIPC briefing sessions.

Advise

- The IPC Team have been supporting a variety of Quality Improvement Projects and educational campaigns in response to Infection Prevention/ Antimicrobial Stewardship incidents, demonstrating local improvements
- Antibiotic "time out" sessions are taking place with the combined infection service for targeted interventions to improve antibiotic prescribing.
- The IPCT are increasing participation with patient voice to improve elements of IPC. The Trust has been shortlisted for an Infection Prevention Society at National conference this year for patient experience in infection prevention.
- The IPCT have had nine abstracts accepted for this years National Infection Prevention Society conference. IPC Practitioner Harmony Owhotake has been shortlisted for a Nursing Times Award in the Rising Star Category.
- Focus of the month campaign in July 2023 focused on preventing surgical site infections. Focus in August 2023 focused on peripheral cannula care.
- The IPCT have been providing bespoke education to cleaning staff across the Trust on their role in infection prevention.

Alert

- The Trust are over trajectory for the financial year for *C.difficile* cases, with **40/26** cases by end of **August** 2023 (figures are not verified at time of report writing).
- 13 *C.difficile* cases this financial year have been deemed avoidable due to inappropriate antibiotics.
- Surgical site infection surveillance is limited due to no dedicated SSI surveillance team.
- Peripheral cannula audits identified significant improvements required in documentation and monitoring.
- 20/50 cases of *C.difficile* from previous financial year are associated with antibiotic treatment for healthcare acquired pneumonia, which is also a driver towards the business case for a mouth care team to prevent pneumonia.

- 10-20 patients a day with high priority isolation requirements are in open bays due to limited isolation rooms and increasing isolation demand.
- Ribotyping from a recent *C.difficile* period of increased incidence has identified gaps in bed space cleaning as a probable link to transmission.
- A community onset MRSA bacteraemia with previous history at Walsall Healthcare was reported in July 2023. Lapses identified were antibiotic prescribing for patients with known MRSA history.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Safe and responsive urgent and emergency care • 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 in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement
Improve the Healthcare of our Communities	• Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Walsall Healthcare NHS Trust

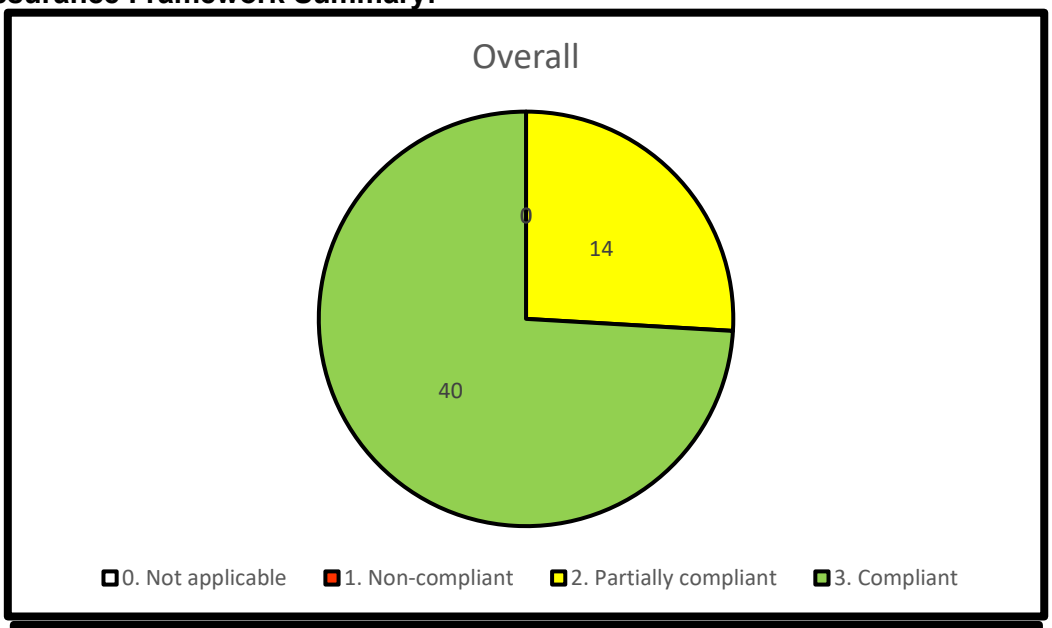
Infection Prevention Update: July/August 2023

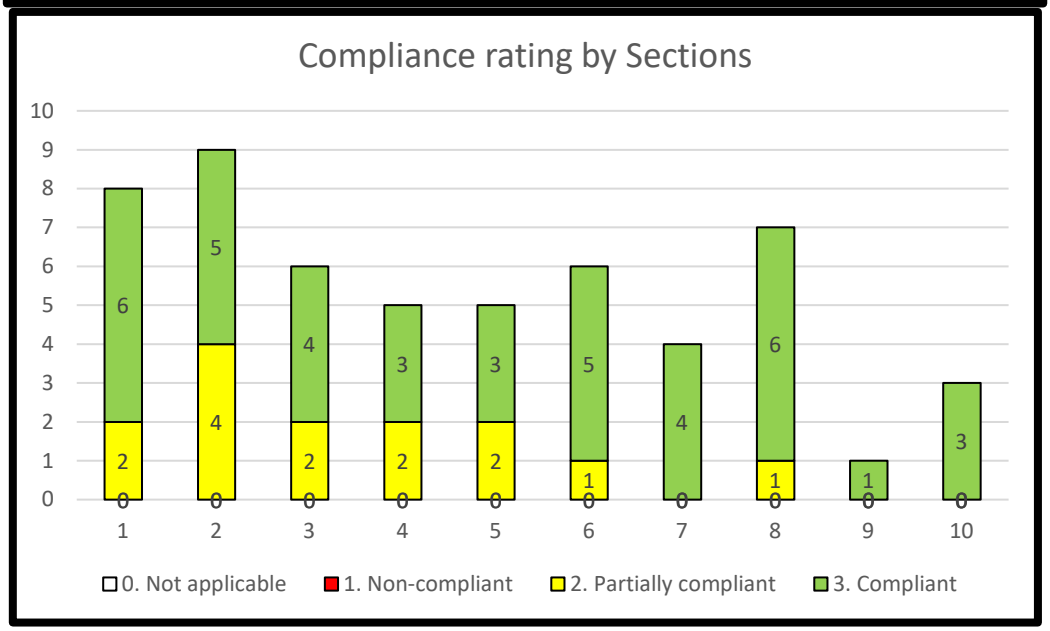
EXECUTIVE SUMMARY

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

BACKGROUND INFORMATION

1.0 Board Assurance Framework Summary:





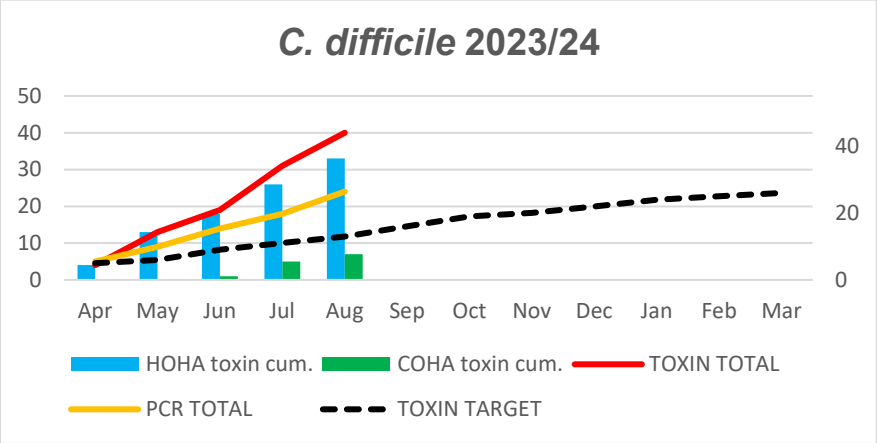
2.0 Performance

2.1. Clostridioides difficile

Clostridioides difficile Toxin.

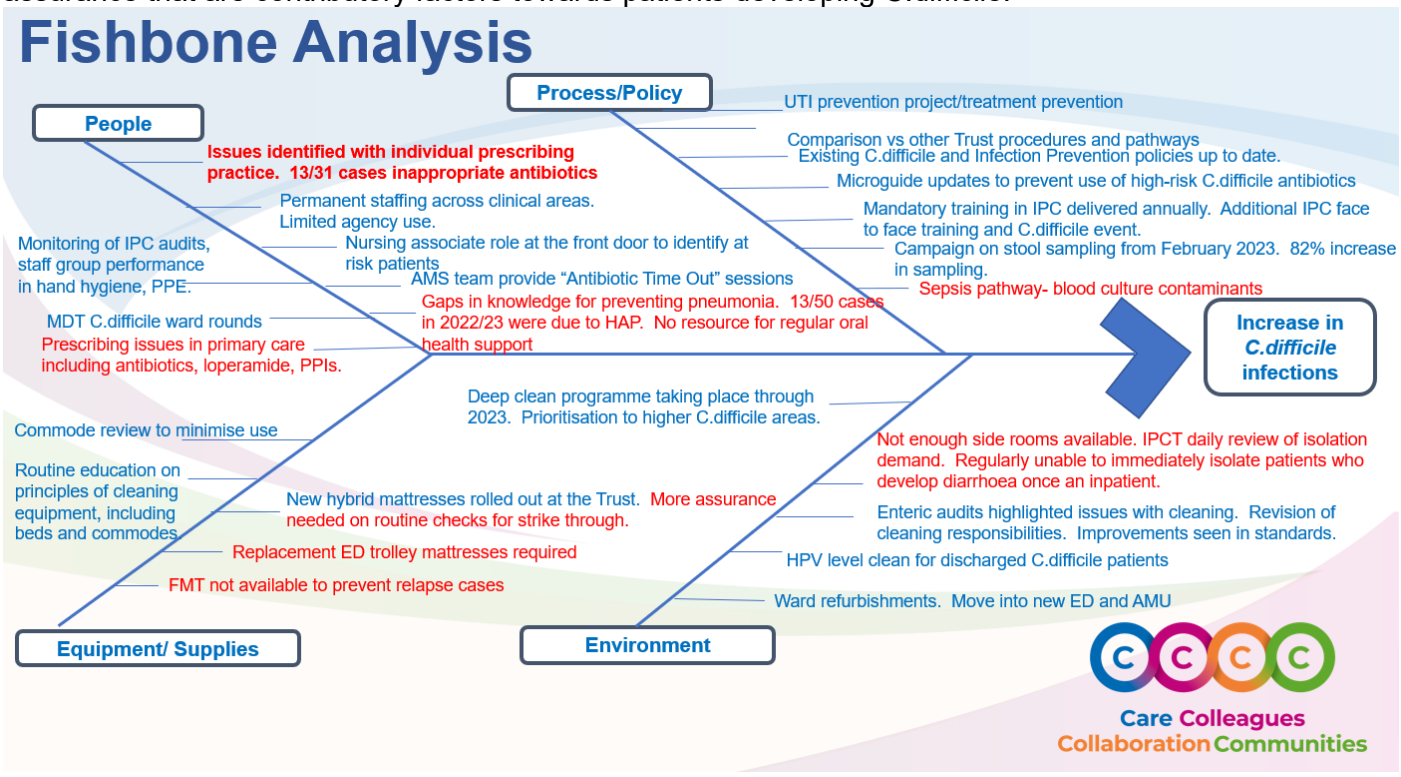
The National Trust target for 2023/24 is 26 – 7 HOHA and 2 COHA CDIs were identified in August 2023. The current total is 40 cases.

The cumulative trajectory for the year:



National benchmarking data below shows that the Trust is 119/136 for *C.difficile:*

A fishbone analysis has been undertaken to highlight controls and elements where there are gaps in assurance that are contributory factors towards patients developing C.difficile:



Main contributory factors identified:

1. Antibiotic prescribing practice
2. No regular support for preventing incidence of pneumonia (i.e. mouth care team)
3. Not enough side room facilities to meet isolation demand
4. Limited treatment options for patients with 1st episode of *C.difficile* infection
5. Lack of assurance on routine mattress checking
6. Blood culture contaminants
7. No routine ability to deep clean used beds

2.2. MRSA Bacteraemia

There has been 1 community onset, healthcare associated MRSA bacteraemia confirmed in July 2023. The post infection review highlighted cellulitis following a mosquito bite in the community, but improvements required in antibiotic prescribing in accordance with antibiotic formulary for patients with known colonisation of MRSA.

National benchmarking shows the Trust at 102/136. The last 2 hospital onset cases within 12 months have been due to blood culture contaminates rather than genuine infection, but this highlights blood culture contamination risks at the Trust.

2.3. MSSA Bacteraemia

There is no National target set for MSSA bacteraemias; in the absence of a target, the Trust have a locally set target of 11 cases, based on reducing from previous financial year surveillance data. There has been a total of 5 cases of MSSA bacteraemia to date this financial year.

National benchmarking MSSA: 45/136.

2.4. Gram-negative Bacteraemias

E. coli Bacteraemia.

The National Trust target for 2023/24 is 47 – a total of 13 HOHA and 10 COHA E. coli bacteraemias have been identified in this financial year.

National benchmarking: 60/136

2.5. Klebsiella species Blood cultures.

The National Trust target for 2023/24 is 23 – 1 COHA and 4 HOHA Klebsiella spp. have been identified this financial year.
National benchmarking: 16/136

2.6. Pseudomonas aeruginosa blood culture.

The National Trust target for 2023/24 is 6 – a total of 1 COHA and 2 HOHA Pseudomonas aeruginosa bacteraemia was identified this financial year.

National benchmarking: 30/136.

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

2.7. Outbreaks

Ward closures: 0 in July and August 2023
Bay closures August 2023:

- **11 bay** closures for COVID contacts across all divisions during the month due to unexpected COVID-19 cases.
- **3 bay** closures for confirmed CPE case.

2.8.1. Other outbreaks/HCAI Incidents

- Ward 2; July confirmed PII – two cases identified of C.difficile infection within 28 days. Both unavoidable, good practice identified as well as learnings, however shared the same ribotype.
    - One further case identified in August 2023 returned with the same ribotype 015.

End of report

Walsall Healthcare NHS Trust

WHT Trust Safeguarding Operational Meeting	
Meeting Date:	12th September 2023
Title of Report:	Black Country and West Birmingham STP Safeguarding Assurance Framework – Q1 report 2023 – 2024.
Action Requested:	For comments and information.
For the attention of the Board	
Assure	• Annual report was completed and presented to Trust in July 2023. • During Q1 safeguarding supervision across the 0-19 Service has increased to 75% and 81% of SN 's having successfully completed supervision. • Draft 'Working Together to Safeguard Children Guidance' consultation has been circulated for feedback. WHT, WSP and ICB providing collective response, and this will be reported in Q2.
Advise	• Training compliance for children and adults Level 3 has reduced. In Q1 a request to escalate and write to non-compliant staff was requested at the TSG. • Recruiting internally to the Band 4 six months secondment for Safeguarding administrator team leader was unsuccessful and will be reviewed in Q2. • WSP requested scoping of 2 children in Q1 for consideration of Child Safeguarding Practice review (CSPR). 1 did not meet the criteria for CSPR. 1 did not meet the criteria for CSPR, WHT single agency involved are required to undertake a single agency review.
Alert	• Training Needs Analysis exceptions paper has been approved to be launched on 1st October. Children compliance will reduce in the interim. • Recording and monitoring compliance on safeguarding Supervision in Q1 has been challenging this may be due to a small gap in the post being vacant and increased equity in the service. • Domestic Abuse Policy and 'Managing Allegations of Behaviour Indicating Unsuitability to Work with Children and Adults with Care and Support Needs' policy have been completed and are waiting for HR support prior to completion.
Author and Responsible Director Contact Details:	Mak Inayat Deputy Head of Safeguarding Tel 01922 602 318 Email mak.inayat@nhs.net Lisa Carroll - Chief Nursing Officer and DIPC
Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
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
Improve the Healthcare of our Communities	

Effective Collaboration	a) Improve population health outcomes through provider collaborative. b) Improve clinical service sustainability.
Resource Implications:	None
Report Data Caveats	Updates Quarterly
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**
Equality and Diversity Impact	None
Risks: BAF/ TRR	None
Risk: Appetite	2540
Public or Private:	Private
Other formal bodies involved:	Walsall Safeguarding Partnership and ICB
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

Brief/Executive Report Details	
Brief/Executive Summary Title:	Black Country and West Birmingham STP Safeguarding Assurance Framework – Q1 report 2023 – 2024.
Item Paragraph	See attached report.

Black Country and West Birmingham STP Safeguarding Assurance Framework for Commissioned Services (Safeguarding Children and Safeguarding Adults with Care and Support Needs)

This Q1 2023/2024 report seeks to provide information and evidence of the Trust's continued commitment to good safeguarding measures. It refers to the standards outlined in the Black Country and West Birmingham STP Safeguarding Assurance Framework for Commissioned Services (Safeguarding Children and Safeguarding Adults with Care and Support Needs) 2021-2022 and is aligned to national and local safeguarding standards including the requirements from CQC, NHS Learning Disability Standards and Walsall Safeguarding Partnership.

1 a. Health providers are required to demonstrate clear governance arrangements and that they have safeguarding leadership, expertise and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, the Safeguarding Partnerships/and SABs priorities, and in regular monitoring meetings with commissioners. b. Health providers are required to demonstrate that there is a Board Level Executive Director who holds accountability within the organisation for safeguarding (including Children and Young People in Care) and Prevent in line with Intercollegiate Documents and National Guidance c. Health providers are required to demonstrate that the organisation complies fully with information requests and safeguarding informatics returns to NHSE/I and Commissioning organisations. **Annual Submission**
Q1 Update: Annual report was completed and presented to Trust in July 2023. Data provided accordingly. Annual report for 2023/2024 will be presented in Q4.

d. All health providers are required to have effective arrangements in place to safeguard Children and Adults at risk of abuse or neglect; are compliant with the Counter-Terrorism and Security Act 2015, and to assure themselves, regulators and their commissioner that these are working. These arrangements include:

- Safe recruitment practices (to include safe recruitment standards – DBS) and arrangements for dealing with allegations against people who work with adults, children or vulnerable children as appropriate.
- Safeguarding responsibilities are included in all staff job descriptions.
- A suite of safeguarding policies.
- Effective arrangements for engaging and working in partnership with other agencies.
- Demonstrate that the organisation is managing allegations against staff in line with Safeguarding Partnerships and Safeguarding Adult Boards (this must include reference to risk assessments and clear process when protection thresholds in the local authority are not met). This includes referrals to the Local Authority Designated Officer for concerns around children's safeguarding and referrals relating to persons in position of trust in relation to adults. This must also include review of Prevent concerns around staff.
- Identification of a Named Doctor and Named Nurse (and a Named Midwife if the organisation provides maternity services) for safeguarding children and adults. In the case of out of hours services, ambulance trusts and independent providers, this could be a named professionals from any relevant health or social care background.
- Evidence that there is a safeguarding team in place in accordance with specifications set out in the Intercollegiate Documents for Adults (2018), Children (2019) and Working Together (2018).
- Named professionals for Children and Young People in Care.
- Identification of a Named Lead for Adult Safeguarding.
- MCA lead – this must include the statutory role for managing adult safeguarding allegations against staff.
- Prevent Lead.
- Developing an organisational culture such that all staff are aware of their personal responsibility to report concerns and to ensure that poor practice is identified and tackled.

- Information sharing (including Duty of Candour) in line with local, regional and national requirements.
- Policies, arrangements and records to ensure consent to care and treatment is obtained in line with legislation and guidance including the MCA 2005 and Children Acts 1989/2004.
- Demonstrate that safer recruitment standards are monitored by the Executive Director and action taken where they fall short of expectations (i.e., charity visitors, volunteers, celebrities and agencies are monitored by the Executive Director and are consistent with their own HR internal policies).
- Demonstrate how the organisation manages requests for access from volunteers, paid/unpaid charity fundraisers, celebrities and 'friends' of the organisation and has a policy in place to reflect this.
- Demonstrate that there are systems in place to report unsafe practice to external professional bodies (i.e., Police, DBS, NMC, GMC).
- Demonstrate that the organisation has a policy regarding internet and social media use which addresses safeguarding.

Annual Submission

Q1 Update

The safeguarding policies are continually reviewed and progressing to completion. Full data has been provided within the Safeguarding Department Annual Report (July 23). WHT and RWT are working collaboratively to complete outstanding policy work. The policy tracker is discussed at the Trust Safeguarding Group (TSG). Joint policy work has progressed between WHT and RWT. (Appendix 1).

- Safeguarding patients from Domestic Abuse policy was approved by the Policy Group in Q1 (June 2023).
- Safeguarding Staff from Domestic Abuse Policy is almost completed and is requiring final amendments requested by the Policy Group. The policy has been to staff side for feedback and is requiring support form HR and Medical directorate to support with implementing routine enquiry questions during IPDR's and Health and Well-Being checks,
- A joint RWT/WHT 'Managing Allegations of Behaviour Indicating Unsuitability to Work with Children and Adults with Care and Support Needs' policy has been transferred to Trust policy template and sent to HR in Q1 for oversight and support prior to submission to the policy group.
- The safeguarding team has expanded during Q1 with the commencement of the Business Support Manager Band 5. The two outstanding Named Nurses posts have been recruited one Named Nurse has commenced in post in Q1. The second Named

Nurse is due to start at the beginning of Q2. There is currently one vacancy of a Named Nurse post due to promotion in an external Trust. Interviews will commence in Q2. Two Band 3 safeguarding administrator commenced post in Q1 and the third due to start in Q2 this will complete the Band 3 safeguarding administrators' vacancies.

Recruiting internally to the Band 4 six months secondment for Safeguarding administrator team leader was unsuccessful and will be reviewed in Q2. A new Named Midwife started in Q2, leaving a short gap in safeguarding supporting the midwifery service. The safeguarding team have reviewed the Named Midwives responsibilities, including safeguarding supervision and these will covered by the corporate safeguarding team.

- There is ongoing work for WHT to provide assurance against the DBS recording process. The reporting of the DBS for new starters has remained consistent in Q1 although has reduced since Q4 (Data = 92.47% in March 2023 to 88.9% in June 23). The reporting of DBS for existing staff (Data = 93.13% in March 2023 reducing to 92.02% in June 2023).

- WHT have worked with ICB and Walsall Safeguarding Partnership (WSP) colleagues during Q1 in attending key meetings (to ensure full commitment, attendance, and participation). Feedback and key actions are presented on a feedback form along with the progress on the implementation plan to the TSG. WHT, ICB, WSP and Community safety Partnership are planning to review and streamline health's contribution to meetings.

- WHT are continually working with ICB and WSP to complete an action plan following the Walsall Local Authority Joint Targeted Area Inspection (JTAI) in November 2022 Q3. The were two pertinent actions for WHT. Firstly, for staff to have consistent access to formalised safeguarding supervision the safeguarding team are working with the services to support delivery, and this will be referenced in the safeguarding supervision policy which is under review. Secondly to update IT systems within WHT with the introduction of one health records system accessed via the electronic patient records. This is being implemented in MASH to support the Named Nurses in collating information.

Actions:

- To complete the recruitment of the Internal Band 4 safeguarding administrator team leader post and Named Nurse post in Q2.
- To work collaboratively with RWT to ensure all policies are updated by end of Q2.

2 a. Health providers must ensure the effective training of all staff commensurate with their role and in accordance with intercollegiate competencies relating to:

- Safeguarding Adults
- Safeguarding Children

- Children and Young People in Care
- Prevent
- Domestic Violence
- MCA and DOLS
- Learning Disabilities

b. Health Providers must have a safeguarding training strategy and compliance percentage in line with the safeguarding performance framework. This must cover requirements for all staff, volunteers and external contractors.

Q1 Update

- WHT/RWT continue to review the training needs analysis to ensure competencies for healthcare staff remain in line with the Intercollegiate Document for Children (2019) and Adults (2018). This was completed in Q1 with a training needs analysis exceptions paper presented to the WHT TSG in Q1 mapping and aligning staff groups and training packages (Appendix 2).

  There is on-going work on reviewing and developing additional eLearning adult Level package and bespoke specialist face to face packages for the Childrens specialist training package. WHT/RWT safeguarding team are working jointly to consider a variety of training packages including the content to increase staff access to the training programmes to increase compliance. The national training package for children level 3 has been rolled out in WHT in Q4 and an interim eLearning adult level 3 package was rolled out in Q1 providing additional options.

- The safeguarding training compliance is reported monthly at the TSG (for each Division) and via the Safeguarding Dashboard presented to CQRM monthly which provides overall training compliance across the Trust (Appendix 3). The safeguarding team have provided additional dates for training. There is also eLearning Level 3 children and an interim eLearning Level 3 package available as an alternative to increase compliance. There is a strong focus on managers to release staff for training and this is monitored through monthly TSG. In Q1 a request to escalate and write to non-compliant staff was requested at the TSG in Q1.

- During Q1 Safeguarding Children Training Level 1 and 2 compliance was over 94.05% and 91.64% respectively. Level 3 overall compliance has continued to reduce in Q1 to 72.87% from 84.54% in March 2023, this is most likely due to the additional workforce pressures and transition from ESR to My Academy. WHT and RWT task and finish group are developing various packages of safeguarding training to increase access including the national e-learning package to the current programme.

- During Q1 the compliance for Safeguarding Adult Level 1 and 2 training remained constant with over 94.90% for Level 1 and 90.64% for Level 2. Level 3 training compliance has reduced slightly in Q1 to 81.59% compared to 82.59% in March 2023.

- Attendance at the Mental Capacity Act training has reduced to 92.43% a slight reduction from Q4 March 23 at 93.22%. Additional ward training continues to be

provided by the safeguarding team to raise awareness of the subject area as part of the continued work.

- The Safeguarding Team personal training compliance has varied. Adult Level 4 training is 100%. Children level 4 training is 80% with training identified for the outstanding member of staff in Q2. All staff are encouraged to attend regular L4 training updates. The joint work with RWT/WHT training task and finish group are working with L&D to develop a process to capture Level 4 compliance on My Academy.

- The Trust has commenced the roll out of Oliver McGowan LD training e-learning Level 1 training from March 2023. The Trust is awaiting further guidance from the ICB on the plan to roll out the Oliver McGowan LD Level 2 training programme. Compliance in Q1 for e-learning was 48%. ICB have advised recording e-learning compliance until face-to-face element available for staff to be fully compliment.

- Domestic Violence Training is included in both Adult and Children Safeguarding Level 3. In Q4 an Independent Domestic Violence Advocate (IDVA) has commenced post based in ED and has been invited to the TSG to provide updates. The IDVA provides bespoke training and advice to staff in ED.

- The attendance at Prevent Training has continually reduced in Q1 with compliance at 90.30% in June 2023 compared to 95.8% in March 2023 this may be due to work pressures and strikes. All staff are now required to complete Prevent level 3 in line with Home Office recommendations.

- WHT Board children and adult training is 100% compliance, and the next training is due to be delivered in October 2023.

A**ctions**:

- Safeguarding Training compliance will be monitored during Q2 and non-compliant will be encouraged to complete their safeguarding mandatory training.
- The Oliver McGowan LD Level 1 training compliance will be monitored and reported at the TSG. The Trust will await further guidance from ICB and NHSE in delivering Oliver McGowan LD Level 2 which requires face to face patients' stories as part of the delivery package.

3. a. Safeguarding Named Doctor/Nurse/Midwife/Named Professionals/Safeguarding Specialists should have access to advice and support and a minimum of quarterly safeguarding supervision with Designated Professionals.
   b. Professionals supervising staff or working on a day-to-day basis with adults, children and families should have child and adult safeguarding supervision available to them, appropriate to their role and responsibility in order to promote good standards of practice.

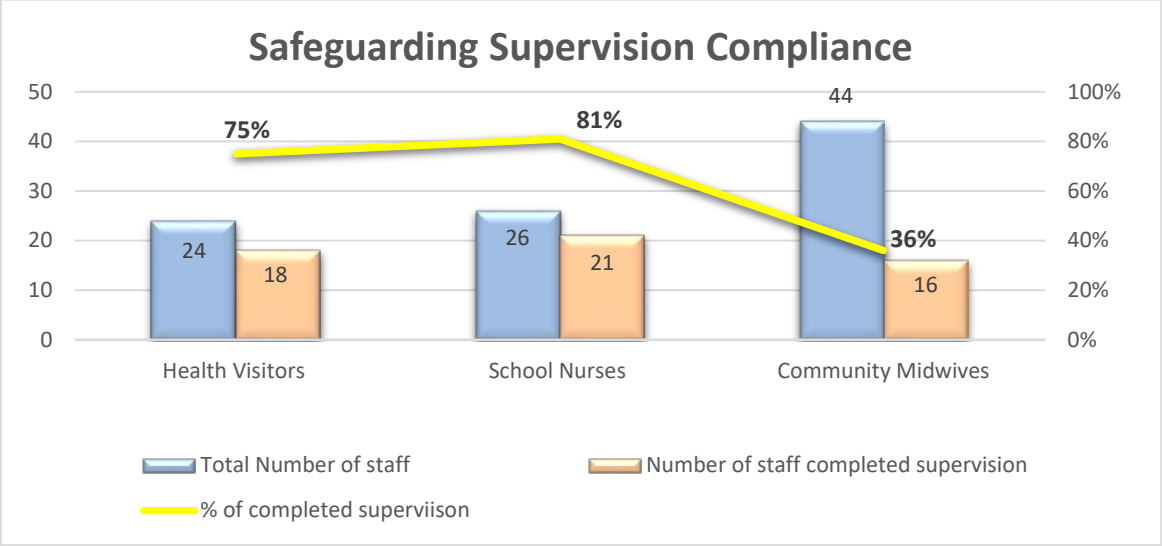
Q1 Update:

- During Q1, the Safeguarding Team specialists, including Named Doctors have been offered or have had access to safeguarding supervision including the new Named Safeguarding Midwife. It is noted that for most safeguarding professionals this supervision is provided externally by the ICB or other professional experts.

- The ICB are leading on providing group safeguarding supervision and restorative supervision across ICB footprint for the named nurses and separately for the administrative team working in MASH this commenced in Q1 and was a great opportunity for collaborative working across the networks.

- The safeguarding team are required to update on their safeguarding supervision every 3 years. Bond Solon safeguarding supervision has been arranged to update the safeguarding team on their training and this should be completed by Q3.

Total number of Community Staff/midwives identified to receive safeguarding supervision within Q1	**Q1 Compliance**
Health Visitors: 24	18 = **75%** 1 of the practitioners was off sick. 2 supervision sessions were cancelled due to the supervisor being on bereavement leave. There were 3 non-compliant HV's of which 2 were seen in July.
School Nurses: 26	21 = **81%** There were two new starts and x1 member of staff on maternity leave. 2 non-compliant were seen in July.
Community Midwives (Group): 44	16 = **36%** 16 MW's received supervision in June the figures for April and May were not provided which has affected the data. x3 supervision sessions were cancelled due to increased clinical activity.



- Health Visitor and School Nurse supervision compliance has improved in Q1. All practitioners that are outstanding have been prioritised and scheduled to be seen.

- In Q1 the safeguarding children team have continued to provide group safeguarding children supervision to support staff working in the 0-19 Service.

- During Q1 practitioners in Paediatric Emergency Department, Community Children's Team and Acute Paediatrics have had access to the 6 weekly safeguarding supervision sessions. The attendance to these sessions is improving and will be monitored and reported to TSG.

- The safeguarding team (children and adult service) have also undertaken safeguarding weekly floor walks which provides additional opportunistic case reflection and support and guidance discussed TSG.

- There are 4 midwives in addition to the Named Midwife skilled to deliver safeguarding supervision offering a range of one to one, group supervision however recording and monitoring compliance has been challenging in Q1 this may be due to a small gap in the post being vacant and increased equity in the service. In Q1 it was recorded 35% compared to 93% in Q4 of midwives received safeguarding supervision. The Named Midwife new in post and the Deputy Head of Safeguarding will monitor and support recording of supervision compliance and this will be reported to the TSG.

- Safeguarding Champions programme (children and adults) commenced in Q1 involving bi-monthly meetings offering alternative group supervision and themed sessions of learning involving internal/external speakers. MCA and DOLs then Prevent will be the themes covered over the next few months providing an opportunity for the 'Think Family' approach to safeguarding. These sessions are evaluated by those in attendance and the feedback has been very positive.

- Deputy Head of Safeguarding despite a short delay will continue with her action research to develop am model of supervision to support the acute services, the findings should inform how supervision accessed and delivered.

- The findings will be reflected in WHT safeguarding supervision policy which is under review.

Actions:

- To monitor supervision compliance (including maternity) and ensure outstanding supervision is completed.
- To promote safeguarding children supervision across acute paediatrics.
- To monitor and evaluate Safeguarding Champions programme.
- Review and develop safeguarding supervision policy and process Q2.

4 a. Health providers are required to provide chronologies and reports for Section 42 Enquires, Child Practice Reviews, Child Death Reviews, Domestic Homicide Reviews, Safeguarding Adult Reviews and any other learning reviews as required, on time and in line with Safeguarding Partnerships, SAB's , Community Safety Partnerships Terms of Reference and templates. Resulting organisational action plans must be addressed as agreed by the Safeguarding Partnerships/SAB's and DHR Standing Panels.

b. Health providers are required to fully engage with the Learning Disability Mortality Programme (LeDeR) by reporting deaths, identifying suitable reviewers, completing reviews, implement subsequent local and national learning and allowing timely access to patient information as part of the LeDeR process.

Q1 Update:

- During Q1, the safeguarding case review group was stood down due to not being quorate with lack of Police attendance. This covers work aligned to Child Safeguarding Practice Reviews (CSPR), Safeguarding Adult Reviews (SAR), Learning Disability Reviews (LeDeR) and Domestic Homicide Reviews (DHR). The lack of Police attendance has been escalated to the Walsall Safeguarding executive statutory partners.

- There has been no published reviews in Q1 therefore there has been no changes in the reviews open to WHT which is a total of 16 reviews in the WSP system.
    - 4 Child reviews (SCR/LCSPR)
    - 5 Adult reviews (SAR)
    - 2 DHR's
    - 1 Child CSA tabletop review
    - 1 Child Neglect Thematic Review
    - 1 Adult Learning Review

- 2 Adult referral pending decision making scoping meeting.

- WHT have contributed to the chronologies, reports and participated in the multi-agencies' discussion following the death of 6 children, 2 of these children were scoped for consideration of Child Safeguarding Practice review (CSPR). One did not meet the criteria for CSPR. The other did not meet the criteria for CSPR however WHT are required to undertake a single agency review. No other agencies were involved at the time of the incident and the actions carried out would not have changed the outcome however there was learning identified.

  The early learning identified for WHT is professional curiosity, discharge planning, feeding assessments in maternity services, voice of the child, inquisitive inquiry and record keeping. The safeguarding team supported and worked closely with divisional leads with the internal review process.

- There has been learning following the child deaths, which is monitored at the WHT internal CSPR/SAR/DHR/LeDeR Group. This Group continues to meet bi-monthly to review and update all actions aligned to the Organisation.

- Learning has been disseminated via training; supervision, 7-minute briefings and team operational meetings.

- There have been no adult scoping referrals submitted to Walsall Practice Review during Q1.

- During Q4, 4 notifications were made by the Trust as part of the 'Learning from the lives and deaths' programme. There are no outstanding actions for the Trust, but work continues to ensure the sustainability of previous actions. The Trust is represented at the regional LeDeR Strategic Group.

- WSP has proposed introducing a new subgroup for Child Sexual Abuse as a recommendation following Operation satchel which resulted in twenty-one people being convicted of serious sexual offences against children in Walsall the largest child sexual abuse investigation conducted by West Midlands police.

Actions:

- To continue working with the Divisions following a Significant Incident and/or death of a child/adult to ensure learning is disseminated.
- To undertake audits with the Services to aid assurance that learning is embedded and there has been a change in practice.
- For WHT to review their internal notification and quality assurance process in relation to escalation of new cases to ensure consistency with information coming in and out of the Trust.
- To ensure any case action plans are completed within timescale.
- To continue to disseminate learning from PRG meetings.
- To support the WSP with learning following Operation Satchell.

4 c. Health providers are required to demonstrate that recommendations and learning from all types of learning reviews and enquiries are distributed to relevant staff and there is evidence of practice change.

Q1 Update:

During Q4 WHT has ensured that learning from all types of reviews has been disseminated Trust wide via:

- Trust brief
- Daily Dose
- 7 Minute briefings
- Bespoke/Training
- Specific targeting of professionals/wards
- Team operational meetings

Recommendations are also embedded within mandatory and bespoke safeguarding training.

Single agency action plans have also been discussed and updated at:

- The Trust Safeguarding Group during Q4
- Divisional Governance meetings (Safeguarding and Trust wide)
- Matrons and Heads of Nursing meeting
- Practice Review Group
- WHT internal CSPR/SAR/DHR Meeting (PRG)
- Operational Meetings (Safeguarding Children, CYPiC, Learning Disability and Safeguarding Adults)

Learning from reviews is also embedded within the safeguarding supervision process across the service.

The WHT internal practice review group have updated most of the actions that were outstanding and provided evidence accordingly and will also be included within the agenda of the newly formed Trust Children and Young People Group.

Actions:

- To continue to communicate during Q2 information across the Trust in regard to new cases or actions.

5. a. Health providers are required to provide evidence that staff are aware of the importance of listening to children, young people and adults with care and support needs.

b. Evidence that the organisation ensures appropriate and accessible information is provided for its population in relation to how it discharges its duties for safeguarding.

Annual Submission

Annual report completed and presented to Trust in July 2023. Data provided accordingly. Annual report for 2023/2024 will be presented in Q3.

6. Health providers are required to provide evidence that patient assessment processes within the organisation identify appropriate risk and need, and result in an appropriate response; including where the criteria for statutory enquiries are not met.

Q1 Update:

Childrens and Maternity Update

- During Q1 the safeguarding team delivered supervision across the 0-19 Service. 24 HV's required supervision of which 18 (75%) successfully completed supervision. The remaining 6 practitioners that require supervision will be seen in Q2. This will be monitored through the compliance monthly reports to the TSG.

- The compliance figures for SN 's is 81%; 26 staff require supervision of which 21 completed. The practitioners who did not receive supervision was due to the named supervisor being on bereavement leave. In addition, 2 practitioners are new starters and 1 is on maternity leave. The new starters have been allocated a safeguarding supervisor and the 3 remaining practitioners will receive supervision in Q2. This will be monitored through the compliance monthly reports to the TSG.

- During Q1 the Safeguarding Children Team received 89 contacts (in Q4 76 contacts received) from practitioners requiring advice, support, and guidance. Themes included children with mental health concerns; poor parental supervision and possibly child exploitation; escalation of cases; children not being brought to their appointments and information sharing. Parental concerns included mental health and substance misuse.

- During Q1 the Safeguarding Children Team supported staff with 25 court statements (in Q4 it was 29), these requests were from the 0-19 Service: the acute paediatrics and midwives. All requests were from Walsall Metropolitan Borough Council Legal Services.

- There has been a slight decrease (7%) in the number of high domestic abuse cases heard at MARAC. 126 MARAC cases were discussed in Q1 involving 229 children (135

cases were discussed in Q4 which involved 278 children). The MARAC process is under review by Walsall Community Safety Partnership and West Midlands Police there is a plan to introduce a weekly MARAC triage process.

- Daily Domestic Abuse Triage in MASH remains a key part of the safeguarding children team's work. During Q1 1175 cases were discussed where children were either present in the property or known to reside in the property. This compares to 1093 cases during Q4. There were 7 pregnant females discussed in daily Domestic Abuse triage, this is a significant decreased when compared to Q4 which was reported as 32.

- During 2022/23 Q4 the new Black Country ICB KPI for MASH was introduced. In Q1 the number of RED health checks completed in timescales was 77 (100%). Compared to 99 (98%) in Q4.

- During Q1 685 out of 835 (18%) amber and information checks were completed within timescales in MASH. This compares to 551 out of 742 (26%) completed in Q4. The completion of checks is internally monitored and when required escalation process is evoked, in Q1 this was done on 2 occasions.

- There was an increase of (28%) strategy meetings which the Named Nurse attended in Q1 resulting in 69 strategy meetings compared to 50 in Q4.

- During Q1 19 women had FGM recorded compared to 12 in Q4.

- During Q1 The Named Midwife continued to lead on the Maternity clinical update day (MCU) which are 1 hour monthly safeguarding training sessions available to all maternity staff. Themes covered in Q1 are Walsall Partnership key priorities; training, Multi agency audits; Local CSPR/rapid reviews.

  The clinical update is linked to a case scenario, which focuses on documentation; information sharing and professional curiosity. The Lead Nurse for Safeguarding Children will deliver the sessions from July until the new named midwife commences in post, as the current named midwife leaves in May.

- In Q1 (June), the all-age safeguarding champion programme was launched and involved champions from adults, children and maternity services.

Adults update.

- 108 DoLS applications were submitted during Q1. The Safeguarding Adults Team have continued to provide regular ward support through daily floor walks which includes supporting staff to complete DoLS applications, ad hoc training regarding mental capacity assessment processes throughout Q1. MCA and DoLS is also covered in Level 3 Mandatory Safeguarding Adults Training for all registered professionals.

- An MCA/DoLS plan (post CQC visit October 2022) has been actioned with a further audit of implementation to be conducted in Q2 to support work the progress will be reported to the Trust Safeguarding Group on a monthly basis.

- During Q1 the monthly RESPCT audit was completed by the Adult Safeguarding Team and reported back to each division. The focus of RESPECT is to raise awareness, ensure relatives are informed of the process and outcome of the decision making and documentation completed. The RESPECT audit will be completed by ward managers from July 2023 onwards.

- In Q1 there was 1 Prevent referral. The Safeguarding Team promoted Prevent awareness in Q1 linking the prevent policy to the Trust Safeguarding Intranet pages and highlighting the Trust Prevent Lead name and contact details. During the quarter the Trust Prevent Delivery Plan was developed in readiness for sign off and submission to the Prevent Delivery Group.

  Prevent returns (to NHSE) has been completed within timescale for Q1.

- During Q1 the safeguarding team were notified of 51 safeguarding adult referrals (the figure is lower due to less concerns from WM Ambulance Service and back log from local authority). Safeguarding adult referral themes during this quarter were unsafe discharge, pressure ulcers, medication errors, self-neglect, sexual abuse, and domestic abuse. Care homes and the Trust were the biggest referrers this quarter.

- All Age Safeguarding Champions Programme commenced in Quarter 1. The programme provides bespoke safeguarding events for identified champions across the Trust including community staff. In addition, the programme also incorporates safeguarding supervision sessions for the champions.

- Learning Disability and Autism team Business case was approved in Q4 with actions to explore funding sources from partner agencies to support the proposal.

- Oliver McGowan eLearning training package was launched across the Trust in Q4. The compliance will be monitored monthly at TSG from Q1.

- Flagging has started within the Trust for people with learning Disability and/or Autism. These flags are being added to people who have attended the hospital and are known to have a diagnosis. ICB, WHT and GPs are working together to formulate a sharing of information agreement for the GPs to share their learning disability registers to enable the flagging on the electronic patient records.

  The Trust can flag autistic people who use WHT services. Flags are being added by the paediatric consultants as part of the diagnostic pathway.

- A Neurodiversity Working Group has been established with Human Resources, Occupational Health and Health and Wellbeing to review the support that may be needed by neurodiverse staff across WHT and RWT.

7. Health providers are required to provide evidence of incremental improvement of processes over time through; regular evaluation through audit, leading to required improvements in the light of their efficiency, effectiveness and flexibility.

Q1 Update:

- Throughout Q1, the safeguarding development plan has been presented at the TSG for monitoring and oversight. (Appendix 5). The work is progressing positively in relation to previous concerns raised in 2021. The safeguarding development plan now forms part of the normal reporting process through the Safeguarding Group and continues to provide assurance to the ICB and Local Authority.

  Following a review of the RESPECT audit this is now being completed by ward managers from July 2023 onwards.

- NHSE have started commenced a task and finish group to implement Phase 2 roll out of Child Protection Information System (CPIS) Walsall 0-19 service are early adopters.

- During Q4 WHT drafted an action plan following the publication of 'Changing our Lives' report for LD and Autism service which looked at what health providers offer against a set of measures. The action plan is being reviewed and progressed during 2023.

Actions:

- To ensure actions are concluded, and learning is disseminated across the Trust.

8. Health providers are required to provide evidence and assurance that they are responding to National Reports and Inquiries.

Q1 Update:

- There is a forthcoming CQC inspection of adult social care planned in Walsall. WHT will be requested to participate in relevant focus groups in support of this programme. Outcome of the inspection will be reported in Q2.

- There is a Walsall Youth Justice Inspection planned for Q4. WHT will be requested to participate in relevant focus groups and to provide health information in regard to cases identified for thematic review. The Youth Justice team reported overall feedback was positive. However, it was recognised area of developments were to explore and research why there has been an increase of 100% of children placed on remand in Walsall. The Youth Justice team have requested all agency support in development and

collaborative partnership to tackle these issues. At the time of writing this report 'serious youth violence' is the theme announced for the future JTAI inspections.

- In Q1 the draft Working Together to safeguarding children guidance consultation has been circulated for feedback. WHT has worked with WHT and ICB to provide a collective response further update will be provided in Q2.

Action:

- To continue to develop and manage the LD Business case.
- To attend and support partnership meetings in response to meetings and inspections.
- To support the Youth Justice Service in tackling serious youth violence.
- To monitor and support the consultation process of the draft working together to safeguarding children guidance.

9 a. Health providers are required to demonstrate they have effective arrangements for engaging and working in partnership with other agencies.
b. Health providers are required to demonstrate that they actively engage with all aspects of the work of the local safeguarding partnerships, strategic groups and sub groups (including Channel, MAPPA, MARAC, CSP, CJB and Modern Slavery Partnerships)

Q1 update.

- During Q1 WHT reviewed attendance at all key Walsall Partnership meetings and present actions to the TSG, WSP and ICB.

- In Q1 WHT are working with the ICB, WSP and Community Safety Partnership to review the meeting structure and WHT contributions to maximise meaningful intervention to the priorities of WSP and Community safety Partnership.

- During Q1 the Safeguarding team have attended all requested partnership and safeguarding meetings with Walsall Local Authority (LA), ICB and all care planning operational meetings. This includes MARAC and Practice Review Group (PRG).

- A combined partnership feedback form is now presented to the TSG monthly to capture actions pertinent to WHT.

- WHT are working the ICB regarding the new Dashboard to overcome the challenges of inputting data effectively. All exceptions are discussed at the TSG (attendance from ICB noted).

- WHT do not attend MAPPA meetings currently however this has been escalated to the ICB by the Head of Safeguarding and is liaising with MAPPA to manage risks when patients who attend WHT. In Q1 2 cases came to the attention of the safeguarding team (1 in adult services and 1 in maternity services).

- The safeguarding adult lead has been successful in obtaining attendance at Channel Panel meetings impact will be monitored and reported to the TSG.

Actions:

- To report on partnership meetings at the TSG.
- To ensure information is provided to the Partnership for key groups as discussed within the meetings.

Walsall Healthcare NHS Trust

Appendix 1 - Safeguarding Service

Safeguarding Policy Document – updated August 2023

No.	Name of Policy	Approval Date	Review Date	Commence Review (3 months prior to review date)	Lead Practitioner	Notes/Progress
1	Prevent Policy - OP110 V2 March 2021	26.04.22	April 2025	January 2024	JL	26.04.22 – Policy is now on the intranet.
2	Female Genital Mutilation Policy (FGM) V2 April 2022	June 2023 TBC	December 2023	September 2023	TT	**31.08.23 – reviewing of policy to submit to policy group delayed due to leave. Plan to submit October policy group.** 01.08.23 – Reviewing Policy to ensure all information and feedback has been incorporated into the policy to be presented at Policy Group for Sept 2023.
3	Staff Domestic Abuse Policy V2 Under review: October 2022	May 2023 TBC			SS	**31.08.23 submitted to Policy group August 2023.** **Further information required re: -** **1) Liaise with HR re alterations to 121/IPDR paperwork to be agreed and referenced.** **2) Liaise with medical directorate due to separate PDR paperwork.** **3) Reference and contact with universities to inform students of this new policy and what the new policy entails for students and mentors.** **4) Conformation from the Safeguarding Committee Group, that they are happy with the level of assurance that will be**

						received from directorates re dip sampling audit reports. 01.08.23 Presented to Staffside waiting for further feedback by 11th August, to go to policy group Sept 23. Need discussion from TSOG who will lead and provide assurance into routine enquiry discussions with staff is monitored and audited.
	Safeguarding Patients Domestic Abuse Policy V6 – WHT OP981	5th June 2023				26.06.23 – policy approved and on the intranet.
4	Safeguarding Supervision Policy (Children and Adults). (Safeguarding Children and adults' policy are being combined). Policy will be referred to as one policy.		October 2022		DF/JJ	**31.08.23 – policy under review further work required to align adult and children policy. Adult and Children team scoping other areas re combined policy.** 01.08.23 policy sent to adult safeguarding team for support and combining as one policy.
5	Safeguarding Adults at Risk Policy Policy will no longer be combined with Childrens policy to ensure policy can be completed.	Sept 2023 TBC	April 2023	January 2023	JL/LR	**31.08.23 policy under review delayed due to staffing and leave.** 01.08.23 policy in review stage to present to September TSOG for feedback and Policy Group Oct 23.

6	Safeguarding Children Policy Policy will no longer be combined with adults' policy to ensure policy can be completed.	Sept 2023 TBC	April 2023	January 2023	DR	**31.08.23 extension agreed last TSOG policy is being reviewed.** 01.08.23 delay in the policy being reviewed extension required.
7	Managing Allegations Against Staff (new policy)	July 2023 TBC	December 2022	September 2022	JL	**29.08.23 with HR for support and feedback, needs reviewing to align with Walsall processes.** **31.08.23 HR emailed for support with policy.** 01.08.23 – Policy to sent to HR for support and advice. To discuss with LA clarification on Walsall processes as some differences to West Midlands Safeguarding procedures.
8	Deprivation of Liberty Safeguards (DoLS) Policy	June 2023 TBC			ML/JL	**29.08.23 Submitted to policy group awaiting approval.** 01.08.23 – Policy completed sent to policy Group needs to be transferred to new template for policy group in September.
9	Mental Capacity Act Policy For ratification Jan 2023	20.12.22	November 2026	September 26	JL	06.01.23 – Policy approved at policy group panel 20.12.22.
10.	Restraints Policy		October 23			31.08.23 waiting for decision who will clinically lead on reviewing this policy.

Walsall Healthcare NHS Trust

Appendix 2

Exceptions paper on the proposed Changes to Safeguarding Children's and Adults mandatory training at WHT.

1. Introduction

This report presents a proposal to align mandatory safeguarding training across RWT and WHT sites. Initially a Task and Finish Group (TFG) was established in Q4 with the main objective to ensure consistency of mandatory safeguarding training across both sites, including aligning staff groups to the relevant level of training to undertake their roles and responsibilities in accordance with the Intercollegiate Documents (2018, 2019).

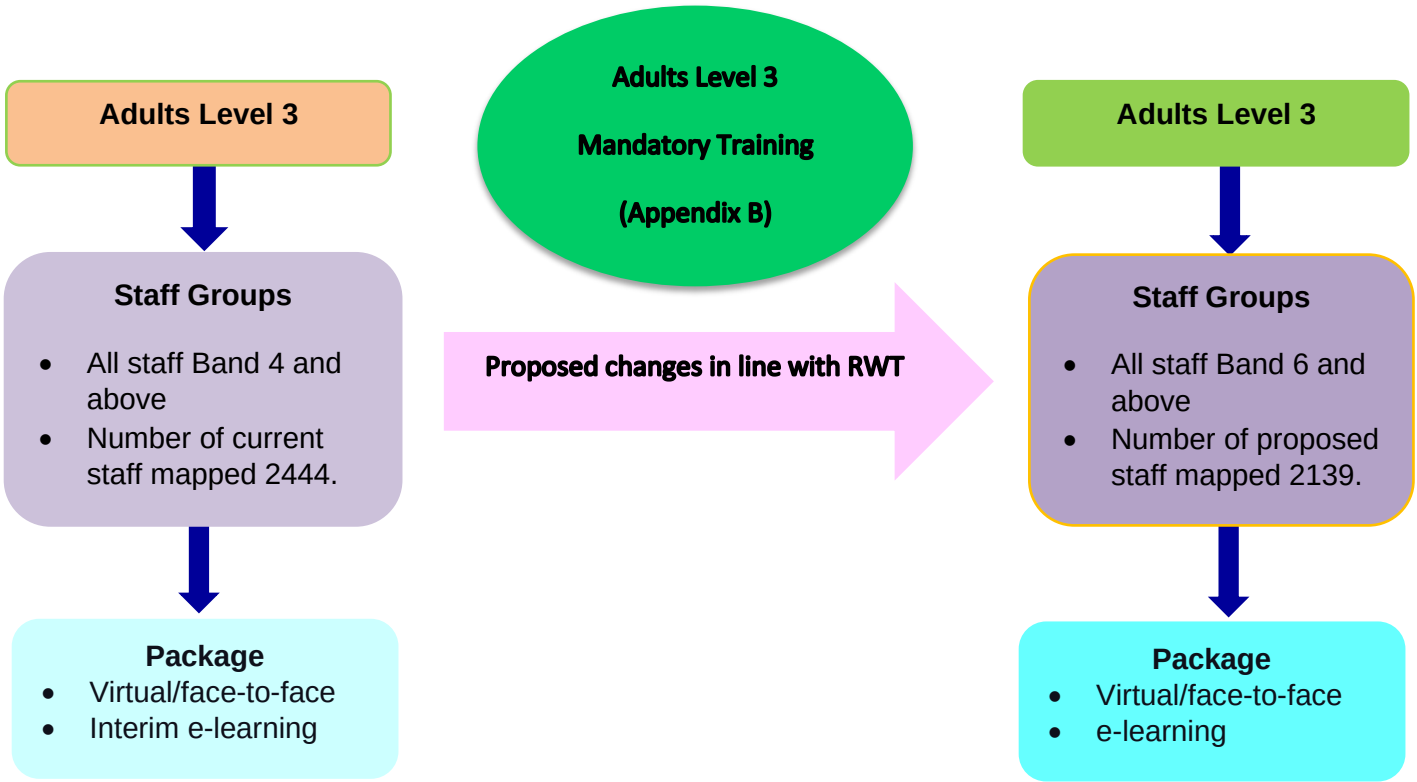
During the training needs analysis (TNA) conducted by the TFG to assess the necessary level of training for staff responsible for safeguarding patients, inconsistencies were identified across both sites. In addition, RWT offered Children Level 3 specialist training package for staff groups working with Children as well as mapping registered nurses on adult wards to complete Children Level 3 Core safeguarding training.

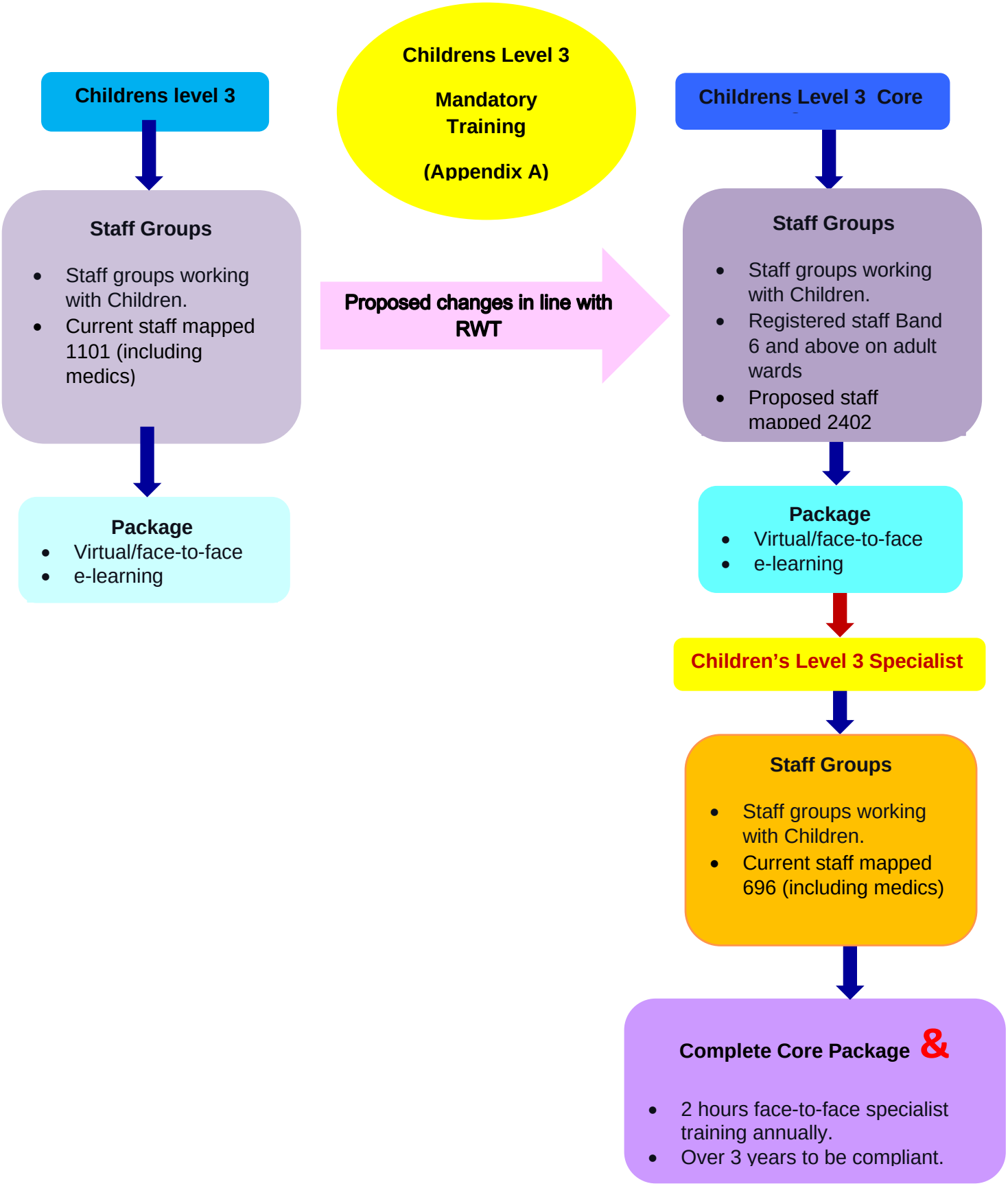
The report focuses on proposed changes to Level 3 safeguarding training for children and adults for WHT to consider adopting it in line with RWT. The proposed changes will have an impact on compliance during the transition period mainly on Childrens level 3 compliance if WHT agreed to the proposed changes.

2. Proposed Training Packages

Currently, both sites offer different training packages for children's and adult safeguarding:

WHT current and proposed training offer: -

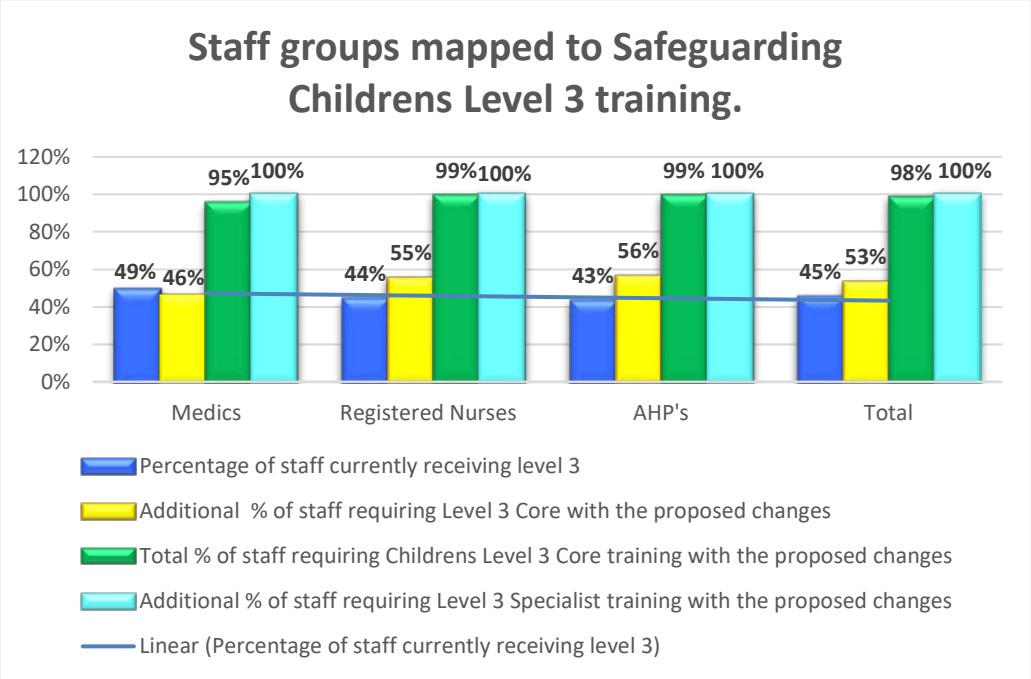



Childrens Level 3
Mandatory Training
(Appendix A)
Childrens level 3
Staff Groups
Staff groups working with Children.
Current staff mapped 1101 (including medics)
Package
Virtual/face-to-face
e-learning
Proposed changes in line with RWT
Childrens Level 3 Core
Staff Groups
Staff groups working with Children.
Registered staff Band 6 and above on adult wards
Proposed staff mapped 2402
Package
Virtual/face-to-face
e-learning
Children's Level 3 Specialist
Staff Groups
Staff groups working with Children.
Current staff mapped 696 (including medics)
Complete Core Package &
2 hours face-to-face specialist training annually.
Over 3 years to be compliant.

3. Proposed Changes

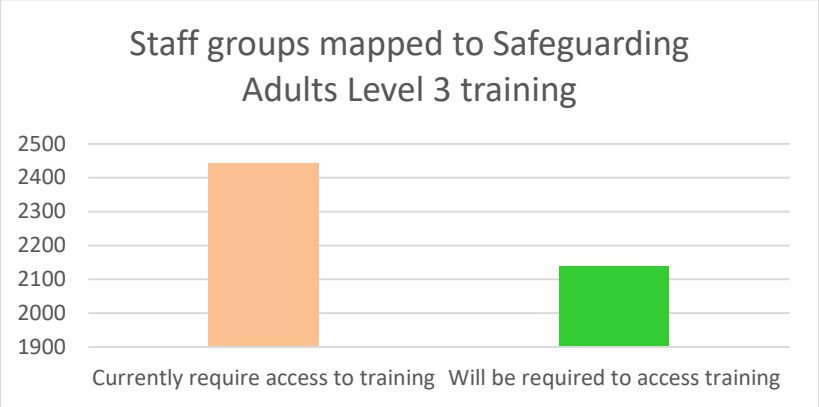
To align with RWT, the proposed changes for WHT include:

- For Children's Training: (See appendix A)
    - Introduction of a Children's Level 3 Safeguarding Specialist package, consisting of 2 hours of face-to-face bespoke training annually for three years for all staff working with children. This training will be in addition to Childrens Level 3 Core safeguarding training.
    - The bespoke package will cover themes identified in case reviews and intelligence gathered from other safeguarding team activities, such as safeguarding supervision, training, and floor walks.
    - Introduction of registered adult's nurses to complete Safeguarding Children's Level 3 Core training. Currently, adult nurses are not mapped to complete Safeguarding Children level 3 training.



Childrens level 3 training			Proposed changes.	
Staff Groups	Total amount of staff group	Currently receiving Children's Level 3	Identified as requiring Children's Core level 3 training	Identified as requiring Children's Specialist Level 3 training
Medics	534	263	506	156
Registered Nurses	1598	704	1586	533
AHP's	313	134	310	7
Total	2445	1101	2402	696

- For Adults Training: (See Appendix B)
    - Replacement of the interim Adult Level 3 e -Learning package with a comprehensive Level 3 e-Learning package available to both sites in Q3.
    - A reduction of staff mapped to complete adults Level 3 training. In the proposal staff band 6 and above will be mandated to complete the training. Currently band 4 and band 5 staff are required to complete.



WHT and RWT will sharing existing and develop new face-to-face (2 hourly) training packages for the Childrens Level 3 Specialist training.

RWT and WHT are developing collectively an e-learning package for adults Level 3 training.

4. Implications for WHT

The proposed changes will have the most significant impact on the Children's Level 3 training compliance. With the alignment of training packages, WHT staff will be more equipped to fulfil these responsibilities, ensuring that all health staff access appropriate level of safeguarding training, learning opportunities, supervision, and support.

The intercollegiate documents emphasise that all staff interacting with children and young people and adults are responsible for safeguarding and promoting their welfare. This responsibility extends to staff primarily working with adults, as they must be mindful that any adult may pose a risk to children due to their health or behaviour. Additionally, staff working with 16–18-year-olds must possess the necessary understanding and awareness. There is an increasing amount of 16-18 years olds being cared for on WHT adult wards.

5. Recommendations for proposed changes.

The following are some of the options to manage the proposed changes the TSOG may have other options if the proposal is approved. All options will have an impact of resources and allowing staff to complete the training.

Option 1 – Phased approach of all staff groups transitioning are required to complete Childrens Core Level 3 over a period of 6 months including those that require Childrens Specialist training.
Phase 1 (Sept to Oct) - Band 8 and above and medics.
Phase 2 (Nov to Dec) – Band 7
Phase 3 (Jan to Feb) – Band 6

Option 2 – Phased approach of staff groups transitioning as and when current Childrens mandatory training expires this will take a longer period of time to complete. Staff requiring the Childrens Level 3 Specialist training to commence completing training irrespective of being compliant immediately.

Option 3 – Promote and launch Children and Adults safeguarding mandatory training in Q3. All staff to complete the training in the next 6 months.

6. Future Recommendations.

The proposal also advises the TSOG to consider the following recommendations when above changes have been commenced and approved.

1) To consider having MCA/DOLs and PREVENT standalone packages as part of safeguarding mandatory compliance.
2) To consider escalation processes for non-compliant staff.

7. Conclusion.

By investing in comprehensive safeguarding training, learning opportunities, and supervision, WHT will demonstrate its strong commitment to safeguarding the welfare of children, young people, and adults in their care. This proposal will improve staff's knowledge and safeguarding practices and enhance the safety and wellbeing of vulnerable patients.

In conclusion, addressing these inconsistencies will ensure a consistent and practical approach to safeguarding across both sites. The implementation of this proposal of providing targeted training and support, will strengthen safeguarding practices and better protect the welfare and enhance the safety and wellbeing of vulnerable patients.

Appendix 3 – Safeguarding Dashboard

Walsall Healthcare NHS Trust

Reference	Metric Name	Target	Sep-22 Q2			Oct-22			Nov-22			Dec-22 Q3			Jan-23			Feb-23			Mar-23 Q4			Apr-23			May-23			Jun-23 Q1			Jul-23			Narrative
			N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	
LQSG02	Level 2 training for Safeguarding Children . As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date Level 2 Safeguarding Children competence (YTD per month)	85%	1983	2139	92.71%	2018	2166	93.17%	1996	2144	93.10%	1990	2121	93.82%	2086	2228	93.63%	2102	2258	93.09%	2162	2296	94.16%	2170	2291	94.72%	2152	2291	93.93%	2444	2667	91.64%			91.20%	
LQSG03	Level 3 training for Safeguarding Children. As set out in Safeguarding Children & Young. People roles and competencies for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date. Level 3 Safeguarding Children competence. (YTD per month)	85%	959	1151	83.32%	1024	1249	81.99%	1049	1254	83.65%	1072	1225	87.51%	1091	1277	85.43%	1123	1307	85.92%	1110	1313	84.54%	1117	1306	85.53%	1127	1314	85.77%	1179	1618	72.87%			73.48%	
LQSG04	Level 4 training for Safeguarding Children . As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date Level 4 Safeguarding Children competence	100%	6	8	75.00%	6	8	75.00%						80.00%	4	5	80.00%	4	5	80.00%	4	5	80.00%				4	5	80.00%	4	5	80.00%			#DIV/0!	All practitioners in the safeguarding children team are compliant
LQSG05	Safeguarding Children training for Board Level for Chief Executive Officers, Trust and Health Board Executive and Non-Executive Directors/members. As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document.	100%	100%			100%						100%			97.00%						100%													#DIV/0!	
LQSG06	Level 1 training for Safeguarding Adults. As set out in Safeguarding Adults roles and competencies for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date Level 1 Safeguarding Adults competence (YTD per month)	95%	1080	1142	94.57%	1103	1154	95.58%	1089	1135	95.95%	1089	1131	96.29%	1118	1177	94.99%	1133	1194	94.89%	1161	1216	95.48%	1164	1219	95.49%	1135	1189	95.46%	1285	1354	94.90%			94.47%	
LQSG07	Level 2 training for Safeguarding Adults. As set out in Safeguarding Adults roles and competencies for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date Level 2 Safeguarding Adults competence (YTD per month)	85%	1051	1094	96.07%	1054	1097	96.08%	1044	1084	96.31%	1021	1065	95.87%	1065	1119	95.17%	1058	1169	90.50%	1080	1167	92.54%	1102	1161	94.92%	1091	1164	93.73%	1268	1399	90.64%			90.64%	
LQSG08	Level 3 training for Safeguarding Adults. As set out in Safeguarding Adults roles and competencies for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date Level 3 Safeguarding Adults competence (YTD per month)	85%	1774	2210	80.27%	1774	2260	78.50%	1770	2259	78.35%	1790	2228	80.34%	1833	2364	77.54%	1909	2389	79.91%	2016	2441	82.59%	2048	2424	84.49%	2057	2434	84.51%	2109	2585	81.59%			81.23%	
LQSG09	Level 4 training for Safeguarding Adults. As set out in Safeguarding Adults roles and competencies for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date Level 4 Safeguarding Adults competence	100%	2	2	100.00%	2	2	100.00%				1	2	50.00%	1	2	50.00%	1	2	50.00%	1	2	50.00%				2	2	100.00%	2	2	100.00%	2	2	100.00%	Both the Named Nurse for Safeguarding Adults & The Safeguarding Adult Lead have attended events that ensure level 4 competence
LQSG10	Safeguarding Adults training for Board Level for Chief Executive Officers, Trust and Health Board Executive and Non-Executive Directors/members. As set out in Safeguarding Adults roles and competencies for health care staff - Intercollegiate Document.	100%	100%			100%						100%			97.00%						100%														
LQSG11	Basic Prevent Awareness Training (level 1&2) as defined in NHS England – Prevent Training and Competencies Framework (2015). Percentage of staff with up to date PREVENT competence. (YTD per month)	95%	2020	2095	96.42%	2042	2104	97.05%	2001	2070	96.67%	1984	2045	97.02%	2059	2140	96.21%	2107	2213	95.21%	2131	2224	95.82%	2134	2225	95.91%	2111	2202	95.87%	2078	2219	93.65%			93.61%	
LQSG12	Prevent Awareness Training (level 3,4 & 5) WRAP training as defined in NHS England – Prevent Training and Competencies Framework (2015). Percentage of staff with up to date competencies. (YTD per month)	85%	2164	2349	92.12%	2214	2404	92.10%	2217	2404	92.22%	2196	2375	92.46%	2342	2518	93.01%	2340	2521	92.82%	2402	2585	92.82%	2419	2566	94.27%	2411	2573	93.70%	2486	2753	90.30%			90.19%	
LQSG13	Statutory Organisational Prevent Leads to demonstrate criteria met to achieve competency levels as defined in NHS England – Prevent Training and Competencies Framework (2015).. • Attendance at a minimum of 2 NHSE regional Prevent forums each financial year (4 take place). • Evidence of face to face meetings with the channel coordinator and	100%	1	1	100.00%										1	1	100.00%	1	1	100.00%	1	1	100.00%				1	1	100.00%	1	1	100.00%	1	1	100.00%	The Safeguarding Adult Lead attends the Prevent Delivery Group and also has regular communications with the Prevent Co-ordinator from the Safer Walsall Partnership. The Safeguarding Adult lead completed Level 3 Prevent mandatory training in July 2023 (eLFH course). Awaiting invite to Channel Panel by chair. CTU officer and Prevent co-ordinator to support Safeguarding Champions event in November.
LQSG14	Learning Disabilities Awareness Training	95% (Trajectory to be agreed)	1774	2210	80.27%	1774	2260	78.50%	1770	2259	78.35%	1790	2228	80.34%	1833	2364	77.54%	1909	2389	79.91%	2016	2441	82.59%	2048	2424	84.49%	2057	2434	84.51%	2109	2585	81.59%			#DIV/0!	This training has been replaced with the national mandatory Oliver McGowan training package. There are 2 elements to the training. ICB have advised to ensure recognising e-learning compliance until face-to-face element available staff are unable to be fully compliment.
LQSG15	Domestic Abuse Awareness Training	95% (Trajectory to be agreed)	1774	2210	80.27%	1774	2260	78.50%	1770	2259	78.35%	1790	2228	80.34%	1833	2364	77.54%	1909	2389	79.91%	2016	2441	82.59%	2048	2424	84.49%	2057	2434	84.51%	2109	2585	81.59%			#DIV/0!	Domestic Abuse awareness is covered in both the safeguarding adults and children safeguarding level 3 training

Appendix 4 - Summary of Child Deaths and Neonates Q1

Below is a summary of child deaths (including still births and neonates): -
2 child deaths in April 2023
7 child deaths in May 2023
5 child deaths in June 2023

Month/2023	Child's initials/Age	Cause	Additional comments
April to June	**Baby F, J**	x2 - Prematurity	
April	**MJ**	**Suspected NAI**	Rapid Review scoping in RWT felt did not meet criteria for LCSPR. Transient family lived in Dudley, sadly passed away in RWT, treated by WHT in Dec 2022.
May	**AR**	**Awaiting postmortem results.**	Baby had an antenatal diagnosis of transposition of the great arteries. Had arterial switch operation at BCH on the 15th May 2023.
May	**EC**	**Waiting postmortem results.** Had been assaulted by school peers a few days prior to her death.	Child was known previous to OOA Children Services Under mental health being assessed for autism spectrum disorder.
May	**ZJ**	Cardiac arrest	
June	**Baby Y**	Brain haemorrhage	Blood disorder Consanguineous marriage
June	**EG**	Bleed to brain Skull fracture - NAI	Live Police investigation Rapid Review held 04/09/23. WHT to undertake a single agency review – no other agency involved.
June	**FS**	Sepsis	3 days history of vomiting and not tolerating any oral intake. The abdominal x-ray showed that magnetic beads had been ingested and ccaused intestinal obstruction
June	AJ	Medullablastoma	

Appendix 5 - Safeguarding Assurance Development Walsall Healthcare NHS Trust Plan – September 2023

	Issue	Action required	Timescale for Update & Identified Lead	Progress Update	Evidence/RAG rating
1	**Safeguarding Service & Team Resource (from 2021 onwards)**	1.To carry out a review of the current resources within the Safeguarding Team (Adults, Children and Children in Care) to ensure there is the capacity to promote good professional practice, support the local safeguarding system and processes, provide advice and expertise for fellow professionals, and ensure safeguarding supervision and training is in place. Ref: *Black Country & West Birmingham Assurance Framework.* 2. **June 2023**: Review the BCWB Service Level Agreement (2023-2026) for Children in Care to ensure WHT has service provision in place.	~~January 23~~ ~~July 23~~ **Oct 23** (To conclude recruitment process) Head of Safeguarding	**02.08.23** **Children Team**: New B7 in post, outstanding B7 1.0wte to commence week commencing 7th August 2023. **Adult Team**: No change to staffing. **LD Team**: Awaiting confirmation of business case funding option. Existing staff provided by BCPFT (2 x B6 nurses) working with WHT/RWT LD Lead. **Children in Care Team:** Review of structure required to benchmark against new ICB SOP. Staff shortages expected due to movement of current team. Plan to review funding for current service as per contract/SOP 2018. Meeting with WHT contract team end of August 2023. Admin Team: 2 x Band 3 in recruitment phase Environment at Walsall Manor Hospital – Team office move to Town Wharfe in process. Expected date week commencing 7th August 23. 07.06.23/01.05.23 1. Business Support Manager (Band 5) post interim post conducted March 23. Commencement 1.6.2023. Admin Band 3 posts x 2 out to advert. NNSC Band 7 x 2 posts: Recruited. Start date 05.06.23. Office space found at Town Wharf Block 3. No date confirmed to move in. Escalated and awaiting outcome. 2. Date to review the BCWB SLA in place. 05.01.23	**In process** Staff in post

	Issue	Action required	Timescale for Update & Identified Lead	Progress Update	Evidence/RAG rating
				The Business Support Manager Band 5 post to be readvertised. NNSC Band 7 posts x 2wte currently in recruitment progress. 08.11.22 Deputy Head of Safeguarding has commenced in post on Monday 3rd October. Band 5 Business Support manager post now in recruitment stage (November 2022). Date for interview tbc. 2 Band 7 posts in Safeguarding Children Team out for advert/recruitment. Team office space at WMH escalated to COO. Awaiting confirmed allocated area by November.	
2	**Safeguarding Supervision Process (Adults & Children)**	**a)** Safeguarding Team to develop a Specific Safeguarding Supervision Policy (Children and Adult Policy)	~~January 23~~ **Oct 23** Head of Safeguarding and Team Leads	**02.08.23/**05.07.23/07.06.23 **Policy in development – see proforma**	**In process** Evidence: (*Copy of Supervision Policy*)
3	**Child Protection Information System (**CPIS) To ensure that this process is embedded across the Trust. • CP-IS Phase 2 roll out for consideration across the Trust (from April 2023)	• Phase 2 (NHS England roll out to be considered nationally/locally to include 0-19 service access to CP-IS.	~~April 23~~ ~~July 23~~ **Oct 23** Head of Safeguarding/ Safeguarding Children Team Lead	**02.09.23** **Phase 2 of CP-IS to be rolled out April 24. WHT group meeting to be set up to consider the implications of extending the work, and to review current system and process in ED/Maternity/Unscheduled care.** 02.08.23 NHSEngland/ICB and Walsall Partnership meeting held 1.8.23. CP-IS Phase 2 roll out now in process (to be completed by March 2024. The plan is to extend specific service access to (CPiS IT platform) to include GPs, ED, Maternity, 0-19, Sexual Health, SARC, Dental Services and Community Paeds. Task and	**In process** Evidence: *Audit findings & action plan*.

	Issue	Action required	Timescale for Update & Identified Lead	Progress Update	Evidence/RAG rating
				Finish meeting to be set up with service leads who will be asked to attend/contribute. TSOG to be updated on the details as soon as dates confirmed. To discuss at WHT Children Strategic Group too. 05.07.23/07.06.23 0-19 Service and safeguarding service to consider roll out into HV/School Nurse service. Update expected from NHSE in July/August.	
4	**Safeguarding Training Programme to be reviewed.**	• Safeguarding Service to review training delivery options available – meeting to be set up in January 2023 extending remit of work to include all staff groups. • WHT to offer more training dates whilst the review is in place. *For WHT to email directly all staff who are outstanding with their training.* • TNA for new training programme to be presented to TSOG in July 2023.	~~April 23~~ ~~July 23~~ **Oct 23** Head of Safeguarding/ Deputy Head of Safeguarding	**02.08.23/**05.07.23/07.06.23/01.05.23 TNA to be presented at TSOG August. RWT and WHT joint safeguarding training group have met monthly (from January 23) to review the staff levels/training programmes available to roll out from July 2023 across both Trusts. Joint training packages have now been scoped. Regular communication and targeting of staff outstanding with all training has been highlighted at senior meetings across the Trust. Plan to change WHT staff aligned to Level 3 (Adult) to Band 6 and above**.** 09.12.22 Elearning options escalated. Review of overall training programme (with RWT) to commence in Q4. Task and Finish Group to meet to look at the intercollegiate guidance. 06.10.22 Staff have been emailed directly with dates of forthcoming training dates.	**In process**
5	**Learning Disability Service Within WHT**	To review the current model of service provided by LD team (via BCHT) to	~~April 23~~ ~~June 23~~ **Sep 23**	**02/09/23** LC to liaise with Walsall Together to clarify if funding available. Update October.	**In process**

	Issue	Action required	Timescale for Update & Identified Lead	Progress Update	Evidence/RAG rating
	confirmation of role of LD service within Trust, and review of LD Strategy/Standards**.** Gap analysis to be undertaken to establish areas for escalation/improvement**.**	include posts, training, autism & LD Strategy. • Additional resource required during scoping of service (from May 2022) • LD Training roll out (Oliver McGowan) L1. • LD Business Case to be written and presented to WHT Finance group	Head of Safeguarding	**/**02.08.23**/**05.07.23**/**07.06**.23/**01.05.23 Business Case completed and sent to respective team at WHT. Referred to ICB (Sally Roberts) for funding consideration. EW/FP have met with BCHFT on 04.07.23 and agreed to work collaboratively with LD service leads to meet the needs of WHT and BCHFT teams as interim. Monthly meetings to be set up, key performance indicators to be agreed. Flagging of records (LD/Autism diagnosis) has also commenced. Oliver McGowan training in place. (E learning level 1) Compliance to be added to the safeguarding Dashboard from May 23. Meeting held with WHT and BCPHT 30.5.23 to clarify role and remit of service model. **03.04.23/03.02.23** Business case and financial proposal being finalised February 23 for presentation to Trust Finance/Contract Group. Escalated to Exec team LD Training – Oliver McGowan Level 2 has commenced for reporting on via Dashboard May onwards. Report on progress May TSOG	
6	**May 2022** **Liberty Protection Safeguards known as LPS (from Oct 2023 tbc) and Mental Capacity Assessment/Deprivation of**	Review of national (and local) documentation around the intended introduction of LPS and the impact and implications for WHT.	~~April 23~~ **Oct 23** SG Adult Lead	**07.06.23/01.05.23** **WHT advised from NHSE that the plans to implement LPS have now been put on hold (until the next parliament). Ongoing work will still focus on the work aligned to MCA/DoLS. There will be a local group meeting**	**In process**

	Issue	Action required	Timescale for Update & Identified Lead	Progress Update	Evidence/RAG rating
	Liberty Safeguard system work. WHT to be fully prepared for the forthcoming changes within legislation and implications for practice in regard to MCA/DoLS systems and processes.	• There should be WHT attendance at relevant national and local LPS events. • WHT to attend the Black Country STP LPS Group and feedback to SG Group • Identify a Trust 'Lead' for LPS • Set up a Trust Group with relevant stakeholders to support this work		**(ICB/Providers) to review processes as interim. Review progress in Q3.** 03.04.23 WHT attending relevant local/national groups. No update on LPS available. WHT working collaboratively with RWT and ICB to ensure all requirements in place. Contact made with Lincoln and Nottinghamshire Health Providers to seek any learning in regard to work regarding MCA and DoLs applications in readiness too.	
7	**JANUARY 2023** **Walsall Joint Area Inspection (JTAI)** Inspection undertaken in November 2022. Final feedback received January 2023	Review the final report and ensure any actions for WHT are completed.	~~April 23~~ ~~Sept 23~~ **Oct 23** Head of Safeguarding	**01.05.23/03.04.23** JTAI action plan circulated to respective service areas from Walsall LA. Forthcoming focus on information sharing systems and processes for accessing health data. Review progress update in Sept. 03.02.23/05.01.23 Final report received. Actions to be reviewed with partnership and updated. 4 areas for partnership to address. Action plan in development February 2023	**In process**
8	**February 2023** **Safeguarding Adult Referral Process** WHT Safeguarding team/Walsall Local Authority to work together on communication process to ensure cases resolved.	1.For SG Team to review the current process with Walsall Local Authority to ensure that the information/request for information is being directed to the correct service area. 2. To review WHT internal process for distributing cases that are referred by Walsall Local Authority 'front door' to ensure the appropriate service or team	~~April 23~~ **Sept 23** Adult SG Team	**02.09.23** **Number of outstanding S42's have now reduced. SG Adult Team planning in Q3 to review their IT system which populates open cases. Review December 23.** 07.06.23**/**01.05.23/03.04.23 The safeguarding team are meeting with Walsall Local Authority to oversee the S42's and to work on referral/communication model internally going	**In process**

	Issue	Action required	Timescale for Update & Identified Lead	Progress Update	Evidence/RAG rating
		within the Trust receive detail and updates in a timely manner.		forward. Cited within the Adult SG team monthly report. Update September 2023. Plan to meet with WHT quality/governance teams during July to progress**.**	
9	**Completion of Section 11 (Children Act 1989/2004) and Care Act for Adults to be completed by WHT before May 2023.**	For WHT to complete the S11 and Care Act compliance tool (received 27th March 23) and return to Walsall Local Authority by 12th May 2023.	~~May 23~~ **Oct 23** Head of Safeguarding	**02.08.23** **Walsall Local Authority meeting set up on Wednesday 9th August to review WHT submission. Action: to feedback results to TSOG.** 07.06.23 S11/Care Act data returned to WLA. Awaiting outcome. 01.05.23 Presented to TSOG in May 23 prior to sharing with Walsall LA. 03.04.23 Date to be set to complete the self-assessment toolkit process. TSOG group to receive the report in May for any comments before responding to Walsall Local Authority.	**Completed June 2023. Awaiting outcome.**
10	**June 2023** **Review of WHT Paediatric Safeguarding Medical process requested (by BCWB ICB). The key focus will be:** • **Attendance at Strategy Meetings** • **Benchmarking WHT paediatric service in line with national child protection medical documentation and**	• For WHT to meet with Designated Doctor for Walsall to confirm future actions. • For WHT Named Doctor for Safeguarding/HOS/Director of Nursing to meet every 3/12 to ensure oversight of safeguarding actions are in place. • MASH process to be reviewed to ensure paediatrician attendance is evidenced/documented.	~~Sep 2023~~ **Oct 2023** Named Doctor/Director of Nursing/ Head of Safeguarding	**02.06.23** **Meeting convened with BCWB Designated Doctor and WHT to clarify work to progress. The guidance for CP medicals to be used (within WHT) to benchmark current practice.**	**To commence June 2023**

	Issue	Action required	Timescale for Update & Identified Lead	Progress Update	Evidence/RAG rating
	local safeguarding procedures.	• WHT Named Doctor/Safeguarding Team/Paediatric Div to review service in line with national guidance for undertaking child protection medicals.			
11	**July 2023** **To review incident forms to identify key themes/learning for WHT**	• For WHT safeguarding children and adult team to report on themes identified following receipt of incident forms	**Oct 2023** Safeguarding Leads	**05.07.23** For Trust Group to receive data on key themes from September. To be agreed at Trust Group in July 2023. Review process in October 2023.	

Rag RATE	Description
	Not started yet, or Delayed
	In Process/Progress
	Completed Action

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting – to be held in Public on 11/10/2023		
Title of Report:	Biannual Skill Mix Review – June 2023 Data	Agenda Item No: 13.6
Author:	Gaynor Farmer – Corporate Senior Nurse for Workforce	
Presenter/Exec Lead:	Lisa Carroll – Chief Nursing Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☒No☐	Yes☒No☐	Yes☐No☐
Recommendations: The Trust Board is asked to review and endorse the findings from the June 2023 review.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None:		
Report Data Caveats	None		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: **Well-led, Effective, Safe**
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☒No☐	Details: **Workforce Standards**
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	None		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: People Committee 25/09/2023
	Board of Directors	Yes☒No☐	Date: Trust Board 11/10/2023
	Other	Yes☒No☐	Date: Trust Management Committee 21/09/2023

Walsall Healthcare NHS Trust

Summary of Key Issues using Assure, Advise and Alert
Assure • The biannual review ensures that the Trust has optimal nurse staffing levels meeting the requirements of the Developing Workforce Safeguards published by NHSI in October 2018 and National Quality Board Staff Safety Requirements published in July 2016. The Trust uses the Safer Nursing Care Tool (SNCT) a triangulating review based on staff numbers, acuity of patients and Professional Judgement referenced against Nurse Sensitive Outcome Indicators. • The review found no staffing concerns in the 17 adult ward areas it reviewed (16 in Manor Hospital and 1 in Hollybank), with similar data reflecting previous data from the January 2023 review. • Staffing levels do not need to be altered from previously agreed establishments based on the results from this review.
• **Advise** Changes to skill mix that had previously been agreed by Trust Board (June 2022) need to be made to relevant ward budget (Ward 7) • Ward 4 and Ward 14 have received additional NHSE funding to support opening beds. • Ward 17 still identifying funding routes to support the additional 4 NIV beds provided. • Further reviews • The next SNCT biannual review (January 2024) will incorporate ED (using the ED SNCT tool). • Within Q3 Outpatients and Theatres staffing will be reviewed • Within Q4 Clinical Nurse Specialist workforce will be reviewed.
Alert • N/A

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

Walsall Healthcare NHS Trust

Biannual Skill Mix Review

Report to Trust Board Meeting to be held in Public on the 11th October 2023

EXECUTIVE SUMMARY

OBJECTIVE

The fundamental aim of this report is to evaluate and present the nurse staffing levels within Walsall Healthcare NHS Trust (WHT) in alignment with national guidelines and standards. It adheres closely to the principles set forth by the National Quality Board in 2016 and the Developing Workforce Safeguards by NHS Improvement in 2018. The report focusses on ensuring that optimal staffing levels are maintained to deliver safe and high-quality patient care.

CONTEXT AND SCOPE

Concerns have been raised regarding the relationship between patient care and safety and the adequacy of nurse staffing levels (Francis, 2013). National directives have guided the need for a more triangulated approach that amalgamates evidence-based tools, professional judgment, and patient outcomes. WHT uses the 'Safer Nursing Care Tool' (SNCT) to calculate nurse staffing needs, taking into account the acuity and dependency of patients in the ward areas.

This report considers data collected over a span of 20 business days in January and June 2023 from:

- Sixteen adult inpatient ward areas
- One community inpatient ward

Notably, the review excludes data from specific areas like the Emergency Department, Ward 21, Paediatric Assessment Unit, and Ward 14, due to either recent approval of business cases or ongoing assessments.

OUTCOMES

There are no recommended changes to the agreed establishments of any of the reviewed inpatient wards.

The review also noted the following:

- Ward 7 had not received funding previously agreed in June 2022 for an additional 2.43 WTE Band 5 Registered Nurse(s).
- Ward 4 has secured funding via NHSE to open to 34 beds
- Ward 14 has secured funding via NHSE to substantively establish to 27 beds
- Ward 17 still needs to secure funding to establish substantive staffing for the 4 Non-Invasive Ventilation Beds it provides.

RECOMMENDATIONS

The Chief Nurse recommends the following:

- Changes to skill mix that have previously been agreed by Trust Board (June 2022 review) need to be made to the relevant ward budgets.
- Skill mix reviews are undertaken every six months and the next review will take place in January 2024 including utilising the new ED SNCT tool.
- Outpatients and Theatres will have an establishment review in Q3 of this financial year.
- Plans will be put in place for a review in Q4 of the Clinical Nurse Specialist workforce

Any Cross-References to Reading Room Information/Enclosures:

i. **Walsall Healthcare NHS Trust – Biannual Skill Mix Review (Data: June 2023)**

Agenda Item No: 13.6.1

WALSALL HEALTHCARE NHS TRUST BIANNUAL SKILL MIX REVIEW

Data collection June 2023

Author: Gaynor Farmer-Corporate Senior Nurse for Workforce
Responsible Director: Lisa Carroll Chief Nursing Officer

INTRODUCTION

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

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

Walsall Healthcare NHS Trust (WHT) uses the 'Safer Nursing Care Tool' (SNCT). The SNCT calculates nurse staffing requirements based on the acuity and dependency of the patients on a ward, and it is linked to nurse-sensitive outcome indicators.

This report includes data collected from January and June 2023 for the recommended 20 days (Mon-Fri) from:

- Sixteen adult inpatient ward areas
- One Community inpatient ward

The review did not include the following areas:

- The Emergency Department – business case was recently approved to facilitate the relocation into the new UEC. 1st trial of data collection was completed on June 23. It will be included in reports from Jan 24.
- Ward 21 (paediatric ward) – separate business case in progress.
- Paediatric Assessment Unit. Separate business case in progress.
- Ward 14- recently approved business case for staffing

RESULTS

OCCUPANCY, ACUITY, AND DEPENDENCY

Table 1 below summarises acuity scores from skill mix reviews February 2020- June 2023.

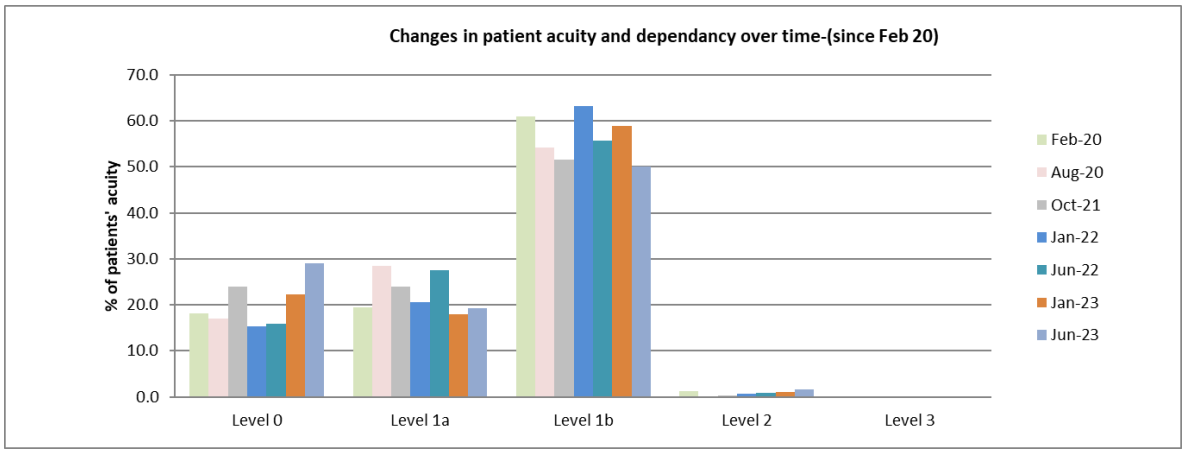
Table 1 Acuity Scores collected by Level

	Feb-20	Aug-20	Oct-21	Jan-22	Jun-22	Jan-23	Jun-23
Level 0	18.1%	17.1%	24%	15.4%	15.9%	22.2%	29%
Level 1a	19.5%	28.4%	24%	20.6%	27.5%	17.8%	19.2%
Level 1b	60.9%	54.2%	51.6%	63.3%	55.8%	58.8%	50%
Level 2	1.3%	0.2%	0.4%	0.7%	0.9%	1.06%	1.61%
Level 3	0	0	0.1%	0	0	0	0

Chart 1 demonstrates that acuity score 1b is the most common score consistently in each skill mix review since February 2020.

Data collection for January 2022 and 2023 is within the winter period, where typically, more patients are in the hospital with higher acuity and dependency because of chronic illness.

Chart 1 – Changes in patient acuity over time



Since September 2021, an E-learning Tool has been available for staff involved in data collection to complete.

In June 2023, to support the data collection, walkarounds were carried out to gain assurance of the data collection process, challenge acuity grading and support any learning needs identified.

These measures have enhanced staff knowledge around acuity recording, reduced variability and increased confidence in the reliability of the data.

NURSE SENSITIVE INDICATORS (NSI) BY AREA

Table 2 details the number of falls, pressure ulcers, medicine-related incidents, complaints and infections during January 2023 compared to June 2023.

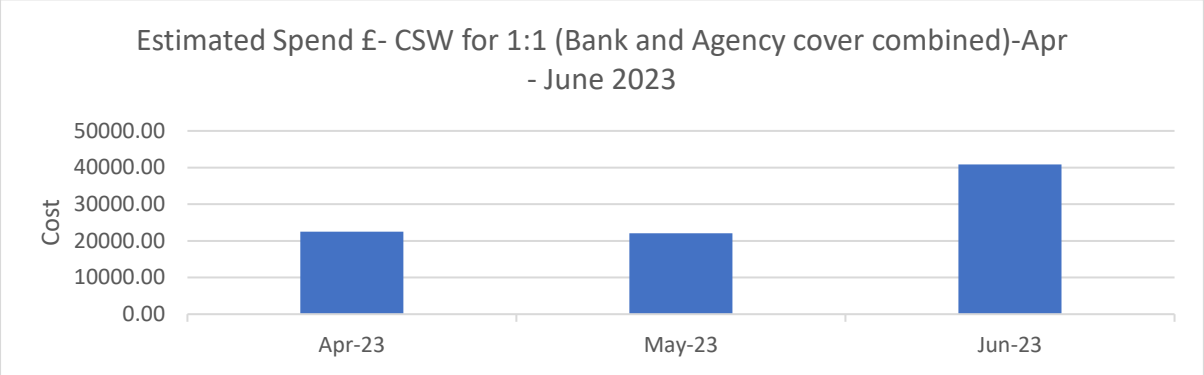
Table 2 – Nurse Sensitive Indicators by Area – Comparison January 2023 and June 2023

Jan23/Jun23 comparison													
		Jan-23	Jun-23	Jan-23	Jun-23	Jan-23	Jun-23	Jan-23	Jun-23	Jan-23	Jun-23	Jan-23	Jun-23
Jun-22	Ward	Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Pressure Ulcers Count	Pressure Ulcers Count	HCAI's	HCAI's	DOLS applications	DOLS applications	use of cohorted Bays	use of cohorted bays	use of 1:1 care	use of 1:1 care
MLTC	1	4.61	3.77	2	1	0	0	5	6	64%	86.36%	12	3
	2	0	0	0	0	0	1	4	4	75%	100%	9	3
	3	4	3.12	1	1	0	0	5	1	76%	87.27%	8	14
	4	3.8	5.08	1	0	0	0	1	4	67%	95.45%	12	8
	amu- 5/6		4.58		1	1	0	1	2	2.86%	2.60%	7	4
	7	5.56	0	1	0	0	0	0	1	40%	11.36%	8	5
	14		4.9		0	3	2	0	4	53.33%	42.42%	6	12
	15	2.33	3.57	0	0	0	0	0	2	17.50%	40%	11	8
	16	2.69	4.17	0	0	0	1	1	2	27.50%	37.27%	6	14
	17	2.67	1.41	0	1	0	0	0	2	11.25%	8.18%	5	4
	29	7.58	6.88	2	0	0	0	1	5	16.67%	28.03%	8	18
SURGERY	10	1.22	0	0	1	0	0	7	1	30%	36.36%	11	14
	11	2.71	1.53	0	0	0	0	1	1	0	10.91%	5	19
	12	1.3	1.73	0	0	0	2	9	5	11.25%	22.73%	9	14
	20A	4.72	4.27	0	0	0	0	0	1	2.50%	8.18%	4	1
WCCCS	23	0	0	0	0	1	0	0	0	0	0	0	0
COMMUNITY	Hollybank	8.55	0	0	0	0	0	0	0	0	0	0	8

The inpatient areas have seen an increase in 1:1 care, which has impacted the amount of temporary staffing used.

Chart 2 shows the indicative cost of 1:1 care by Bank and Agency CSWs in the 3 months preceding the June data collection. The total 3-month cost (April 2023- June 2023) is £85,523.

Chart 2- Estimated Cost of CSW cover for 1:1's.



SNCT OUTCOMES

Applying the SNCT multipliers to the data collected, the difference between funded and required establishments is calculated, including a 21% uplift. This model is based on establishment rather than actual nursing staff in post.

In June 2023, the SNCT review indicated the need for an increase in budgeted establishment of more than 10% in 2 wards, Wards 1 and 12.

After professional judgement reviews, the indicated increase in establishment vs. budget was more than 10% in 4 wards, Wards 4, 7, 10 and 12.

Table 3 SNCT establishment calculations June 2023

Division	Ward	WTE- Professional Judgement Jun 23	WTE- SNCT Acuity Tool June 23	Areas that identify 10% difference (SNCT/Budget)	CHPPD	Number of Funded Beds	WTE-Total budgeted required post skill mix review	% change from current budget/professional judgement	REG- Difference required from Current to Required budget (%)	CSW- Difference required from Current to Required budget (%)	Total difference required from Current to Required budget (WTE)
MLTC	Ward 1	49.48	52.9		6.32	34	50.28	5.85%	0.00	2.78	2.78
	Ward 2	49.35	49.7		6.65	34	50.28	5.85%	0.00	2.78	2.78
	Ward 3	49.35	50.3		6.44	34	50.28	5.85%	0.00	2.78	2.78
	Ward 4	49.35	41.7		6.66	34	50.51	10.62%	4.85	0.00	4.85
	Ward 5/6	83.59	68.6		10.26	37	84.59	0.00%	0.00	0.00	0.00
	Ward 7	36.37	33		6.34	23	37.01	10.71%	3.58	0.00	3.58
	Ward 14	0	22.9		8.33	27	remain same	0.00%	0.00	0.00	0.00
	Ward 15	38.96	41.9		6.71	28	40.00	0.00%	0.00	0.00	0.00
	Ward 16	38.96	34.6		7.25	24	39.95	2.78%	0.00	1.08	1.08
	Ward 17	31.17	36.8		1.17	24	35.47	0.00%	0.00	0.00	0.00
	Ward 29	49.48	49.6		6.58	36	50.30	0.00%	0.00	0.00	0.00
						Divisional Total	488.67		8.43	9.42	17.85
SURGERY	Ward 10	38.96	34.8		7.27	27	39.96	19.53%	3.50	3.03	6.53
	Ward 11	33.77	28.6		7.72	25	34.51	0.00%	0.00	0.00	0.00
	Ward 12	38.96	34.5		9.75	27	39.96	81.55%	9.95	8.00	17.95
	Ward 20a*	33.76	19.9		7.34	16	45.32	0.00%	0.00	0.00	0.00
						Divisional Total	159.75		13.45	11.03	24.48
WOMENS	Ward 23*	15.58	6.4		14.43	12	20.71	0.00%	0.00	0.00	0.00
						Divisional Total	20.71		0.00	0.00	0.00
COMMUNITY	Hollybank*	23.38	20.2		8.96	12	24.38	14.57%	2.81	0.29	3.10
						Divisional Total	24.38		2.29	0.29	2.58
								TOTAL REQUEST	**24.17**	**20.74**	**44.91**

budget vs snct= over 10%

16 beds or less-SNCT tool not applicable

budget vs professional judgement=over 10%

Areas highlighted GREY in Table 3 are less than 16 bedded areas, and the SNCT tool is not recommended for areas of this size.

Where the SNCT data for June 2023 identifies a change of more than 10% from the current budget, these can be explained by the following:

- Ward 1- acuities for Level 1B were higher than national benchmarking. The data was verified by Matron and the Division. This area reports that more than 70% of bays are cohorted on a regular basis, with May reported as 97% and June 86%.

- Ward 12- Previously agreed budget changes have not as yet been enacted; therefore, the SNCT/Budget gap is higher.

Charts 3 and 4 demonstrate SNCT WTE demand from the review vs. the current budget.

Chart 3 – WTE Difference between Budgeted Establishment and SNCT -June 23

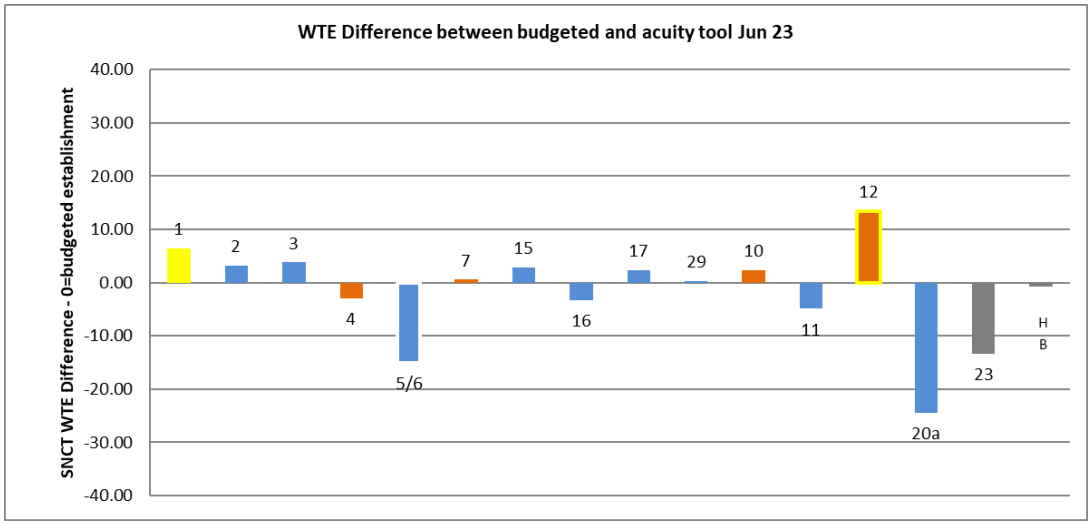
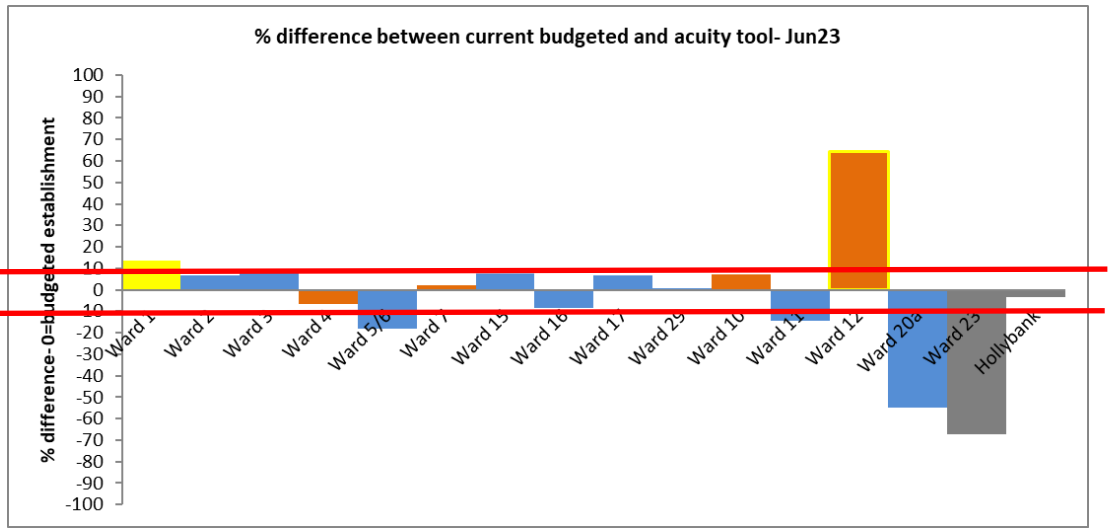


Chart 4-% difference between current budget and acuity tool-June 23



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

**** Wards 23 and Hollybank are exceptions- SNCT is not accurate or appropriate in departments with 16 beds or less.***

It is accepted that being within 10% of the SNCT multiplier suggests that WTE is within limits.

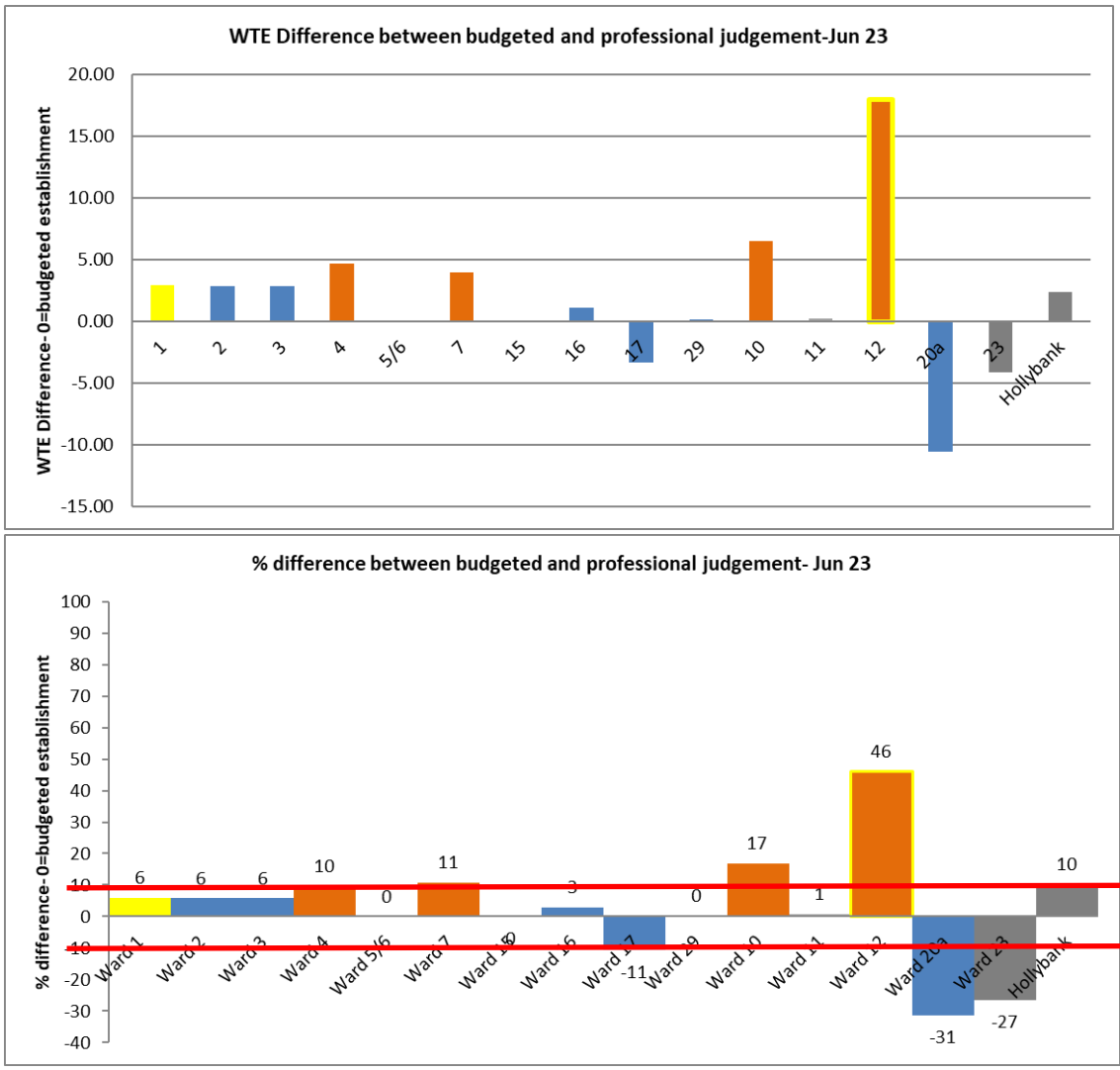
PROFESSIONAL JUDGEMENT OUTCOMES

When undertaking a skill mix review, the acuity/dependency data must be triangulated against the professional judgement and Nurse Sensitive Indicators. The application of professional judgement ensures specific local needs are included:

- Ward layout/facilities: The configuration of wards and facilities affects the nursing time available to deliver patient care. For example, wards with a high proportion of single rooms might make adequate surveillance of vulnerable patients more difficult.
- Escort duties: Consideration needs to be given if this role is likely to affect the number of staff required.
- Shift patterns: The type of shift patterns (long versus short days) may affect the overall establishment required to ensure shift-to-shift staffing levels.

Chart 5 shows the variation between the current budgeted establishment and professional judgement.

Chart 5 – WTE variation from the current establishment to professional judgement June 23



ANALYSIS

Decisions to change staffing requirements must be based on a thematic analysis over time rather than a single-point measurement unless:

i. One measurement has changed significantly and is supported by other triangulated data.

ii. Activity and/or acuity have been altered significantly (change of speciality/bed base change).

DIVISION OF MEDICINE AND LONG-TERM CONDITIONS

WARD 1- Acute Older People

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
3.77	1	0	6	86.36%	3	99%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	4.0	18.9	3.0	0.00	20.6	47.5
Jan 2022	1.00	4.0	18.9	3.0	0.00	25.97	52.87
June 2022	1.00	4.0	18.9	3.0	0.00	25.97	52.87
Jan 2023	1.00	4.0	18.9	3.0	0.00	23.38	50.28
June 2023	1.00	4.0	18.9	3.0	0.00	23.38	50.28

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in January 2024

WARD 2 –Acute Older People

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
3.77	0	1	4	100%	3	99%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	4.0	18.9	3.0	0.00	20.6	47.5
Jan 2022	1.00	4.0	18.9	3.0	0.00	20.6	47.5
June 2022	1.00	4.0	18.9	3.0	0.00	20.6	47.5
Jan 2023	1.00	4.0	18.9	3.0	0.00	23.38	50.28
June 2023	1.00	4.0	18.97	3.0	0	23.38	50.35

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in January 2024

WARD 3- Acute Older People

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
3.12	1	0	1	87.27%	14	97%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	4.0	18.9	3.0	0.00	20.6	47.5
Jan 2022	1.00	4.0	1.83	3.0	0.00	23.38	49.21
June 2022	1.00	4.0	18.9	3.0	0.00	23.38	50.28
Jan 2023	1.00	4.0	21.5	3.0	0.00	23.38	52.95
June 2023	1.00	4.0	18.97	3.0	0.00	23.38	50.35

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in January 2024

WARD 4- Acute Older People

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
5.08	0	0	4	95.45%	8	94%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	4.0	17.28	0	0	23.38	45.66
Jan 2022	1.00	4.0	1.83	3.0	0.00	23.38	49.21
June 2022	1.00	4.0	18.9	3.0	0.00	23.38	50.28
Jan 2023	1.00	4.0	21.5	3.0	0.00	23.38	52.9
June 2023	1.00	3.84	22.13	0.00	0.00	23.38	50.35

Recommendation: The Nurse-sensitive indicators are stable. Funding has been secured from NHSE to substantively establish ward 4 to its full bed base of 34 beds. No further action; review again in January 2024

WARD AMU- Acute Medical unit

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
4.58	1	0	2	2.6%	4	100%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

AMU did not undertake data collection for the SNCT in January 2023 as a business case had been approved in preparation for the relocation to the new Urgent and Emergency Care Centre and to ensure staffing was in line with national guidelines.

SNCT Data collection period	**Band 7**	**Band 6**	**Band 5**	**Band 4**	**Band 3**	**Band 2**	**Total Budgeted WTE**
Current WTE- approved Business Case 2023	6.41	13.0	31.18	0	0	31.18	81.77
June 2023	6.22	26.12	26.8	0	0	41.56	100.7

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in January 2024

WARD 7- Cardiology

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
0	0	0	1	11.36%	5	96%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	**Band 7**	**Band 6**	**Band 5**	**Band 4**	**Band 3**	**Band 2**	**Total Budgeted WTE**
Current WTE approved June 2021	1.00	7.56	12.24	0.00	0.00	12.63	33.43
Jan 2022	1.00	7.56	14.67	0.00	0.00	12.99	36.22
June 2022*	1.00	7.56	14.67	0.00	0.00	12.99	36.22
Jan 2023	1.00	7.56	14.67	0.00	0.00	12.99	36.22
June 2023	1.00	7.56	15.82	0.00	0.00	12.99	37.37

Recommendations: Nurse-sensitive indicators are stable. The uplift in the band 5 RN workforce by 2.43 WTE previously agreed by the Trust Board following the June 2022* review needs to be enacted. There is no further change required – review January 2024.

WARD 14-General Medicine

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
4.9	0	2	4	42.42%	12	98%

WTE is indicated below as in the post because the business case is not yet finalised:

SNCT Data collection period	**Band 7**	**Band 6**	**Band 5**	**Band 4**	**Band 3**	**Band 2**	**Total In post WTE**
Current WTE in post* **	1.0	2.92	14.0	0	0	8.0	25.92
Jan 2023	No SNCT was undertaken, as was 20 bedded extra capacity area						
June 2023	No changes are recommended from the 2023 Business case, which is still going through the approval						

Recommendations: Nurse sensitive indicators are stable. Funding has recently been secured from NHSE to establish ward 14 substantively. Review in January 2024.

WARD 15-General Medicine/ Diabetes/ Haematology

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
3.57	0	0	2	40%	8	96%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	**Band 7**	**Band 6**	**Band 5**	**Band 4**	**Band 3**	**Band 2**	**Total Budgeted WTE**
Current WTE approved June 2021	1.00	4.0	15.0	2.00	0.00	18.0	40.0
Jan 2022	1.00	4.0	15.0	2.00	0.00	18.0	40.0
June 2022	1.00	4.0	15.0	2.00	0.00	18.0	40.0
Jan 2023	1.00	4.0	17.6	2.00	0.00	18.0	42.6
June 2023	1.00	4.0	14.78	2.00	0.00	18.18	39.96

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in January 2024

WARD 16- Gastroenterology

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy

4.17	0	1	2	37.27%	14	99%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	3.00	15.78	2.00	0.00	17.18	38.96
Jan 2022	1.00	3.00	15.00	3.00	0.00	17.00	39.10
June 2022	1.00	3.00	15.00	2.00	0.00	17.0	38.77
Jan 2023	1.00	3.00	15.78	2.00	0.00	18.18	39.96
June 2023	1.00	3.00	15.78	2.00	0.00	18.18	39.96

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in January 2024

WARD 17- Respiratory

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
1.41	1	0	2	8.18%	4	98%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	5.20	12.80	3.00	0.00	12.90	34.90
Jan 2022	1.00	5.20	14.03	3.00	0.00	18.18	41.41
June 2022	1.00	5.20	14.03	3.00	0.00	18.18	41.41
Jan 2023	2.68	5.20	14.03	3.00	0.00	18.18	43.09
June 2023	1.0	5.40	12.78	0.00	0.00	12.99	32.17

Recommendation: The Nurse sensitive indicators are stable. No further action, review again in January 2024. It is important to note that the Ward is currently delivering NIV care to 4 additional beds. A business case has been developed for a Respiratory Support Unit and routes to funding are being discussed with the ICB

WARD 29- Acute Medical

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
6.88	0	0	5	28.03%	18	95%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	4.0	19.7	5.0	0.00	20.60	50.35
Jan 2022	1.00	4.0	19.7	5.0	0.00	20.6	50.35
June 2022	1.00	4.0	19.7	5.0	0.00	20.6	50.35
Jan 2023	1.00	4.0	19.7	5.0	0.00	20.6	50.35
June 2023	1.00	4.0	19.7	5.0	0.00	20.78	50.48

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in January 2024

DIVISION OF SURGERY

WARD 10- Trauma

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
0	1	0	1	36.36%	14	91%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	2.52	9.82	4.94	0.00	15.15	33.49
Jan 2022	1.00	2.52	12.17	4.94	0.00	18.18	38.81
June2022*	1.00	2.52	12.17	4.94	0.00	18.18	38.81
Jan 2023	1.00	2.52	12.17	4.94	0.00	18.18	38.81
Jue 2023	1.00	2.52	13.32	4.94	0.00	18.18	39.96

Recommendations: Nurse-sensitive indicators are stable. No further action, review again in January 2024

WARD 11- Complex Surgery

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
1.53	0	0	1	10.91%	19	86%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	2.60	14.76	1.00	0.00	15.15	34.51
Jan 2022	1.00	2.60	16.03	1.00	0.00	18.18	38.81
June2022	1.00	2.60	16.03	1.00	0.00	18.18	38.81
Jan 2023	1.00	2.60	17.18	1.00	0.00	18.18	39.96
June 2023	1.00	2.60	14.58	1.00	0.00	15.58	34.77

Recommendation: The Nurse-sensitive indicators are stable. No further action, review again in January 2024

Ward 12-Emergency Surgery

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
1.73	0	2	5	22.73%	14	73%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	2.00	10.43	1.00	0.00	7.58	22.01
Jan 2022	1.00	2.00	19.23	1.00	0.00	15.58	38.81
June2022*	1.00	2.00	19.23	1.00	0.00	15.58	38.81
Jan 2023	1.00	2.00	19.38	1.00	0.00	15.58	38.96
June 2023	1.0	2.00	20.38	1.00	0.00	15.58	39.96

Recommendations: Nurse sensitive indicators are stable. No further action, review again in January 2024

Ward 20a-Elective Surgery

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
4.27	0	0	1	8.18%	1	114%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	4.32	19.34	1.00	0.00	20.09	45.75
Jan 2022	1.00	4.32	21.34	1.00	0.00	20.21	47.87
June2022	1.00	4.32	21.34	1.00	0.00	20.21	47.87
Jan 2023	1.00	4.32	19.34	1.00	0.00	20.78	46.44
June 2023	1.00	4.32	12.86	1.0	0.0	15.58	34.76

Recommendation: The Nurse sensitive indicators are stable. No further action, review again in January 2024.

DIVISION OF WOMEN AND CHILDREN

WARD 23-Gynaecology

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
0	0	0	0	0%	0	63%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	1.00	11.13	0.00	0.00	7.58	20.71
Jan 2022	1.00	1.00	11.13	0.00	0.00	7.58	20.71
June2022	1.00	1.00	11.13	0.00	0.00	7.58	20.71
Jan 2023	1.00	1.00	11.13	0.00	0.00	7.58	20.71
June 2023	1.00	1.00	9.39	0.00	0.00	5.19	16.58

Recommendation: The Nurse-sensitive indicators are stable. No further action; review again in January 2024.

DIVISION OF COMMUNITY

HOLLYBANK HOUSE-Stroke Rehabilitation

Nurse Sensitive Indicators:

Falls per 100 bed days	Pressure ulcers	HCAI's	DOLs applications	Use of cohorted bays %	Use of 1:1 count	Bed occupancy
0	0	0	0	0%	8	92%

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – June 2023:

SNCT Data collection period	**Band 7**	**Band 6**	**Band 5**	**Band 4**	**Band 3**	**Band 2**	**Total Budgeted WTE**
Current WTE approved June 2021	1.00	3.52	7.18	0.00	0.00	10.10	21.80
Jan 2022	1.00	3.52	8.32	0.00	0.00	10.39	23.23
June2022	1.00	3.52	8.32	0.00	0.00	10.39	23.23
Jan 2023	1.00	3.52	9.47	0.00	0.00	10.39	24.38
June 2023	1.00	3.0	9.99	0.00	0.00	10.39	24.38

Recommendation: The Nurse sensitive indicators are stable. No further action, review again in January 2024.

Chief Nurse Recommendations to Trust Board following completion of the skill mix review in June 2023

The Chief Nurse recommends the following:

- Changes to skill mix that have previously been agreed by Trust Board (June 2022 review) need to be made to the relevant ward budgets.
- Skill mix reviews are undertaken every six months and the next review will take place in January 2024 including utilising the new ED SNCT tool.
- Outpatients and Theatres will have an establishment review in Q3 of this financial year.
- Plans will be put in place for a review in Q 4 of the Clinical Nurse Specialist workforce

APPENDIX 1

Levels of acuity and dependency

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

•Elective medical or surgical admission

•May have an underlying medical condition requiring ongoing treatment

•Patients awaiting discharge

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

•Regular observations 2 - 4 hourly

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

•ECG monitoring

•Fluid management

•Oxygen therapy less than 35%

•Patient controlled analgesia

•Nerve block

•Single chest drain

•Confused patients not at risk

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

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

Increased level of observations and therapeutic interventions

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

•Post-operative care following complex surgery

•Emergency admissions requiring immediate therapeutic intervention.

•Instability requiring continual observation / invasive monitoring

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

•Arterial blood gas analysis - intermittent

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

•Severe infection or sepsis

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

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

•VAC therapy, where ward-based nurses undertake the treatment

•Patients with Spinal Instability / Spinal Cord Injury

•Mobility or repositioning difficulties requiring the assistance of two people

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

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

•Patients on End-of-Life Care Pathway

•Confused patients who are at risk or require constant supervision

•Requires assistance with most or all activities of daily living

•Potential for self-harm and requires constant observation

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

Level 2: May be managed within clearly identified, designated beds, resources with the required expertise and staffing level OR may require transfer to a dedicated Level 2 facility / •Deteriorating / compromised single organ system.

•Post-operative optimisation (pre-op invasive monitoring) / extended post-op care.

•Patients requiring non-invasive ventilation / respiratory support; CPAP / BiPAP in acute respiratory failure

•First 24 hours following tracheostomy insertion

•Requires a range of therapeutic interventions including:

•Greater than 50% oxygen continuously

•Continuous cardiac monitoring and invasive pressure monitoring

•Drug Infusions requiring more intensive monitoring e.g., vasoactive drugs (amiodarone, inotropes, GTN) or potassium, magnesium

•Pain management - intrathecal analgesia

•CNS depression of airway and protective reflexes

•Invasive neurological monitoring unit

Level 3: Patients needing advanced respiratory support and / or therapeutic support of multiple organs.

•Monitoring and supportive therapy for compromised / collapse of two or more organs / systems

•Respiratory or CNS depression / compromise requires mechanical / invasive ventilation

•Invasive monitoring, vasoactive drugs, treatment of hypovolaemia / haemorrhage / sepsis or neuroprotection.

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a. ‘Hard Truths’ Commitments NHS England http://www.england.nhs.uk/2014/04/01/hard-truths/ April 2014

b. Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - Safe, sustainable and productive staffing. National Quality Board, July 2016 http://www.england.nhs.uk

c. Griffiths P, Ball J, Murrells T, Jones S, Rafferty AM (2016b) Registered nurse, health care support worker, medical staffing levels and mortality in English hospital Trusts a cross-sectional study. BMJ open 5:e008751

d. NHS England (2014) Five Year Forward http://www.england.nhs.uk/ourwork/futurenhs

e. NHS England (2016) Leading Change, Adding value: A framework for nursing, midwifery and care staff http://www.england.nhs.uk/ourwork/leading-change

f. NICE (2013) Safe staffing for nursing in adult inpatient wards in acute hospitals. http://www.nice.org.uk/guidance/SG1

g. NQB (2016) How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability http://www.england.nhs.uk/ourwork/part-rel/nqb

h. The Safer Nursing Care Tool The Shelford Group – 2013 http://shelfordgroup.org/resource/chief-nurses/safer-nursing-care-tool http://shelfordgroup.org/library/documents/SNCT A4 pdf

i. Developing Workforce Safeguards – 2018 NHSI.

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting to be held in Public 11 October 2023		
Title of Report:	Maternity Services Report	Agenda Item No: 13.7
Author:	Jo Wright Director of Midwifery, Gynaecology and Sexual Health josellewright@nhs.net Vinita Gurung Clinical Director for Obstetrics and Gynaecology vinita.gurung@nhs.net	
Presenter	Jo Wright, Director of Midwifery, Gynaecology and Sexual Health	

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

Recommendations:

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

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

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

Summary of Key Issues using Assure, Advise and Alert

Assure

- The Trust was able to maintain 1:1 care in labour throughout the reporting period.
- MSDS data submitted as per CNST requirements for July.
- Maternity Voices Partnership continue to work with service users and healthcare professionals to enhance services.

Advise

- Midwifery Led Unit nearing completion.
- Preterm Birth rate appears to be increasing.
- ATAIN quarterly report completed as per CNST requirements
- Notification from HSIB that cases in the region may be reopened.
- Maternity services undertaking local and national initiatives to enhance a safety culture.
- Perinatal mortality review undertaken to analyse cases for May, June and July.
- Maternity services working towards increasing compliance with booking for pregnancy prior to 10/40 below national average.
- Saving Babies Lives Care Bundle on target for compliance of 70%

Alert

- MSW vacancy of 15.00 wte.
- Midwifery Staffing on risk register score of 16.
- Bereavement suite facilities requiring review and action.

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

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

Brief/Executive Report Details

Maternity Services Report

Growing and Retaining our Workforce: Maternity Workforce update

This report will provide a concise update regarding the on-going position on the elements cited.

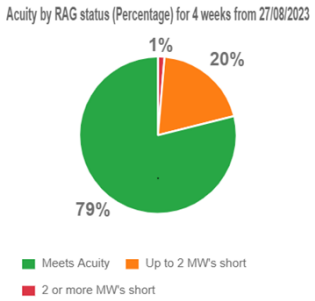
Staffing challenges have increased in September, due to short-term sickness, robust management as per policy of sickness absence is ongoing. There has been an improvement in long term sickness and maternity leave has remained stable for the month of September. In addition, other staffing challenges including annual leave, parenting leave and study leave have placed additional pressures on midwifery staffing.

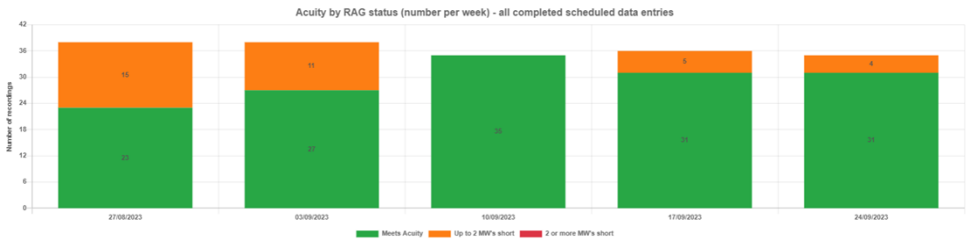
The management of change (MoC) for the maternity support workers (MSW) is reaching a conclusion. The next phase, matching MSW to clinical areas and putting MSW posts out to advert is now in progress. The vacancy is 17.83wte however 5.35wte of this is for the midwifery led unit (MLU) which is not yet open. Improvements in staffing within the MSW team should be seen by November 2023. No adverse incidents have been identified via Safeguard incident reporting system that have been linked to shortfalls in staffing and vacant shifts have been managed within the service with MWs and MSWs undertaking additional shifts. Midwives recruited in May 2023 will also join the service in October 2023.

Area	Vacancy WTE		Maternity Leave WTE		LT Sickness WTE		ST Sickness WTE	
Team	MW	MSW	MW	MSW	MW	MSW	MW	MSW
ANC/ FAU	-0.20	0.43	1.0		0.61		1.25	8.05
Delivery Suite	-4.08	3.07	5.75		2		6.52	
MLU	1.30	5.42						
Community	0.17	2.37	1.0		3.0		0.80	
Wards	8.38	6.54	0.96		0.61		1.23	5.29
UNIT Total	5.57wte	17.83wte	8.71wte		6.22wte		9.98wte	13.34wte

%	A/L	Other	Parenting	Sickness	Study	Working day	Total
ANC	15.2	0.6	3.7	7.8	0.4	0	20.8
DS	16.8	0.5	9.5	5.6	1.1	0.8	28.7
Wards	13.7	1.3	2.4	4.9	0.8	3.3	21.5
Community	13.1	0	0	7.6	0	0.2	13.3
UNIT TOTAL	14.7%	2.4%	3.9%	7.07%	0.57%	1.07%	21%

On occasions when the wards and delivery suite were at levels of high acuity the correct escalation procedure was activated, staff were redeployed, and the on-call maternity manager called. Acuity was 79% for September, there were 6 occasions where red flags were triggered, these were delays in the induction of labour process and 2 episodes of delayed care/ procedure in periods of high activity. Where staffing proved, challenging specific actions were taken to maintain safety and 100% of women received 1:1 care in labour.





To support and maintain safety during times of increased acuity several managerial and clinical actions were also taken these actions centred commencing and delaying induction of labour. The quality improvement project focussing on induction of labour continues, prioritisation Standard Operating Procedure has been completed and the electronic booking system on BadgerNet is now in operation. No adverse outcomes have been reported on Safeguard incident reporting system due to delay in commencing or continuing IOL or delay with care/ procedure.

Staffing factors		
Cause	No	%
unable to fill vacant shifts	81	52%
Unexpected sickness	54	35%
MW redeployed to other area	13	8%
Support staff less than rostered numbers	6	4%
Midwife on transfer duties	1	1%

Clinical Actions taken		
Action	No	%
Delay in continuing IOL as per Trust guideline	58	79%
elay in commencing IOL as per trust guidelines	13	18%
Delay in accepting transfers	1	1%
Delay /cancel planned procedures e.g. ECV, Cervical suture	1	1%

Management Actions taken		
Action	No	%
Redeploy staff internally	31	48%
Escalate to Manager on call	12	19%
Specialist midwife working clinically	7	11%
Staff unable to take allocated breaks	7	11%
Redeploy from community	2	3%
Staff stayed beyond rostered hours	2	3%
Manager/Matron working clinically	2	3%
Redeploy staff from training	1	2%

Maternity Red Flags		
Item	No	%
Delayed or cancelled time critical activity	18	90%
Delay between admission for induction and beginning of process	1	5%
Delivery Suite Co-ordinator is not supernumerary	1	5%

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

Working with local providers to support women and families.

Maternity services are working with Family Hubs which bring together multiple organisations in a ‘one stop shop’ to make it easier to get the help you and your family need. Current focus is on increasing and supporting women to breast feed. Walsall Health Care Trust aim to achieve Baby Friendly Accreditation by April 2024

Following an adverse incident in May 2023 involving skin to skin a quality improvement project has been underway to ensure that skin to skin is being done safely. This has involved the Maternity Voices Partnership, theatres, maternity inpatient and outpatient areas and all professional groups. The result has been a campaign to raise awareness this has included a video, written information, new guidance, and parent education.

Maternity specific data

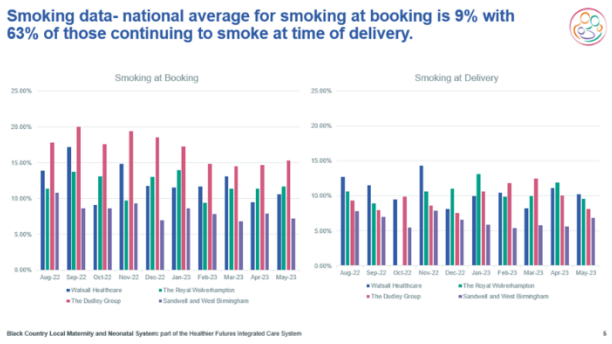
NICE guidance currently specify that women should be booked by 10/40 weeks. WHT is currently not achieving the national target of booking 85% of women by this gestation and sits at around 42%.

On investigation the reasons for this has been found that the interpretation of the guidance by staff was the 1st appointment/ contact had to be by 10/40 not the complete booking. As a result the following actions have been taken to increase compliance with this target.

1) All staff have been advised of the national target for booking by 10/40.
2) The self-referral app will be launched in September enabling women to self-refer much earlier thus being booked earlier.
3) A letter will be going out to all GPs regarding the app and booking requirements.
4) The community team leaders liaised with the ante natal clinic clerks and arranged for them to email whoever is covering the clinics that day with all required bookings.
5) Bookings will be discussed at the next MVP meeting so that the MVP leads can use their links to disseminate information around booking by 10/40.

Smoking in pregnancy

Reducing the rate of women smoking in pregnancy remains a challenge, education is provided to both women and staff around the harmful effects of smoking but there has been little gain in reducing post pregnancy smoking rate. Women are carbon monoxide (CO) tested during pregnancy and those who smoke are tested at each appointment. The referral to smoking cessation is an opt out service and all women with a CO reading of more than 4ppm are referred. Nicotine replacement therapy is also provided for those referred if they wish to use this, it is also provided to partners who smoke. CO monitoring is currently being completed for 96% of women at booking and 92% of women at 36/40.



Maternity services will work with service users, the MVP and the Trust Health in Pregnancy team to try and understand why women at WHT do not stop smoking in pregnancy and what the service can do to support smoking cessation.

Saving Babies Lives Care Bundle Version 3

Overall Scoring

		DGFT	RWT	SWB	WHT
Element 1	Smoking in pregnancy	40%	50%	50%	60%
Element 2	Fetal growth restriction	60%	25%	45%	80%
Element 3	Reduced fetal movements	50%	50%	50%	50%
Element 4	Fetal monitoring in labour	20%	20%	60%	60%
Element 5	Preterm Birth	33%	63%	0%	63%
Element 6	Diabetes	100%	17%	17%	33%
Overall	Total	47%	43%	27%	64%

Saving Babies Lives Version 3 was released in June 2023. Implementation of the care bundle is ongoing and WHT is currently at 64% compliance against a target of 70%. Element 6, Diabetes (new for 2023), is currently at 33% compliance, this compliance will increase significantly once the Diabetes guidelines are ratified. The care bundle is reviewed independently within the LMNS to provide assurance that the elements are being achieved.

Maternity services continue to receive predominately positive feedback from service users.

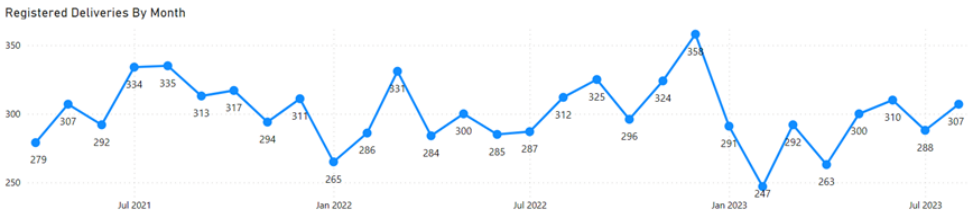
The induction of labour quality improvement project is currently looking at how to enhance the experience of our service users. Women receive intense 1:1 care in induction and labour process but this is not replicated postnatally where the ratio is 1:6 midwife: woman. A 15 steps exercise was recently undertaken with service users to incorportae their perspective of the induction process so maternity services can learn and share best practice.

Maternity Refurbishments

The midwifery led unit is now nearing completion, the build is complete and final checks are now taking place prior to the formal handover. An area involving no renovation (bathroom adjacent to MLU) has been escalated and the maternity team are awaiting a response. The overall build quality has not met expectation, and this is currently being addressed and a recent Maternity Safety Champions walk has supported this. The Maternity Voices Partnership has involved service users from the outset of the project to ensure that it meets their needs and provides a high-quality birth experience. The bereavement suite on delivery suite is also undergoing full refurbishment, the build is also concluding. However there an issue has come to light involving medical gasses that is currently being explored by the maternity team as it may incur additional cost and delay to the build.

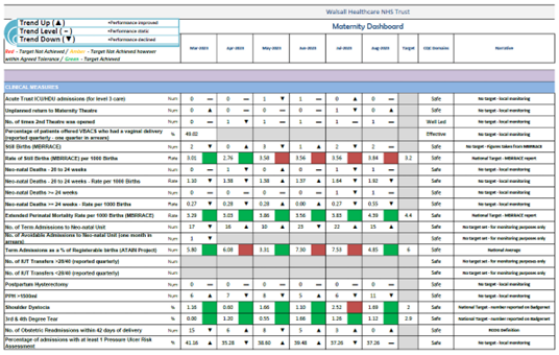
Standards and structures that underpin safer, more personalised, and more equitable care.

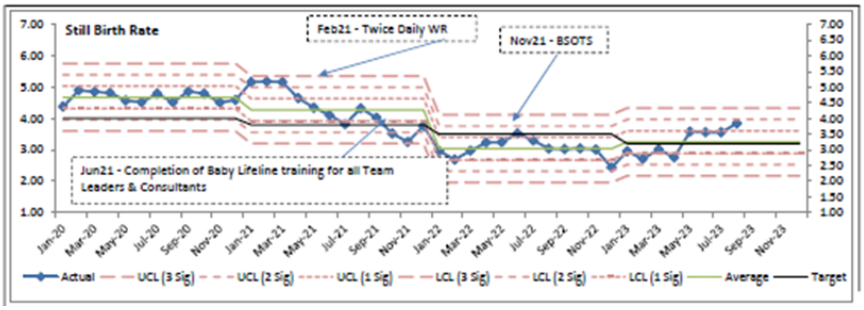
Births within the service remain consistent, at around 300 births per month. The service has offered to support Royal Wolverhampton Hospital by transferring 30 births per month to Walsall Health Care NHS Trust.

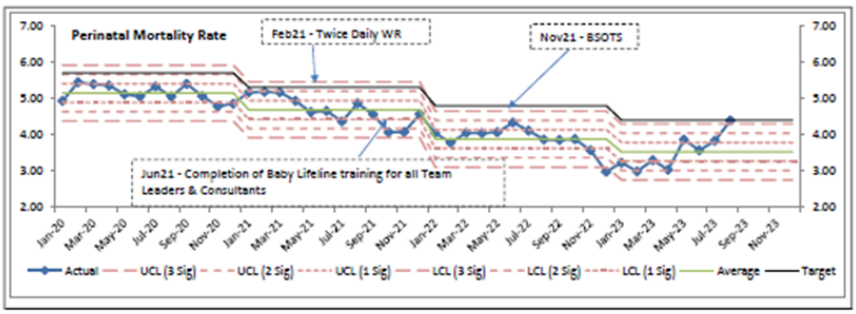


Perinatal Mortality

The still birth (SB) rate had increased from 2.72:1000 April to 3.56:1000 in May and remained at this rate May-July 2023. August 2023 saw a further slight increase in PNM to 3.84:1000. The perinatal mortality rate is 4.4:1000 against a national target of 4:4:1000. A PNM themed review was undertaken for May- July 2023 and a theme emerged around the management of pre-eclampsia, particularly in mild to evolving cases. An action plan involving education, shared learning and increasing communication is being developed to address these themes.







The PNM review identified 11 cases of PNM, of these 7 cases were eligible for review. Excluded cases included e.g. known abnormalities, termination of pregnancy. Part of the review included reviewing PMRT and Incident review findings alongside reviewing electronic pregnancy records. Of cases where PNM occurred there were 2 Caucasian women and 5 women of Asian or Black background. Pregnancy loss occurred at several gestations from 25+6/40 to 40/40. There were 5 SB and 2 NND. Of the cases reviewed although incidental learning was identified the management of care was found to have had no impact on the outcome. However, 1 case of a 40/40 NND which occurred on the NNU and was not previously reviewed by the maternity team was found to potentially have care issues both maternity and neonatal that may have changed the outcome. A further review of this case is currently underway to ascertain if the identified issues impacted on the poor outcome. Some of the themes identified from the review included.

- Aspirin administration in the antenatal period
- Identification and management of pre-eclampsia
- The management around mid-stream urine samples
- Identification and treatment around deteriorating patients.

An action plan involving education, shared learning and increasing communication is being developed to address these themes. (Please see attached report)

Further actions taken around increased PNM include:

- The concern has been raised at the LMNS Operational and Delivery Board around the increased regional rate. All 4 Trusts are seeing an increase in their PNM this is to be discussed further in the Quality and Safety Work Stream and Clinical Transformation Workstream and the Director of Midwifery for the LMNS has proposed a Quality Improvement project on the subject.
- Royal Wolverhampton Hospitals have also seen an increase in the PNM, therefore RWT and WHT will be commencing a joint review of cases in October 2023
- The maternal medicine pathway and referral systems are being reviewed to provide assurance that women are receiving the level of care their risk status requires.
- A meeting with the Chief Nurse, Medical Director, Clinical Director of Obstetrics and Director of Midwifery has been requested.

An action plan involving education, shared learning and increasing communication is being developed to address these themes. (Please see attached report)

HSIB
The service has received notice from the Health Service Investigation Branch (HSIB) that a closed case may be reopened. This is due to HSIB potentially not following its own triaging of cases. This is expected to be a regional issue and other maternity units may be asked to do the same while a review of their processes take place.
Letter of concern received from HSIB regarding care of maternal mortality case. The later raised questions regarding peak flow measurements emergency department (ED) and the urgent treatment centre. (UTC). ED and UTC will respond to the concern.(Please see attached letter). There has been one case referred to HSIB in September involving therapeutic cooling, the service is awaiting a response from HSIB as to whether this has been accepted. There have been no serious incidents reported.

Safety Action 2: Clinical Negligence Scheme for Trusts (CNST).
The Maternity Services Data Set (MSDS data) has been successfully submitted as per Safety Action 2 detailed in CNST year 5 requirements, full notification and confirmation of submission will be received in October 2023

Preterm Birth
April 2023 saw a sharp increase in the preterm birth rate at WHT. As a result of this the maternity service undertook a review of all preterm birth cases for that month. The review found that in April 2023, there were 28 patients (11%) of all births, women were 22-37 weeks gestation at delivery. Of these cases 63% of births were to Caucasian women, 7% were to black African Women, 4% were to Indian and 4% were to Pakistani women and 11% were to dual heritage women. There was 1 woman at 23/40 who had a NND, and the rest were live births. These included 2 women at 31/40, 1 woman at 32/40, 2 women at 33/40, 3 women at 34/40, 4 women at 35/40 and 13 women at 36/40.

Review of the care has concluded no care issues and suggested that these births could not have been prevented. It is important to note that although WHT had a spike in preterm birth in April when looking at a 6 month average 3 of the LMNS maternity units had a preterm birth rate comparable to each other and WHT had a the 2nd lowest preterm birth rate in the LMNS.(Please see attached report)

ATAIN (Avoiding Term Admissions into Neonatal units
The number of baby admissions to neonatal unit for quarter 4 totalled 44 (5% of all births) this is in line with the national target of 5%. Of this, 18 babies this quarter (55 %) were admitted with TTN and 25% of admissions where to mother was preexisting and gestational diabetics. (Please see attached report). To address neonatal admissions actions include addressing both staff and service user factors such as service user actions around diet and diabetes. All babies are reviewed as per ATAIN (Avoiding Term Admissions into Neonatal unit case review

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

Maternity services have been engaging in work to enhance culture with the service.

In May 2022 Barbara Wren Psychologist was commissioned by the previous Director of Midwifery to carry out a culture review in the maternity service. The context was a CQC visit in 2021 which has raised issues to be addressed after a sustained period of recognised improvement in maternity services. The maternity leadership team were keen to ensure that they had full, 360-degree oversight of staff experience and culture in the service going forward. The review is ongoing and involves a number of interviews with a cross section of maternity service staff exploring their experience of work roles, context, team and leadership.

Perinatal Culture & Leadership Development Programme

The programme by NHS England recognises that, leaders in maternity services are leading in extremely difficult circumstances, and staffing is a daily challenge, so this programme has been designed to help leaders connect as a team and give them space needed to problem solve and plan for the future. It is designed to support perinatal teams to improve experiences for women, families and babies and create a more collaborative, supportive workplace for you and your wider teams. The programme is designed for the perinatal quadrumvirate, or 'quad', group of senior leaders from each site in your organization (including senior midwifery, obstetric, neonatal, and operational representation) to attend together. Typically, this will include the Director of Midwifery, Clinical Director Obstetrics, Clinical Lead for neonates and operational manager/lead.

WHT QUAD will be commencing on the programme in October 2023

- Trust Board Report in full

Reports for reference in Reading Room:

- Perinatal Mortality Thematic Review
- Preterm Birth Review (April)
- HSIB letter of concern
- ATAIN Quarterly Report
- Maternity Health Safety Investigation Branch update for Walsall September 2023

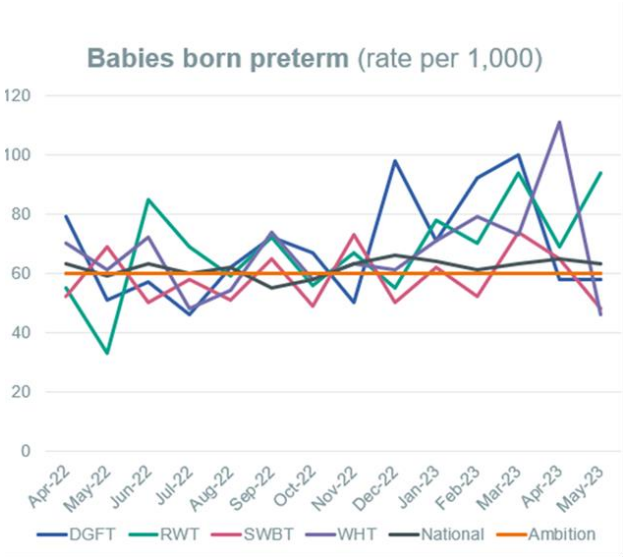
Walsall Healthcare NHS
NHS Trust

Title:	**Review of pre-term births at Walsall Manor Hospital in April 2023**
Report to:	LMNS Best Start workstream
Date:	September 2023
Report author (s) and designation:	Leanne O'flaherty (maternity inpatient matron) & Paul Woollett (obstetrician & labour ward lead)
Responsible Director	Jo Wright, Director of Midwifery

Review of pre-term births at Walsall Manor Hospital in April 2023	**LMNS Best Start**
Action Required	Approve ☐ Discuss ☐ Inform ☐ Assure ☒
Executive Summary	There were 27 preterm deliveries in April 2023 at WHT. The purpose of this review is to provide assurance that the women were managed correctly. The review team have completed a thorough review of the 27 cases and found that all were managed appropriately. • Introduction findings • Page 4 – case summaries
Contents	Page Introduction 1 Findings 2-3 Case Summaries 4-
Recommendation	• Twice daily ward rounds • Appropriate referral to the preterm prevention clinic • The use of BSOTS • Liase with LMNS preterm birth lead to do snapshot audit in December 2023

Introduction

In April 2023, there were 248 births at WHT, of which 27 patients were 22-37 weeks gestation at delivery (11%). A request was made by the Black Country LMNS (Best Start workstream) for Walsall Healthcare Trust to undertake a review of these preterm deliveries to to identify if there were any common themes and provide assurance that pathways and procedures were being followed correctly.



Rolling 6 month average April 2023
DGFT- 79.5
RWT- 75.8
SWBT 58.3
WHT – 73.5

Overall, when taking into account a 6 month rolling average, WHT is on par with neighbouring Trusts and is not an outlier for preterm birth.

Findings

As part of this review, all the cases have been reviewed to assess if the correct initial assessment of their patient was made and her ongoing care leading to subsequent delivery.

Preterm Labour

Selected Parameters:

Care Location	Admit Date From	Admit Date To
Manor Hospital Walsall	01 Apr 23 00:00	30 Apr 23 23:59

Preterm Labour and admissions for Preterm labour

Gestation at delivery (completed weeks)	Number of Women	Admissions in Labour
23	1	0
29	1	0
32	1	0
35	4	0
36	13	0
33	2	0
31	2	0
34	3	0

Findings by gestation: 36-36+6

The largest proportion of preterm birth occurred at 36-36+6 weeks gestation. On review, of these babies were managed correctly, of these births, .

- 6 laboured spontaneously
  - 4 of these had PPROM.
- 3 had labour induced
  - 2 of these for severe PET
  - 1 for anhydramnios after PPROM at 32/40
- 1 patient had 3x pre-term deliveries <30/40
  - Following pre-term prevention measures, the patient delivered spontaneously at 36+2/40.
- 2 patients had category 1 caesarean sections and were not in labour
  - X1 bradycardia in triage
  - X1 abnormal CTG (PPROM @ 35+4)
- 1 category 3 caesarean section for PET and x2 previous caesarean sections
  - No risk factors for preterm birth

Other gestations

Below is a table summarising the review of all of the remaining 14 preterm deliveries, 23/40 – 25/40 . The review found that all women were initiated on the correct management plan and were subsequently managed appropriately.

Patient	Gestation	Was the initial management plan correct? Yes / No	When admitted, was the patient on the correct management plan? (ABX, steroids, magnesioum sulphate, fetal and maternal surveillance)	Were there any concerns found within the review?
1	23	Yes	Yes	No
2	29+0	Yes	Yes	No
3	31+5	Yes	Yes	No
4	31+5	Yes	Yes	No
5	32+5	Yes	Yes	No
6	33+3	Yes	Yes	No
7	33+4	Yes	Yes	No
8	34+3	Yes	Yes	No
9	34+3	Yes	Yes	No
10	34+0	Yes	Yes	No
11	35+2	Yes	Yes	No
12	35+2	Yes	Yes	No
13	35	Yes	Yes	No
14	35	Yes	Yes	No

Case summaries gestation 36-36+6

Case 1
Gestation at delivery: 36+6
Intrapartum risk factors

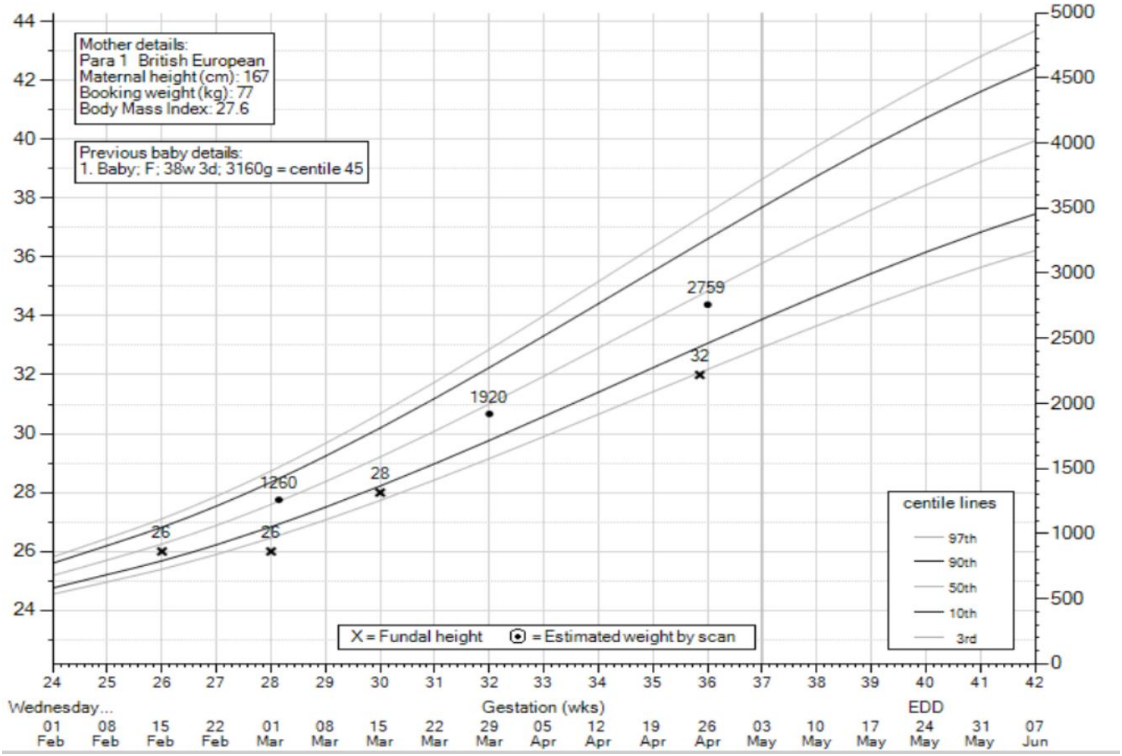
- Previous pre-term delivery at 36 weeks
- Previous FGR

Onset of labour: Spontaneous
Mode of delivery: Spontaneous
Supporting information:

Case 2
Gestation at delivery: 36+1
Intrapartum risk factors

- Anhydramnios on USS at 36 weeks
- ?PPROM at 32/40
- BMI 30

Onset of labour: IOL
Mode of delivery: NVD
Supporting information:



Case 3

Gestation at delivery: 36+6

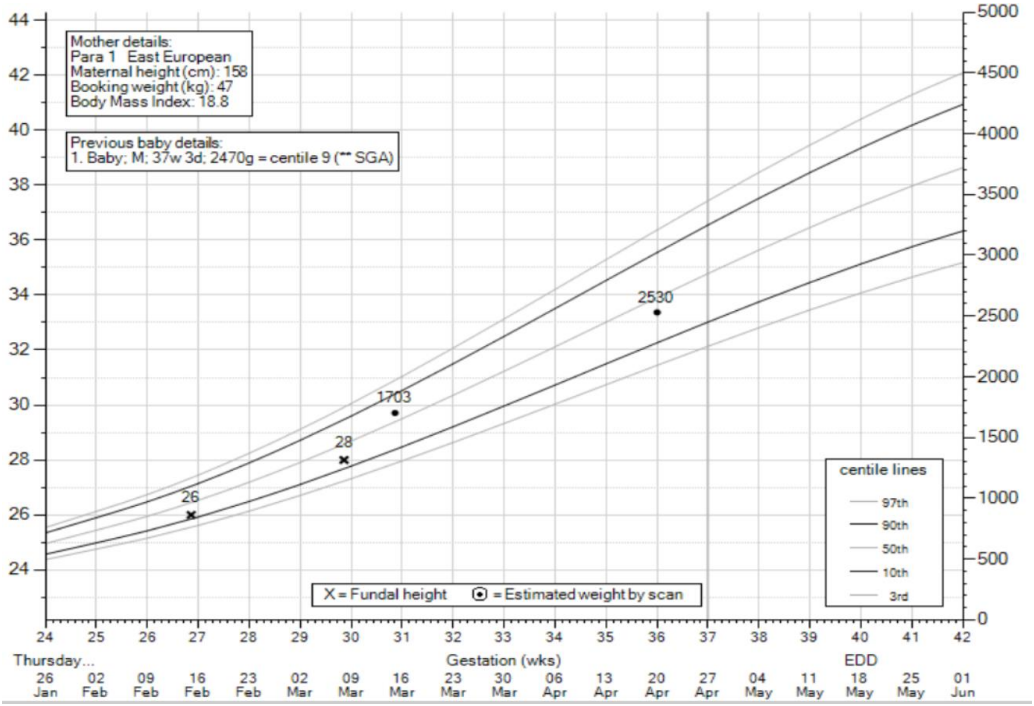
Intrapartum risk factors

- Smoker
- Late booker
- 19 yr old
- FGR

Onset of labour: Spontaneous

Mode of delivery: NVD

Supporting information:



Case 4

Gestation at delivery: 36+2

Intrapartum risk factors

- 18 yr old
- Abdo pain – reason for attending triage

Onset of labour: N/A

Mode of delivery: Cat 1 C/S for fetal bradycardia in triage – not in labour

Supporting information:

Case 5

Gestation at delivery: 36+2

Intrapartum risk factors

- PPROM at 36+1
- Cervical suture in situ
- Previous C/S

- Previous spontaneous delivery at 24+2/40 – NND
- Previous spontaneous labour at 29+2/40 – emergency C/S for breech
- Previous spontaneous labour at 25+4/40
- Smoker

Onset of labour: Spontaneous
Mode of delivery: NVD
Supporting information:

Case 6
Gestation at delivery: 36+4
Intrapartum risk factors

- Previous spontaneous labour at 36/40
- Fetal echogenic bowel

Onset of labour: Spontaneous
Mode of delivery: Vaginal breech
Supporting information:

Case 7
Gestation at delivery: 36+2
Intrapartum risk factors

- Severe PET on MgSO4
- BMI 32

Onset of labour: IOL for severe PET
Mode of delivery: Cat 2 C/S for pathological CTG
Supporting information:

Case 8
Gestation at delivery: 36+1
Intrapartum risk factors

- PPROM at 36+0
- Smoker
- Para 4
- Late booker
- DNAed growth scans and ANC appointments

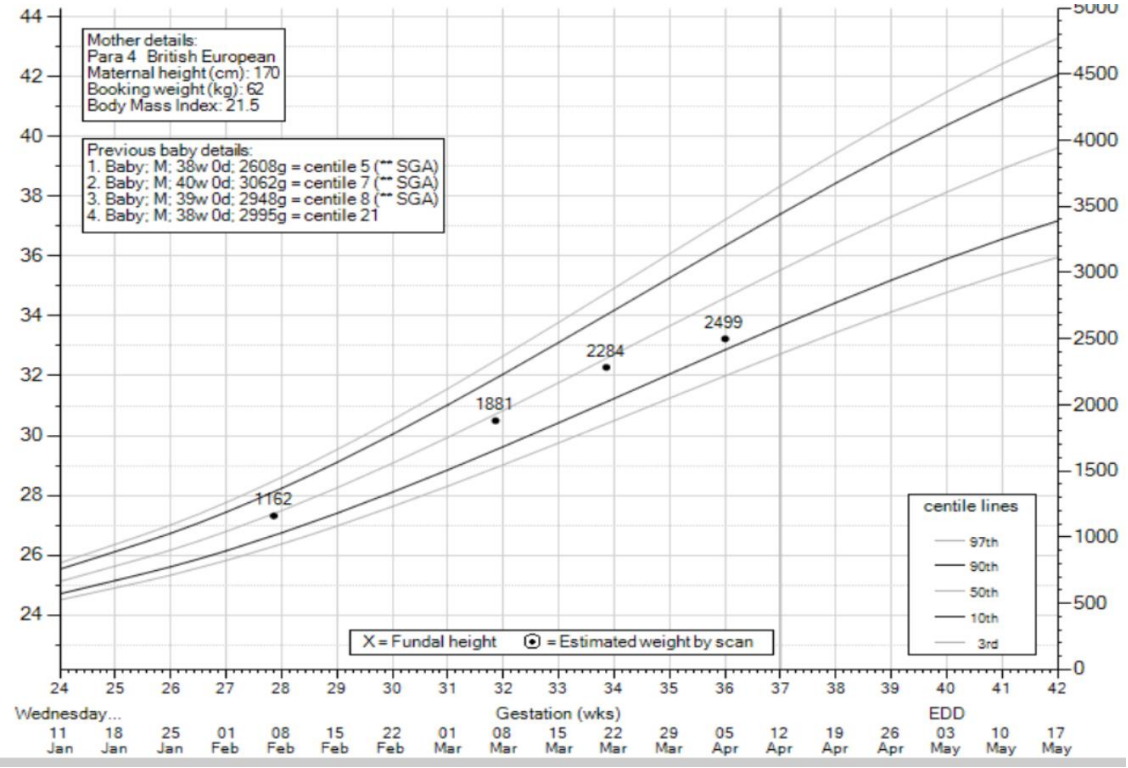
Onset of labour: Spontaneous
Mode of delivery: NVD
Supporting information:

Case 9
Gestation at delivery: 36+1
Intrapartum risk factors

- FGR

Onset of labour: spontaneous

Mode of delivery: Cat 1 C/S for arm presentation in labour
Supporting information:



Case 10
Gestation at delivery: 36+0
Intrapartum risk factors

- BMI 32
- PPROM at 35+4

Onset of labour: N/A
Mode of delivery: Cat 1 C/S for abnormal CTG – not in labour
Supporting information:

Case 11
Gestation at delivery: 36+6
Intrapartum risk factors

- PET
- BMI 32
- 2X previous C/S
- Chronic HTN
- Anxiety
- Rheumatoid arthritis
- On prophylactic-dose clexane

Onset of labour: N/A
Mode of delivery: Cat 3 C/S for PET and 2x previous C/S
Supporting information:

Case 12
Gestation at delivery: 36+5
Intrapartum risk factors

- Smoker
- Late booker
- PPROM at 36+1/40

Onset of labour: Spontaneous
Mode of delivery: NVD
Supporting information:

Case 13
Gestation at delivery: 36+0
Intrapartum risk factors

- SGA with normal Dopplers – last scan comments that AC was difficult to measure

Onset of labour: IOL for PET (BP 170/100; proteinuria 4+ on admission at 35+5/40)
Mode of delivery: NVD
Supporting information:

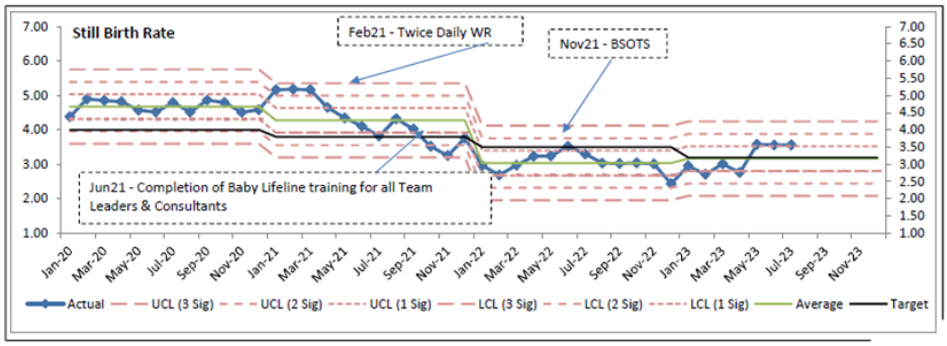
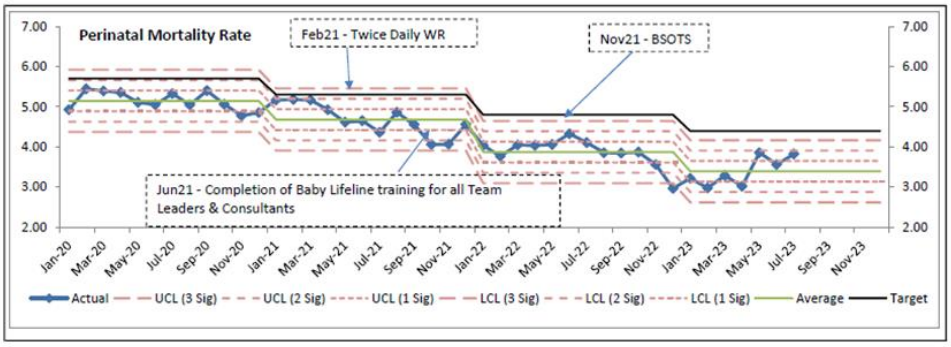
Case reviews of remaining gestations (other than 36-36+6)

23	Prev prem @ 33+6 – management plan correctly initiated. Was referred to PPC. Attended triage via ambulance in labour and delivered quickly Woman had Mg sulphate, IX ABX, steroids and appropriate surveillance Bulging membranes
29+0/40	No previous medical or obstetric history Presented to triage PV bleed abdo pain 0317, 4cm Path ctg cat 1 section Admitted – appropriate plan
31+5/40	No significant history Attended triage 30+0 SROM Appropriate plan Admitted Spontaneous onset of labour 29/04/2023 @ 1220
31+5	No previous preterm history 2nd baby Fau haematoma on placenta Slow abruption – appropriate plan Steroids, magnesium sulphate administered CTG abnormal cat 3 section
32+5	No risk factors 2 previous term deliveries Oligo on dating USS admitted steroids Significant meconium @ 28+1 31+6 section discussed and steroids 32+1 pv bleed – admitted

	Spontaneous onset of labour Category 1 caesarean section
33+3	History of preterm deliveries -referred to preterm prevention clinic Came in APH Category 1 caesarean section calles
33+4/40	No relevant history Hypertension – difficult to control Admitted @ 33+ CTG's showing b – category 1 caesarean section
34+3	No relevant history Came in with significant APH Managed appropriately
34+3	Growth below 3rd PROM, steroids Plan for induction of labour
34+3	No significant history Came into triage ? labour 34+2 Admitted to observe Spontaneous onset
35+2	First baby PPROM since 21+2 (CS booked for 36/40) Admitted 35+1 with CTG not meeting Dawes Redman Plan made for delivery
35+2	Previous preterm delivery = appropriate plan initiated Deteriorating diabetic control, Plan for caesarean section (previous section)
35+2	No significant history Attended triage PPROM, admitted 5 days previous with + actim partus, tailing growth and breech. Admitted for observation. Bradycardia and category 1 caesarean section.
35	X3 previous preterm deliveries – appropriate plan made for pregnancy PPROM confirmed IOL booked – all appropriate

Conclusion

Following multiprofessional review of all preterm birth cases for April 2023, all cases appeared to have been manged appropriately during the antenatal and intrapartum period.

30.08.2023			
Perinatal Mortality Thematic Review			
Report Author and Job Title:	Vanessa Berry- Guideline & Audit Lead Midwife Rebecca Stoodley- Quality & Safety Lead Midwife Walsall Healthcare NHS Trust	**Responsible Director:** **Clinical Director**	Jo Wright – Director of Midwifery, Gynaecology and Sexual Health Vinita Gurung, Clinical Director for Obstetrics
Action Required	Approve ☐ Discuss ☐ Inform ☒ Assure ☐		
Executive Summary	The Office for National Statistics have confirmed rates of stillbirth in England and Wales have increased. It has been identified that the Still Birth rate at Walsall Healthcare NHS Trust also saw a slight increase in May and this rate has remained static for June, and July 2023. The still birth (SB) rate has remained consistent at 3.56:1000 (against a target of 3.2:1000) since May 2023, a slight increase from 2.76:1000. There has been 1 neonatal death (NND) > 24/40 up to July 2023. The perinatal mortality rate is 3.8:1000 against a target of 4:4:1000.   In view of this a thematic review has been completed of perinatal mortality cases (still birth and neonatal deaths) for May, June, and		

	July 2023. There were 11 total cases during this timeframe. Of these, 7 were identified as eligible for review. The 4 cases that were excluded were termination of pregnancy and cases with known abnormalities which had a poor prognosis. Of cases where perinatal mortality occurred there were 2 Caucasian women and 5 women of Asian or Black heritage. No language barriers were identified in any of the cases reviewed. Pregnancy loss occurred at several gestations from 25+6/40 to 40/40. There was one incidence of intrapartum stillbirth (at 25+6 weeks gestation), 4 cases of stillbirth diagnosed antenatally and 2 cases of neonatal death. In 5 of the 7 cases reviewed, it was concluded that there were no identifiable factors that contributed to the adverse outcome. There were some incidental findings that were identified. These were: Lack of evidence regarding actioning of abnormal Mid-Stream Urine (MSU) samples. Action: • Audit to be completed and presented at November Clinical Audit meeting to provide assurance or identify learning required. • All staff reminded of the importance of actioning and documenting all test results- This has been disseminated via Safety Bites. Absence of checking with the woman to ensure compliance with taking Aspirin (where it has been identified that Aspirin is indicated). Action: • On going Audit to ensure compliance with Aspirin. Due to be presented in January 2024. • All staff reminded to check at each contact that Aspirin is being taken via Safety Bites In two of the seven cases reviewed, the review panel identified that there were factors that may have contributed to the outcome. <u>Case One: 188793- Early onset Pre-eclampsia (PET).</u> The review panel were of the opinion that there were missed opportunities to screen for PET and a potential missed opportunity for perinatal optimisation prior to birth. The baby was born via emergency caesarean section at 31+2 weeks gestation. The baby passed away at 40 days of age, and this case has been referred to the coroner.

	<u>Case Two: 185035- Intrauterine Death at 36+2 weeks gestation.</u> The review panel were of the opinion that there were missed opportunities to complete a full screening for PET and to perform electronic fetal monitoring. Actions: • Learning to be disseminated via Maternity Safety Bites regarding the importance of referring to booking blood pressure when assessing the clinical picture. • Snap shot survey of staff to assess if clinicians are aware of the importance of considering booking blood pressure when assessing the clinical picture. • An audit of care provided to women diagnosed with PET to ensure care is in line with local and national guidance- This is to be presented at Clinical Audit meeting in October 2023. • PROMPT study day to be updated to include recognition and management of pre-eclampsia. • Work with Equality, Diversity & Inclusion Lead Midwife to explore if there are any other relevant themes and ensure that all women have equitable access to Maternity Services.	
Recommendation	Incident 188793 and incident 185035 to be discussed at WCCSS Safety Huddle to determine level of harm and if further investigation is required.	
Strategic Objectives	Safe, high quality care ☒	Care at home ☐
	Partners ☐	Value colleagues ☐
	Resources ☐	

HSIB Maternity Investigations Update
WALSALL HEALTHCARE NHS TRUST
Mids & East (West)
Team Leader Katherine Leach
Link MI Marina Turner
Week beginning 4 September 2023

As the maternity programme transitions to new hosting arrangements the data contained within this maternity investigations update has been streamlined. The information included will relate to active cases, investigations that have been rejected and investigations that have been completed in the previous month.
For previous data please refer to the maternity investigations updates shared prior to this update.

Case Review

Reference	**MI-019428**
Criteria	Early Neonatal Death
Case open date	13/12/2022
6 month deadline date	13/06/2023
Lead MI	Sandra Ebanks
Support MI	Marina Turner
Investigation status and progress	The investigation report is currently being written. The quality assurance panel will be on 10 October 2023.
Investigation process issues	The investigation has breached the 6-month deadline due to internal HSIB delays
Important communication	The lead maternity investigator has changed to Sandra Ebanks. The family are aware of the delays

Reference	MI-024441
Criteria	Maternal Death
Case open date	22/03/2023
6 month deadline date	22/09/2023
Lead MI	Joyful Chigiga
Support MI	Nikki Shepherd
Investigation status and progress	Staff meeting completed Draft report writing in progress.
Investigation process issues	N/A
Important communication	A concerns meeting took place on 6 September regarding peak flow measurement in ED and urgent treatment centre. The lead staff in these areas are aware and a letter will be sent to the trust week commencing 11/09/2023.

Reference	MI-028335
Criteria	HIE/Cooling
Case open date	14/06/2023
6 month deadline date	14/12/2023
Lead MI	Donna Owen
Support MI	Nikki Shepherd
Investigation status and progress	Subject matter advisory (SMA) took place 14th August 2023. Terms of reference sent to Trust Key lines of enquiry: 1. Antenatal appointment follow up process 2. Ultrasound scan (USS) review process and follow up 3. Timing of Induction in view of abnormal USS. 4. CTG reviews 5. De-escalation of Category 2 caesarean section 6. Sepsis pathway
Investigation process issues	N/A
Important communication	N/A

Reference	MI-031272
Criteria	HIE/Cooling
Case open date	09/08/2023
6 month deadline date	09/02/2024
Lead MI	Nikki Shepherd
Support MI	Sandra Ebanks
Investigation status and progress	The first subject matter advisory panel is scheduled for 06/09/2023
Investigation process issues	N/A
Important communication	N/A

Reference	MI-031939
Criteria	HIE/Cooling
Case open date	21/08/2023
6 month deadline date	21/02/2024
Lead MI	Fiona Allen- triaging case
Support MI	N/A
Investigation status and progress	Awaiting MRI and 72 hour review
Investigation process issues	N/A
Important communication	N/A

Healthcare Safety Investigation Branch
HSIB, Premier House
60 Caversham Road
Reading
RG1 7EB

By mail:

Emergency department, Walsall Manor
Asif Naveed - Clinical Director - Acute and Emergency Services
Fazle Alam - ED clinical lead
Corrine O'Callaghan–Walker - ED Matron

Urgent Treatment Centre, Malling Health
Richard Tingay – Group Medical Director
Rasim Chowdhury – GP Clinical Lead, Walsall Urgent Treatment Centre
Michelle Rowe – Matron/Clinical Lead, Walsall Urgent Treatment Centre

11 September 2023

Dear all

Escalation of urgent concerns from HSIB investigation case number MI-024441

Healthcare Safety Investigation Branch (HSIB) maternity investigations began in April 2018. Our role is to undertake independent investigations into cases which meet our eligibility criteria.

Case MI-024441 was reviewed by the HSIB concerns panel on 6 September 2023. As part of this review, the medical records and all documentation relating to this investigation to date have been considered. The concerns noted by the panel are:

- It is not clear to the investigation when peak flow measurements were stopped due to the COVID-19 pandemic and when they were recommenced. The investigation has learned that peak flow measurements in both the emergency department (ED) and the urgent treatment center. (UTC) had been re-commenced at the time of the Mother's attendance.
- There were no peak flow measurements completed during the Mother's attendance to the ED or the UTC. This was not in line with national guidance for patients with asthma.

We want to make you aware of these to enable learning and safety improvements to begin, before completion of the final investigation report. We will include in our report any relevant changes or improvements you put in place in response to these concerns.

We request the following actions.

1. Please confirm receipt of this letter within 24 hours to Katherine Leach, maternity investigations team leader at katherine.leach@hsib.org.uk
2. Please respond within five working days by email to Katherine Leach to confirm what immediate actions you have taken to address our concerns.
3. Confirm that our concerns have been escalated within your trust governance structure and tell us if you've shared these concerns externally with the CCG/ICS/ICB/CQC.
4. In line with NHS England's perinatal quality surveillance model principle 1 you should share this letter with your trust board as part of your perinatal quality surveillance dashboard.

For transparency, HSIB will share these concerns with the Regional Chief Midwife and Regional Lead Obstetrician as well as the head of quality and safety for the ICB.

If you have any questions, please contact Katherine Leach, team leader, who will be happy to discuss the concern's panel review and the associated concerns.

Yours sincerely

Katherine Leach
Maternity investigations team leader (West Midlands)
Email: katherine.leach@hsib.org.uk
Telephone: 01252 222254 / 07923 383066

Cc Janet Driver – Regional Chief Midwife -Midlands- NHSE

Susanna Al-Samarrai – Regional Lead Obstetrician

Shelley Price – Head of Quality and Safety- NHS Black Country ICB

Joselle Wright- Director of Midwifery – Walsall Hospital NHS Trust

Lisa Manning – Regional Lead for maternity investigations (Mids and East)

Joanna Gillham – Clinical Advisor for HSIB (Mids and East)

Walsall Healthcare NHS Trust

Agenda Item 13.7.1

ATAIN REPORT

APRIL 2023- JUNE 2023

QUARTER 1

Walsall Healthcare For One & All

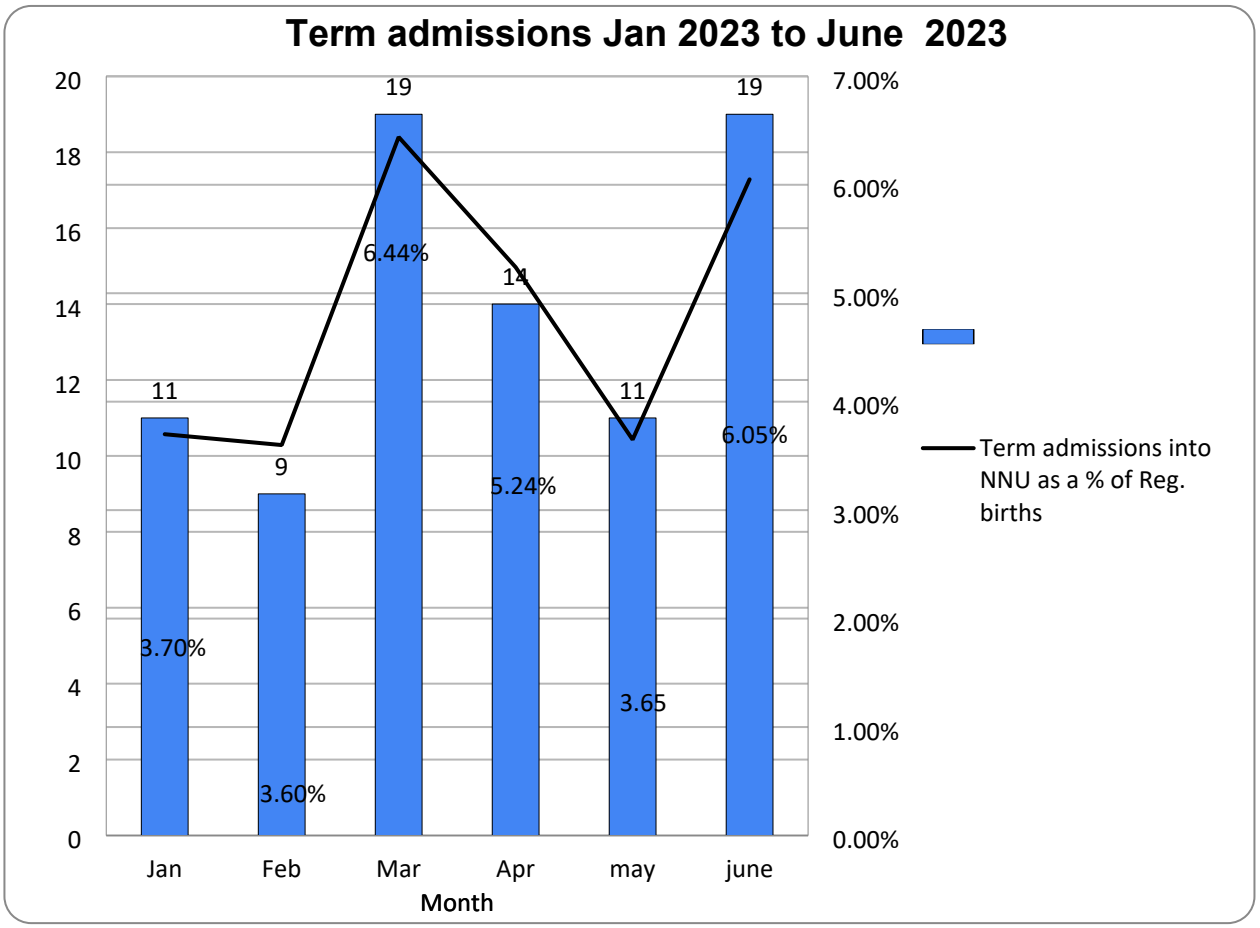
Walsall Healthcare NHS Trust

ATAIN

ATAIN (Avoiding Term Admissions into Neonatal units) is a programme of work initiated from NHS England; it is part of the Maternity Transformation Programme to reduce avoidable admissions to neonatal units for babies born at or after 37 weeks.

It identified nationally that over 20% of admissions could have been avoided by providing services to keep mom and baby together and this would have subsequently reduced harm that can be caused by separation. The aim of this review is to understand the rational, themes and trends as to why term babies require admissions to NNU (Neonatal Units), and whether there were modifiable factors which could have been addressed as part of an action plan.

This quarter report will replace the monthly newsletters and will illustrate trends and themes but will also include learning.



The number of admissions for this quarter is **44 babies** and the total percentage admissions for this quarter is **5**% which equates to the national target of **5%**.

The previous Quarter report 4 has no outstanding actions (pages 13-14). The actions and themes which have been discussed at the ATAIN meeting for this quarter are provided on pages 15-16.

In this quarter, 22 out of 44 incidents were not incident reported (50%). There is ongoing communication to staff regarding incident reporting, Managers of the maternity unit are aware

there are IT problem with certain staff having difficulty accessing the safeguarding system. Admissions to NNU however are checked weekly to provide assurance that all term admissions are incident reported. The Datix safeguarding system which was due to be commenced in Q4 has been delayed.

Possible avoidable admissions

Quarter 1 has seen 3 admissions that were deemed possibly avoidable. A breakdown of this data is described below, and a recommended action plan (page (15-16).

- **Case 1**

  G1P0 known risk factors of uterine fibroids, GDM on metformin with raised blood pressure in pregnancy requiring labetalol and nifedipine. This woman had requested an elective caesarean section due to her sister dying abroad in childbirth. A category 2 caesarean section was arranged at 37+2 due to patient being an inpatient with raised blood pressure and an abnormal CTG. Baby had Apgar's of 9/1 9/5 and weight was 3.450 kg on the 89 centile no cord ph were documented. There was a delay in the first feed 90 minutes of age, this baby was noted when the midwife returned to recovery following booking a bed to be dusky in complexion. There was no resuscitaire in recovery and this baby was transferred to Room 3 where oxygen saturation was 52% and temperature of baby had decreased from 37 to 36.3.

  It was deemed avoidable due to a high-risk baby having a delayed feed, not adequate temperature management and adequate equipment not being present in the recovery area,

- **Case 2**

  G2P1 known risk factors of previous caesarean, smoker BMI over 40 and a type 2 diabetic on metformin and insulin. HBa1C at booking (6/40) 74 at 29/40 this had reduced to 55. Planned elective caesarean section at 38+5 attended at 0145 for admission and sliding scale. CTG on admission was abnormal, this was reviewed and a plan to discontinue the CTG and recommence at 4 hours later. The repeat CTG was abnormal and noted by the team leader on delivery suite from the central monitoring board. This woman was transferred from PN ward to theatre for a category 1 caesarean section baby was transferred to NNU with TTN. Baby had Apgar's of 6/1 7/5 with a weight of 4.760 kg 99.80 centile arterial ph 7.12 BE-6 and venous ph 7.21 BE-5. Baby remained on NNU for 13 days prior to transfer home. This case was deemed possibly avoidable as the Caesarean section should have been earlier following the abnormal CTG on admission, this case has been used for teaching.

- **Case 3**

  G2PO initially low risk at booking, however abnormal TFT detected at 19/40. This woman attended with RFM with an abnormal Antenatal CTG this was actioned appropriately, and the woman had an emergency caesarean section of a baby with Apgar's 7/1 9/5 arterial ph 7.15 BE-10 and venous PH 7.20 BE-10, weight of baby 2.540 kg 1.50 centile (SGA not detected by scan within 2 weeks of delivery). The scan difference was 15.2 % this has been shared with sonographers for learning. Following review there were concerns with the postnatal care of this baby which possibly resulted in admission to NNU. The initial plan by the registrar was not in line with policy (with one prefeed feed BM) there is no documentation of this baby being on a positherm with low blood sugars (2nd baby this quarter that has not had a positherm when

requiring it) it is not documented that low blood sugars were rechecked on the blood gas machine for accurately as per policy. This baby at 4 hours of age had a temperature of 34.6. and was transferred to theatre at 11.30 and remained on NNU for 12 days. An audit will monitor babies term admissions to NNU with low blood sugars and this report will be sent to all staff.

NNU admissions Cases not reviewed by ATAIN.

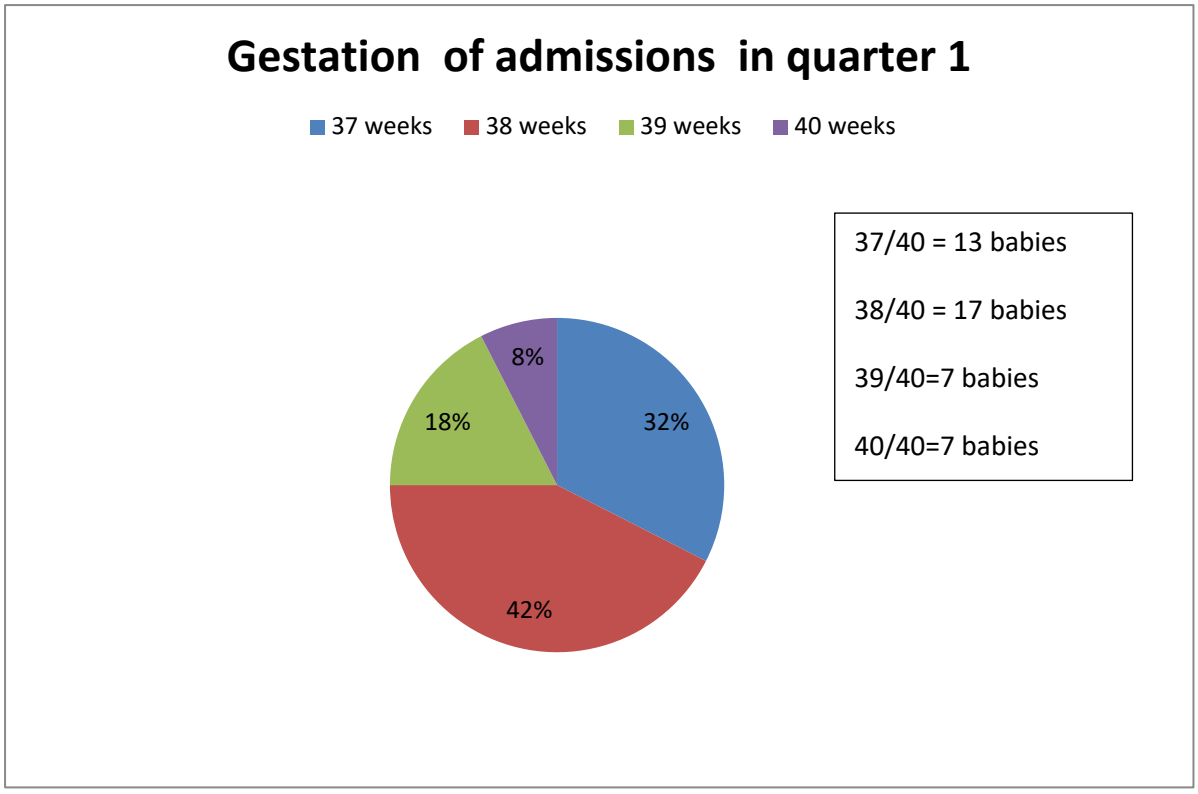
- **Cooling case (MAY)**

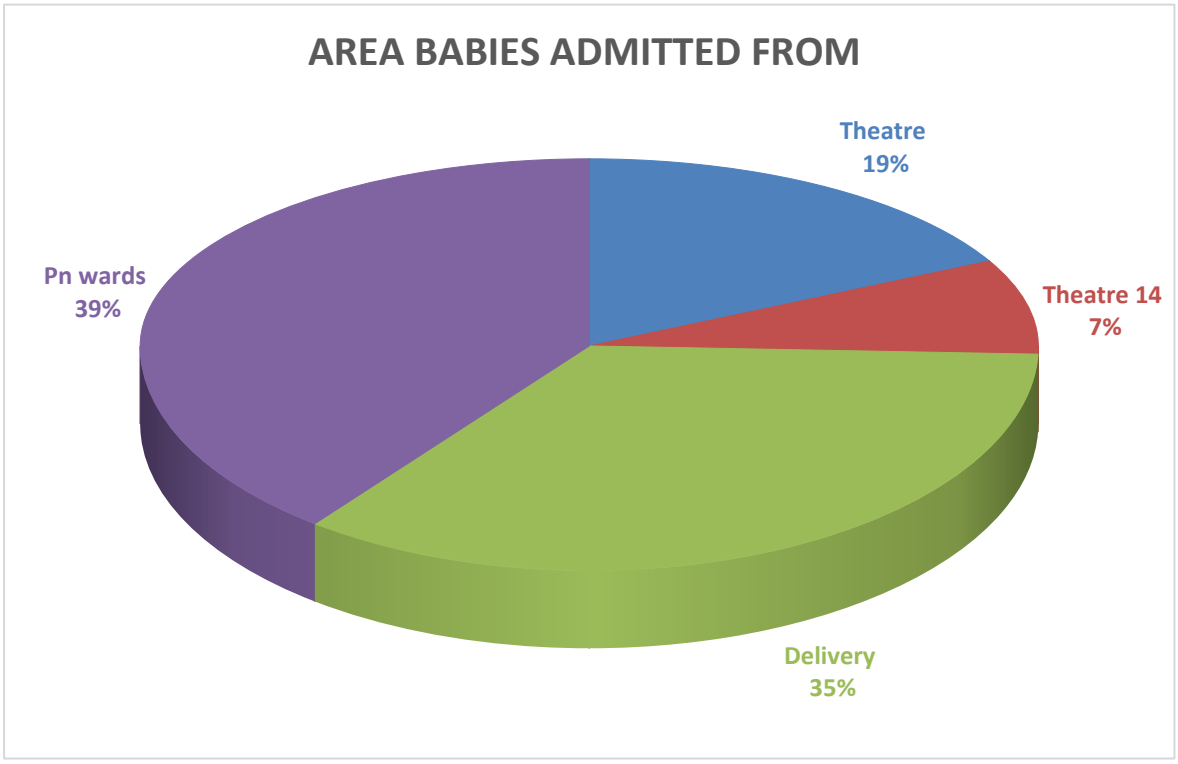
G1P0 known risk factors of raised BM, and previous myomectomy attended at 38+1 with RFM, and latent phase of labour decision for induction required 1 prostaglandin and labour progressed to an NVD. CTG pathological prior to delivery with hyperstimulation baby born in good condition with Apgar's 9/1 9/5. Cord gases taken within an hour but analysed on NNU so not available initially. Arterial PH 7.06 be-12 Venous PH 7.08 be -10. During skin to skin whilst the midwife was suturing (baby was 50 minutes of age) it was noted that baby was dusky, pale, and floppy it taken to resuscitare, and immediate resuscitation commenced and subsequently transfer to NNU then to Newcross for Cooling. This case has had a rapid review and a presentation of this case regarding SUPC (Sudden Unexpected Postnatal collapse) has been emailed to all staff as attached below. The MRI of this baby was normal with no evidence of brain injury.

Case presentation 6.6.23 (1).pptx

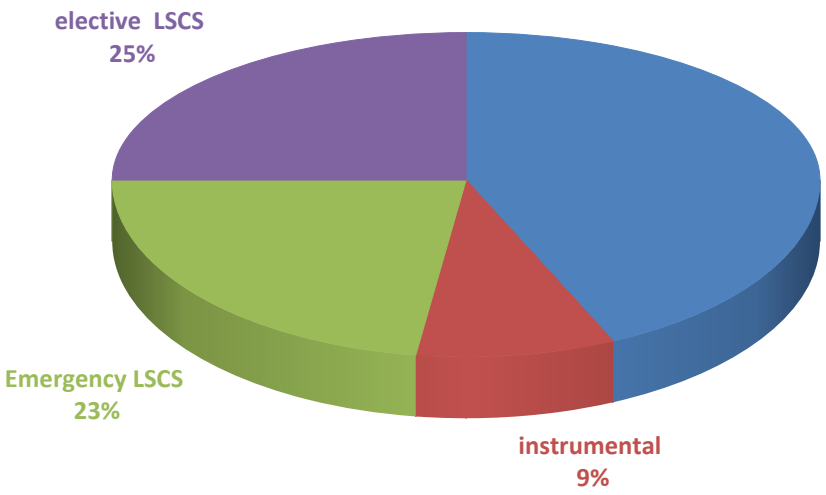
- **Cooling case (June)**

G1P0 transfer of care from London at 31 weeks low BMI and GTT in pregnancy NAD attended for postdates induction (no prostin required initial CTG difficulty to establish baseline) CTG normalised, and woman had an ARM and syntocinon the CTG was regularly escalated with reduced variability and blood-stained liquor. This woman commenced on the sepsis pathway and CTG became pathological resulting in a category 1 caesarean section. There were queries regarding management of this case in labour which has been discussed with the individual. Baby Apgar's 3/1 6/5 8/10 cord gases taken but unable to be analysed significant meconium was also present at the operation. Baby was transferred to NNU with TTN following abnormal movements and following discussion with tertiary centre passive cooling was commenced and transfer to Newcross for active cooling. The MRI of this baby was normal; however, this case has been accepted by HSIB to review regarding CTG management.


Gestation of admissions in quarter 1
37 weeks
38 weeks
39 weeks
40 weeks
8%
18%
32%
42%
37/40 = 13 babies
38/40 = 17 babies
39/40=7 babies
40/40=7 babies

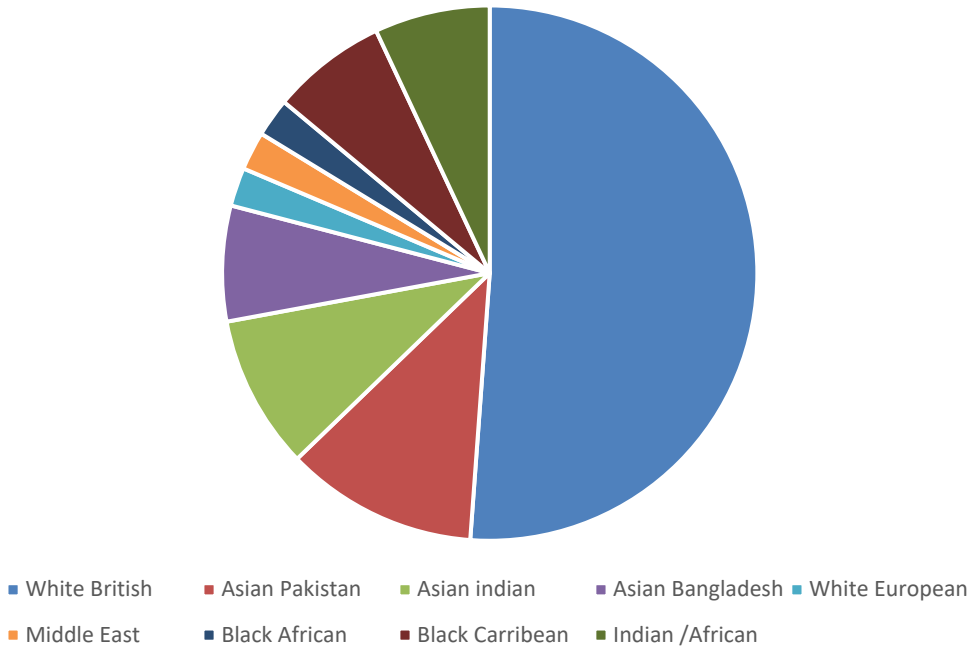

AREA BABIES ADMITTED FROM
Theatre
19%
Theatre 14
7%
Delivery
35%
Pn wards
39%

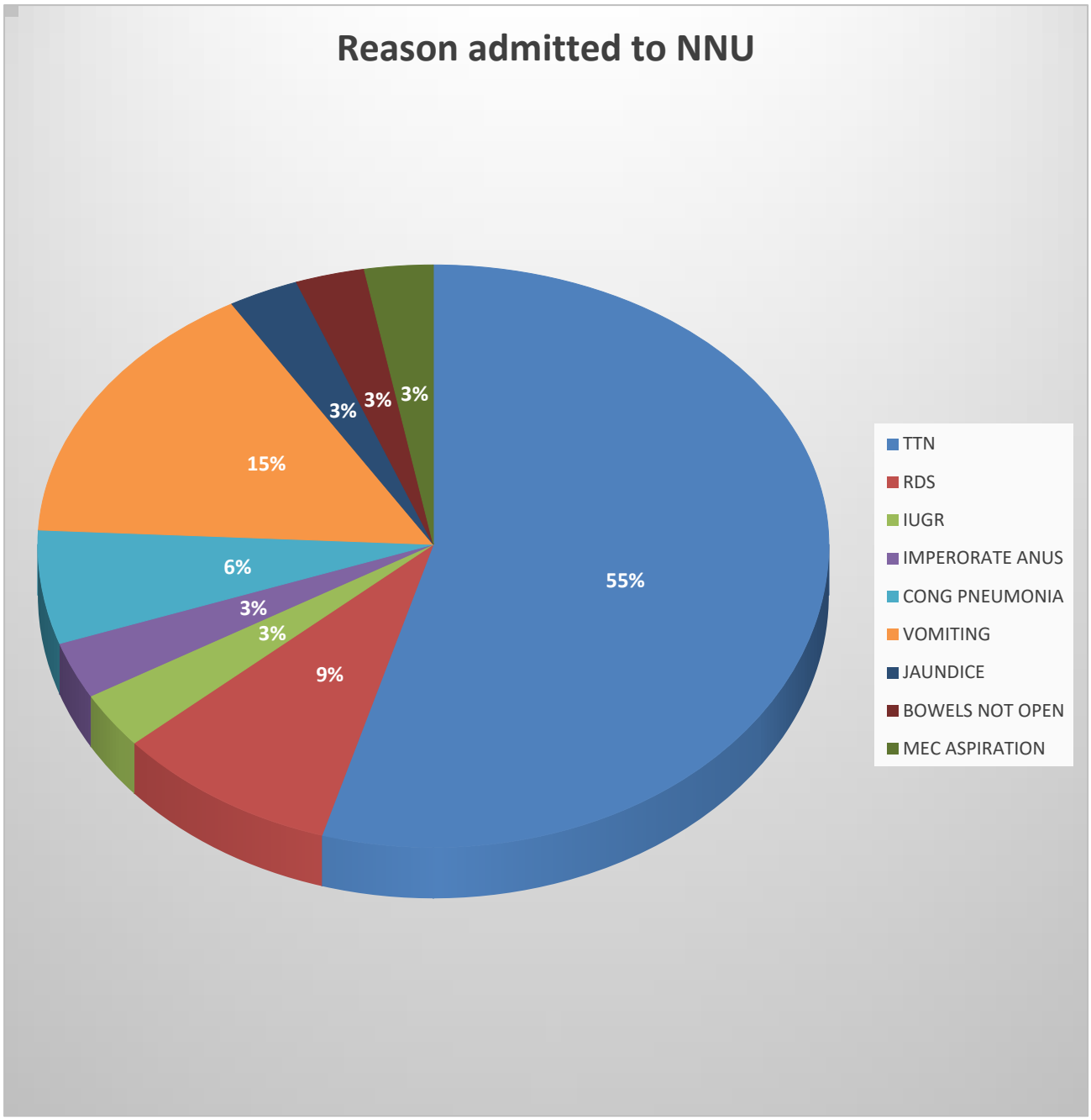
TYPES OF DELIVERY



NVD	19 WOMEN
ASSISTED DEL	4 WOMEN
EM LSCS	10 WOMEN
EL LSCS	11 WOMEN

Ethnic group of babies admitted





Review of quarter 1 2023 cases

- 18 babies this quarter (55 %)were admitted with TTN , this remains a consistant figure in all quarter reports . TTN is difficult to prevent however skin to skin , thermoregulation and feeding within 1 hour of birth can assist to mimise its occurance . In Quarter 1 recommendations will include the measures to be taken to potentially reduce the numbers babies being admitted to NNU with TTN. An audit will also take place to moniter that the discussion of steriods for

women that are eligible with elective caeserean section and less than 38+6 weeks has taken place and is documented in quarter 2 and 3 .

- The infant feeding specialist midwife is currently undertaking a QI project with theatre staff to improve the experience of skin to skin and bonding for women that require caserean sections category 4 caserean sections . This has been delayed due to the recent cooling case where guidelines around this were being updated, however there is a start date now for the 26th of September. The guidelines for skin to skin has been updated and a video discussing skin to skin in theatre has been produced for staff, which is being discussed at MGG in September, and following its approval will be distributed to all staff.

- 2 midwives have been nominated for LFE (Learning from excellence) due to detecting low oxygen saturations during NIPE examinations the escalation. resulted in both these babies being transferred to NNU for further medical care.

- I baby with a Neonatal Alert due to Tetrology of Fallots, had a plan to stay with mom on the ward with regular oxygen saturation monitoring this had not been discussed with the wards. The Postnatal ward were unable to accommodate this, and this baby was transferred to NNU (if this had been realised this baby would have been an expected admission to NNU and not included in the figures) Following this case any babies that require monitoring postnatally due to a Neonatal alert will be discussed antenatally with the ward manager to discuss if the management plan is feasible on the wards otherwise they will be documented to have planned admission to the NNU

- 2 babies were transferred to NNU which required TC care. (due to no TC midwives available).1 case due to tube feeding and TC was closed.1 case as no TC midwives on delivery suite with a woman with PET (This is discussed in recommendations). As part of CNST requirements TC remains high on the agenda and the maternity and neonatal teams continue ongoing work to optimise the experience of women and service provided.

- 25% of admissions to NNU the mother was diabetic/GDM (discussed below), it has been suggested to produce a patient poster to emphasize the importance of maintain appointments and adhering to medication and diet, this will be produced in conjunction with the diabetic team and to be displayed when produced in patient areas (Antenatal clinic /FAU).

Diabetic cases this quarter

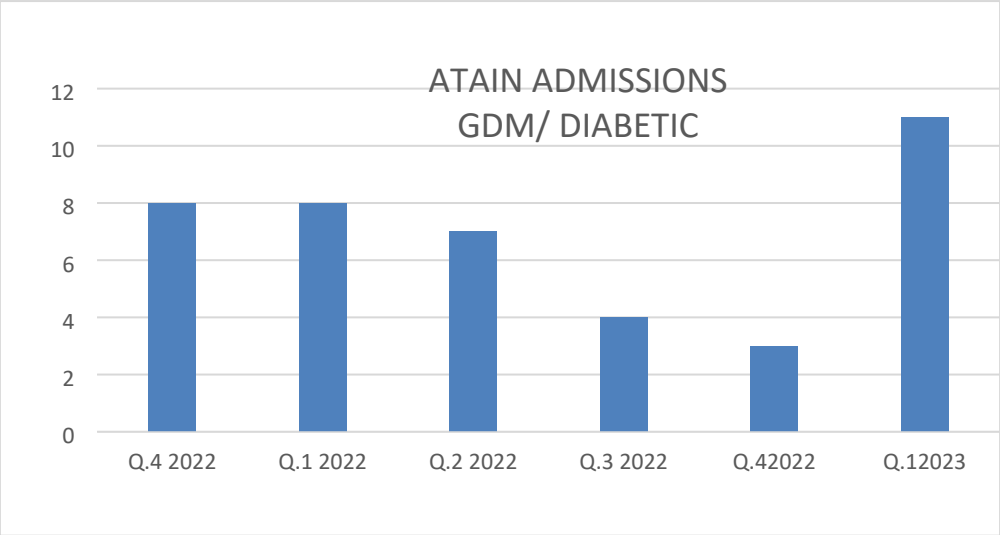
11 cases out of the 44 cases (25% were diabetic).

This quarter has shown an significant increase in babies with mothers who are diabetic or GDM being admitted to NNU. Out of the 11 cases 64% were babies of women from the BAME population .There does not appear to be any root causes for this increase however a maternity outreach project has commenced on the 3rd July 23 at Nash Dom (community hub) including education for women with GDM and dietians also offering support and advice. It has been noted that women are not complying with recommendations to manage their diabetes. This education may demonstrate improvements over the next 2 quarters and attendance will be monitored .

- G1P0 GDM on Metformin,raised BP on labetalol and nifedipine was a planned elective caserean section which was brought forward due to abnormal AN CTG at 37+2 .Baby Apgars 9/1 9/5 transferred to NNU with TTN remained on 8 days .
- G1P0 Type 2 diabetic diagnosed in early pregnancy on metformin and insulin requested caserean section for detached retina which was brought forward due to PV bleed and PET symptons at 37+2 weeks Apgars 9/1 9/5 transferred to NNU with TTN remained on NNU 18 hours .
- G2P1 GDM on metformin induction at 37+5 for tailing growth progressed to a NVD.Baby was on the hypoglycaemia pathway but despite, intensive reviewing and management still required admission and remained on NNU for 4 days .
- G4P3 Type 2 diabetic induction of labour for growth below the third at 37+1 week progressed to a NVD 1.30 centile Apgars 9/1 9/5 transferred to NNU with bilious vomit.
- G1P0 GDM on diet induction of labour at 38+6 weeks (raised bile acids and abbnormal LFTS) progressed to a Forceps delivery Apgars 8/1 8/5 transferred to NNU and remained on NNU for 36 hours .
- G2P1 Type 2 diabetic on metformin and insulin elective caeserean section at 38+6 due to previous caeserean section.Baby apgars 7/1 9/5 baby transferred to NNU with hypoglycaemia (delay in the first feed noted) and also ? Pierre Robins Syndrome, remained on NNU for 14 days.
- G2P1 Type 2 diabetic on metformin and insulin planned elective caeserean due to previous caserean at 38+5 attended for sliding scale caeserean section brought forward due to abnormal AN CTG .Apgars 6/1 7/5 9/10 on the 98 centile transferred to NNU with TTN and remained on NNU for for 13 days
- G3P1 GDM metformin and insulin induction of labour for growth 38+3 baby failed induction due to maternal request for caserean section following prostin . Baby on the 100th centile Apgars 9/1 9/5 transferred to NNU with TTN remained on NNU for 5 days .
- G6P5 Type 1 diabetic (not compiliant with diabetes) elective caeserean section for previous caeserean at 38+2 .Apgars 9/1 9/5 transferred to NNU and then to BCH with vomiting, poor tone and dysmorphic features.
- G4P1 GDM on diet previous baby with micogynthia and cleft palate declined sceening and genetic testing , diagnosed at fetal medicine with microcephaly . Augmented due to

SROM at 38 weeks and progressed to a NVD with apgars 9/1 9/5 transferred to NNU with micrognathia and a large cleft palate and remained there for 6 days.

- G1P0 GDM on insulin also polyhydramnious elective caeserean section due to growth at 38+1 .Baby 4.480 kg 100th centile Apgars 9/1 8/8 transferred to NNU with TTN and remained on there for 36 hours



Recommendations from Quarter 1 review

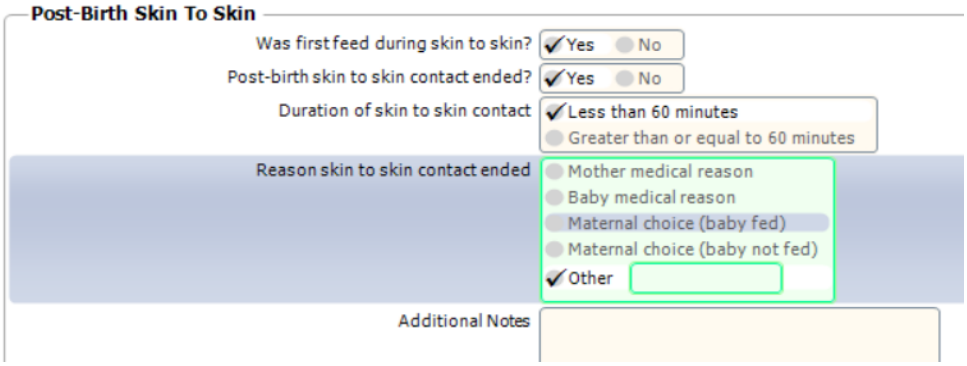
- CTG'S should be connected to Badgernet , this includes CTG'S in Triage, FAU and the postnatal wards -any issues with conectivity please inform the digital Midwife (FM).

- Keeping babies warm (x4 low temperature noted and if a baby has a low temperature that it is rechecked and documented.

- Babies that have low blood sugars require to a cositherm (regardless of their birthweight and even if their temperature is being maintained initially).

- Ensuring first feed within an hour of delivery and documenting this and completing feeding assessments.

- skin to skin should document duration as below often just the first box just completed.



- 1 avoidable admission with a delay in first feed, low temperature then required resuscitation and no resuscitare in recovery. (Baby taken to a delivery room sats 50%) Important that all equipment is available and try to complete paperwork in recovery and remain with mom and baby. A portable resuscitare is normally in recovery however may be moved if required for a preterm delivery or if a room with a portable resuscitare is unavailable as being repaired. Safety bites will discuss this and reinforce that midwives should check that a resuscitare is available in recovery prior to any procedures and if not, should be incident reported.

- 1 baby admitted to NNU IUGR 1,900KG mom had to remain on delivery suite due to PET, Baby transferred to NNU as no TC midwives available on delivery it was discussed that possibly we could have tried to arrange to care for this baby collaboratively between NNU and TC to ensure that this baby remained with mom with support from our colleagues.

- Babies that require blood glucose monitoring, should be 2-4 hours following birth not 2-4 hours after first feed as this is then delaying this first reading.

- Case of bradycardia at delivery (10 minutes) the paediatrician should have been called during this and not following delivery.

- Ensure that the midwife in charge is aware of abnormal CTG'S (Antenatal). and ensure that you escalate any concerns are escalated regarding CTG interpretation and management appropriately. CTG'S can be discussed with the individual making the plan, team leader and Consultant on call or MOC.

- Discharge Badger Net for babies admitted to NNU needs to be completed due to coding.

- Review any postnatal management plan in regard of discharge planning. 1 woman the plan was for PN FBC in FAU (due to low platelets) she DNA this appointment but no follow up was made (CMW contacted to inform GP to follow up)

- 1 woman had a category 4 caesarean section at 37 weeks (drop in growth velocity transverse lie and severe polyhydramnious) her baby was transferred to NNU with Respiratory Distress Syndrome (RDS) and required intubation and surfactant administration. There was no evidence that a discussion had taken place regarding the administration of steroids. It is important that women are provided with information on steroids to make an informed choice and this is documented.

NOTE

(There is one case outstanding for this quarter requiring review, this will be discussed in quarter 2, to prevent further delay of this report being disseminated).

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ATAIN QUARTER 4 ACTION PLAN

Status key	
Dark green	Action complete and assurance gained
Light green	Action on track, expected to complete on time
Amber	Action commenced, some slippage or evidence awaited, expected to complete on time
Red	Action commenced but considerable delay
White	Action not yet commenced

Action Planned	Anticipated Outcome	Measurement of Success	Accountability Responsibilities	Milestones & Timescales	Progress (narrative)	Status (RAG + evidence)
Avoidable admission to NNU – Not requiring any respiratory support (11222)	For Individual feedback to the individual	Individual learning	*R Thapliyal*	3 months 31/03/23	*20/03/22 ks – RT has spoken to the individual concerned*	*closed*
Paediatric feedback on baby not having a NGT/0GT prior to CXR/AXR – (11223) *Incorrect interpretation of CXR (11224)*	For shared learning For individual and shared learning	To improve practise To improve practice	*J price* *R Thapliyal*	3 months 31/03/23 3 months	*05/03/23* *KS –email sent to relevant delivered.* *20/03/23 -RT has spoken to individual.*	*Closed* *Closed*

Management of Pathological CTG and use of pethidine (11221)	Case shared safety bites MDT CTG meeting	To be used for shared learning	*K Scott 31/-3/23*	3 months	*Safety bites 23/1/23 CTG meeting 18/01/23*	*closed*
Management and documentation of a CTG with LOC (11200	Case shared. CTG meeting PowerPoint sent to midwifery staff. Individual feedback	To be used for shared learning and individual feedback and action plan	*K Scott 31/03/23*	3 months	*CTG meeting 15/02/23. Powerpoint16/02/23 Individual meeting 23/02/23*	*closed*
Management and escalation of a CTG with gradually evolving hypoxia (11245)	Case shared at CTG meeting also PowerPoint presentation to all staff	To be used for shared learning	*A Hatti K Scott*	3 months	*CTG Meeting 01/03/23.* *Powerpoint 06/03/23*	*closed*
Sharing a positive case of CTG interpretation and escalation (11413)	Case to be shared at CTG meeting and on CTG display board	Shared learning	*A Hatti* *K Scott*	3 months June 2023	*02/05/23 CTG shared on the CTG delivery board*	*closed*
Importance of First feed and thermoregulation of babies (11412)	Information to be sent out to staff	To improve practice	*M Shubert* *K Scott*	3 months June 2023	*15/05/23 evidence of information Infant feeding SD and laminated posters added to delivery rooms*	*closed*

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ATAIN QUARTER 1 ACTION PLAN

Status key	
Dark green	Action complete and assurance gained
Light green	Action on track, expected to complete on time
Amber	Action commenced, some slippage or evidence awaited, expected to complete on time
Red	Action commenced but considerable delay
White	Action not yet commenced

Action Planned	Anticipated Outcome	Measurement of Success	Accountability Responsibilities	Milestones & Timescales	Progress (narrative)	Status (RAG + evidence)
Management of Antenatal cases and interpretation comparison of 2 cases *ATAIN ACTION 12095*	For shared learning	To improve interpretation and management	*Karen Scott*	2 months 01/10/23	*To be shared at CTG meeting and a presentation to all staff.* *25/08/23 KS* *This case has been shared with all staff 26/07/23*	*closed*
Consideration for steroids for women having elective caesarean sections less than 38+6 gestation. *ATAIN ACTION 12092*	For shared learning	These conversations are taking place and documented on Badgernet	*Karen Scott*	6 months 02/02/24	*To audit documentation for steroids for elective caesarean section less than 38+6 for quarter 2 and 3*	

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Action Planned	Anticipated Outcome	Measurement of Success	Accountability Responsibilities	Milestones & Timescales	Progress (narrative)	Status (RAG + evidence)
Monitoring of GDM/ Diabetic admissions to NNU *ATAIN ACTION* *12094*	For shared learning	Decrease in term admissions in quarter 2 and 3	*Karen Scott* *Lavina hall*	6 months 02/02/24 6 months 02/02/24	*Nash Dom commenced July.* *Production of Poster for diabetic /GDM women on potential of baby being admitted to NNU.*	
CTG used for teaching. *ATAIN ACTION* *11572*	For shared learning and interpretation	Important of CTG management	*K Scott* *Y SALEM*	3 MONTHS 30/11/23	*Completed discussed at weekly CTG meeting*	*closed*
Monitoring of any babies admitted in quarter 2 and 3 with low blood sugars. *ATAIN ACTION* *12091*	To audit to ascertain that cositherm, temperature recording and blood gas analysis of these babies	Improved documentation and reduction in admissions with babies with low sugars	*K Scott* *M Schubert*	6 months Feb 2024		

Walsall Healthcare NHS Trust

Trust Board Meeting – to be held in Public 11th October 2023		
Title of Report:	Chief Medical Officer Report	Agenda Item No: 13.8
Author:	Dr Manjeet Shehmar – Chief Medical Officer manjeet.shehmar@nhs.net	
Presenter/Exec Lead:	Dr Manjeet Shehmar – Chief Medical Officer manjeet.shehmar@nhs.net	

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

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

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Board Committees	Board of Directors	Yes☐No☒	Date:
	Other	Yes☒No☐	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure • Work continues and is on plan through the Medicines Management Improvement Group (MMIG), particularly around insulin. • E- Learning for health – Prescribing module and drug chart training are at compliance levels. Annual awareness of controlled drugs training is at 63% with a 3% increase from last month. • Pharmacy are reviewing off contract purchasing. • The patient recall project is on plan with completed expert review of main cases this month. Patients are being notified in a timely way and follow up is being arranged where required. • There have been no deaths of patients held under the Mental Health Act in the Trust.
Advise • A programme to replace piped Nitrous oxide gas to cylinders is underway in response to concerns over usage. • Regarding the Mental Health Axt, for the month of August, we had 1 Section 2 and 0 Section 3 detentions. There were 1 Section 5(2) detentions and 1 patient detained under section 136. In August, one patient was of Asian British background with the remainder of the patients detained were of White British backgrounds.
Alert • The clinical risks associated with unfunded business cases has been discussed at QPES. • There is the need for an increased pharmacy establishment to continue to manage medicines across all wards with a 22% overall vacancy (July 23), a business case is planned for submission to Investment Group in October 2023 impacting some expansion such as the Homecare Service Team • The ward audit of medicines management continues to show some gaps in compliance (see MSO report). • The total number of medicines related incidents reported by Walsall Healthcare Trust is below the national average; elevating the percentage harm for the trust. WHT report 19% for the month of August (National average: 11.69%). • An outlier alert for colorectal cancer has been received and addressed

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

Walsall Healthcare NHS Trust

Chief Medical Officer Report

Report to Trust Board Meeting to be held in Public – 11th October 2023

EXECUTIVE SUMMARY

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

1.0 Upper Limb Surgery Patient Recall

1.1 Continued good progress has been made by the Walsall team so far and they are on track at this stage for completion of all patients by end of September 2023.

1.2 During August the Patient Notification Exercise (PNE) was extended to include ten identified patients who underwent Proximal and Distal Humeral Fractures requiring Open reduction (ORIF).

1.3 Walsall Healthcare have agreed that Statutory Duty of Candour needs to be enacted to relevant NOK/Identified contacts for any deceased patients that experienced moderate or severe harm as a result of their surgery. Contact with the NOK has not yet commenced, due to variances in approach between WHT and the Spire Healthcare. The Complex Case Assurance Group felt it was appropriate to attempt to align processes between the two providers. Actions are in place to review this variance, with feedback awaited from Spire.

1.4 Staff feedback for lessons from the recall has been rearranged due to industrial action on the dates agreed.

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

2.0 Medicines Management

Improvement work continues to address concerns raised through the Section29A notice. A new drug chart has been implemented with a training programme. Focus is now on high risk and critical drug management. There has been an increase in medication error incidents partly due to an audit programme and closer scrutiny from ward pharmacists.

2.1 A total of 171 medication incidents were reported in August an increase of 10 incidents per previous month (July 23). Analysis of the data identifies that the reporting for insulin errors have increased this is due to increased insulin audits being conducted on the wards by lead pharmacists. Insulin themes are now being reviewed within the newly formed Insulin working group. Themes and trends will be analysed to formulate an action plan for improvement. A total of 58 prescription errors were reported in August 2023 which is an increase of 22, all of these were no harm or near misses.

2.3 Weekly Audit Data (Tendable)

The ward weekly audits comprise 13 audit criteria which covers drug storage, patient identification, prescribing quality, recording of patients' weights, allergy recording, and CD record keeping. The audits are carried out by the matron or deputy and the results for each ward is discussed at the care group huddle. The trust average compliance is 97%.

3.0 Mental Health

The Trust has formally escalated these risks to the ICB via CQRM last month:

Risk 2439 CYP Mental Health quality of care. Risk of sub optimal care and harm Children who present in a mental health crisis, due to the external services not able to deliver the NHS services with the absence

of the memorandum of understanding. This may contribute to a breach in part of the mental health act, resulting in non-adherence to mental health act legislation and CQC requirements. Score 12

CYP Mental Health delays in access to Tier-4 bed. Risk of sub optimal care and harm to patients who are admitted to the paediatric ward awaiting Tier 4 beds, due to the national shortage of Tier 4 beds and challenges within the Tier 4 system. Equally there are no local commissioned CAMHS beds, therefore all local patients requiring Tier 4 admission must be admitted through the national systems, this contributes to an extended wait time for admission to Tier 4, resulting in non-adherence to mental health act legislation and CQC requirements and best practice for supporting CYP in crisis. Score 12

4.0 Outlier alert: Colorectal Cancer

Walsall Healthcare Trust is a negative outlier in the National Bowel Cancer Outcomes (NBOCA) audit in that:

- The proportion of patients having emergency resections is higher than national average
- Adverse event rate following elective colorectal surgery higher than national average
- Length of stay > 5 days is higher than national average
- 30-day and 90-day post-op mortality is higher than national average
- 30-day readmission higher than national average
- 30-day unplanned return to theatre (URTT) is higher than national average
- Trust rectal cancer surgical volume below nationally recommended minimum
- Ileostomy formation rate at time of anterior resection is higher than national average

Item	**WHT (Major Surgery only) Jan 22-May 23**	**NBOCA-National Average published July 2023**	**GIRFT Benchmark**	**NBOCA Quarterly Report Results for WHT published July 2023**
Proportion of patients having emergency resections	39.2%	14%		29%
Adverse event rate following elective colorectal surgery	Colon: 14.5% Rectal: 29.4%		Colon:<14.1% Rectal:<20.9%	-
Length of stay > 5 days	73.4%	<60%		82%
30-day and 90-day post-op mortality	30D: 6.3% 90D:10.9%	30D: <1.7% 90D: <2.8%		30 day 4.9% 90 day 9.7%
30-day readmission (exclude Zero LoS) (include Zero LoS)	14.1% 21.9%	12.5%		21.4%
30-day unplanned return to theatre (URTT)	6.3%	<6.8%		12.6%
Trust rectal cancer surgical volume	20			20 major resection cases
Ileostomy formation rate at time of anterior resection	56.7%		<35%	

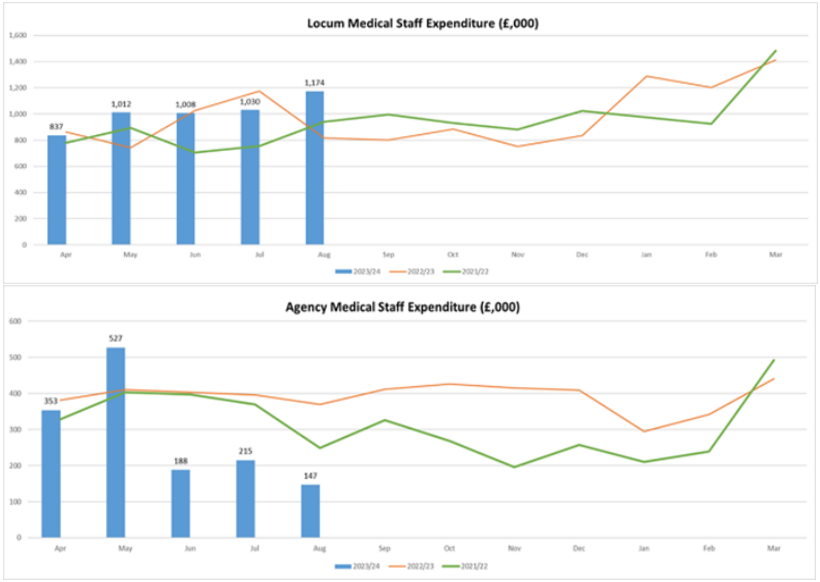
The CMO office has formed an improvement group to understand and address the actions required to improve clinical outcomes. Output will be reported via Patient Safety Group to Quality Committee.

4.0 Medical Workforce

Temporary spend on medical staffing are overspent by (£5,923k) YTD, driven by Locum Bookings (£4,664k) and Agency Bookings (£1,259k). Overall spend on Medical Staffing is overspent by (£6,704k) which the rest of the position not made up of temporary staffing is related to Strike bookings, (£1,122k) offset by Medical vacancies, (£342k).

Main drivers for bookings against Agency and Locums relates to:

- Vacancy Bookings over and above agreed budgets
- Demand Bookings (£991k YTD, £134k in month)
- Sickness (£265k YTD, £46k in month)
- Strike Bookings (£458k YTD, £141k in month)



Most of the temporary spend being seen in the Divisions of Medicine and Long-Term Conditions (MLTC) and Surgery due to over-establishment and vacancy bookings.
Actions:

- Winter funded posts have stopped
- A recruitment pipeline has been set with clinical directors against vacancies
- Budget re-alignment regarding HEE Trainee Posts
- ESR discrepancy validation
- Job planning cycles are on track against policy with no expired job plans. Of these, 40% signed off, 38% in discussion, 11% awaiting sign off.

5.0 Electronic Patient Record

The business case for Frontline Digitisation has been submitted for Trust Board October for approval pripr to submission to the ICB.
The Trust has been advised that a formal, structured and compliant procurement process is required and the Trust have started working towards it.

6.0 Clinical Guidelines

14 guidelines and SOPs were uploaded to the intranet in August and 8 in September. TMC approved de-ratification of 28 guidelines. We expect the Trust position report to reflect this improvement in October.

7.0 Research and Development

Constant growth of Commercial research within the Trust, meeting the target set following the Lord O'Shaughnessy recommendation of doubling the number of commercial recruits. Walsall continue to explore collaborations with local and regional research partners.
Aseptic pharmacy support for research studies currently on hold, working in collaboration with the Interim Director of Pharmacy to rectify this issue, non-aseptic pharmacy support has been rectified.
There has been a clinical Incident reported relating to one of WHT Trials, resulting in a clarity over booking trial patients onto theatre lists. No patient harm was encountered.
The first joint RWT/WHCT Research Celebration Event took place on 19th September with good engagement.

8.0 Medical Education

NHSE update for acute and general medicine for May has been accepted and the visit planned by HEE in November has been postponed. The training programme remains on the same risk status and the Trust continues with internal assurance cycles to address any issues raised.

RECOMMENDATIONS

To note the contents of the report.

Reading Room Information/Enclosures:

- Chief Pharmacist Report
- Safe High Quality Care Report

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Trust Board Meeting – to be held in Public on 11th October 2023		
Title of Report:	Chief Pharmacist Report	Agenda Item No: 13.8.1
Author:	Sonia Chand, Interim Director of Pharmacy Sonia.chand3@nhs.net	
Presenter/Exec Lead:	Manjeet Shehmar, Chief Medical Officer manjeet.shehmar@nhs.net	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☐No☐
Recommendations: The Board is asked to be informed and assured of this report.			

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: 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. On Risk Register: Yes☒No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
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.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details:
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		

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Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☐No☐	Date:
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

- It is through the Medicine Management Group that audit compliance is being monitored and escalated to Divisions where necessary.
- Continued work through the Medicines Management Improvement Group (MMIG).
- Insulin improvement workgroup has commenced
- Have been able to review off contract purchasing.

Advise

- The Trust plans to implement an EPMA system and a project manager (non-pharmacy) is addressing the legal requirements for procurement, business case and timelines. Due to go to Trust Board in October.

Alert

- There is the need for an increased pharmacy establishment to continue to manage medicines across all wards.
- 22% overall vacancy (July 23)
- A business case is planned for submission to Investment Group in October 2023
- The ward audit of medicines management continues to show some gaps in compliance (see MSO report).
- Nitrous oxide
- Controlled drugs management on ward 14.
- Aseptics workforce capacity- is over capacity- staff are being recruited to support this.
- 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. Delay in recruitment due to no candidates, out to advert again.

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

Walsall Healthcare NHS Trust

Chief Pharmacist Report

Report to Trust Board Meeting (Public) to be held on 11th October 2023

1. PURPOSE OF REPORT

The purpose of this report is to inform and assure the Board on the management of medicines within the Trust. This is achieved through the activity of the Medicines Management Group and its sub-groups.

2. PHARMACY AND MEDICINES MANAGEMENT

The responsibility for medicines management within the Trust rests with the Chief Medical Officer with delegated responsibility to the Director of Pharmacy, who is also the Controlled Drugs Accountable Officer (CDAO) for the Trust.

The Medicines Management Group (MMG) is the group which has oversight of medicines management and usage. The MMG is chaired by the Chief Medical Officer or by the Director of Nursing in the absence of the Chief Medical Officer.

The MMG reports directly into the Clinical Effectiveness Group on a quarterly basis.
There was a CQC engagement call scheduled for the 8th of September 23 around EPMA and Insulin. The current progress with the Frontline Digitalisation Strategy and the work around insulin was discussed.

Medicines Management Improvement Group key updates:

1. **Medicine Policy review**

   There is currently a short life working group set up to manage the review of the Medicines Policy in line with the recommendations from the specialist advisor in response to the Section 29a notice. Due to be completed by November 23.

2. **Education and Training**
   FY2- training is being planned.
   Existing staff to be managed via the local induction at ward level.

3. **Insulin workstream**
   A new insulin working group has been set up to address the issues around insulin prescribing and administration across WHT. Immediate actions are to devise a consolidated insulin audit tool across the trust, to then audit and from the findings to develop a quality improvement programme.

Escalations September 23

1. Pharmacy staffing the staffing levels remain low, recruitment is in progress, agency staffing is being sought to meet the staffing requirements until staff are in post. Expected duration = 3 months.
2. Nitrous oxide- currently usage is greater than what can be accounted for. There is work to move to cylinders in theatres to mitigate any risks against loss. This being progressed in conjunction with the anaesthetics team.
3. Controlled drugs management on ward 14 – further losses have not been reported however, there is still some further work that is being undertaken.
4. Aseptic workforce capacity- this is exceeding the recommended capacity- have advertised band 3 assistant and band 7 pharmacist to support the workload in this area.

Pharmacy workforce

The business case for pharmacy staffing is planned for submission to investment group in October. In the meantime, key pharmacy ward-based roles have been identified and submitted to the Director of Finance to continue the temporary spend required to support.

New appointments:

3 x Band 6 pharmacists- due to start Mid October- requesting agency to support the gap

Advertised posts:

ED Pharmacist 8a (1 WTE)
Medication safety officer 8B (1WTE)
Band 7 (1WTE) x 3

Agency spend- this is on a downwards trajectory and some of our locums are being transferred on to bank contracts.

Business cases

Pharmacy establishment business case due to go to investment group October 23. Currently being reviewed by finance.

EPMA Business case- currently being updated for benefit realisation due to go to PFIC late September and to Trust Board in October.

Financial

There is currently work being undertaken around reviewing off contract purchases for medicines. To date £50K has been identified that be claimed back from suppliers due to delays in the supply of medicines to the trust. Pharmacy is working to claim this back.

Medicines Management Dashboard

A dashboard of key medicines management metrics has been set up on the Trust Intranet. Data update due early September 2023 due to delay in transfer of PowerBi license.

Risk Register

Following the CQC inspection risk 2737 remains at 16. Further controls have been added to align with insulin and inhalers.

New risk entered onto the pharmacy risk register
3285 Risk of drug diversion due to no written Standard Operating Procedures for ward automated medicine cabinets (Pyxis devices)- due to be completed end of September 23.

Divisions are now reviewing their risk scores via divisional medicines management group Divisions and Care Groups continue to manage their own risks based on audit results. These are reviewed regularly and can be reduced based on improvements based on audit data. The risks are reviewed at the Divisional Performance Reviews.

Ward storage

As discussed above, wards are required to use the Tendable app to complete ward storage audits which provide evidence towards divisional care group medicines management risk. The information is available on a weekly basis on the Medicines Management dashboard and form the basis for discussion at care group and divisional safety huddles and Medicines Management Groups.

Audits

The following national audits are in progress and percentage compliance will be reported monthly.

RPS Audit
Annual Audit Procurement

3. REGULATORY

- General Pharmaceutical Council pharmacy premises – renewed annually in October, no inspection due.
- Wholesale Dealers Licence [WDA(H)] – last inspection July 2019. No inspection due.
- Home Office Controlled Drug Licence – last inspected May 23 no inspection due.

4. RECOMMENDATIONS

It is important to note that the work around the medicines management improvement group is continuing however, this urgently needs financial investment of the pharmacy establishment to sustain the current developments and further improvements.

The above measures will also improve accountability, especially through the Divisional governance structures, and the newly formed Divisional Medicines Management Groups.

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Trust Board Meeting (Public) on 11th October 2023		
Title of Report:	Safe High-Quality Care Oversight Report	Agenda Item No: 13.8.2
Author:	Christian Ward – Deputy Chief Nursing Officer christian.ward@nhs.net	
Presenter/Exec Lead:	Lisa Carroll – Chief Nursing Officer lisa.carroll5@nhs.net	

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

Recommendations:

The Trust Board is asked to note the contents of the report and in particular the items referred to the Board for decision or approval.

Implications of the Paper:			
Risk Register	Yes ☒ No ☐ Risk Title: **208** - Failure to achieve 4 hour waits as per National Performance Target of 95%, resulting in patient safety, experience and performance risks (Risk Score 12). **2245** - Risk of suboptimal care and potential harm to patients from available midwives being below the agreed establishment level (Risk Score 16) **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 15). **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). **3045 –** Suboptimal paediatric staffing - Paediatric nursing establishment is currently maintaining minimal compliance to expected national standards for paediatric nursing. This is further exacerbated by increased demand on service and sickness/maternity (Risk Score 16).		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Registration and licensing Well led.

	NHSE	Yes☒No☐	Details: Related standards
	Health & Safety	Yes☒No☐	Details: Health & Safety Act
	Legal	Yes☒No☐	Details: Duty of Candour, Claims and Litigation
	NHS Constitution	Yes☒No☐	Details: Constitutional Standards
	Other	Yes☒No☐	Details: Professional registration issues
CQC Domains	**Safe:** 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	None identified within the report		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: TMC 21/09/2023 Quality Committee 22/9/23
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

- Safeguarding adult and children's training is achieving the Trust target for levels 1 and 2 training.
- Falls per 1000 bed days were 3.40 and 3.16 in July and August 2023 respectively. Weekly falls accountability meetings are continuing, identifying lessons for shared learning.
- The nursing and midwifery vacancy rate is 1.94% as of the end of July 2023, a decrease from 3% in June 2023.
- Agency cessation plans continue to see a dramatic reduction in the usage of agency nursing staff, with a robust risk assessment process in place for the agreement of agency usage.
- Within the ED department, 82.76% and 86.04% of patients received antibiotics within the first hour in July and August 2023 respectively (82.97% in June 2023).
- The timeliness of observations for July and August 2023 was 90.05% and 90.72% respectively (June 90.48%), including ED and 91.88% and 92.88% for July and August respectively (June 92.06%), excluding ED. Results have been in excess of the Trust target for the past 4 months.
- The number of hospital acquired pressure ulcers has returned to normal range of incidents since June's reduction to 4.
- The Trust won Employer Contribution of the Year Award for collaboration with Walsall College for work supporting T-Level students, 13 of the 15 have started undergraduate training as nurses with the two remaining employed as HCSW at Walsall.
- In July and August 2023, over 80% of in-patient's and patient's attending ED received their antibiotics within the first hour.

Advise

- Safeguarding adult and children's training level 3 is now available for completion via My Academy.
- MCA compliance reporting needs revision to ensure reported, moved recently from Safeguarding Team to Matrons.
- LocSSIPS overall compliance for WHT has increased to 94% from 84% (June 2023).
- Inpatients antibiotic provision within the hour fell to 74.14% and 73.64 in July and August respectively (89.80% in June 2023). This will be reviewed by Deteriorating Patient Group to ascertain if this a data issue.

Alert

- In July and August 2023 there were 12 and 9 cases respectively of C.difficile (10 avoidable in total). Nationally there is a rise in Clostridium Difficile infection.

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

Reference Pack – SHQC report
Date: 21st July 2023

QUALITY DATA

- The Nursing Quality Dashboard (Appendix 2) provides an 'at a glance' view of ward/department/service performance with regards to structure, process and outcomes and it is provided for information.
- Other nursing quality data can be viewed on the Integrated Quality and Performance Report.
- Trust level quality metrics are provided as trend charts with key actions and mitigations outlined by the subject matter experts. Key points from this month's Trust level nursing quality metrics are highlighted below.

1.0 Excellence in care

1.1 Falls

- The number of Trust falls recorded for July and August 2023 is 55 and 54 respectively (Chart 1).
- The Royal College of Physicians' mean average performance of 6.1 falls per 1000 occupied bed days has been achieved continuously for the past 33 months (Chart 2).
    - Falls per 1000 bed days was 3.40 and 3.16 for July and August respectively (2.92 in June 2023).
- There was 1 severe harm fall in July and none in August 2023, the fall in July is being reviewed via the SI process.
- The Falls Steering Group continues to implement an enhanced risk assessment for patients at high risk of falls.

Chart 1 - Total Falls

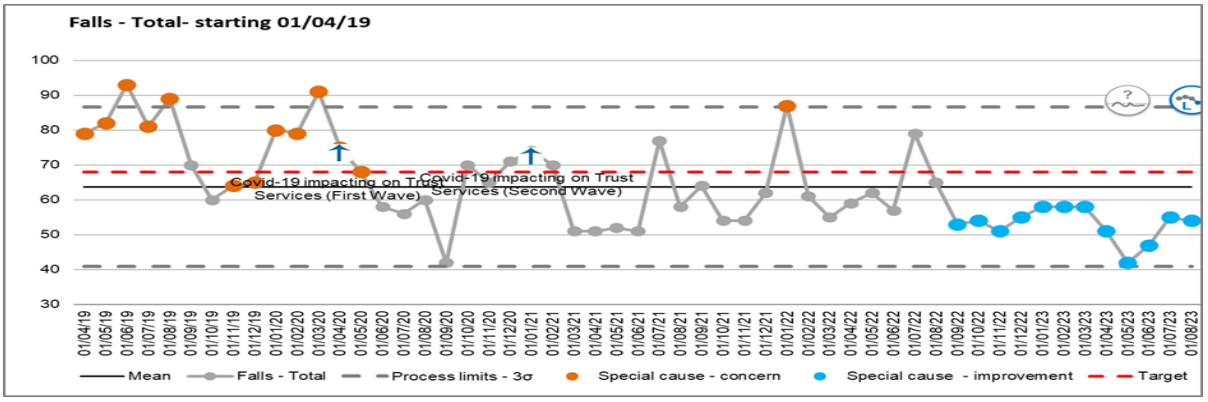
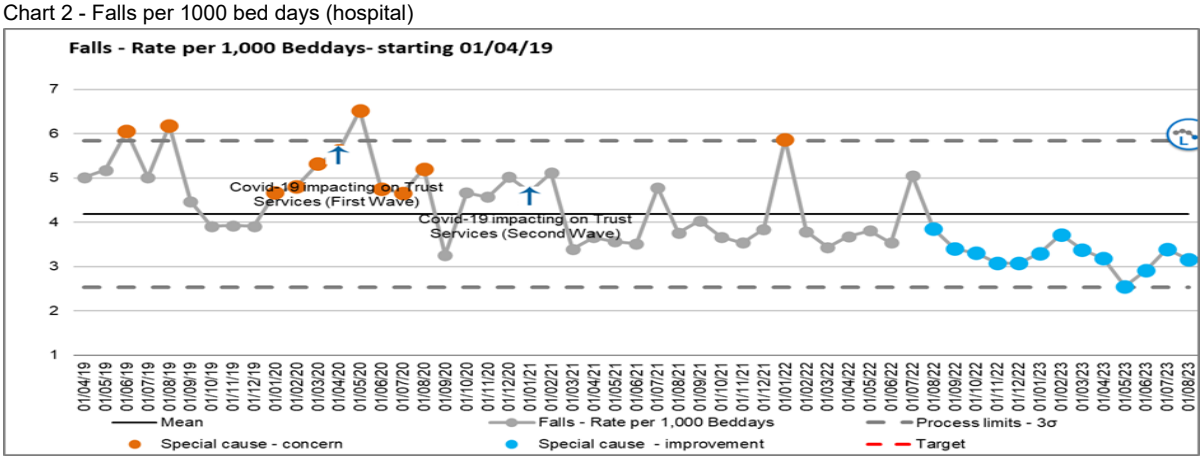


Chart 2 - Falls per 1000 bed days (hospital)



1.2 Tissue viability

- Data from July and August 2023 demonstrates a consistent level of pressure ulcer incidents (Chart 3); the hospital data demonstrates an return to normal levels of TV incidents in hospital after a considerable fall in June 2023. (Chart 5).
- Chart 4 demonstrates a significant reduction in community pressure ulcer incidents after a significant rise in June.

Chart 3 - Total Pressure Ulcers Hospital and Community

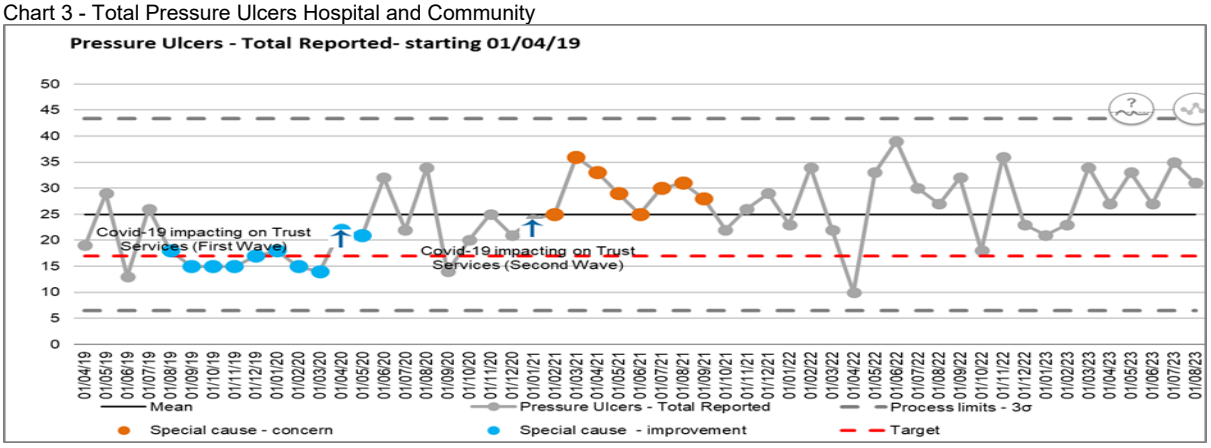


Chart 4 - Community Pressure Ulcers

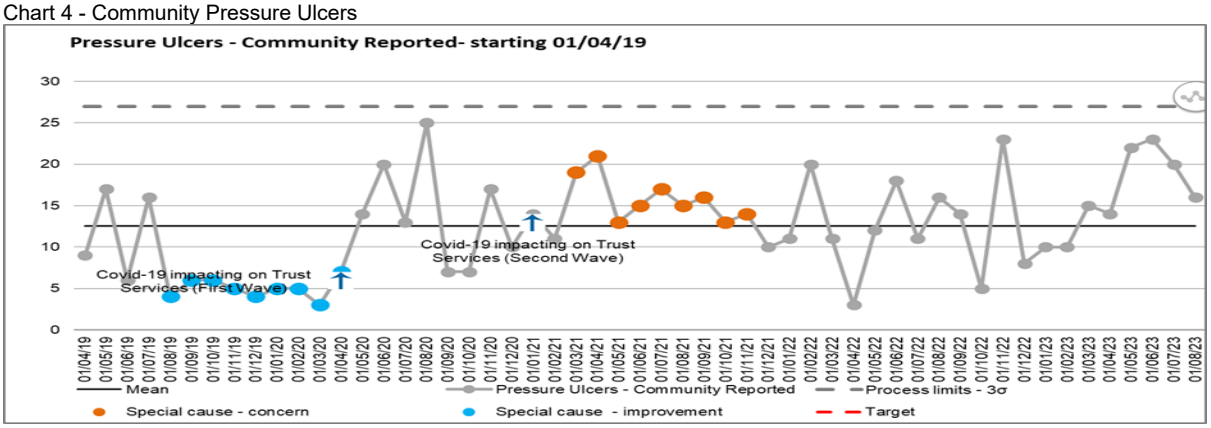
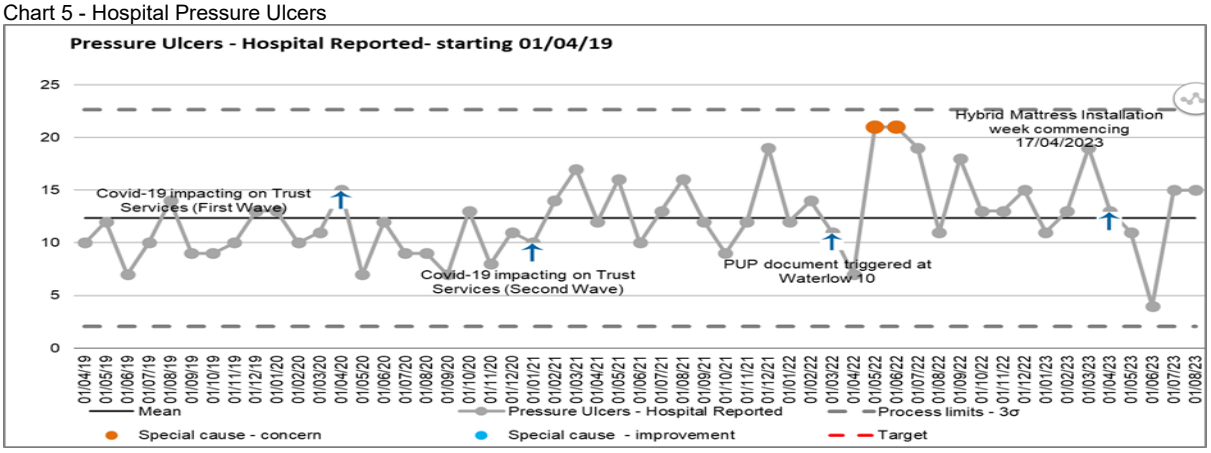


Chart 5 - Hospital Pressure Ulcers



- Blended education continues and lessons learnt have been shared across the trust and with local actions to target areas for improvement in practice.
- Hybrid mattress installation was completed week commencing 17.4.23, there are ongoing area specific electrical supply issues on Ward 11 escalated to SKANSKA for resolution.

- CQUIN compliance for TV is confirmed to be at 89.6% (Target = 85%) in August (this excludes non-bedded ED data).
- Work underway to improve compliance with risk assessments in ED (within 6 hours of attendance). Education and communication have been shared to resolve the gap with assessment recorded on Careflow within the ED.

Moisture Associated Skin Damage (MASD)

- Hospital inpatient data has shown a rise of MASD incidents. Summer heat will be one contributory factor (Charts 6 & 7). A Trust produced MASD risk assessment will be piloted to explore the benefits.

Chart 6 - Hospital MASD

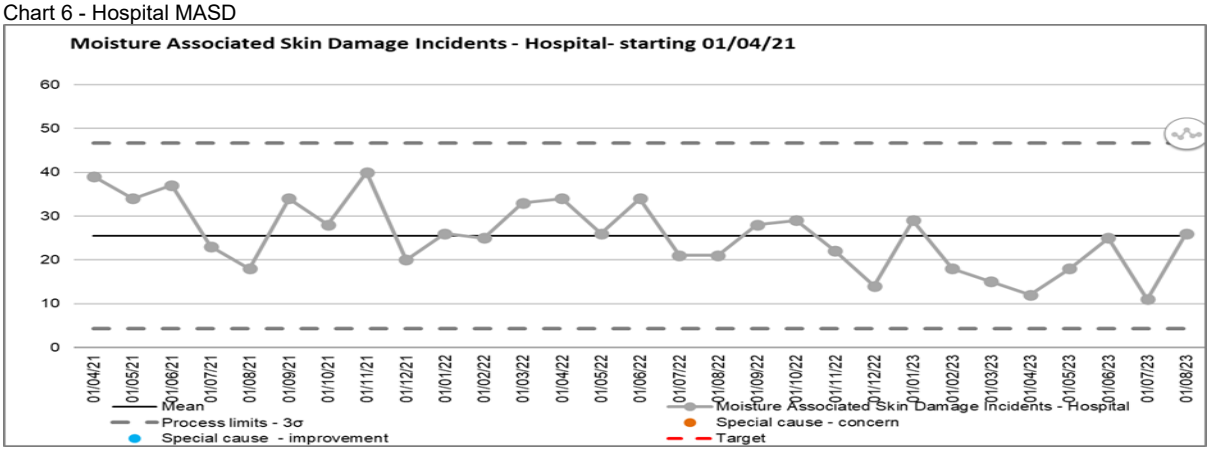
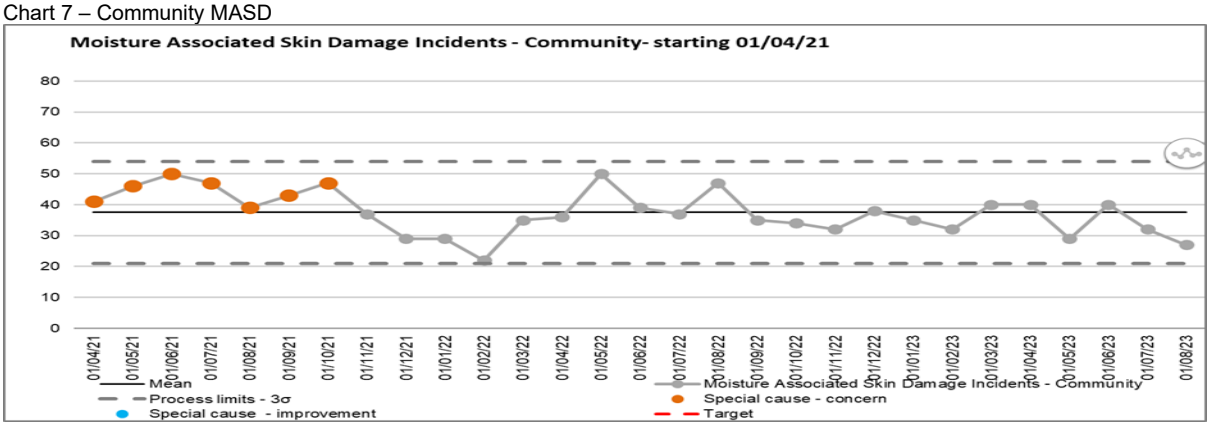


Chart 7 – Community MASD



Wound Formulary

- The Trust has led on the Black Country wound formulary, which is at the final stages awaiting group approval internally and at the ICB. Foams and hydrocolloid dressing will be switched in acute settings to aim for cost savings whilst maintain quality care with high performing products.

Leg ulcers

- The community tissue viability initial wound assessment began in August 2023 to optimise practice from admission to aid healing within planned timeframes. The service will evaluate the benefits and challenges of this service once embedded.

1.3 Observations on time

- The timeliness of observations for July and August 2023 was 90.05% and 90.72% respectively (June 90.48%), including ED (Chart 8) and 91.88% and 92.88% for July and August respectively (June 92.06%), excluding ED (Chart 9). Results have been in excess of the Trust target for the past 4 months.

- 24 out of 26 clinical areas achieved the 90% target. Focus is required on ED and AMU who have not yet reached target in month. The quality team are supporting these clinical areas to improve their compliance.

Chart 8 - Patient Observations on Time

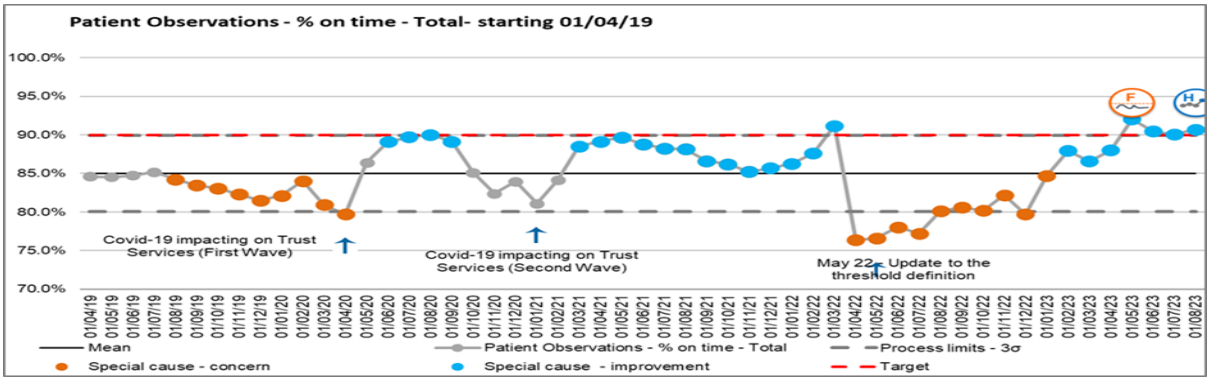
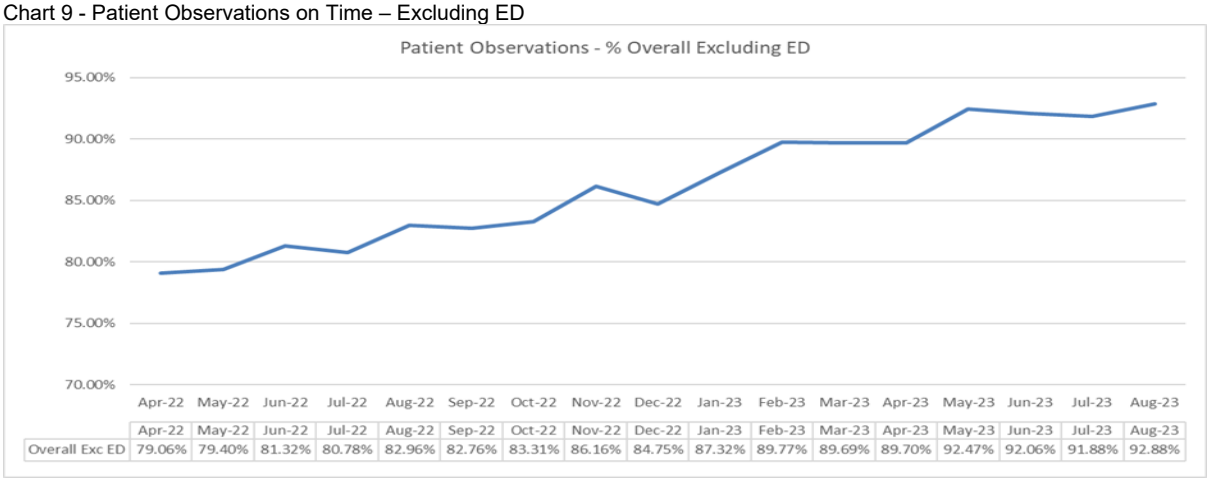


Chart 9 - Patient Observations on Time – Excluding ED



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Overall Exc ED	79.06%	79.40%	81.32%	80.78%	82.96%	82.76%	83.31%	86.16%	84.75%	87.32%	89.77%	89.69%	89.70%	92.47%	92.06%	91.88%	92.88%

1.4 Quality and Safety Enabling Strategy 2023 - 2026

- The quality and safety enabling strategy has been launched in April 2023.
- This joint strategy is our commitment to quality and safety and ensuring we collaborate with staff and patients as our joint partners to improve patient outcomes and their experience.
- Our key priority areas have been identified from local, regional, and national sources, including engagement with staff, patients, and the community we serve.

1.5 Wider quality activities

- The Clinical Accreditation Scheme was launched at the beginning of April 2023. A Clinical Accreditation Board and Shared Professional Decision-Making council for Clinical Accreditation have been established. The first Clinical Accreditation board have met with discussions in relation to further refinement and grading for ward areas using a more qualitative approach.
- Nine wards have been reviewed since April 2023. Five wards have been accredited, 2 ward areas have been awarded Emerald, 3 areas awarded Ruby and 4 areas 'Working Towards Accreditation' to date. The remaining wards are awaiting discussion via the clinical accreditation board before a rating is agreed.

Table 1 – Accreditation results

Date	Ward / Dept	Level Awarded
05 04 2023	Ward 1	Ruby
14 04 2023	Ward 2	Emerald
21 04 2023	Ward 3	Working towards accreditation
28 04 2023	Ward 4	Working towards accreditation

03 05 2023	Ward 15	Ruby
19 05 2023	Ward 17	Working towards accreditation
31 05 2023	Ward 7	Emerald
18 07 2023	AMU	Ruby
18 08 2023	Ward 29	Working towards accreditation

Evaluation of the Clinical Accreditation programme is planned in September 2023 and automation of the tools and feedback from departments and accreditation team.

Themes that have emerged on what teams do well:

- Pain and responsiveness
- Observations and vital signs
- End of life care
- Elimination

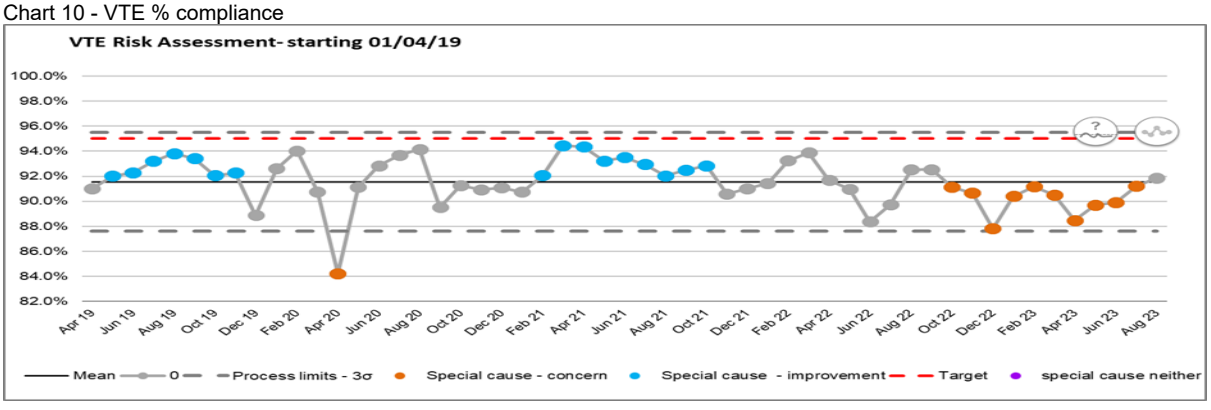
Opportunities for Quality Improvement

- Nutrition and hydration in terms of MUST assessments completed accurately and the quality of meal service for our patient.
- Repositioning of patients to a new position and documentation to reflect this change.
- Allocation of Link workers/champions or shared decision-making councils locally on the wards.
- Oxygen and suction checklist to evidence being checked.
- Security of medical notes – notes trollies open some with a key – need to have keypads to make it easy to secure.
- Staffing figures not always displayed on Ward Information Board.
- "This is me" and carer documentation in relation to learning disabilities, delirium and dementia.

1.6 Venous Thromboembolism (VTE) Compliance

- VTE compliance for July and August 2023 has improved to 91.21% and 91.87% (Chart 10), compared to 89.95% in June 2023. The Target remains 95%.
- The issues previously identified with Vitals in the Arrival Lounge have been resolved with the Surgical Division and Digital Service Leadership.
- Divisions have been asked to produce action plans and performance will report into divisional performance reviews and the Thrombosis Group.
- Division of MLTC have undertaken a QIP to monitor and improve the VTE assessment performance, three out of seven actions are complete and the remaining four are ongoing. Division of Surgery have raised awareness and education with VTE Champions on ward areas. Both Divisions have escalated IT concerns which are being addressed. Both Divisions are closely monitoring performance via Care groups and respective Clinical Directors with appropriate challenge.

Chart 10 - VTE % compliance



1.7 Deteriorating Patient

- The critical care outreach team identify all patients placed onto Scale 2 for appropriateness of use.

- A business case is being developed to support a 24/7 sepsis outreach service.
- As of September 2023, 41% of clinical staff had completed the Royal College of Physicians e-Learning package (an increase from 36% in May 2023). Historically we have reported 64% in the past but a further 543 members of staff have been identified as required to complete the training.
- All incidents reported as moderate harm related to deteriorating patients are subject to review and oversight by the Deteriorating Patient Group.

1.8 Sepsis

- Within the Emergency Department (ED), 82.76% and 86.04% (Chart 11) of adult patients received antibiotics within the first hour in July and August 2023 respectively (82.97% in June 2023).
- For adult inpatients, 74.14% and 73.64% (Chart 12) of patients received antibiotics within the first hour in July and August 2023 respectively (89.80% in June 2023). This reduced compliance will be reviewed at Deteriorating Patient Group.
- Sepsis performance and actions to improve are overseen by the Deteriorating Patient Group.

Chart 11 - ED Sepsis Performance

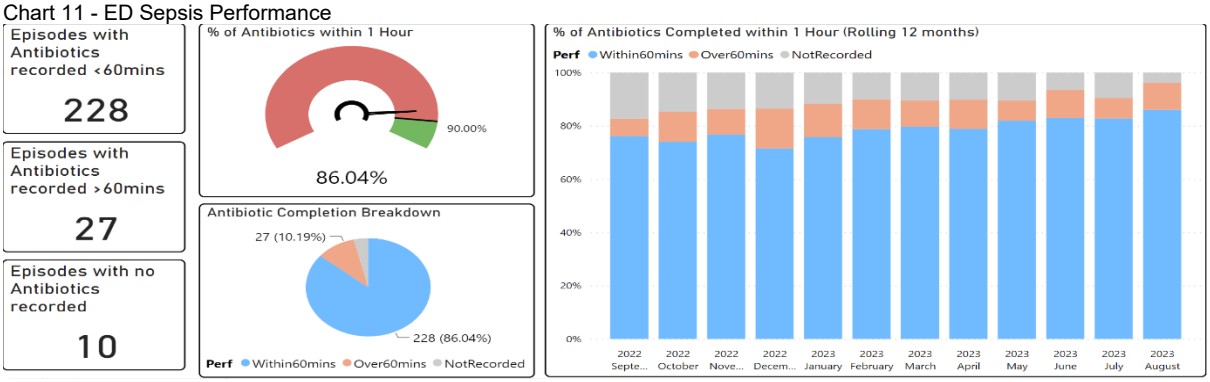
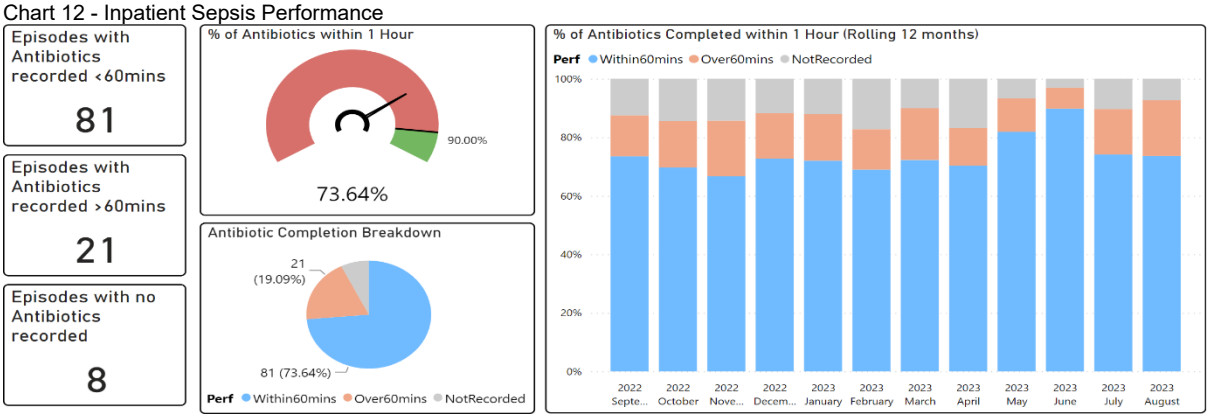


Chart 12 - Inpatient Sepsis Performance



1.9 Nursing Quality Audits

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

Table 2 - Trust overall – Audit Compliance

NHS Walsall Healthcare NHS Trust

Walsall Healthcare NHS Trust Quality Dashboard - Average Scores 2023

	CARE OF THE DYING	CATHETER AUDIT	CONTINENCE	DETERIORATING PATIENT & SEPSIS	DOCUMENTATION	ENVIRONMENT	FALLS & DECONDITIONING	IPC	MEDICINES MANAGEMENT	NUTRICIAN & HYDRATION	ORAL CARE	PAIN MANAGEMENT	PATIENT EXPERIENCE	PHARMACY AUDIT (WARD & AREAS - pharmacy responsibilty)	TISSUE VIABILITY
2022 Average	93.1%	67.3%	80.6%	74.6%	92.4%	89.8%	85.0%	95.7%	90.7%	85.8%	87.3%	92.3%	90.8%	91.5%	78.6%
JANUARY	95.7%	67.5%	83.2%	77.8%	91.7%	93.7%	78.8%	95.0%	91.7%	91.2%	89.4%	95.7%	88.0%	83.5%	79.5%
FEBRUARY	95.9%	82.3%	93.4%	97.5%	92.3%	92.5%	87.6%	95.3%	92.0%	89.2%	96.1%	98.1%	95.8%	82.4%	96.0%
MARCH	93.1%	87.0%	82.4%	98.9%	86.4%	92.9%	85.7%	94.2%	92.8%	92.0%	88.8%	97.2%	95.8%	100.0%	90.6%
APRIL	99.6%	91.5%	80.1%	99.0%	88.0%	93.2%	89.4%	95.7%	92.8%	90.5%	91.8%	94.5%	95.6%	84.2%	88.1%
MAY	90.4%	81.5%	77.7%	97.0%	87.3%	91.8%	90.6%	95.2%	93.1%	89.8%	87.8%	96.4%	96.7%	85.6%	91.2%
JUNE	96.9%	85.7%	90.7%	95.8%	92.3%	92.6%	90.7%	95.8%	94.3%	84.3%	95.4%	95.4%	96.8%	77.1%	89.9%
JULY	97.7%	84.6%	89.6%	98.8%	87.8%	94.0%	89.2%	96.5%	95.1%	88.8%	94.0%	95.0%	97.8%	100.0%	94.6%
AUGUST	95.1%	82.6%	92.4%	99.2%	91.7%	95.7%	88.1%	94.9%	95.6%	90.8%	90.6%	93.4%	95.7%	77.8%	96.2%

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

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

The Trust responded to the CQC on the 23 June 2023, and they have confirmed that they will not be taking enforcement action and we have received their final report that will be published on Friday 15th September 2023.

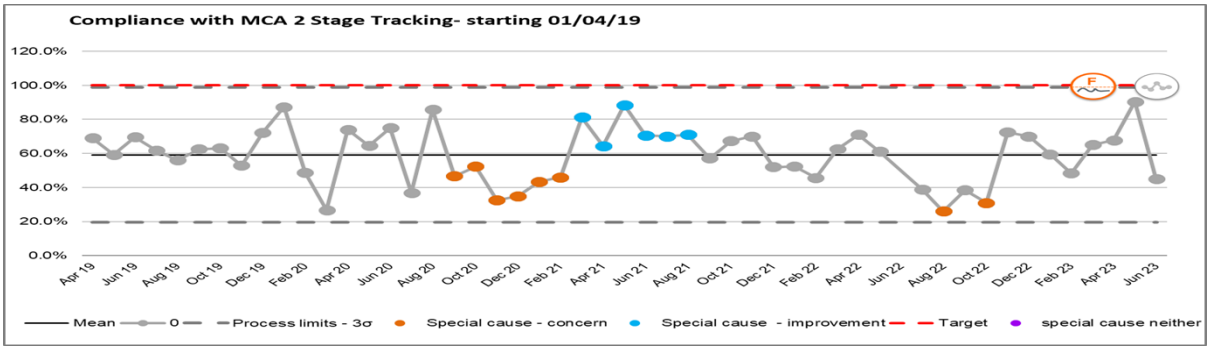
1.11 Mental Health (MH)
There is still considerable pressure on our ED department from Mental Health patients who need assessment and potentially treatment. A Memorandum of Understanding (MOU) has been provided to the Trust from the Black Country Partnership which has yet to be agreed. The MOU needs to adequately provide for the Responsible Clinician (for patients held under a MH Section and MH Assessment Provision KPI for the Mental Health Liaison Service on the WHT sites.

1.12 Mental Capacity Assessment (MCA)
When completing a RESPECT form, the Stage 2 Mental Capacity Assessment is used to determine whether the patient has the mental capacity to make decisions about their end-of-life care. This is important because if the patient lacks capacity, decisions about their care must be made in their best interests, considering any wishes or preferences they may have expressed in the past.

Completing a Stage 2 Mental Capacity Assessment involves assessing the patient's ability to understand, retain, weigh up and communicate information relevant to the decision in question. If the patient is found to lack capacity, a best interest's decision may need to be made, which may involve consulting with the patient's family or other healthcare professionals.

MCA compliance for June 2023 was 45.00% (90.32% in May 2023, Chart 13). The Trust is currently reviewing how this data is collected and presented having moved the collection process from the safeguarding team to the wider matron cohort. The data has been collected in Tendable Audit (Respect) since June 2023.

Chart 13 - MCA Compliance



1.13 Adult and Children Safeguarding and Associated Training
Current Training Compliance
Adult Safeguarding Level 3 = 78.73% (August 2023)

Child Safeguarding Level 3 = 76.28% (August 2023).

WHT & RWT Training Task and Finish Group continue to meet to review training packages/delivery of training/workforce training needs analysis. RWT and WHT have agreed to align the safeguarding level 3 training as following:

- Adult services staff groups above Band 6 will complete safeguarding level 3 children's training (4hrs every 3 years). This will reduce the staff mapped from 2444 to 2139)
- Paediatric staff will complete level 3 training plus an additional 2hrs bespoke level 3 training. This training will be yearly and face to face to as per the Intercollegiate document. This will increase the staff mapped from 1101 to 2402

In addition, this alignment will result in a drop in in the compliance figures whilst staff are undertaking training.

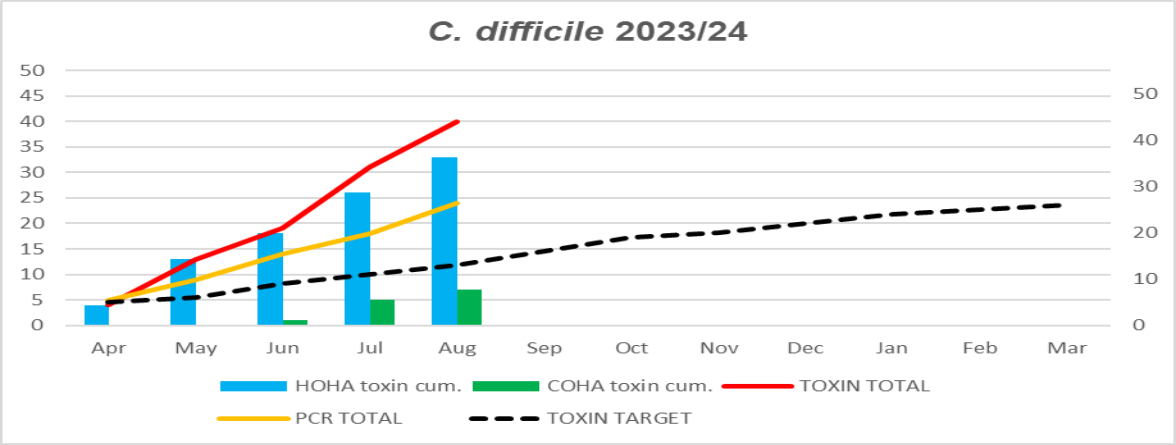
1.14 Clostridiodes difficile (C. diff)

- A total of 12 and 9 C*. diff* toxin cases were reported during July and August 2023 respectively. Out of the 21 cases in July and August, 6 in July and 4 in August were deemed avoidable.
- The National Trust target for 2023/24 has been set at 26 which is a reduction of one on 2022/23 target – Table 3 provides the current trajectory given this new target.
- The graph showing trajectory against cases is illustrated in chart 14.

Table 3 - C. Diff cases

2023/24	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Max Cases per Month	2	2	2	2	2	2	2	2	3	3	2	2
Actual cases per month	4	9	6	12	9							
Cumulative YTD projected	2	4	6	8	10	12	14	16	19	22	24	26
Acute Cumulative actual	4	13	19	31	40							

Chart 14 – c. diff trajectory



Actions being undertaken:

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

- The deep clean programme continues to take place, with Wards 1-6, 16 and 17 completed. Amendments have been made to the programme to reflect management of estates issues in the West Wing. This has delayed the surgical wards but deep cleans continue across medicine wards. Ward 15 will receive a deep clean when urgent maintenance is completed in September 2023.
- Principles of cleaning training completed throughout June in clinical areas during a pause in the enteric audit cycle. Additional IPC training of 601 staff in 3 weeks by the IPCT.

1.15 Local Safety Standards for Invasive Procedures (LocSSIPS)

- LocSSIPs are a set of guidelines developed by the National Patient Safety Agency to improve patient safety during invasive procedures.
- LocSSIPs cover a range of invasive procedures, including surgery, radiology, and endoscopy. The guidelines include a step-by-step process for assessing the risks associated with each procedure, identifying potential hazards, and implementing appropriate measures to minimize those risks.
- The aim of LocSSIPs is to ensure that healthcare professionals have a systematic approach to managing risk during invasive procedures, which will help to reduce the likelihood of adverse events and improve patient safety. The guidelines also encourage communication and collaboration between healthcare professionals involved in the procedure, as well as with the patient and their family or carers, to ensure that everyone is informed and involved in the decision-making process.
- The most recent compliance figure across the Trust stands at 94% in August 2023 (improved from 84% in June).

Table 4 - LocSSIPS

Division	Area	Apr Compliance	May Compliance	Jun Compliance	Jul Compliance	Aug Compliance
Community	Community - CIT				100%	Not Due
Community	Community - Podiatry	100%	100%	100%	100%	100%
Community	Community - Diabetes-Podiatry	100%				
Community	Community - Children's	Not Received	100%	Not Received	100%	100%
MLTC	Cardiac Intervention Suite	100%	100%	100%	100%	100%
MLTC	Emergency Department	48%	43%	63%	40%	54%
MLTC	Endoscopy	100%	100%	100%	100%	100%
MLTC	Gastroenterology (Ward 16)	100%	100%	100%	100%	100%
MLTC	Ward 15	100%		Not Received	Not Received	Not Due
MLTC	Pleural Procedures Clinic	100%	88%	92%	100%	100%
MLTC	AMU	73%	Not Received	Not Received	Not Received	Not Due
Surgery	Chemotherapy	100%	100%	100%	100%	100%
Surgery	Maxilofacial / Dental	100%	100%	100%	100%	Not Due
Surgery	Intensive Care Unit	74%	80%	94%	70%	100%
Surgery	Ophthalmology	100%	100%	100%	100%	100%
Surgery	Outpatient - Vascular	100%	100%	100%	67%	100%
Surgery	Outpatient - Dermatology	78%	100%	100%	100%	Not Due
Surgery	Foot and Ankle Steroid Injection	100%	86%	95%	95%	100%
Surgery	Outpatient - Orthopaedic				80%	Not Due
Surgery	Urology	100%	Not Received	Not Received	100%	Not Due
WCCSS	Imaging	94%	90%	94%	95%	97%
WCCSS	Gynaecology		100%			Not Due
WCCSS	Maternity	93%	86%	65%	100%	66%
WCCSS	Paediatrics/Neonates	100%	100%	40%	Not Received	Not Due
MLTC	Divisional	79%	73%	95%	74%	Not Due
Surgery	Divisional	88%	89%	97%	87%	Not Due
WCCSS	Divisional	94%	93%	53%	95%	Not Due
Community	Divisional	100%	100%	100%	100%	Not Due

Actions taken:

- Results were previously presented to Clinical Effectiveness committee; this now forms part of escalations at Patient Safety Group (direction needs to be given to Divisions on how this data should be reported).
- ED - Quality improvement initiative has been commenced, this includes focusing on patients who have Femoral Blocks in ED to ascertain reasons for non-completion, coding of procedures and IT concerns.
- AMU - Have appointed a lead to improve the results, the move into the new build has also allowed a procedural room to support controlled environment to ensure this process is completed.

- Trauma and orthopaedics - Are currently in discussion with RWT with regards to the procedures they use for LocSSIPs and are in process of agreeing the relevant procedures and establishing an audit practice in line with national patient safety alert.

1.16 Patient Safety Group – Divisional Escalations

Reported a month in arrears due to the timing of the patient safety group late in the month (August 2023 PSG escalations).

WCCSS

- Paediatric nursing business case – awaiting outcome re: allocation of funding. Ongoing agreement to continue agency use.
- With a significant reduction in Paediatric Virtual Ward (VW) funding, the project is at risk (as is the workforce associated to the team). The effect will be felt in terms of flow throughout paediatrics. The VW has impacted positively on inpatient capacity regardless of the season. This provision of care closer to home is an NHS Long Term Plan objective. The WCCSS await clarification regarding allocation of funding. At present, none is being received and the team is running as a cost pressure to the Division.

Surgery

- There have been 14 patients breaching 104 days for May 2023 (Latest available data).
    - All cases have been reviewed by the Lead Cancer Nurse with independent support from the ICB Primary Care Nurse.
    - Of the 14 cases reviewed 7 of those patients were referred to tertiary centres for opinion and/or treatment, of the 14 patients breaching 104 days, 4.5 are shared breaches between referring and treating trusts.
    - Of these patients, 5 are Urology, 2 colorectal, 4 lung, 2 Head & Neck and 1 haematology.
    - There is evidence of avoidable delays in cancer pathways impacted with access to 1st biopsy, multiple diagnostics, histology delays, referrals to multisite MDT, 1st treatment and patient DNAs/long decision on treatment by patient.

MLTC

- The VTE compliance has improved from 87.01% to 89.46% but remains under trust target of 95%.
- Paediatric Sepsis remains an area of focus for the Division in terms of ensuring that Vitals is used appropriately to record outcome.
- IPC oversight and Divisional Focus is noted on avoidable C.diff infections as a result of inappropriate prescribing of antibiotics. This is being supported by the IV to oral campaign.

Community

- Child Health Records scanning and digitalisation - Phase two – new plan created with stakeholders meeting to finalise timelines. Project conclusion date in August 2023. Software now deployed to the majority of teams; only SALT and Dietetics outstanding (Digital Services and Division working together to close).
- BLS training compliance is 73.97% (previously 69.9%) with community based training being provided. Three community-based sessions were held in May 2023 with a further four planned in June and July 2023.

1.18 Digital and Innovation

The business case for Frontline Digitisation has been approved in principle however needs to show benefits that limit or negate the impact of the future recurrent revenue costs. The programme Manager is working with Divisional teams for resubmission. This is likely to be presented at an Extraordinary Trust Board in September 2023.

Loose filing – A process for managing legacy loose files is in place and will be progressed through a wider rollout when additional staff are on site. This will be Phase 1 of the project with the second phase of work to change practices and culture to be led by Health Records.

The Careflow Connect Project is now entering a critical stage of development. In order to ensure efficient execution and manageability, we are establishing a project board to oversee and facilitate the project. The board, comprised of key stakeholders from across our organization, will provide strategic direction, ensure alignment with our broader goals, and address any potential issues in a timely manner.

1.19 Patient experience

- The Patient experience team have entered initiatives for recognition into the 'Patient Experience network national Awards' (PENNA).

1.20 Guidelines

The number of outstanding guidelines is shown in table 5. Work continues within the divisions to clear the outstanding backlog.

Table 5 – Guideline position

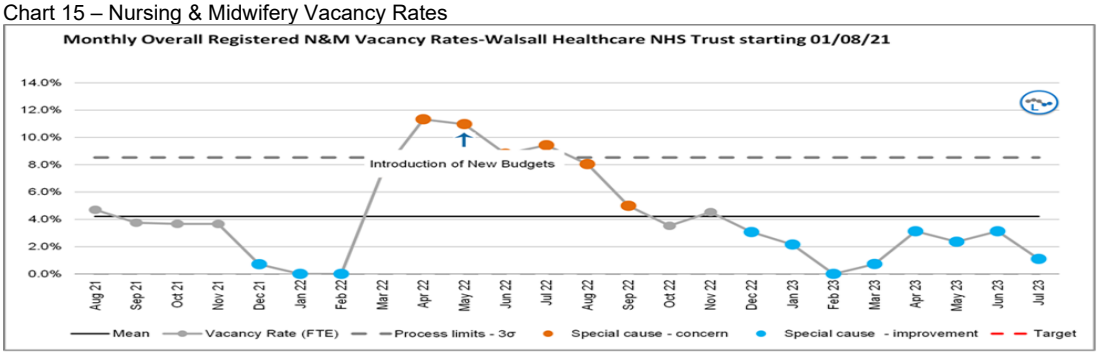
Guideline overview	In Date	Due for Renewal in next 3 Months	Due for Renewal in next 6 Months	Past the review date	New Guidelines	Total
September - 23	133			107	4	244
	55%			44%	2%	

2.0 Workforce

2.1 Nursing and Midwifery Vacancies

- In July 2023, the total number of Registered Nurse/Midwife vacancies decreased to 1.94% (Chart 15). Previous increases are associated to alignment of budgets in ED, AMU and ward 9 and 14.
- The CFN programme continues in 2023/2024. 44 nurses have arrived to date, with an additional 13 due to arrive in October before the programme ends in November for this financial year.

Chart 15 – Nursing & Midwifery Vacancy Rates



2.2 Agency Cessation

Agency Cessation was initiated across the site from the 1 April 2023.

- There are limited exceptions to allow for specialist areas (ED and Paediatrics) where there are vacancies, Wards 9 and 14 where substantive staffing are being recruited after being funded and Mental Health RMN or CSW cover.
- Both ED and Paediatrics have active recruitment plans and trajectories to resolve within 6 months.
- Cessation has been a planned process with support provided via twice daily staffing huddles, the improvement in the use of Safecare and forward forecasting to enable gaps to be mitigated.
- Agency Authorisation now requires risk assessments to have been completed and reviewed by

senior divisional leadership before being presented to Director of Nursing or on call Directors for authorisation.

- The SPC charts (Charts 16, 17 & 18) illustrate the reduction in agency usage to date.

Chart 16 – Tier 1 agency usage

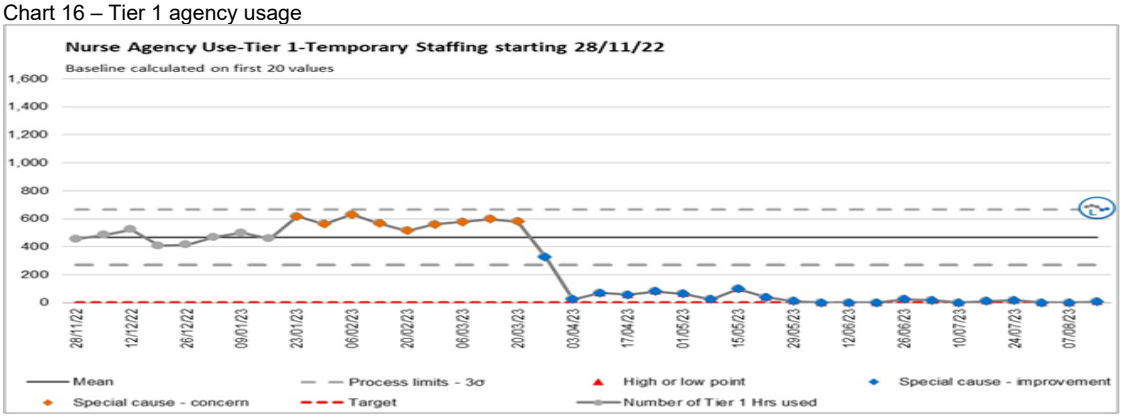


Chart 17 – Tier 2 agency usage

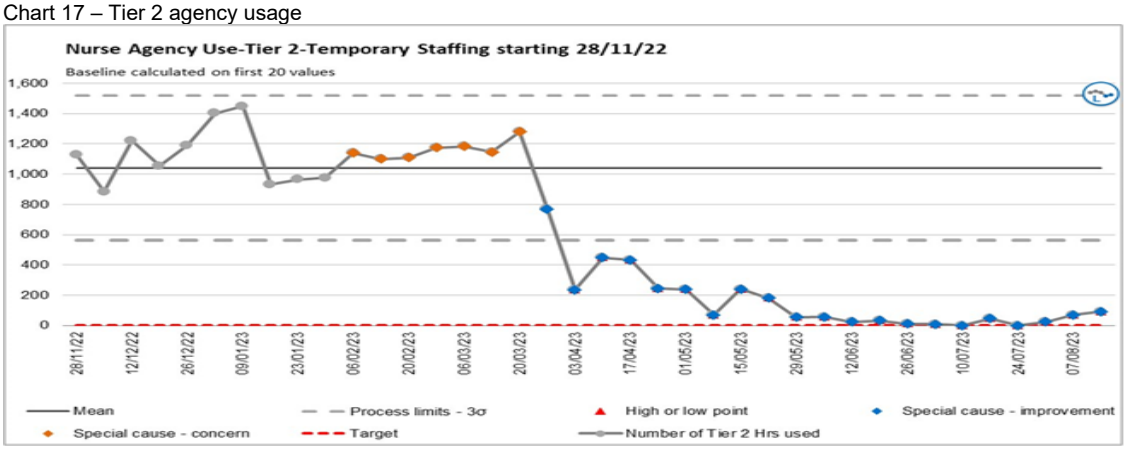
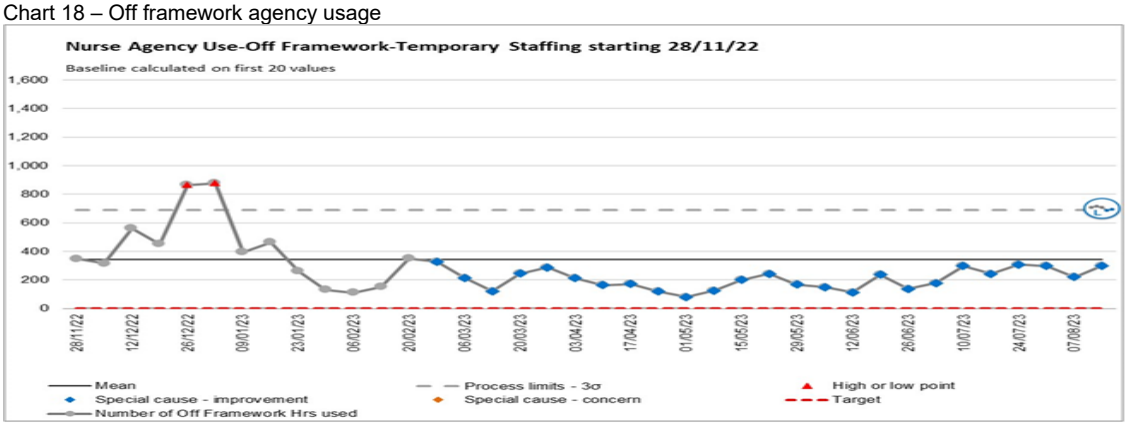


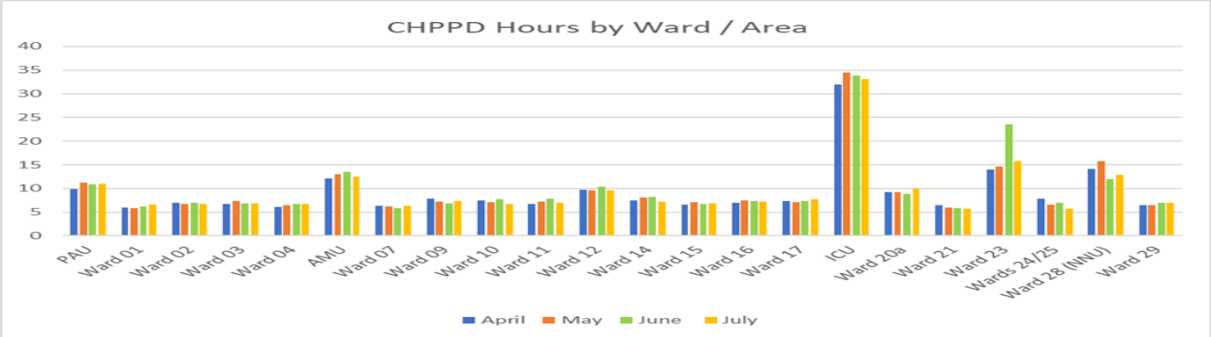
Chart 18 – Off framework agency usage



2.3 Care Hours per Patient Day (CHPPD)

- CHPPD trust average for July 2023 was 8.0. This has seen an decrease from June 2023 (8.2 CHPPD) in comparison to the national average of 9.77, this is a national figure and an amalgam of all NHS inpatient facilities who provide data – including paediatric and mental health units/hospitals/trusts.

Chart 19 - Care Hours Per Patient Day by Area



2.3 Red Flags

- 165 red flags were raised on the safecare system in July 2023, 2 red flags were not able to be resolved (both occurred on a weekend day shift),
  (Chart 20).
- A total of 140 Red Flags were raised on the safecare system in August 2023 all of the red flags were mitigated and closed.

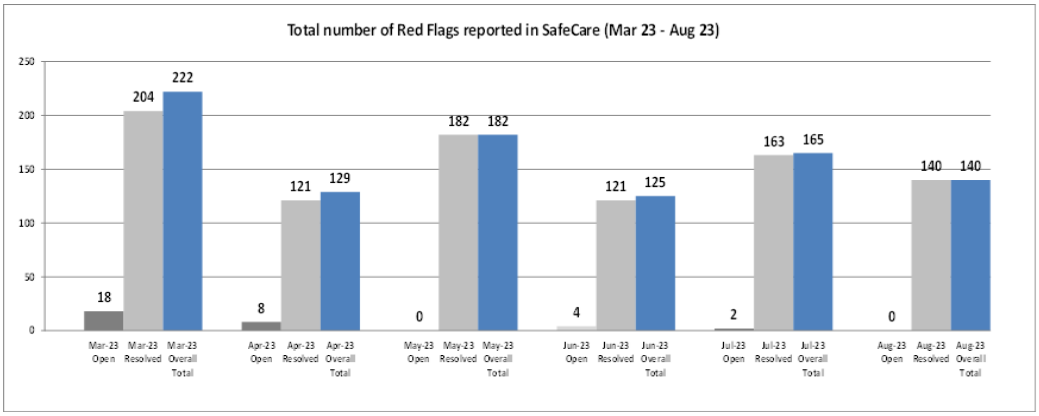


Chart 20 – Red flags

3.0 Education

Key updates for nursing and midwifery education and staff development include:

- Standards for Student Supervision and Assessment S(SSA) training compliance now at 69%, a 1% improvement on the June 2023.
- National Education and Training Survey (NETS) action plan in place. Progress being reporting via NMAAF and Education and Training Steering group.
- My Focus on my Academy will be launched at WHT in September 2023
- The Trust won Employer Contribution of the Year Award for collaboration with Walsall College for work supporting T-Level students. The first cohort of 15 have graduated of those 13 have been offered their first choice of university and the remaining 2 have taken up posts as HCSWs with WHT.

End of Report

Appendices

Appendix 1
QPES Committee Dashboard

Appendix 2
Quality Dashboard

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting to be held in Public 11 October 2023		
Title of Report:	Chief Operating Officer's report	Agenda Item No: 13.10
Author:	Ned Hobbs – Chief Operating Officer Ned.Hobbs1@nhs.net 01922 603351	
Presenter/Exec Lead:	Ned Hobbs	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☒
Recommendations: **To note the contents of the report for assurance.**			

Implications of the Paper:	
Risk Register Risk	Yes ☒ No ☐ Risk Description: Corporate Risk 208 – Failure to achieve 4-hour emergency access standard Corporate Risk 25 – Failure to achieve 18 week constitutional standards On Risk Register: Yes☒No☐
Changes to BAF Risk(s) & TRR Risk(s) agreed	None
Resource Implications:	Revenue: Elective Recovery Fund income for additional outpatient first attendances, outpatient procedures, elective daycase and elective inpatient admissions. Capital: Lead Lined Procedure Room, West Wing Theatre upgrade and UECC phase 2 reconfiguration of old ED and old UTC space all within Trust Capital Plan. Workforce: The Trust is mindful of increasing resilience in core Urgent and Emergency Care services to be able to safely manage increased Winter pressures. Funding Source: The Trust's Winter Plan is before Trust Board today. The level of core financial allocation poses a risk to delivery of a safe Winter, without further ICB allocations.
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision. Cancer performance metrics are always reported 1 month in arrears. National benchmarking metrics are always reported 1 month in arrears (with

	the exception of Urgent & Emergency Care benchmarking)		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☒No☐	Details: Access standards
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☒No☐	Details: Access standards
	Other	Yes☐No☐	Details:
CQC Domains	**Safe:**	**Responsive:**	**Well-led:**
Equality and Diversity Impact	There is clear evidence that greater deprivation is associated with a higher likelihood of utilising Emergency Department services, meaning longer Emergency Access Standard waiting times will disproportionately affect the more deprived parts of the community we serve. Whilst not as strongly correlated as emergency care, there is also evidence that socioeconomic factors impact the likelihood of requiring secondary care elective services and the stage of disease presentation at the point of referral. Consequently, the Restoration and Recovery of elective services, and the reduction of waiting times for elective services must be seen through the lens of preventing further exacerbation of existing health inequalities too. The published literature evidence base for differential access to secondary care services by protected characteristic groups of the community is less well developed. However, there is clear evidence that young children and older adults are higher users of services, there is some evidence that patients who need interpreters (as a proxy for nationality and therefore a likely correlation with race) are higher users of healthcare services. And in defined patient cohorts there is evidence of inequality in use of healthcare services; for example, end of life cancer patients were more likely to attend ED multiple times if they were men, younger, Asian or Black. In summary, further research is needed to make stronger statements, but there is published evidence of inequity in consumption of secondary care services against the protected characteristics of age, gender and race.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date:
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☒No☐	Date: Fortnightly Restoration & Recovery meeting

NHS
Walsall Healthcare
NHS Trust

Summary of Key Issues using Assure, Advise and Alert

Assure:-

This paper provides a summary update to the Board on performance against the NHS Constitutional Standards and other relevant matters to the Chief Operating Officer portfolio.

Emergency Care

The Committee should be assured that:

- The Trust continues to deliver some of the best Ambulance Handover times (<30 minutes) in the West Midlands, with 90.65% of patients handed over within 30 minutes of arrival by ambulance in August 2023. The Trust was the second best performing organisation in the West Midlands in August 2023, and has now been in the Top 3 performing organisations in the region for the last 34 months.
- In August 2023, 75.1% of patients were managed within 4 hours of arrival, against the revised national expectation of at least 76%. The Trust's national ranking for the four-hour emergency access standard is upper quartile, at 30th best Trust out of 123 reporting Acute Trusts in August 2023.

Cancer Care

- In July 2023, the Trust met the constitutional standard for 62-day GP Urgent Referral To Treatment Cancer performance for the first time in 3 and a half years, with 85.1% of patients treated within 62-days. This places the Trust in the upper decile of performance nationally, as 10th best Trust out of 119 reporting general acute Trusts. Timely Cancer treatment is vital to treat the disease early which is associated with improved survival rates.
- The number of patients on an incomplete cancer pathway waiting in excess of 62-days continues to decrease and is ahead of forecast reduction.

Elective Care

- The Trust delivered the national standard to have no patients waiting in excess of 78 weeks as of the end of August 2023 (excluding patient choice), for the 6th consecutive month.
- The Trust's total RTT incomplete waiting list has stabilised, and is showing some gradual reductions, against a national context of continuing further increases in the total national RTT incomplete waiting list.
- The Trust has now had 4 consecutive months of incremental 18-week RTT national ranking improvement.
- The Trust has delivered a statistically significant increase in outpatient clinic booking utilisation with 8 consecutive months above the mean.
- In August 2023, the Trust delivered elective and daycase combined activity at 120% of August 2019 levels, despite Industrial Action.

Advise:-

Winter Plan

- The Trust's Winter Plan has been scrutinised and endorsed by Finance & Productivity Committee on 27 September 2023, and by Quality Committee on 22 September 2023.
- The Winter Plan is before Trust Board today.

Protecting and Expanding Elective Capacity

- The Trust has reviewed requirements of NHS England's Protecting and Expanding Elective Capacity letter, and the Finance & Productivity Committee has scrutinised plans on behalf of the Trust Board.
- The plans are before Trust Board today.

Emergency Preparedness, Resilience & Response

- The Trust has self-assessed against the EPRR Core Standards as part of the annual assurance cycle, and this has been scrutinised by Finance & Productivity Committee on behalf of the Board.
- The Trust's self-assessment is subject to a two-part moderation process from both the ICB and NHS England.
- The post-moderation assessment will be presented to Trust Board in December 2023.

Diagnostic access

- The Trust's 6 Week Wait (DM01) Diagnostics performance is now 49th best (July 2023 reporting), out of 120 reporting general acute Trusts, with 20.6% of Trust patients now waiting over 6 weeks in August 2023. The business case to sustainably expand Endoscopy capacity was approved by the Trust's Performance & Finance Committee in June 2023 following categorisation in the highest priority category through the Executive Team prioritisation. Endoscopy remains the most challenged Diagnostic modality at the Trust, accounting for 1,715 of the 1,848 Trust patients waiting over 6 weeks at the end of August 2023. Recovery of access to diagnostics is important to ensure that serious disease that needs urgent treatment is detected and acted upon promptly, and to ensure GP and other community clinicians have access to timely diagnostic information to support the management of patients in community settings.

Cancer care

- Patients referred by their GP on 2 week wait suspected skin cancer pathways had been experiencing longer waiting times than we would wish – reflected in July's performance figures where 39.4% of patients with suspected Skin cancer were seen within 2 weeks. Access has recovered following the re-designation of routine clinic slots into rapid access suspected skin cancer appointment slots and booking has been consistently within 14 days since late July. Timely care for patients with cancer is vital given the clear evidence that clinical outcomes (including survival rates) correlate with the stage of the cancer disease on diagnosis, and thus detecting and treating cancer early directly improves patient outcomes.

Alert:-

Elective access

- The Trust's 18-week RTT performance for August 2023 has 55.9% of patients waiting under 18 weeks at the end of August 2023, but the national ranking position now shows 4 consecutive months of incremental improvement up to 69th (out of 122 reporting Trusts) for July 2023 performance. In addition, the Trust's 52-week waiting time performance has also improved to 7th best in the Midlands (out of 20 Midlands Trusts).
- The Trust continues to experience significant elective procedure and outpatient appointment postponements as a result of medical staff industrial action. Combined consultant and junior doctor industrial action in September 2023 resulted in a further 638 outpatient appointments and 19 elective surgical procedures being postponed. These

postponements are hindering the ability to reduce elective waiting times for patients more quickly.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Effective Collaboration	• Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

NHS
Walsall Healthcare
NHS Trust

Trust Board Meeting – to be held in Public 11 October 2023		
Title of Report:	Update on self-certification process undertaken against a set of activities outlined in the NHSE *Protecting and expanding elective capacity* letter.	Agenda Item No: 13.11
Author:	Siân Webley Divisional Director of Operations, Division of Surgery Tel 01922 721172 Ext. 6857 Email sian.webley3@nhs.net	
Presenter/Exec Lead:	Ned Hobbs Chief Operating Officer Ned.Hobbs1@nhs.net 01922 603351	

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

NHS England wrote to all Trusts on 4th August asking for assurance against a set of activities that will drive outpatient recovery at pace. The purpose of this report is to inform and assure the Board on the self-certification process undertaken against a set of activities outlined in the NHSE Protecting and expanding elective capacity letter.

The letter from NHS England is available at Appendix 1.

Further detail in relation to performance and mitigations against the activities set out by NHS England are available in Appendix 2.

Finance & Productivity Committee members approved the contents of the self-assessment, on behalf of Trust Board, on Wednesday 27th September to comply with NHS England's deadline.

The report is before Trust Board to note.

Implications of the Paper:	
Risk Register Risk	Yes ☒ No ☐ Risk Description: Corporate Risk 25 – Failure to achieve 18 week constitutional standards On Risk Register: Yes☒No☐
Changes to BAF Risk(s) & TRR Risk(s) agreed	None

Walsall Healthcare NHS Trust

Resource Implications:	Elective Recovery Fund income for additional outpatient first attendances, outpatient procedures, elective day case and elective inpatient admissions.		
Report Data Caveats	None		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☒No☐	Details: Access standards
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☒No☐	Details: Access standards
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	There is evidence that socioeconomic factors impact the likelihood of requiring secondary care elective services and the stage of disease presentation at the point of referral. Consequently, the Restoration and Recovery of elective services, and the reduction of waiting times for elective services must be seen through the lens of preventing further exacerbation of existing health inequalities too. The published literature evidence base for differential access to secondary care services by protected characteristic groups of the community is less well developed. However, there is clear evidence that young children and older adults are higher users of services, there is some evidence that patients who need interpreters (as a proxy for nationality and therefore a likely correlation with race) are higher users of healthcare services. And in defined patient cohorts there is evidence of inequality in use of healthcare services; for example, end of life cancer patients were more likely to attend ED multiple times if they were men, younger, Asian or Black. In summary, further research is needed to make stronger statements, but there is published evidence of inequity in consumption of secondary care services against the protected characteristics of age, gender and race.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date: Board Development session 5th September 2023
	Board Committee	Yes☒No☐	Date:
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☒No☐	Date: Fortnightly Restoration & Recovery meeting

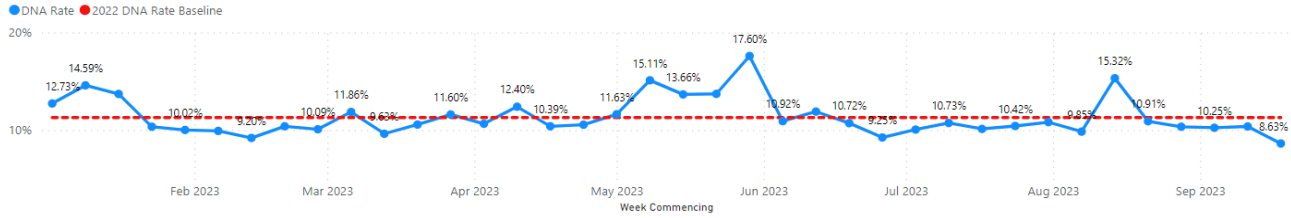
Summary of Key Issues using Assure, Advise and Alert

Assure

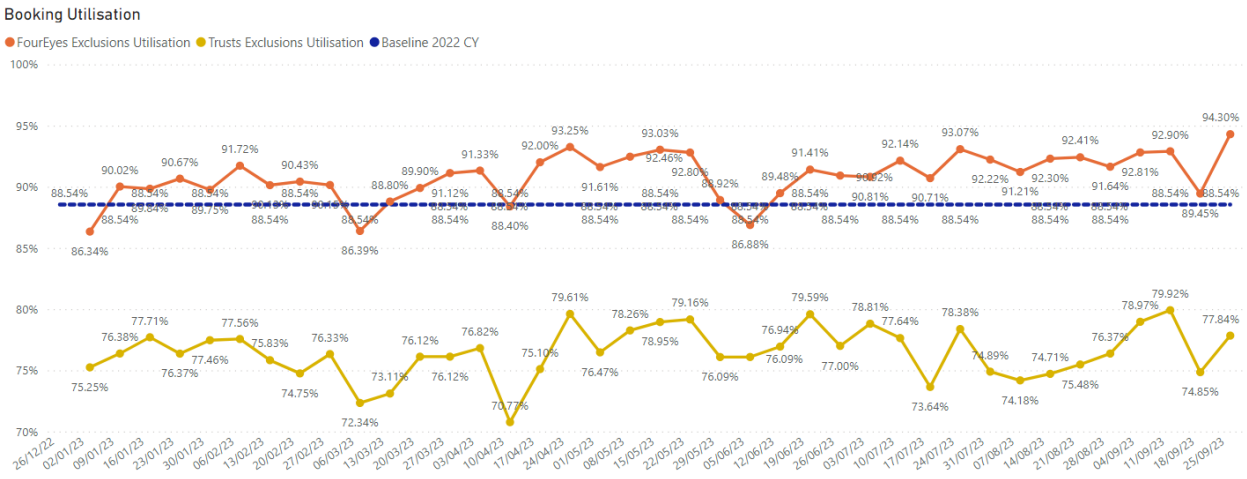
- RTT rules and guidance
  The Trust access policy is consistent with national guidance and adherence is monitored through regular data quality reports and validation. It was externally reviewed by NHS England's Elective Support Team in 2022 and all recommendations incorporated.

- DNA Rates

The Trust have recently undertaken a significant piece of Outpatient Improvement work with the support of Four Eyes Insight (FEI) to review our DNA rate and outpatient clinic utilisation with the ambition of reducing the DNA rate by 2% and increasing the outpatient clinic booking utilisation by 2%. Work is ongoing to ensure that the Trust are maximising digital technology opportunities to contact patients prior to the scheduled appointments with a view to further reduce the DNA rate. With the exception of week commencing 14th August where a technical error with the text reminder service affected patients receiving appointment reminders, the Trust has now delivered 13 consecutive weeks below the 2022 DNA rate mean, representing statistically significant improvement.



In addition, the Trust has now delivered 16 consecutive weeks above the 2022 clinic booking utilisation mean, also representing statistically significant improvement.



- Advice and Guidance

The Trust has a plan to increase the volume of advice and guidance being offered to GPs through the roll out of the Referral Assessment Service (RAS) in some specialties and a pilot of enhanced triage of referrals offering advice and guidance as an alternative to an outpatient appointment in Orthopaedics. We recognise we have further opportunities to increase the use of specialist advise and will be reviewing these opportunities as part of our participation in the Getting It Right First Time (GIRFT) Further Faster Programme. The Trust has delivered 3.9% pre-referral specialist advice i.e. Advice and Guidance so far in 2023/24, representing further activity over and above Outpatient attendances.

Advise

- Validation

At present 45% of patients waiting over 12 weeks on an active RTT pathway have been validated, there is a plan in place to ensure all patients over 12 week wait are validated by the end of October 2023 which includes an increasing clerical validation by delivering overtime and bank hours.

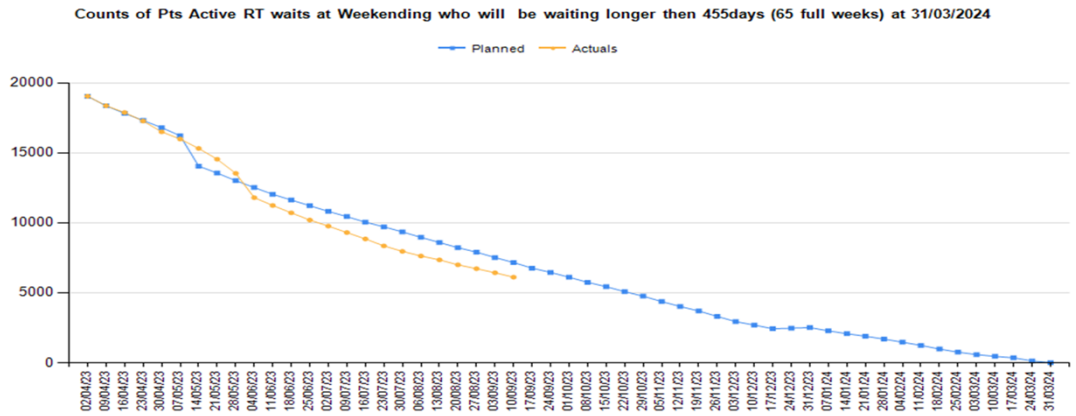
- Clinical risk of patients within non RTT cohorts
  The Board has previously received updates on patients overdue their planned follow up appointment by specialty level through QPES and F&P committees. A validation project is underway to support the identification of data quality issues and patients requiring further appointments, following approved investment through F&P committee during 2022/23. High risk patients, i.e. Ophthalmology (glaucoma, diabetic retinopathy) are monitored weekly via a Fail Safe Officer within the Head & Neck Care Group and services with high volumes of cancer pathways are monitored utilising Care Navigators. As of July 2022 the Trust had 81,411 pathways overdue their planned follow up date. As of September 2023 that has reduced to 30,651 pathways.

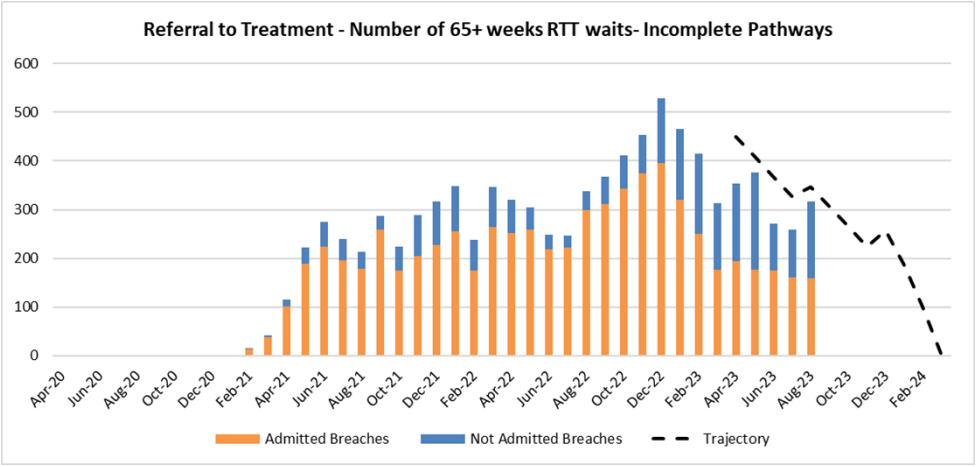
- Pathway Redesign
  The Trust is exploring pathway redesign initiatives identified through the Further Faster programme and GIRFT, with specialties across the Trust engaged with specialty meetings delivered by the GIRFT Further Faster team.

Alert

- First appointments for patients who will be over 65 weeks by 31st March 2024
  At present, the Trust is at risk of not achieving the clearance of all first outpatients in the cohort of patients who will be over 65 weeks by 31st March 2024, by the end of October 2023. The Trust expects up to 555 first outpatients to not be seen by 31st October in Oral Surgery (180), Dermatology (225) and Rheumatology (150). Plans are in place to mitigate the risk for each service, which will incur additional costs covered by ERF income, however it is unlikely that the 31st October 2023 target will be met. It is anticipated that clearance will be achieved by the end of January 2024.

  The Trust remains ahead of trajectory in reducing the cohort of patients who would be waiting over 65-weeks in March 2024. It is not anticipated that delays to achieving all first outpatient appointment by the end of October 2023 will impact on the overall trajectory. In order to address the backlog of long waiting patients additional capacity has been sourced for Oral Surgery, Rheumatology and Dermatology. Additional clinic capacity has been procured via locum Consultant in Oral Surgery to compensate for a substantive consultant on long term sick leave, with a start date due to be confirmed by the end of September. The locum will deliver circa 160 appointments over a four week period, leaving up to 20 patients at risk of not having their first appointment by the end of October. Further insourcing is being arranged for Rheumatology, to undertake Saturday clinics of 18 patients per clinic, with contracts being signed by the end of September and a proposed start date of October this will leave circa 78 patients at risk of breaching. Additional clinic capacity has been identified in Dermatology by undertaking two additional super Saturday clinics, seeing an additional 240 patients in order to clear their backlog.





The Trust has used available independent sector capacity since the end of the pandemic, however, limitations on the acceptance criteria and restrictions on cases suitable for the independent sector have prevented us from targeting specialties with long waits, i.e. Oral Surgery.

Temporary insourcing arrangements are being put in place for Rheumatology outpatients, and Operating Theatres following approval of the Elective Theatres expansion business case at August 2023 Performance & Finance Committee.

- <u>Outpatient Follow ups</u>

  The Trust does not have a plan in place to reduce follow up appointments by 25%, in line with the NHS England Elective Care priorities 2023/24. However, the Trust annual plan committed to the aim of a 6% reduction in outpatient follow ups by the end of March 2024, which we are ahead of plan to deliver.

  Trust Follow up reduction trajectory 2023/24;

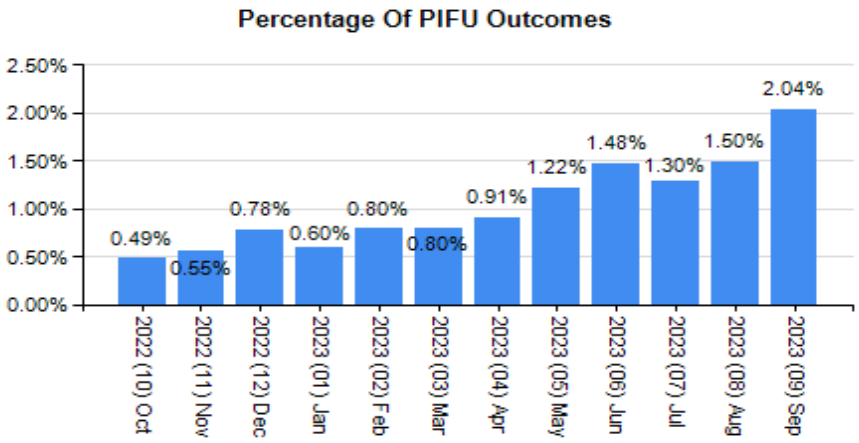
Month	Plan	Actual	Variance
Apr-23	15,870	14,964	-906
May-23	18,557	18,062	-495
Jun-23	17,686	17,882	196
Jul-23	17,414	16,937	-477

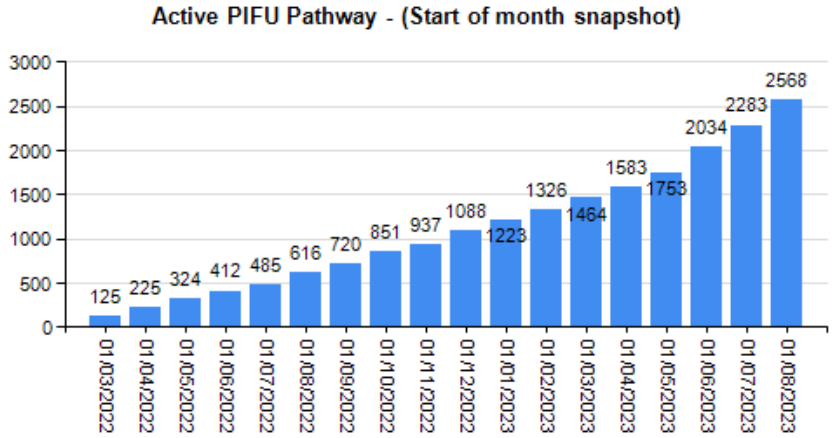
Aug-23	18,489
Sep-23	18,724
Nov-23	17,486
Nov-23	19,546
Dec-23	16,537
Jan-24	17,493
Feb-24	17,464
Mar-24	19,891

Actions are in place to support reduction in outpatient follow ups, including a focus on increasing Patient Initiated Follow up (PIFU) at specialty level, supported by clinically agreed discharge pathways, virtual review of diagnostics and dedicated administrative navigator posts (Patient Centred Follow ups for Cancer patients). In addition to the Trust identified actions, the Trust are also participating in the GIRFT Further Faster Programme, which aims to maximise outpatient capacity by transforming traditional outpatient pathways.

In August the Trust achieved 1.50% of patients moving onto a PIFU pathway. In September month to date (17/09/2023) a total of 2% of clinic outcomes have moved patients to PIFU pathways, showing the most significant step increase in PIFU to date. We anticipate delivering the target of 5% by the end of March 2024.

In addition to the aim to reduce the overall number of patients placed into the follow up cohort, we have 30,651 pathways awaiting follow up overdue their guaranteed appointment date aforementioned. Therefore, we are combining efforts to reduce both the number of patients added to a follow up pathway and consider alternative pathways for patients who have historically been placed on a follow up pathway through clinical validation.





Reduction in propensity to invite patients back for follow up appointments will be greatly assisted by the test results notification module of the Electronic Patient Record contained within the Frontline Digitisation Business Case that is before committee today. Whilst there is a reasonable lead time for implementation, this will ultimately provide a much more robust mechanism of managing test results and should facilitate not needing to bring patients back for follow up appointments when their test result is Nothing Abnormal Detected (NAD).

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

Appendices in Reading Room 13.11.1

Appendix 1 – Letter from NHS England Protecting and expanding elective capacity 04 August 2023
Appendix 2 - Black Country ICS Report to Trust Board at Walsall Healthcare NHS Trust in response to Protecting and Expanding Elective Capacity

References

Delivering operational resilience across the NHS this winter - https://www.england.nhs.uk/wp-content/uploads/2023/07/PRN00645-delivering-operational-resilience-across-the-nhs-this-winter-270723.pdf

NHS England Elective Care Priorities 2023/4.
NHS England » Elective care 2023/24 priorities

Delivery plan for tackling the COVID-19 backlog of elective care - https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/02/C1466-letter-delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care.pdf

To:
- NHS acute trusts:
  - chairs
  - chief executives
  - medical directors
  - chief operating officers

cc.
- NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

4 August 2023

Dear Colleagues,

Protecting and expanding elective capacity

In May, we wrote to you outlining the priorities for elective and cancer recovery for the year ahead. Last week, as part of the winter letter, we also asked you to maintain as far as possible ring-fenced elective and cancer capacity through winter.

We would like to thank you for your continued hard work in these areas, in the face of significant wider operational challenges, including ongoing industrial action. Thanks to the efforts put in by staff across the NHS, we have now virtually eliminated pathways waiting over 78 weeks, down by 94% since the peak of 124,000 in September 2021 (and now representing c0.1% of the total list), and significantly decreased the number of patients with urgent suspected cancer waiting longer than 62 days from a high of 34,000 to around 21,000 today.

However, one area where we know there remains more to do is outpatients. We have listened to your feedback on the support you need for this transformation and have set out the next steps below.

National support for outpatient transformation

To support outpatient transformation, we have met with royal colleges, specialist societies and patient representatives to agree a way forward, working in partnership, to champion and enable outpatient recovery and transformation. At the ‘call to arms’, colleges agreed to:

- review their guidance on outpatient follow-ups
- support new approaches to increasing wider outpatient productivity, including reducing variation in clinical templates, patient discharge, and following clinically-informed access policies.

Together with this clinical leadership, we need to build on the expectation of freeing up capacity and increasing productivity. This can be achieved through reducing follow up appointments with no procedure, fully validating RTT waiting lists, reducing variation in clinical templates, moving to patient-initiated follow-up where appropriate, following clinically-informed access policies and implementing new ways of working, such as group outpatient follow ups, reviewing clinical pathways and workforce models.

We are continuing to provide support to trusts in this area, through the following:

- Regional support
- NHS England's GIRFT outpatient guidance
- Action on Outpatients series
- The Model Health System
- Support to specific trusts via NHS England's GIRFT Further Faster programme, NHSE Tiering programme and Elective Care Improvement Support Team (IST) – learning from the Further Faster programme will be shared in the Autumn
- Access to additional capacity through the NHS Emeritus Consultant programme
- Luna weekly data quality report, which can be accessed by contacting lunadq@mbihealthcaretechnologies.com and Foundry data dashboards
- RTT rules suite
- Elective Care IST Recovery Hub - FutureNHS Collaboration Platform
- Guidance on shared decision making.

Next steps on outpatient transformation

With the majority (c80%) of patient waits ending with an outpatient appointments, we need to increase the pace in transforming outpatient services to release capacity for patients awaiting their first contact and diagnosis. This will be particularly important ahead of and during winter, when pressure on inpatient beds can be at its highest. Nationally, achieving a 25% reduction in follow up attendances without procedures would provide the equivalent to approximately 1m outpatient appointments per month**.**

This letter therefore sets out further detail on three key actions that we are asking you to take:

- Revisit your plan on outpatient follow up reduction, to identify more opportunity for transformation.
- Set an ambition that no patient in the 65-week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.

- Maintain an accurate and validated waiting list by ensuring that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with December 2022 validation guidance) by 31 October 2023, and ensuring that RTT rules are applied in line with the RTT national rules suite and local access policies are appropriately applied.

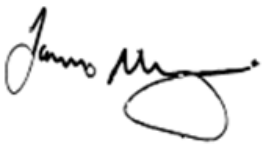
We are now asking trusts to provide assurance against a set of activities that will drive outpatient recovery at pace. This process will require a review of current annual plans, detailing the progress that can be made on outpatients transformation. As part of the above priorities, we are asking each provider to ensure that this work is discussed and challenged appropriately at board, undertake a board self-certification process and have it signed off by trust chairs and chief executives by **30 September 2023**.

The details of this self-certification can be found at Appendix A. Please share this letter with your board, key clinical and operational teams, and relevant committees.

If you are unable to complete the self-certification process then please discuss next steps with your regional team.

Thank you again for colleagues' efforts in this area, which are making a real difference to the timeliness of care we deliver to patients. We look forward to receiving your returns and, as always, if you need to discuss this in more detail, or support in conducting this exercise, please contact england.electiverecoverypmo@nhs.net.

Yours sincerely,



Sir James Mackey
National Director of Elective Recovery
NHS England

Professor Tim Briggs CBE
National Director of Clinical Improvement
Chair, Getting It Right First Time (GIRFT) Programme
NHS England

Appendix A: self-certification

About this self-certification

To deliver elective and cancer recovery ambitions, high-quality waiting list management and ambitious outpatient transformation are vital. We are now asking trusts to complete this return to provide assurance on these recovery plans.

Nationally and regionally, we will use this to identify providers requiring more support, as well as areas of good practice that can be scaled up to accelerate recovery. Please return this to NHS England by **30 September 2023**, via NHS England regional teams.

Guidance for completing the self-certification

The return asks for assurance that the board has reviewed and discussed specific outpatient operational priorities and has signed off the completed checklist. Please return this to your NHS England regional team.

Trust return: [insert trust name here]

The chair and CEO are asked to confirm that the board:

Assurance area	**Assured?**
1. Validation The board: a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation. b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation. c. ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients.	

d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.	
2. First appointments The board: a. has signed off the trust's plan with an ambition that no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023. b. has signed off the trust's plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox england.iscoordination@nhs.net	
3. Outpatient follow-ups The board: a. has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan. b. has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty. c. has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments. d. has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking	

data (via the Model Health System and data packs) to identify further areas for opportunity. e. has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.	
4. Support required The board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.	

Sign off

Trust lead (name, job title and email address):	
Signed off by chair and chief executive (names, job titles and date signed off):	

Agenda Item No: 13.11.1

Black Country Provider Collaborative

NHS

Black Country ICS

Protecting and Expanding Elective Capacity (TASK52100)

Report to Trust Board at Walsall Healthcare NHS Trust

Author: Ned Hobbs (Chief Operating Officer) and Diane Wake (Black Country ICS Elective and Diagnostic Lead)

Trust Executive Sponsor for this paper: Ned Hobbs (Chief Operating Officer)

Date: [05/09/2023]

Working in partnership
Sandwell and West Birmingham Hospitals NHS Trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust

1.0 Introduction

NHSE wrote to Provider Trusts on 4th August 2023 (Appendix 1) requesting that 'more' progress be made in *'freeing up [elective] capacity and increasing productivity'* in advance of, and throughout winter.

The *'Protecting and Expanding Elective Capacity'* letter asked Trusts to:

a) Revisit plans on outpatient follow-up reduction to identify more opportunity for transformation

b) Set an ambition that no patients would be waiting in the 31/03/24 65+week cohort for 1st Outpatient **by 31st October 2023**

c) Ensure that 90% of patients waiting over 12 weeks are contacted and validated **by 31st October 2023** and ensure RTT rules are applied in line with national guidance

d) Review current plans & outlining progress that can be made on outpatient transformation

e) Following discussion on outcomes, to complete a Trust self-assessment (Appendix 1, page 34) and forwarded the outcome to NHSE **by 30th September 2023.**

The paper proposes non recurrent revenue investments of (TBC) c£200k to support recovery against required outcomes and these are outlined in section 3 (and summarised in the conclusion at section 4).

Trust Board is asked to:

a) Review; performance outcomes, currently improved improvement plans

b) Consider for approval the funding recommendations to re-align performance to plan

c) Consider for approval the recommendations at section 5 of this report

2.0 Report Methodology

The requirements of NHSE's Protecting and Expanding Elective Capacity letter have been compared to latest levels of performance using on the following as the 'standards' benchmark;

- The Trust's Elective Plans submitted to NHSE at 2023/24 Planning in May 2023
- Model Healthcare System's (MHS) nationally benchmarked levels of performance (NHS England - Model Hospital)
- For 'validation' and 'missed appointments' (DNA's), Trust trajectories provided to Black Country System's Elective and Diagnostic Board

The outcomes are presented at section 3 of this report. Where performance is off-track, a table outlining recovery actions and the potential cost implications of these immediately follows.

3.0 Findings

Key Performance Indicators (KPI's) outlined at section 3.1 of this report relate to 2023-24 Planning Submission commitments. The KPI's that follow in 3.2 are 'supportive' to the attainment of performance KPI's outlined in 3.1 and are therefore monitored additionally by NHSE's regional teams.

3.1. Key 2023-24 Elective Metrics that were submitted at 2023-24 Planning

3.1.1) **65+ Weeks (Actual)**

Meeting the letter's requirement to ensure at Board *'a review of current annual plans, detailing the progress that can be made on outpatients transformation.'* Progress in 65+ weeks is outlined below;

This KPI assesses 65+week pathways in the cohort through to March 2024 that already in excess of a 65 week wait. A widening performance gap in this KPI can indicate that either complex or problem pathways are being stored up for resolution in quarter 4. To avoid the associated cost and pressures of resolving high volumes of complex pathways in the final quarter, monthly reductions that eliminate the backlog & sustain that position are therefore recommended.

As at 6th August 2023, the BC System had an adverse performance gap of approximately 1.7k pathways at 65+week wait and above. This has eroded from +5k at the end of July* (when the system ranked 6/11 systems regionally) . At the end of Q1/2023, Walsall Healthcare NHS Trust was ahead of plan by 68 on current 65+week waits. A straight-line projection indicates that we will achieve plan by the end of the financial year. Our internal assessment is that current plans in place will be sufficient mitigation to deliver the required plan outcome by 31st March 2024, although risks in Oral, Dermatology and Rheumatology specifically all need managing.

**Part of the reason for the widening gap is the plan error at SWB; this cannot be resolved externally and is being monitored locally*

3.1.1. 65+week (Actual)

Key to RAG: Will not recover by due date, Off Plan, but will Recover by due date, On Plan
Note: 'trajectory' maps future performance based on the last 3 months outcome

Is July-23 performance on track to achieve required outcome? Yes

Detailed Plan v. Actual – 65 week breaches

Month	Plan	Actual	Variance	Regional Ranking
Apr-23	450	354	-96	No Data
May-23	409	376	-33	13/23
Jun-23	368	271	-97	18/23
Jul-23	327	259	-68	17/23
Aug-23	347			
Sep-23	306			
Oct-23	265			
Nov-23	224			
Dec-23	257			
Jan-24	186			
Feb-24	98			
Mar-24	0			

Ranking based on variance to plan. A rank of '1' = lowest performance, 23 = best performance

Further (Funded) Mitigations Planned:

- 'Super' OPD Clinics in pressured specialties (Dermatology, Oral Surgery, ENT, T&O and GS) – Deputy Director of Operations JC/KS
- Deep dive senior validation of long waiting patients
- Tracking of diagnostics and reporting for long waiting patients
- Scope opportunities for mutual aid to support pressured specialties, ie Oral Surgery
- Additional capacity sourced via a Locum for Oral Surgery
- Additional capacity sourced via insourcing for Rheumatology

- Stringent application of the Trust's Access Policy for non compliant patients
- Additional pre-op capacity to support a 'pool' of pre assessed patients should short notice theatre cancellations occur
- Further improvement in theatre utilisation rates (session and in-session)
- Support increased activity via weekend working

Recovery & Additional Options:

Recommended Option: A

A: Do Nothing

B: N/A
[Please provide summary details and advise in which appendix further information can be found]

March-24 anticipated performance out-turn for the 'do nothing' option taking into account further (currently funded) mitigations

We are currently on track to deliver this target assuming steady state demand.

Option B Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded?:	

3.1.2) **Outpatient Follow-up Reduction**

NHSE's letter requires that the Board "has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan."

2023-24 Plans required that Providers reduced the level of follow-ups (where no procedures were conducted) by 25% on 2019-20.

At the end of Q1/2023, Walsall Healthcare NHS Trust was ahead of annual plan by 1682 on this performance metric, however our annual plan was to deliver a 6% reduction in Follow Up attendances, not a 25% reduction. A straight-line projection indicates that we will achieve our 6% planned by the end of the financial year. Our internal assessment is that current plans in place will be sufficient mitigation to deliver the required plan outcome by 31st March 2024.

Key to RAG: Will not recover by due date, Off Plan, but will Recover by due date, On Plan
Note: 'trajectory' maps future performance based on the last 3 months outcome

3.1.2. Outpatient Follow-up - Reduction by 25%

Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance

Is July-23 performance on track to achieve required outcome? Yes

n.b performance is ahead of Trust's annual plan, however annual plan will deliver a 6% reduction in follow up attendances, not a 25% reduction. The reason the Trust is not targeting a 25% reduction in year is that the Trust has experienced quality risks associated with overdue follow up appointments, and thus is utilising released follow up capacity to bring forward attendances from those patients who do clinically need follow up appointments.

Detailed Plan v. Actual

Month	Plan	Actual	Variance
Apr-23	15,870	14,964	-906
May-23	18,557	18,062	-495
Jun-23	17,686	17,882	196
Jul-23	17,414	16,937	-477
Aug-23	18,489		
Sep-23	18,724		
Oct-23	17,486		
Nov-23	19,546		
Dec-23	16,537		
Jan-24	17,493		
Feb-24	17,464		
Mar-24	19,891		

Further (Funded) Mitigations Planned:

- Increased uptake of PIFU at specialty level – Deputy Director of Operations, Surgery JC.
- Discharge protocols in line with agreed Clinical pathways – Care Group Management Teams
- Virtual review of diagnostics to avoid unnecessary visits (telephone consultation etc) – Care Group Management Team
- Stringent application of the Trust's Access Policy, particularly for DNA's/pt cancellations – Deputy Director of Operations, Clinical Divisions
- Validation project underway to identify opportunities to discharge pathways or move to PIFU. Deputy Director of Operations, Surgery JC
- Dedicated admin navigator posts to support patient centred follow up for cancer pathways (post treatment) – Care Group Manager, Cancer Services

Recovery & Additional Options:

Recommended Option: A

A: Do Nothing

B: N/A

[Please provide summary details and advise in which appendix further information can be found]

March-24 anticipated performance out-turn for the 'do nothing' option taking into account further (currently funded) mitigations

We are currently on track to deliver our planned follow up reduction.

Option B Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded?:	

3.1.3) **Patient Initiated Follow-ups (PIFU)**

NHSE's letter requires that Board *"has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty."*

PIFU supports the 25% follow-up reduction standard. The National 2023-24 Planning PIFU performance standard is to achieve 5% or more. Our system submitted plan at the time of submission, was to achieve an outcome of 2.6%, NHSE has however reiterated in its letter that an outcome of 5% or more is required.

At the end of Q1/2023, Walsall Healthcare NHS Trust was ahead of it's annual plan by 387 on this performance metric, however the annual plan was for a 1% uptake rather than a 5% uptake. Having already exceeded the 1% uptake the Trust is now pursuing increasing this to 5% by 31st March 2024.

The 'Protecting and Expanding Elective Capacity' Letter requires that PIFU is applied to 'major' specialties, in addition to the following cancer specialties; Breast, Prostate, Colorectal, endometrial and others as appropriate. Working through our local Cancer Alliance, these are currently in place, known as 'patient centred follow ups'.

The letter requires that PIFU is applied consistently between clinicians in the same specialty, we will complete this review by the end of September 2023 and will report those outcomes to Board as part of the monthly update.

3.1.3) **Patient Initiated Follow-ups (PIFU) continued**

We are completing the following activities in the specialties outlined below to increase PIFU in major specialties;

Specialty	Action	By Whom	By When
T&O	Working with system colleagues to embed agreed pathways for PIFU at specialty level, aligning to the GIRFT 'further faster' initiative	Clinical Director/Care Group Manager	30/9/23
ENT	Working with system colleagues to embed agreed pathways for PIFU at specialty level, aligning to the GIRFT 'further faster' initiative	Clinical Director/Care Group Manager	30/9/23
General Surgery	Working with system colleagues to embed agreed pathways for PIFU at specialty level, aligning to the GIRFT 'further faster' initiative	Clinical Director/Care Group Manager	30/9/23
Dermatology	Working with system colleagues to embed agreed pathways for PIFU at specialty level, aligning to the GIRFT 'further faster' initiative	Clinical Director/Care Group Manager	30/9/23
Paediatrics	Monitor against agreed pathways to ensure optimisation of PIFU	Clinical Director/Care Group Manager	30/9/23
Gynaecology	Monitor against agreed pathways to ensure optimisation of PIFU	Clinical Director/Care Group Manager	30/9/23

3.1.3. Patient Initiated Follow-up (PIFU)

Achievement of a **minimum** outcome of 5% PIFU

Key to RAG: Will not recover by due date, Off Plan, but will Recover by due date, On Plan
Note: 'trajectory' maps future performance based on the last 3 months outcome

Is Jul-23 performance on track for achieving 5%+ PIFU by Mar-24? Yes
In which Quartile was your Jun-23 MHS Performance? Q2

n.b performance is ahead of Trust's annual plan, however annual plan was conservative at delivering 1% PIFU rates rather than 5%. Having already exceeded 1% (1.6% delivered in August 2023) the Trust is pursuing 5% PIFU by 31st March 2024.

Detailed Plan v. Actual

Month	Plan	Actual	Variance
Apr-23	189	219	+30
May-23	233	360	+127
Jun-23	195	425	+230
Jul-23	290	362	+72
Aug-23	294		
Sep-23	185		
Oct-23	123		
Nov-23	183		
Dec-23	202		
Jan-24	163		
Feb-24	169		
Mar-24	183		

Further (Funded) Mitigations Planned to achieve 5%+:

- Trust to appoint clinical lead for outpatient transformation programme of works. Director of Operations, Surgery
- Participation/engagement from all specialties in 'further faster'' initiative. Director of Operations, Clinical Divisions
- Communication campaign targeted at clinicians and patients in the outpatient department. Deputy Director of Operations, Surgery JC

Recovery & Additional Options:

Recommended Option: A

A: Do Nothing

B:N/A

March-24 anticipated performance out-turn for the 'do nothing' option

We are currently on track to deliver this target assuming clinical leadership and engagement to adopt agreed system pathways as funded through the GIRFT Further Faster Programme.

Option B Impact and Cost:

Action:	Details
Impact of Investment:	
Key Risk(s)	
Recovery By [mm-yyy]:	
Investment Required:	

Planning to Implement PIFU in the following before March-24?

Breast	Prostate	Colorectal	endometrial cancers	additional cancers
Y	N/A	Y	Y	Y
In Place	By: N/A	In Place	In Place	In Place

3.1.4) **Specialist Advice** (including Advice and Guidance A&G) –

Number of requests for specialist advice, including advice and guidance (A&G) or equivalent via other triage approaches

NHSE's letter requires that Trusts have a plan to *"increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking data (via the Model Health System and data packs) to identify further areas for opportunity."*

In avoiding future demand, the national target to move 21 in 100 pathways to Specialist Advise can reduce future pressures on the 52+week wait target.

At the end of Q1/2023, Walsall Healthcare NHS Trust was ahead of plan by 366 on this performance metric. A straight-line projection indicates that we will achieve plan by the end of the financial year. Our internal assessment is that current plans in place will be sufficient mitigation to deliver the required plan outcome by 31st March 2024.

The Appendix to the Expanding Elective Capacity letter requests that Trusts complete clinic template and job plan reviews in support of creating capacity for Specialist Advice activities, in addition to using GIRFT tools such as the Outpatient Transformation Guide Checklists and benchmarked outcomes. As outlined at page 13 Our Trust is currently fully compliant with this requirement.

3.1.4. Specialist Advice

Number of requests for specialist advice, including advice and guidance (A&G) or equivalent via other triage approaches

Key to RAG: Will not recover by due date, Off Plan, but will Recover by due date, On Plan
Note: 'trajectory' maps future performance based on the last 3 months outcome

Is July-23 performance on track to achieve required outcome? Yes

n.b performance is ahead of Trust's annual plan, however annual plan will not deliver 21% of referrals receiving advice and guidance by Mar 24.

Detailed Plan v. Actual

Month	Plan	Actual	Variance
Apr-23	2,453	2,630	+177
May-23	2,763	2,708	-55
Jun-23	2,646	2,890	+244
Jul-23	2,751		
Aug-23	2,394		
Sep-23	2,218		
Oct-23	2,570		
Nov-23	2,631		
Dec-23	2,410		
Jan-24	2,548		
Feb-24	2,593		
Mar-24	2,606		

Further (Funded) Mitigations Planned:

- Daily monitoring of requests received and response rates. Deputy Director of Operations, Surgery JC/KS
- Early escalation to Care Group teams to support timely responses. Deputy Director of Operations, Surgery JC/KS
- Liaise with commissioner on queries/concerns and provide feedback on themes. Deputy Director of Operations, Surgery JC
- On boarding of Telederm (Walsall practices) Deputy Director of Operations, MLTC
- Trial enhanced triage of referrals received, offering A&G as an alternative to offering an outpatient appointment (sign posting to more appropriate care setting - MSK). Care Group Manager, MSK.

Recovery & Additional Options:

Recommended Option: A

A: Do Nothing

B: N/A

March-24 anticipated performance out-turn for the 'do nothing' option taking into account further (currently funded) mitigations

We are currently on track to deliver this target, subject to continuing utilisation of A&G by primary care.

Option B Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded?:	

3.2. Other Supportive 2023-24 Key Elective Metrics Referred to in NHSE's Increasing Capacity Letter

NHSE's 'Increasing Capacity' letter referenced other metrics that although did not form part of the planning process are supportive in the required delivery outcomes of the Planning KPI's. Performance against these are outlined here;

2a) **65+ Weeks (Cohort) -** This KPI includes all pathways that could be at 65+weeks at the end of March 2024 if there was no action. Although the BC system at 6th August 2023 was ahead of plan, only 65% and 70% of the cohort has cleared compared to the same year to date timeframe last year. At the end of Q1/2023, Walsall Healthcare NHS Trust was ahead of plan by 1392 on cohort 65+week waits. A straight-line projection indicates that we will achieve plan by the end of the financial year. Our internal assessment is that current plans in place will be sufficient mitigation to deliver the required plan outcome by 31st March 2024, although risk in Oral, Dermatology and Rheumatology needs managing.

3.2.1. 65+week Cohort

Key to RAG: Will not recover by due date, Off Plan, but will Recover by due date, On Plan
Note: 'trajectory' maps future performance based on the last 3 months outcome

Is July-23 performance on track to achieve required outcome? Yes

Detailed Plan v. Actual

Month	Plan	Actual	Variance	Regional Ranking
Apr-23	16,793	16,494	-299	10/23
May-23	13,004	13,527	-523	8/23
Jun-23	11,215	10,189	-1026	8/23
Jul-23	9,339	7,947	-1392	9/23
Aug-23	7,893			
Sep-23	6,447			
Oct-23	4,746			
Nov-23	3,299			
Dec-23	2,503			
Jan-24	1,684			
Feb-24	745			
Mar-24	0			

Ranking based on variance to plan. A rank of '1' = lowest performance, 23 = best performance

Recovery & Additional Options:

Recommended Option: A

Further (Funded) Mitigations Planned:

- 'Super' OPD Clinics in pressured specialties (Oral, ENT, T&O and GS). Care Group Managers, H&N, GS, MSK.
- Deep dive senior validation of long waiting patients. Deputy Director of Operations, Surgery JC/KS
- Tracking of diagnostics and reporting for long waiting patient. Care Group Managers, Clinical Divisions.
- Scope opportunities for mutual aid to support pressured specialties, ie Oral Surgery. Deputy Director of Operations, Surgery JC
- Stringent application of the Trust's Access Policy for non-compliant patients. Deputy Director of Operations, Clinical Divisions
- Additional pre-op capacity to support a 'pool' of pre assessed patients should short notice cancellations occur. Matron OPD
- Further improvement in theatre utilisation rates (session and in-session). Clinical Theatre Services Manager/Care Group Manager, Clinical Divisions
- Support increased activity via weekend working. Care Group Manager, Clinical Divisions
- Theatre expansion moving from 74 to 80.5 sessions – increasing capacity for Oral, GS, Bariatrics & Gynae approved on 30.8.23 by P& F Group. Director of Operations, Surgery.

A: Do Nothing

B: N/A

[Please provide summary details and advise in which appendix further information can be found]

March-24 anticipated performance out-turn for the 'do nothing' option taking into account further (currently funded) mitigations

We are currently on track to deliver this target assuming steady state demand.

Option B Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded?:	

3.2.2) **65+Week Cohort 1st Outpatients (OPA's)** – NHSE's letter to Trusts requires that all 1st Outpatients in the 65+week cohort attend by 31st October. This is to ensure that the outstanding cohort for treatment is clearly understood before the beginning of Q4 2023-24. At 6th August 2023, the system projected potential to be adrift of that requirement by 11.5k by 31st October. At 6th August, Walsall Healthcare NHS Trust was ahead of plan by 348 on this performance metric and was projected to fall short of the October-23 clearance requirement by 555. Our internal assessment is that current plans in place will not be sufficient mitigation to deliver the required plan outcome by 31st October 2023. The key specialties in which we project we may fall short and primary reasons for shortfall are outlined below;

Specialty	Estimated Volume	Reason for Projected Shortfall
Oral Surgery	180	Consultant long term sickness Insufficient capacity to meet demand Increasing number of out of area referrals NB: One stop treatment clinics will support definitive treatment on first appointment, and thus mitigate risk to completing pathways by 31/3/24.
Dermatology	225	Slow utilisation of tele-dermatology from GP referred, combined with clinical prioritisation of suspected cancer referrals. Delivering standard is dependent on switch off of eRS referrals to Dermatology so all referrals are channeled through Tele-Dermatology.
Rheumatology	150	Consultant vacancies at SWBH, creating inability to support SLA value of 20 sessions per week. Current position being delivered 7 sessions per week.
Total Target Projected shortfall	**555**	

Page 17 outlines mitigations that could be employed to improve performance to a shortfall of 555 by 31st October 2023.

3.2.2. 65+week 1st Outpatients

Key to RAG: Will not recover by due date, ff Plan, but will Recover by due date, n Plan
Note: 'trajectory' maps future performance based on the last 3 months outcome

Is Aug-23 performance on track to achieve required outcome? Yes

This target is currently on track as at the end August, however we are anticipating a shortfall of 555 at the end of October 23. This is expected to be delivered prior to the end of January 2024.

Detailed Plan v. Actual

Month	Plan	Actual	Variance
Apr-23	n/a	n/a	
May-23	n/a	n/a	
Jun-23	n/a	n/a	
Jul-23	n/a	n/a	
Aug-23	4,000	3,652	-348
Sep-23	2500		
Oct-23	555		
Nov-23	350		
Dec-23	225		
Jan-24	0		
Feb-24	0		
Mar-24	n/a		

Further (Funded) Mitigations Planned:

Oral Surgery – Director of Operations, Surgery

- Additional 'super clinics' in process of being set up for new patients.
- Robust triaging of new referrals to ensure acceptance criteria is adhered to.
- Revision of waiting times within REGO referral system requested from Secondary Care Dental Commissioners (Oral/Orthodontic split requested). WHT is attracting a high volume of referrals due to average waiting time including Orthodontic first appt wait, which is approx. 15-20 weeks.
- Scope enhanced triage process for new referrals to determine if alternative treatment options are available via A&G, ie treatment in dental practices

Dermatology – Director of Operations, MLTC

- On boarding of tele dermatology and closure of e.RS for the service

Rheumatology – Deputy Director of Operations, Surgery JC

- Support with additional rheumatology Consultant pa from September RWT
- Rheumatology specialist nurse support from September RWT
- Use of Medinet for additional capacity

Recovery & Additional Options:

Recommended Option: B

A: Do Nothing

Oct-23 anticipated performance out-turn for the 'do nothing' option taking into account further (currently funded) mitigations will leave 555 1st appointments in the 64-week cohort not yet seen.

B: Additional Actions for high risk services

Oral Surgery

- Locum Consultant to be advertised to support covering long term sickness (6 months). NB: The majority of costs will be offset by the shortfall in the SLA with RWT.

Rheumatology

- Insourcing to be secured to target long waiting first appointments

Dermatology

- Switch off ERS for Dermatology referrals

Option B Impact and Cost:

Action:	Details
Impact of Investment:	Reduction in waiting times for new patients for each service
Recovery By [mm-yyy]:	January 2024
Investment Required:	Tbc for Oral and Rheumatology
How Funded?:	ERF

3.3. Other 2023-24 Key Elective Metrics continued. - Current State

3.3.1) **Missed Appointments (DNA's)** -

NHSE's letter requires that Providers have plans *' to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments.'*

Model Health System (MHS) indicates that at a DNA rate of 10.1% (June-23), BC system is in the lowest quartile of national performance. The national median is 6.8% At the end of Q1/2023, Walsall Healthcare NHS Trust was at a DNA rate of 10.36% in June 23. A straight-line projection indicates that we will achieve plan by the end of the financial year. Our internal assessment is that current plans in place will be sufficient mitigation to deliver the required plan outcome by 31st March 2024.

Page 19 outlines mitigations that could be employed to improve performance with the ambition to reduce by 2% by the end of March 2024.

3.3.1) **Missed Appointments (DNA's)** - continued

The 'Protecting and Expanding Elective Capacity' letter requires that Trusts have a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments – the existing plan summary (inclusive of these themes) is outlined below;

Action	Action Lead	by When
Commissioned Four Eyes Insight to undertake a work programme, including actions to support a reduction in DNA rate by 2% across all specialties within a defined agreed scope, including the review and revision of existing correspondence/ communication to patients (letters/text messages).	Director of Operations for Surgery	Complete
Monitoring of DNA rates via Information reports to support early identification/intervention in specialties with high volume DNA's	Care Group/Access Teams	Ongoing
Monitoring of DNA's/patient cancellations to identify compliance issues resulting in delayed pathways	Care Group/Access Teams	Ongoing

3.3.1. Reduction of Missed Appointments (DNA's) by March 2024

Is Jul-23 performance in Q1/2 of Model Healthcare? No

Is Mar-24's Plan aligned to Q1/2 of Model Healthcare? No

If not, headline reason?
The formal WHT plan assumes DNA rates remain at 2022/23 levels. The ambition is to improve performance with a 2% reduction. July 2023 is the first month that that reduction has been delivered against.

Detailed Plan v. Actual – DNA's: Acute new & f/ups.
%DNA not clock stops RTT active pathways only

Month	Plan	Actual	% DNA not clock stopped
Apr-23	2832 (11.66%)	2227 (9.99%)	31% (101/328)
May-23	2948 (10.33%)	3333 (11.89%)	36% (228/634)
Jun-23	2869 (10.78%)	2785 (10.36%)	39% (165/427)
Jul-23	3173 (12.05%)	2504 (9.69%)	39% (150/381)
Aug-23	2997 (11.09%)		
Sep-23	3045 (10.71%)		
Oct-23	2623 (10.07%)		
Nov-23	2965 (10.17%)		
Dec-23	2768 (11.98%)		
Jan-24	3014 (10.81%)		
Feb-24	2451 (9.49%)		
Mar-24	2874 (10.20%)		

Further (Funded) Mitigations Planned:

- Text/lettering of RTT incomplete – appointment still required. Deputy Director of Operations, Surgery JC
- Text messaging of follow up waiting list. Deputy Director of Operations, Surgery JC
- Clinical review of pathways, with a view to moving formal follow up activity to PIFU or discharge. Clinical Directors, Clinical Divisions
- Call reminder for high volume specialties with long waits e.g. Oral. Deputy Director of Operations, Surgery JC

Recovery & Additional Options:

Recommended Option: A

A: Do Nothing

B: [State Title]

Planning to Implement complete the following by March-24?

Survey Pts & RCA?	Make it easy for Pts to change Appts?	Review Application of Access Policy?	Clinically Review Mutiple missed Appointments?
Y	Y	Y	Y
In place	In place	In place	In place

March-24 anticipated performance out-turn for the 'do nothing' option

Option B Impact and Cost:

Action:	Details
Impact of Investment:	
Recovery By [mm-yyy]:	
Investment Required:	
How Funded:	

3.3.2. Validation of Waiting List Pathways

NHSE's letter contains a number of requirements of Trust Board's regarding validation, not all of which can be satisfied at the time of writing this report (i.e. the requirement to show performance compared to pre-covid levels). Requirements are as follows;

The board:
a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.

b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation.

c. ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients.

d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans."

3.3.2. Validation of Waiting List Pathways continued.

The deadline requiring Trusts to be (90%) validated to 12weeks RTT and above, (technically, administratively and clinically) on a 12 week rolling basis has been extended to 31st October 2023. This standard also applied to patients waiting at 52+weeks, 26+ weeks and non-RTT pathways.

At the end of July 2023, Walsall Healthcare NHS Trust was currently at:

- [100%] for 52+ weeks
- [100%] for 26+weeks
- [45%] for 12 weeks

Our internal assessment is that current plans (outlined at page 23) will be sufficient mitigation to deliver the required plan outcome by 31st October 2023.

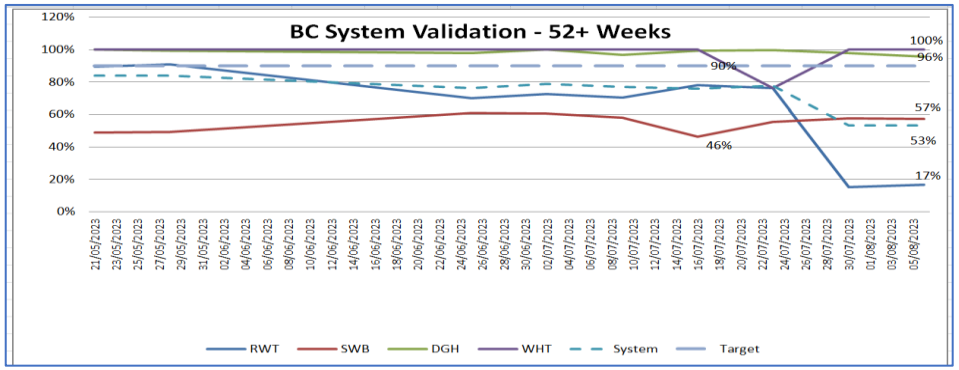
The 'Protecting and Expanding Elective Capacity' letter requires Provider Trusts to receive reports on validation, comparing these to pre-covid levels of performance; as the field that enables this analysis was only mandated in the waiting list dataset post covid, this assessment requires a work-around and the regional team is currently developing a report to satisfy this requirement which will be provided to Trust Boards on receipt. In the interim, performance between 21st May and 5th August is provided overleaf. The letter requires that progress reports (in addition to one of non RTT) be provided to Board monthly; we propose that monthly reports on validation commence from October 23 Board.

The Protecting and Expanding Elective Capacity letter requires us to assess whether we have sufficient technical and digital resources, skills and capacity to deliver these requirements. NHSE aims to develop a range of digital support offers to improve future outcomes & these will be communicated via the BC Elective Ops structure as the details are provided. Having conducted an internal review, we have sufficient resource to deliver these requirements.

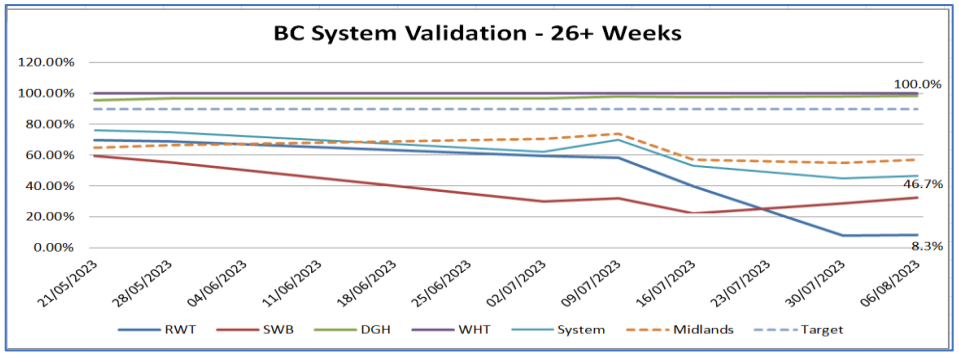
Local Actions we're taking to ensure that we align with guidance and communication plans we're putting in place for patients are outlined at page 24 of this report.

Page 24 outlines mitigations that could be employed to improve performance further.

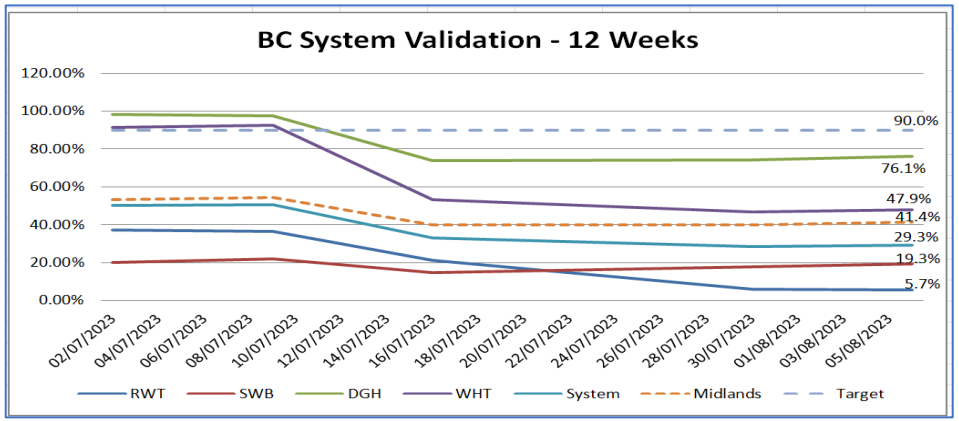
3.3.2. Tables 1-3 Validation Outcomes 21st May-5th August 2023



- The performance requirement for 52+weeks is 90%, only DGH and WHT are achieving this at 5th August 2023, RWT's return indicated 17% and SWB 57%
- RWT deterioration relates to DQ – they advised they were at 89.7% at 6th August & would correct their submission.
- RWT and WHT advised BC Elective Board that validation actions will bring them into line with their 52+ week validation trajectories by Aug-23
- SWB advised Elective Board that their validation actions will bring them back into line with their 52+week validation trajectory by the end of Aug-23



- The performance requirement for 26+weeks is 90%, only DGH and WHT are achieving this at 5th August 2023
- RWT deterioration relates to DQ as outlined above
- RWT and WHT advised BC Elective Board that validation actions will bring them into line with their trajectories by Aug-23
- SWB advised BC Elective Board that their validation actions will bring them back into line with their trajectories by the end of Sep-23



- The performance requirement for 26+weeks is 90%, no Black Country ICS Provider Trust is achieving this at 5th August 2023. The letter now requires alignment with standard by 31st October 2023.
- RWT's performance is impacted by the issue above, but would remain non complaint with data corrected.
- RWT and WHT advised BC Elective Board that validation actions will bring them into line with their trajectories by Aug-23
- DGH advised BC Elective Board that validation in 12weeks will align to their trajectory by the end of October-23
- SWB advised BC Elective Board that their validation actions will bring them back into line with their trajectories by the end of Oct-23

3.3.2. Validation (RTT Pathways)

90% of 12+weeks RTT pathways to be validated (via patient contact by 31st October)

Additional Validation Actions

Digital Solutions being employed: (when will this be in place by?)

- **Healthcare Comms – Ongoing, plan to deliver 12 weeks validation of 90% of pathways by the end of October 23. To include mass texting of patients within this cohort.**

What Actions are being taken to ensure RTT rules and local access policies are being robustly employed? (when will this be in place by?)

- **RTT suite of reports in place to support early identification of data quality and patient compliance issues. Status – In place**
- **Monitoring of DNA reports and outpatient improvement programme in place to reduce DNAs. Status – In place**
- **Refresher training for access team of patient choice/compliance processes. Status – commenced, in place by end of September.**

Please outline the communication plan being put in place with patients? (when will this be in place by?)

- **Revision of wording on appointment letters and text message to provide patients with 'easy to understand' messaging and option to select different languages. Status - Completed**

Our plans to ensure 90% of patients (at 52+, 26+ and 12+weeks) are contacted for validation purposes every 12weeks;

- **Plans in place to support a rolling programme of a combination of text messaging, telephone contact and pathway validation on a weekly basis. Status – Part complete**

What actions are being taken to mitigate resource gaps?

- **Admin bank and overtime routinely offered to staff to support validation processes**
- **Fixed term posts in place following P&F committee approved business case in 22/23.**
- **Focused RTT training to reduce omissions and errors**

3.3.2. Validation (Non-RTT Pathways)

90% of 12+weeks RTT pathways to be validated (via patient contact by 31st October)

The current proportion of non RTT Appointments that are presently;

<25% overdue their follow up - 2383
25% overdue their follow-up - 167
50% overdue their follow-up - 763
75% overdue their follow-up - 678
100% or more overdue their follow-up – 27563

Nb - figures are total Trust, including community pathways

Greatest clinical risk lies within the following specialties:

- **Ophthalmology**
- **Services with high volumes of cancer pathways for monitoring, ie colorectal, breast, dermatology and respiratory**

Actions being undertaken to mitigate Risks (include capacity that is being developed);

- **Fixed term project team in place to support validation of patient pathways to reduce data quality related issues inflating the non RTT pathways, following investment case approved at P&F committee in 22/23. Commenced May 2023.**

Performance Measures that will be put in place to monitor risks (advise from when);

- Fail Safe Officer (Deputy Care Group Support Manager) for Ophthalmology
- Care Navigators in place to support monitoring of post treatment cancer patients

Key Challenges;

- Migrated data (Lorenzo-Medway-Careflow)
- Outcoming process (compliance/delays)
- Failure to identify pt discharges on systems following a non OPD event, ie discharge following review of NAD test
- Slow on boarding of PIFU initiative
- Duplicate referrals/pathways

Improvement Trajectory;

90% of the overdue values at anyone time to be resolved by the following dates

% overdue	100%	75%	50%	25%
Resolved by (date);	31.3.24	31.4.24	31.4.24	30.6.24

3.3.2. Validation (RTT Pathways)

90% of 12+weeks RTT pathways to be validated (via patient contact by 31st October)

Is 13th August performance on track to achieve required outcome?
Yes

Detailed Plan v. Actual

Week	Plan	Actual	Variance
13/08/23	30%	45%	
20/08/23	30%	45%	
27/08/23	30%	45%	
03/09/23	40%		
10/09/23	45%		
17/09/23	50%		
24/09/23	55%		
01/10/23	60%		
08/10/23	70%		
15/10/23	80%		
22/10/23	90%		
29/10/23	95%		

Further (Funded) Mitigations Planned:

- Bank/overtime
- Divert resources from other admin functions

Is there sufficient of the following? (If no, address mitigations in your plan)

Validators?	Digital Solutions?	Digital Skill?	Capacity?
Y	Y	Y	Y

Recovery & Additional Options:

Recommended Option: A

A: Do Nothing

B: N/A

[Please provide summary details and advise in which appendix further information can be found]

March-24 anticipated performance out-turn for the 'do nothing' option

[Please advise]

Option B Impact and Cost:

Action:	Details
Impact of Investment:	
Key Risk(s)	
Recovery By [mm-yyy]:	
Investment Required:	

3.4. Other Transformation Priorities in High Activity Volume Specialties

NHSE's letter requires that Board identifies transformation priorities such as those outlined below;

Group Outpatient Follow-up Appointments

N/A

One-Stop Shops

- Oral Surgery – One stop new/treatment clinics
- T&O – Carpal Tunnel clinic/injections

Pathway Redesign focussed on Maximising Clinical Value & reducing unnecessary touchpoints for patients

- Straight to test (Gastroenterology/Cardiology/Colorectal)
- Referral Assessment Service – RAS
- MSK Triage Service
- Advice and Guidance (A&G)

Using the wider Workforce to maximise clinical capacity

- ACP framework
- ESP's supporting triage process for T&O referrals to provide 'work up' as necessary prior to first OPD appointment
- Surgical Care Practitioner recruited for breast service to support triage of referrals, undertake breast pain clinics and support Consultants in the 2ww Rapid Access clinics.

Other: [Please State]

Other: [Please State]

3.5. Use of the Independant Sector

The Protecting and Expanding Elective Capacity letter requires Trusts to sign off plans that *"ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include; a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers"*

22/23 - BC System Use of IS capacity

Total Annual	Annual Budget	YTD Actual (M12)	FOT Variance
BMI	1,860,762	1,377,062	483,700
Nuffield	1,982,460	993,340	989,120
Spire	2,562,966	2,780,530	-217,564
Westbourne	156,097	165,494	-9,397
West Midlands Hospital	9,697,590	11,326,788	-1,629,199
DGH	111,689	313,724	-202,036
RWH	-310,116	624,000	-934,116
SWBH	0	0	0
Optegra	427,314	1,448,146	-1,020,832
SpaMedica	5,119,251	9,372,121	-4,252,870
	21,608,012	28,401,205	- 6,793,193

- £6.8m overperformance overall
- £10.8m with spend with Ophthalmology providers with £5.2m overspend
- DGH/RWT spend relates to continued support from ICB until end of Q2

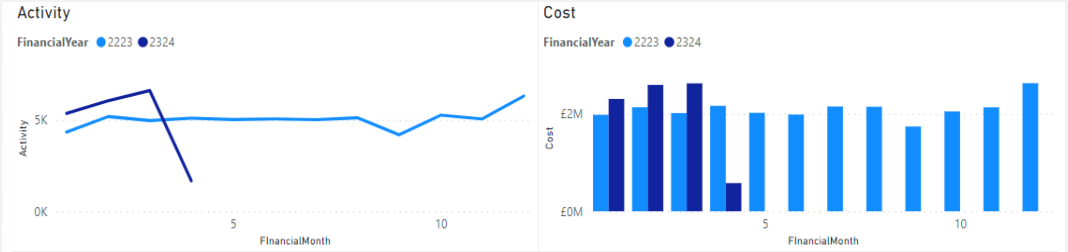
The above was presented to BC Elective Board in June 2023.

Key findings were;

a) 75k outpatients were conducted in IS (of which 47.7k were for BC ICB)
b) 152 referrals were 'urgent'
c) Outpatients: 54% of referrals were GP, 45% were from Optometrists
d) Outpatients: Ophthalmology (53%) and Orthopaedics (25%) were the largest IS specialties
e) Elective: x 28k of which 80% were Ophthalmology, 54% were under 18weeks RTT (note very little recording of prioritsation & so this could not be assessed)
f) 5k diagnostics were completed (85% of which were NOUS)

2023-24

Performance to Month 3 2023-24 exceeds 2022-23



FinancialYear	2223				2324			
Financial Month	Activity	Activity running total	Cost	Cost running total	Activity	Activity running total	Cost	Cost running total
1	4336	4336	£1,981,022.06	£1,981,022.06	5357	5357	£2,306,465.03	£2,306,465.03
2	5187	9523	£2,135,454.33	£4,116,476.39	6054	11411	£2,594,561.35	£4,901,026.38
3	4967	14490	£2,016,697.68	£6,133,174.07	6612	18023	£2,626,653.00	£7,527,679.38
4	5099	19589	£2,165,616.75	£8,298,790.82	1667	19690	£578,072.83	£8,105,752.21
5	5019	24608	£2,021,783.99	£10,320,574.81				
6	5054	29662	£1,985,998.76	£12,306,573.57				
7	5015	34677	£2,151,227.94	£14,457,801.51				
8	5117	39794	£2,145,839.98	£16,603,641.49				
9	4188	43982	£1,740,248.10	£18,343,889.59				
10	5260	49242	£2,049,455.18	£20,393,344.77				
11	5057	54299	£2,133,684.83	£22,527,029.60				
12	6311	60610	£2,629,643.51	£25,156,673.11				
Total	**60610**	**60610**	**£25,156,673.11**	**£25,156,673.11**	**19690**	**19690**	**£8,105,752.21**	**£8,105,752.21**

Specific plans for use of IS in 2023-24 to support accleration in 65+week waits in challenged specialties in the medium term;

- *Insourcing:* RWT is currently progressing plans to insource Gynae and is exploring this for Urology
- *Outsourcing:* SWB is currently outsourcing to ENT & there are existing ICB contractual partnerships in place with; Nuffiled and Ramsay (note, the system also remains an associate partner to BSol's ocntracts with a number of providers)
- *DMAS:* Use of the national Digital Mutual Aid system (DMAS) to request support beyond our system where needed for whole pathway transfers of care.
- *Virtual Outpatient Solutions*: IS Partnerships are in place for 'validation' at SWB and RWT
- *Other:* the ICB is in the process of contracting the largest provider of ophthalmology to enable contractual oversight & as part of Planning submissions in 23/24 confirmed that it would transfer some community ophthalmology pathways i.e. post operative cataracts in the latter quarter of 2023-24

3.6. Further Support Needs Identified

NHSE's Protecting and Expanding Elective Capacity letter requests that the Board discuss any additional support needs that may be required. The Author's recommendations are presented below;

From the Trust Board

Ratify elective theatre expansion business case (approved at P&F Committee on 30/8/23) to increase elective operating theatre expansion, and further relevant ERF generating business cases

From System Partners

Oral Surgery partner (RWT) to support addressing consultant absence in Oral Surgery and provide sufficient capacity to meet 65-week threshold

From the ICB

Support with Dental Commissioners to address out of ICS referrals to Oral Surgery.

To ensure mutual aid provided within system and from outside of the system is appropriately paid for.

From NHSE Regional Team

To ensure UEC activity for patients from outside of the ICS is appropriately paid for, as otherwise Winter Plans may have insufficient resilience to ensure Elective capacity is adequately protected due to significant ICS financial constraints.

4.0. Conclusions

This report has found that the Trust is off track for first appointment clearance by October '23. The report identifies that currently planned recovery actions are insufficient to achieve expected outcomes by the required deadlines. The table below summarises the proposed investments that are proposed to mitigate.

Theme	Recommendation	Revenue (£000)		Current RAG rating	RAG rating with investment	With investment, recovery by;
		Recurrent (£000)	Non- Recurrent (£000)			
Oral Surgery first outpatients – 65 weeks	Additional Oral Surgery Locum Consultant		TBC (c80k)			Jan 2024
Rheumatology first outpatients – 65 weeks	Support insourcing capacity as a result of SLA under-delivery from SWBH.		TBC (c120k)			Jan 2024
Totals			TBC (c200k)			

The report fulfills all of the needs of the Protecting and Expanding Elective Capacity with the exception of the comparison against pre-covid for validation, which cannot be completed at this time due to lack of information, which NHSE has committed to provide Boards for future review.

5.0. Recommendations

As an outcome of the findings and conclusions of this report and requests of NHSE's 'Protecting and Expanding Elective Capacity' letter , the following recommendations are put to Trust Board for consideration;

a) That presented existing plans to improve the trajectories outlined (within existing funding) are; discussed/ challenged and where necessary, approved.

b) For the funding recommendations to take mitigations further and achieve compliance/ or closer to compliance (summarised at section 4) to be considered, discussed, challenged and approved where needed.

c) For monthly progress reports on performance outcomes linked to this letter to be forwarded to Board on progress through to April 2024

d) To approve completion and submission on your behalf of the self-certification template that accompanied the letter (Appendix 1) - the outcomes of which align with this reporting template.

e) That the Trust formally set the ambition that *"no patient in the 65-week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023."*

f) That medium term plans for use of the Independent Sector (outlined at 3.5) are discussed and approved.

6.0. Appendices

1. PRN00673 Protecting and Expanding Elective Capacity

6.1 Protecting and Expanding Elective Capacity Letter (PRN00573)

Classification: Official

NHS England

To:
- NHS acute trusts:
  - chairs
  - chief executives
  - medical directors
  - chief operating officers

cc.
- NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

4 August 2023

Dear Colleagues,

Protecting and expanding elective capacity

In May, we wrote to you outlining the priorities for elective and cancer recovery for the year ahead. Last week, as part of the winter letter, we also asked you to maintain as far as possible ring-fenced elective and cancer capacity through winter.

We would like to thank you for your continued hard work in these areas, in the face of significant wider operational challenges, including ongoing industrial action. Thanks to the efforts put in by staff across the NHS, we have now virtually eliminated pathways waiting over 78 weeks, down by 94% since the peak of 124,000 in September 2021 (and now representing c0.1% of the total list), and significantly decreased the number of patients with urgent suspected cancer waiting longer than 62 days from a high of 34,000 to around 21,000 today.

However, one area where we know there remains more to do is outpatients. We have listened to your feedback on the support you need for this transformation and have set out the next steps below.

National support for outpatient transformation

To support outpatient transformation, we have met with royal colleges, specialist societies and patient representatives to agree a way forward, working in partnership, to champion and enable outpatient recovery and transformation. At the 'call to arms', colleges agreed to:

- review their guidance on outpatient follow-ups
- support new approaches to increasing wider outpatient productivity, including reducing variation in clinical templates, patient discharge, and following clinically-informed access policies.

Together with this clinical leadership, we need to build on the expectation of freeing up capacity and increasing productivity. This can be achieved through reducing follow up appointments with no procedure, fully validating RTT waiting lists, reducing variation in clinical templates, moving to patient-initiated follow-up where appropriate, following clinically-informed access policies and implementing new ways of working, such as group outpatient follow ups, reviewing clinical pathways and workforce models.

We are continuing to provide support to trusts in this area, through the following:

- Regional support
- NHS England's GIRFT outpatient guidance
- Action on Outpatients series
- The Model Health System
- Support to specific trusts via NHS England's GIRFT Further Faster programme, NHSE Tiering programme and Elective Care Improvement Support Team (IST) – learning from the Further Faster programme will be shared in the Autumn
- Access to additional capacity through the NHS Emeritus Consultant programme
- Luna weekly data quality report, which can be accessed by contacting lunadq@mbihealthcaretechnologies.com and Foundry data dashboards
- RTT rules suite
- Elective Care IST Recovery Hub - FutureNHS Collaboration Platform
- Guidance on shared decision making.

Next steps on outpatient transformation

With the majority (c80%) of patient waits ending with an outpatient appointments, we need to increase the pace in transforming outpatient services to release capacity for patients awaiting their first contact and diagnosis. This will be particularly important ahead of and during winter, when pressure on inpatient beds can be at its highest. Nationally, achieving a 25% reduction in follow up attendances without procedures would provide the equivalent to approximately 1m outpatient appointments per month.

This letter therefore sets out further detail on three key actions that we are asking you to take:

- Revisit your plan on outpatient follow up reduction, to identify more opportunity for transformation.
- Set an ambition that no patient in the 65-week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.
- Maintain an accurate and validated waiting list by ensuring that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with December 2022 validation guidance) by 31 October 2023, and ensuring that RTT rules are applied in line with the RTT national rules suite and local access policies are appropriately applied.

We are now asking trusts to provide assurance against a set of activities that will drive outpatient recovery at pace. This process will require a review of current annual plans, detailing the progress that can be made on outpatients transformation. As part of the above priorities, we are asking each provider to ensure that this work is discussed and challenged appropriately at board, undertake a board self-certification process and have it signed off by trust chairs and chief executives by **30 September 2023**.

The details of this self-certification can be found at Appendix A. Please share this letter with your board, key clinical and operational teams, and relevant committees.

If you are unable to complete the self-certification process then please discuss next steps with your regional team.

Thank you again for colleagues' efforts in this area, which are making a real difference to the timeliness of care we deliver to patients. We look forward to receiving your returns and, as always, if you need to discuss this in more detail, or support in conducting this exercise, please contact england.electiverecoverypmo@nhs.net.

Yours sincerely,

Sir James Mackey
National Director of Elective Recovery
NHS England

Professor Tim Briggs CBE
National Director of Clinical Improvement
Chair, Getting It Right First Time (GIRFT) Programme
NHS England

Appendix A: self-certification

About this self-certification

To deliver elective and cancer recovery ambitions, high-quality waiting list management and ambitious outpatient transformation are vital. We are now asking trusts to complete this return to provide assurance on these recovery plans.

Nationally and regionally, we will use this to identify providers requiring more support, as well as areas of good practice that can be scaled up to accelerate recovery. Please return this to NHS England by **30 September 2023**, via NHS England regional teams.

Guidance for completing the self-certification

The return asks for assurance that the board has reviewed and discussed specific outpatient operational priorities and has signed off the completed checklist. Please return this to your NHS England regional team.

Trust return: [insert trust name here]

The chair and CEO are asked to confirm that the board:

Assurance area	Assured?
1. Validation The board: a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation. b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation. c. ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients.	
d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.	
2. First appointments The board: a. has signed off the trust's plan with an ambition that no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023. b. has signed off the trust's plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox england.iscoordination@nhs.net	
3. Outpatient follow-ups The board: a. has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan. b. has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty. c. has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments. d. has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking	
data (via the Model Health System and data packs) to identify further areas for opportunity. e. has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.	
4. Support required The board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.	

Sign off

Trust lead (name, job title and email address):	
Signed off by chair and chief executive (names, job titles and date signed off):	

Walsall Healthcare NHS
NHS Trust

Integrated Quality & Performance Report

August 2023

Caring for Walsall together

Walsall Healthcare NHS
NHS Trust

EXECUTIVE SUMMARY

QUALITY	PERFORMANCE
• Trust wide CQC action plan with responsible executive directors and identified leads has been established. • VTE compliance for August was 91.87%. 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 August 2023 was 90.72%, compared to 90.2% in July 2023. Excluding the ED performance was 92.88%. • Falls per 1000 bed days was 3.16 in August 2023 and in line with the previous consistent performance. • 4 avoidable cases of C.Diff were reported in August 2023. • The percentage of patients screened who received antibiotics within 1 hour within the Emergency Department was 86.04% in August 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.	• In August 75.1% of patients were managed within 4 hours of arrival at ED, against the constitutional expectation of 76%. National ranking was upper quartile at 30th out of 123 Trusts. • WHT continued to deliver some of the best ambulance handover times (<30mins) in the West Midlands at 90.65% , performance has been in the top 3 regionally since November 2020. • In July 2023,the Trust met the constitutional standard for 62-day GP Urgent Referral To Treatment for the first time in 3 and a half years at 85.1%. This places the Trust in the upper decile of performance nationally, 10th best Trust out of 119 reporting general acute Trusts. WHT is ahead of the trajectory to reduce patients waiting in excess of 62 days. • WHT 18-week RTT performance was 56% of patients waiting under 18 weeks at the end of August, National ranking position is now 69th (out of 119 reporting Trusts), 4th consecutive month of national ranking improvement. The Trust again delivered the national standard to have no patients waiting in excess of 78 weeks. The Trust is ahead of trajectory for the number of patients waiting in the March 2024 >65 weeks cohort. The Trust's total RTT incomplete waiting list has stabilised, and is showing some gradual reductions, against a national context of continuing further increases in the total national RTT incomplete waiting list. Board should note the following risks: • The Trust's 6 Week Wait (DM01) Diagnostics performance improved to 49th (from 62nd) best (July 2023), out of 120 Trusts. Endoscopy remains the service with the highest number of patients waiting over 6 weeks. The trusts August's performance reported 20.63%. • Industrial Action continues to result in significant outpatient and elective procedure postponements.
WORKFORCE	**FINANCE**
• August 2023 sickness absence, which was 5%, confirmed a trend of special cause improvement meeting the target. • Despite the 86% outturn for August 2023 Mandatory Training remaining an historically low level of compliance, the current 24 month trend is evidencing cause for concerns; with achievement of the 90% target no longer assured. • Appraisal compliance also carries special cause concern, with the 77% August 2023 outturn representing a ongoing decline month on month.	• The Trust has agreed a Deficit plan of £14m for 2023/24 with the ICB. • The overall ICB Month 5 year to date position is £70.9m deficit against a planned deficit of £46.1m, (£24.8m variance). This represents a further deterioration from month 4, at which point the deficit was £59.1m, £19.4m adverse to plan and represents an increase in the level of in-month deficit. • The Trust has delivered a year to date deficit of £16.859m at Month 5, this is £4.575m above the planned deficit of £12.284m. This being driven by Income that was £1.547m above plan, Staffing costs £1.884m above plan & Non-pay costs £4.160m above plan.

Agenda Item No: 18.1

Walsall Healthcare NHS Trust

MEETING OF THE

PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE

HELD ON MONDAY 24TH DAY OF JULY 2023 AT 13:30
VIRTUALLY VIA MICROSOFT TEAMS

Members Present

Mr Junior Hemans **(Chair)**	Non-Executive Director
Mrs Dawn Brathwaite	Non-Executive Director
Ms Catherine Griffiths	Chief People Officer
Ms Caroline Whyte	Deputy Chief Nursing Officer
Ms Clair Bond	Deputy Chief People Officer

In Attendance

Miss Rachel Barber	Non-Executive Director
Mr Suleman Jeewa	Lead Freedom to Speak Up Guardian
Mrs Jane Wilson	Joint Staff Side Representative – Unison
Mrs Pat Usher	Joint Staff Side Representative – Unison
Mrs Maria Arthur	Deputy Chief Assurance Officer
Mrs Samiya Begum	Freedom to Speak Up Guardian
Mrs Leanne Walford	Matron – Workforce and Education
Mrs Chrissla Davis	Head of Nursing – Workforce / Lead Advanced Extended Practice Roles
Mrs Sabrina Richards	Equality, Diversity and Inclusion Lead
Dr Tamsin Radford	Occupational Health Consultant
Dr Anjan Bhaduri	Associate Director for Workforce
Mrs Amanda Howes	Senior Executive Assistant and Executive Secretariat Office Manager
Mr Brad Allen **(Minutes)**	Executive Assistant to Chief Operating Officer and Chief People Officer

Apologies

Mr Alan Duffell	Group Chief People Officer
Dr Liam Manley	Chair – LGBTQ+ Allies Network and Junior Doctor
Mr Brodie White	Deputy Chair – LGBTQ+ Network and Deputy Care Group Support Manager – Head and Neck
Mr Paul Assinder	Deputy Trust Chair and Non-Executive Director
Mr Kevin Bostock	Chief Assurance Officer
Mrs Lisa Carroll	Chief Nursing Officer

034/23	**Chair's Welcome, Apologies and Confirmation of Quorum**
	Mr Hemans welcomed all members to the meeting and thanked them for their attendance. The meeting was declared quorate in line with terms of reference and apologies were noted as recorded above.
035/23	**Declarations of Interest**
	There were no declarations of interest raised by members.
036/23	**Minutes of Previous Meeting – June 2023**
	There were no comments or amendments from members therefore committee **resolved** to **approve** the minutes of the meeting that took place on 26th June 2023 as a true and accurate record of decisions and discussions that took place.
037/23	**Matters Arising and Action Log**
	The action log was discussed and updated as necessary and reflected within iBabs.
038/23	**Retention Update**
	Ms Griffiths introduced the item and gave a brief overview on the reasoning for the report coming to committee, siting concerns to retention had been raised. The report contained details of any mitigatory measures that had been implemented to support staff retention, with all target data being amended from 12 to 24 months. In addition to this, reviews to work-life balance by age group, retirement forecasts and Divisional recognition schemes were also taking place to update committee in due course. Mrs Barber suggested that initiative timescales be included in future reports for reference. Ms Whyte stated that Nursing and Midwifery statistics would become more representative following the implementation of Stay Conversations as well as the Trust Social Café. Processes to track and record Apprenticeship were now in place, as well as Legacy Mentors to support younger colleagues in their new profession. Mr Hemans queried what initiatives were being introduced to identify exit reasoning amongst Locum members of staff. Ms Griffiths responded to advise that the directorate would begin to explore options, such as offering exit interviews.
039/23	**Corporate Risk Update**

	Ms Bond introduced the item and gave the following updates for each risk as set out: • Risk ID 2072 - Inability to recruit and retain the right staff with the right skills which impacts on fundamentals of care (both patients and staff) and undermines financial efficiency. Risk has remained unchanged as a 12 Moderate (Severity 4 x Likelihood 3). • Risk ID 2489 - Staff or patients/carers could experience discrimination by the Trust or those employed by it. Risk has remained unchanged as a 12 Moderate (Severity 4 x Likelihood 3). • Risk ID 3036 – Reduction in workforce due to industrial action. Risk has remained unchanged as a 16 High (Severity 4 x Likelihood 4). • Risk ID 3012 – 360 whole practice appraisals and medical governance. Risk has reduced to a 4 Low (Severity 4 x Likelihood 1) from 8 Moderate (Severity 4 x Likelihood 4). This risk has now been deescalated to the Chief Medical Officer Directorate for onward monitoring. There were no questions from members. **RESOLVED** That committee note the contents of the report for their assurance.
040/23	**Safe Staffing Report**
	Ms Whyte introduced the report and provided the following highlights for the committee's reference: • Overall Vacancy rate figures had increased to 3%. • Recruitment of Mental Health Clinical Support Workers continues, with some 40 colleagues now going through the recruitment process. • A total of 16 Trainee Nurse Associates were reported to qualify in September, all of whom have been offered positions at the Trust officially in November 2023. • Agency usage remains low with only the Emergency Department and Ward 14 utilising this to ensure patient safety. • Continued efforts to obtain Bank staff mandatory training figures for June are ongoing due to data quality issues, of which will feature as part of the Safe Staffing report in September 2023. Mrs Arthur referred to mandatory training figures and queried whether there had been any concerns in getting staff to complete where necessary. Ms Whyte advised that Divisions had been tasked with

	undertaking departmental reviews and implement measures in areas that required immediate attention. Ms Bond stated that quality assurance was undergoing a review and that by the end of August, the last yearly quarter of mandatory and statutory training figures could be obtained, meaning a further review by HR Managers could take place to identify further areas of improvement. Mrs Brathwaite queried whether all e-learning modules had now been transferred to the MyAcademy Service. Ms Bond responded to advise that only core modules had so far been transferred, with Bank staff modules being investigated by the temporary staffing team. There were no further comments from members. RESOLVED That committee note the contents of the report for assurance.
041/23	**Trust Workforce Metrics**
	Ms Griffiths introduced the report as read and highlighted the following points for the committee's reference: • Retention rates remain above 90%, with overall turnover figures improving. • Mandatory and statutory figures overall were not representative due to the transfer of modules over to MyAcademy. • Conversations with individual Divisions are taking place to discuss appraisal rate improvements at monthly performance review meetings. Mrs Arthur queried whether compliance could be broken down into professional groups to provide a wider oversight of figures. Ms Griffiths responded to advise that this was already being investigated. Ms Bond advised that this had also been discussed at the most recent meeting of the Trust Management Committee for senior leaders to undertake a deep dive into this and highlighted page 19 of the report that evidenced commitments to workforce out turn and investment. There were no further comments from members. **RESOLVED** That committee note the contents of the report for their assurance.
042/23	**Employee Relations Report**
	Ms Bond introduced the report siting that a revised template had been utilised to mirror that of Wolverhampton for consistency purposes. Committee also noted the following highlights for their assurance:

- The Formal Dispute Resolution was introduced in February 2023, prior to this, cases were managed in line with the Grievance and Harassment and Bullying policies, to date a total of 117 staff have attended the Resolution Policy Training.

- A RAG rating criteria was introduced in October 2022 to support effective assessment of case complexity and risk. The eligibiity criteria is provided in Appendix A. Of the above cases, 41% were assessed as Red, 32% Amber and 27% Green.

- 24% cases involve male colleagues which is higher than the 19.5% total male representation in the workforce.

- 61% of cases involve colleagues between the ages of 31 and 50 years.

- 37% of cases involve colleagues from a White background.

- 63% of cases involve colleagues from a black, Asian and ethnic minority background which is not reflective of the 36% BAME representation across the Trust.

- A total of 65% of all Junior Doctors partook in industrial action, with a total of 34% of all Consultant colleagues also taking part.

Mrs Barber queried whether any lessons learned could be included in future report for committee assurance and referred to Resolution Policy Training figures, querying whether the total of 117 people completing the training was a positive result. Ms Bond responded to advise that data could be ascertained to view who had attended the training, which could be broken down by Division and shared with colleagues for reference.

Mrs Barber requested clarity around sickness absence figures and queried how robust the process was to ensure reporting lines are effective. Ms Bond responded to advise sickness absence reporting was down to individual Line Managers to complete and undertake necessary checks and return to work discussions. An internal audit has also been commissioned to review any open absences for closure.

Dr Radford advised that data from the Health Attendance project was now in place with a review taking place around delays to the return-to-work process.

Mrs Wilson informed committee those following discussions with staff, overall colleagues had reported that they felt an increased level of support from the organisation to assist them with the return-to-work process and thanked the Occupational Health team for their on-going support.

Mrs Brathwaite referred to figures relating to consultant industrial action, siting that approximately one third of colleagues had opted to strike. It was

	questioned whether there were any specialities that saw a higher number of colleagues who participated. Ms Bond responded and stated that figures were proportionate, but figures were higher in Acute Medicine as well as Obstetrics and Gynaecology. There were no further comments from members. **RESOLVED** That committee note the content of the reports for their assurance.
043/23	**PULSE Survey Update**
	Ms Bond gave a summary of the report and its contents to provide assurance against the five priorities of the organisation's staff survey, siting the organisation had performed well in improvements to areas such as discrimination and Bullying and Harassment. Ms Bond then referred to page 4 of the report which gave an overview of the quarterly Pulse survey data initiated following Covid-19, which evidenced that overall motivation figures were improving, colleague involvement figures had declined, and advocacy figures had remained at the same level. Committee were updated on preparations for the upcoming Staff Survey due in September 2023 and that a new survey provider had been procured to support the Trust to provide the survey itself. Mrs Barber referenced survey take-up figures and colleague involvement and queried how the organisation could encourage staff to undertake the survey, and what previous initiatives had been introduced in the past. Ms Bond responded and had a summary of what engagement plans had been put in place. Mrs Arthur referenced Cultural Ambassador engagement figures on interview panels and requested an update as to how these were progressing. Ms Bond advised that figures had been lower than anticipated due to issues ranging from confidence levels to availability. Ms Bond updated committee on arrangements being made to improve colleague recognition on local levels following discussions held at a recent Oversight Group. Mr Hemans evidenced a recent interview panel he had undertaken and raised concern that there were no questions prepared for the designated Cultural Ambassador for that panel. He suggested a library of questions be devised for use at any interview to improve engagement levels. Mrs Brathwaite and Mrs Richards both advised a series of questions had already been collated for this use.

	Mr Hemans requested clarity as to whether colleagues who had two means of employment at the Trust would be surveyed twice during the next round of the staff survey. Ms Bond responded to advise that this would not be the case. There were no further comments from members. **RESOLVED** That committee note the contents of the report for their assurance.
044/23	**Freedom to Speak Up – Annual Report**
	Mr Jeewa introduced the report as read and highlighted the following points for the committee's reference: • There were 144 cases raised during the period 1st April 2022 - 31st March 2023, compared to 110 cases raised in the previous year. • The peak in the number of concerns occurred from October 2022. October is 'Speak Up month' when there is a campaign to increase the awareness of Speaking Up through a range of engagement and publicity activities. • Poor behaviour remains a cause for concern, with the highest proportion of cases (31.3%) including an element of behaviours, such as bullying/harassment across all trusts. This is reflected in Walsall, where in the same period, 48.6 % of cases included an element of bullying and harassment. There has been a decrease (22.9%) compared to (34.5%) in the reporting of a policy, process, or procedural nature. • The division of Medicine and Long-term Conditions (MLTC) have the most employees and normally have the highest number of concerns reported through this route, this year Surgery has had an increase in the numbers of concerns raised. Majority of concerns raised anonymously by international nurses feeling unsupported. • Our Trust has been congratulated on being in the top ten most improved in terms of the Freedom to Speak Up sub-score (called the Raising Concerns sub-score in NHS Staff Survey reports). The sub-score is made up of the four questions relating to speaking up. Mr Hemans suggested the service provide case studies of 'you said, we did' to promote across the organisation to showcase effectiveness.

	Mrs Barber thanked Mrs Jeewa for the report and queried whether Freedom to Speak Up training was mandatory for all colleagues to undergo. Mr Jeewa advised that the training was not yet mandatory, but colleagues were advised to undertake the training where possible. Ms Bond added that conversations had been held at the Trust Management Committee for areas to encourage their teams to undertake the training and suggested this be discussed at the Education Training Group for further action to be taken. Mrs Brathwaite advised that the Freedom to Speak Up training subject had been discussed several times and queried whether the same approach was being made at Wolverhampton. Mr Jeewa advised that further support from the Executive team would be welcomed to showcase the service. Mr Hemans referenced group roles where some colleagues work cross-site and queried whether competencies could be cross-transferred. Ms Bond advised this wouldn't have an impact to overall figures as the main Trust employer would record colleague competences regardless of where they worked. There were no further comments from members. **RESOLVED** That committee note the contents of the report for their assurance.
045/23	**LGBTQ+ Inclusion Report**
	Members noted that the presentation due for submission at the June committee meeting had been circulated for comment. Mrs Richards then reported the following highlights for reference: • The group continues to meet regularly, with the last meeting taking place on 18th July 2023. • A Trust-wide action plan has been developed to support area improvements. • The group continues to meet with Mr Ned Hobbs as the organisations executive sponsor. • Discussions have been held with Dr Esther Waterhouse to hold a specific Schwartz Round to promote LGBTQ + awareness. • Links with Walsall Pride have been made to help promote the Trust at their upcoming event due to be held in August 2023. • Events are underway to celebrate the NHS National Pride Day in September 2023.

	• A total of 6 hours' worth of free consultancy has been provided to the Trust by the Birmingham LGBTQ+ Centre. There were no queries from members. **RESOLVED** That committee note the contents of the report for their assurance.
046/23	**Workforce and Race Equality Standards**
	Mrs Richards introduced the item, siting that it was an NHSE requirement for the report to be sited by the Trust's People and Organisational Development committee. Committee then noted the following highlights for reference: • The overall performance of the Trust had improved, with recruitment factors and access to training factors decreasing. Conversations were being held with relevant colleagues to identify reasoning for this. • The Anti-Racism vision has become a Trust pledge, with meetings taking place to work with the Communications team to promote this. • Overall colleague representation figures now stand at 33%, which was reported to be an improvement of figures published last year. • Improvements to line-management discrimination figures have fallen, with civility and respect training now being delivered to colleagues across the organisation. Mr Hemans stressed the importance of ensuring visions be transform into board pledges where appropriate to support colleagues. There were no further comments from members. **RESOLVED** That committee **approve** the report as set out.
047/23	**Workforce and Disability Equality Standards**
	Mrs Richards introduced the item, siting that it was an NHSE requirement for the report to be sited by the Trust's People and Organisational Development committee. Committee then noted the following highlights for reference: • Overall incidents relating to disability discrimination in the workplace across the organisation had fallen on figures presented last year.

	• Despite efforts, disabled colleagues experiencing issues relating to decreased health and wellbeing had not improved. However, the number of colleagues who feel supported in raising concern had increased. • Conversations with members of the People and Culture directorate were ongoing to improve the figures of colleagues sharing their disability within the Electronic Staff Record system. • Efforts to collate a Trust-wide action plan in partnership with members of Staff Side was underway. Mr Hemans queried whether the action plan could be co-produced with both Walsall and Wolverhampton Trusts. Mrs Richards advised the plan to be developed in partnership with colleagues who have firsthand experience and will be impacted by it. There were no further comments from members. **RESOLVED** That all items tabled for information be noted for committee reference.
048/23	**Revalidation Report**
	Ms Bond introduced the report and gave a brief background siting it was a requirement for the revalidation to be scrutinised by committee on an annual basis following submission by the Chief Medical Officer. The purpose of the report was to assure committee of the Trust's revalidation figures, enabling clinicians to practice. Ms Bond also stated that the report evidences the strengthening of processes and systems, where figures can be seen to have improved. A senior lead for the process is being reviewed to support the medical governance team. There were no queries from members. **RESOLVED** That committee note the contents of the report.
049/23	**NHSE LTW Plan**
	This item was tabled for information only. There were no queries from members. **RESOLVED** That committee note the contents of the report for their information.
050/23	**Board Assurance Frameworks**
	Committee noted the Board Assurance Frameworks that had been distributed for reference. There were no comments from members.

	RESOLVED That committee approve the contents of the reports as set out.
051/23	**Escalations to the Trust Board**
	Committee **resolved** to escalate the following items to members of the Trust Board: • Retention initiatives. • Concerns relating to turnover rates. • Positive outcomes from recruitment drives and vacancy rates. • Agency usage remains minimal. • Mandatory and Statutory training remains an issue. • Staff Survey; identified issues around motivation and involvement, but still delivering good results being sighted on improving. • Collaborative Behavioural Framework development. • FTSU Report and its improvements with more colleagues feeling comfortable in speaking up, with overseas nursing colleagues reporting concerns relating to inclusion. • LGBT Report positives • WRES – decline in points 2&4 with improvements to other indicators, such as anti-racism pledge. • WDES – overall improvements to indicators. Action plan being co-produced with colleagues impacted. • Revalidation report.
052/23	**Any other Business**
	AOB #1 – Mrs Arthur; Medical Safety Structure Committee noted that a review of the structure had taken place and adopted by the Quality and Patient Experience and Safety Committee. There were no further items of business raised by members for discussion.
053/23	**Date and Time of the Next Meeting**
	Committee noted that the next meeting would take place on Monday 25th September 2023 at 13:30 via Microsoft Teams

Signed:

Committee Chair: Mr Junior Hemans

Date: 25th September 2023

Agenda Item No: 18.2

Walsall Healthcare NHS Trust

MEETING OF PATIENT EXPERIENCE & SAFETY COMMITTEE

HELD ON FRIDAY 21 JULY 2023
HELD VIRTUALLY VIA MICROSOFT TEAMS

Members

Dr J Parkes	Non-Executive Director (Chair)
Mr M Dodd	Interim Director of Integration
Dr M Shehmar	Chief Medical Officer
Mrs M Metcalfe	Deputy Group Director of Assurance
Mr K Bostock	Group Director of Assurance
Professor L Toner	Non-Executive Director
Mr N Hobbs	Chief Operating Officer
Mrs O Muflahi	Associate Non-Executive Director

In Attendance

Mrs J Wright	Director of Midwifery, Gynaecology and Sexual Health
Ms S Noon	Executive Assistant (Minutes)
Mrs A Boden	Head of Infection Control
Mr Fateh Ghazal	Divisional Director, Women's, Children's and Clinical Support Services
Mr Keith Wilshere	Group Company Secretary

Apologies

498/23	**Chair's welcome, apologies, and confirmation of quorum**
	Dr Parkes welcomed all members and attendees to the meeting and declared the meeting to be quorate. No apologies were received, attendance as above. The meeting was recorded.
499/23	**Declarations of Interest**
	Nil.
500/23	**Minutes of Previous Meeting – Friday 23rd June 2023**
	The minutes were approved.

501/23	**Items for Redaction**
	There were no items for redaction and minutes were approved for publication.
502/23	**Matters Arising and Action Log**
	There were no matters arising. Action 882 Not due until August 2023. Action 821 Mrs Wright confirmed that there was cover in place. **Action closed.** Action 823 Mr Hobbs confirmed the operating theatre clinical indicator suite is being drafted. iBabs has been updated with the list of metrics being incorporated. Mr Hobbs expects this to be ready for QPES in September. Action 799 Mrs Carroll was not in attendance to discuss this action.
503/23	**Maternity Service Update**
	Report taken as read. Mrs Wright informed the group that staffing continues to be an issue within the department. The Midwifery Led Unit (MLU) refurbishment is ongoing, and five of the 17 vacancies will be allocated to MLU and are not required at this time. Mrs Wright confirmed that management of change has been completed and interviews for band 2 and 3 Maternity Support Workers have been held. Mrs Toner asked if these staff have been through an approved programme. Mrs Wright confirmed that as a LMNS it is agreed these staff members will commence at band 3 and will train on the job. Mr Hobbs advised it would be useful assurance for the committee to see a staffing trend over time, in particular the whole time equivalent in post against the establishment. Mr Ghazal informed the group that although there is an increase in the perinatal and stillbirth rate over the last two months using SPC methodology does not trigger an alert to suggest that this is statistically significant. Perinatal mortality rate is still below the trajectory but is however above the average. The stillbirth rate has crossed the trajectory for the last two months. As a care group and division, all cases meeting HSIB have been referred for investigation. All others meeting perinatal mortality review have been through the process and recommendations have been actioned by the care group. A two-year review will be undertaken to identify any potential themes that require action. Mrs Muflahi noted that there is a lack of evidence in the improvement column under the external PMRT case summary reviews. It would be beneficial to offer more assurance to include more evidence.
504/23	**CQC Action Plan Update & Section 29A Notice Response**
	Report taken as read.

	Mr Bostock informed the group that despite the significant effort that was put into the threat of prosecution, it does not change that there is a large amount of work to do to move forward. Mr Bostock confirmed that there will be a report rather than a letter which is expected soon. Dr Parkes queried who would be prosecuted if action were to be taken in future. Mr Bostock confirmed this would be the Chief Executive as the nominated individual on the organisation's behalf.
505/23	**Constitutional Standards & Acute Service Restoration & Recovery Report**
	Report taken as read. Mr Hobbs informed the group that all actions to ensure surveillance endoscopy patients are being appropriately tracked have been taken. Performance and Finance Committee approved a business case last month to expand endoscopy capacity. Mrs Muflahi asked for a time scale in terms of recruitment. Mr Hobbs confirmed that the recruitment was initiated six weeks ago prior to approval with the knowledge that recruitment could be cancelled if declined. The expectation is that the additional capacity will be in place by the end of October. Mr Hobbs confirmed that the two-week wait is now back to thirteen days and therefore booking within the two-week timeframe for patients referred for suspected skin cancer. Dr Parkes noted that as a Trust, the target for two-week wait for children's suspected cancer was not met. Mr Hobbs informed the committee that there is not a concern regarding children's referrals overall however there is a worry that tumour sites have slightly longer waiting times for both adults and children. Mr Hobbs also confirmed that for lung cancer patients, there is no fundamental issue with a lack of respiratory appointments for cancer patients and this was a delay in initial triage. Going forward if a referral is received without a clear outcome from triage, they will automatically be booked in. Mr Hobbs noted that the 337 outpatient appointments and 33 elective surgical procedures were postponed due to the junior doctor strikes from the previous week. Yesterday and today a further 196 outpatient appointments 20 elective surgical procedures were postponed. The key risk is that there appears to be no imminent end to the dispute therefore it is highly likely more industrial action will impact elective care.
506/23	**Performance Constitutional Standards Report Community**
	Report taken as read. Mr Dodd noted that last month high pressure on services was reported with five million pounds worth of debt in recurrently funded services. Two million pounds has since become available and there is a proposal to maintain out of hospital services with this flexible provision. This does not cover all services and may not cover services to their current element.

	Mrs Muflahi requested additional assurance around the health visiting service and the recruitment of health visitors. Mr Dodd informed the committee that the programme continues, and recruitment has taken place. Services are being reinstated however there is a national background to the difficulty in recruiting of health visitors. The funding level however is not adequate to deal with the level of activity in Walsall.
507/23	**Safe High Quality Care Oversight Report (to include the Board Assurance Framework, Corporate Risk Register and Performance Dashboard)**
	Report taken as read. Mrs Carroll advised the group that a manual audit has been completed for paediatric sepsis due to a lack of assurance of the data captured on vitals. The division reported results to Patient Safety Group yesterday and they were 100% compliant. Mrs Carroll informed the group that a review of the intercollegiate guidance in ongoing to ensure that the correct staff are aligned to the appropriate level of safeguarding training. There may be a dip in compliance when more staff are added to the level 3 training. Mrs Carroll noted that six cases of C. diff were identified in June 2023. The toxin to PCR issue suggests a wider issue with the wider health economy. Mrs Toner noted a significant increase in pressure ulcers in community settings. Mrs Carroll advised that there has been ongoing education with the teams and encouragement to report. This will be monitored Nursing, Midwifery and AHP Forum, divisional performance reviews and Patient Safety Group. Mrs Toner queried if Walsall use the same paperwork for the MCA as Wolverhampton as they have similar concerns. Mrs Carroll is unsure if the paperwork is exactly the same, but it would run on the same basis. Mrs Carroll will discuss this with Mrs Hickman. Mrs Boden advised the group that, in terms of sepsis, the next workstream focus for the IPC and antimicrobial stewardship team working with the sepsis team is to understand what antibiotics are being prescribed to ensure they are most appropriate. Mrs Muflahi requested further information regarding the clinical accreditation process. Mrs Carroll advised that it has jointly launched with Wolverhampton as part of the quality framework looking at quality indicators and standards. This will commence with inpatient wards and will be rolled out to the rest of the organisation. Wards are given a level of accreditation based on a grading system. Mrs Muflahi asked what progress has been made on paediatric virtual ward business case. Mr Dodd confirmed that part of the two million pounds funding includes the cost of the virtual ward. Consultant support for relocating a service to the RSV hub is being discussed which enables observations and ability for direct referrals. Dr Parkes asked for an update on VTE. Dr Shehmar advised the group that Trusts that are meeting the VTE standards have electronic prescribing. The Trust are waiting for money via the ICS for a benefits realisation and the legal aspects with procurement but there is currently no timescale for this.
508/23	**Serious Incident Update**

	Report taken as read. Mrs Metcalfe reiterated that divisions report different figures to the team in terms of duty of candour compliance and this is likely due to information being checked by the team against duty of candour compliance. Mrs Metcalfe informed the group that there is a plan for the open actions against serious incidents beyond the closure date. The plan has been agreed with the ICS in terms of considering if actions are still valid or if they can be closed by the ICS. Mrs Muflahi queried why there is such a delay in commissioners closing serious incidents. Mrs Metcalfe highlighted that twenty-two on the incidents concern the shoulder cases and the ICB have made the decision to hold these until the review is completed and they will be bulk closed pending no further concerns. Following a deep dive, Mrs Metcalfe advised that for incidents sitting on the safeguard system that appear unmanned, the team have been assured that it is due to the incorrect button being clicked on the system to say that they have been reviewed by a manager. Education is ongoing.
509/23	**Infection Prevention and Control Report**
	Report taken as read. Mrs Boden confirmed that NHSE are assured with Walsall Healthcare's interventions from a nosocomial infection perspective, and have been promoting Walsall's methodology, particularly around testing. Mrs Boden noted that four out of six cases of C.difficile in June were avoidable due to antimicrobial prescribing. Targeted interventions by the antimicrobial stewardship team with individual prescribers have taken place. A case of MSSA bacteraemia was identified in June associated with a peripheral cannula which identified the need to improve VIP scores. The divisional team put actions into place and the IPC team have since noted improvements and are assured based on the actions taken. Mrs Boden noted that the IPC team had nine abstracts approved for the National Infection Prevention Society conference, two of those being spoken. A clinical fellow from 2021 within the IPC team has also been shortlisted for the Nursing Times Rising Star award. Dr Parkes queried if there is an issue with antibiotic stewardship in the community and if this affects what happens in the hospital. Mrs Boden confirmed it is a risk factor and is being identified more commonly in post-infection reviews. These are being linked back to the ICB Health Protection Team. Mrs Muflahi asked for more information on the mouth care business case. Mrs Boden informed the group that there is an experienced connection of antibiotic induced c difficile where antibiotics were given for hospital acquired pneumonia which was a driver

	towards the mouth care business case. The next step is to demonstrate different treatment pathways associated with hospital acquired pneumonia to demonstrate how this can be a cost neutral business case.
510/23	**Learning from Death Quarterly Report (Q1)**
	Report taken as read. Dr Shehmar informed the group that an issue being worked through is the lack of respiratory support unit at Walsall, which is why COPD and bronchiectasis being higher as observed deaths rather than expected deaths is important to raise. Across the ICS, Walsall are the only acute unit that does not have a support unit. ICS will be taking this to their executive board. Fractured neck of femur is another area being monitored due to a higher number of observed deaths compared to expected. Dr Shehmar noted that there is still a downward trend for neck of femur deaths. There are ongoing projects looking at improving this including looking at the time to theatre, reducing length of stay, reducing complication rates, and managing co-morbidities. Dr Shehmar confirmed that the Trust is not an outlier following the National Bowel Cancer Audit however mortality alerts have come through. The alerts require case reviews to see if there is any learning. There has been a review of deaths from 2021 until April 2023 and it showed that the 30-day Trust mortality is highest for patients on an emergency palliative pathway, similarly to 90-day. Themes included selection for surgery and pre-operative optimisation. Dr Shehmar confirmed that 48-hour reviews for immediate learning from child deaths occur regardless of the network process that occurs outside of the Trust, and the Trust are linked in with the Black Country review team. Mrs Muflahi asked if the Trust should be concerned considering the strategies being put into place. Dr Shehmar noted that there is a downward mortality trend so there are no concerns at present. Mrs Muflahi also asked if there is a specific team delivering the gold standards framework. Dr Shehmar confirmed that there is no dedicated team and has been rolled out with the palliative care and the care of the elderly team. Mrs Toner queried if Goscote Hospice services are moving. Mr Dodd confirmed that costings are being done for moving services. Compton would like additional services to also be transferred over to make it worthwhile to fund, which leaves the Trust at a loss. Calculations are ongoing as well as community reviewing how services can be brought back within budget and what this would look like.
511/23	**Bi-Annual Claims and Litigation Report**
	Report taken as read. Mr Wilshere asked to be contacted with case queries outside of the meeting. Mr Wilshere noted that the inquest and litigation process is largely well managed and there are a higher volume of claims as noted in the report.

512/23	**104 Day Harm Update**
	Report taken as read. Dr Shehmar confirmed that to try and improve histology issues, there is an electronic way to flag urgent histology results and clinicians are being encouraged to flag those individually with the histologist where there is particular concern or risk factors. Mrs Toner asked if the system issue where all requests were going through as urgent has been addressed. Dr Shehmar confirmed this has been actioned and requests can now be differentiated between urgent and other.
513/23	**Medicines Safety Officer Report**
	Report taken as read. Dr Shehmar noted that e-learning for health prescribing is now above 80%. Medicines management and health prescribing learning has now been incorporated into the induction programme for new doctors. Dr Shehmar highlighted that there are several pieces of work to be done to ensure sustainable improvement. There has been a pharmacy workforce review which has highlighted significant gaps and a business case is being drawn up, due to go to Investment Group in September. Some key roles are being funded by temporary spend as it is felt the clinical risk is higher than accepting the financial risk. The Trust are reporting less incidents than the national average which makes the Trust harm level look higher. Work is ongoing around being open and honest and reporting incidents. The main theme is around prescribing and there are several ongoing initiatives to address this. A recent pilot of having a ward-based pharmacist showed that prescribing errors reduced significantly, and this is being used as evidence in the pharmacy workforce business case. Mrs Muflahi asked about the work ongoing with insulin administration and if this includes community. Dr Shehmar confirmed it does include community and there has been a community improvement project group. Dr Parkes noted that electronic prescribing will improve insulin administration.
	ITEMS FOR INFORMATION
	Reports will be taken as read and questions only will be addressed
514/23	**Patient Experience**
	Report to note. Mrs Muflahi noted that courtesy of staff and treated with respect and dignity was flagged in the report and the strategies and work did not provide assurance that this was being addressed. Mrs Carroll informed the group that there is an ongoing piece of work being led by the team about civility that will be rolled out across the organisation.
515/23	**Recall Project Update (Complex Case)**
	Report to note.
516/23	**Mental Health Update**
	Report to note.
517/23	**PLACE Inspection Findings and Action Plan**

	Report to note.
518/23	**Annual Safeguarding Report**
	Report to note.
519/23	**Exception Reports from any Subgroup Reporting to Committee**
	No exception reports were received for discussion.
520/23	**Matters for Escalation to the Trust Board**
	Item not discussed.
521/23	**Any Other Business**
	Item not discussed.
522/23	**Reflections on meeting**
	The meeting finished at 13:32.
523/23	**Date of next meeting**
	Date: 22 September 2023, 11:30-13:30

Signed: 

Committee Chair: Dr Julian Parkes

Date: 22 September 2023

Walsall Healthcare NHS Trust

MEETING OF THE PERFORMANCE AND FINANCE COMMITTEE HELD ON WEDNESDAY 30 AUGUST 2023 AT 15:00 ROOM 9, MLCC

PRESENT

Members

Mr Paul Assinder	Non-Executive Director (Chair)
Ms Dawn Brathwaite	Non-Executive Director (Part)
Ms Rachel Barber	Associate Non-Executive Director
Mr Kevin Stringer	Group Chief Finance Officer
Mr Simon Evans	Group Chief Strategy Officer
Mrs Lisa Carroll	Director of Nursing (Part)
Dr Manjeet Shemar	Chief Medical Officer
Ms Steph Cartwright	Group Director of Place
Mr Ned Hobbs	Chief Operating Officer
Mr Dan Mortiboys	Operational Director of Finance

In Attendance

Mr Stew Watson	Director of Estates Development
Mr Stephen Jackson	Director of Operations, Community Services
Mr Keith Wilshere	Group Company Secretary (Part)
Mr Nathan Joy-Johnson	Group Director of Procurement
Ms Katherine Geal	Executive Assistant (Minutes)

Apologies

Mrs Mary Martin	Non-Executive Director

71/2023	**Chair's Welcome, Apologies, and Confirmation of Quoracy**
	Mr Assinder welcomed everybody to the meeting and declared the meeting to be quorate. Formal apologies were received and noted as above.
72/2023	**Declarations of Interest**
	There were no declarations of interest made.
73/2023	**Minutes of Previous Meeting 26 July 2023**
	The minutes were taken as a true reflection of the meeting held. **RESOLVED** That the minutes from 26 July 2023 be approved as a true and accurate record of discussions and decisions that took place.
74/2023	**Matters Arising and Action Log**
	Divisional Consumable Spend *Mr Mortiboys to distribute consumable spend analysis paper and ensure included in Finance Report for Committee going forward.* **RESOLVED** Consumable Spend Analysis paper has been distributed and is now routinely included in the Finance Report to Committee.

Community Services Modelling and Financial Risk
Mr Stringer to discuss the dispute with Mr Loughton, Group Chief Executive, and to formally write to Mr Axcell, Chief Executive Officer, Black Country ICB to initiate dispute resolution.

Mr Stringer advised that the dispute will be formally raised with Mr Axcell following the formal acceptance of the North Hub Business Case.

PFI Report and Fire Regulations Claim
Paper to be presented at August Performance & Finance Committee

RESOLVED
Paper tabled for discussion at August 2023 Performance & Finance Committee

Month 3 Financial Report
Mr Mortiboys to include reporting of Agency Outsourcing 'Drivers of the Deficit' section of Finance Report to Committee going forward.

RESOLVED
The Drivers of the Deficit detail is now routinely included in the monthly Finance Report paper for discussion at Performance & Finance Committee

Month 3 Financial Report
Mr Mortiboys to date any actions noted in Finance Report to Committee going forward.

RESOLVED
Mr Mortiboys advised that any actions resulting from discussion from the slide deck in the Finance Report are included in the action log.

Board Assurance Framework
Ms Geal to add BAF to beginning of agenda to shape committee conversation.

RESOLVED
The Board Assurance Framework has been added to the beginning of the agenda.

Board Assurance Framework
Mr Wilshere to request Mr Bruce review BAF NSR101 Data and Systems Security (Cyber Attack) risk for further levels of assurance to be made.

RESOLVED
Mr Wilshere advised that the request was sent on 17 August 2023 and brought forward for next schedule BAD NSR101 review. This risk will be reviewed at the next committee meeting.

GOVERNANCE

75/2023	**Board Assurance Framework**
	Report received for information and noted.
FINANCE	
76/2023	**Quarterly Procurement Update**
	Report taken as read. Mr Joy-Johnson outlined the report to the committee and advised that the 2023/24 full year forecast for Trust related procurement savings is £1.254M against the target of £1.07M; £184k above the forecast target. There is an over delivery of £5K on cost reduction and £179K on cost avoidance. This represents 2.49% of influenceable spend. Of 63 projects identified, 19 have been implemented, YTD. Mr Joy-Johnson advised the committee that all outstanding actions for the North Midlands and Black Country Procurement Group Model rebranding is now complete. Mr Joy-Johnson informed the committee that a paper had been provided to the Black Country ICB Collaborative Executive outlining the detailed phasing of the potential plan to integrate the remaining Trusts; this will be a 3 phased approach. Mr Joy-Johnson advised the committee that contracts over £10M now require NHSE centralised approval, and contracts over £20M require NHSE and Cabinet Office approval. Mr Joy-Johnson confirmed that this is the total contract value. Mr Wilshere asked if SFIs would require amending; Mr Stringer confirmed that they will. Ms Barber requested assurance on controls and risks for Walsall Healthcare NHS Trust joining the partnership. Mr Joy-Johnson assured Ms Barber there are minimal risks to Walsall Healthcare NHS Trust as the procurement structure has not been affected, and advised that the model has a hybrid approach, with local strategic presence, supported by leadership policy strategy and senior management and centralised functions. Mr Joy-Johnson further commented that there is benefit for the Trust as there will be an increase in size and scale, and resilience & competence of teams. There is also increased influence with suppliers and national colleagues in terms of policy and strategy development. Mr Joy-Johnson stated that the advantage of a larger group model is that there can be investment into senior posts, and support has been received to further the recruitment and retention of staff. **RESOLVED** That the Quarterly Procurement Update report be received and noted. *Mr Joy-Johnson left the meeting.*
77/2023	**Month 4**

	Report taken as read. Mr Mortiboys introduced the Committee to the Financial Performance slide pack and outlined the following, below. The Black Country ICS remains off plan by £20M, £6M of which is WHT. The WHT deficit is £13.2M YTD. A financial deep dive will be undertaken in the worst performing areas: Gastroenterology, Elderly Care and ED staffing, and brought back to committee next month. Mr Mortiboys advised the committee that there is excess inflationary pressure of £1.29M, and other funding pressures outside of WHT control include industrial action, totalling £1.34M. Mr Mortiboys informed that medical staffing expenditure is below that of last year, although local spend has been higher due to industrial action. Temporary nursing staffing also remains below that of last year, though there has been a year-on-year increase in Bank Agency usage. Mr Mortiboys advised that of the YTD total clinical agency spend, 32% is in Pharmacy and 41% in Imaging. Mr Mortiboys further noted that non-clinical agency spend is in line with previous years. Mr Mortiboys drew attention to the Ward Nursing establishment slide which shows that ward budgets across the Trust is running over establishment for both contracted WTE and worked MPE (inclusive of temporary staff). This indicates that ward areas are staffing to rotas beyond their funded establishments. Ms Carroll assured the committee that processes and evidence is in place to ensure that there is the correct volume mix of staff, and that additional challenges are being put in to place, including the commencement of roster review meetings. Mr Assinder asked if the Trust can track cost implications of increased volumes and patients acuity? Mr Hobbs advised that the cost per weighted activity is in the most efficient quartile on 'Model Hospital', although this report is, by definition, a financial year in arrears. Mr Hobbs assured the committee that there is granular level detail regarding cost per WAU for assurance to PwC and others.

	Mr Mortiboys advised that the Trust's agency usage remains above the agency cap at 4%, and informed that this is measured at an ICB level, with other Trusts in the ICB below the agency cap of c3%. Mr Mortiboys assured the committee that there is collective, ongoing work to address the disparity, and agency usage is much improved on previous years. Mr Mortiboys detailed the Financial Performance slide to the committee. Mr Assinder stated that there was emerging a Walsall credibility issue. The Trust had previously reported a c£20M forecast deficit to the Board at Month 3 and was now reporting a c£32M forecast deficit 4 weeks later! Mr Stringer assured the committee that focus should be on what the Trust can take control of, rather than industrial actions costs etc. CIP and workforce control should be the focus. Ms Brathwaite asked for assurance on workforce reductions, stating that the slide pack advises that workforce numbers will drop and vacancies will be held, and asked how this approach balances with agency usage and patient safety concerns? Mr Mortiboys informed the committee of the work of the Executive Vacancy Control Panel and said that there is scrutiny of posts for recruitment, that they are at the correct banding, or whether there is a non-essential post that can be converted to an essential post, for example. Discussion was had regarding the level of scrutiny required at a divisional level prior to Executive approval. Mr Mortiboys advised the committee that cash spending remains outside of the financial plan. Mr Mortiboys informed the committee that Internal Audit colleagues are currently reviewing cash management; the report of which will be presented to this committee and to Audit Committee. **RESOLVED** That the Finance Month 4 report and financial controls letter (Appendix 1) be received and noted.
78/2023	**WHT Medium-Term Financial Plan**
	Report taken as read. Mr Mortiboys advised that work continues on the medium-term plan, and an updated report will be presents to the September committee. **RESOLVED** That the WHT Medum-Term Financial Plan report be received and noted.
79/2023	**Efficiency Programme Update**
	Report taken as read. Mr Hobbs outlined the report to the committee, and advised that, at the end of month 4, £9.2M CIP has been identified, up from £9.0M at the end of month 3, against the £17.2M target. Mr Hobbs advised the committee that there is strategic intent to expand elective care and maximise ERF, with £1.8M part year schemes being worked through the governance processes. Mr Hobbs advised the committee that there is confidence

	that increase the CIP to £11.0M once ERF developments have gone through the process. Mr Hobbs advised that there was an expectation to identify 80% of the CIP plan by September 2023; this has been now been challenged nationally, to be 90% identified by the end of Quarter 2. Mr Hobbs advised that there was risk in the line of sight to £11.0M CIP, but informed that some schemes are overdelivering. Mr Hobbs noted that 70% of the Trust's CIP schemes are recurrent, and the percentage will increase with each ERF scheme added. Mr Hobbs advised the committee that there is a challenge with real term reductions in income allocation meaning that base budgets are set at a challenging level and that, in effect, core expenditure budget have a degree of CIP applied to them, making budget releasing efficiency savings challenging, particularly expenditure. Mr Hobbs informed the committee that Diagnostics, particularly Imaging, will be paid for, going forwards, on a payment per test basis for any activity above the planned level. **RESOLVED** That the Efficiency Programme Update report be received and noted.
80/2023	**Expansion of Elective Theatre Session Business Case**
	Report to note. Mr Hobbs outlined the Business Case to the Committee and informed that the Trust's elective operating theatre current timetable has 74 half day sessions per week across 8 physical theatres. The Business Case details the request to increase to 80.5 sessions per week. The case details costs of £1.7M per year, largely in Theatres and Anaesthetics staffing, to generate FYE £2.3M more income.

	Mr Hobbs informed the committee that the increased capacity would facilitate a further 734 elective surgical operations per year across some of the Trust's more challenged specialties: bariatric surgery, paediatric general surgery, oral surgery, and gynaecology. Mr Hobbs advised that the Business Case has been through the Investment Group meeting, who questioned if the 734 additional cases can be delivered from increased productivity of existing sessions. Mr Hobbs advised that there is an ability to increase productivity, and there is a formal CIP and plans for orthopaedics and ophthalmology, but as the Trust are in the upper quartile for theatre utilisation nationally, it is not realistic that the level of increased capacity could be delivered from existing sessions. Ms Barber stated that there was no reference on the impact of the Cannock Theatres Business Case, and that there was no reference to the recent RSM Theatres Audit, as this raised a number of opportunities. Mr Hobbs advised that the benefits of Cannock Theatres and this Business Case and the increase in sessions are mutually exclusive, and that the Cannock Theatres will not increase the sessions undertaken at WHT, but will allow the Trust to backfill orthopaedic sessions that will move to Cannock. Mr Hobbs advised that progress on the process improvement and cultural opportunities from the RSM Theatres audit is to be reported to the September Audit Committee. Mr Hobbs noted that the audit did not have any objective, quantifiable, comparative metrics to suggest the level additional cases could be pursued. Mr Evans advised that this Business Case is the first of a range of schemes being reviewed at Investment Group to support the ERF programme. Mr Assinder asked if there have been similar discussions across the Black Country? Mr Evans advised that there had not been, across the existing forums. Mr Evans stated, though, that there is wider discussion across the Black Country, regarding ERF generally and that there is significant backlogs in all organisations. **RESOLVED** That the Expansion of Elective Theatre Sessions Business case be approved. *Ms Brathwaite left the meeting.*
PERFORMANCE	
81/2023	**Constitutional Standards- Community**
	Report to note. Mr Jackson outlined the report to the committee and informed that there is sustained good performance for services such as the Care Navigation Service, Rapid Response Team and Integrated Front Door Service. The level of patients awaiting discharge pathways 1-3 reduced further during July 2023 to 29 patients; the average length of stay for medically stable patients was 3 days. Mr Jackson highlighted the Intermediate Care Team performance, with the average number of patients made stable on discharge was 29. The Intermediate Care Team

	activity and finance continues to be tracked; there is sustained £1.7M deficit projected for the end of the financial year, driven by the cost of care. Mr Jackson advised that funding confirmation is lower than reported to committee last month at £1.725M for virtual wards. Mr Jackson advised that funding totals for Long COVID are still awaited, which is planned to be used to mitigate some of the financial risk. Ms Cartwright further commented that there is push to increase as much activity out to the community as possible.  Mr Evans stated that the number of patients medically stable for discharge, at 29 per month, is a fantastic achievement, and asked if there has been a significant change to get down to 29, and if it can be sustained. Mr Jackson stated that there has been a change in demand, and that a number of staff members have been retained from Winter to provide a better service of care. Mr Assinder asked for assurance on virtual beds. Mr Jackson advised that the service is sustaining 80 beds, utilising around 50% capacity. Mr Jackson advised that there is an MDT led discussion regarding which patients are admitted to virtual wards. Discussion was had regarding acute clinical staff confidence in the changes in clinical pathways, and discharge to the virtual wards. Dr Shehmar stated that there is a need to commence a review of virtual beds outcome data, and advised that there are differences in some national guidelines. Mr Hobbs noted that the published literature evidence base for virtual wards is in its infancy, and the current model is new, and that it is important for WHT to contribute to the body of research. **RESOLVED** That the Constitutional Standards- Community report be received and noted.
82/2023	**Constitutional Standards- Acute, Including Restoration and Recovery**
	Report to note. Mr Hobbs outlined the report to the committee and informed that ambulance handover and 4-hour performance in the Urgent and Emergency care pathway remains strong compared nationally. Mr Hobbs also informed the committee that the 62 Day RTT performance is higher than West Midlands and national averages, and that the 28 Day FTS target is in the upper quartile. Mr Hobbs noted that there is a change in constitutional standards for cancer measure, which will rationalise down the number of measures, which will be reported in the update to committee next month.

	Mr Hobbs informed the committee that there has been a decrease in patients waiting 18 weeks for treatment in elective care, driven by outpatient productivity, particularly in clinical booking. The average booking utilisation has increased from 88.5% to 91.6% in July 2023. Mr Hobbs requested that the committee note that access to suspected skin cancer appointments has improved, now meeting the 2 weeks referral to appointment target. **RESOLVED** That the Constitutional Standards- Acute including Restoration and Recovery report be received and noted.
83/2023	**Integrated Care Systems Update**
	Mr Evans informed the committee that there are no significant changes to the Integrated Care Systems; proposals continue to be worked through around the post delegation, both for Place and Provider collaborative.
DIGITAL	
84/2023	**Digital Strategy Update**
	Report deferred until September Performance & Finance Committee.
ESTATES	
85/2023	**PFI Report**
	Report to note. Mr Watson outlined the report to the committee and informed that the Trust PFI contract is being effectively monitored, managed and delivered in line with contract conditions and that risks are being managed appropriately.  Mr Stringer asked if the Trust is still issuing PFI penalties. Mr Watson advised that the Trust is, if the performance does not meet the standards of the contract, though there are fewer fines than previously. Mr Watson outlined the capital programme for WHT, and advised that there are significantly reduced resources to what was believed last year. There remains a challenge with the ICB, regarding how they wish for the Trust to contribute to their oversight and decision making. Mr Watson advised that, across the system, there is capital underspend.

	Mr Watson informed the committee that access to resourcing is becoming more of a challenge, with ICS funding through Capital only for backlog works. **RESOLVED** That the PFI Update report be received and noted.
86/2023	**Any Other Business**
	Mr Wilshere queried if the BAF Risk 105 should be increased due to discussions regarding financial pressures; Mr Wilshere advised that the guidance states that the outcome should be scored at x5 if the finance is more than £5.0M off plan. It was agreed that this would be reviewed after September Trust Board.
MEETING GOVERNANCE	
87/2023	**Matters for Escalation to Trust Board**
	• Financial Position • Cash
88/2023	**Cycle of Business**
	Document to note.
89/2023	**Reflection of the Meeting**
	Nil raised.
90/2023	**Date and Time of Next Meeting**
	Date: 27 September 2023 **Time:** 15:00-17:00 **Venue:** Board Room, Trust Headquarters

Signed:

Committee Chair: Paul Assinder

Date: 27 August 2023

Agenda Item No: 18.4

Walsall Healthcare NHS Trust

Trust Management Committee

Date/time: Thursday 20th July 2023
Venue: Via Microsoft Teams
Quorate: Yes
Chair: Mr N Hobbs

Mr N Hobbs	Chief Operating Officer/ Deputy Chief Executive
Prof D Loughton	Group Chief Executive
Mr K Bostock	Group Director of Assurance
Ms C Long	Group Deputy Director of Assurance
Mr K Wilshere	Group Company Secretary
Mr D Mortiboys	Interim Finance Director
Dr M Shehmar	Chief Medical Officer
Ms L Carroll	Chief Nursing Officer
Ms C Whyte	Deputy Director of Nursing
Mr C Ward	Deputy Director of Nursing
Ms A Boden	Head of Infection Prevention and Control
Mr S Jackson	Director of Operations – Community
Ms K Geffen	Divisional Director of Nursing – Community
Mr F Ghazal	Divisional Director of Women's, Children's & Clinical Support Services
Mr W Roberts	Deputy Chief Operating Officer/Director of Operations, Medicines, and Long-Term Conditions
Ms R Tomkins	Deputy Divisional Director of Nursing – Medicine and Long-Term Conditions
Ms S Webley	Divisional Director of Operations – Surgery
Ms K Rawlings	Divisional Director of Nursing – Surgery
Mr M Ncube	Divisional Director of Clinical Support Services
Ms J Wright	Director of Midwifery, Gynaecology and Sexual Health
Ms C Bond	Deputy Director of People and Culture
Mr N Bruce	Group Director of Digital Technology
Ms P Boyle	Managing Director of Research and Development RWT & WHT
Ms J Longden	Divisional Director of Estates and Facilities
Ms C Yale	Divisional Director of Nursing – Paediatrics and Neonates
Ms S Chand	Deputy Director of Pharmacy
Ms K Salmon	Deputy Chief Strategy Officer

In Attendance:

Ms M Salay	Efficiency and Improvement Team
Ms P Usher	Joint Staff Side Lead
Ms E Stokes	Senior Administrator for Group Company Secretary
Ms J Toor	Senior Operational Coordinator for Group Company Secretary

Apologies:

Ms S Evans	Group Director of Communications and Stakeholder Engagement
Mr S Evans	Group Chief Strategy Officer
Ms C Griffiths	Chief People Officer
Mr K Stringer	Group Chief Financial Officer/ Group Deputy Chief Executive
Ms R Virk	Divisional Director of Nursing – Medicine and Long-Term Conditions
Mr G Fletcher	Director of Pharmacy
Dr J Odum	Group Chief Medical Officer
Mr A Duffell	Group Chief People Officer
Mr M Dodd	Interim Director of Transformation
Mr Ms T David-Eyen	Deputy Divisional Director of Women's, Children's & Clinical Support Services
W Goude	Divisional Director of Surgery
Dr N Usman	Divisional Director of Medicine and Long-Term Conditions
Ms R Joshi	Clinical Director for Emergency Department/Deputy Director for Medicine and Long-Term Conditions
Ms L Nickell	Group Director of Education and Training
Mr S Mirza	Deputy Chief Medical Officer

615/23	**Welcome and Apologies**
	Mr Hobbs welcomed everyone to the meeting and apologies were noted. Mr Hobbs thanked staff who had provided support during the junior doctor industrial action.
616/23	**Minutes of Trust Management Committee held on 29 June 2023**
	Mr Hobbs confirmed the minutes of the meeting held 29 June 23 as an accurate record. **Resolved: that the minutes of the last meeting held on 29 June 23 be received and APPROVED.**
617/23	**Matters Arising and Action Log**
	Mr Hobbs received the action log and updates were noted as follows. **Action 826** – Division of Medicines and Long-Term Conditions to include the following in more explicit detail at the Trust Management Committee Meeting 20 July 23. 1. Update on Surveillance Endoscopy. 2. Paediatric Sepsis Management. 3. Assurance on the gap between adult timeliness of antibiotics compared to paediatric timeliness. 4. Update on medicine management interventions following the CQC's re-inspection. **Mr Roberts advised that all aspects of this action were highlighted within the Divisional Medicines and Long-Term Conditions report**. This action was closed. **Action 829** – Mr Mortiboys to provide an appendix to future Research and Development Report that sets out the income by department associated with commercial research. **Ms Boyle advised that this was not featured in the July report as the Trust had received very little commercial studies.** This action was extended until the Trust Management Committee Meeting 21 September 23. **Action 828 –** Ms Bond and Mr Duffell to discuss the prospect of multi faith religious holidays being recognised as bank holidays across the Trust. **Ms Bond advised that this action had been raised with NHS Employers.** This action was closed. **Action 827 –** Division of Surgery to include the following in more explicit detail at the Trust Management Committee Meeting 20 July 23. 1. The Division of Surgery to provide an update on the outcome of escalations associated with duty of candour compliance within Urology. 2. The Division of Surgery to provide an update on complaint response within Urology. 3. The Division of Surgery to prove an update on the drop in team brief compliance as part of the WHO safer surgery process. **Ms Rawlings advised that all aspects of this action were highlighted within the Divisional – Surgery report.** This action was closed. **Resolved: that the Action Log be reviewed and updates received and noted.**
618/23	**Review of Terms of Reference of TMC**
	Ms Toor advised that current terms of reference were being revised and once reviewed by Mr Hobbs they would be shared with the Trust Management Committee for final approval. **Action: Ms Toor to share the revised Terms of Reference with Mr Hobbs and then subsequently with TMC for Approval and Ratification at the September meeting.** **Resolved: that the TMC be advised of the revised terms of reference.**
619/23	**Policies, procedures for approval and information**
	Mr Wilshere provided a summary of the policies report and asked that the listed policies be reviewed and approved. 1. WHT-OP986 V8 Blood Transfusion Policy. 2. Cell Path ICE E-requesting Trust Wide Sop. 3. WHT-OP987 V5 Foot Care in Diabetes Policy. 4. WHT-IP989 V5 Management Scabies Policy. 5. MLCC Room booking Trust Wide Sop. 6. WHT-CP62 V5 Consent for Post-Mortem Examination and Retention and Use of Organs Policy. 7. WHT-IG002 V3 Information Security Incident Management Policy. 8. WHT-IG988 V6 Information Governance Policy and Management Framework.

	The following documents have had minor amendments which have been agreed by the chair. 1. WHT-HR973 V2 Maternity and Family Leave Policy Mr Wilshere advised that discussions had taken place with Mr Mirza to address the out of review period guidelines position by the end of 2023. **Resolved: that the above listed policies be received and APPROVED.**
620/23	**Chief Nursing Officer Report**
	Ms Carroll reported that falls per 1,000 bed days remained low at 3%. She said there had been 1 severe harm fall in June 23 but this had not been determined as a Serious Incident and the patient had been assessed properly with the appropriate intervention in place. Ms Carroll advised that there had been a positive improvement for timeliness of observations with the Trust reporting at 90% for June 2023. She reported on the Trust's sepsis performance for patients within the Emergency Department with 83% of patients receiving antibiotics within the first hour and 90% of inpatients receiving antibiotics within the first hour and advised that the National average for sepsis performance was between 60-80%. Ms Carroll reported that the Trust had seen 6 *C-Difficile* cases in June 23. Ms Carroll advised that the nursing and midwifery vacancy rate had increased from to 3%. She said agency cessation plans continued to see a reduction in the usage of agency nursing staff and reported that agency staff continued to decrease in the Emergency Department with the department reporting no agency staff use in July 23. Ms Carroll reported that there continued to be a delay with the induction of mental health clinical support workers (CSWs) and the Trust would continue to address the issue to ensure that it did not lose future potential CSWs that could not be inducted and trained. She said the Trust could not reduce the use of agency mental health CSWs as the Trust had seen a significant increase in patients requiring the support of these CSWs on wards. Mr Hobbs advised that the Trust required evidence of the increase and the delays for psychiatric inpatient admission and any financial consequences to the Trust due to this. He said the Trust needed mechanisms in place to be transparent on this so as to seek recompense from any financial consequences should they need to, from the Integrated Care Board (ICB). Ms Carroll advised that the Trust had risks on the risk register surrounding mental health patients that were out of the Trust's control and an agreed way forward to escalate this to the ICB would need to be reached. Ms Whyte advised that the Trust's wait for adult mental health beds averaged between 24-36 hours. **Resolved: that the Chief Nursing Office Report be received and noted.**
621/23	**Infection Prevention Report**
	Ms Boden reported that Trust had seen a total of 6 *C-Difficile* cases in June 23 with 4 cases deemed as avoidable due to inappropriate antibiotics associated with those cases. She said the Trust continued to review the trajectory and reported 19 cases against a target of 20 for 2023/24. Ms Boden advised that the Trust had increased stool sampling following the release of educational campaigns. She said that data showed that whilst sampling had increased, the Trust's prevalence remained static. She said that the Trust's *C-Difficile* cases against its PCR ratio suggested a wider *C-Difficile* issue across Walsall which demonstrated the importance of the economy work the Trust was completing across systems with the Integrated Care Board (ICB). Ms Boden reported that the Trust had seen a significant improvement in the management of patients presenting with symptoms and said the time to isolation had significantly reduced which had helped reduce the risk of transmission within the care setting. She said following discussions with *C-Difficile* experts they were assured with the actions the Trust was taking to mitigate *C-Difficile cases*.

	Ms Boden advised that there had been a reduction in compliance across all staff groups and clinical areas relating to hand hygiene and personal protective equipment (PPE). She said the Infection Prevention and Control (IPC) team had undertaken a three-week pause of the enteric audit cycle to provide intense education across clinical areas and the IPC team had reached 601 members of staff. She said following this the Trust had seen a positive shift in audit compliance. Ms Boden reported on the continuation of the deep clean programme with Ward 16 a high priority following an increased burden of *C-Difficile* cases. Ms Boden advised that antimicrobial stewardship work continued with an overall improvement noted following antibiotic timeout sessions. Ms Boden reported that the Trust had reported a Methicillin-Resistant Staphylococcus aureus (MRSA) bacteraemia in June 23 that had been associated with a peripheral cannula. She said there had been local actions taken following this and the learning shared focused on the monitoring of patients with a cannula in situ. Ms Boden advised that the Trust would continue to increase patient participation as part of the infection prevention agenda. Mr Hobbs asked if the Trust's increase in C-Difficile was in line with the national increase or if it was higher or lower than the national increase. Ms Boden said that the Trust was on an overall higher increase in trend than the national average at present according to its' surveillance data. **ACTION: Ms Boden to replicate the national overview chart for all organisms particularly for *C-Difficile* in the September Infection Prevention Report.** **Resolved: that the Infection Prevention Report be received and noted.**
622/23	**Midwifery Service Report**
	Ms Wright reported on the staffing alert surrounding midwifery and maternity support workers (MSW) with the MSW vacancy rate at 18% which since the publication of the report, had reduced to 15%. She said this was due to the Department's ongoing management of change process to split band 2's and band 3's with the goal of achieving an 80 - 15% split between midwives and MSWs and a 90-10% split in certain areas. Ms Wright advised that during this process a consultation had been completed to ensure that pre-existing staff had preference to the area they would be working in and following this the Trust could now go out to advert. Ms Wright advised that there had been a high level of sickness and maternity leave within midwifery staffing during June 23 and this trend had not reoccurred during July 23. Ms Wright reported that the Trust had begun to phase in the new fellowship midwives with a celebratory event having taken place in June 23 with fellowship midwives sharing their experiences of training abroad and share their learning with Walsall Healthcare NHS Trust staff. Ms Wright advised that the Trust was 100% compliant against Perinatal Mortality Review Tool (PMRT) and Healthcare Safety Investigation Branch (HSIB) data. Ms Wright reported that in June 23 the Trust had seen a spike in perinatal mortality and this had since declined during July 23. She said the still birth rate had remained static and this was following several cases where the outcome had been a still birth due to genital abnormalities or issues identified after birth from postmortem blood tests. **ACTION: Ms Wright to include the outcome of the perinatal mortality cases following thematic review in Septembers Midwifery Service Report.** **Resolved: that the Midwifery Service Report be received and noted.**
623/23	**Safeguarding Annual Report – For Information**
	Ms Carroll advised that the Safeguarding Annual Report was for information only. She asked that the Safeguarding Annual Report be shared with Trust Management Committee Members (TMC) for review and comments ahead of presentation at the Trust Board Meeting 2 August 23.

	ACTION: Ms Stokes to send the Safeguarding Annual Report to TMC Members for endorsement ahead of Trust Board 2 August 23. **Resolved: that the Safeguarding Annual Report be received by TMC.**
624/23	**Divisional Quality and Governance Report – Medicines and Long-Term Conditions (MLTC)**
	Mr Roberts reported on the improvement programme focussed on Venous Thromboembolism (VTE) risk assessments within the Division and reported 88% of VTE risk assessments being undertaken within 24 hours. Mr Roberts reported that Paediatric Sepsis Management within the Emergency Department required improvement. He said that whilst the manual audit had indicated improvement this had not been reflected in the live dashboard. Mr Roberts advised that Medicines and Long-term Conditions (MLTC) had seen improvements in patient observations and reductions in falls and pressure ulcers. He reported statutory Duty of Candour and complaint responses at 100%. Mr Roberts reported that the MLTC division had signed off 41 of the 63 outstanding guidelines with 17 signed off at the Divisional Quality Board 20 June 23. He said work would continue on the remaining 5 guidelines. Mr Roberts advised that the Trust had 1,581 patients for planned endoscopy that were waiting beyond their guaranteed access date. He said the National access policy required patients that waited beyond their access date be added to the active waiting list that is reported through the Diagnostics Waiting Times and Activity (DM01) constitutional standard and Trust Board. He said the Trust had taken actions to increase capacity with weekend endoscopy sessions doubling from 4 to 8. Mr Roberts reported that a productivity improvement programme would see an additional 312 cases competed in 2023. He said the expansion of the endoscopy service would commence in October 23. Mr Roberts reported that the Trust had been successful in recruiting 4 substantive consultants into the MLTC division. Mr Roberts advised that the implementation of the respiratory support unit had not been supported by specialised commissioning and following support from the Integrated Care System (ICS) Chief Nurse and Chief Medical Officer the Trust would continue to flag this for escalation. Mr Roberts thanked colleagues for their support during the Care Quality Commission (CQC) re-inspection of the MLTC division and all the work undertaken which avoided the Trust being served with a Section 31 notice. **Resolved: that the Divisional Quality and Governance Report – Community Services be received and noted.**
625/23	**Divisional Quality and Governance Report – Community Services**
	Ms Geffen advised that the ongoing serious incident (SI) investigation within the Department regarding a medication error had been concluded following a police investigation and no further action would be taken. She said this had been fed back to the SI Committee and had been accepted for a downgrade. Ms Geffen advised that no external SI had been reported for June 23. Ms Geffen reported that utilisation of the 5 virtual wards continued to increase and capacity was currently at 51%. She said that Venous Thromboembolism (VTE) compliance was stable across the bed-based units. Ms Geffen advised that mandatory training compliance had decreased to 90% and the Division would continue to work through the accuracy of the data following the changeover to 'My Academy'. Ms Geffen reported that the Trust had appointed Ms O'Sullivan as the new Allied Health Professions (AHP) professional lead and she would commence in her role 18 September 23. Ms Geffen advised that the stroke unit had received a visit from Sir David Nicholson, Group Chair, and the excellent feedback received had been shared with the team. **Resolved: that the Divisional Quality and Governance Report – Community Services be received and noted.**

626/23	**Divisional Quality and Governance Report – Surgery**
	Ms Webley advised that 104-day harm reviews continued with data from April 23 showing 17 breaches in urology, lung, breast, head and neck and gynaecology. She said reoccurring themes in data had shown delays with access to 1st biopsy, histopathology delays and 25% of patients with medical complexity. Ms Webley reported that complaint response and Duty of Candour compliance was a challenge within the Division and the Trust was working closely with The Royal Wolverhampton NHS Trust and the matter had been escalated to executive colleagues for support. Ms Webley advised that the breach rate for diagnostics waiting times and activity (DM01) performance had reduced from 40% to 10%. She said the Trust had a trajectory in place to reduce the number of breaches. Ms Webley reported that the Trust had begun to complete deteriorating patient observations to ensure same day emergency care (SDEC) performance and length of stay was within target. She said that the Trust was working on plans to ensure that every patient in the 65-week cohort had received their first appointment by the end of October 23. Ms Webley advised that the Trust had recruited a new cancer lead and Dr Ibrahim would commence in the role from August 23. **Resolved: that the Divisional Quality and Governance Report – Surgery be received and noted.**
627/23	**Divisional Quality and Governance Report – Women's, Children's and Clinical Support Services**
	Mr Ghazal advised that the care group was awaiting funding clarification for the Paediatric Virtual Ward service and was currently being led by four Band 6 nurses who were supporting the team. He said there would be concerns over the winter period and the impact this would have on inpatients. Dr Shehmar asked what mitigations were in place and how the Division was managing the situation. Mr Ghazal reported that a business case had been developed and would be presented to the Divisional Board for approval. He said that shifts were being covered by locums which had caused pressures within the Division. Mr Ghazal reported on the positive feedback that sexual health services had received from patients. However, he said there would be workforce challenges amongst medics and nursing staff within sexual health services and a workforce establishment review was underway by the care group and collaborative ways of working were being explored with The Royal Wolverhampton NHS Trust (RWT). Mr Ghazal advised that the University Hospital of Derby and Burton NHS Foundation Trust would be withdrawing their quality assurance services to all external clients and had served the Trust with a three month notice to terminate the Trust's technical agreement which would affect the aseptic unit. He said a meeting would be arranged with the quality assurance team at RWT to review. **ACTION: Divisional Quality and Governance Report – Women's, Children's and Clinical Support services to provide an update on alternative quality assurance services following the withdrawal of these from University Hospital of Derby and Burton NHS Foundation Trust.** Mr Ghazal reported that Venous Thromboembolism (VTE) compliance was above target and was recorded at 98%. **Resolved: that the Divisional Quality and Governance Report – Women's, children's and clinical support services be received and noted.**
628/23	**Quarterly Pharmacy and Medicines Optimisation Report**
	Dr Chand advised that the Trust had received verbal notification that the Care Quality Commission (CQC) Section 29A notice had been stepped down and work would continue through the medicines management improvement group. She said the Trust had rolled out the new drug chart in June 23. Dr Chand reported that the Integrated Care Board (ICB) had visited the Trust's theatres and medical wards in July 23 and no patient safety concerns had been identified. She said the Trust continued to work closely with The Royal Wolverhampton NHS Trust to ensure consistency across both Trusts.

	Dr Chand advised that an external pharmacy review had been undertaken at the beginning of 2023 and the Trust was working through the recommendations along with the CQC action plan. Dr Chand reported on her appointment as the new Interim Chief Pharmacist to lead on the improvement work within the Department. She advised that there were several vacancies within the pharmacy department and an establishment business case would be presented to Investment Group in September 23. Dr Chand advised that the Trust was on trajectory to reduce agency spend as more people were interested in coming to work at Walsall Healthcare NHS Trust which was very positive for the Trust. Dr Shehmar thanked Dr Chand and the pharmacy team for all the work that had been completed to date and would be continuing to do within medicines management. Mr Hobbs thanked all staff who had been involved in mobilising resource and focus over a weekend to address medicines safety matters following the CQC visit in June 2023. He said this had restored patient safety with medicines to a level where the CQC had no reason to issue a Section 31 Warning Notice. He said the Trust needed to continue to work to deliver the correct standards in a sustained manner for Medicines Management. **Resolved: Quarterly Pharmacy and Medicines Optimisation Report be received and noted.**
629/23	**Mental Health**
	Dr Shehmar advised that during January – June 2023 there had been 1704 attendances to the Emergency Department from patients with mental health issues and the Trust continued to work closely with the Mental Health Liaison service to work through the number of patients. **ACTION: Dr Shehmar to include in future Mental Health reports, the average time patients are spending in the Emergency Department prior to psychiatric inpatient admission.** Dr Shehmar reported that there were 3 risks that remained live on the risk register with some having been escalated externally to the Clinical Quality Review Meeting (CQRM) as they were risks outside of the Trust's control. She said these risks focused on Tier 4 beds for children and mental health adults beds which were outside of the Trust's region and the Trust would formally write to the Integrated Care Systems (ICS) to ask them to remove those risks. Dr Shehmar advised that the Trust had begun providing IKON Conflict Resolution and Challenging Behaviour specialist training twice a month with plans to further increase capacity. She asked that staff be released where possible to attend the IKON training and for departments to communicate if staff are unable to attend as slots cannot be offered to other staff members at short notice. Dr Shehmar reported that the Trust needed a Memorandum of Understanding (MOU) with the Mental Health Trust as it no longer commissioned the service which was now commissioned by the ICS (Integrated Care Service). She said without a MOU it was difficult for the Trust to have clarity over what was expected from the mental health liaison service. **Resolved: that the Mental Health report be received and noted.**
630/23	**Research and Development**
	Ms Boyle advised that a follow-on meeting with Aston University would take place 10 October 23 and clinicians who were interested in working with Aston University were encouraged to provide a short brief of their research idea so that Aston University could arrange viewing of the appropriate facilities. Ms Boyle reported that the Trust had 5 commercial studies open with 2 in setup and 6 in the pipeline. She said the Trust had a good range of specialties recruiting into clinical trials and she would list in future reports all specialities so that the Trust could clearly see where there were opportunities to do more research. Ms Boyle advised that the Trust had presented the Research Enabling Strategy to Independent Investigation Regional Group (IIRG) and would be presented to the Trust Management Committee in September 23. **Resolved: that the Research and Development report be received and noted.**
631/23	**Revalidation Steering Group**
	Dr Shehmar advised that the Annual Revalidation report required a statement from the Trust to be fed back to the General Medical Council (GMC) and higher-level Responsible Officer (RO).

	Dr Shehmar reported that the Trust was performing well as a Trust in terms of appraisals and compliance was at 98% with 92% of revalidation decisions being positive and 8% as deferrals for agreed reasons with the GMC. She said there had been no concerns or negative revalidation decisions raised. Dr Shehmar advised that the Trust had trained several appraisers throughout 2022/23 and the interest from appraisers had been positive. She said the Trust had introduced a system to quality assure the appraisals using a validated tool called ASPAT which provided feedback to appraisers. Dr Shehmar reported that the Trust had received external reviews from NHS England High Level Response Officer and Grant Thornton. She said these visits had showed gaps in the Trust's appraisal and revalidations systems which the Trust had now closed. Dr Shehmar reported that a medical governance lead had been appointed and would work closely with various informatics systems and would provide accurate data for appraisals for easier reflection and handling of concerns. She said the Trust had addressed gaps in training knowledge surrounding recruitment of medical and locum staff. Dr Shehmar advised that the Trust had an agreement in principle for the position of an Associate Director of Medical Professional Standards and work would continue to secure funding for the role. **Resolved: that the Revalidation Steering Group report be received and noted.**
632/23	**Learning From Deaths Update**
	Dr Shehmar advised that the report was presented quarterly as per the national standards. She said that the Trust's Summary Hospital Level Mortality Indicator (SHMI) value for 12 month rolling period was 0.9904 which was within the expected range. She said the Trust's medical examiner performance was 100% for total eligible patients. Dr Shehmar reported that the Community Medical Examiner programme had been rolled out to all Walsall GP Practices with 48% of GPs signed up. She said the Trust would continue working with the Integrated Care System (ICS) and GP leaders to encourage more people to sign up as it would become mandatory by April 24. Dr Shehmar advised that there had been delays surrounding Learning Disability Mortality Review Programme (LeDeR) deaths. She said the investigations were completed externally by a centralised team and the delay was with the LeDeR team and not the Trust. Dr Shehmar reported that the Trust had put into place a more robust process to ensure timely updates were received. Dr Shehmar reported that the Trust had begun to focus on bowel and colorectal cancer and an improvement group focused on colorectal cancer had been established. She said the Trust were not outliers for mortality on the National Cancer Audit but were outliers for several other clinical outcomes and the group would focus on those. **Resolved: that the Learning From Deaths Update be received and noted.**
633/23	**Workforce Metrics Report**
	Ms Bond advised that vacancy rate was in range and 12–24-month retention rates continued to improve across all staff groups. She said sickness absence continued to reduce and the Trust was below 6%. Ms Bond reported that staff with long term sickness continued to be supported and the Trust's Healthy Attendance at Work project continued with dedicated human resources and occupational health support. Ms Bond reported that the system rollout for My Academy was complete along with core training. She said during July 23 the Trust would continue validation and testing of data to ensure a high level of confidence with the accuracy of the system. Ms Bond advised that August 23 reports would be reflective and any opposing concerns in relation to accuracy would be worked through. Ms Bond advised that the Trust needed to continue to focus on appraisals and supporting teams across divisions to help provide training for appraisers and appraisees. **ACTION: Ms Bond to include the NHS England Long Term Workforce plan into the September Workforce Metrics Report.** **Resolved: that the Workforce Metrics Report be received and noted.**

634/23	**Integrated Performance and Quality Report**
	Resolved: that the Integrated Performance and Quality Report be received and noted.
635/23	**Trust Financial Position – Month 3**
	Mr Mortiboys advised that the Trust and Integrated Care Board (ICB) had set a deficit budget for 2023/24 which had attracted scrutiny from the NHS Chief Financial Officer. He said the ICB had the fourth biggest deficit in the Country which would impact the Trust moving forward. Mr Mortiboys reported the end of Month 3 position as a deficit and £2.5M off plan. He said some of the key drivers for this had been recent junior doctor strikes which cost the Trust between £300-400K per strike. Mr Mortiboys advised that the Trust was suffering from inflationary pressures related to the level of Retail Price Inflation (RPI) which had affected the Trust with regard to energy and drugs. Mr Hobbs queried the Black Country plan at Month 3 using the Black County as an aggregate. Mr Mortiboys reported that the Black Country Plan at Month 3 was £32M with a £46M overspend which had resulted in a £14M adverse variance. Mr Mortiboys advised that pressures with the Cost Improvement Programme had identified the Trust was £8.9M off plan and the target remained at £17M. Mr Mortiboys reported that the Elective Recovery Fund (ERF) target would change due to the recent strikes and changes to dental commissioning. He said the baselines would continue to be reworked and would be updated in the finance report. Mr Mortiboys reported that the Trust was behind on capital schemes that had been planned but work continued to look at the Emergency Department Schemes and the Trust would ensure the prioritisation of the hot imaging suite which would be presented at Performance and Finance Committee and Trust Board to ensure the governance was in place. Mr Mortiboys advised on the importance of signing off on invoices to ensure suppliers continued to be paid and continue to supply the Trust in future. **Resolved: that the Trust Financial Position – Month 3 be received and noted.**
636/23	**Contracting and Business Development – Verbal Update**
	Mr Mortiboys advised that there was money owed to the Trust from the Black Country Integrated Care Board (ICB) and there were ongoing disputes surrounding practice-based pharmacists. He said the Trust would pursue the Staffordshire ICB for the funds to cover extra Accident and Emergency activity. **Resolved: that the Contracting and Business Development – Verbal Update be received and noted.**
637/23	**Walsall Together**
	Resolved: that the Walsall Together report be received and noted.
638/23	**Corporate Risk Register/ Board Assurance Framework**
	Resolved: that the Corporate Risk Register/ Board Assurance Framework be received and noted.
639/23	**Any Other Business**
	Mr Hobbs confirmed that no Other Business had been raised.
640/23	**Date of next meeting**
	Mr Hobbs confirmed the next meeting of the Trust Management Committee would take place Thursday, 21 September 2023 09:00-11:00.
641/23	**Trust Board & Committee Meeting Preparations, Reports and Protocols**
	Mr Wilshere advised that support was available for report authors relating to the preparation of reports for Trust Board and Committee meetings.