

## Agenda Trust Board Meeting to be held in Public

**Date** 13/12/2023  
**Time** 10:00 - 12:21  
**Location** MS Teams  
**Chair** Paul Assinder  
**Explanation** **Chair:**  
 Paul Assinder, Deputy Chair/Non Executive Director

### Administration:

Keith Wilshire, Group Company Secretary  
 Jaswinder Toor, Senior Operational Coordinator

**Please note that all items marked 'Pack A' will be presented and all reports marked 'Pack B' are reports for reference only (reading room)**

Agenda Item No	Description
<b>1</b> 10:00	<b>PACK A: Chair's Welcome, Apologies and Confirmation of Quorum</b> <b>Lead:</b> Paul Assinder, Deputy Chair/Non-Executive Director  <b>Apologies Received:</b> Sir David Nicholson, Group Chair
<b>2</b> 10:01	<b>PACK A: Staff Story - Pharmacy</b> <b>Lead:</b> Alan Duffell, Group Chief People Officer <b>Action:</b> To Receive  <b>In attendance:</b> <ul style="list-style-type: none"> <li>Sonia Chand, Director of Pharmacy</li> <li>Tony Chopra, Deputy Director of Pharmacy</li> </ul>
<b>3</b> 10:11	<b>PACK A: Register of Declarations of Interest</b> <b>Lead:</b> Paul Assinder, Deputy Chair/Non-Executive Director <b>Action:</b> Board members to advise of any conflicts of interest pertaining to any item on the agenda which are not declared on the attached register.  <i>Attachment:</i> Declarations of Interest - December 23 - v1
<b>4</b> 10:13	<b>PACK A: Minutes of the Previous Meeting held 11 October 2023</b> <b>Lead:</b> Paul Assinder, Deputy Chair/Non-Executive Director <b>Action:</b> To Receive and Approve  <i>Attachment:</i> Enc 4 Draft October 2023 Public
<b>5</b> 10:15	<b>PACK A: Action Log and Matters Arising</b> <b>Lead:</b> Paul Assinder, Deputy Chair/Non-Executive Director <b>Action:</b> To receive updates on actions and any Matters Arising  <i>Attachment:</i>

Agenda Item No	Description
	Enc 5 Action items
<b>6</b>	<b>PACK A: Chair's Report - Verbal</b>
10:17	Lead: Paul Assinder, Deputy Chair/Non-Executive Director Action: To Inform
<b>7</b>	<b>PACK A: Group Chief Executive's Report</b>
10:19	Lead: Prof. David Loughton, Group Chief Executive Action: To Inform and Assure
	<b>Comprises:</b>
	<ul style="list-style-type: none"> <li>Research and Education (Reading Room Item No: 7.1.1)</li> </ul>
	<i>Attachment:</i>
	Enc 7 WHT. Chief Executive Trust Board report, 13.12.23
<b>7.1.1</b>	<b>Pack B: Research and Education (Reading Room)</b>
10:21	<i>Attachment:</i>
	Enc 7.1.1 Research Development - Nov 23
<b>7.2</b>	<b>PACK A: Freedom to Speak Up</b>
10:21	Presenter: Suleman Jeewa, Freedom to Speak Up Guardian Lead: Prof David Loughton, Group Chief Executive
	Action: To Inform and Assure
	<i>Attachment:</i>
	Enc 7.2 FTSU Board Report Dec 23 for Board
<b>7.3</b>	<b>PACK A: Trust Management Committee - Chair's Report</b>
10:26	Lead: Ned Hobbs, Chief Operating Officer/Deputy Chief Executive/Chair of Trust Management Committee Action: To Inform and Assure
	<i>Attachment:</i>
	Enc 7.3 WHT. Trust Board report of TMC 26.10.23 v2
	Enc 7.3 WHT. Trust Board report of TMC 23.11.23 v2
<b>7.4</b>	<b>PACK A: Improvement and Research Group</b>
10:31	Lead: Professor Louise Toner, Non-Executive Director Action: To Inform and Assure
	<b>Comprises:</b>
	<ul style="list-style-type: none"> <li>Appendices 1 &amp; 2 (Reading Room - Item No: 7.4.1)</li> </ul>
	<i>Attachment:</i>
	Enc 7.4 IIRG WHT report for TB12-12-23

Agenda Item No	Description
<b>7.4.1</b> 10:36	<b>Pack B: Improvement and Research Group - Appendices</b>  <i>Attachment:</i> Enc 7.4.1 Appendix 1 - QI Board action plan and NHS Impact Enc 7.4.1 Appendix 2 - Improvement & Research Group ToR updated 27-11-23
<b>8</b> 10:36	<b>EFFECTIVE COLLABORATION (SECTION HEADING)</b>
<b>8.1</b> 10:36	<b>PACK A: Board Level Metrics</b> Lead: Dan Mortiboys, Interim Director of Finance Action: To Inform and Assure  Comprises: <ul style="list-style-type: none"> <li>• Pack B: Board Level Metrics - Datapack (Reading Room - Item No: 8.1.1)</li> </ul> <i>Attachment:</i> Enc 8.1 01TBMetricscovernoteCollaboration
<b>8.1.1</b> 10:41	<b>Pack B: Board Level Metrics Datapack</b>  <i>Attachment:</i> Enc 8.1.1 PACK B Exception Pages Collaboration
<b>8.2</b> 10:41	<b>PACK A: Group Chief Strategy Officer Report - Black Country Provider Collaborative Update</b> Lead: Simon Evans, Group Chief Strategy Officer Action: To Inform and Assure  <i>Attachment:</i> Enc 8.2 Group CSO Report Dec 23 WHT
<b>9</b> 10:46	<b>IMPROVE THE HEALTH OF OUR COMMUNITIES (SECTION HEADING)</b>
<b>9.1</b> 10:46	<b>PACK A: Board Level Metrics</b> Lead: Dan Mortiboys, Interim Director of Finance Action: To Inform and Assure  Comprises: <ul style="list-style-type: none"> <li>• Board Level Metrics Datapack (Reading Room, Item No: 9.1.1)</li> </ul> <i>Attachment:</i> Enc 9.1 01TBMetricscovernoteCommunities
<b>9.1.1</b> 10:51	<b>Pack B: Board Level Metrics</b>  <i>Attachment:</i> Enc 9.1.1 PACK B Exception Pages Communities
<b>9.2</b> 10:51	<b>PACK A: Walsall Together - Chair's Report</b> Lead: Prof. Patrick Vernon, Chair, Walsall Together Action: To Inform and Assure  <i>Attachment:</i> Enc 9.2 WTPB Highlight report November v3 FINAL

Agenda Item No	Description
<b>9.3</b> 10:56	<p><b>PACK A: Group Director of Place Report</b></p> <p>Lead: Stephanie Cartwright, Group Director of Place</p> <p>Action: To Inform and Assure</p> <p>Comprises:</p> <ul style="list-style-type: none"> <li>Operational Performance Report (Reading Room - Agenda Item 9.3.1)</li> </ul> <p><i>Attachment:</i></p> <p>Enc 9.3 Group Dir Place Dec 2023</p>
<b>9.3.1</b> 11:01	<p><b>Pack B: Operational Performance Pack (Reading Room)</b></p> <p><i>Attachment:</i></p> <p>Enc 9.3.1 Appendix Grp Dir Place Operational Performance Pack November 2023</p>
<b>9.4</b> 11:01	<p><b>BREAK</b></p>
<b>10</b> 11:11	<p><b>EXCEL IN THE DELIVERY OF CARE (Section Heading)</b></p>
<b>10.1</b> 11:11	<p><b>PACK A: Board Level Metrics (including Chairs' Reports from Finance and Productivity Committee and Quality Committee)</b></p> <p>Leads:</p> <ul style="list-style-type: none"> <li>Dan Mortiboys, Interim Director of Finance</li> <li>Paul Assinder, Chair, Finance &amp; Productivity Committee / Deputy Chair</li> <li>Dr Julian Parkes, Chair, Quality Committee / Non-Executive Director</li> </ul> <p>Action: To Inform and Assure</p> <p>Comprises:</p> <ul style="list-style-type: none"> <li>Board Level Metrics Datapack (Reading Room Item No 10.2)</li> </ul> <p><i>Attachment:</i></p> <p>Enc 10.1 PACK A Summary Metrics Care</p> <p>Enc 10.1 Chairs Report Finance and Productivity Committee October 2023</p> <p>Enc 10.1 Quality Committee Chairs Report November 2023</p>
<b>10.2</b> 11:21	<p><b>Pack B: Board Metrics Datapack</b></p> <p><i>Attachment:</i></p> <p>Enc 10.2 PACK B Exception Pages Care</p> <p>Enc 10.2 PACK B Finance Slides Care</p>
<b>10.3</b> 11:21	<p><b>PACK A: Group Chief Financial Officer Report</b></p> <p>Lead: Kevin Stringer, Group Chief Financial Officer &amp; Dan Mortiboys, Interim Director of Finance</p> <p>Action: To Inform &amp; Assure</p> <p>comprises</p> <ul style="list-style-type: none"> <li>Month 7 position finance position detail (Reading Room, Item No: 10.3.1)</li> </ul>

Agenda Item No	Description
	<i>Attachment:</i> Enc 10.3 Group CFO Report Dec
<b>10.3.1</b> 11:26	<b>Pack B: Month 7 Finance Report</b>
	<i>Attachment:</i> Enc 10.3.1 Group CFO Report Public Board Dec 23
<b>10.4</b> 11:26	<b>PACK A: Chief Nursing Officer Report</b> Lead: Lisa Carroll, Chief Nursing Officer Action: To Inform and Assure  Comprises: <ul style="list-style-type: none"> <li>• Black Country ICB Letter (Reading Room Item NO: 10.4.1)</li> <li>• Infection Prevention and Control (Reading Room Item No: 10.4.2)</li> <li>• Safeguarding (Reading Room Item No: 10.4.3)</li> <li>• Spiritual, Pastoral and Religious Care (SPARC) (Reading Room Item No: 10.4.4)</li> </ul>
	<i>Attachment:</i> Enc 10.4 CNO report to Board December 2023
<b>10.4.1</b> 11:31	<b>Pack B: Black Country ICB Letter</b>
	<i>Attachment:</i> Enc 10.4.1 Board Embedded Doc Dec 23
<b>10.4.2</b> 11:31	<b>Pack B: Infection Prevention and Control</b>
	<i>Attachment:</i> Enc 10.4.2 IPC monthly report - Oct 23 FINAL 10.4.2 Winter training
<b>10.4.3</b> 11:31	<b>Pack B: Safeguarding Report</b>
	<i>Attachment:</i> Enc 10.4.3 Q2 Safeguarding Report
<b>10.4.4</b> 11:31	<b>Pack B: SPARC</b>
	<i>Attachment:</i> Enc 10.4.4 SPaRC Annual Report 22-23 v2
<b>10.5</b> 11:31	<b>PACK A: Director of Midwifery Report</b> Lead: Joselle Wright, Director of Midwifery Action: To Inform and Assure
	<i>Attachment:</i> Enc 10.5 Maternity Report for Public Trust Board December 2023
<b>10.5.1</b> 11:36	<b>Pack B: Final Maternity Peer Review Report</b>
	<i>Attachment:</i> Enc 10.5.1 Final Maternity Peer Review Report WHT
<b>10.6</b> 11:36	<b>PACK A: Chief Medical Officer Report by Exception</b>

Agenda Item No	Description
	Lead: Dr Manjeet Shehmar, Chief Medical Officer
	Comprises:
	<ul style="list-style-type: none"> <li>Pharmacy and Medicines Optimisation Report (Reading Room - Item No: 10.6.1)</li> <li>Safe, High Quality Care Report (Reading Room - Item No: 10.6.2)</li> <li>Clinical Fellowship Training Programme (Reading Room - Item No: 10.6.3)</li> </ul>
	<i>Attachment:</i>
	Enc 10.6 CMO report to Public Board Dec 2023
<b>10.6.1</b> 11:41	<b>Pack B: Pharmacy and Medicines Optimisation</b>
	<i>Attachment:</i>
	Enc 10.6.1 Chief Pharmacist Report Dec 23 - READING ROOM
<b>10.6.2</b> 11:41	<b>Pack B: Safe, High Quality Care Report</b>
	<i>Attachment:</i>
	Enc 10.6.2 SHQC Report Dec 23 - READING ROOM
<b>10.6.3</b> 11:41	<b>Pack B: Clinical Fellowship Training Programme</b>
	<i>Attachment:</i>
	Enc 10.6.3 Clinical Fellowship Annual Report Dec 23 - READING ROOM
<b>10.7</b> 11:41	<b>PACK A: Learning from Deaths Report</b>
	Lead: Dr Manjeet Shehmar, Chief Medical Officer
	Action: To Inform and Assure
	<i>Attachment:</i>
	Enc 10.7 Learning from Deaths report for Trust Board Dec 23
<b>10.8</b> 11:46	<b>PACK A: Group Director of Assurance Report - Verbal Update</b>
	Lead: Kevin Bostock, Group Director of Assurance
	Action: To Inform and Assure
	Comprises :
	<ul style="list-style-type: none"> <li>Covid-19 National Inquiry (Reading Room Item No: 10.8.1)</li> <li>Annual Health and Safety Report 2022/23 (Reading Room Item No: 10.8.2)</li> <li>Patient Safety Incident Response Framework (PSIRF) Policy (Reading Room Item No: 10.8.3)</li> </ul>
<b>10.8.1</b> 11:51	<b>Pack B: Covid 19 National Inquiry</b>
	<i>Attachment:</i>
	Enc 10.8.1 - Covid-19 National Inquiry
<b>10.8.2</b> 11:51	<b>Pack B: Annual Health &amp; Safety Report 2022/23</b>
	<i>Attachment:</i>

Agenda Item No	Description
	Enc 10.8.2 APPROVED WHT Health and Safety Annual Report Front Sheet 2023-23 for Public Trust Board 13.12.2023
	Enc 10.8.2 APPROVED WHT HS Annual Report 2022-23 for Public Trust Board 13.12.2023
<b>10.8.3</b> 11:51	<b>Pack B: Patient Safety Incident Response Framework (PSIRF) Policy</b>
	<i>Attachment:</i>
	Enc 10.8.3 WHT-OP1008 V1 Patient Safety Incident Response Plan
	Enc 10.8.3 WHT-OP1008 V1 Patient Safety Incident Response Policy only
<b>10.9</b> 11:51	<b>PACK A: Chief Operating Officer Report</b>
	Lead: Ned Hobbs, Deputy Chief Executive/Chief Operating Officer
	Action: To Inform and Assure
	Comprises:
	<ul style="list-style-type: none"> <li>Estates Strategy Update (Reading Room - Item No: 10.9.1)</li> </ul>
	<i>Attachment:</i>
	Enc 10.9 Trust Board COO report DEc 2023
	Enc 10.9 - Appendix 1 Letter to Walsall November 2023
<b>10.9.1</b> 11:56	<b>Pack B: Estates Strategy</b>
	<i>Attachment:</i>
	Enc 10.9.1 Estates Strategy Trust Board November 2023
<b>10.10</b> 11:56	<b>PACK A: Emergency Preparedness Self Assessment Core Standards Report</b>
	Lead: Ned Hobbs, Chief Operating Officer/Deputy Chief Executive
	Action: To Approve
	<i>Liam Ferris, Head of EPRR in attendance</i>
	Comprises:
	<ul style="list-style-type: none"> <li>EPRR Assurance 2023 Action Plan (Reading Room Item No: 10.10.1)</li> </ul>
	<i>Attachment:</i>
	Enc 10.10 Trust Board EPRR Self Assessment Core Standards Report v4
<b>10.10.1</b> 12:01	<b>Pack B: EPRR Assurance 2023 Action Plan</b>
	<i>Attachment:</i>
	Enc 10.10.1 EPRR Assurance 2023 Action Plan v3
<b>11</b> 12:01	<b>SUPPORT OUR COLLEAGUES (SECTION HEADING)</b>
<b>11.1</b> 12:01	<b>PACK A: Board Level Metrics (including Chair's Report from People Committee)</b>
	Leads:
	<ul style="list-style-type: none"> <li>Dan Mortiboys, Interim Director of Finance</li> <li>Junior Hemans, Chair, People Committee / Non-Executive Director</li> </ul>
	Action: To Inform and Assure

Agenda Item No	Description
	Comprises: <ul style="list-style-type: none"> <li>Datapak (Reading Room - Item No: 11.1.1)</li> </ul> <p><i>Attachment:</i></p> <p>Enc 11.1 01TBMetricscovernoteColleagues</p> <p>Enc 11.1 People Committee - November 2023, Approved Highlight Report</p> <p>Enc 11.1 People Committee Highlight Report - October 2023</p>
<b>11.1.1</b> 12:06	<b>Pack B: Board Level Metrics Datapak</b> <p><i>Attachment:</i></p> <p>Enc 11.1.1 PACK B Exception Pages Colleagues</p>
<b>11.2</b> 12:06	<b>PACK A: Group Chief People Officer Report</b> <p>Lead: Alan Duffell, Group Chief People Officer</p> <p>Action: To Inform and Assure</p> <p>Comprises</p> <p>- Executive Workforce Metrics report (Reading room Item No: 11.2.1)</p> <p><i>Attachment:</i></p> <p>11.2 GCPO Report to Board</p>
<b>11.2.1</b> 12:11	<b>Pack B: Workforce Metrics</b> <p><i>Attachment:</i></p> <p>Enc 11.2.1 Board Workforce Metrics Report</p>
<b>11.3</b> 12:11	<b>PACK A: Off Framework Agency</b> <p>Lead: Alan Duffell, Group Chief People Officer</p> <p>Action: To Inform and Assure</p> <p><i>Attachment:</i></p> <p>11.3 TB Agency Paper - Dec 2023</p>
<b>12</b> 12:16	<b>PACK A: Any Other Business</b>
<b>13</b> 12:18	<b>PACK A: Resolution</b> <p>Lead: Chair</p> <p>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.</p> <p>Resolved: that the resolution be approved.</p>
<b>14</b> 12:20	<b>PACK A: Date and Time of Next Meeting: Wednesday 14 February 2024</b>
<b>15</b> 12:21	<b>Pack B: Minutes of Committee Meetings of the Board (Reading Room)</b>
<b>15.1</b> 12:21	<b>Pack B: Finance and Productivity Committee</b> <p><i>Attachment:</i></p>



Agenda Item No	Description
	Enc 15.1 Finance and Productivity Committee (Extraordinary) Meeting Minutes September 2023 APPROVED AT COMMITTEE
	3. MINUTES Finance and Productivity Committee October KG PA
	Finance and Productivity Committee Meeting Minutes September 2023 APPROVED AT COMMITTEE
<b>15.2</b>	<b>Pack B: Quality Committee</b>
12:21	Lead: Lisa Carroll, Director of Nursing & Dr Manjeet Shehmar, Chief Medical Officer Annual Report - April 2023
	<i>Attachment:</i>
	Enc 15.2 QC Minutes - September 2023 v3 JP - Group Approved
<b>15.3</b>	<b>Pack B: People Committee</b>
12:21	
	<i>Attachment:</i>
	Enc 15.3 Minutes - PODC, September 2023 - Approved
	Enc 15.3 People Committee October 2023 - Approved Minutes
<b>15.4</b>	<b>Pack B: Trust Management Committee</b>
12:21	
	<i>Attachment:</i>
	Enc 15.4 Approved - October 2023 TMC Minutes
	Enc 15.4 Approved September TMC Minutes

PACK A includes the following documents

## **Bundle Trust Board Meeting to be held in Public 13 December 2023**

- 3 10:11 - PACK A: Register of Declarations of Interest  
*Lead: Paul Assinder, Deputy Chair/Non-Executive Director*  
*Action: Board members to advise of any conflicts of interest pertaining to any item on the agenda which are not declared on the attached register.*  
Declarations of Interest - December 23 - v1
- 4 10:13 - PACK A: Minutes of the Previous Meeting held 11 October 2023  
*Lead: Paul Assinder, Deputy Chair/Non-Executive Director*  
*Action: To Receive and Approve*  
Enc 4 Draft October 2023 Public
- 5 10:15 - PACK A: Action Log and Matters Arising  
*Lead: Paul Assinder, Deputy Chair/Non-Executive Director*  
*Action: To receive updates on actions and any Matters Arising*  
Enc 5 Action items
- 7 10:19 - PACK A: Group Chief Executive's Report  
*Lead: Prof. David Loughton, Group Chief Executive*  
*Action: To Inform and Assure*  
*Comprises:*  
*Research and Education (Reading Room Item No: 7.1.1)*  
Enc 7 WHT. Chief Executive Trust Board report, 13.12.23
- 7.2 10:21 - PACK A: Freedom to Speak Up  
*Presenter: Suleman Jeewa, Freedom to Speak Up Guardian*  
*Lead: Prof David Loughton, Group Chief Executive*  
*Action: To Inform and Assure*  
Enc 7.2 FTSU Board Report Dec 23 for Board
- 7.3 10:26 - PACK A: Trust Management Committee - Chair's Report  
*Lead: Ned Hobbs, Chief Operating Officer/Deputy Chief Executive/Chair of Trust Management Committee*  
*Action: To Inform and Assure*  
Enc 7.3 WHT. Trust Board report of TMC 26.10.23 v2  
Enc 7.3 WHT. Trust Board report of TMC 23.11.23 v2
- 7.4 10:31 - PACK A: Improvement and Research Group  
*Lead: Professor Louise Toner, Non-Executive Director*  
*Action: To Inform and Assure*  
*Comprises:*  
*Appendices 1 & 2 (Reading Room - Item No: 7.4.1)*  
Enc 7.4 IIRG WHT report for TB12-12-23
- 8.1 10:36 - PACK A: Board Level Metrics  
*Lead: Dan Mortiboys, Interim Director of Finance*  
*Action: To Inform and Assure*  
*Comprises:*  
*Pack B: Board Level Metrics - Datapack (Reading Room - Item No: 8.1.1)*  
Enc 8.1 01TBMetricscovernoteCollaboration
- 8.2 10:41 - PACK A: Group Chief Strategy Officer Report - Black Country Provider Collaborative Update  
*Lead: Simon Evans, Group Chief Strategy Officer*  
*Action: To Inform and Assure*  
Enc 8.2 Group CSO Report Dec 23 WHT
- 9.1 10:46 - PACK A: Board Level Metrics  
*Lead: Dan Mortiboys, Interim Director of Finance*  
*Action: To Inform and Assure*  
*Comprises:*  
*Board Level Metrics Datapack (Reading Room, Item No: 9.1.1)*  
Enc 9.1 01TBMetricscovernoteCommunities
- 9.2 10:51 - PACK A: Walsall Together - Chair's Report  
*Lead: Prof. Patrick Vernon, Chair, Walsall Together*  
*Action: To Inform and Assure*  
Enc 9.2 WTPB Highlight report November v3 FINAL  
*Lead: Stephanie Cartwright, Group Director of Place*  
*Action: To Inform and Assure*  
*Comprises:*  
*Operational Performance Report (Reading Room - Agenda Item 9.3.1)*

Enc 9.3 Group Dir Place Dec 2023

- 10.1 11:11 - PACK A: Board Level Metrics (including Chairs' Reports from Finance and Productivity Committee and Quality Committee)  
*Leads:*  
*Dan Mortiboys, Interim Director of Finance*  
*Paul Assinder, Chair, Finance & Productivity Committee / Deputy Chair*  
*Dr Julian Parkes, Chair, Quality Committee / Non-Executive Director*  
*Action: To Inform and Assure*  
*Comprises:*  
*Board Level Metrics Datapack (Reading Room Item No 10.2)*  
Enc 10.1 PACK A Summary Metrics Care  
Enc 10.1 Chairs Report Finance and Productivity Committee October 2023  
Enc 10.1 Quality Committee Chairs Report November 2023
- 10.3 11:21 - PACK A: Group Chief Financial Officer Report  
*Lead: Kevin Stringer, Group Chief Financial Officer & Dan Mortiboys, Interim Director of Finance*  
*Action: To Inform & Assure*  
*comprises*  
*Month 7 position finance position detail (Reading Room, Item No: 10.3.1)*  
Enc 10.3 Group CFO Report Dec
- 10.4 11:26 - PACK A: Chief Nursing Officer Report  
*Lead: Lisa Carroll, Chief Nursing Officer*  
*Action: To Inform and Assure*  
*Comprises:*  
*Black Country ICB Letter (Reading Room Item NO: 10.4.1)*  
*Infection Prevention and Control (Reading Room Item No: 10.4.2)*  
*Safeguarding (Reading Room Item No: 10.4.3)*  
*Spiritual, Pastoral and Religious Care (SPARC) (Reading Room Item No: 10.4.4)*  
Enc 10.4 CNO report to Board December 2023
- 10.5 11:31 - PACK A: Director of Midwifery Report  
*Lead: Joselle Wright, Director of Midwifery*  
*Action: To Inform and Assure*  
Enc 10.5 Maternity Report for Public Trust Board December 2023
- 10.6 11:36 - PACK A: Chief Medical Officer Report by Exception  
*Lead: Dr Manjeet Shehmar, Chief Medical Officer*  
*Comprises:*  
*Pharmacy and Medicines Optimisation Report (Reading Room - Item No: 10.6.1)*  
*Safe, High Quality Care Report (Reading Room - Item No: 10.6.2)*  
*Clinical Fellowship Training Programme (Reading Room - Item No: 10.6.3)*  
Enc 10.6 CMO report to Public Board Dec 2023
- 10.7 11:41 - PACK A: Learning from Deaths Report  
*Lead: Dr Manjeet Shehmar, Chief Medical Officer*  
*Action: To Inform and Assure*  
Enc 10.7 Learning from Deaths report for Trust Board Dec 23
- 10.9 11:51 - PACK A: Chief Operating Officer Report  
*Lead: Ned Hobbs, Deputy Chief Executive/Chief Operating Officer*  
*Action: To Inform and Assure*  
*Comprises:*  
*Estates Strategy Update (Reading Room - Item No: 10.9.1)*  
Enc 10.9 Trust Board COO report DEc 2023  
Enc 10.9 - Appendix 1 Letter to Walsall November 2023
- 10.10 11:56 - PACK A: Emergency Preparedness Self Assessment Core Standards Report  
*Lead: Ned Hobbs, Chief Operating Officer/Deputy Chief Executive*  
*Action: To Approve*  
*Liam Ferris, Head of EPRR in attendance*  
*Comprises:*  
*EPRR Assurance 2023 Action Plan (Reading Room Item No: 10.10.1)*  
Enc 10.10 Trust Board EPRR Self Assessment Core Standards Report v4  
*Leads:*  
*Dan Mortiboys, Interim Director of Finance*  
*Junior Hemans, Chair, People Committee / Non-Executive Director*  
*Action: To Inform and Assure*  
*Comprises:*  
*Datapack (Reading Room - Item No: 11.1.1)*

Enc 11.1 01TBMetricscovernoteColleagues

Enc 11.1 People Committee - November 2023, Approved Highlight Report

Enc 11.1 People Committee Highlight Report - October 2023

11.2 12:06 - 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 Item No: 11.2.1)*

11.2 GCPO Report to Board

11.3 12:11 - PACK A: Off Framework Agency

*Lead: Alan Duffell, Group Chief People Officer*

*Action: To Inform and Assure*

11.3 TB Agency Paper - Dec 2023

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 Nicholson 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/Formal Partner	Mills & Reeve LLP
Mr Edward Hobbs	Deputy Chief Executive/Chief Operating Officer	Loyalty Interests	Father – Governor Oxford Health FT	Governor Oxford Health 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	Tantum Housing Association (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 Wilshire	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshire Associates
Mr Keith Wilshire	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 Wilshire	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 Wilshire	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshire Associates
Mr Keith Wilshire	Group Company Secretary	Loyalty Interests	Company Secretary	Royal Wolverhampton NHS Trust
Mr Keith Wilshire	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 Wilshire	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	Member of the Education Focus Group (stood down as Chair)	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 (Ended Nov 23)	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	Outside Employment	Independent chair, Birmingham Council Children's Services Improvement Board	Birmingham City Council
Ms Sally Rowe	Associate Non-Executive Director	Outside Employment	Improvement Advisor, Swindon Council Childrens Services	Department of Education, Swindon council
Ms Sally Rowe	Associate Non-Executive Director	Outside Employment	Independent Chair, Peterborough Council Childrens Services Improvement Board	Peterborough City Council
Ms Sally Rowe	Associate Non-Executive Director	Outside Employment	Keeping Bristol Safe Partnership Independent Chair and Scrutineer	Peterborough City Council
Ms Sally Rowe	Associate Non-Executive Director	Loyalty Interests (Ended 1 September 2023)	Executive Director Children's Services (Ended)	Walsall MBC
Ms Sally Rowe	Associate Non-Executive Director	Loyalty Interests (Ended 1 September 2023)	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)	City of Wolverhampton College
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	Interim Director of Operational HR & OD	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 Fiona Allinson	Associate Non-Executive Director	Outside Employment	Inspector	Locala
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 ( Ended 7/11/23)	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 - Chiroprapist	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
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



**MEETING OF THE PUBLIC TRUST BOARD**  
**HELD ON WEDNESDAY 11<sup>th</sup> OCTOBER 2023 AT 10:00AM**  
**HELD VIRTUALLY VIA MICROSOFT TEAMS**

**PRESENT**

Mr P Assinder	Chair (Non-Executive Director/ Deputy Chair)
Prof D Loughton	Group Chief Executive
Mr N Hobbs	Deputy Chief Executive/Chief Operating Officer
Ms S Cartwright	Group Director of Place
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 L Carroll	Chief Nursing Officer
Dr M Shehmar	Chief Medical Officer
Ms J Wright	Director of Midwifery, Gynaecology and Sexual Health WCCSS
Prof L Toner	Non-Executive Director
Dr J Parkes	Non-Executive Director
Ms D Brathwaite	Non-Executive Director
Ms S Rowe	Associate Non-Executive Director
Ms R Barber	Associate Non-Executive Director
Ms O Muflahi	Associate Non-Executive Director
Ms C Bond	Interim Director of Operational HR & OD

**In Attendance**

Mr K Wilshire	Group Company Secretary
Ms J Toor	Senior Operational Coordinator
Ms E Stokes	Senior Administrator (Minutes)
Ms L Parsons	Maternity Services
Ms R Bailey	Maternity Services
Ms H Goddard	Maternity Services
Ms H Murdoch	Head of Communications
Ms P Boyle	Managing Director of Research and Development RWT & WHT
Ms F Micheli	Clinical Lead, Urgent Community Response Team
Ms T David-Even	Deputy Divisional Director of Women's, Children's & Clinical Support Services

**Apologies**

Sir D Nicholson	Group Chair
Mr M Dodd	Interim Director of Integration
Mr J Hemans	Non-Executive Director
Ms M Martin	Non-Executive Director
Ms F Allinson	Associate Non-Executive Director

<b>588/23</b>	<b>Chair's Welcome, Apologies and Confirmation of Quorum</b>
	Mr Assinder welcomed everyone to the meeting, apologies were received and noted, and the meeting was confirmed as quorate.
	Mr Assinder acknowledged the ongoing conflict in the Middle East and on behalf of the Board, said that their thoughts were with all the people affected by the conflict.
<b>589/23</b>	<b>Patient Voice – Taylor Griffiths – Verbal</b>
	Ms Carroll introduced the patient story which related to Taylor Griffiths whose Grandfather, Mr Billiard, had passed away and had been under of the Trust and Community services. She said Ms Griffiths had become Mr Billiards full time carer at the age of 23.
	Ms Carroll advised that Mr Billiards case had been investigated as an incident with a Root Cause Analysis (RCA)

	<p>having been completed with which Ms Griffiths had been engaged throughout.</p> <p>Ms Carroll introduced Ms Micheli the Clinical Lead for the Urgent Community Response Team who had led the investigation. She said an action plan had been formed following the investigation with learning to be shared across the pathways and primary care.</p> <p>Mr Assinder asked for a brief understanding of the support levels available for patients within community services as Mr Billiard had not been provided with basic equipment to support his needs. Ms Cartwright said there had been a breakdown in communication and referrals between primary care services and the Trust and patients and carers needed to be supported by the Trust with the navigation of the system and the relevant people to contact if equipment was not received.</p> <p>Ms Barber asked if the Trust had begun the improvement works required following the learning received from the investigation. Ms Micheli advised that the referral process for the virtual ward had been changed and would require oversight by a senior decision maker instead of a junior doctor which ensured that the patient's suitability for the virtual ward was correctly assessed. She said the processes within the virtual ward had changed and the Trust had begun to undertake rigorous scrutiny of patient journeys within the care flow system.</p> <p>Ms Micheli reported that she had undertaken a Duty of Candour interview with Ms Griffiths and continued to ensure that the required actions were being addressed across the Trust. She said a deep dive review of 5 patients per month was in place to ensure for additional reassurance. Ms Micheli advised that the Trust had closer links with General Practices (GP) to ensure effective onboarding letters which explained to GPs what the virtual ward was at the point of discharge and what ongoing care was required for the patient.</p> <p>Ms Brathwaite asked for assurance that patients knew the correct pathway for raising complaints. Ms Carroll advised that the Trust would continue to work with the Patient Experience team to ensure the process for raising a complaint was more visible in clinical areas. Dr Parkes asked if there was an endemic problem with referrals not being acted on within the Trust. Ms Carroll advised that the Trust had not identified this as a reoccurring problem.</p> <p>Dr Shehmar advised that the Medical Advisory Committee had an upcoming focus session on virtual wards and Community services where a detailed presentation would be provided to help clinical groups understand the process.</p> <p>Ms Cartwright asked if Ms Griffiths would be informed of the outcome of the discussion of her patient story at Walsall Healthcare NHS Trust Board meeting. Ms Micheli advised that she continued to meet monthly with Ms Griffiths to offer support and would share the outcome of the discussion from the Trust Board meeting.</p> <p>Mr Assinder thanked Ms Carroll and Ms Micheli for their work to rectify the issues that had been raised and the continued support the Trust offered to help enhance patient experiences.</p> <p><b>Resolved: that the Patient Voice – Taylor Griffiths – be received and noted.</b></p>
590/23	<p><b>Staff Story – Verbal</b></p> <p>Mr Duffell introduced Ms Wright Director of Midwifery and Ms Bailey from the Community Midwife team at Walsall Healthcare NHS Trust (WHT) who provided a brief description of their roles at the Trust.</p> <p>Ms Bailey advised that her role as Lead Community Midwife involved her completing antenatal checks within the community where patients were seen from 7 weeks pregnant up until 41 weeks and advised that the Trust had facilitated 20 home births in 2023.</p> <p>Mr Duffell asked what Ms Bailey enjoyed as part of her employment at WHT. Ms Bailey advised that she had been at WHT for 9 years and felt supported within her role. She said the management structure had improved and that outpatient and inpatient teams worked collaboratively to support one another.</p> <p>Mr Duffell asked what the key challenges were that community midwives faced. Ms Bailey reported that sickness absence was a key challenge within the community midwife team.</p> <p>Prof Toner asked how WHT community midwives worked alongside The Royal Wolverhampton NHS Trust (RWT). Ms Bailey advised that the Trust had close contact with the midwife led unit at RWT which allowed patients the choice to share their care with RWT.</p>

	<p>Prof Toner asked if there were specific challenges that the midwifery community team faced as WHT looked after a diverse group of patients. Ms Bailey advised that as an outcome from the Ockenden review interpreters had been available for WHT patients to avoid miscommunication and adverse outcomes due to patients not understanding the information presented to them.</p> <p>Ms Muflahi asked what career progression and development was available within maternity services. Ms Bailey advised there was opportunity for progression within the Trust.</p> <p>Dr Shehmar asked if Ms Bailey felt that the voices of the community were heard and relationships with patients were being built. Ms Bailey reported that WHT continued to support patients but there were not enough available resources within the community. She said that staff members would bring in baby clothes, nappies, and pushchairs to give to patients who could not afford to buy their own.</p> <p>Prof Loughton asked if the Trust continued to track fuel allowances for staff and adjust them accordingly. Mr Stringer advised that as prices decreased the national allowance was greater than the tracker and the Trust had converted back to the national figure. He said he would discuss with payroll if the fuel tracker needed to be put back into place.</p> <p><b>ACTION: Mr Stringer to liaise with payroll to review whether a fuel tracker for staff needed to be put back in place.</b></p> <p>Mr Assinder thanked Ms Bailey for sharing her story with Trust Board Members. He asked Ms Wright to thank all the staff within Maternity Services for their hard work and dedication to patients.</p> <p><b>Resolved: that the Staff Story be received and noted.</b></p>
591/23	<b>Register of Declarations of Interest</b>
	<p>Mr Assinder advised that no further declarations of interest had been received which were not already included within the register of declarations provided.</p> <p><b>Resolved: that the Register of Declarations of Interest be received and noted.</b></p>
592/23	<b>Minutes of the Previous Meeting held 2 August 2023</b>
	<p>Mr Assinder confirmed the minutes of the meeting held on 2 August 2023 were approved as an accurate record.</p> <p><b>Resolved: that the Minutes of the Previous Meeting held 2 August 2023 be received and APPROVED.</b></p>
593/23	<b>Action Log and Matters Arising</b>
	<p>Mr Assinder confirmed there were no matters arising.</p> <p>Mr Assinder noted the action log and updates were received as follows:</p> <p><b>Action 839 – Dr Shehmar and Mr Stringer to provide an update to the Trust Board on the implementation timeline of Electronic Patient Records.</b> Mr Stringer advised that due to some complications with groundworks, the modular build had had to be modified to allow access for the scanners required. He said the modular build and scanning bureau would be available to the Trust by March 24. Mr Stringer reported that a business case would be presented to Trust Board Members at the Trust Board Meeting to be held in private to address the investment that was required. It was agreed that this action be closed.</p> <p><b>Resolved: that the Action Log and Matters Arising be received and noted.</b></p>
594/23	<b>Chair's Report – Verbal</b>
	<p>Mr Assinder thanked Non-Executive colleagues for their attendance at the Joint Board Development Session held on 5 July 23. He said the event had demonstrated the value of the relationship between Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust.</p> <p><b>Resolved: that the Chair's Report – Verbal be received and noted.</b></p>
595/23	<b>Group Chief Executive's Report</b>
	<p>Prof Loughton praised the partnership working relationship between Walsall Healthcare NHS Trust (WHT) and The Royal Wolverhampton NHS Trust (RWT) staff.</p> <p>Prof Loughton advised that the Trust had successfully recruited 5 new consultants.</p> <p>Prof Loughton reported that following lessons learnt from the Lucy Letby case he continued to meet regularly with Freedom to Speak Up Guardians from WHT and RWT.</p> <p><b>Resolved: that the Group Chief Executive's Report be received and noted.</b></p>

596/23	Winter Plan
	<p>Mr Hobbs declared his alternative employment as he had been seconded 1 day a week to work alongside the NHS England Urgent and Emergency Care Team, noting that this had also been declared within the register of declarations.</p> <p>Mr Hobbs reported that the winter plan had been scrutinised internally at the Finance and Productivity Committee and externally at the Black Country Urgent and Emergency Care Board. He said that the Black Country Urgent and Emergency Care Board had been assured of Walsall Healthcare NHS Trust's (WHT) plan on condition of the Trust securing the necessary funding.</p> <p>Mr Hobbs advised that the Trust's winter plan contained three options to deal with the increased emergency care demands, increased prevalence of seasonal infections and the likelihood of an increased Covid-19 prevalence in the adult community and respiratory syncytial virus within the paediatric community. He said that options were option 1, that the Winter Plan would be funded from the allowance in the Trust's 2023/24 financial plan and options 2 and 3 relied on external funding to supplement the Trust's allocated winter funding. He said the additional funding required would total £646K. He said the Trust had strategically prioritised schemes at the hospital and community interface within the limited funding available.</p> <p>Mr Hobbs advised that due to the Black Country financial constraints the scale of intervention in the 2023 winter plan was more restrictive than in previous years. He reported that option 1 would provide insufficient resilience to manage the anticipated pressures during the winter period and included a forecast adult bed deficit of between 11 – 48 beds. He said this option had been discussed in detail at the Trust's Quality Committee and it would result in increased risk of delayed admission from the emergency department.</p> <p>Mr Hobbs advised that whilst option 3 would provide the Trust with greater resilience it would be unrealistic in the context of the Integrated Care System and the Trust's financial constraints. He said therefore, that option 2 was the recommended option subject to the Trust securing external funding. He said this option would give the Trust sufficient resilience for the winter ahead.</p> <p>Mr Assinder queried the likelihood of the Trust securing the additional £646K. Mr Hobbs said that WHT's requirement for additional mitigation was mirrored across the Black Country and that the Black Country Urgent and Emergency Care Board had made a recommendation to the Integrated Care Board of the need to allocate further resources to safely manage this winter across the Black Country.</p> <p>Ms Barber asked if the Trust was in the best place possible to approach the upcoming winter season and whether planned industrial action would affect the Trust's winter plan. Mr Hobbs advised that the Trust performed in the highest decile for same day emergency care rates in the Country and said that the Trust's non elective inpatient length of stay was within the shortest quartile in the Country, evidencing the Trust was building upon strong foundations for its' Urgent &amp; Emergency Care pathway. He said that the continued industrial action of medical staff at junior doctor and consultant level added a layer of risk for this winter that had not been in place in previous winters. Dr Shehmar advised that the Trust was mandated to ensure appropriate cover of acute services during the festive period.</p> <p>Ms Cartwright reported that the Trust continually reviewed capacity across the community teams for the virtual wards to be able to flex accordingly to meet the demand. She said Mr Dodd continued to share best practice learning across community providers and encourage the safe use of virtual wards.</p> <p>Ms Muflahi asked if Covid-19 patients were requiring increased clinical interventions. Ms Carroll advised that as of October 23 the Trust had 47 Covid-19 positive patients within the Trust and to align with National guidance the Trust had extended testing and that data showed the requirement for oxygen but not admittance to intensive care or high dependency.</p> <p>Mr Hobbs noted the importance of staff and members of the public taking up the opportunity for the Influenza and Covid-19 vaccinations which would reduce the risk of more severe illnesses.</p> <p>Ms Brathwaite queried the implications should the Trust not receive the required funding of £646K in full. Mr Hobbs advised that if the Trust did not receive the funding required the consequences would be discussed at the Quality Committee to gauge the risks that that would present over the winter period. He said that the outcome of the funding would be discussed at the Finance and Productivity Committee, which met monthly, on the Board's</p>

	<p>behalf.</p> <p>Mr Assinder confirmed the Board's approval of option 2 of the Winter Plan.</p> <p><b>Resolved: that the Winter Plan be received and the recommended Option 2 of the Winter Plan be APPROVED.</b></p>
597/23	<b>Reinforced Aerated Autoclaved Concrete (RAAC)</b>
	<p>Mr Hobbs advised that the Trust had undertaken a three-stage risk assessment to identify the presence of Reinforced Aerated Autoclaved Concrete (RAAC) within Walsall Healthcare NHS Trust (WHT). He said the first stage was a desktop review of construction records and there was no evidence of RAAC at WHT and the second stage had been a physical inspection by WHT estates and facilities team who had found no evidence of RAAC. Mr Hobbs reported that the third stage involved the Trust receiving a formal written report from independent external structural engineer assessments which would provide definite assurance however currently there had been no evidence of RAAC at WHT.</p> <p><b>Resolved: that the Reinforced Aerated Autoclaved Concrete (RAAC) be received and noted.</b></p>
	<b>Support Our Colleagues (Section Heading)</b>
598/23	<b>People Committee – Chair's Report</b>
	<p>Mr Duffell advised on the Trust's Long Service Award ceremony which had taken place on 29 September 2023 and thanked staff that had been involved.</p> <p>Mr Duffell reported that a recent ballot of Junior Doctors had been successful in achieving a mandate for industrial strike action for a further 6 months until February 24. He said the strikes had impacted staff morale, service delivery and patient care.</p> <p>Mr Duffell advised that the National Staff Survey went live on 21 September 2023 which staff could access electronically or request a paper copy. He said the response rate at week 3 was currently at 21%.</p> <p>Mr Duffell reported that the Trust wide vacancy rate had been recorded at 5.6% and registered nursing vacancies had decreased to 3.4%.</p> <p>Mr Duffell advised that the Trust's appraisal compliance rate was approx. 78% against a target of 90% and mandatory training compliance was 86% against a target of 90%. He said the Trust would undertake a deep dive into both areas to understand the variation across the Trust at a granular level.</p> <p>Mr Assinder advised that the low rates for mandatory training compliance and appraisal rates were a concern that the Non-Executives had discussed as a group.</p> <p><b>ACTION: Mr Duffell to present an update report at the December 23 Board Meeting detailing the results of the deep dive into Mandatory and Appraisal rate compliance.</b></p> <p>Mr Duffell reported that sickness absence had been recorded at just over 5% against a target of 5% which was below where the Trust had historically been recorded at in previous years. Ms Bond said that the Trust had commissioned an internal audit to review the Trust's control systems and results would be shared through People Committee in November 23.</p> <p>Ms Bond advised that the Trust continued to offer vaccinations for Flu and Covid-19 boosters for staff. She said uptake results for Flu vaccinations was at 16% and Covid-19 vaccinations was under 4%.</p> <p><b>Resolved: that the People Committee - Chair's Report be received and noted.</b></p>
599/23	<b>Group Chief People Officer Report</b>
	<p>The Group Chief People Officer Report was combined with the People Committee – Chair's Report and the highlights of each report were presented to the Board.</p> <p><b>Resolved: that the Group Chief People Officer Report be received and noted.</b></p> <p><b>The Board took a 10 minute break at 11:25am and reconvened at 11.35am</b></p>
	<b>Effective Collaboration (Section Heading)</b>
600/23	<b>Group Chief Strategy Officer Report</b>
	<p>Mr Evans reported on the good progress with the Black Country Provider Collaborative (BCPC) work programme in both clinical and corporate work streams and advised that Dr Odum was the lead for the clinical work stream.</p>

	<p>Mr Evans reported that the BCPC Executive Group had met on 7 August 2023 and received updates on each workstream. He said that the payroll milestones and delivery dates had been agreed for delivery by the end of 2023/24. Mr Evans advised that the BCPC Annual report had been finalised with the executive summary available for Board members to review.</p> <p>Mr Evans advised that the initial funding opportunity for the North Hub was no longer available and the BCPC would continue to identify an alternative funding stream for the North Hub.</p> <p>Mr Evans reported that an inaugural Joint Board Development session had been held on 12 September 23 attended by all 4 Boards. He said this had provided the Boards an opportunity to share updates from their respective Trusts and build stronger collaborative relationships.</p> <p>Mr Evans advised that the Trust was ahead in the Delivering Continuous Improvement (DCI) review and had adopted a Quality Management System (QMS) and continued to train more people on this methodology than any other hospital in the NHS.</p> <p>Mr Evans reported that Board Members had been asked to approve the Maturity Matrix self-assessment for submission to NHS England. He said an event had been held with Executives and Non-executive Directors to work through the self-assessment and a synopsis of the Trust's scoring against the domains was included within the reading room report for information.</p> <p>Mr Evans advised that all four Trusts across the Black Country continued to work to develop a report to introduce a joint quality improvement management system which would look to establish a consistent approach to embedding a Quality Management System (QMS). Ms Muflahi extended her thanks to the Quality Improvement team for the developments and collaborative working that had been achieved during challenging times.</p> <p>Mr Assinder asked how PA Consulting's analysis of finances across the Black Country would be embedded with the productivity work across the acute collaboration. Mr Evans said the Trust needed to ensure there was capability and capacity from an improvement perspective to support people on the journey and to take advantage of processes that were already in place, for eg. Getting It Right First Time (GIRFT) as the Trust continued to ensure improvement skills sat alongside the clinical teams.</p> <p>Mr Assinder asked how the Trust could be assured that the clinical implications of the changes that were being contemplated were fully thought through and tested. Dr Odum said that within the collaborative and clinical networking, networks had been structured around elective recovery and cancer performance and said that the principles of the collaborative included quality and accessibility of services for patients and efficiency. He said the GIRFT metrics and model hospital metrics were closely scrutinised and there was significant variability between organisations in their performance against those metrics.</p> <p>Dr Odum reported that the laparoscopic hysterectomy rate in Walsall Healthcare NHS Trust had been well developed with the help of the excellent gynaecology team which had pushed the performance of the quality agenda significantly. He said the Trust had been asked to be a leader in the Future Faster Initiative which related to outpatient transformation that had been embraced between Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust.</p> <p>Dr Shehmar advised that she and Ms Carroll had reviewed all Cost Improvement Programmes (CIP) and the formal quality impact assessments associated with them. She said they met with the Quality Improvement Team and Project Management Team to through each of the CIPs.</p> <p><b>Resolved: that the Group Chief Strategy Officer be received and APPROVE the Maturity Matrix Self-Assessment.</b></p>
	<b>Improve the Health of our Communities (Section Heading)</b>
601/23	<b>Walsall Together – Chair's Report</b>
	<p>Prof Vernon advised that discussions were ongoing between the Home Office and West Midlands Police to continue to ensure the right agency with the right skills and training responded to calls received by the police in relation to mental health. Ms Cartwright reported that the Trust would continue to respond to the ongoing conversations and would update the Board on any outcomes.</p> <p>Ms Cartwright reported that Walsall Together would undertake a review of the multi-agency element of the Patient Story that had been presented to the Board.</p>



	<b>Resolved: that the Walsall Together – Chair’s Report be received and noted.</b>
602/23	<b>Group Director of Place Report</b>
	<p>Ms Cartwright reported that 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.</p> <p>Ms Cartwright advised that the adult virtual wards continued to offer 80 virtual beds and referrals into the service remained below the service capacity and the Trust would continue to ensure increased usage of the virtual wards.</p> <p>Ms Cartwright reported that funding had been confirmed from the Integrated Care Board (ICB) for some elements of provision for 2023/24. She said the funding envelope had been reduced to the reported figure and the reduction in funding would inevitably increase the financial risk.</p> <p>Ms Cartwright advised that the ICB had released a draft operating model for the system which the Trust would review and respond to in full. She said the Trust would need to work through the appropriate governance to understand what this entailed for the Trust as the host of Walsall Together and the wider partnership.</p> <p>Ms Cartwright reported that following the Joint Board Development Session held on 5 September 23, an outline programme for the collaborative work across the group had been developed, led by Mr Dodd to review the winter period for Walsall and Wolverhampton. She said a Black Country operational group across the community services had been established with a review of protocols and operating procedures underway.</p> <p>Ms Cartwright advised that the Kings Fund had contacted Walsall Together regarding the Trust’s experience within the Place-based partnership and an interview was scheduled for November 23 to discuss how the Walsall Together partnership had been developed.</p> <p><b>Resolved: that the Group Director of Place report be received and noted.</b></p>
	<b>Excel in the Delivery of Care (Section Heading)</b>
603/23	<b>Finance and Productivity Committee – Chair’s Report</b>
	<p>Mr Assinder reported that the Trust was off plan with a forecast outturn position of c£31M deficit with a range between £20M - £46M deficit. He said there were good reasons for the variances from the plan with additional cost associated with industrial action and unfunded inflationary pressures that were affecting the wider economy and not just the NHS, however, other factors are within the direct control of the Trust, such as efficiency goals and these were also being missed.</p> <p>Mr Stringer advised that the Finance and Productivity Committee continued to interrogate the details and hold the Executive accountable on all controllable costs and the financial forecast would be updated when a current range of technical issues were resolved.</p> <p>Mr Assinder reassured members of the public that the Trust could not ‘run out of money’ in the way that a company or individual could and staff and suppliers would always be paid.</p> <p><b>Resolved: that the Finance and Productivity Committee – Chair’s Report be received and noted.</b></p>
604/23	<b>Group Chief Financial Officer Report</b>
	<p>Mr Stringer reported that none of the Integrated Care Boards (ICB) were on plan and were all deficit to plan. He said that it was a financially difficult time for the NHS with similar themes surrounding industrial action, excess inflation and the ability to achieve sizeable efficiency requirements.</p> <p>Mr Stringer reported that following work with the regulators and NHS England it had been agreed that currently no organisation should be formally declaring its financial year end position as there were several technical things that required to be resolved. He said that the Trust therefore, would not be declaring its’ financial year end which would be revised at the end of Q3 (December 23) which was when Trusts had been allowed to revise the year-end position.</p> <p>Mr Stringer reported that NHS England had £200M of funding that was yet to be allocated to ICBs along with elective recovery funding and that industrial action issues which were at National negotiation with the Treasury, could impact either additional allocations or the elective recovery fund trajectories.</p> <p>Mr Stringer advised that the Trust continued to increase controls surrounding vacancies while keeping safe clinical services. He said the Trust had identified opportunities in bank spend and temporary spend for agency where the Trust was taking appropriate action.</p>

	<p>Mr Stringer reported that the Trust was £4.6M off plan at the end of August 23 with all action being undertaken. He said the cash graph showed a challenging position and discussions were underway with the ICB to identify if the Trust needed to take formal cash advance.</p> <p><b>Resolved: that the Group Chief Financial Officer Report be received and noted</b></p>
605/23	<b>Audit Committee – Chair’s Report</b>
	<p>Mr Stringer reported that The Data Security and Protection Toolkit final submission and improvement plan showed the Trust was non-compliant with 17 of the 113 assertions. He said the Trust had submitted a detailed improvement plan to NHS England and had been awarded ‘Approaching Standards’ on 27 July 23.</p> <p>Mr Stringer advised that the External Auditor had advised the Trust to use the Month 9 close as a trial run for the year end to test the robustness of arrangements ahead of the year end.</p> <p>Mr Stringer reported that a recent test phishing email had been sent to staff across the Trust and over 50% of staff had clicked on the fake malicious web link and further education would be provided to increase staff awareness of cyber security.</p> <p><b>Resolved: that the Audit Committee – Chair’s Report be received and noted.</b></p>
606/23	<b>Quality Committee – Chair’s Report</b>
	<p>Dr Parkes reported that there were a number of unfunded priority business cases which held associated clinical risk.</p> <p>Dr Parkes advised that there had been a rise in perinatal mortality and work was underway to explore the reasons behind the increase and to improve earlier booking and closer monitoring of high-risk mothers.</p> <p>Dr Parkes reported that there had been 21 cases of <i>C-Difficile</i> in July and August 23 of which 10 had been deemed avoidable.</p> <p><b>Resolved: that the Quality Committee – Chair’s Report be received and noted.</b></p>
607/23	<b>Chief Nursing Officer Report by Exception</b>
	<p>Ms Carroll reported that the Trust had seen month on month continued improvement with the Trust’s Nurse Sensitive Indicators through quality audits.</p> <p>Ms Carroll advised there had been 21 cases of <i>C-Difficile</i> reported in July and August 23 and 10 cases had been deemed avoidable through antibiotic prescribing. She said the Trust had undertaken an external review from an Infection Prevention and Control (IPC) consultant and a fishbone analysis had highlighted several areas of good practice and areas that required improvement. Ms Carroll reported that antibiotic prescribing practise had been highlighted as one of the areas requiring improvement and the Trust had introduced antibiotic timeout ward rounds led by the Consultant Microbiologist and Antimicrobial Pharmacist and improvements had been seen following the introduction of antibiotic timeout ward rounds.</p> <p>Ms Carroll reported that MicroGuide had been updated following an audit of availability to ensure staff had access to MicroGuide to help guide antibiotic prescribing practice. She said MicroGuide would be discussed at junior doctor inductions to ensure staff used the system.</p> <p>Ms Carroll advised that the Trust had seen a positive increase in early testing but the Trust was still impacted by the number of side rooms within the Trust which would hinder its ability to isolate patients in a timely manner.</p> <p>Ms Carroll reported that the deep clean programme continued as the Trust had been unable to perform the deep clean programme robustly during Covid-19 on a rotating programme.</p> <p>Ms Carroll advised that a focused action plan from the IPC Committee would be presented to the Quality Committee. She said although there had been an increase in the number of <i>C-Difficile</i> cases the Trust had seen less severe harm as a result of <i>C-Difficile</i> which the Trust had not historically seen.</p> <p>Ms Carroll reported that the Trust had won the Patient Experience National Award for the Little Voices initiative and thanked the school for the engagement the Trust had received. Mr Assinder thanked the patient experience team for all the work undertaken regarding the Little Voices Initiative.</p> <p>Ms Muflahi asked if there had been any national updates surrounding <i>C-Difficile</i> as the increase was not isolated to the Trust. Ms Carroll advised that there had been an increase in <i>C-Difficile</i> nationally and the Trust continued to</p>



	<p>focus on the work that was required. She said the Trust continued to work with primary care services to ensure the implementation of prescribing antibiotics surrounding pump inhibitors and loperamide within the community which had an impact on <i>C-Difficile</i>.</p> <p><b>Resolved: that the Chief Nursing Officer Report by Exception be received and noted.</b></p>
608/23	<p><b>Bi-Annual Skill Mix Review</b></p>
	<p>Ms Carroll presented the June 23 bi-annual skill mix review data produced using the Safer Nursing Care Tool which was a nationally approved tool. She said there had been no recommendations or changes to the previously agreed establishments and this would be re-reviewed in January 24.</p> <p>Ms Carroll advised that the Trust would undertake an exercise in quarter 3 to produce a skill mix review for outpatients and theatres and the clinical nurse specialists in quarter 4.</p> <p><b>Resolved: that the Bi-Annual Skill Mix Review be received and APPROVED.</b></p>
609/23	<p><b>Director of Midwifery Report</b></p>
	<p>Ms Wright advised that the Trust had seen an increase in the perinatal mortality rate and this mirrored the National increase from 4 to 5 per thousand. She said the Trust had increased from 3 to 4 per thousand and this was the Trust's neonatal death and still birth rate combined.</p> <p>Ms Wright reported that this continued to be a priority within the Trust and following a thematic review results had shown that preeclampsia had been identified as not being highlighted when the condition becomes severe within the pregnancy. She said the Trust had begun to look at implementing a blood test that could be conducted during pregnancy that would detect preeclampsia at an earlier stage.</p> <p>Ms Wright advised that training and development days were being shared with staff to inform them of the perinatal mortality rate and the actions being taken.</p> <p>Ms Wright reported that the Trust continued to offer maternal medicine pathways and would continue to strengthen the regional and local pathways. She said the Trust was reviewing early pregnancy care which looked at the beginning of pregnancy and had made progress with booking before 10 weeks which had increased from 42% to 55%. Ms Wright said this would increase with the launch of the Self-Referral App in October with 40 patients who had already self-referred into the Trust at an early stage of pregnancy.</p> <p>Dr Shehmar advised that the Trust had agreed external mentorship for the maternal medicine team.</p> <p>Ms Muflahi asked for assurance regarding the Trust's progress with ongoing discussions with primary care services regarding the booking of women before 10 weeks. Ms Wright reported that the Trust's digital team had contacted 50 GPs to inform them of the new Self-Referral App to help them to inform service users.</p> <p>Ms Wright advised that she had proposed a thematic review regionally to understand the increase in perinatal rates across the region. She said the Trust would work with the other Trusts within the Black Country to understand the increase.</p> <p>Ms Wright advised that an improvement plan for perinatal mortality would be monitored through the Trust's governance process to ensure that actions required were being completed.</p> <p>Ms Wright reported that the reduction of the rate of women smoking in pregnancy remained a challenge and that education continued to be provided to patients around the harmful effects of smoking. She said the Trust had reducing smoking within pregnancy by 50% over the last 2 years.</p> <p>Ms Rowe asked if the Trust had been involved with work being led within the local family hubs as there was a good connection between the actions the Trust was taking reaching out to communities and the progressing family hub developments. She said the Trust could highlight the digital poverty issues through Walsall Connected who had given out devices to people across Walsall. Ms Wright confirmed that the Trust was a part of the Family Hubs and had a dedicated space in all Family Hubs and she would contact Walsall Connected to see how the Trust could support women using the service.</p> <p>Ms Cartwright reported that Walsall Together would support the Trust's Maternity Services with strengthening engagement with primary care.</p>

	<p>Dr Shehmar reported that the Trust needed to link in with the Women's Hub to help with the education engagement for patients prior to pregnancy. She said the Trust would review the virtual antenatal clinic Did Not Attend (DNA) rates to understand if there had been a change in engagement from face-to-face consultations.</p> <p>Ms Wright advised that 16 new midwives had joined the Trust and this had helped to improve the Trust's birth rate plus acuity which was a National measure of staffing that should be 85% and the Trust was recorded at 79%.</p> <p><b>Resolved: that the Director of Midwifery Report be received and noted.</b></p>
610/23	<b>Chief Medical Officer Report by Exception</b>
	<p>Dr Shehmar reported that the Trust had received an outlier alert for colorectal cancer and the report received highlighted the parts of the outlier alert which were key clinical indicators that had been picked up from the National Bowel Cancer Audit. She said the Trust had formed an improvement group which was led by the medical directorate and reported into the patient safety group and significant improvements had been noted.</p> <p>Dr Shehmar advised that the medical directorate continued to work closely with the finance team and the Trust had halved the agency spend and would focus on the locum spends within the Trust.</p> <p>Dr Shehmar reported that the Trust had been under surveillance from Health Education England (HEE) and NHS England surrounding the Trust's acute medicine pathways. She said that a planned visit scheduled for November 23 had been postponed as HEE had been assured due to the implementation of the training programme the Trust had in place. She said however, the risk remained the same as the Trust would still need to be reviewed in the future.</p> <p><b>Resolved: that the Chief Medical Officer Report by Exception be received and noted.</b></p>
611/23	<b>Group Director of Assurance Regulatory Report – Verbal Update</b>
	<p>Mr Bostock advised that there was nothing further to update Board Members on regarding the Covid-19 national enquiry for module 3 – acute care. He said the Trust continued to track the other modules that were active and module 3 remained on hold.</p> <p><b>Resolved: that the Group Director of Assurance Regulatory Report – Verbal Update be received and noted.</b></p>
612/23	<b>Chief Operating Officer Report by Exception</b>
	<b>Resolved: that the Chief Operating Officer Report by Exception be received and noted.</b>
613/23	<b>Protecting and Expanding Elective Capacity – Self Assessment</b>
	<p>Mr Hobbs reported on the NHS England Protecting and Expanding Elective Capacity letter and the required self-assessments. He said that the Trust would not meet the requested deadline for 2 elements which was the requirement for patients waiting over 65 weeks by 31 March 24 to have had a first outpatient appointment by the end of October 23. He said the Trust forecast having 555 first appointments that would not be seen by the end of October 23 but this would not jeopardise the Trust's ability to ensure all patients were managed within 65 weeks by the end of March 2024.</p> <p>Mr Hobbs advised that the Trust would not meet the requirement to reduce follow up appointments by 25% and this was a significant reduction in the Trust's follow up activity. He said the annual plan that the Trust had signed off committed the Trust to a 6% reduction in follow up activity as the Trust's priority to utilise released follow up capacity was first to bring forward overdue follow up patients to reduce risk.</p> <p>Mr Hobbs said the Trust's self-assessment had been submitted and scrutinised at Finance and Productivity Committee.</p> <p><b>Resolved: that the Protecting and Expanding Elective Capacity – Self Assessment be received and APPROVED.</b></p>
614/23	<b>Any Other Business</b>
	Mr Assinder confirmed that no other business had been raised.
614/23	<b>IQPR Executive Summary</b>
	<b>Resolved: that the IQPR Executive Summary be received and noted.</b>
615/23	<b>Resolution</b>
	Mr Assinder asked 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.
616/23	<b>Date and Time of Next Meeting</b>
	Mr Assinder confirmed the date and time of the next meeting as Wednesday 13 December 2023, 10:00-12:30.

## List of action items

Agenda item		Assigned to	Deadline	Status
Trust Board Meeting to be held in Public 2023/24 11/10/2023 9.1 Pack A. People Committee - Chair's Report				
966.	Min ref: 598/23: Mr Duffell to provide an update report at the December 23 Board Meeting detailing the results of the deep dive into mandatory training and appraisal rate compliance.	● Duffell, Alan	13/12/2023	■ Pending
Trust Board Meeting to be held in Public 2023/24 11/10/2023 3 Staff Story - Verbal				
965.	Min Ref: 590/23 - Following the staff story from community midwives, it was agreed that Mr Stringer would liaise with payroll to review whether the fuel tracker needed to be put back in place for staff	● Stringer , Kevin	06/12/2023	■ Pending
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	■ Completed
<p><i>Explanation action item</i></p> <p>Update 13/10/23: Mr Stringer advised that due to some complications with groundworks, the modular build had had to be modified to allow access for the scanners required. He said the modular build and scanning bureau would be available to the Trust by March 24. Mr Stringer reported that a business case would be presented to Trust Board Members at the private meeting to address the investment that was required.</p> <p>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.</p> <p>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.</p> <p>ACTION: Dr Shehmar and Mr Stringer to provide an update to the Trust Board on the implementation timeline of Electronic Patient Records.</p>				



**Trust Board Meeting – to be held in Public  
on 13 December 2023**

<b>Title of Report:</b>	Chief Executive's Report	Enc No: 7
<b>Author:</b>	Gayle Nightingale, Executive Assistant to the Group Chief Executive	
<b>Presenter/Exec Lead:</b>	Prof David Loughton CBE, Group Chief Executive	

**Action Required of the Board/Committee/Group**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Recommendations:**

The Board is asked to note the contents of the report.

**Implications of the Paper:**

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

<b>Equality and Diversity Impact</b>	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.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

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

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement</li> <li>• Prioritise the treatment of cancer patients</li> <li>• Safe and responsive urgent and emergency care</li> <li>• Deliver the priorities within the National Elective Care Strategy</li> <li>• We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>• Be in the top quartile for vacancy levels</li> <li>• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing</li> <li>• Improve overall staff engagement</li> <li>• Deliver improvement against the Workforce Equality Standards</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>• Develop a health inequalities strategy</li> <li>• Reduction in the carbon footprint of clinical services by 1 April 2025</li> <li>• Deliver improvements at PLACE in the health of our communities</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Improve population health outcomes through provider collaborative</li> <li>• Improve clinical service sustainability</li> <li>• Implement technological solutions that improve patient experience</li> <li>• Progress joint working across Wolverhampton and Walsall</li> <li>• Facilitate research that improves the quality of care</li> </ul>

## Chief Executive's Report

### Report to Trust Board Meeting to be held in Public on 13 December 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.

<b>1.0</b>	<b>Review</b>
	This report indicates my involvement in local, regional and national meetings of significance and interest to the Board.
<b>2.0</b>	<b>Consultants</b>
	There has been two Consultant Appointments since I last reported:  <b><u>Dermatology</u></b> Dr Nazipha Farah Mahmood Dr Nomathamsanqa Mahe
<b>3.0</b>	<b>Policies and Strategies</b>
	<b>Policies for October 2023</b> <ul style="list-style-type: none"> <li>• Policies, Procedures and Guidelines – Quarter 6 Report</li> <li>• MP1003 V3 – Enabling Pharmacists Policy</li> <li>• OP996 V7 – Radiation Safety Policy</li> <li>• OP997 V2 – Sepsis and Outreach Response Team Operating Policy</li> <li>• OP999 V1.1 – Emergency Preparedness, Resilience and Response (EPPR) Policy</li> <li>• OP1000 V4.1 – Business Continuity Management Policy</li> <li>• OP1001 V2 – Uniform and Dress Policy</li> <li>• Acute Oncology Initial Management National Guidelines</li> <li>• Reversal of Edoxaban Associated Bleeding – Trust-wide Guidelines – V1</li> <li>• Reversal of Dabigatran Associated Bleeding – Trust-wide Guidelines – V1</li> <li>• Reversal of Rivaroxaban/ Apixaban Associated Bleeding – Trust-wide Guidelines – V1</li> </ul> <b>Policies for November 2023</b> <ul style="list-style-type: none"> <li>• Policies, Procedures, Guidelines and Strategies Update for Quarter 7 Report</li> <li>• CP05 V8 – Deprivation of Liberties Safeguards (DOLS) Operational Policy</li> <li>• CP1004 V1 – Fast Track Release of a Deceased Adult, Child, Baby or Foetus Policy</li> <li>• IP1005 V6 – Decontamination Medical Devices Policy</li> <li>• MP01 V4 – Nil By Mouth – Adult Patients Policy</li> <li>• MP1002 V3 – Medicines Purchasing for Safety Policy</li> <li>• OP94 V4 – Supportive Mealtimes / Making Mealtimes Matter Policy</li> </ul>

	<ul style="list-style-type: none"> <li>• OP998 V1 – Electrical Safety Policy</li> <li>• OP1008 V1 – Patient Safety Incident Response Policy</li> <li>• Standard Operating Procedure (SOP) V5 – Sedation for Scans and Painless Procedures in Children Trust-wide</li> <li>• Standard Operating Procedure (SOP) V1 – Preparation and Administration of Comirnaty Original/Omicron BA.4-5 (15/15 micrograms) Dose</li> <li>• Procedure for the Clinical Supervisor Supervising the Administration and Vaccination of Comirnaty Original/Omicron BA.4-5 (15/15 micrograms) Dose V1.1</li> <li>• Covid19 Vaccination Recipient Pre-screening and Consent Form V7</li> </ul>
<b>4.0</b>	<b>Visits and Events</b>
	<ul style="list-style-type: none"> <li>• Since the last Board meeting, I have undertaken a range of duties, meetings and contacts locally and nationally including:</li> <li>• 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</li> <li>• 26 September 2023 – attended a Joint WHT and RWT Speech and Language Therapy (SLT) Services - celebratory event</li> <li>• 27 September 2023 – chaired the virtual West Midlands Cancer Alliance Board and chaired the virtual joint WHT and RWT Staff Briefing</li> <li>• 28 September 2023 – participated in the WHT and RWT Annual General Meetings (AGMs) and met virtually with PA Consulting as part of the Black Country Integrated Care Board (ICB) Financial Improvement programme</li> <li>• 5 October 2023 - met with Pat Usher and Jane Wilson, Joint Staff-side Leads</li> <li>• 6 October 2023 – participated in a virtual Black Country Integrated Care System (ICS) Financial meeting</li> <li>• 9 October 2023 - participated in the Black Country Collaborative Executive Group meeting</li> <li>• 12 October 2023 - met virtually with PA Consulting as part of the Black Country Integrated Care Board (ICB) Financial Improvement programme and undertook a site walkabout as part of Freedom to Speak Up (FTSU) Month and undertook a Guided Tour of the Palliative Care Centre – as part of Hospice Care Week</li> <li>• 13 October 2023 - participated in the Black Country Joint Provider Committee</li> <li>• 17 October 2023 – undertook a joint WHT and RWT Non-Executive Directors (NEDs) briefing, and virtually met with Mark Axcel, Chief Executive (ICS)</li> <li>• 19 October 2023 - participated in the virtual Joint Negotiating Committee (JNC)</li> <li>• 24 October 2023 – virtually met along with Sir David Nicholson KCB CBE, Dr Anthony Marsh MBA, Chief Executive and Professor Ian Cummings OBE, Chairman – West Midlands Ambulance Services (WMAS), met virtual with PA Consulting as part of the Black Country Integrated Care Board (ICB) Financial Improvement programme and participated in the PA Consulting/ System Chief Executives Productivity and Value Group</li> <li>• 25 October 2023 – chaired a virtual Staff Briefing</li> <li>• 26 October 2023 – virtually met with Pat Usher and Jane Wilson, Joint Staff-side Leads and Aileen Farrer, Manager – Healthwatch Walsall, met virtually with Emma Bennett, Chief Executive – Walsall Council as part of her induction programme and participated in a virtual Social Care and Health Overview and Scrutiny Committee</li> <li>• 27 October 2023 - virtually met with Wendy Morton MP and Eddie Hughes MP</li> <li>• 1 November 2023 – undertook a site visit of the Midland Metropolitan University Hospital and participated in a Joint WHT and RWT Board Development session</li> <li>• 2 November 2023 - met with Pat Usher and Jane Wilson, Joint Staff-side Leads</li> <li>• 6 November 2023 - participated in the virtual Black Country Collaborative Executive Group meeting</li> <li>• 7 November 2023 - participated in the Black Country Joint Provider Committee and participated in a virtual NHS ICB and Trust Chief Executive and Chief Financial Officer webinar with Amanda Pritchard, Chief Executive and Julian Kelly, Chief Financial Officer – NHS England (NHSE)</li> </ul>



	<ul style="list-style-type: none"> <li>• 8 November 2023 – attended a national NHS Leadership event with Amanda Pritchard, Chief Executive (NHSE)</li> <li>• 13 November 2023 - participated in a virtual Walsall Proud Partnership meeting and met virtually with PA Consulting as part of the Black Country Integrated Care Board (ICB) Financial Improvement programme</li> <li>• 14 November 2023 - virtually met with the ICB – to review the provide a joint RWT and WHT Month 6 Financial Update</li> <li>• 15 November 2023 – participated in a Black Country ICS, Provider Chief Executives and Chief Financial Officers virtually meeting to review the Financial and Operational Delivery Plan</li> <li>• 16 November 2023 – attended a PA Consultancy half day workshop, participated in the virtual Joint Negotiating Committee (JNC), attended an International Nurses One Year Celebration event and participated in a Black Country ICS, Provider Chief Executives and Chief Financial Officers virtually met to review the Financial and Operational Delivery Plan</li> <li>• 17 November 2023 - virtually met with Wendy Morton MP and Eddie Hughes MP</li> </ul>
<b>5.0</b>	<b>Board Matters</b>
	There are no Board Matters to report on this month.

**Any Cross-References to Reading Room Information/Enclosures:**

- **Research and Development (Pack B: Item 7.1)**

**Report for Trust Board Meeting – to be held in Public**  
**13 December 2023**

<b>Title of Report:</b>	<b>Freedom to Speak Up Board Report</b>	Enc No: 7.2
<b>Author:</b>	Tel 01922 721172 Ext 3066 <a href="mailto:suleman.jeewal@nhs.net">suleman.jeewal@nhs.net</a> Suleman Jeewal. Lead Freedom to Speak Up Guardian. 01922 603351	
<b>Presenter/Exec Lead:</b>	Alan Duffell, Group Chief People Officer	

**Action Required of the Board/Committee/Group**

**(Please remove action as appropriate)**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

The Board is asked to note the report and continue to support the F2SU service to:

- Embedding Speaking Up as routine day-to-day practice.
- Ensure concerns are heard and responded to, supporting the guardians to seek the assurance that is required.
- Encourage Senior Leadership Team/ Executives and Non-Executives to complete F2SU *Follow Up* Training.
- Work towards Freedom to Speak Up Training to be provided as core training, as per the NGO guidance. <https://www.e-lfh.org.uk/programmes/freedom-to-speak-up/>
- Undertake regular walk arounds by F2SU and Executives/ Non- Executives in underrepresented areas, to raise awareness of the service and how to speak up.

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: 2489 <i>Trust-wide: Risk of staff not feeling safe and protected at work, due to potentially experiencing, bullying, discrimination and/or harassment in the workplace from members of staff / patients / public, resulting from an adverse impact on staff well-being, recruitment, retention and performance, ultimately reducing the quality of care experienced by patients.</i>  On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable): 12 Moderate (Severity 4 x Likelihood 3)		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed.</b>	None		
<b>Resource Implications:</b>	None		
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well-led
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details: People Promise, We have a Voice.
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Well-led:</b>		

<b>Equality and Diversity Impact</b>	<p>Black, Asian or minority ethnic employees often face more barriers than non BAME employees when raising concerns. The Freedom to Speak Up Guardians are all from a diverse background, it is hoped that colleagues will feel the Guardians may understand the barriers they may face to speaking up and this will encourage them to raise concerns. Currently, there are four FTSU Champion Team Members from three divisions, a recruitment drive is planned over the next month to encourage FTSU champions in each department.</p> <p>The data available is not yet sufficient to reliably determine and evidence equality and diversity impacts. This is being addressed through collecting concerns electronically through the incident reporting system, Safeguard and work being undertaken by the Equality, Diversity, and Inclusion Committee.</p>		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert	
<b>Assure</b>	<ul style="list-style-type: none"> <li>The Board can be assured that the F2SU service continues to operate in accordance with the National Guardian's Office and provides a safe space for colleagues to speak up about anything that concerns they may have.</li> <li>The F2SU ensures that data related to the key demographics of those raising concerns is recorded to understand key themes and where barriers may be encountered.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>The FTSU service supports colleagues to escalate patient and staff safety concerns which when appropriately addressed contribute to establishing a culture of openness and safety.</li> <li>This report provides an analysis of the number of concerns generated through Freedom to Speak Up from April 1<sup>st</sup>, 2023 – September 30th, 2023.</li> <li>Within Q1 (April, May, and June 2023) 38 concerns were raised.</li> <li>Within Q2 (July, August, and September 2023) 46 concerns were raised.</li> <li>F2SU data identifies that concerns raised by colleagues from a BAME background represent 42% in Q1 and 52% in Q2 of the total concerns. This is a slight over representation of colleagues from a non-BAME background raising concerns though the F2SU route against the 38% of BAME colleagues working at the Trust.</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li>Over the last three years there has been a continual increase in the number of concerns raised to the F2SU. In 2021/22 a total of 110 concerns were raised compared to 144 concerns in 2022/23. Year to date for 2023/24 84 concerns have been raised.</li> <li>There has been an increase in the number of cases reported to relate to negative behaviours, bullying and harassment from 35% in 2021/22 to 48% in 2022/23. Of the 84 cases raised in Q1 and Q2 of 2023/23, 47 are related to negative behaviours, bullying and harassment.</li> </ul>
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>Embed a culture of learning and continuous improvement.</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>Be in the top quartile for vacancy levels.</li> <li>Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing.</li> <li>Improve overall staff engagement.</li> <li>Deliver improvement against the Workforce Equality Standards</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>Progress joint working across Wolverhampton and Walsall</li> </ul>

## Freedom to Speak Up Quarterly Report

### INTRODUCTION

#### Report of the Freedom to Speak Up Guardians

This is a report of the concerns raised to through Freedom to Speak Up (FTSU) at Walsall Healthcare NHS Trust for the period 1st April 2023 to 30<sup>th</sup> September 2023 which covers both Q1 and Q2 for 2023/24.

The report provides comparative data against which to consider the FTSU activity between April and September 2023.

### BACKGROUND INFORMATION

All NHS trusts and providers of NHS care subject to the NHS standard contract are required to appoint a Freedom to Speak Up (FTSU) Guardian and follow the National Guardians Office (NGO)'s guidance on speaking up.

The NGO supports the healthcare system in England on Speaking Up Through leading, training and supporting an expanding network of FTSU Guardians. FTSU guardians support workers to speak up. They also proactively work with organisations to tackle barriers to speaking up.

Workers voices' form one of the pillars of the NHS People Plan. Guardians are key in ensuring workers are heard, particularly those groups of workers facing barriers to speaking up.

FTSUGs are one of many routes through which workers may raise concerns. Information about the speaking up cases raised with Freedom to Speak Up (FTSU) forms part of a bigger picture of an organisation's speaking up culture and arrangements.

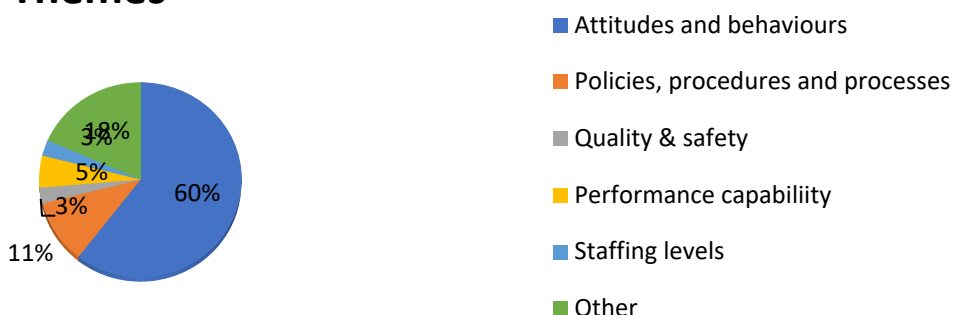
Data from each trust is reported to the NGO on a quarterly basis and includes the professional background and grade of those who Speak Up.

Demographic data such as gender, age, ethnicity, sexuality, and any other protected characteristics (those included in the 2010 Equality Act) can be reported at the discretion of each individual trust. This information will help to understand the FTSU Guardian's 'reach' across the organisation and identify groups which may be using the FTSU route more or less frequently.

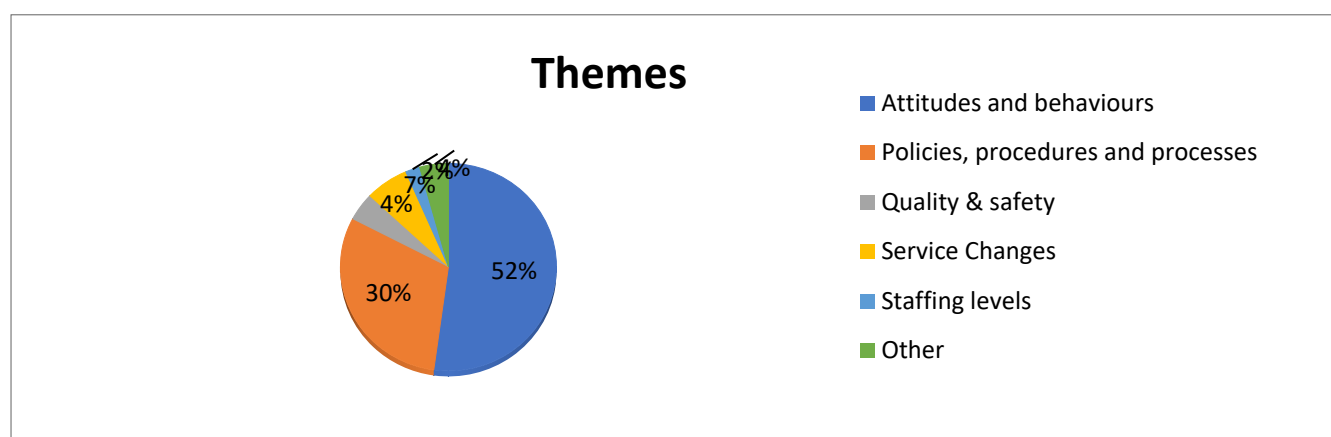
### ASSESSMENT

#### QUARTER 1 (April, May and June 2023) 38 concerns were raised.

#### Themes



**QUARTER 2 (July, August and September 2023) 46 concerns were raised**



The F2SU service has undertaken a review of total number of cases received by the F2SU service and the proportion of cases with an element of concern relating to patient safety / quality and / or element relating to negative behaviours including bullying and harassment over a three-year period; 2021/2022, 2022/2023 and 2023/24 (Q1 & Q2). The data is set out within the following three tables.

**Table 1: 2021/2022**

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

**Table 2: 2022/2023**

2022/23	Total number of cases brought to Freedom to Speak Up Guardians	Number of cases raised anonymously	Number of cases with an element of patient safety/quality	Number of cases related to behaviours, including bullying/harassment	
Q1 2022/23	23	8	2	14	60%
Q2 2022/23	40	16	2	17	42%
Q3 2022/23	57	11	2	32	56%
Q4 2022/23	24	0	4	7	29%
<b>Total</b>	<b>144</b>	<b>35</b>	<b>10</b>	<b>70</b>	<b>48%</b>

Table 3: 2023/2024 Q1 & Q2

2023/2024	Total number of cases brought to Freedom to Speak Up Guardians and Champions	Number of cases with an element of patient safety/quality		Number of cases related to behaviours, including bullying/harassment	
Q1 2023/24	38	8	21%	23	60%
Q2 2023/24	46	11	23%	24	52%

At the national level, the NGO reported for Q1, 19.3% of cases raised included an element of patient safety/quality, up from 18.8% 2022/23. At Walsall Healthcare NHS Trust, the number of cases including an element of concern for patient safety quality amounted to 3% in Q1 and 4% in Q2.

Nationally, the NGO report that poor behaviour remains a cause for concern, with the highest proportion of cases, over a third (31.3%) including an element of behaviours, such as bullying/harassment across all trusts. This is reflected in Walsall, year to date, where in 60% of cases Q1 and 52% of cases in Q2 included an element of bullying and harassment. At Walsall Hospitals NHS Trust Inappropriate behaviour, bullying and harassment continues to go on the upwards trend. May 2023 figures for the element of bullying and harassment was 29%, please note there is a marked increase. Please note from the above data quarter on quarter increases in the number of cases relating to behaviours, including bullying and harassment.

There has been a decrease (11%) compared to (22.9%) in the reporting of a policy, process, or procedural nature.

### **Ethnicity Profile of individuals raising concerns in Q1**

The percentage of Black and Minority Ethnic (BAME) employees who work for WHT is 38%.

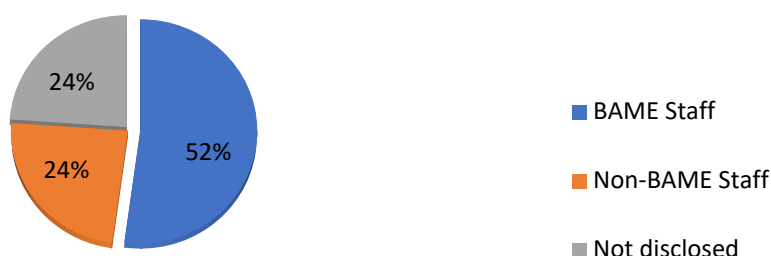
F2SU data identifies that concerns from colleagues from a BAME background represent 42% in quarter 1 and 52% in quarter 2 of the total concerns. This is a slight over representation of colleagues from a non-BAME background raising concerns though the F2SU route. The high number of non-disclosed ethnicity is due to anonymous reporting, where we have no information of the reporter.

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

### Ethnicity profile of individuals raising concerns in Q1.



### Ethnicity profile of individuals raising concerns in Q2



### National Guardians Office Elements

The new National Guardian's Office (NGO) guidelines introduced in April 2022 state that each concern must be broken down and recorded to show any element of bullying, harassment, worker safety/wellbeing etc. although there was a total of 84 concerns raised during quarter one and two, when broken down into the new elements the number will always be higher than the number of concerns raised.

The data when drilled down further shows the nature of these concerns by elements (see below). A total of 84 concerns were reported last quarter 1 and 2, resulting in 220 elements.

Q1 Element	Number
Patient safety/quality	8
Worker safety or wellbeing	35
Bullying or harassment	21
Other inappropriate attitudes or behaviours	25
All other cases	13
<b>Total number of reportable elements</b>	<b>102</b>

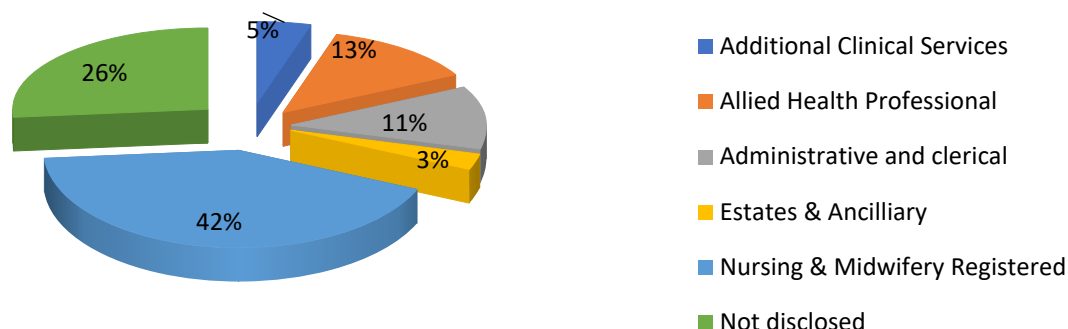
Q2 Element	Number
Patient safety/quality	11
Worker safety or wellbeing	39
Bullying or harassment	24
Other inappropriate attitudes or behaviours	24
All other cases	20
<b>Total number of reportable elements</b>	<b>118</b>

## Analysis of concerns raised by Professional Staff Group

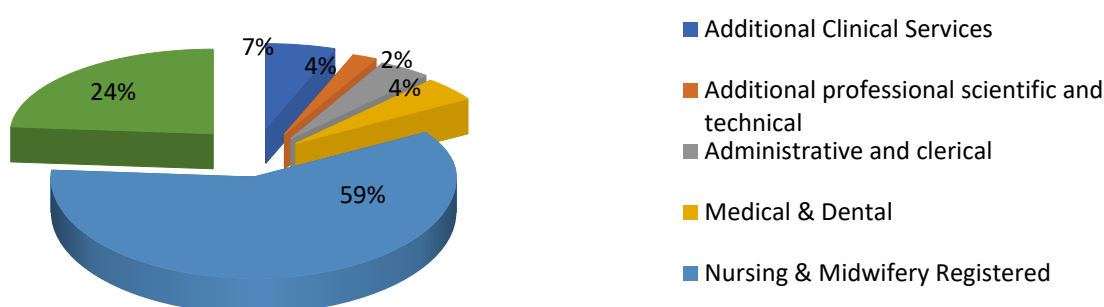
This graph illustrates that there are staff of most grades whose concerns are presented in the data. It is also evident that staff groups graded at band 3 and very senior managers are underrepresented. Plans are already in place and commenced for the FTSU team to attend ward managers and Matrons forums and have organised regular drop-in sessions. 42% of the professional staff group not disclosed, relates to the staff that report anonymously, therefore no data is available relating to the professional staff group they belong to.

To address the underrepresented groups, F2SU team have organised targeted drop-in sessions, Matron's and ward managers drop-in sessions have already commenced. The team will be working with comms to publicise bi-weekly drop-in sessions targeted to specific professional groups and departments for the rest of this year. The ward manager's and Matron's sessions held have been successful, the team will duplicate these sessions for all areas and departments across Walsall Hospitals NHS Trust.

### Analysis of concerns raised by Professional Staff Group Q1



### Analysis of concerns raised by Professional Staff Group Q2



## Divisional analysis of concerns raised

The division of Medicine and Long-term Conditions (MLTC) has the highest number of concerns reported through this route between April and September 2023. In quarter 1, Community has had an increase in the numbers of concerns raised, and MLTC in quarter 2 have seen an increase in concerns raised.



Most concerns in MLTC raised anonymously by international nurses feeling unsupported, inappropriate behaviours. The same concerns are being raised across the Trust and not confirmed to one area or department. Regular meetings are being held with the clinical divisional leadership teams and the Chief Nurse. Our team have compared data with 7 other Trusts, similar size to ours and the data is not consistent with the other Trusts. There is a commitment from all senior leaders to encourage all staff to attend the Civility and Respect training.

Division	Divisional Analysis of concerns raised Q1	Divisional Analysis of concerns raised Q2
Community	31%	5%
Corporate Nursing	•	2%
Estates & Facilities	3%	4%
Finance	•	2%
Medical Directorate	•	2%
MLTC	29%	41%
Surgery	13%	22%
WCCSS	21%	13%
Not disclosed	3%	9%

## Recommendations

The Committee is asked to note the report and continue to support the F2SU service to:

- Embedding Speaking Up as routine day-to-day practice.
- Ensure concerns are heard and responded to, supporting the guardians to seek the assurance that is required.
- Encourage Senior Leadership Team/ Executives and Non-Executives to complete F2SU *Follow Up* Training.
- Work towards Freedom to Speak Up Training to be provided as core training, as per the NGO guidance. <https://www.e-lfh.org.uk/programmes/freedom-to-speak-up/>
- Undertake regular walk arounds by F2SU and Executives/ Non- Executives in underrepresented areas, to raise awareness of the service and how to speak up.

## F2SU Next Steps

- Raise awareness, FTSU regular stands from January.
- Recruit FTSU champions in each area/department, recruitment drive to start in January.
- Sessions on Compassionate Leadership/Civility Saves Lives in senior leadership/ ward managers/matrons meetings.
- Focus on areas reluctant to raise concerns, Estates, facilities etc.
- Bi-weekly drop-in sessions scheduled over the next three months, each session will be allocated to different areas and departments.
- Ward managers and Matrons drop-in sessions organised.

**Trust Board Meeting – to be held in Public  
on 13 December 2023**

<b>Title of Report:</b>	Chair's report of the Trust Management Committee (TMC) held on 26 October 2023 – to note this was a virtual meeting	Enc No: <b>7.3</b>
<b>Author:</b>	Gayle Nightingale, Executive Assistant to the Group Chief Executive	
<b>Presenter/Exec Lead:</b>	Ned Hobbs, Chief Operating Officer/ Deputy Chief Executive	

**Action Required of the Board/Committee/Group**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Recommendations:</b>  The Board is asked to note the contents of the report.			

**Implications of the Paper:**

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

<b>Equality and Diversity Impact</b>	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.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 26 October 2023
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert	
<b>Assure</b>	<ul style="list-style-type: none"> <li>At the time of TMC meeting, the Trust's National Staff Survey response rate was 32.2%</li> <li>The Trust's total elective PTL waiting list is reducing</li> <li>The Trust has delivered GP 62-day referral to treatment performance for Cancer patients in the upper decile nationally</li> <li>The Trust's 4-hour Emergency Access Standard performance is upper quartile nationally, and ambulance handover performance for September was 2<sup>nd</sup> best in the West Midlands.</li> </ul>
<b>Advise</b>	Matters discussed and reviewed at the most recent Trust Management Committee (TMC) are set out in detail within the report below.
<b>Alert</b>	<ul style="list-style-type: none"> <li>Month 6 Finance report shows an adverse YTD variance to plan of £8.17m</li> <li>The Trust has had 52 C Diff cases YTD at month 6</li> <li>Access to Endoscopy diagnostic tests remains challenging, pending implementation of the approved business case expansion.</li> </ul>

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>Embed a culture of learning and continuous improvement</li> <li>Prioritise the treatment of cancer patients</li> <li>Safe and responsive urgent and emergency care</li> <li>Deliver the priorities within the National Elective Care Strategy</li> <li>We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>Be in the top quartile for vacancy levels</li> <li>Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing</li> <li>Improve overall staff engagement</li> <li>Deliver improvement against the Workforce Equality Standards</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>Develop a health inequalities strategy</li> <li>Reduction in the carbon footprint of clinical services by 1 April 2025</li> <li>Deliver improvements at PLACE in the health of our communities</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>Improve population health outcomes through provider collaborative</li> <li>Improve clinical service sustainability</li> <li>Implement technological solutions that improve patient experience</li> <li>Progress joint working across Wolverhampton and Walsall</li> <li>Facilitate research that improves the quality of care</li> </ul>

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

### Report to Trust Board Meeting to be held in Public on 13 December 2023

#### EXECUTIVE SUMMARY

Chair's report of the Trust Management Committee (TMC) held on 26 October 2023 – to note this was a virtual meeting.

#### BACKGROUND INFORMATION

As per the below.

#### RECOMMENDATIONS

To note this report.

1	<b>Key Current Issues/Topic Areas/ Innovation Items:</b>
	<ul style="list-style-type: none"> <li>There were none this month.</li> </ul>
2	<b>Exception Reports</b>
	<ul style="list-style-type: none"> <li>There were none this month.</li> </ul>
3	<b>Items to Note – all of the following reports were reviewed and noted in the meeting</b>
	<ul style="list-style-type: none"> <li>Chief Nursing Officer Report</li> <li>Midwifery Services Report</li> <li>Infection Prevention Report</li> <li>Divisional Quality and Governance Report – Medicines and Long-Term Conditions Report</li> <li>Divisional Quality and Governance Report – Surgery Report</li> <li>Divisional Quality and Governance Report – Women's, Children's and Clinical Support Services Report</li> <li>Divisional Quality and Governance Report – Community Services Report</li> <li>Integrated Quality Performance Report (IQPR)</li> <li>Trust Financial Position (Revenue and Capital) - Month 6 Report</li> <li>Workforce Metrics Report</li> </ul>
4	<b>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</b>
	<ul style="list-style-type: none"> <li>Learning from Deaths Report</li> <li>Walsall Together Report</li> <li>Black Country Provider Collaboration Verbal Update Report</li> <li>Chief Pharmacist's Report</li> <li>Research and Development Report</li> <li>Contracting and Business Development Verbal Update Report</li> <li>My Academy Assurance Report</li> <li>Schwartz Round Annual Report</li> <li>Estates Strategy and Capital Plan Report</li> <li>Corporate Risk Register Report</li> </ul>

5	<b>Business Cases – approved</b>
	<ul style="list-style-type: none"> <li>• Post Implementation Reviews of previously approved Business Cases Report</li> </ul>
6	<b>Policies approved</b>
	<ul style="list-style-type: none"> <li>• Policies, Procedures and Guidelines - Quarter 6 Report</li> <li>• MP1003 V3 – Enabling Pharmacists Policy</li> <li>• OP996 V7 – Radiation Safety Policy</li> <li>• OP997 V2 – Sepsis and Outreach Response Team Operating Policy</li> <li>• OP999 V1.1 – Emergency Preparedness, Resilience and Response (EPPR) Policy</li> <li>• OP1000 V4.1 – Business Continuity Management Policy</li> <li>• OP1001 V2 – Uniform and Dress Policy</li> <li>• Acute Oncology Initial Management National Guidelines</li> <li>• Reversal of Edoxaban Associated Bleeding – Trust-wide Guidelines – V1</li> <li>• Reversal of Dabigatran Associated Bleeding – Trust-wide Guidelines – V1</li> <li>• Reversal of Rivaroxaban/ Apixaban Associated Bleeding – Trust-wide Guidelines – V1</li> </ul>
7	<b>Other items discussed</b>
	<ul style="list-style-type: none"> <li>• There were none this month.</li> </ul>

**Trust Board Meeting – to be held in Public  
on 13 December 2023**

<b>Title of Report:</b>	Chair's report of the Trust Management Committee (TMC) held on 23 November 2023 – to note this was a virtual meeting	Enc No: <b>7.3</b>
<b>Author:</b>	Gayle Nightingale, Executive Assistant to the Group Chief Executive	
<b>Presenter/Exec Lead:</b>	Ned Hobbs, Chief Operating Officer/ Deputy Chief Executive	

**Action Required of the Board/Committee/Group**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Recommendations:</b>  The Board is asked to note the contents of the report.			

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description: None  On Risk Register: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Score (if applicable) :		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	Risk Description: None Is Risk on Risk Register: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Score (if applicable):		
<b>Resource Implications:</b>	Revenue: None Capital: None Workforce: None Funding Source: None		
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well-led
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>		
<b>Equality and Diversity Impact</b>	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.		

<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 23 November 2023
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

### Summary of Key Issues using Assure, Advise and Alert

#### Assure

- The Trust have been awarded GIRFT Elective Surgical Hub Accreditation following GIRFT site visit in October 2023. The Division of Surgery will lead on compiling the Trust's "Hub Optimisation Plan" to address 6 areas for improvement.
- TMC received evidence of Maternity CNST compliance
- Walsall Together won the national HSJ Award for Place-based partnership working
- At the time of TMC meeting, the Trust's National Staff Survey response rate was 45.5%
- The Trust's total elective PTL waiting list is reducing
- The Trust has delivered GP 62-day referral to treatment performance for Cancer patients in the upper quartile nationally for the last 3 consecutive months.

#### Advise

Matters discussed and reviewed at the most recent Trust Management Committee (TMC) are set out in detail within the report below.

#### Alert

- Month 7 Finance report shows an adverse YTD variance to plan of £9.89m
- Following NHSE Moderation, the Trust's EPRR Core Standards assessment is non-compliant
- The Trust has had 59 C Diff cases YTD at month 7
- Access to Endoscopy diagnostic tests remains challenging, pending implementation of the approved business case expansion.

### Links to Trust Strategic Aims & Objectives (Delete those not applicable)

<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement</li> <li>• Prioritise the treatment of cancer patients</li> <li>• Safe and responsive urgent and emergency care</li> <li>• Deliver the priorities within the National Elective Care Strategy</li> <li>• We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>• Be in the top quartile for vacancy levels</li> <li>• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing</li> <li>• Improve overall staff engagement</li> <li>• Deliver improvement against the Workforce Equality Standards</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>• Develop a health inequalities strategy</li> <li>• Reduction in the carbon footprint of clinical services by 1 April 2025</li> <li>• Deliver improvements at PLACE in the health of our communities</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Improve population health outcomes through provider collaborative</li> <li>• Improve clinical service sustainability</li> <li>• Implement technological solutions that improve patient experience</li> <li>• Progress joint working across Wolverhampton and Walsall</li> <li>• Facilitate research that improves the quality of care</li> </ul>

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

**Report to Trust Board Meeting to be held in Public on 13 December 2023**

### EXECUTIVE SUMMARY

Chair's report of the Trust Management Committee (TMC) held on 23 November 2023 – to note this was a virtual meeting.

### BACKGROUND INFORMATION

As per the below.

### RECOMMENDATIONS

To note this report.

1	<b>Key Current Issues/Topic Areas/ Innovation Items:</b>
	<ul style="list-style-type: none"> <li>There were none this month.</li> </ul>
2	<b>Exception Reports</b>
	<ul style="list-style-type: none"> <li>There were none this month.</li> </ul>
3	<b>Items to Note – all of the following reports were reviewed and noted in the meeting</b>
	<ul style="list-style-type: none"> <li>Chief Nursing Officer Report</li> <li>Midwifery Services Report</li> <li>Infection Prevention Report</li> <li>Divisional Quality and Governance Report – Medicines and Long-Term Conditions Report</li> <li>Divisional Quality and Governance Report – Surgery Report</li> <li>Divisional Quality and Governance Report – Women's, Children's and Clinical Support Services Report</li> <li>Divisional Quality and Governance Report – Community Services Report</li> <li>Integrated Quality Performance Report (IQPR)</li> <li>Trust Financial Position (Revenue and Capital) - Month 7 Report</li> <li>Workforce Metrics Report</li> <li></li> </ul>
4	<b><u>Items to be Noted or Approved - Statutory or Mandated Reports (1/4, 6 monthly and Annual)</u></b> <b>– all of the following reports were reviewed, discussed* and noted in the meeting</b>
	<ul style="list-style-type: none"> <li>Walsall Together Report</li> <li>Group Strategy Officer Report</li> <li>Black Country Provider Collaboration Verbal Update Report</li> <li>Safeguarding Quarter 1 and 2 Report</li> <li>Research and Development Report</li> <li>Emergency Planning Resilience and Restoration (EPRR) Steering Group Report</li> <li>Winter Planning and Pressures Report</li> <li>Board Assurance Framework (BAF) and Heat Map Report</li> </ul>



5	<b>Business Cases – approved</b>
	<ul style="list-style-type: none"> <li>• Post Implementation Reviews of previously approved Business Cases Report</li> </ul>
6	<b>Policies approved</b>
	<ul style="list-style-type: none"> <li>• Policies, Procedures and Guidelines - Quarter 7 Report</li> <li>• CP05 V8 – Deprivation of Liberties Safeguards (DOLS) Operational Policy</li> <li>• CP1004 V1 – Fast Track Release of a Deceased Adult, Child, Baby or Foetus Policy</li> <li>• IP1005 V6 – Decontamination Medical Devices Policy</li> <li>• MP01 V4 – Nil By Mouth – Adult Patients Policy</li> <li>• MP1002 V3 – Medicines Purchasing for Safety Policy</li> <li>• OP94 V4 – Supportive Mealtimes / Making Mealtimes Matter Policy</li> <li>• OP998 V1 – Electrical Safety Policy</li> <li>• OP1008 V1 – Patient Safety Incident Response Policy</li> <li>• Standard Operating Procedure (SOP) V5 – Sedation for Scans and Painless Procedures in Children Trust-wide</li> <li>• Standard Operating Procedure (SOP) V1 – Preparation and Administration of Comirnaty Original/Omicron BA.4-5 (15/15 micrograms) Dose</li> <li>• Procedure for the Clinical Supervisor Supervising the Administration and Vaccination of Comirnaty Original/Omicron BA.4-5 (15/15 micrograms) Dose V1.1</li> <li>• Covid19 Vaccination Recipient Pre-screening and Consent Form V7</li> </ul>
7	<b>Other items discussed</b>
	<ul style="list-style-type: none"> <li>• There were none this month.</li> </ul>

**Report to Trust Board to be held in Public  
on 13<sup>th</sup> December 2023**

<b>Title of Report:</b>	Update from Improvement, Innovation and Research Group	Enc No: 7.4
<b>Author:</b>	Kate Salmon, Deputy Chief Strategy Officer	
<b>Presenter/Exec Lead:</b>	Professor Louise Toner, Non-Executive Director	

**Action Required of the Group**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

Trust Board are asked to note the contents of the report and in particular the items referred to for discussion and approval.

The Group are asked to endorse the recommendations in the report as follows:

1. To review and discuss the high-level Board actions (Appendix 1) with a recommendation to continue the work, refining them further and to be presented to Trust Board in February 2024.
2. To note the decision of the IIRG that Digital Innovation ceases reporting formally to the IIRG and for the appropriate Digital Innovation representation to remain a core member of the Group.
3. To note the decision that the IIRG will formally be known as the Improvement and Research Group – IRG, (Appendix 2) for the amended Terms of Reference.

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description: The QI team is not an owner of any risks but their involvement in QI projects address various risks raised through Divisions and Corporate teams.		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed.</b>	None		
<b>Resource Implications:</b>	None		
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well-led KLOE 8
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: NHS Impact
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
<b>CQC Domains</b>	Safe: Effective: Caring: Responsive: Well-led: KLOE 8		

<b>Equality and Diversity Impact</b>	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.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert	
<b>Assure</b>	<p>The QI Teams continue to work across Divisions, developing and supporting the programmes of improvement work, alongside the delivery of QSIR training, including bespoke training to identified staff groups. Separate reports are submitted to TMC and Trust Board summarizing the QI work.</p> <p>The Senior QI leadership team continues to collaborate with colleagues from the acute providers in the Black Country and have agreed a set of guiding principles to support our collaborative work as the 'Black Country Improvement System'.</p> <p>Members of the senior leadership team attended an open day at Leeds Teaching Hospital NHS Trust – an exemplar Trust who took part in the Virginia Mason Institute programme, to share learning on embedding QI at all levels of the organization.</p>
<b>Advise</b>	<p>The NHS Impact 'stock-take' assessment and QI Maturity Matrix self-assessment assessing our state of readiness against the 5 domains for quality improvement, were submitted to the ICB. The QI Board action plan has been updated highlighting the actions needed and areas for Board consideration, if we are to progress through the stages of maturity and will be the focus of this report.</p>
<b>Alert</b>	<p>The report outlines the rationale for the removal of Digital Innovation as an agenda item requiring formal reporting requirements into the IIRG, a decision supported by the IIRG.</p>

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement</li> <li>• Safe and responsive urgent and emergency care</li> <li>• Deliver the priorities within the National Elective Care Strategy</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>• Improve overall staff engagement.</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>• Reduction in the carbon footprint of clinical services by 1 April 2025</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Improve population health outcomes through provider collaborative</li> <li>• Improve clinical service sustainability</li> <li>• Implement technological solutions that improve patient experience</li> <li>• Progress joint working across Wolverhampton and Walsall</li> </ul>

**Report from the Improvement, Innovation and Research Group  
held in Private on 14<sup>th</sup> November 2023**

## **EXECUTIVE SUMMARY**

This report summarises the meeting held on 14<sup>th</sup> November. The meeting was quorate.

The IIRG received reports from the Quality Improvement Team and Research and Development (R&D). It received a proposal from the Associate Director of Digital Innovation to not formally report into this group due to the reasons outlined below.

## **BACKGROUND INFORMATION**

### **1. Delivering Continuous Improvement DCI Review – Maturity Matrix self-assessment**

The Board previously approved the submission of the NHS IMPACT maturity matrix self-assessment results based on our maturity as an organisation into delivering the recommendations from the NHS Delivery and Continuous Improvement review (DCI review<sup>1</sup>) – average score of 2.4 (developing). These were submitted to the ICB.

The focus of the review identified 5 domains that need to be in place for an organisation to have truly embedded continuous improvement and for it to be part of “Business as Usual” (BAU) for everyone. Organisations that have the five foundations in place score highly on the matrix and have achieved CQC ratings of Outstanding.

Five foundations identified:

- Building a Shared purpose and Vision
- Investing in People and Culture
- Developing Leadership behaviours
- Building Improvement Capability and Capacity
- Embedding improvement into management systems and processes

The QI Board action plan has been updated and includes proposed actions (for consideration) that are designed to move the organisation towards levels 4 (spreading) and 5 (improving and sustaining) of the Maturity Matrix. Appendix 1 includes the high-level Board actions that were considered by the Group and needs further development with respective Executive and Non-Executive Director colleagues. Once finalised, the recommendations will be submitted to Trust Board for sign-off (February 2024).

### **2. Digital Innovation**

Following the dissolution of the former Innovation and Research Committee it was agreed that two Groups would be established:

1. Information technology and Digital Platforms/Infrastructure
2. Innovation, Improvement and Research

At the point of establishment there was agreement that as the structure was newly formed and digital Innovation previously reported to IRAC it would be pertinent for this agenda to be reported into both working groups to ensure alignment.

<sup>1</sup>B2137 - NHS delivery and continuous improvement review and recommendations - <https://www.england.nhs.uk/wp-content/uploads/2023/04/B2137-nhs-delivery-and-continuous-improvement-review-recommendations-april-2023.pdf>

The new structure has been in existence for almost 12 months, and it has become clear through the separate meetings and discussions held within those meetings that the Digital Innovation agenda should be reporting formally through the Information technology and Digital Platforms/Infrastructure Working Group, chaired by John Dunn.

Whilst the proposal is to cease the formal Digital Innovation reporting requirements to IIRG it would be pertinent for the Associate Director of Digital Innovation (or their deputy) to remain a core member of the IIRG to ensure the collaborative agendas remain aligned.

The IIRG endorsed the proposal for Digital Innovation to cease reporting formally to the IIRG and for the appropriate Digital Innovation representation to remain a core member of the Group.

### **3. Research and Development**

Highlights were presented by the Group Director for R&D. The approval times for studies being approved has improved from 298 days to just 35 days and therefore recruitment into commercial studies has increased substantially. The delivery into portfolio studies is on an upward projection.

Unfortunately, recruiting for the Professor of Midwifery post was unsuccessful, however, discussions are taking place re an alternative approach to allow the post to be progressed across both trusts and Birmingham City University Further, the University of Wolverhampton were unsuccessful in the appointment of a Professor of Nursing and discussions are taking place re the potential to readvertise or seek an Associate Professor role. Discussions are also taking place with WHT regarding an Associate Palliative Care post.

In addition, the team are collaborating with colleagues at SWBH and DGFT on how to bring research, innovation and improvement together across all 4 trusts.

### **RECOMMENDATIONS**

1. To support the continued development of the QI Board Action plan working with the respective Executive and Non-Executive Directors to refine actions further.
2. To note the decision of the IIRG that Digital Innovation ceases reporting formally to the IIRG and for the appropriate Digital Innovation representation to remain a core member of the Group.
3. To note the decision that the IIRG will formally be known as the Improvement and Research Group – IRG, please refer to Appendix 2 for the amended Terms of Reference.

#### **Enclosures:**

Appendix 1 – QI Board Action plan and NHS Impact (Reading Room 7.4.1)

Appendix 2 – Improvement & Research Group Terms of Reference (amended) (Reading Room 7.4.1)

**Paper to the Trust Board Meeting – to be held in Public**  
**13<sup>th</sup> December 2023**

<b>Title of Report:</b>	Trust Board Metrics Report – Effective Collaboration	Enc No: 8.1
<b>Author:</b>	Author - Amanda Cater, Head of Performance <u><a href="mailto:Amanda.cater@nhs.net">Amanda.cater@nhs.net</a></u> Dan Mortiboys, Operational Director of Finance <u><a href="mailto:D.mortiboys@nhs.net">D.mortiboys@nhs.net</a></u>  Responsible Directors <ul style="list-style-type: none"> <li>Executive Directors</li> </ul>	
<b>Presenter/Exec Lead:</b>	Dan Mortiboys, Interim Director of Finance	

**Action Required of the Board/Committee/Group**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

Board members are asked to note the contents of the report and note that further details are reported within subcommittee papers.

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Description:  On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :			<div>Any risks associated with individual metrics within the report will be noted within the appropriate sub-committee papers.</div>
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	State: None Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):			
<b>Resource Implications:</b>	(if none, state 'none') Revenue: Capital: Workforce: implications associated with the capture and reporting of performance data. Funding Source:			
<b>Report Data Caveats</b>	This is a standard report using the previous months or most recent data. It may be subject to cleansing and revision. The report relies on timely and accurate data recording in corporate systems and, for data provided outside of corporate systems, timely provision of the data to the Performance Team for incorporation into the report			
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Safe, Effective, Caring, Responsive, Well-led	
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Publication PRN00196 Elective care prioritise 2023/24	
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:	
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:	




	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: NHS contractual requirements
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>		
<b>Equality and Diversity Impact</b>	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.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

### Summary of Key Issues using Assure, Advise and Alert

#### Introduction

'Board Level Metrics' are a rationalised set of priority metrics for the Board to focus on. The metrics align against our four strategic objectives (Care, Colleagues, Collaboration and Communities) and our Vision. Whilst this is a rationalised set of metrics to generate higher quality discussions and assurance, we also monitor a considerable number of metrics within subcommittee papers. Highlight reports from each committee are included for Board focus. This report includes data in Statistical Process Control (SPC) charts using the NHS 'Make Data Count' style of reporting. Further detail on how to interpret SPC charts icons is explained in the final page of this report. This is the first month producing this new report and the content will evolve over time. This report replaces the previous IQPR – Integrated Quality and Performance Report.

## Trust Board Metrics - Key Objectives

		ASSURANCE		
VARIATION				No Target
		Cancer - No. of patients waiting 63+ Days for treatment (CARE) MSFD - Average number of Medically Fit for Discharge Patients in WMH (COMMUNITIES)	18 Weeks RTT - Number of 78 Week Breaches (excluding patient choice) (CARE)	
		Urgent Crisis Response (UCR) - 2 Hour Response Rate (CARE) Vacancy Rates - Overall (COLLEAGUES) Virtual Ward - Total Referrals (COLLABORATION)	18 Weeks RTT - Number of 65 Week Breaches (CARE)	
		ED - ED Attendances Admitted, Transferred or Discharged within 4 hours of Arrival (CARE)		

Dashboard metrics for the below Objectives do not contain enough data points to populate the above matrix - Please see exception page for further detail

- Carbon Footprint - 5% reduction in the carbon footprint (COMMUNITIES)
- R&D - Number of Recruits - Commercial (COLLABORATION)
- R&D - Number of Recruits - Non Commercial (COLLABORATION)

Dashboard metrics for the below Objectives are currently in development

- 10% increase on previous year in the percentage of staff responding positively in the annual staff survey when asked if they are able to suggest and make improvements in their area (CARE)
- Delivery of the agreed financial plan (CARE)
- Deliver an improvement on 2022/23 in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing by March 2024 (COLLEAGUES)
- Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged (COLLEAGUES)
- Deliver an improvement on 2022/23 in Workforce Equality Standard performance by March 2024 (COLLEAGUES)
- Identify, implement and report on a agreed set of outcome measures for each of the projects within the provider collaborative programme (COLLABORATION)
- Develop and implement a Health Inequalities Strategy with measurable outcomes in 2023/24 (COMMUNITIES)



[illegible]

\* The Variation SPC icon is based off the target column. The trajectory column has been added for information only



\*\* Targets are sourced from Trust Board approved targets / constitutional standard targets / local expectations

## 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.

**Report to Trust Board – to be held in Public**  
**On Wednesday 13 December 2023**

<b>Title of Report:</b>	Group Chief Strategy Officer Report: - Black Country Provider Collaborative Update	Enc No: 8.2
<b>Author:</b>	Simon Evans - Group Chief Strategy Officer Report	
<b>Presenter/Exec Lead:</b>	Group Chief Strategy Officer Report	

**Action Required of the Board/Committee/Group**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

- Note the good progress being made in the BCPC

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> On Risk Register: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s)</b>	None		
<b>Resource Implications:</b>	None		
<b>Report Data Caveats</b>	None		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well-led
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Response to NHS Impact
	Health & Safety	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>		

<b>Equality and Diversity Impact</b>	None as a result of this paper		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: BCPC Executive Group
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Improvement and Research Sub-Group

Summary of Key Issues using Assure, Advise and Alert	
<b>Assure</b>	<ul style="list-style-type: none"> <li>• Good progress is being made with the BCPC work programme in both clinical and corporate work streams.</li> <li>• The Joint Provider Committee is now in place and will oversee progress of the BCPC on behalf of all four Trusts.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• The BCPC has sought Expressions of Interest from Directors across all four trusts to take the lead role on a slimmed down executive committee.</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li>• Any future delegations to the Trust from the ICB will need to be approved by the Joint Provider Committee before it can be introduced.</li> </ul>

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement</li> <li>• Prioritise the treatment of cancer patients</li> <li>• Safe and responsive urgent and emergency care</li> <li>• Deliver the priorities within the National Elective Care Strategy</li> <li>• We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>• Be in the top quartile for vacancy levels</li> <li>• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing</li> <li>• Improve overall staff engagement</li> <li>• Deliver improvement against the Workforce Equality Standards</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>• Develop a health inequalities strategy</li> <li>• Reduction in the carbon footprint of clinical services by 1 April 2025</li> <li>• Deliver improvements at PLACE in the health of our communities</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Improve population health outcomes through provider collaborative</li> <li>• Improve clinical service sustainability</li> <li>• Implement technological solutions that improve patient experience</li> <li>• Progress joint working across Wolverhampton and Walsall</li> <li>• Facilitate research that improves the quality of care</li> </ul>

## Key Messages on the Provider Collaborative – November 2023

The following are the key messages from the BC Provider Collaborative Executive meeting of the 6<sup>th</sup> November.

### a) Clinical Improvement Programme

BCPC CMO outlined a diverse range of progress being made across the Clinical Network areas, of which the following particularly notable:

- **Vascular Services** – an update on progress was presented with some further work identified. Timelines and the signoff process between the two partner organisations were agreed with a view to presenting a final proposal in early 2024 for the repatriation of SWBH vascular activity back into the Black Country from UHB.
- **ENT** – Mr. John Murphy, the BCPC Clinical Lead for ENT presented the ENT strategic plan, focusing on the pursuit of a new model of care between WHT and SWBH which would mirror arrangements currently in place between DGFT and RWT, and provide much needed resilience to the system, with CE endorsing and supporting the identified direction of travel.
- Good progress has been made in some Clinical Networks (Critical Care / SKIN) who have completed most of their identified priorities enabling the BCPC CMO and MD to review and potentially redistribute capacity / support to other future priorities.
- **Clinical Summit** was very well attended and well received. Feedback on the ‘Spotlight video’s’, and Annual Reports was very positive, and the format of the programme seemed to work well with positive engagement and interaction.

### b) Mandatory Training

The Collaborative Executive received an update from Cat Lisseman and Dr. Brian McKaig detailing progress to date on the scoping exercise. All partner organisations are engaged in the work, with commitment key to ensuring a robust output. A PID and project GANNT chart were shared outlining key tasks and timelines to deliver the requested business case for review by the CE in Dec 23 / Jan 24.

### c) Digital Workstream update

A proposal paper outlining the possibility for convergence on a system wide approach to PACs was presented to the Collaborative Executive with support and agreement to progress system wide work across the four partners in developing an options appraisal and proposed next steps paper to be submitted for review at the earliest possible time.

### d) Establishing a robotic Renal Surgery Centre of Excellence at DGFT

Following the receipt of Surgical Robots at DGFT and SWBH earlier this year, the Urology Network is now progressing its plans to transform specialist elements of the Urology service and establish a robotic renal surgery (for nephrectomies and partial nephrectomies) at DGFT. BCPC MD to coordinate the way forward over the remainder of this financial year, engaging with all stakeholders and managing any ‘service change’ processes in conjunction with ICB colleagues.

**Paper to the Trust Board to be held in Public**  
**On 13<sup>th</sup> December 2023**

<b>Title of Report:</b>	Trust Board Metrics Report – Improve the health and well being of our communities	Enc No: 9.1
<b>Author:</b>	Author - Amanda Cater, Head of Performance <u>Amanda.cater@nhs.net</u> Dan Mortiboys, Operational Director of Finance <u>D.mortiboys@nhs.net</u>  Responsible Directors <ul style="list-style-type: none"> <li>Stephanie Cartwright, Group Director of Place</li> <li>Dan Mortiboys, Interim Director of Finance</li> </ul>	
<b>Presenter/Exec Lead:</b>	Dan Mortiboys, Interim Director of Finance	

**Action Required of the Board/Committee/Group**  
**(Please remove action as appropriate)**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

Board members are asked to note the contents of the report and note that further details are reported within subcommittee papers.

**Implications of the Paper:**

<b>Implications of the Report</b>			
<b>Risk Register Risk</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Description:  On Risk Register: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Score (if applicable) :		<div>Any risks associated with individual metrics within the report will be noted within the appropriate sub-committee papers.</div>
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	State: None Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):		
<b>Resource Implications:</b>	(if none, state 'none') Revenue: Capital: Workforce: implications associated with the capture and reporting of performance data. Funding Source:		
<b>Report Data Caveats</b>	This is a standard report using the previous months or most recent data. It may be subject to cleansing and revision. The report relies on timely and accurate data recording in corporate systems and, for data provided outside of corporate systems, timely provision of the data to the Performance Team for incorporation into the report		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Safe, Effective, Caring, Responsive, Well-led
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Publication PRN00196 Elective care prioritise 2023/24
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:

	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: NHS contractual requirements
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>		
<b>Equality and Diversity Impact</b>	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.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

### Summary of Key Issues using Assure, Advise and Alert

#### Introduction

'Board Level Metrics' are a rationalised set of priority metrics for the Board to focus on. The metrics align against our four strategic objectives (Care, Colleagues, Collaboration and Communities) and our Vision. Whilst this is a rationalised set of metrics to generate higher quality discussions and assurance, we also monitor a considerable number of metrics within subcommittee papers. Highlight reports from each committee are included for Board focus. This report includes data in Statistical Process Control (SPC) charts using the NHS 'Make Data Count' style of reporting. Further detail on how to interpret SPC charts icons is explained in the final page of this report. This is the first month producing this new report and the content will evolve over time. This report replaces the previous IQPR – Integrated Quality and Performance Report.



### Trust Board Metrics - Key Objectives

		ASSURANCE		
VARIATION				
			Cancer - No. of patients waiting 63+ Days for treatment (CARE) MSFD - Average number of Medically Fit for Discharge Patients in WMH (COMMUNITIES)	18 Weeks RTT - Number of 78 Week Breaches (excluding patient choice) (CARE)
			Urgent Crisis Response (UCR) - 2 Hour Response Rate (CARE) Vacancy Rates - Overall (COLLEAGUES) Virtual Ward - Total Referrals (COLLABORATION)	18 Weeks RTT - Number of 65 Week Breaches (CARE)
			ED - ED Attendances Admitted, Transferred or Discharged within 4 hours of Arrival (CARE)	
				No Target

Dashboard metrics for the below Objectives do not contain enough data points to populate the above matrix - Please see exception page for further detail

- Carbon Footprint - 5% reduction in the carbon footprint (COMMUNITIES)
- R&D - Number of Recruits - Commercial (COLLABORATION)
- R&D - Number of Recruits - Non Commercial (COLLABORATION)

Dashboard metrics for the below Objectives are currently in development

- 10% increase on previous year in the percentage of staff responding positively in the annual staff survey when asked if they are able to suggest and make improvements in their area (CARE)
- Delivery of the agreed financial plan (CARE)
- Deliver an improvement on 2022/23 in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing by March 2024 (COLLEAGUES)
- Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged (COLLEAGUES)
- Deliver an improvement on 2022/23 in Workforce Equality Standard performance by March 2024 (COLLEAGUES)
- Identify, implement and report on a agreed set of outcome measures for each of the projects within the provider collaborative programme (COLLABORATION)
- Develop and implement a Health Inequalities Strategy with measurable outcomes in 2023/24 (COMMUNITIES)



[illegible]

\* The Variation SPC icon is based off the target column. The trajectory column has been added for information only



Care Colleagues  
Collaboration Communities

## 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.

**Paper to the Trust Board Meeting – to be held in Public**  
**On 13th December 2023**

<b>Title of Report:</b>	Walsall Together Partnership Board	Enc No: 9.2
<b>Author:</b>	Rachael Gallagher - Personal Assistant, Walsall Together	
<b>Presenter/Exec Lead:</b>	Professor Patrick Vernon – Chair, Walsall Together patrick.vernon1@nhs.net	

**Action Required of the Board/Committee/Group**

**(Please remove action as appropriate)**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**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.

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description:  On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	None		
<b>Resource Implications:</b>	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 now understand that there will not be any transfer of resources from the ICB on or before 1 <sup>st</sup> April 2024, linked to the process of delegation.		
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHSE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details: not at this stage
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details: not at this stage
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
<b>CQC Domains</b>	N/A		

<b>Equality and Diversity Impact</b>	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.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: WTPB 15 <sup>th</sup> November 2023
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert	
<b>Assure</b>	<ul style="list-style-type: none"> <li>- Board agrees to support additional conversations about the investment and sustainability of Walsall's social prescribing services</li> <li>- Operational demand remains elevated, and some winter mitigations are in place. Mitigations available are not as extensive as seen over the last couple of years due to restricted finances, which remains an area of concern</li> <li>- Members agree to review a recent Trust Board user story to investigate the discharge system and the overlaps with partners including the Local Authority and Primary Care</li> <li>- Board supports Primary Care representation within the partnership and options are being explored to ensure that continues to develop</li> <li>- A development session was held after board business to review Place Development and Health Inequalities</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>- This report covers items discussed in November's meeting.</li> </ul>
<b>Alert</b>	<p>Post-meeting note for the monthly communications brief: Walsall Together was crowned Winners of the HSJ Place-based Partnership &amp; Integrated Care Award at the awards ceremony in London on 16<sup>th</sup> November.</p> <ul style="list-style-type: none"> <li>- The transformation programme indicates a higher number of projects facing obstacles with clear themes of funding, resource and capacity issues impacting the progress of projects</li> <li>- Board agree that Mental Health representation at partnership meetings is a concern and agree to engage with partners to ensure the issues seeking resolution are addressed. Board noted some areas where excellent progress had been made in areas working with mental health colleagues.</li> <li>- Board approve for the delegation of any health inequalities funding decisions to be given to the Population Health and Inequalities Steering Group</li> </ul>

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>• Improve overall staff engagement</li> <li>• Deliver improvement against the Workforce Equality Standards</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>• Develop a health inequalities strategy</li> <li>• Deliver improvements at PLACE in the health of our communities</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Improve clinical service sustainability</li> <li>• Implement technological solutions that improve patient experience</li> </ul>

**Walsall Together Partnership Board Highlight Report****Report to Trust Board Meeting to be held in Public on December 2023****EXECUTIVE SUMMARY**

- 1.1. User story** – The user story for November was on the Walsall social prescribing offer. Representation from Walsall lead providers described the offers, how they help Walsall residents and how they link into other offers. Board agree that additional conversations are needed to discuss the model and sustainability going forwards. Members agree that social prescribing is a vital offer for Walsall and there are significant qualitative impacts that are difficult to measure. Additional work is ongoing to address the issues in alignment to the Walsall Together strategy refresh.
- 1.2. Operational Report** – Board was briefed on the highlights of October's operational data. Demand has increased and the report now contains comparable data for the same period 12 months prior which demonstrates service improvements. The Intermediate Care Service remains a risk due to the financial deficit and the ability to discharge patients swiftly into the appropriate settings. Board discussed working on a deep dive identifying regular attenders into systems and addressing their additional social and wider determinants needs, as well as health and social care. It was agreed to review the recent Trust Board story to review the discharge system and how partners can work together to avoid readmittance.
- 1.3. Transformation Programme** – Board was informed that there are 23 projects with the transformation programme that are on track and are making progress. There are a number of projects affected by resource, capacity and funding issues some of which are heightened by lack of engagement from mental health colleagues. Additional forums have been implemented that can help with mental health representation and progress some of the outstanding issues. Revised timelines are expected to allow a couple of projects to get back on track for the next reporting period.
- 1.4. Communications Brief** – Board was presented with the first iteration of the revised communication brief. The ambition is to rotate the partners data included on the brief to provide partners oversight of all areas. Board discussed the report and several suggestions was made to improve on the first iteration. Board approved the brief to be circulated subject to amending the transformation section for the month.
- 1.5. Place Development** – Board was informed of progress made in the steps towards delegation. The System Operating Model has made significant progress and the board discussed in further detail during the development session. Assurance was given to Primary Care colleagues that the primary care element is now strongly referenced in the latest iteration. Colleagues support the primary care element of the partnership and support the exploration and ensuring it continues post March.

**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 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.

**Paper to the Trust Board Meeting – to be held in Public**  
**On 13<sup>th</sup> December 2023**

<b>Title of Report:</b>	Group Director of Place Report	Enc No: 9.3
<b>Author:</b>	Stephanie Cartwright, Group Director of Place Michelle McManus, Walsall Together Director of Transformation Steve Jackson, Director of Operations, Community Division	
<b>Presenter/Exec Lead:</b>	Stephanie Cartwright, Group Director of Place	

**Action Required of the Board/Committee/Group**

**(Please remove action as appropriate)**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

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

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description:  On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	None		
<b>Resource Implications:</b>	There are outstanding funding issues to be resolved for some community services.		
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHSE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>		



<b>Equality and Diversity Impact</b>	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		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: WTPB 15 <sup>th</sup> November 2023
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert	
<b>Assure</b>	<ul style="list-style-type: none"> <li>• <b>Medically Stable for Discharge:</b> The level of patients awaiting discharge pathways 1-3 remained low at 38 patients. The average LOS for being medically stable was 3 days.</li> <li>• <b>Avoiding Hospital Admissions:</b> In line with a stabilisation in demand during October, Community services saw a sustained high level of referrals for services such as Care Navigation Centre; Rapid Response team; Integrated Front Door service.</li> <li>• <b>Healthy Child program:</b> Public Health are extending the contract for five years from 1<sup>st</sup> April 2024.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• <b>Virtual Wards:</b> The adult virtual wards continued to offer 80 virtual beds covering respiratory, heart failure, palliative care, hospital at home and frailty pathways during October. Referrals into the service remained below the service capacity. A virtual ward summit was held on Friday 24<sup>th</sup> November 2023 to encourage wider usage of the service.</li> <li>• <b>Place Development:</b> the partnership has contributed to the further development and refinement of the Black Country System Operating Model, which aligns well to the ambition for delegation in Walsall.</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li>• <b>Funding for Intermediate Care Service:</b> An activity and financial trajectory has been produced with commissioners to monitor activity versus spend for the current financial year. Inclusive of national discharge funding, a £1.7m deficit has been forecast. This is predominately being driven by the cost of care. Discussions are ongoing between the joint commissioners to seek a resolution.</li> <li>• <b>HSJ Winners Place-based Partnership &amp; Integrated Care Award:</b> Walsall Together was crowned winners at the awards ceremony in London on 16<sup>th</sup> November</li> </ul>

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Safe and responsive urgent and emergency care</li> <li>• We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>• Deliver improvements at PLACE in the health of our communities</li> </ul>



**Group Director of Place**  
**(incorporating Care at Home)**

**Report to Trust Board Meeting to be held in Public on 13<sup>th</sup> December 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 October 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 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 the vehicle for governance by establishing a place-based Board (Walsall Together Partnership Board - WTPB) and management structure within the framework of its existing corporate structure. The WTPB has oversight of operational performance for community services.

**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 Joint Planning Group and 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 October

***Capacity:***

***Locality Teams:*** The Locality Community Teams delivered 6,015 hours of care and met 96% 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 October. Referrals into the service have increased but remain below the service capacity. The service has developed plans to reduce capacity to align more closely with demand and reduce the staffing required.

**Discharge & Step-Up Pathways:** The level of patients awaiting discharge pathways 1-3 remained low at an average of 38 patients, with the average LOS as being medically fit running at 3 days.

**Funding for Intermediate Care Service:** An activity and financial trajectory has been produced with commissioners to monitor activity versus spend for the current financial year. Inclusive of national discharge funding, a £1.7m deficit has been forecast. This is predominately being driven by the cost of care. Discussions are ongoing between the joint commissioners to seek a resolution.

## **PLACE-BASED PARTNERSHIP DEVELOPMENT**

Walsall Together are very proud to have been crowned the winners of the HSJ Place Based Partnership and Integrated Care Award in the ceremony in London on 16<sup>th</sup> November 2023. Winning this award is testament to the strength and breadth of the partnership and the difference it makes to the Walsall population.

Following the submission of a draft proposal for delegation to Walsall Place in August 2023, the partnership has engaged in the further development of a system operating model. Version 8 of the operating model was presented to the Partnership Board in November. It starts the process of devolution of decision making from the Integrated Care Board (ICB) to the wider Integrated Care System (ICS), strengthening the role of system-wide programme boards in the first instance. Walsall Together partners welcome the statement that this will continue to evolve and are supportive of the current proposal on the basis that it moves the system in a direction that aligns with the ambition in Walsall and at a sensible pace. Some additional points of assurance/awareness:

- We are not expecting any transfer of staff from the ICB out to places or collaboratives, at least for 2024. Instead, there will be further progression of aligned working arrangements. In Walsall, some commissioning and place development roles are already very well aligned and we have well developed partnership infrastructure, which presents an opportunity to test out additional ICB roles.
- In lieu of the essential national guidance that would allow delegation from the ICB directly to another organisation or partnership, delegation is currently being explored a) through contractual mechanisms and b) to place-level integrated commissioning committees (joint committees with the Local Authority) via the Place Managing Directors. Confirmation of this intention is welcomed in Walsall, to secure decision-making at Place-level and to continue to recognise the valuable relationship with Walsall Council.
- There is now greater recognition of the organisational development work required to shift the system to new ways of working. Additional focus is being resourced in Walsall to explore the changing commissioner-provider relationship, in particular managing risk and conflicts of interest in this context.

We are currently reviewing version 9, with final comments due by the end of November. The intention is for the ICB to give final approval of the operating model at its Board in January.

Priorities for Walsall will be to review and update our Place governance model to ensure it accurately reflects the final version of the operating model. We will then look to dedicate time and resource to supporting the next phase of transition to April 2024/25.

Additional activities undertaken to contribute to research and policy and to raise awareness of the work in Walsall:

- Participation in a ministerial roundtable on the Major Conditions Strategy, ensuring prevention in its broadest sense is reflected in the strategy, and encouragement of cross-departmental thinking around implementation.
- Agreement to participate in the NHS Confederation research into the national health inequalities funding process.
- Interview with the King's Fund to support their research into Place Based Partnerships.
- Presentation at Chamber UK Midland Seminar focussed on outcomes based commissioning.

## **JOINT VISION FOR COMMUNITY SERVICES**

Work continues on the joint vision for community services across the Wolverhampton and Walsall Group. A working group has been established with 3 priorities:

1. Digital alignment & development
2. Joint working on out of hours (OOHs) support and care co-ordination model
3. Joint working on protocols and referral pathways

Progress to date has been as follows:

Sharing and alignment of protocols and pathways

- Protocols in development (stacking 2 hour urgent community response, falls, heads & lacerations, call to convey)
- Urgent Community Response and cross border agreement to referrals (GP registered versus LA boundary)
- Reviewed both out of hospital support and care co-ordination models & identified variance and best practice. A management plan for sharing calls out of hours has been agreed & is awaiting clinical sign off.
- A single Black Country telephone number (hosted by Sandwell) for West Midlands Ambulance Service for community response that will divert to the four care co-ordination centres

There is also a piece of working taking place across Black Country community providers to look at areas of best practice, particularly in relation to winter pressures.

## **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 (Reading Room Item No:9.3.1)

**Paper to the Trust Board – to be held in Public**  
**13<sup>th</sup> December 2023**

<b>Title of Report:</b>	Trust Board Metrics Report – Excel in the Delivery of Care	Enc No: 10.1
<b>Author:</b>	Author - Amanda Cater, Head of Performance <u><a href="mailto:Amanda.cater@nhs.net">Amanda.cater@nhs.net</a></u> Dan Mortiboys, Operational Director of Finance <u><a href="mailto:D.mortiboys@nhs.net">D.mortiboys@nhs.net</a></u>  Responsible Directors – <ul style="list-style-type: none"> <li>• Kevin Stringer, Group Chief Financial Officer</li> <li>• Dan Mortiboys – Interim Director of Finance</li> <li>• Dr Manjeet Shehmar, Chief Medical Officer</li> <li>• Lisa Carroll, Chief Nursing Officer</li> <li>• Kevin Bostock, Group Director of Assurance</li> </ul>	
<b>Presenter/Exec Lead:</b>	<ul style="list-style-type: none"> <li>• Dan Mortiboys, Interim Director of Finance and Productivity</li> <li>• Paul Assinder – Chair of Finance and Productivity Committee</li> <li>• Dr Julian Parkes – Chair of Quality Committee</li> </ul>	

**Action Required of the Board/Committee/Group**  
**(Please remove action as appropriate)**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

Board members are asked to note the contents of the report and note that further details are reported within subcommittee papers.

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Description:  On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :	<div>Any risks associated with individual metrics within the report will be noted within the appropriate sub-committee papers.</div>
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	State: None Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):	
<b>Resource Implications:</b>	(if none, state 'none') Revenue: Capital: Workforce: implications associated with the capture and reporting of performance data. Funding Source:	
<b>Report Data Caveats</b>	This is a standard report using the previous months or most recent data. It may be subject to cleansing and revision. The report relies on timely and accurate data recording in corporate systems and, for data provided	









	outside of corporate systems, timely provision of the data to the Performance Team for incorporation into the report		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Safe, Effective, Caring, Responsive, Well-led
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Publication PRN00196 Elective care prioritise 2023/24
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: NHS contractual requirements
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>		
<b>Equality and Diversity Impact</b>	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.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

### Summary of Key Issues using Assure, Advise and Alert

#### Introduction

'Board Level Metrics' are a rationalised set of priority metrics for the Board to focus on. The metrics align against our four strategic objectives (Care, Colleagues, Collaboration and Communities) and our Vision. Whilst this is a rationalised set of metrics to generate higher quality discussions and assurance, we also monitor a considerable number of metrics within subcommittee papers. Highlight reports from each committee are included for Board focus. This report includes data in Statistical Process Control (SPC) charts using the NHS 'Make Data Count' style of reporting. Further detail on how to interpret SPC charts icons is explained in the final page of this report. This is the first month producing this new report and the content will evolve over time. This report replaces the previous IQPR – Integrated Quality and Performance Report.

## Trust Board Metrics - Key Objectives

		ASSURANCE			
VARIATION					No Target
			Cancer - No. of patients waiting 63+ Days for treatment (CARE) MSFD - Average number of Medically Fit for Discharge Patients in WMH (COMMUNITIES)	18 Weeks RTT - Number of 78 Week Breaches (excluding patient choice) (CARE)	
					
			Urgent Crisis Response (UCR) - 2 Hour Response Rate (CARE) Vacancy Rates - Overall (COLLEAGUES) Virtual Ward - Total Referrals (COLLABORATION)	18 Weeks RTT - Number of 65 Week Breaches (CARE)	
			ED - ED Attendances Admitted, Transferred or Discharged within 4 hours of Arrival (CARE)		
					

Dashboard metrics for the below Objectives do not contain enough data points to populate the above matrix - Please see exception page for further detail

- Carbon Footprint - 5% reduction in the carbon footprint (COMMUNITIES)
- R&D - Number of Recruits - Commercial (COLLABORATION)
- R&D - Number of Recruits - Non Commercial (COLLABORATION)

Dashboard metrics for the below Objectives are currently in development

- 10% increase on previous year in the percentage of staff responding positively in the annual staff survey when asked if they are able to suggest and make improvements in their area (CARE)
- Delivery of the agreed financial plan (CARE)
- Deliver an improvement on 2022/23 in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing by March 2024 (COLLEAGUES)
- Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged (COLLEAGUES)
- Deliver an improvement on 2022/23 in Workforce Equality Standard performance by March 2024 (COLLEAGUES)
- Identify, implement and report on a agreed set of outcome measures for each of the projects within the provider collaborative programme (COLLABORATION)
- Develop and implement a Health Inequalities Strategy with measurable outcomes in 2023/24 (COMMUNITIES)

## Trust Board Metrics - CARE Dashboard

KPI	Latest month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
18 Weeks RTT - % Within 18 Weeks – Incomplete	Oct 23	57.21%	56.31%	92%			61.80%	59.11%	64.49%
18 Weeks RTT - Number of 52 Week Breaches	Oct 23	1598	1265	1000			1056	839	1272
18 Weeks RTT - Number of 65 Week Breaches	Oct 23	360	265	0			317	177	456
18 Weeks RTT - Number of 78 Week Breaches	Oct 23	0	0	0			82	34	129
Ambulance Handover - % of Handovers completed within 30mins of Arrival	Oct 23	80.99%	95.00%	95%			91.88%	83.53%	100.22%
Cancer - 2 Week Wait - % seen within 2 weeks of referral for First Op Appt	Sep 23	86.07%	93.00%	93%			75.24%	56.68%	93.81%
Cancer - 28 Day Faster Diagnosis - % Compliance – Overall	Sep 23	65.33%	93.00%	85%			36.86%	-2.31%	76.04%
Cancer - 62 Day Referral to Treatment - % Compliance – Overall	Sep 23	78.67%	85.00%	85%			70.14%	54.75%	85.53%
Cancer - No. of patients waiting 63+ Days for treatment	Sep 23	42	93	39			83	37	129
Clostridium Difficile - Number of Cases	Oct 23	7	2	2			4	-3	12
MRSA - Number of Cases	Oct 23	0	0	0			0	-1	1
Diagnostics - % of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test	Oct 23	23.57%	1.00%	1%			13.32%	6.94%	19.71%
ED - ED Attendances Admitted, Transferred or Discharged within 4 hours of Arrival	Oct 23	69.80%	76.00%	76%			77.19%	71.31%	83.07%
ED - ED Attendances Admitted, Transferred or Discharged within 12 hours of Arrival	Oct 23	9.27%	3.50%	2%			4.51%	-0.46%	9.48%
Falls - Number resulting in severe harm or death	Oct 23	0	0	0			1	-2	4
Incidents - Never Events	Oct 23	0	0	0			0	-1	1
Incidents - Serious Incidents Hospital	Oct 23	4		0			7	-4	18
Incidents - Serious Incidents Community	Oct 23	1		0			0	-1	2
Maternity - Midwife to Birth Ratio - (1 to)	Oct 23	24.4	28	28			30	22	37
Pressure Ulcers: Cat 2, 3, 4 Incidents Hospital	Oct 23	19		0			14	2	26
Pressure Ulcers: Cat 2, 3, 4 Incidents Community	Oct 23	19		0			14	2	27
Sepsis - % of patients screened who received antibiotics within 1 hour - ED (E-Sepsis Module)	Oct 23	81.96%	90.00%	90%			70.6%	62.5%	78.8%
VTE Risk Assessment	Oct 23	90.31%	95.00%	95%			91.2%	87.7%	94.7%

### Footnotes







\* The Variation SPC icon is based off the target column. The monthly trajectory column has been added for information only

\*\* Targets are sourced from Trust Board approved targets / constitutional standard targets / local expectations

\*\*\* The target for C Difficile is cumulative but the metric is reported monthly, therefore the year target has been divided by 12 in order to populate the Variation SPC icon



## 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.



**Paper to the Trust Board Meeting  
to be held in Public on 13 December 2023**

<b>Title of Report</b>	Finance & Productivity Committee Chair's Report	Enc No: 10.1
<b>Author:</b>	Paul Assinder	
<b>Presenter:</b>	Chair of Committee	
<b>Date(s) of Committee/Group Meetings since last Board meeting:</b>	25 October 2023	

<b>Action Required of Committee/Group</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Received/Noted/For Information</b>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Recommendations:</b>			
The Board are asked to note the increased risk to the achievement of the 2023/24 Financial Plan			

**ALERT**

**Financial Performance 2023/24 YTD**

1. The Trust is currently working to an agreed deficit plan for 2023/24 of £14.7m.
2. The reported Month 6 (30<sup>th</sup> September 2023) deficit position is £20.8m, which is c£8.2m worse than period plan.
3. Key drivers of the Month 6 position are:
  - a. Excess Inflation c£2.3m
  - b. Cost of Industrial Action c£1.5m
  - c. Additional staffing in ED & Paediatrics c£2.6m
4. Cash remains a concern to the Committee (£12m at Month 6), with a projected need for external loan funding likely to be required in Q4.
5. The Committee is extremely concerned about the robustness of the Trust's Annual Financial Plan:
  - a. At Month 6 only £14m of required £17.2m efficiency opportunities have been identified to date, 81%. Although some additional ERF generation opportunity is possible.
  - b. Temporary workforce spending continues in some areas above plan.
  - c. The costs of industrial action is not factored into plans.
6. The Committee has requested a re-casting of the 2023/24 Financial Plan, which the Board may consider for re-submission to the ICB.
7. The Black Country ICS remains off plan for the period, by c£27m.

### **Endoscopy**

Endoscopy services are the Trust's biggest diagnostics challenge with 1,700 patients waiting over 2 weeks for scans. This represents c90% of the total over 2 weeks waits in the Trust. The department's mitigation plans have proved successful but the Committee is closely monitoring the position.

### **Cancer Care**

Some 86% of referrals met the 62 days wait target in September. The Board has previously been alerted to mitigation plans for delays in 2 weeks wait standards for Breast and skin.

### **Industrial Action**

Cancellations to date for industrial action are 2,610 out patient appointments and 202 surgical procedures.

## **ADVISE**

## **ASSURE**

### **Urgent & Emergency Care**

The Trust continues to perform well against local and national peers for emergency care. Ambulance handovers 89% under 30 minutes and 74% under 4 hours in ED.

### **Elective & Planned Care**

The Trust continues to hit all key indicators, including the 78 weeks waiting target for planned care and the 28-day faster diagnostics standard.

## ***Implications of the Paper***

<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	Note new risks to endoscopy waiting times and working capital.		
	Is Risk on Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well-led Standards
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well-led Standards
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well-led Standards, Licence assessment, Code of Governance
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well-led Standards, Licence assessment, Code of Governance
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:

### Summary of Key Issues:

As noted above

	Links to Trust Strategic Aims & Objectives
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement</li> <li>• Prioritise the treatment of cancer patients</li> <li>• Safe and responsive urgent and emergency care</li> <li>• Deliver the priorities within the National Elective Care Strategy</li> <li>• We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>• Be in the top quartile for vacancy levels</li> <li>• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing</li> <li>• Improve overall staff engagement</li> <li>• Deliver improvement against the Workforce Equality Standards</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>• Develop a health inequalities strategy</li> <li>• Reduction in the carbon footprint of clinical services by 1 April 2025</li> <li>• Deliver improvements at PLACE in the health of our communities</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Improve population health outcomes through provider collaborative</li> <li>• Improve clinical service sustainability</li> <li>• Implement technological solutions that improve patient experience</li> <li>• Progress joint working across Wolverhampton and Walsall</li> <li>• Facilitate research that improves the quality of care</li> </ul>

<b>Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)</b>	Working/Executive Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
<b>Any Changes to Workplan to be noted</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date:

**EXCEPTION REPORT FROM PERFORMANCE & FINANCE 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

As above

**ACTIVITY SUMMARY**

**Matters presented for information or noting**

As above

**Chair's comments on the effectiveness of the meeting:**

**Trust Board Meeting – to be held in Public**  
**13 December 2023**

<b>Title of Report</b>	Chair's Report from the Quality Committee	Enc 10.1
<b>Author:</b>	Dr Julian Parkes	
<b>Presenter:</b>	Chair of Committee	
<b>Date(s) of Committee/Group Meetings since last Board meeting:</b>	24 <sup>th</sup> November 2023	

Action Required of Committee/Group			
Decision	Approval	Discussion	Received/Noted/For Information
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Recommendations:</b> <ul style="list-style-type: none"> <li>That the Board note the report and matters of concern</li> </ul>			

**ALERT.**

- Endoscopy remains the most challenged diagnostic modality in the Trust. A business case has been successful. A new pattern of working is expected in January 2024 with the expectation of seeing an improving picture after this date
- The national shortage of Health Visitors continues to be reflected locally. All mandated contacts are taking place face to face and Looked After Children are prioritised
- A £1.7m deficit has been forecast in the Intermediate Care Service
- VTE Compliance remains below target at 90.31%.
- Level 3 children's and adult's safeguarding training has been moved to be online with a joint training package with RWT. There has been a slight rise in level 3 safeguarding in October but it is still below target
- There have been 7 cases of C Diff in October 2023, 2 were deemed avoidable
- Mental Health patients continue to be a problem in ED due to the lack of a Responsible Clinician. A Memorandum of Understanding is being worked on
- 2WW for breast has not been achieved due to staff absence. Performance 65.3%
- A Respiratory Support Unit (RSU) business case is currently with the ICB. WMH has a higher than expected death rate in COPD, Bronchiectasis, aspiration pneumonia and ca bronchus. We are the only Trust in our area without a RSU. A Mouthcare Matters business case to reduce pneumonia is being considered locally
- Equality Diversity and Inclusivity post (EDI) is unfunded past 4 months in maternity services. Work to identify possible funding is on-going

**ADVISE**

- The 18-week RTT incomplete performance is now 57.21%, above trajectory. Total number of patients on the elective waiting list has fallen from a peak in April 2023 of 35882 to 324456 now.
- In September 2023 the Trust did not achieve the 2WW GP referral for suspected cancer with a performance of 86.1%
- There are currently 157 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 (18.75 wte)
- MCA (Mental Capacity Act) data is now collected through the Respect Audit and compliance is 84.94% for October
- Referrals to Virtual Wards remains below service capacity.
- There has been no rise in perinatal mortality in October

**ASSURE**

- Ambulance hand over times continue to be one of the best 3 in the West Midlands at 80.99% within 30 mins
- 69.8% of patients were managed in ED in August within 4 hrs against a national expectation of 76%. This is a fall from October, but there has been a recovery in November
- 62-day GP Referral to Treatment performance for Cancer patients has been upper quartile nationally for the last 3 consecutive months
- Medically stable for discharge (MSFD) patients on the pathways has risen slightly to 38 but the average Length of Stay as MSFD remains low at 3 days. 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 just under 4%
- Falls per 1000 bed days was 3.46% in October 2023
- Timeliness of observations was 92.24% in October, excluding ED (Prev 91.73)
- One hour antibiotic times for sepsis were achieved in 81.96% in ED and 67.14% for inpatients in October (was 75% for IP in September0. Work is in progress
- LocSSIP compliance is 93% in October

**Implications of the Paper**

<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	None		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details Safe, effective, caring
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	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
- Learning from Deaths report

## Links to Trust Strategic Aims & Objectives *(Please delete those which are not appropriate)*

<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement</li> <li>• Prioritise the treatment of cancer patients</li> <li>• Safe and responsive urgent and emergency care</li> <li>• Deliver the priorities within the National Elective Care Strategy</li> <li>• We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>• Be in the top quartile for vacancy levels</li> <li>• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing</li> <li>• Improve overall staff engagement</li> <li>• Deliver improvement against the Workforce Equality Standards</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>• Develop a health inequalities strategy</li> <li>• Reduction in the carbon footprint of clinical services by 1 April 2025</li> <li>• Deliver improvements at PLACE in the health of our communities</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Improve population health outcomes through provider collaborative</li> <li>• Improve clinical service sustainability</li> <li>• Implement technological solutions that improve patient experience</li> <li>• Progress joint working across Wolverhampton and Walsall</li> <li>• Facilitate research that improves the quality of care</li> </ul>

<b>Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)</b>	Working/Executive Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board of Directors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<b>Any Changes to Workplan to be noted</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date:

**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

**Respiratory Support Unit business case and Mouthcare Matters business case**

**ACTIVITY SUMMARY**

**Presentations/Reports of note received including those Approved**

**Matters presented for information or noting**

**Chair's comments on the effectiveness of the meeting:**



**Paper to the Trust Board Meeting – to be held in Public on 13 December 2023**

<b>Title of Report:</b>	Group Chief Finance Officer Report	Enc No: 10.3
<b>Author:</b>	Dan Mortiboys, Interim Director of Finance	
<b>Presenter/Exec Lead:</b>	Kevin Stringer, Group CFO	

**Action Required of the Board/Committee/Group**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

The Board is asked to note the contents of the report

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	None		
<b>Resource Implications:</b>	The Report summarises the overall financial position of the Trust at Month 3		
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHSE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
<b>CQC Domains</b>			

<b>Equality and Diversity Impact</b>	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.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 26 July 2023 PF Committee
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert	
<b>Assure</b>	
<b>Advise</b>	
<b>Alert</b>	<ul style="list-style-type: none"> <li>The Trust is reporting a YTD deficit of £23.923m at the end of Month 7. This is £9.892m adverse to the revised plan and £14.950m 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.</li> <li>Excluding technical adjustments, there remains a high level of unidentified CIP (£3.2m) and a significant proportion of CIP remains high risk</li> <li>The Trust is carrying significant financial risks in 2023/24 and is working on all possible mitigations.</li> </ul>

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>Embed a culture of learning and continuous improvement</li> <li>Prioritise the treatment of cancer patients</li> <li>Safe and responsive urgent and emergency care</li> <li>Deliver the priorities within the National Elective Care Strategy</li> <li>We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>Be in the top quartile for vacancy levels</li> <li>Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing</li> <li>Improve overall staff engagement</li> <li>Deliver improvement against the Workforce Equality Standards</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>Develop a health inequalities strategy</li> <li>Reduction in the carbon footprint of clinical services by 1 April 2025</li> <li>Deliver improvements at PLACE in the health of our communities</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>Improve population health outcomes through provider collaborative</li> <li>Improve clinical service sustainability</li> <li>Implement technological solutions that improve patient experience</li> <li>Progress joint working across Wolverhampton and Walsall</li> <li>Facilitate research that improves the quality of care</li> </ul>

**Paper to the Trust Board – to be held in Public–  
Wednesday 13th December 2023**

<b>Title of Report:</b>	Chief Nursing Officer Report	Enc No: 10.4
<b>Author:</b>	Christian Ward – Deputy Chief Nursing Officer <a href="mailto:christian.ward@nhs.net">christian.ward@nhs.net</a>	
<b>Presenter/Exec Lead:</b>	Lisa Carroll – Chief Nursing Officer <a href="mailto:lisa.carroll5@nhs.net">lisa.carroll5@nhs.net</a>	

**Action Required of the Board/Committee/Group**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

Board is asked to review and discuss as appropriate the details attached.

**Implications of the Paper:**

<b>Risk Register</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	None		
<b>Resource Implications:</b>	Workforce: agency costs for paediatric nurses, pending business case allocation of funds.		
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Registration and licensing Well led.
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Related standards
	Health & Safety	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Health & Safety Act
	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Duty of Candour, Claims and Litigation
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Constitutional Standards
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Professional registration issues
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>		
<b>Equality and Diversity Impact</b>	None identified within the report		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: TMC 21/09/2023
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 3.46 in October 2023. Weekly falls accountability meetings are continuing, identifying lessons for shared learning.
- Agency cessation plans continue to see a reduction in the usage of agency nursing staff, with a robust risk assessment process in place for the agreement of agency usage.
- The timeliness of observations for October 2023 was 88.52% (September 89.10%), including ED and 92.24% (September 91.73%), excluding ED. Results have dipped below 90% for the first time in 5 months. 25 out of 28 clinical departments are above 90%, and the quality team will work with AMU, ED and ICU to improve their compliance.
- Within the Emergency Department (ED), 81.96% of patients received antibiotics within the first hour in October 2023.

### Advise

- For adult inpatients, 67.14% of patients received antibiotics within the first hour in October 2023, a decrease from 75% in September 2023.
- The nursing and midwifery vacancy rate is just over 4% in October 2023. This has been driven by the establishments of wards 9 and 14
- The CNO has received an advanced notification regarding an anticipated request for evidence to assist the Thirlwall Public Inquiry into Neonatal Services. This request is in connection with the recent criminal case involving the Countess of Chester Hospital's Neonatal Unit and Lucy Letby.
- The CNO has been informed by the Black Country Integrated Care Board (BCICB) CNO about the formation of a local independent multidisciplinary panel. This panel is tasked with reviewing stillbirths across Black Country maternity and neonatal services in response to the region's higher neonatal mortality and stillbirth rates compared to the national average in England.

### Alert

- A total of 7 *C. diff* toxin cases were reported in October 2023. Of the 7 cases, 2 were deemed avoidable, and 5 were unavoidable.
- There is considerable pressure on the ED department from Mental Health patients who need assessment and potential treatment. A Memorandum of Understanding has been provided to the Trust from the Black Country Partnership, which has yet to be agreed upon due to the lack of provision for the 'Responsible Clinician'.

## Links to Trust Strategic Aims & Objectives (Delete those not applicable)

<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement</li> <li>• Prioritise the treatment of cancer patients</li> <li>• Safe and responsive urgent and emergency care</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>• Be in the top quartile for vacancy levels</li> <li>• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing</li> <li>• Improve overall staff engagement</li> <li>• Deliver improvement against the Workforce Equality Standards</li> </ul>
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<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Improve population health outcomes through provider collaborative</li> <li>• Improve clinical service sustainability</li> <li>• Implement technological solutions that improve patient experience</li> <li>• Progress joint working across Wolverhampton and Walsall</li> <li>• Facilitate research that improves the quality of care</li> </ul>

## Report to Trust Board

### 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 is available within the reading room where applicable.

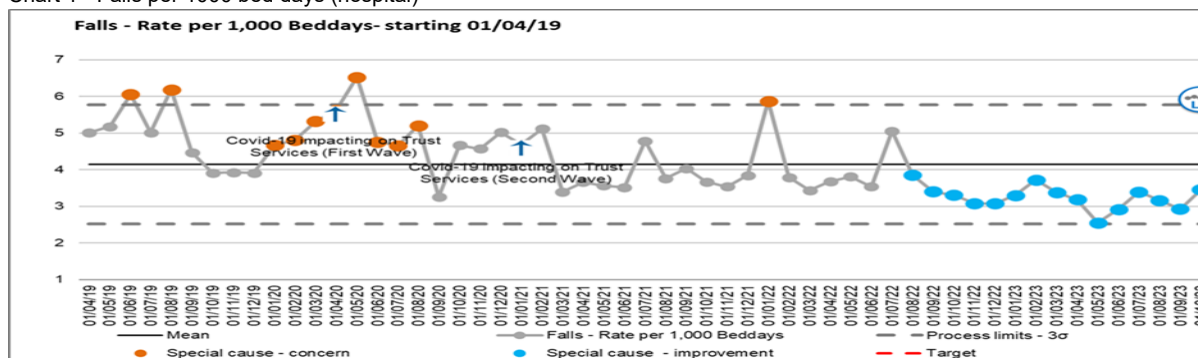
### BACKGROUND INFORMATION

#### 1.0 Quality

##### 1.1 Falls

- The number of Trust falls recorded for October 2023 is 62 (49 in September 2023). (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 34 months.
  - Falls per 1000 bed days was 3.46 in October 2023 (2.93 in September 2023).

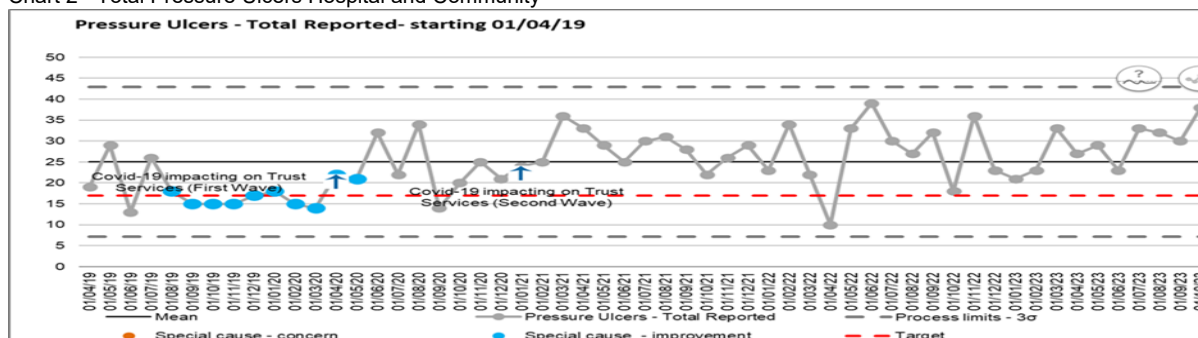
Chart 1 - Falls per 1000 bed days (hospital)



##### 1.2 Tissue Viability

- Data from October 2023 demonstrates a consistent level of pressure ulcer incidents (Chart 2); the hospital data demonstrates an increase in incidents. The increasing trend is from the community and is monitored by the community tissue viability team.

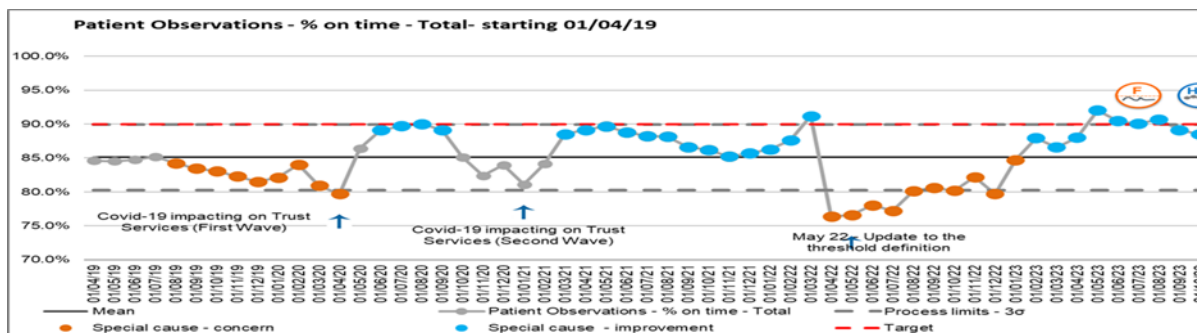
Chart 2 - Total Pressure Ulcers Hospital and Community



##### 1.3 Observations on Time

- The timeliness of observations for October 2023 was 88.52% (September 89.10%), including ED (Chart 3) and 92.24% (September 91.73%), excluding ED. Results have dipped below 90% for the first time in 5 months. A significant issue with vitals did affect compliance on 14 September 2023.
- 25 out of 28 clinical areas achieved the 90% target. The quality team are supporting these clinical areas to improve their compliance.

Chart 3 - Patient Observations on Time



#### 1.4 Clinical Accreditation Scheme

- 18 wards have been reviewed since April 2023. 7 wards have been accredited, 2 ward areas have been awarded Emerald, 5 areas have been awarded Ruby and 6 areas have been 'Working Towards Accreditation' to date (Table 1).
- 5 wards have received their second accreditation visit. 12 ward accreditation visits await ratification of outcomes at the Clinical Accreditation Board.

Table 1

Clinical Accreditation WHT		
Date	Ward/Dept/Unit	Accreditation Level Awarded
5/4/2023	Ward 1	Ruby
14/4/2023	Ward 2	Emerald
21/4/2023	Ward 3	Working Towards Accreditation
28/4/2023	Ward 4	Working Towards Accreditation
3/5/2023	Ward 15	Ruby
19/5/2023	Ward 17	Working Towards Accreditation
31/5/2023	Ward 7	Emerald
2/6/2023	AMU	Working Towards Accreditation
7/6/2023	Ward 29	Working Towards Accreditation
23/6/2023	Ward 16	Ruby
5/7/2023	Ward 9	Working Towards Accreditation
14/7/2023	Ward 10	Ruby
4/8/2023	Ward 17	Ruby

#### 1.5 Deteriorating Patients

- As of October 2023, 41% of clinical staff had completed the Royal College of Physicians e-Learning package (also 41% in September 2023). Historically, it was reported 64% in the past, but a further 543 staff members 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.

#### 1.6 Nursing Quality Audits

Performance remains relatively consistent, and monthly 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 (Table 2).

Table 2 - Trust Overall – Audit Compliance

	CARE OF THE DYING	CATHETER/AUDIT	CONTINENCE	DETERIORATING PATIENT & REPIRI	DOCUMENTATION	ENVIRONMENT	FALL & DECONDITIONING	IPC	MEDICINE & MANAGEMENT	NUTRITION & HYDRATION	ORAL CARE	PAIN MANAGEMENT	PATIENT EXPERIENCE	PHARMACY/AUDIT (WARD & AREA - pharmacy responsibility)	TISSUE VIABILITY
2022 Average	93.1%	87.3%	80.8%	74.8%	92.4%	89.8%	85.0%	95.7%	90.7%	85.8%	87.3%	92.3%	90.8%	91.5%	78.8%
JANUARY	95.7%	87.5%	83.2%	77.8%	91.7%	93.7%	78.8%	95.0%	91.7%	81.2%	89.4%	95.7%	88.0%	88.5%	79.5%
FEBRUARY	95.3%	82.5%	93.4%	97.5%	92.3%	92.9%	87.6%	95.3%	92.0%	89.2%	90.1%	98.1%	95.8%	82.4%	86.0%
MARCH	93.1%	87.0%	82.4%	98.9%	88.4%	92.9%	85.7%	94.2%	92.8%	92.0%	88.8%	97.2%	95.8%	100.0%	90.6%
APRIL	99.8%	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%	86.6%	91.2%
JUNE	98.3%	85.7%	90.7%	95.8%	92.3%	92.8%	90.7%	95.8%	94.3%	84.3%	95.4%	95.4%	96.8%	77.1%	89.3%
JULY	97.7%	84.8%	88.8%	98.8%	87.8%	94.0%	88.2%	96.5%	95.1%	88.8%	94.0%	96.0%	97.8%	100.0%	94.8%
AUGUST	95.1%	82.8%	92.4%	99.2%	91.7%	95.7%	88.1%	94.9%	95.8%	90.8%	90.8%	93.4%	95.7%	77.8%	98.2%
SEPTEMBER	98.2%	88.7%	84.9%	97.8%	92.3%	95.8%	91.3%	98.3%	95.0%	91.8%	91.2%	91.7%	96.0%	76.3%	98.0%
OCTOBER	89.1%	90.8%	76.9%	98.7%	93.4%	95.1%	90.3%	97.4%	95.9%	88.1%	91.8%	89.8%	96.6%	77.4%	91.7%



### 1.7 Medicines Management

- 130 medication incidents were reported in September 2023, a notable decrease (41) incidents per previous month (August 2023). Most incidents are reported as near misses to no harm (n=93), and 2 incidents caused moderate harm and 1 serious harm; these were associated with medication delays or omissions and have been managed via the governance process.
- Analysis of the data identifies that the reporting of insulin errors has increased. This is due to increased insulin audits conducted on the wards by lead pharmacists.
- A total of 129 weekly audits were conducted in September 2023 by the nursing team across the divisions. The average score is 96%, the same as the previous month's compliance figures.
- Controlled Drug (CD) audits completed by the pharmacy: 12 audits took place in September 2023, with average compliance of 84%, an increase of 1% compared to August 2023.
- Themes for improvement continue to be documentation within the CD register, signing receipt of receiving controlled drugs, twice daily stock check, running balance within the CD register, and patients' own drugs being recorded within the CD Patients Own Drug (POD) register.
- E-Learning for health – Prescribing Module: Compliance 80.78% (an increase of 0.8%)

### 1.8 Infection Control

#### *Clostridioides difficile* (C. diff):

- A total of 7 C. diff toxin cases were reported in October 2023 (Table 3). Out of the 7 cases, 2 were deemed avoidable and 5 unavoidable.
- The National Trust target for 2023/24 has been set at 26, which is a reduction of one on the 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	12	7					
Cumulative YTD projected	2	4	6	8	10	12	14	16	19	22	24	26
Acute Cumulative actual	4	13	19	31	40	52	59					

### 1.9 Patient Experience

[Individual Spiritual, Pastoral and Religious Care (SPARC) Report provided this month to TMC and Board.

#### 1.10 Adult and Children's Safeguarding and Associated Training

- Level 1 and 2 safeguarding adults and children training is above the trust target.
- Adult Safeguarding Level 3 – 80.50% (80.13% August 2023).
- Child Safeguarding Level 3 = 76.97% (76.25% August 2023).

RWT and WHT have agreed to align the safeguarding level 3 training as follows:

- 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 2 hours of bespoke level 3 training. This training will be yearly and face-to-face as per the Intercollegiate document. This will increase the staff mapped from 1101 to 2402

This alignment will result in a drop in the compliance figures whilst staff are undertaking training.

#### 1.12 Mental Capacity Assessment (MCA)

- The data has been collected in Tendable Audit (Respect) since June 2023, and the results for October 2023 are 84.94%.

- An MCA action plan is monitored via the Trust wide Safeguarding Group.

### 1.13 Sepsis

- Within the Emergency Department (ED), 81.96% (Chart 4) of patients received antibiotics within the first hour in October 2023 (83.07% in September 2023).
- For adult inpatients, 67.14% (Chart 5) of patients received antibiotics within the first hour in October 2023 (75% in September 2023).

Chart 4 - ED Sepsis Performance

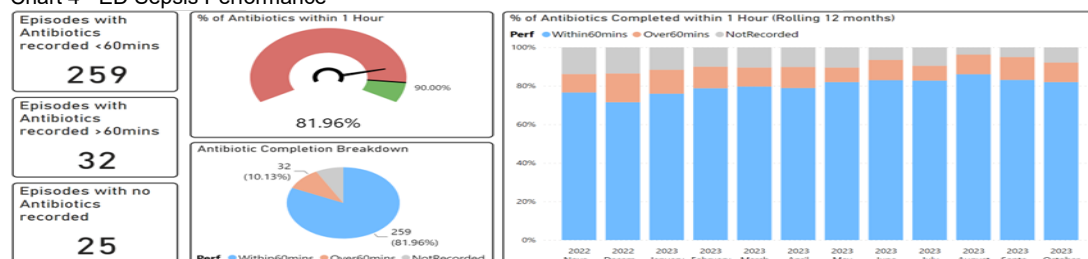
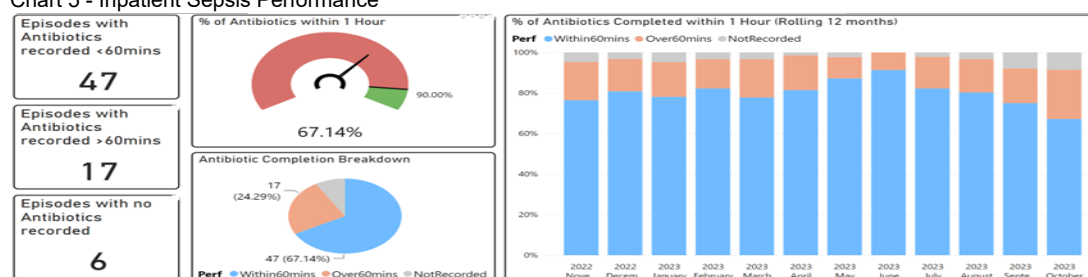


Chart 5 - Inpatient Sepsis Performance



### 1.14 Special Educational Needs and Disability (SEND)

The SEND team offers assessments, advice, and interventions for children with special educational needs and disabilities. Following the 2022 SEND re-inspection, these services have enhanced collaboration under the Designated Clinical Officer's guidance to improve health provision and address health inequalities. This collaboration has led to better health service meetings, broader partnerships, and increased reporting and accountability. A significant outcome is the Health SEND action plan.

Key quality achievements include creating a unified health App C form for statutory assessments, increased compliance with assessment request timeliness, reduced waiting times for under-5 autism assessments, enhanced co-production with parents and carers, incorporating feedback from young people, and increased parent and carer engagement. Ongoing projects involve developing autism and learning disability (LD) passports, forming a SENCO health focus group, reporting on autism waiting times, auditing Education Health Care Plans (EHCP), mapping autism pathways, and learning from sister services at RWT. The main challenges include meeting the statutory requirements of EHCP reviews and developing a robust multiagency autism assessment for ages 5-19.

### 1.15 Thirlwall Inquiry

The Thirlwall Public Inquiry, having published its terms of reference, is now commencing its investigation. NHS England has been tasked to forward a request from the Inquiry to all Trusts with neonatal units, seeking evidence to enhance their understanding of these units' operations. Trust Chief Nurses and Medical Directors have been given advance notice of this impending request. A detailed letter from the Public Inquiry, including a series of questions, will be sent soon, requiring written responses by mid-December. It was advised to inform the Trust Board about this upcoming request.

### 1.16 Review of Still Births Local Independent Black Country Review

The Trust has received a letter addressed to the Chief Executives, Chief Nursing Officers, and Chief Medical Officers of the Black Country Integrated Care Board, led by Sally Roberts, Chief Nursing Officer/Deputy CEO. It seeks support for a peer review of stillbirths in the Black Country system. The region



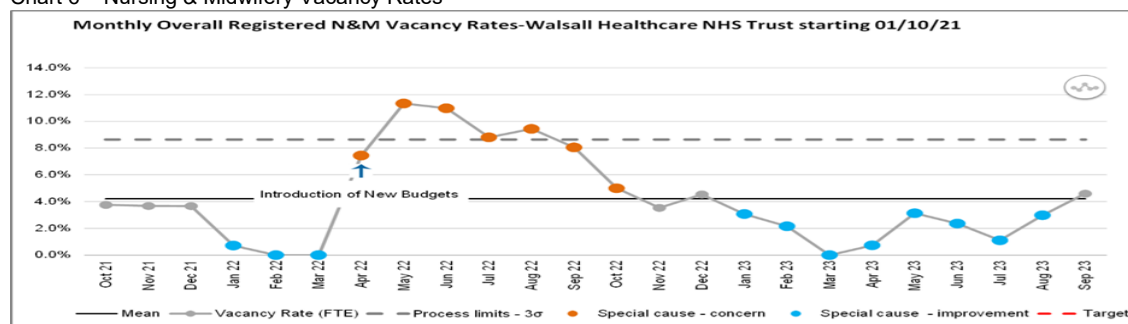
has experienced a notable increase in neonatal mortality rates, including stillbirths, despite earlier improvements. The review, overseen by the Local Maternity and Neonatal System (LMNS), involves a systematic analysis of stillbirths from April to September 2023, aiming to identify and reduce mortality rates and sustain improvements. A local independent multidisciplinary panel will conduct this review, with the final report expected by January 2024.

## 2.0 Workforce

### 2.1 Nursing and Midwifery Vacancies

- In October 2023, Registered Nurse/Midwife vacancies increased to just above 4% (Chart 6). The increase is due to changes within employed WTE and the addition to the budget in WCCSS and community divisions (Leavers and externally funded posts).
- September saw no CFN arrivals. Planned arrivals are 3 for October and 1 for November. This will then conclude the arrivals for this financial year.
- The establishment of Wards 9 and 14 substantively has contributed to the increase in WTE vacancies.
- There are currently 37 CFN/Ms in the Trust in the process of completing OSCE and joining the NMC register.

Chart 6 – Nursing & Midwifery Vacancy Rates

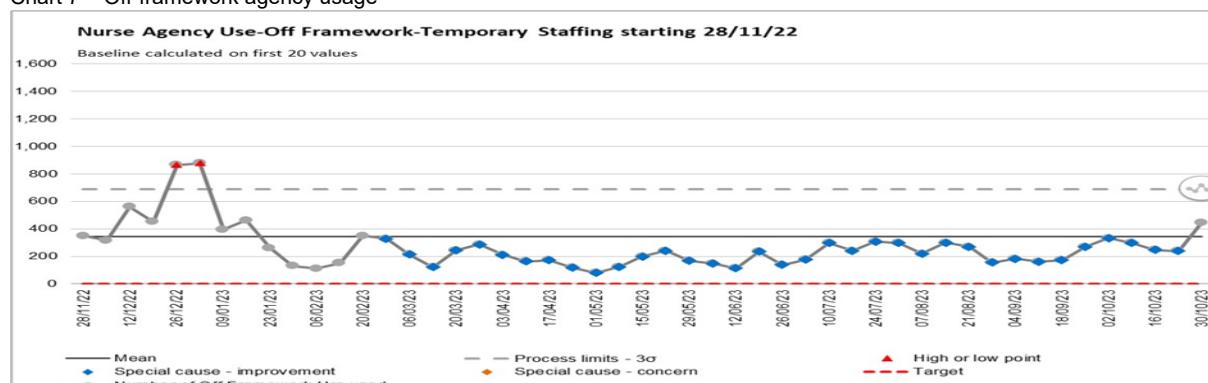


### 2.2 Agency Cessation

Agency use ceased on the 1<sup>st</sup> of April, 2023, in all but a few areas and exceptional circumstances.

- There are limited exceptions for specialist areas (ED and Paediatrics) with vacancies, Wards 9 and 14, where substantive staffing is being recruited after being funded and Mental Health RMN or CSW cover.
- Chart 7 illustrates the off-framework usage in the main NNU and ED as a last resort.

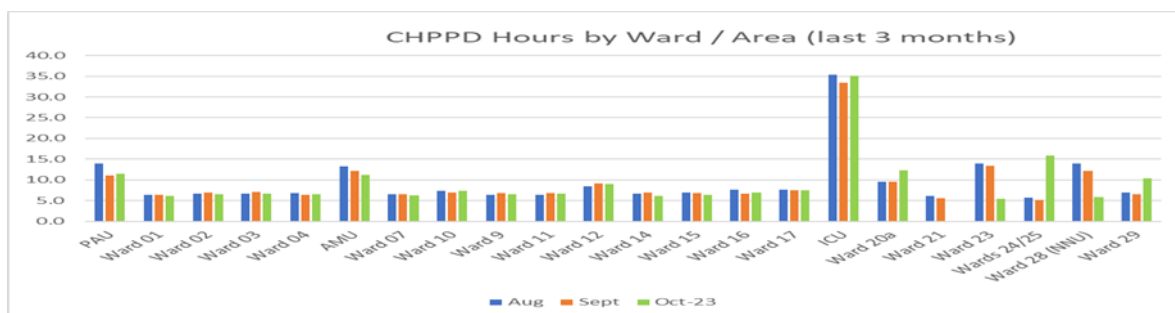
Chart 7 – Off-framework agency usage



### 2.3 Care Hours per Patient Day

- CHPPD trust average for October was 9.4 (September 9.5). This is comparable with the national average of 9.77, which is an amalgam of all NHS inpatient facilities who provide data – including paediatric and mental health units/hospitals/trusts.

Chart 8 - Care Hours Per Patient Day by Area

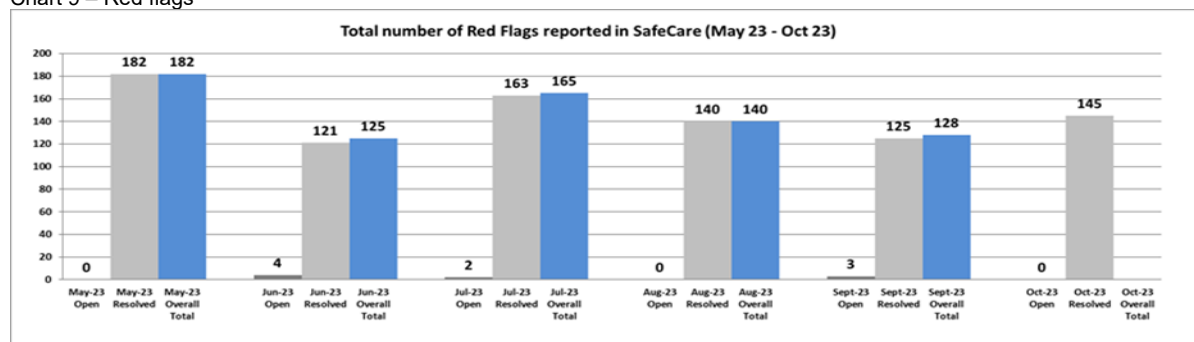


## 2.4 Red Flags

There were no open Red Flags reported In October 2023:

- 145 red flags were resolved and closed (Chart 9).

Chart 9 – Red flags



## 2.5 Clinical Fellowships Nurses

We have reviewed all CFNs awaiting a PIN to determine if the NMC has contacted them regarding the Computer Based Test (CBT) taken in Ibadan, Nigeria, to ensure we have oversight of those affected and offer a supportive and standardised approach. The total number of affected individuals is 13, and 7 candidates have successfully re-sat their CBT.

## 3.0 Education

- Standards for Student Supervision and Assessment S(SSA) training compliance is now at 67%, a 1% decrease in compliance.
- Since January 2022, 300 Clinical Support Workers have taken on substantive roles. Of these 300 CSWs, 63% have completed a Care Certificate.
- National Education and Training Survey (NETS) action plan in place. Progress is being reported via relevant committees/groups.
- The Trust has been allocated funding for wellbeing and educational support for the ICU.
- Band 5 Development days are scheduled to begin in December 2023.

## RECOMMENDATIONS

To note the contents of the report.

## Reports for Reference (Reading Room)

- Black Country ICB Letter – re: formation of a local independent multidisciplinary panel reviewing stillbirths across Black Country maternity and neonatal services (Reading Room, Item No: 10.4.1)
- Infection, Prevention and Control Report (Reading Room, Item No: 10.4.2)
- Safeguarding Quarter 2 Report (Reading Room, Item No: 10.4.3)
- Spiritual, Pastoral and Religious Care Report (Reading Room, Item No: 10.4.4)

Report to Trust Board – to be held in Public 13 December 2023			
<b>Title of Report:</b>	Maternity Services Report		Enc No: 10.5
<b>Author:</b>	Jo Wright Director of Midwifery, Gynaecology and Sexual Health <a href="mailto:josellewright@nhs.net">josellewright@nhs.net</a> Vinita Gurung, Clinical Director for Obstetrics & Gynaecology <a href="mailto:Vinita.gurung@nhs.net">Vinita.gurung@nhs.net</a>		
<b>Presenter/Exec Lead:</b>	Jo Wright and Vinita Gurung Lisa Carroll Chief Nursing Officer		
<b>Action Required of the Board/Committee/Group</b> (Please remove action as appropriate)			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Recommendations:</b> The Board is asked to note the contents of the report and in particular the items referred to the Board for CNST Year 5 evidence, oversight, and discussion.			
<b>Implications of the Paper:</b>			
<b>Risk Register Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description and Risk Number 2245 Maternity Service Staffing Risk Score 12, 2257 Can not implement full CoC model with current staffing 12		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed.</b>	NONE Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):		
<b>Resource Implications:</b>	Revenue: Capital: Workforce: Ockenden Phase 2 & 3 Business case, Birthrate Plus assessment Funding Source:		
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details:
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>		

<b>Equality and Diversity Impact</b>	Authors: Please note that 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.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 24 <sup>th</sup> November 2023
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<b>Summary of Key Issues using Assure, Advise and Alert</b>			
<b>Assure</b> <ul style="list-style-type: none"> <li>•The Trust was able to maintain 1:1 care in labour throughout the reporting period.</li> <li>•Maternity Voices Partnership continue to work with maternity services and service users to enhance care.</li> <li>•The Trust received £288000 additional CNST money.</li> <li>•ICB Maternity Peer review assessment positive</li> <li>•PMRT Q2 Audit Completed</li> <li>•Saving Babies Lives Care Bundle has met national compliance.</li> </ul>			
<b>Advise</b> <ul style="list-style-type: none"> <li>•Perinatal Mortality rate has seen no further increase.</li> <li>•Booking by 10/40 increased from 42% to 64%.</li> <li>•One case accepted by HSIB in October.</li> <li>•Preliminary CQC Maternity Survey 2023 results have been released.</li> <li>•Midwifery Staffing on risk register score of 12.</li> <li>•Saving Babies Lives Care Bundle has met national compliance.</li> <li>•WHT supporting RWT with their capacity.</li> <li>•MSW vacancy of 18.75 wte but recruitment has taken place.</li> </ul>			
<b>Alert Nothing to alert</b>			
<b>Links to Trust Strategic Aims &amp; Objectives</b>			
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement.</li> <li>• We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</li> </ul>		
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>• Be in the top quartile for vacancy levels.</li> <li>• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing.</li> <li>• Improve overall staff engagement.</li> <li>• Deliver improvement against the Workforce Equality Standards</li> </ul>		
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Improve population health outcomes through provider collaborative.</li> <li>• Improve clinical service sustainability.</li> <li>• Facilitate research that improves the quality of care</li> </ul>		
<b>Brief/Executive Report Details</b>			
	<b>Maternity Services Report</b> This report will provide a concise update regarding the on-going position on the elements cited.		
<b>1.0</b>	Growing and Retaining our Workforce: Maternity Workforce update		

- 1.1** Midwifery staffing overall continues move towards meeting national recommendations. The current MSW vacancy is 18.75 wte, however, recruitment took place on the 7<sup>th</sup> and 16<sup>th</sup> November current vacancy is 4.68wte. The midwifery led unit (MLU) is not yet open has recruited to post so staff are being redeployed to areas where MSW shifts are vacant. The fill rate for MSW shifts is currently below 75% however staff are redeployed to areas that require support on a shift-by-shift basis. No adverse incidents have been identified via Safeguard incident reporting system linking shortfalls in staffing. The last Birthrate plus review was in 2020 the recommendation is that this is done every 3 years. The service submitted a request to Birthrate Plus to complete an assessment in October 2023. The assessment will be completed in financial year 2023/2024. There has been movement within midwifery staffing that has led to a vacancy 4 wte midwives have left the service June to November, two have emigrated, one to be closer to family and a fourth due to promotion. Also 1.5wte midwives who were due to join the service have yet to do so and will be starting in December 2023 and January 2024

	2023/24						
Birth : MW Ratio 2023	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Actual/Forecast Ratio - Contracted	21.35	24.40	25.16	23.72	25.78	25.29	24.65
Actual/Forecast Ratio - Worked	22.69	25.66	27.50	25.83	29.16	29.65	24.63

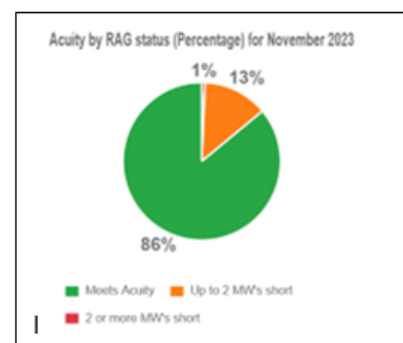
Area	Vacancy WTE		Maternity Leave WTE		LTS WTE		STS WTE	
Team	MW	MSW	MW	MSW	MW	MSW	MW	MSW
ANC/FAU	-3.95	-0.63	0	1 WTE (clerk)	0	0	1 WTE	0
Delivery Suite	1.71	4.99	5.14 WTE	0	2.15 WTE	0	2.35 WTE	1.61 WTE
MLU	4.09	5.42	0	0	0.92 WTE	0	0.92 WTE	0
Community	5.54	1.57	0.6 WTE	0	2.41 WTE	0.8 WTE	4.55 WTE	0.4 WTE
Wards	-1.00	7.54	1.57 WTE	0	0.92 WTE	0	0	0.61 WTE
UNIT TOTAL	6.39 WTE	18.89 WTE	7.31 WTE	1 WTE	6.4 WTE	0.8 WTE	8.82 WTE	2.62 WTE

	Annual Leave	Other Leave	Parenting	Sickness	Study Leave	Working Day	Total
Ante-Natal Clinic /FAU	13.0%	0.6%	3.6%	3.8%	6.9%	0	27.9%
Community	Data not available						
Delivery Suite -	11.9%	0.4%	7.3%	7.3%	5.5%	1.7%	34.0%
Wards24/25	12.8%	1.0%	4.0%	5.5%	4.7%	4.2%	32.2%

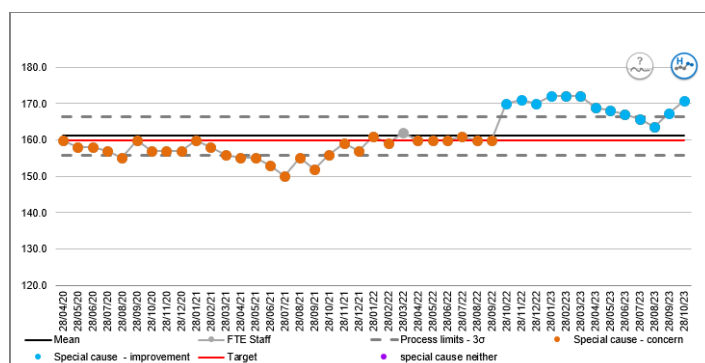
Maternity services Fill Rate	RM-Day	RM-N	MSW-Day	MSW - N
Ward 24/25	100%	100%	64%	73%
ward 27	92%	91%	96%	98%

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 86% for November the second time in 2 years we have achieved >85% acuity. There were 12 occasions where red flags were triggered. The shift coordinator was documented as not being supernumerary on one occasion however when this was reviewed this was found not to be correct. Where staffing proved challenging specific actions were taken to maintain safety and 100% of women received 1:1 care in labour

Clinical actions	Number of times	%
Delay in commencing IOL as per trust guidelines	1	5%
Delay in continuing IOL as per Trust guideline	18	95%
	19	100%
Red flags	Number of times	%age
Delayed or cancelled time critical activity	12	92%
Delivery Suite Co-ordinator is not supernumerary	1*	8%
		100%
Staffing factor	Number of times	%
Unexpected MW absence/sickness	23	24%
Unable to fill vacant shifts	52	55%
MW redeployed to other area	20	21%
	95	100%
Management action	Number of times	%
Redeploy staff internally	15	63%
Staff unable to take allocated breaks	5	21%
Manager/Matron working clinically	1	4%
Escalate to Manager on call	3	13%
	24	100%

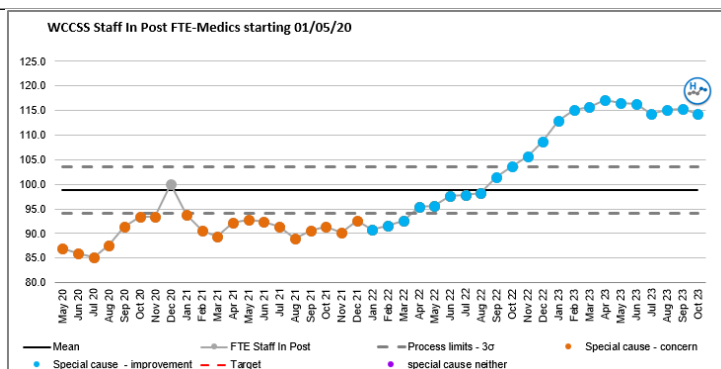


To support and maintain safety during times of increased acuity several managerial and clinical actions were also taken these actions centred around and commencing induction of labour. No adverse outcomes have been reported on Safeguard incident reporting system due to delay in commencing or continuing IOL or delay with care/ procedure. There were a predicted 95% of shifts that were fully staffed when rostered against an actual 86% that were fully staffed.



### Medical Workforce

The service is meeting the Royal College of Obstetrics and Gynaecology (RCOG) workforce standards, this is being achieved by split consultant rota for obstetrics and gynaecology, 24hr on-call cover over 7 days, compensatory rest day in line with European working time directive. The gaps in the on-call rota are covered through internal bank. If this was not possible, the Trust acting down policy or agency locums were used. To ensure that safety was maintained there was discussion and assurance of staffing at triumvirate meetings, and this is monitored at divisional Safety Huddle. Two clinical Fellows contracts ended on the 1st November. To ensure all rotas are covered 2 clinical fellows have been appointed in their place through RWT Clinical Fellowship Programme. They are in the process of recruitment checks with a plan to join in December 2023/ January 2024. On-call gaps are being covered through internal locums. One consultant has returned from long term sick leave on phased return in line occupational health advice. Rota gaps are being covered through internal locum until full return to work (likely to be 3 months)



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

### 2.1 Working with local providers to support women and families.

An MVP meeting took place on 7<sup>th</sup> October in a community setting attended by service users, community midwives, student midwives, the Director of Midwifery, and the Non-Executive Director Board Level Maternity Safety Champion. This was an opportunity for the service to hear directly from the women/ families, both positive and challenging views were shared at the meeting. Positive views included compassionate and caring nature of midwives and maternity support staff. However, a woman and her husband who had had a challenging birth experience related how they were not able to be together on the postnatal ward. Both families have been invited to talk about their birth experiences with maternity staff present or if they prefer recorded and have accepted. Co production with the patient experience midwife, project midwife and the MVP over the summer looking at how we can make it possible for birth partners to stay overnight when needed. This is whilst taking into consideration other service users who have expressed feeling uncomfortable with others being in their vicinity at night on the wards. A maternity service staff newsletter has also been launched to inform staff around service user feedback.

### 2.2 Service user feedback

Service user feedback has also increased on the postnatal/ antenatal ward and the feedback has seen a significant improvement between May 2023 to this current period. Some of the feedback was concerning at the beginning of the year, it is now more positive with between 25-35 responses per week (appendices). Work is currently underway to ascertain how we can capture feedback from all service users (race, age group, disability for example) as we are currently not able to ascertain if all our service users are submitting feedback as responses are anonymous. Within minutes of previous MVP meeting service users from specific groups have spoken about their experiences but a more consistent method is required. The EDI lead midwife leads and drives this work. However, the EDI midwife's contract which is LMNS funded concludes in 4 months so additional funding will be required to support this.

### 2.3 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. Currently booking at 10/40 is 64% against the national average of 65%, this is an improvement on 42% in April 2023. The Pregnancy Self-Referral portal has now been launched, 78% of referrals are coming in before 8 weeks gestation which allows time for the bookings to be done before the 10 weeks and 6 days margin. In October 2022 we booked 331 women compared to October 2023 where we have booked 395 women

### 2.4 Smoking in pregnancy

Women are carbon monoxide (CO) tested during pregnancy and those who smoke are tested at each appointment and if they have a CO reading > 4ppm are referred to the HIPs smoking cessation team. CO monitoring is currently being completed for 98% of women at booking and 93% of women at 36/40. When analysing progress with smoking cessation, WHT has reduced rates of smoking post-delivery from 25% to 11% since January 2022. To support this work further WHT the maternity team from WHT met with the smoking cessation team at DGH. The service was found to have a different specification with

- 5 band 4 MW and 1 band 7 MW leading the service, WHT has no lead midwife for this.
- The service is funded by Public Health England



- The service provides Nicotine replacement therapy at the appointment to capture women when they are most motivated to stop smoking.

There has been a plateau in the smoking cessation rate in 2023, to support the work Public Health England has been contacted to ascertain if funding is available to support ongoing smoking cessation initiatives.

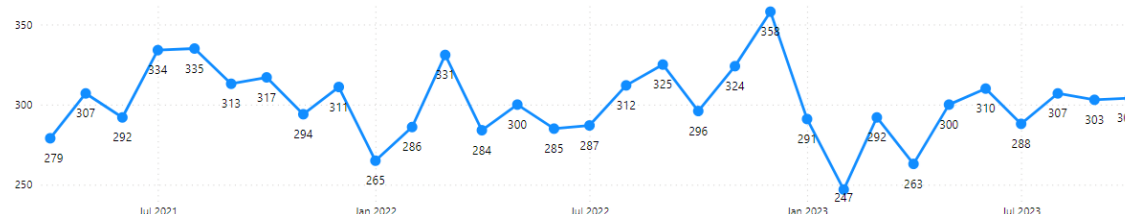
## 2.8 Avoiding Term Admissions to Neonatal units (ATAIN)

Quarter 2 ATAIN report demonstrates a joint maternity and neonatal review of all admissions to the NNU of babies equal to or greater than 37 weeks. The action plan is agreed by both maternity and neonatal leads which addresses the findings of the reviews to minimise separation of mothers and babies born equal to or greater than 37 weeks. The action plan presented within Divisional Governance meetings attended by DoM, Clinical Directors for both obstetrics and neonatology and the operational lead where there is oversight of progress with the action plan approval. The number of admissions for this quarter was 55 babies and the total percentage admissions for this quarter is 6.07% which is above the national target of 5%. On review 3 admissions were found to be avoidable. The predominate reason for admission to NNU was respiratory. RWT are currently trailing a service where they provide high flow oxygen to babies on the postnatal ward. WHT are liaising with the NNU at RWT to ascertain the requirements/ resources needed to establish if this can be implemented at WHT.

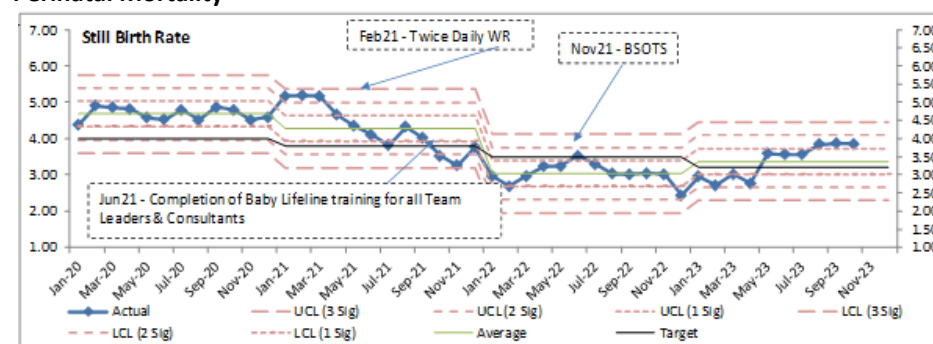
## 3.0 Standards and structures that underpin safer, more personalised, and more equitable care.

- ### 3.1
- Births within the service remain consistent, at around 300 births per month. The service has offered to support Royal Wolverhampton Hospital (RWT) by transferring 30 births per month to Walsall Health Care NHS Trust. WHT supported RWT with 45 cases where they did not have USS capacity for their service users in October/ November. Of the 304 births in September, 37% were to women of Asian or Black heritage and 63% were in the 1<sup>st</sup> and 2<sup>nd</sup> Decile of the IMD, meaning the WHT support some of the most deprived women in the country.

Registered Deliveries By Month

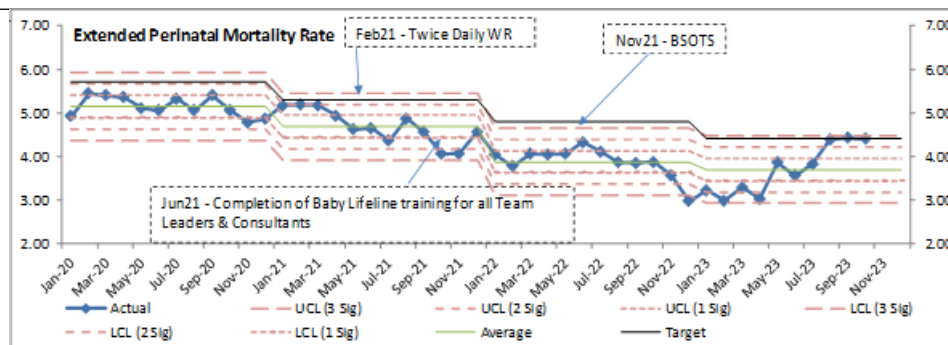


### 3.2 Perinatal Mortality



There was one case of perinatal mortality in September 2023 and no cases of Perinatal Mortality in October and up to 29<sup>th</sup> November 2023. The MBRRACE Report 2023 has highlighted that perinatal mortality has increased from 4.4:1000 to 5.19: 1000 nationally. At WHT the stillbirth rate has increased from 2.72: 1000 in April to 3.85:1000 in October 2023. The Perinatal Mortality Rate has increased from 3.03: 1000 to 4.2:1000 during the same period.





Further actions taken around increased PNM include:

- The Thematic Review of Perinatal mortality across the Black Country has been launched, a letter and ToR was sent to all CEO, CNO and CMO on 31<sup>st</sup> October initiating the process.
- Perinatal Culture & Leadership Development Programme includes every Trust in the country, WHT have requested that the team identify a similar Trust with the same variables around population and service characteristics that are doing well with PNM to benchmark and share practice ideas.
- Looking at Perinatal mortality from different perspectives, there has been several engagements with Walsall Connect, Walsall Together, Health in Pregnancy and some of the factors that WHT will be able to support service users with are around cost of coming to appointments, getting access to food, keeping warm.
- The service is strengthening the maternal medicine pathways, there will be a review of the service, including pre-conception counselling clinics, MDT, joint clinics with Obstetrics Physician. The team have a Maternal Medicine Service document which is being updated to meet the Maternal Medicine Network/Centre Service Specification, which was published by NHS England
- Staff and service users will be starting the Stork Programme at WHT in January, The Programme helps staff and families understand some of the important risks for infant mortality in the region, and to provide information around key skills and knowledge that could help keep their baby safe, especially in the first few months of life.

### 3.3 Maternity and Newborn Safety Investigations (Formally HSSIB)

From 1 October 2023, the Maternity and Newborn Safety Investigations (MNSI) programme is being hosted by the Care Quality Commission (CQC). On 4<sup>th</sup> October 2023 HSSIB accepted a case from WHT whereby a baby born on 6<sup>th</sup> September 2023 underwent therapeutic cooling at RWT. This case was deemed an SI but will be investigated by HSIB. This baby is currently well, and the baby's MRI scan has revealed no brain injury. All eligible cases have been referred to the HSSIB as per CNST year 5.

### 3.4 Saving Babies Care Bundle ver 3

As part of ensuring WHT are meeting compliance with the Saving Babies Care Bundle ver 3, the LMNS have fed back from their review undertaken in September 2023 and November 2023 as seen in the table below, WHT has achieved the minimum 50% in each element with an overall compliance of 70% (87% WHT) across the 6 elements.

The Trust will be submitting Divergence from Guidance for 3 recommendations within the Saving Babies Care Bundle ver 3 care bundle these include, 1. PIGF (placental growth factor) provides a faster and more accurate diagnosis of Pre-eclampsia, whilst the business case to provide the service is accepted, the risk will be mitigated by offering all at risk women Aspirin. 2. A new recommendation has been to offer all women an USS within 24hrs of reporting 2nd episode of RFM, the service and LMNS do not have USS capacity to support this, this is a national concern. To mitigate the risk women are directed to reduced fetal movement guidance and push notifications are released via the BadgerNet maternity App to give reminders and advice on what to do if their have altered fetal movements. 3. The recommendation for Aspirin from SBL is not as extensive as that recommended at WHT also with the with the PIGF business case pending Aspirin will be given to more women.

<b>4.0</b>	<b>Developing and sustaining a culture of safety, learning, and support</b>
	Walsall Healthcare NHS Trust has secured an additional CNST year 4 payment of £284596.80. The payment was received because of surplus funds that were destined for Trusts who did not achieve CNST full compliance being distributed amongst Trust which were successful in achieving all 10 Safety Actions.
<b>4.1</b>	<p><b>Maternity services have been engaging in work to enhance culture with the service.</b></p> <p>The Perinatal Culture &amp; Leadership Development Programme is designed for the perinatal quadrumvirate The WHT QUAD commenced the programme on 13<sup>th</sup> October 2023 and are in learning sets with 5 other Trusts maternity services QUADS from across the country. This presents an opportunity not just to support an enhanced culture at WHT but also to network nationally with other maternity service providers. Progress with the Perinatal Culture &amp; Leadership Development Programme will be reported at Trust Boards, and Divisionally at the Divisional Quality and Governance boards. The Maternity and Neonatal Board Safety Champions have been supporting the perinatal quadrumvirate in their work to better understand and craft local cultures. The Maternity and Neonatal Board Safety Champions attend maternity safety walks with the quadrumvirate and attend the Maternity Safety Production Board meetings where recommendations detailed in the Perinatal Quality Surveillance Model are discussed.</p>
<b>4.2</b>	<p><b>Ockenden update</b></p> <p>The service has achieved 7 out of 7 of the initial Immediate and Essential Actions (IEA) managed in the 1<sup>st</sup> Ockenden report in 2020. The 2<sup>nd</sup> Ockenden report released in 2022 had 15 IEA, of these 4 of the 15 IEA are completed. There are a total of 84 actions generated by the report 55 actions are complete and 27 actions in progress. There are 2 red actions which we are awaiting more direction from the national team. The Ockenden Action plan is ongoing.</p>
<b>4.3</b>	<p><b>The Single Delivery plan was launched in March 2023</b></p> <p>Four themes were geared towards the delivery safer, more personalised, and more equitable care.</p> <ul style="list-style-type: none"> <li>• Listening to women and families with compassion</li> <li>• Supporting our workforce</li> <li>• Developing and sustaining a culture of safety</li> <li>• Meeting and improving standards and structures.</li> </ul> <p>The delivery of the plan is ongoing and has generated 65 actions to achieve full compliance, currently 6% of actions are red, 33% of actions are green and 60% actions are amber. Enclosed within the document is the full action plan that provides further detail on all measures taking place to achieve the plans objectives.</p>
<b>4.4</b>	<p><b>Integrated Care System Peer Review of Maternity Services</b></p> <p>WHT underwent a Peer Review of Maternity Services on 4<sup>th</sup> August 2023, this is part of the Black Country Integrated Care System annual review of all maternity providers. The report was overall positive. The report highlighted that the leadership and culture in existence within the Maternity Services was shown to be highly effective, knowledgeable, and approachable. Also, that there was noted good multi professional working and good triumvirate working. Governance and incident reporting were noted to be strong. An action plan around recommendations is being formulated some of which have already been actioned. The action plan will be monitored via Divisional Governance Board and Trust Quality Committee.</p> <ul style="list-style-type: none"> <li>• IPC - issues relating to the environment on Primrose ward and Delivery suite to be reviewed and addressed / mitigated.</li> <li>• Wall Mounted Hand Gels to be installed in Antenatal corridor areas (Action complete)</li> <li>• Consultant Midwife Post to be funded and recruited to as soon as possible.</li> <li>• Arrangements for QUAD leadership team to be implemented as soon as possible (Action implemented)</li> <li>• Community services – 10 week booking / Nice compliance issue to be monitored following changes implemented recently by the Trust (Action ongoing as detailed in section 2.3 of this report)</li> <li>• Resuscitaire equipment issue to be addressed / replacement machines purchased and installed (Business case agreed to 2 phase resuscitaire replacement and phase 1 on order)</li> <li>• Calibration of digital and analogue clocks to be immediately undertaken and consideration for all clocks to be digital in theatres (Action is currently ongoing)</li> </ul>

**Attached with this report.**

- PMRT Q2 Report
- ICB Maternity Peer Review Report.

**Paper to the Trust Board Meeting – to be held in Public**  
**13<sup>th</sup> December 2023**

<b>Title of Report:</b>	Chief Medical Officer Report	Enc No: 10.6
<b>Author:</b>	Dr Manjeet Shehmar – Chief Medical Officer <a href="mailto:manjeet.shehmar@nhs.net">manjeet.shehmar@nhs.net</a>	
<b>Presenter/Exec Lead:</b>	Dr Manjeet Shehmar – Chief Medical Officer <a href="mailto:manjeet.shehmar@nhs.net">manjeet.shehmar@nhs.net</a>	

Action Required of the Board/Committee/Group			
Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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:**

<b>Risk Register</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	None		
<b>Resource Implications:</b>	Workforce: Costs for pharmacy workforce business case		
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well led, responsive, effective, caring
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Specialised Commissioning
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Responsible Officer Regulations
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: GMC, ICS
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>		
<b>Equality and Diversity Impact</b>	NA		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: TMC Sept 2023, MMG Sept 23
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: F&P Sept 23, QPES Sept 23
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:

## Summary of Key Issues using Assure, Advise and Alert

### Assure

- The most recently published SHMI value for the 12-month rolling period (published by NHS Digital September 2023 for the period May 2022 to April 2023) is 0.9906 which is within the expected range (this relates to the acute Trust excluding palliative care). Please note - this is the most up to date data available at the time of writing the report. HMSR for this period is lower than the national average (99.81). The Trust has no current Preventing Future Deaths Notices
- Continued work through the Medicines Management Improvement Group (MMIG) is showing a growing positive culture around medicines management with a reduction on the risk score to 12.
- Medical agency spend has reduced significantly and drivers for locum spend is understood and being addressed.
- 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.

### Advise

- An operational DCMO has been recruited to support the CMO Office
- There are 91 clinical fellows employed by the Trust supported by a dedicated educational and wellbeing team.
- There are 3 MTI surgery doctors from The Royal College of Surgeon's Pakistan in line with the Academy of Royal College's Process. Terms and conditions will be in parallel with those of other non-training grades within the Trust.

### Alert

- Observed deaths are higher than expected deaths: COPD & bronchiectasis, aspiration pneumonia and cancer of bronchus. WHCT is the only Trust in the BC ICB that does not have a commissioned respiratory support unit; key to addressing these conditions which have a high prevalence in our population. A business case has been submitted to the ICB and funding is required.
- The Trust stillbirth and perinatal mortality rates are higher than expected and an improvement programme has been agreed.
- There is the need for an increased pharmacy establishment to continue to manage medicines across all wards. A business case was submitted to Investment Group November 2023 and there remains a gap in route to funding, currently mitigated by temporary staff.
- The ward audit of medicines management continues to show some gaps in compliance (see MSO report).
- The total number of medicine related incidents reported by Walsall Healthcare Trust is below the national average therefore, this elevates the percentage harm for the trust. WHT report 23% and increase of the month of September an increase of 4% (National average: 11.69%).

## Links to Trust Strategic Aims & Objectives (Delete those not applicable)

<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement</li> <li>• Prioritise the treatment of cancer patients</li> <li>• Safe and responsive urgent and emergency care</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>• Be in the top quartile for vacancy levels</li> <li>• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing</li> <li>• Improve overall staff engagement</li> <li>• Deliver improvement against the Workforce Equality Standards</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>• Develop a health inequalities strategy</li> <li>• Deliver improvements at PLACE in the health of our communities</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Improve population health outcomes through provider collaborative</li> <li>• Improve clinical service sustainability</li> <li>• Implement technological solutions that improve patient experience</li> <li>• Progress joint working across Wolverhampton and Walsall</li> <li>• Facilitate research that improves the quality of care</li> </ul>

## Chief Medical Officer Report

Report to Trust Board Meeting to be held in Public – 13<sup>th</sup> December 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

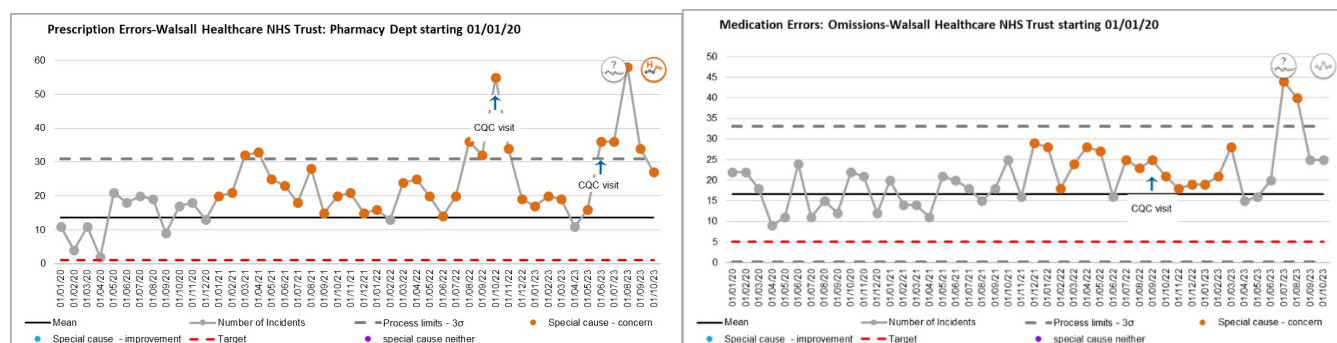
- There continues to be good progress, one patient remains awaiting assessment. This has been allocated to a specific specialist for review.
- Initial staff feedback was received well by the Trauma and Orthopedic team who engaged well in discussions re: improvements within their department.
- External radiology review has provided a report of assurance
- Duty of Candour has been discharged in all cases of moderate and severe harm
- Further follow-up has been arranged as required.
- There are a total of 114 Legal Claim cases. (Prev reported 111)

Based on the outcomes of the scoping exercise the Complex Case Assurance Board agreed that no further expansion of the PNE was necessary pre-2010, due to the length of time between the surgery and the start of the PNE and that there had been no significant contact from patients via PALs/Complaints or the helpline.

#### 2.0 Medicines Management

- Improvement work continues to address concerns raised through the Section29A notice. Training rates are improving with E- Learning for health – Prescribing module: Compliance 81.17% ↑0.39% Annual awareness CD training: 64.8% ↑1.8% remains static for the month of October. Drug chart video compliance 94.34% ↑0.14%.
- Ward storage audits continue to be conducted across the trust via the Tendable platform. A total of 112 weekly audits have been conducted across the divisions. Average 95.5% compliance.
- CD audits completed by pharmacy: 15 audits, average compliance 72.3%.  
*Areas requiring improvement:* CD Register documentation, receipt of controlled drugs, signing twice daily CD checks.

Prescribing errors and omissions (themes of focus) continue to reduce with special cause improvement.





Harm levels remain low from incidents and are investigated in line with the Trust Governance Process through the Serious Incident framework. Immediate actions have been taken around prevention of hospital acquired thrombosis and prescribing anti-coagulation.

Level of Harm	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023	Oct 2023
0- Near Miss	23	15	39	42	23	33	26
1- No harm	38	68	69	93	120	60	76
2- Low harm	18	25	26	25	26	34	28
3- Moderate harm	2	1	1	1	2	2	0
4- Severe						1	1

### **3.0 Learning from Deaths**

The most recently published SHMI value for the 12-month rolling period (published by NHS Digital September 2023 for the period May 2022 to April 2023) is 0.9906 which is within the expected range (this relates to the acute Trust excluding palliative care). Please note - this is the most up to date data available at the time of writing the report. HMSR for this period is lower than the national average (99.81).

Observed deaths are higher than expected deaths: COPD & bronchiectasis, aspiration pneumonia and cancer of bronchus. Actions which the CMO Directorate require support with to address these areas are:

- Respiratory Support Unit Business Case with ICB
- Mouthcare Matters Business Care to reduce pneumonia in the hospital.

There was one case of perinatal mortality in September 2023 and no cases of Perinatal Mortality in October 2023. The MBRRACE Report 2023 has highlighted that perinatal mortality has increased from 4.4:1000 to 5.19: 1000 nationally. At WHCT the stillbirth rate has increased from 2.72: 1000 in April to 3.85:1000 in October 2023. The Perinatal Mortality Rate has increased from 3.03: 1000 to 4.2:1000 during the same period. Thematic review has identified opportunities to reduce risk for maternal medical conditions before pregnancy and in the early stages of pregnancy. The Trust is engaging in an ICB review of stillbirths.

The medical examiner team reviewed 100% of the total eligible inpatient deaths for the period covered by this report. Five LeDeR deaths were reported during this period, learning will be included in next report. The ME team continue to liaise with GPs, 62% are now signed up to the community ME process.

The number of completed SJRs with scores of 1-3a Q2 rate 1.3% (avoidable or probable avoidable). The trust has no preventing future deaths notices.

### **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

The CMO office leads an improvement group to understand and address the actions required to improve clinical outcomes.

Initial outcomes are reported via PSG:

	Cancer - Major Resections & Colostomys					
	NBOCA-National Average published July 2023	Figured presented by project team 01/01/2022 -31/05/2023	Variance	surgery 01/07/2023 - 31/09/2023	Variance	surgery 01/08/2023 - 31/10/2023
Proportion of patients having emergency resections	14%	39.20%	7.14%	46.34%	-10.23%	36.11%
Adverse event rate following elective colorectal surgery		14.50%				
Adverse event rate following elective rectal surgery		29.40%				
Length of stay > 5 days	<60%	73.40%	-0.90%	72.50%	-4.85%	67.65%
30-day post-op mortality	1.70%	6.30%	-3.86%	2.44%	-	2.44%
90-day post-op mortality	2.80%	10.90%	-8.46%	2.44%	-	2.44%
30-day readmission excluding 0 days LOS	12.50%	14.10%	13.40%	27.50%	0.28%	27.78%
30-day readmission including 0 days LOS		21.90%	17.12%	39.02%	-5.69%	33.33%
30-day unplanned return to theatre (URTT)	<6.8%	6.30%	-1.42%	4.88%	-2.02%	2.86%
Ileostomy formation rate at time of anterior resection		56.70%	-6.70%	50.00%	-	50.00%
Trust rectal cancer surgical volume		20		14	-2	12

A new clinical lead and mortality lead has been appointed

Daily consultant colorectal ward rounds are in place.

LOS > 5 days reduced from 73.4% to 67.65% (target < 60%)

30 day post op mortality reduced from 6.3% to 2.44 % (target 1.7%)

30 day unplanned return to theatre reduced from 6.3% to 2.86% (target <6.8%)

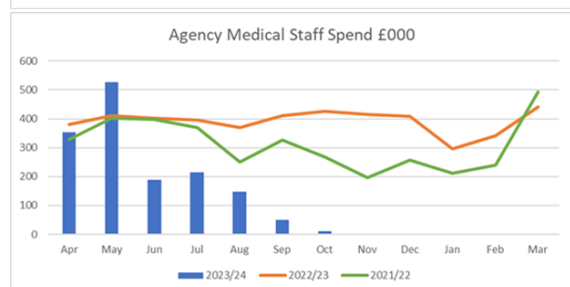
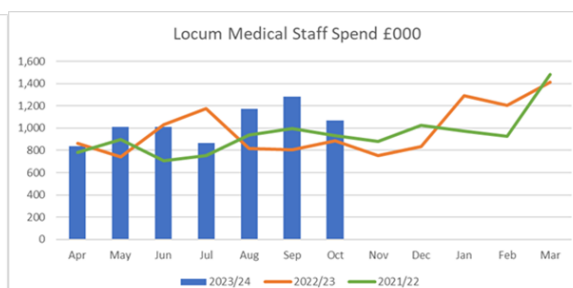
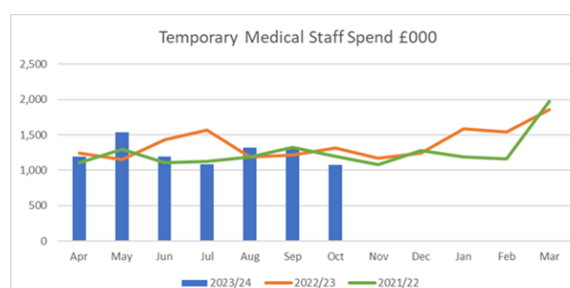
Dual consultant operating rostered.

## 5.0 Medical Workforce

Temporary spend on medical staffing are overspent by (£7,327k) YTD, driven by Locum Bookings (£6,856k) and Agency Bookings (£1,204k). Overall spend on Medical Staffing is overspent by (£7,327k) which the rest of the position not made up of temporary staffing is related to Strike bookings, (£548k) offset by Medical vacancies, (£733k).

Main drivers for bookings against Agency and Locums relates to:

- Vacancy Bookings over and above agreed budgets (£3,857k YTD, £281k in month)
- Demand Bookings (£1,214k YTD, £85k in month)
- Sickness (£528k YTD, £134k in month)
- Strike Bookings (£528k YTD, £134k in month)



Locum spend drivers are understood relate mainly to unfunded paediatric, acute medicine weekend rotas and surgery rotas which have business case plans. Annualised job planning in ED has reduced locum spend in that area.



## 6.0 Clinical Fellowship Programme

A total of 91 Fellows are employed by the Trust, this figure includes a natural absorption of previous Non-Training Grades (NTGs) within the organisation. The programme is supported by a dedicated educational and pastoral programme with career development into the CESR and HEE training routes.

The trust has processes to ensure that all NTGs comply with GMC appraisal and revalidation. The highest proportion of Fellows are those supporting General Internal Medicine (GIM) and Acute out of hours rotas.

The MTI Surgery Programme is a joint initiative with the Trust and The College of Surgeons and Physicians of Pakistan (CPSP) and Walsall. The scheme provides international graduates training opportunities within their chosen discipline before returning to their home country.

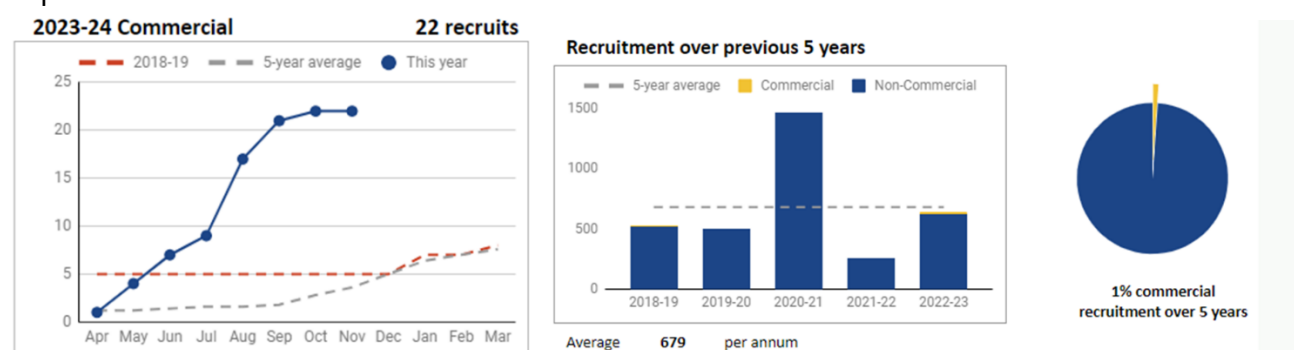
- Previous cohort left the Trust in July 2023.
- New Cohort of 3 Fellows expected to arrive during December 2023.
- Candidates are provided with the same support and learning opportunities as other CFP Fellows.
- Terms and Conditions of service will be in parallel to other NTGs within the Trust.

38 Clinical Fellows have exited the programme between December 2021 to 31 October 2023 with the highest proportion of those exited have successfully entered UK HEE Training Programmes.

## 7.0 Research and Development

Initial local analysis indicates that we are recruiting participants who reflect the population we serve although greater analysis is required. This work will be presented to the Clinical Research Network (CRN) to inform the wider Equality, Diversity and Inclusion work regionally. Research was well represented at the recent Black Country Provider Collaborative Clinical Summit.

We have been approached by Wolverhampton University about a potential joint Associate Professor of Pharmacy post. A follow-on meeting has been arranged for 15 November with Aston University to explore potential projects to take forward following our second collaboration meeting. Recruitment continues to improve.



## RECOMMENDATIONS

To note the contents of the report.

### Reading Room Information/Enclosures:

- Chief Pharmacist Report
- Safe High Quality Care Report
- Clinical Fellowship Annual Report

**Paper for submission to the Trust Board meeting on 13<sup>th</sup> December 2023**

<b>Title of Report:</b>	Learning from Deaths Report (July – September 2023)	Enc No: 10.7
<b>Author:</b>	Mr Salman Mirza Deputy CMO <a href="mailto:salman.mirza@nhs.net">salman.mirza@nhs.net</a> Mrs Lorraine Moseley Business Manager <a href="mailto:lorraine.moseley3@nhs.net">lorraine.moseley3@nhs.net</a>	
<b>Presenter/Exec Lead:</b>	Dr Manjeet Shehmar Chief Medical Officer <a href="mailto:manjeet.shehmar@nhs.net">manjeet.shehmar@nhs.net</a>	

**Action Required of the Board/Committee/Group**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Recommendations:</b>  The Trust Board members are asked to note the contents of the report.			

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: <ul style="list-style-type: none"> <li>BAF001 Failure to deliver consistent standards of care to patients across the Trust results in poor patient outcomes and incidents of avoidable harm</li> <li>Performance against SHMI is recorded on the trust risk register</li> </ul> On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	None		
<b>Resource Implications:</b>	None		
<b>Report Data Caveats</b>	Data is correct at the time of reporting. NHS Digital reporting is 3 months in arrears.		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
<b>CQC Domains</b>	Safe: Effective: Caring: Responsive: Well-led:		

<b>Equality and Diversity Impact</b>	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.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: October 2023 Colorectal
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Presentations at July – September Learning from Deaths Group.

Summary of Key Issues using Assure, Advise and Alert	
<b>Assure</b>	The most recently published SHMI value for the 12-month rolling period (published by NHS Digital September 2023 for the period May 2022 to April 2023) is 0.9906 which is within the expected range (this relates to the acute Trust excluding palliative care). Please note - this is the most up to date data available at the time of writing the report.
<b>Advise</b>	<ul style="list-style-type: none"> <li>The medical examiner team reviewed 100% of the total eligible inpatient deaths for the period covered by this report.</li> <li>The ME service reviewed 111 community deaths within the period of this report.</li> <li>5 LeDeR deaths were reported during this period, learning will be included in next report.</li> <li>The ME team continue to liaise with GPs, 62% are now signed up to the process. Lead ME and Deputy CMO attended LMC meeting in September to promote the community process.</li> </ul>
<b>Alert</b>	<p>Observed deaths are higher than expected deaths: COPD &amp; bronchiectasis, aspiration pneumonia and cancer of bronchus. Actions which the CMO Directorate require support with to address these areas are:</p> <ul style="list-style-type: none"> <li>Respiratory Support Unit Business Case with ICB</li> <li>Mouthcare Matters Business Care to reduce pneumonia in the hospital.</li> </ul> <p>The Trust has received outlier alerts for Colorectal cancer and is focusing on Stillbirth and Perinatal Mortality rates.</p> <p>There are 28 SJRs outstanding, however good progress is being made within specialties to clear this.</p>

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>Embed a culture of learning and continuous improvement.</li> <li>Prioritise the treatment of cancer patients.</li> <li>Safe and responsive urgent and emergency care</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>Improve overall staff engagement.</li> <li>Deliver improvement against the Workforce Equality Standards</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>Deliver improvements at PLACE in the health of our communities</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>Improve population health outcomes through provider collaborative.</li> <li>Improve clinical service sustainability.</li> <li>Implement technological solutions that improve patient experience.</li> <li>Progress joint working across Wolverhampton and Walsall</li> <li>Facilitate research that improves the quality of care</li> </ul>

## Learning from Deaths Report (July – September 2023)

### Report to Trust Board Meeting to be held on 13<sup>th</sup> December 2023

#### Introduction

This report details:

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

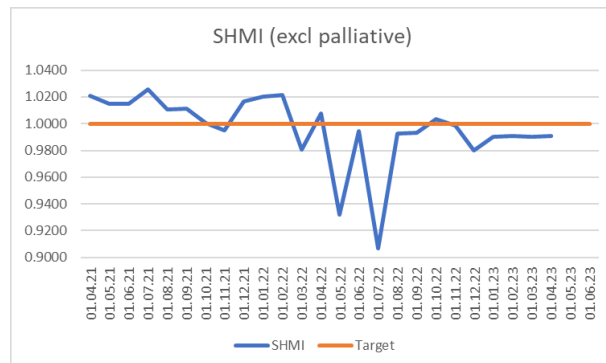
#### 1. Update on Standardised Mortality Rates (SMRs) and inpatient data relevant to these calculations

##### 1.1 Activity levels over this period is as follows:

	Admissions	Hosp Deaths	Total Discharges	Covid Deaths
<b>July 23</b>	9734	111	8444	5
<b>Aug 23</b>	7620	95	8502	2
<b>Sept 23</b>	7500	102	7925	9

##### 1.2 SHMI (Inpatient deaths plus 30 days post discharge)

The most recent published SHMI value for the 12-month rolling period (published by NHS Digital September 2023 for the period May 2022 to April 2023) is 0.9906 which is within the expected range (this relates to the acute Trust excluding palliative care).

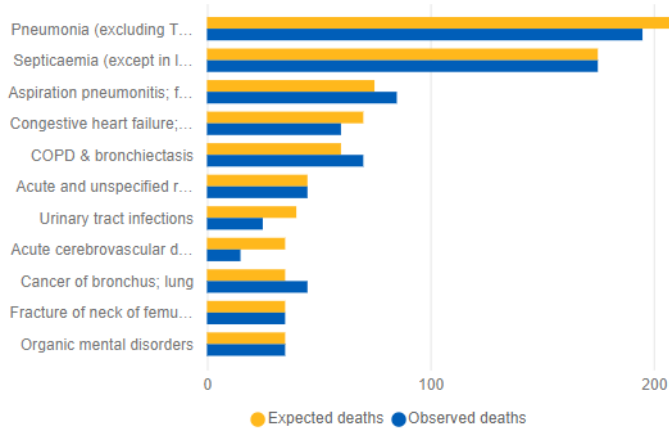


Site code	Site name	Provider spells	Observed deaths	Expected deaths	SHMI value
RBK02	Manor Hospital	62,030	1,505	1,515	0.9906
RBK49	Holly Bank House	100		15	
RBK83	Walsall Hospice	150	110	10	13.8801
E0Z3F	Walsall Manor Hospital Elective Surgical Hub	1,020			

##### SHMI in comparison with neighbouring Trusts (\*NHS Digital)

Trust	May 2022 - April 2023
Walsall Healthcare NHS Trust	0.9906
The Royal Wolverhampton NHS Trust	0.9076
The Dudley Group NHS Foundation Trust	1.1165
Sandwell And West Birmingham Hospitals NHS Trust	1.0898

### Comparison of observed and expected deaths:



It can be seen from the above that there are three areas where observed deaths are higher than expected deaths: COPD & bronchiectasis, aspiration pneumonia and cancer of bronchus. Patient level data has been provided to specialties and investigations are currently taking place to identify possible areas of concern and the outcome will be reported in future reports. Actions which the CMO Directorate require support with to address these areas are:

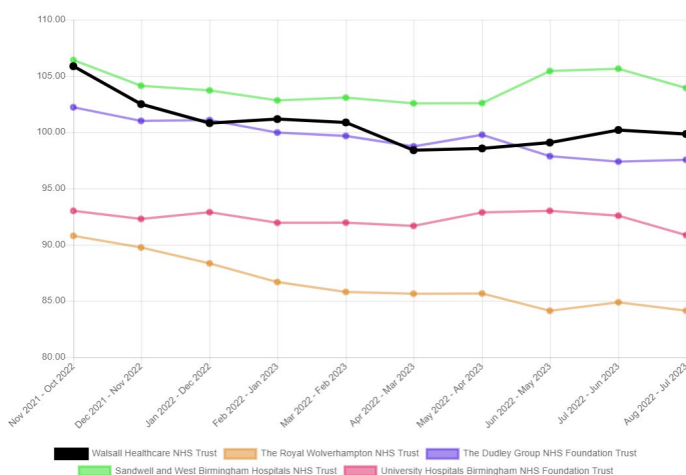
### Respiratory Support Unit Business Case with ICB

Mouthcare Matters Business Care to reduce pneumonia in the hospital.

## 2. HMSR

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

Latest Trust's Value: 99.84



### 3. Ethnicity

Ethnicity data for deaths for the period April 2023 to September 2023

Year		(01) Apr	(02) May	(03) Jun	(04) Jul	(05) Aug	(06) Sep	Total
Year 2023/24	Any other ethnic group	2	1	2	2	0	0	7
	Any other mixed background	0	1	0	0	1	2	4
	Any other White background	2	0	1	3	0	1	7
	Asian - other	1	0	1	0	1	0	3
	Bangladeshi or British Bangladeshi	1	1	0	1	1	0	4
	Black African or Black British African	0	0	0	0	1	1	2
	Black Caribbean or Black British Caribbean	0	2	1	2	2	0	7
	Indian or British Indian	3	3	3	1	4	2	16
	Mixed White and Asian	0	1	0	0	0	0	1
	Mixed White and Black Caribbean	0	0	0	3	0	0	3
	Not Stated	6	8	8	7	9	11	49
	Pakistani or British Pakistani	1	4	2	3	1	2	13
	Unknown	9	3	8	4	4	6	34
	White British	80	83	61	66	69	71	430
	White Irish	1	0	0	0	0	1	2
	<b>Total</b>	<b>106</b>	<b>107</b>	<b>87</b>	<b>92</b>	<b>93</b>	<b>97</b>	<b>582</b>

The Trust are working on improving collation of ethnicity data at source level and with GPs. The highest ethnicity group for deaths remains within the white British group.

### Alerts

The Trust received the following alerts during this period:

Mortality Cumulative Summary Aggregated (HSMR) - 14 - Cancer of colon	June 2023	5.56	
Mortality Cumulative Summary Aggregated (HSMR) - 129 - Aspiration pneumonitis; food/vomitus	June 2023	6.31	
Summary Hospital-Level Mortality Indicator (Monthly SHMI) - 140 :: 253 - Allergic reactions, 254 - Rehabilitation care; fitting of prostheses; and adjustment of devices, 255 - Administrative/social admission, 256 - Medical examination/evaluation, 257 - Other aftercare, 258 - Other screening for suspected conditions (not mental disorders or infectious disease), 259 - Residual codes; unclassified, 260 - E Codes: All (external causes of injury and poisoning)	July 2022 - June 2023	244.16	
Mortality Cumulative Summary Aggregated (HSMR) - 100 - Acute myocardial infarction	June 2023	4.28	
Mortality Cumulative Summary Aggregated (HSMR) - 224 - Other perinatal conditions	May 2023	3.12	

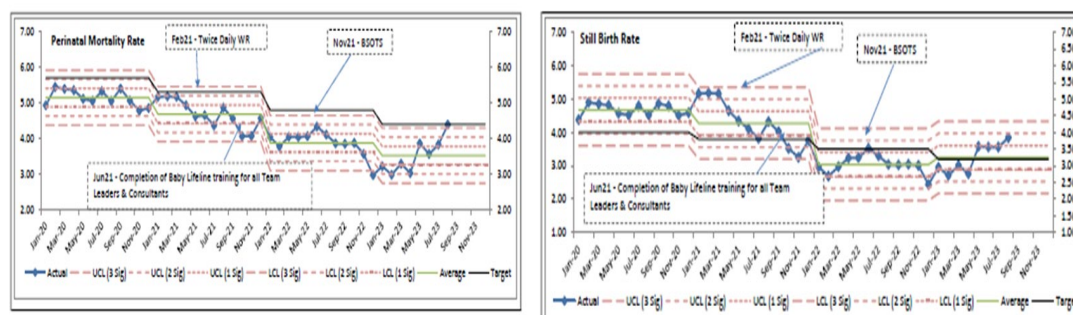
Patient level data has been provided to the specialties for subsequent reporting at Mortality Surveillance Group. Colorectal cancer is now a Trust improvement plan.

Reporting on previous alerts can be found in the specialty section. There also appears to be a “catch all” category which is currently being reviewed by coding.

### 4. Alerts and focus

#### 4.1 Perinatal Mortality (PNMR)

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 PNMR to 3.84:1000. However, this is still below national rates of 5.19 :1000 total births.





A thematic review was conducted looking at perinatal mortality cases from 1<sup>st</sup> May 2023 to 31<sup>st</sup> July 2023. There were opportunities around early recognition and management of pre-eclampsia which were addressed. A further thematic review during August 2023 has been undertaken which identified opportunities to reduce risk for maternal medical conditions before pregnancy and in the early stages of pregnancy.

The Trust CMO and COO had meeting with Division on 10<sup>th</sup> October 2023 and agreed actions:

- Establish pre-pregnancy counselling clinic in line with Ockenden (2022) recommendation.
- Commence joint antenatal clinic with Obstetric Physician RWT. A maternal medicine lead was appointed in 2020 and due to some sickness, this service has been supported. There are two Maternal Medicine antenatal clinics since April 2023, supported by three consultants (following Ockenden funding).
- An external expert has been commissioned to work with the Maternal Medicine lead.
- Review of antenatal virtual appointment pathway to reduce DNA rates and ensure vulnerable/high risk women are seen face to face.
- Improve early booking below 10 weeks to NICE recommendation target of 85% compliance (national average of 65%). Currently Walsall compliance is 55% up from (42% in April 2023). A self-referral platform has been launched in October which has already seen booking improve.
- Improve number of women and families who stop smoking- current compliance meets CNST requirements of >90% at booking and at 36/40, however 33% of women decline the service. We need to understand why that is and work with Dudley who have improved their position.

Monitoring will be via at Maternity Governance Group and assurance through Divisional Safety Huddle.

### Perinatal Mortality Review Process (PNMR) Quarterly Report

The following cases were reported in Q1 with no concerns raised in the performance metrics of PNMR:

1 case for concise review

0 cases reported as serious incident.

0 cases reported to Healthcare Safety Investigation Branch (HSIB)

3 for JAR meeting/review

3 reported to CDOP.

Improvement actions:

	Issue	Aim	Method	Results
1	Bereavement Care & Support – Accident and Emergency Department	To ensure all parents receive a standard of Bereavement care as per the National Bereavement Care Pathway, following the loss of their baby in A&E department	1. Liaise with A&E lead Matron / Consultant to ascertain the best point of contact regarding Bereavement care	Designate person to contact has been sought with the support of the MSG. SMPW Bereavement to make contact.
2	Evidence of lack of recognition of deteriorating maternal conditions such as pre-eclampsia found during thematic analysis of stillbirths and neonatal deaths	To provide further training and support for all staff regarding recognising and escalating when mothers become unwell. (Links to next issue)	1. Liaise with CPD lead midwife about on the floor training sessions and adding in-depth session to PROMPT mandatory study day 2. Instigate skills drills with the MDT in the clinical environment	
3	Absence of checking with the women to ensure compliance with taking aspirin where it has been identified that aspirin is indicated.	Aspirin compliance linked to better outcomes in terms of reducing chance of developing pre-eclampsia and reducing risk of IUGR	1. Ongoing audit to ensure compliance with aspirin (due to be presented in January 2024)	

The following areas of good practice are highlighted:

	Good Practice	Results
1	Neonatal Staff – Parent debriefs	It has been feedback from New Cross Hospital that babies that have had an ex-utero transfer to them, the parents have been debrief exceptionally prior to transfer, so that upon arrival to the other hospital the parents have had realistic expectations regarding their babies care and clearly understand the reason for transfer.
2	Introduction of Peri-Prem Bundle alongside latest update to Saving Babies' Lives Version 3	Excellent response from delivery suite clinicians regarding ease of implementing pathway and ensures good MDT working.

#### LMNS saving babies lives toolkit.

Walsall is 64% compliant and on track to achieve the 70% compliance. Actions being undertaken by Diabetic Lead and Specialist Midwife to achieve compliance are being monitored by the Team of Three.

Smoking is being completed at each appointment > 80% compliance.

Health in Pregnancy Team based within maternity department.

Maternity referrals completed for > 90% of women with a CO reading of 4ppm.

Smoking cessation information on BadgerNet app for women to access.

## 4.2 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.

STANDARD	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 led by the CMO to understand and address the actions required to improve clinical outcomes. Output will be reported via Patient Safety Group to Quality Committee. A new clinical lead for colorectal has been appointed and the improvement group are focussing on clinical pathways, training & supervision, culture and governance.

## **5. Speciality Learning from deaths.**

The following specialties presented at the monthly Learning from Deaths Group since the last report:

### **Cardiology**

26 deaths reviewed during the period October 2022 to March 2023 of which two SJRs were completed. Themes of good practice were early investigations and prognostication, end of life care, involvement of palliative care and relatives. Actions in progress were around documentation and improving inter hospital transfers.

### **Emergency Department**

155 deaths reviewed over the period of August 2022 to June 2023 and a total of 14 SJRs were completed. Themes for improvement were consulting the Medical Examiner, completion of DNACPR/Respect documentation and discussions with next of kin.

Actions: Extension of oncology support from 9.00 am to 5.00 pm, end of life teaching, acute kidney injury bundle training, referral process for pancreatitis and intracranial bleeding, ITU and cardiology support, ED progress chaser, ED Newsletter and an aide memoire displaying points of improvement in resus area.

### **Gynaecology**

One death in November 2022 following elective surgery with prior identification as high risk in anaesthetic clinic. Improvements around observations in high NEWS scores, pyrexia, antibiotic practice, suspecting PE, ITU escalation and IV-line maintenance. Good practice identified as patient counselling, planned ITU admission, VTE risk assessment with timely review by gynaecology team and outreach team. Actions include raising awareness in MDT PROMPT training to enhance MDT working.

### **Intensive Care**

Four deaths for the period November 2022 to April 2023. There were 2 SJRs pending as awaiting notes. A Never Event of a misplaced NG tube occurred and was investigated as a serious incident leading to several improvements consisting of NG sticker conforming to NHSE guidance with multiple audits showing embedded practice, LoCCSIP audit, clarity over supervision and a mandatory E-learning module which has been rolled out.

### **Respiratory**

5 deaths reviewed between March 2022 to November 2022 with three deaths due to respiratory failure. The themes for improvement were COPD care, ReSPECT forms and understanding ceiling of care. Good practice was identified involving communication with patient and families, documentation and end of life care along with palliative care.

Key actions: To develop advanced care plans for end stage COPD patients with respiratory and community teams and support for the Respiratory Support Unit.

#### Alert review:

#### **Chronic obstructive pulmonary disease and bronchiectasis**

71 patients' data was reviewed and showed the need to improve referral for input and follow up with the speciality respiratory team.

## **6. Mortality Reviews - Structured Judgement Reviews (SJRs)**

- 6.1 The number of outstanding SJRs for the period of this report is 28. However, a number of reviews were completed at the beginning of October which are not included in this figure. The continuing industrial action has impacted on the available time to complete SJRs.

- 5.2 A total of 5 LeDeR reviews were identified in the period covered by this report (one in July, two in August and two in September). The outcome of these reviews is awaited. Learning from LeDer will be presented in the next report.
- 5.3 The issue around missing notes/loose filing remains an issue.

### **SJR outcomes – Q2 (total deaths reviewed categorised by outcomes)\***

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3a Probably avoidable (more than 50:50)		
This Month	0	0.0%	This Month	1	25.0%	This Month	1	25.0%
This Quarter (QTD)	1	5.3%	This Quarter (QTD)	1	5.3%	This Quarter (QTD)	2	10.5%
This Year (YTD)	1	4.3%	This Year (YTD)	3	7.3%	This Year (YTD)	6	14.4%
Score 3b Probably not avoidable (less than 50/50)			Score 4 Probably not avoidable			Score 5 Slight evidence or definitely not avoidable		
This Month	0	0.00%	This Month	1	25.0%	This Month	1	25.0%
This Quarter (QTD)	6	31.6%	This Quarter (QTD)	7	36.8%	This Quarter (QTD)	2	10.5%
This Year (YTD)	11	26.3%	This Year (YTD)	18	42.9%	This Year (YTD)	2	4.8%

\*This data refers to the number of SJRs completed

The total number of deaths in the Trust for this quarter = 304, YTD 617. SJR 1-3a rate YTD 1.6%

Number of completed SJRs with scores of 1-3a Q2 rate 1.3%

## **7. Medical Examiner**

The medical examiners reviewed 100% of deaths in this reporting period with 111 cases during the period of this report. The community ME programme continues to be promoted to all Walsall GPs with 62% of Walsall GPs now part of the programme. Coroner referrals are now reported to the Learning from Deaths (formerly Mortality Surveillance Group) meeting monthly to provide oversight.

## **8. Matters for escalation to Quality Committee**

Support for the Trust Respiratory Support Unit Business Case

Perinatal and stillbirth mortality rate

Colorectal Outlier Alert and improvement plan

Mouthcare Matters Business Case support for pneumonia

Paper for submission to the Public Trust Board on Wednesday 13 December 2023		
<b>Title of Report:</b>	Chief Operating Officer's report	Enc No: 10.9
<b>Author:</b>	Ned Hobbs – Chief Operating Officer <a href="mailto:Ned.Hobbs1@nhs.net">Ned.Hobbs1@nhs.net</a> 01922 603351	
<b>Presenter/Exec Lead:</b>	Ned Hobbs, Chief Operating Officer and Deputy Chief Executive	

Action Required of the Board/Committee/Group			
Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Recommendations:</b>  <b>To note the contents of the report for assurance.</b>			

Implications of the Paper:	
<b>Risk Register Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	None
<b>Resource Implications:</b>	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 was approved at Trust Board in October 2023.
<b>Report Data Caveats</b>	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)

<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well-led
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Access standards
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Access standards
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Safe:</b> <b>Responsive:</b> <b>Well-led:</b>		
<b>Equality and Diversity Impact</b>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Fortnightly Restoration & Recovery meeting

## 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.

The Board should be assured that:

### Emergency Care

- The Trust continues to deliver some of the best Ambulance Handover times (<30 minutes) in the West Midlands, with 80.99% of patients handed over within 30 minutes of arrival by ambulance in October 2023. The Trust was the third best performing organisation in the West Midlands in October 2023, and has now been in the Top 3 performing organisations in the region for the last 36 months. However, Board should note that this performance represented a statistically significant deterioration in month, as a result of significant UEC pressures with October 2023 the highest month of Type 1 Emergency Department attendances on record, and the second highest month on record of Intelligently Conveyed ambulances received at Walsall Manor Hospital as a result of prolonged ambulance handover times at neighbouring Trusts.
- In October 2023, 69.8% of patients were managed within 4 hours of arrival, against the revised national expectation of 76%. WHT's national ranking for the four-hour emergency access standard (EAS) was 43<sup>rd</sup> best Trust out of 123 reporting Acute Trusts in October 2023. Like ambulance handover, 4 hour performance represented statistically significant deterioration in the month of October 2023 as a result of the highest month of Type 1 ED attendances received on record, and significant Exit Block for patients requiring admission from ED.
- The Board should note that Urgent & Emergency Care demand is tracking closer to the pessimistic scenario in the Trust's Winter Plan. However, the additional funding received following NHS England's national letter of 8<sup>th</sup> November 2023 has now covered the funding for the recommended option 2 of the Winter Plan, approved at October 2023 Trust Board.

### Cancer Care

- In September 2023, 78.75% of patients referred by their GP as Urgent Cancer referral were treated within 62-days. This places the Trust in the upper quartile of performance nationally for the last 3 consecutive months, at 13<sup>th</sup> best Trust out of 119 reporting general acute Trusts in September. 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 remain below forecast.

### Elective Care

- The Trust has received formal elective surgical hub accreditation through NHS England's Getting It Right First Time programme for its ringfenced elective surgical hub (in the DTC wing of the hospital) – Appendix 1. Only 24 sites nationally have received this prestigious accreditation.
- The Trust delivered the national standard to have no patients waiting in excess of 78 weeks as of the end of October 2023 (excluding patient choice), for the 8<sup>th</sup> consecutive month.
- The Trust's total RTT incomplete waiting list has stabilised, and is now showing gradual reductions, against a national context of continuing further increases in the total national RTT incomplete waiting list. The Trust's total RTT incomplete waiting list has decreased from a peak of 35,882 in April 2023 to 32,456 in October 2023.

- The Trust has delivered a statistically significant increase in outpatient clinic booking utilisation with 9 consecutive months above the mean, and reducing DNA rates.

## **Advise:-**

### **Diagnostic access**

- The Trust's 6 Week Wait (DM01) Diagnostics performance is now 52<sup>nd</sup> best (September 2023 reporting), out of 120 reporting general acute Trusts, with 23.57% of Trust patients now waiting over 6 weeks in October 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 1,734 of the 2,295 Trust patients waiting over 6 weeks at the end of October 2023. Challenges on Non-Obstetric Ultrasound are the other significant pressure. 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**

- Overall access to suspected cancer 2 week wait clinic appointments is showing improvement, with the second highest performance of the last 2 years in September 2023, and special cause improvement in Breast Symptomatic 2 week wait performance. However, both Breast and Skin tumour sites remain under pressure. 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.

### **Estates Strategy update**

- The Trust's Estates Strategy Update was presented to the October Finance & Productivity Committee by the Group Director of Estates Development, and advised the Committee of the process of development of an Black Country Integrated Care System-wide Estates Strategy.

## **Alert:-**

### **Elective access**

- The Trust's 18-week RTT performance has 57.21% of patients waiting under 18 weeks at the end of October 2023, and a national ranking position of 68<sup>th</sup> (out of 122 reporting Trusts) for September 2023 performance. In addition, the Trust's 52-week waiting time performance is 8<sup>th</sup> best in the Midlands (out of 20 Midlands Trusts).
- Although below national median, the Trust's ranking position is demonstrating incremental improvement this financial year and critically the number of patients on the Trust's total elective waiting list is now falling.

### **EPRR Core Standards**

- The Trust has completed it's 2023 Core Standards Assurance process and been assessed as non-compliant. A separate report is before Board today providing details.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement</li> <li>• Prioritise the treatment of cancer patients</li> <li>• Safe and responsive urgent and emergency care</li> <li>• Deliver the priorities within the National Elective Care Strategy</li> <li>• We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</li> </ul>
<i>Support our Colleagues</i>	
<i>Improve the Healthcare of our Communities</i>	
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Improve clinical service sustainability</li> <li>• Implement technological solutions that improve patient experience</li> <li>• Progress joint working across Wolverhampton and Walsall</li> <li>• Facilitate research that improves the quality of care</li> </ul>

#### Reports for Reference (Reading Room)

- Estates Strategy Report (Reading Room Item No: 10.9.1)



Ned Hobbs

SRO – Walsall Hospital

[ned.hobbs1@nhs.net](mailto:ned.hobbs1@nhs.net)

**November 1<sup>st</sup> 2023**

**Dear Ned**

## **Elective Surgical Hub Accreditation**

I am delighted to be able to offer my congratulations and advise you that Walsall Hospital has been recognised as an accredited hub following the site visit held on 19<sup>th</sup> October 2023.

This is a huge achievement and recognition of the clinical and operational excellence within your team and their engagement in the accreditation process.

The team who visited your hub were impressed with the professionalism and enthusiasm of your staff and it was obvious that they were keen to take advantage of the benefits that the accreditation scheme offers. GIRFT's focus is on facilitating the development of surgical hubs with the aim of improving patient flow and utilisation and we are extremely grateful for your participation in Cohort 2 of the accreditation programme.

### **Next Steps:**

With this email you have also received the following documents:

- Two site reports
  - One relating to the detail of the compliance with criteria.
  - One executive level report
- Template for the Hub Optimisation Plan
- A Communications briefing and pack containing sample press release, accreditation logo and social media cards with be sent to your comms lead on November 2nd.

You will also receive an invite to a call to hear more about the post-accreditation monitoring process.

Once again thank you for your contribution to this process and many congratulations to you and your team.

Best wishes

Professor Tim Briggs

Chair of GIRFT

National Director for Clinical Improvement and Elective Recovery, NHS England



Cc:

Regional Director – Dale Bywater

Recovery Lead – Ian Ellis

Site Lead – Sian Webley

**Report to the Trust Board Meeting to be held in Public**  
**Wednesday 13<sup>th</sup> December 2023**

<b>Title of Report:</b>	EPRR Self-assessment Core Standards	Enc No: <b>10.10</b>
<b>Author:</b>	Liam Ferris, Head of Emergency Preparedness, Resilience and Response	
<b>Presenter/Exec Lead:</b>	Ned Hobbs, Chief Operating Officer, and Deputy Chief Executive.	

**Action Required of the Board/Committee/Group**

**(Please remove action as appropriate)**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

- Trust Board to **approve** the EPRR assurance self-assessment rating overall of non-compliant, following NHSE moderation. This revised self assessment rating has been approved at Trust Management Committee on Thursday 23<sup>rd</sup> November 2023 and Finance & Productivity Committee on Wednesday 29<sup>th</sup> November 2023.
- Trust Board to note the full rewrite of the Major Incident Plan and further improvement works to be made to Business Continuity and the Trust's CBRN capability.
- Trust Board to note the ongoing work to improve on the actions listed in the EPRR Assurance Action Plan 2023/2024 (appended).

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: Overall non-compliance in EPRR Core Standards assurance 2023  On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable): 16 Risk ID: 3016		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	None		
<b>Resource Implications:</b>	None		
<b>Report Data Caveats</b>	N/A		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Safe, Effective, Responsive and Well-led
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Annual EPRR Assurance
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Civil Contingencies Act 2004
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:

<b>CQC Domains</b>	<p><b>Safe:</b> patients, staff and the public are protected from abuse and avoidable harm.</p> <p><b>Effective:</b> care, treatment and support achieve good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p><b>Responsive:</b> services are organised so that they meet people's needs.</p> <p><b>Well-led:</b> 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.</p>
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<b>Equality and Diversity Impact</b>	None		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 23 <sup>rd</sup> November 2023 (TMC)
	Board Committee	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Date: F&P 29 <sup>th</sup> November 2023
	Board of Directors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Trust Board 13 <sup>th</sup> December 2023 (following moderation)
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert	
<b>Assure</b>	<p>Detailed action plan in place to improve position for EPRR Core Standards 2024</p>
<b>Advise</b>	<p>Increased rigour of assessment process this year, including both ICB and NHSE moderation has resulted in the Trust's previous year assessment being downgraded.</p> <p>See enclosed Action Plan for detailed improvement actions.</p>
<b>Alert</b>	<p>Corporate risk to be added to reflect NHSE moderated judgement of non-compliance of the Trust's preparedness (risk ID 3016)</p>

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement</li> <li>• Safe and responsive urgent and emergency care</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing</li> <li>• Improve overall staff engagement</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Improve population health outcomes through provider collaborative</li> <li>• Progress joint working across Wolverhampton and Walsall</li> </ul>

## EPRR Self-Assessment Core Standards

### Report to Trust Board on Wednesday 13<sup>th</sup> December 2023

#### EXECUTIVE SUMMARY

This report provides the output of the Trust's formal self-assessment, which has been moderated by NHS England and the Integrated Care Board (ICB), of the Trust's EPRR performance against the core national standards for the year ending 2023. The assurance process included an assessment of the organisation's state of emergency preparedness using the same compliance levels as utilised in the 2022 assurance process, namely: Fully, Substantially, Partially or Non-Compliant.

Trust Board are requested to approve the enclosed revised self-assessment of "Non-Compliant" for the organisation's state of preparedness following a moderation process undertaken by the Integrated Care Board and NHS England on the 25<sup>th</sup> October 2023.

#### BACKGROUND INFORMATION

It is a mandatory requirement for all organisations that receive NHS funding to carry out a self-assessment against the NHS England Core Standards for EPRR. This year NHS England, Midlands Region have reviewed the assessment evidence criteria resulting in overall scoring to ensure that NHS Providers are providing suitable evidence to meet the requirement of the standard.

NHS England outlined the process for 2023:

- Stage 1: Each organisation is asked to rate their compliance via a self-assessment against the relevant individual core standards.
- Stage 2 and Stage 3: Local and Regional Assurance. ICB colleagues reviewed our self-assessment on the 25<sup>th</sup> October 2023. ICB and NHS England provided an overview report outlining the level of preparedness, risks, and areas of good practice of all organisations in their geography.
- Stage 4: Following regional assurance, NHS England will provide an assurance report to the national team outlining preparedness in the region.

In 2022, the Trust followed a standard process in providing evidence of compliance to achieve an overall rating of "Partial Compliance". However, whilst the Trust had completed the previous action plan, the evidence this year in 2023 has resulted in dropping in overall compliance due to number of non-compliant factors:

- Firstly the Major Incident Plan requires a significant piece of work, it was last formally reviewed in 2019 and since then, the Trust has had a new Urgent and Emergency Care Centre (2023), changes in its divisional structures, and changes to its Incident Coordination Centre process. The Major Incident Plan needs to be rewritten to ensure that it incorporates updated NHS guidance to plan for the need for a Business Continuity, Critical and/or Major Incident.
- Secondly the Trust's Data Protection and Security Toolkit is now non-compliant and is currently being updated / lead on by the Head of Information Governance in conjunction with key stakeholders. The Data Protection and Security Toolkit requires the IT Disaster Recovery Plan to be reviewed and exercised before achieving compliance.
- Thirdly the Trust's Business Continuity Management process does not reflect an effective audit and monitoring process within its policy and requires this to be mapped out to ensure compliance across the organisation in Business Continuity.

- Finally, the fourth, the Trust is unable to fully evidence the ability to respond to a Chemical, Biological, Radiological and Nuclear (CBRN) event out of hours and weekends. This results in a new programme being designed and rolled out to accommodate suitable but effective response.

It is worth noting that the establishment of ICBs and the direction from NHS England is resulting in increased rigour within the assessment process this year, including both ICB and NHSE moderation. This has resulted in 5 organisations within the Black Country either remaining the same or being downgraded compared to 2022, including the ICB itself. And in addition has resulted in multiple organisation's initial 2023 self-assessment being reduced following NHSE moderation.

	2022	2023	Movement
Black Country Integrated Care Board	Non	Non	-
Black Country Healthcare NHS Foundation Trust	Non	Partial	↑
The Dudley Group NHS Foundation Trust	Subs	Partial	↓
Dudley Integrated Health and Care NHS Trust	Non	Non	-
Sandwell and West Birmingham Hospitals NHS Trust	Non	Partial	↑
The Royal Wolverhampton NHS Trust	Partial	Partial	-
Walsall Healthcare NHS Trust	Partial	Non	↓
West Midlands Ambulance Service	Partial	Subs	↑

## RECOMMENDATIONS

- Trust Board to **approve** the revised EPRR assurance self-assessment rating overall of Non-Compliant.
- Trust Board to note the full rewrite of the Major Incident Plan and further improvement works to be made to Business Continuity and the Trust's CBRN capability.
- Trust Board to note the ongoing work to improve on the actions listed in the EPRR Assurance Action Plan 2023/2024 (appended).

## Any Cross-References to Reading Room Information/Enclosures:

- EPRR Core Standards Action Plan 2023 (Reading Room – Item No: 10.10.1)

**Paper to the Trust Board – to be held in Public**  
**On 13<sup>th</sup> December 2023**

<b>Title of Report:</b>	Trust Board Metrics Report – Support our Colleagues	Enc No: 11.1
<b>Author:</b>	Author - Amanda Cater, Head of Performance <a href="mailto:Amanda.cater@nhs.net">Amanda.cater@nhs.net</a> Dan Mortiboys, Operational Director of Finance <a href="mailto:D.mortiboys@nhs.net">D.mortiboys@nhs.net</a>  Responsible Directors <ul style="list-style-type: none"> <li>• Dan Mortiboys, Interim Director of Finance</li> <li>• Alan Duffell, Group Chief People Officer</li> <li>• Clair Bond, Interim Director of HR</li> </ul>	
<b>Presenter/Exec Lead:</b>	<ul style="list-style-type: none"> <li>• Dan Mortiboys, Interim Director of Finance</li> <li>• Junior Hemans, Chair, People Committee</li> </ul>	

**Action Required of the Board/Committee/Group**

**(Please remove action as appropriate)**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

Board members are asked to note the contents of the report and note that further details are reported within subcommittee papers.

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Description:  On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :			<div>Any risks associated with individual metrics within the report will be noted within the appropriate sub-committee papers.</div>
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	State: None Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):			
<b>Resource Implications:</b>	(if none, state 'none') Revenue: Capital: Workforce: implications associated with the capture and reporting of performance data. Funding Source:			
<b>Report Data Caveats</b>	This is a standard report using the previous months or most recent data. It may be subject to cleansing and revision. The report relies on timely and accurate data recording in corporate systems and, for data provided outside of corporate systems, timely provision of the data to the Performance Team for incorporation into the report			
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Safe, Effective, Caring, Responsive, Well-led	
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Publication PRN00196 Elective care prioritise 2023/24	
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:	

	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: NHS contractual requirements
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>		
<b>Equality and Diversity Impact</b>	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.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

### Summary of Key Issues using Assure, Advise and Alert

#### Introduction

'Board Level Metrics' are a rationalised set of priority metrics for the Board to focus on. The metrics align against our four strategic objectives (Care, Colleagues, Collaboration and Communities) and our Vision. Whilst this is a rationalised set of metrics to generate higher quality discussions and assurance, we also monitor a considerable number of metrics within subcommittee papers. Highlight reports from each committee are included for Board focus. This report includes data in Statistical Process Control (SPC) charts using the NHS 'Make Data Count' style of reporting. Further detail on how to interpret SPC charts icons is explained in the final page of this report. This is the first month producing this new report and the content will evolve over time. This report replaces the previous IQPR – Integrated Quality and Performance Report.

## Trust Board Metrics - Key Objectives

		ASSURANCE		
VARIATION				
			Cancer - No. of patients waiting 63+ Days for treatment (CARE) MSFD - Average number of Medically Fit for Discharge Patients in WMH (COMMUNITIES)	18 Weeks RTT - Number of 78 Week Breaches (excluding patient choice) (CARE)
			Urgent Crisis Response (UCR) - 2 Hour Response Rate (CARE) Vacancy Rates - Overall (COLLEAGUES) Virtual Ward - Total Referrals (COLLABORATION)	18 Weeks RTT - Number of 65 Week Breaches (CARE)
			ED - ED Attendances Admitted, Transferred or Discharged within 4 hours of Arrival (CARE)	

Dashboard metrics for the below Objectives do not contain enough data points to populate the above matrix - Please see exception page for further detail

- Carbon Footprint - 5% reduction in the carbon footprint (COMMUNITIES)
- R&D - Number of Recruits - Commercial (COLLABORATION)
- R&D - Number of Recruits - Non Commercial (COLLABORATION)

Dashboard metrics for the below Objectives are currently in development

- 10% increase on previous year in the percentage of staff responding positively in the annual staff survey when asked if they are able to suggest and make improvements in their area (CARE)
- Delivery of the agreed financial plan (CARE)
- Deliver an improvement on 2022/23 in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing by March 2024 (COLLEAGUES)
- Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged (COLLEAGUES)
- Deliver an improvement on 2022/23 in Workforce Equality Standard performance by March 2024 (COLLEAGUES)
- Identify, implement and report on a agreed set of outcome measures for each of the projects within the provider collaborative programme (COLLABORATION)
- Develop and implement a Health Inequalities Strategy with measurable outcomes in 2023/24 (COMMUNITIES)



## Trust Board Metrics - COLLEAGUES Dashboard

KPI	Latest month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Policy Usage	Sep 23	04%					6.32%	4.26%	8.38%
Usage	Sep 23	.85%					11.53%	7.93%	15.13%
Mandatory Training Compliance	Oct 23	.01%	90%	90%			88.63%	86.59%	90.67%
Compliance	Oct 23	.16%	90%	90%			80.08%	76.48%	83.67%
ntion Rates (12 Months)	Oct 23	.00%	88%	88%			89.85%	88.91%	90.79%
ess Absence	Oct 23	91%	5%	5%			5.71%	4.61%	6.82%
Turnover	Oct 23	.51%	10%	10%			11.12%	10.18%	12.06%
ncy Rates - Overall	Sep 23	80%	7%	7%			4.68%	-0.01%	9.37%

### Footnotes

\* The Variation SPC icon is based off the target column. The trajectory column has been added for information only

\*\* Targets are sourced from Trust Board approved targets / constitutional standard targets / local expectations

## 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.

**Paper to the Trust Board Meeting to be held in Public  
13 December 2023**

<b>Title of Report</b>	Highlight Report from the People Committee Chair	Enc No: 11.1
<b>Author:</b>	Clair Bond – Interim Director of HR Operations and OD Walsall Healthcare NHS Trust	
<b>Presenter:</b>	Junior Hemans – Non-Executive Director and Chair of the People Committee	
<b>Date(s) of Committee/Group Meetings since last Board meeting:</b>	27 November 2023	

<b>Action Required of Committee/Group</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Received/Noted/For Information</b>
No	No	No	Yes
<b>Recommendations:</b>  For the Board to note the summary of key discussions from the People Committee.			

<i>Implications of the Paper</i>			
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	No change to BAF Risks or Score the BAF and CRR approved by committee in October 2023.		
<b>Compliance and/or Lead Requirements</b>	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:

<b>Summary of Key Issues:</b>
1. The Safer Staffing report provided the People Committee with assurance that registered nurse / midwife vacancies are stable at just above 4% and recruitment of trained mental health support workers was within plan. The Committee noted 'off framework' agency has increased in month to support paediatric and neonatal services and the emergency department. All requests are approved at director level. The Committee were assured of the work undertaken in support of the challenges faced within the Health Visiting service and noted the Corporate

Risk is due to be deescalated to divisional level. The Committee sought further assurance regarding the compliance of bank works with core mandatory and statutory training requirements.

2. The Committee received a report detailing performance against the 23/24 workforce plan and noted that the Trust remains above the submitted workforce plan, however overall substantive workforce is below budgeted establishment and temporary staffing primarily through bank and to a lesser extent agency exceeding budgeted establishment costs. The Committee were assured that there are robust levels of scrutiny across the clinical divisions and estates and facilities with regard to understanding areas where workforce figures are over-plan through monthly meetings led by the Deputy Chief Executive and Director of Finance.
3. The Committee were assured that two of the six core workforce metrics are within target (vacancy rate of 6.1% and the 12 month retention rate of 91.1%). Whilst turnover and mandatory and statutory training compliance are not within target, they have improved within months. The Committee were not assured of sickness absence levels, having increased in the month due to a significant increase in short-term sickness absence and appraisal compliance levels, which deteriorated for the 3<sup>rd</sup> consecutive month.
4. The Committee received a detailed deep dive report analysing appraisal compliance from a divisional perspective. The Committee remain unassured that the Trust is able to achieve the overall compliance level of 90% of staff having received an appraisal within 12 months. Further to the deep dive report, the Committee have requested further details on a monthly basis until compliance levels have increased significantly. The Committee also requested assurance that in actions taken to increase compliance, the quality and impact of an appraisal is not compromised.
5. Sickness in month (October 2023) was above target at 5.6% and is driven by short term sickness absence which accounted for 42% of all absence. The Committee remain assured that staff are able to access both the flu vaccine (accessed by 29.7% of staff as at 24 November 2024) and the Covid-19 booster vaccine (accessed by 14.5%) at the Trust and noted the Trust is not an outlier in vaccination uptake.
6. The Committee noted that the 2023 NHS National Survey closed on the 24 November 2023. The Trust had not received a final response; however, the Committee were advised that the last reported response rate was 46.35% of substantive staff had completed a survey which was above the supplier sector benchmark of 45% and that 17% of bank staff had responded which was above the supplier sector benchmark of 15%. The Committee noted staff survey results are due to be received in mid February 2024.

Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	a) Embed a culture of learning and continuous improvement.
<i>Support our Colleagues</i>	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
<i>Improve the Healthcare of our Communities</i>	a) Develop a health inequalities strategy. b) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	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

<b>Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)</b>	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
<b>Any Changes to Workplan to be noted</b>	No changes to Workplan		Date:

**EXCEPTION REPORT FROM PEOPLE COMMITTEE CHAIR****ALERT**

1. The Committee received an update that total workforce remained above the 2023/24 plan, reflecting substantive workforce growth above 23/24 projections and temporary staffing usage above planned October 2023 thresholds. The Committee were reassured that the Trust continues to robustly monitor workforce establishment against budget through Deputy Chief Executive and Director of Finance to identify areas of over establishment and corresponding recovery actions including strengthening internal temporary staffing controls.
2. The Committee have requested further clarification regarding the internal governance process that will be applied and relevant timescales when developing and approving the 24/25 workforce plan. The Committee noted that work is underway to prepare a review of past and current business cases to understand impact on workforce numbers.
3. The Committee remain unassured of the appraisal compliance rate which had further deteriorated for the third consecutive month to 76%. The Committee received a deep dive report and accepted the recommendation of escalating monitoring and increasing internal reporting. The Committee requested further detailed review on a monthly basis and further assurance that the quality of appraisals will not be compromised when focusing on increasing compliance levels. The Committee have requested further assurance regarding the compliance rate of leadership appraisals.
4. The Committee were updated that there is a national campaign to review band 2 and band 3 healthcare support worker roles. The Committee were reassured that the Trust is currently scoping financial risks and is working collaboratively with The Royal Wolverhampton NHS Trust and other NHS organisations in the Black Country to agree principles collaboratively to resolve.

**ADVISE**

1. The vacancy rate, at 6.1%, has increased and remains within target (10%)
2. The 12-month turnover rate, at 10.4%, remains above target. (10%)
3. The 12-month retention rate, at 91%, has achieved the target. (90%)
4. The sickness absence rate, at 5.6%, is above the 5% target.
5. The mandatory training compliance rate at 88%, is below the 90% target.
6. The appraisal compliance rate, at 76%, is below the target.
7. The Committee noted that mandatory and statutory training compliance has increased for the third consecutive month and is assured from the deep dive exercise completed in October that overall compliance of 90% will be achieved in Q4.
8. The Committee noted that Corporate Risk 3036 relating to the impact of industrial action on patient care has been downgraded from a High 16 (Severity 4 x Likelihood 4) to Moderate 12 (Severity 4 x Likelihood 3). The Committee noted that there are currently no dates for future planned industrial action and that Consultants have

received a pay offer which the BMA were considering.

9. The Committee noted that funding to support workstreams as part of the ICB Workforce Transformation Group have been **with**drawn to support the overall financial position and have requested assurance that programmes of work supporting primary and social care partners are maintained.
10. The Committee noted that to ensure transparency of reporting in line with NHS England Agency Rules, a detailed report of performance against the rules consolidating current reporting mechanisms which are currently fragmented across a variety of forums will be received in Q4.
11. The Committee received an update regarding the implementation of the Joint Behavior Framework developed with The Royal Wolverhampton NHS Trust and the implementation of the Civility and Respect Training Programme for Walsall Healthcare NHS Trust commencing in January 2024. The Committee requested a formal update is provided to a future meeting in Q4.

## ASSURE

1. The Committee were assured of the intention to commission an external review of key cultural indicators following concerns shared by Freedom to Speak Up (F2SU) in October's Committee that there was an increase in negative behaviors including bullying/harassment being reported. The Committee look forward to receiving the outcome of this analysis in Q4 and were assured that data will be triangulated with patient complaints, internal incident reporting, HR data and staff survey results. The Committee noted this work has been referenced in the BAF NSR102.

## ACTIVITY SUMMARY

The workforce metrics for October 2023 will be provided for information.

## ACTIVITY SUMMARY

### **Presentations/Reports of note received for information / discussion.**

1. Workforce Metrics Report.
2. Appraisal Compliance Deep Dive Analysis
3. Board Assurance Framework and Corporate Risk Register
4. Safe Staffing Report.
5. Update Report on Performance against workforce plan
6. Update report on NHSE Agency Rules
7. Sickness Absence Internal Audit report

## **Matters presented for information or noting.**

Joint Staff Consultative Committee Meeting minutes – September and October 2023  
Local Negotiating Committee minutes – September 2023

## **Chair's comments on the effectiveness of the meeting:**

N/A



**Walsall Healthcare**  
NHS Trust

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**Paper to the Trust Board Meeting to be held in Public  
13 December 2023**

<b>Title of Report</b>	Highlight Report from the People Committee Chair	Enc No: 11.1
<b>Author:</b>	Clair Bond – Interim Director of HR Operations and OD Walsall Healthcare NHS Trust	
<b>Presenter:</b>	Junior Hemans – Non Executive Director and Chair of the People Committee	
<b>Date(s) of Committee/Group Meetings since last Board meeting:</b>	30 October 2023	

Action Required of Committee/Group			
Decision	Approval	Discussion	Received/Noted/For Information
No	No	No	Yes
<b>Recommendations:</b>  For the Board to note the summary of key discussions from the People Committee.			

Implications of the Paper			
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	No change to BAF Risks or Score the BAF and CRR approved by committee in September 2023.		
<b>Compliance and/or Lead Requirements</b>	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:
<ol style="list-style-type: none"> <li>The Safer Staffing report and skill mix review provided the People Committee with significant assurance on the nursing and midwifery workforce with the vacancy rate is well within parameters of control.</li> <li>The Trust remains above the submitted workforce plan, however overall substantive workforce is within budgeted establishment and areas of over establishment are actively</li> </ol>

being challenged and managed through Deputy Chief Executive and Director of Finance led meetings with divisional leadership teams.

3. The Committee noted that there has been an increase in confidence in reporting concerns to the Freedom to Speak Up (F2SU) and that issues relating to negative behaviours including bullying/harassment have increased from an average of 35% in 2021/22 to 48% in 2022/23 and 56% year to day (Q1 & Q2) 2023/24. The committee requested triangulation of relevant data to ensure appropriate interventions are taken.
4. It was noted that there has been a small rise in the vacancy rate of Registered Nurse / Registered Midwife to just under 4% in September 2023. The committee received reassurance that approval mechanisms for internal bank have been strengthened to ensure appropriate deployment. It was noted that off framework agency remained in place primarily for pediatric and neonatal nursing and that this had reduced in September from August.
5. The Committee received a detailed report analysing mandatory training compliance from a divisional and training subject perspective. The committee were assured that although below target at 87% compliance levels were increasing and there is a clear understanding of how the learning platform (My Academy Walsall) can be improved to support increased compliance.
6. The Committee were not assured that appraisal compliance is improving and requested a detailed review of mitigating actions for November.
7. Sickness in month is within target at 4.9% and the Committee noted the positive impact of the Healthy Attendance at Work Programme in enabling a reduction in the average length of sickness absence. The Committee were assured that staff are able to access both the flu vaccine and the Covid-19 vaccine at the Trust.
8. The Committee noted that a holistic approach to staff health and wellbeing continues to be taken, in particular there has been improvement across all indicators of the NHSE Health and Wellbeing Framework and the Healthy Attendance at Work Project is contributing towards reduced length of sickness absence.
9. The Committee noted the continuance of the 2023 NHS National Survey went live on 21<sup>st</sup> September 2023; the response rate is currently 33.6% and is above the sector average response rate of 31%. The People Committee noted the survey closes on the 24 November 2023.

Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	a) Embed a culture of learning and continuous improvement
<i>Support our Colleagues</i>	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

<i>Improve the Healthcare of our Communities</i>	a) Develop a health inequalities strategy b) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	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

<b>Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)</b>	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
<b>Any Changes to Workplan to be noted</b>	No changes to Workplan		Date:

**EXCEPTION REPORT FROM PEOPLE COMMITTEE CHAIR****ALERT**

1. The Committee received an update that total workforce is currently above the 2023/24 plan, reflecting substantive workforce growth above 23/24 projections and temporary staffing usage above planned September 2023 thresholds. The Committee were reassured that the Trust continues to robustly monitor workforce establishment against budgeted establishment through Deputy Chief Executive and Director of Finance analysis of workforce establishments and strengthened internal staffing temporary staffing controls.
2. The Committee noted that there has been an increase in confidence in reporting concerns to the Freedom to Speak Up (F2SU) and that issues relating to negative behaviours including bullying/harassment have increased from an average of 35% in 2021/22 to 48% in 2022/23 and 56% year to date (Q1 & Q2) 2023/24. The committee requested triangulation of relevant data to ensure appropriate interventions are taken.
3. The appraisal compliance rate at 76.2% is a reduction from 77.7% in month 5 and below the 90% target set. The committee has requested a deep dive report is provided in November to offer assurance that a recovery plan is in place at division level.

**ADVISE**

1. The vacancy rate, at 4.8%, has achieved the target (5%).
2. The 12-month turnover rate, at 10.5%, is above the target.
3. The 12-month retention rate, at 91%, has achieved the target.
4. The sickness absence rate, at 4.9%, is below the 5% target.
5. The mandatory training compliance rate at 87%, is below the 90% target.
6. The appraisal compliance rate, at 76.2%, is below the target.
7. Greater assurance required to recover Mandatory Training and appraisal performance Trust wide to reach target by end Q3.
8. It was noted that the Committee will receive updates from the task and finish group established by the Chief Nurse to improve the experience of internationally educated community following feedback to Freedom to Speak Up (F2SU) and following Prof Loughton's listening sessions held in September 2023. The
9. The Committee received an overview of the performance of the Trusts workforce information compared to sector benchmark via model hospital data. The Committee requested that a bi-annual report is received and focuses on workforce productivity data.
10. The Committee sought assurance that the Pediatric Business Case (approved at Board in October) was progressing at ICB level and noted a high degree of confidence that a successful recruitment campaign of pediatric nurses is anticipated.

## ASSURE

1. The People Committee received significant assurance that a holistic approach to staff wellbeing is maintained at the Trust enabling steady progress against the NHS Employers Health and Wellbeing Framework and through the Healthy Attendance at Work Programme reducing the average length of long term sickness absence.
2. The People Committee were assured of the level of understanding and improvement work in place to improve compliance with mandatory training requirements. In particular; (i) that analysis of data between 30 September 2022 and 30 September 2023 reflected a -1.7 adverse variance over a time period where over 400 new members of staff joined the Trust and (ii) that compliance levels have risen for the second consecutive month to 87% against a target of 90%.
3. The Safer Staffing report and skill mix review provided the People Committee with significant assurance on the nursing and midwifery workforce with the vacancy rate is well within parameters of control.
4. The Committee were assured by the work of the LGBTQ plus staff network and plans to grow network and ally membership.

## ACTIVITY SUMMARY

The Freedom to Speak UP Q1 & Q2 Update Report will be presented at December's Public Board meeting and workforce metrics for September 2023 will be provided for information.

## ACTIVITY SUMMARY

### **Presentations/Reports of note received for information / discussion**

1. Workforce Metrics Report.
2. Board Assurance Framework and Corporate Risk Register
3. Safe Staffing Report.
4. Health and Wellbeing Update
5. Freedom to Speak UP Q1 & Q2 Update Report
6. Assurance Report on Mandatory Training
7. Overview of Model Hospital Workforce Data
8. Performance against workforce plan
9. Employment Relations Activity Report (Q2)
10. Draft Joint People Strategy
11. LGBTQ Plus Update

## **Matters presented for information or noting**

Health and Safety Group Minutes

## **Chair's comments on the effectiveness of the meeting:**

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

**Paper to the Trust Board – to be held in Public**  
**13 December 2023**

<b>Title of Report:</b>	Group Chief People Officer Update	Enc No:11.2
<b>Author:</b>	Clair Bond (Interim Director of Operational HR and Operational Development) clair.bond2@nhs.net	
<b>Presenter/Exec Lead:</b>	Alan Duffell, Group Chief People Officer	

**Action Required of the Board/Committee/Group**

<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

The Board is asked to note the contents of the report.

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description:  On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	The risk to the organisation is concerning: <ul style="list-style-type: none"> <li>• Use of Resources.</li> <li>• Employment legislation.</li> <li>• Equality, Diversity &amp; Inclusion.</li> <li>• Organisational Reputation.</li> </ul> Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):		
<b>Resource Implications:</b>	Resource implications concerning staff health and wellbeing and attendance at work. Impact on financial resources concerning bank and agency cover.		
<b>Report Data Caveats</b>	Please see Appendix A		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well Led
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: The Board should have regard to the Core principles contained in the Constitution
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>		

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 are required to be compliant with all relevant employment legislation and the Equality Act 2010.		
Report Journey/Destination or matters that may have been referred to other Board Committees	NHS Employers guidance and terms and conditions.		
	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 28 November 2023
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 27 November 2023
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert	
<b>Assure</b>  The report provides assurance regarding key workforce metrics; <ul style="list-style-type: none"> <li>Vacancy rates</li> <li>Turnover and Retention rates</li> <li>Sickness Absence rates</li> <li>Mandatory Training Compliance rates</li> <li>Appraisal Compliance rates</li> <li>The Board are assured that two indicators are within target and two targets have seen a positive improvement towards target within October 2023.</li> </ul>	
<b>Advise</b>  <ul style="list-style-type: none"> <li>The vacancy rate, at 6.1%, has <b>achieved</b> the target (&lt;10%)</li> <li>The 12-month turnover rate, at 10.4%, is <b>above</b> the target.(&lt;10%)</li> <li>The 12-month retention rate, at 91.1%, has <b>achieved</b> the target.(90%&gt;)</li> <li>The in-month sickness absence rate, at 5.6%, is <b>above</b> the target.(&lt;5%)</li> <li>The mandatory training compliance rate, at 88.0%, is <b>below</b> the target. (&gt;90%)</li> <li>The appraisal compliance rate, at 76.0%, is <b>below</b> the target. (&gt;90%)</li> <li>The 2023 NHS Staff Survey has closed and although final response rates have not been confirmed, at the point of closure the trust had achieved a response rate of 46.35% for substantive staff and 17% for regular bank staff.</li> <li>Industrial action of medical staff through the British Medical Association (BMA) and the Hospital Consultants and Specialist Association (HCSA) remains paused pending the outcome of national negotiations. The BMA Consultant Committee is currently consulting with members on whether to accept the pay offer with results expected in January 2024. Negotiations with the Junior Doctor Committee continue.</li> </ul>	
<b>Alert</b>  <ul style="list-style-type: none"> <li>A spike in winter illnesses, such as cold, cough and influenza-related absence, has driven an increase in short-term absence, which accounted for 42% of sickness episodes during October 2023, above the 35%</li> </ul>	

2023/24 average. The Trust continues to offer and encourage staff uptake of seasonal influenza and COVID-19 booster vaccination. As at 13 November, 26% of colleagues had taken an influenza vaccine which is an improvement on the position in November 2022 (18%). Currently 12.3% have accessed a COVID-19 Booster which is less than the 17.7% in November 2022.

- Compliance with appraisal, ensuring every member of staff has had an appraisal discussion within 12 months has fallen for the third consecutive month to 76%. The year-to-date average compliance level is 77.21% against a target of 90%. A deep dive assurance report has been received by the People Committee setting out mitigating actions.

## Links to Trust Strategic Aims & Objectives

<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement</li> </ul>
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>• Be in the top quartile for vacancy levels</li> <li>• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing</li> <li>• Improve overall staff engagement</li> <li>• Deliver improvement against the Workforce Equality Standards</li> </ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>• Progress joint working across Wolverhampton and Walsall</li> </ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>• Embed a culture of learning and continuous improvement</li> </ul>



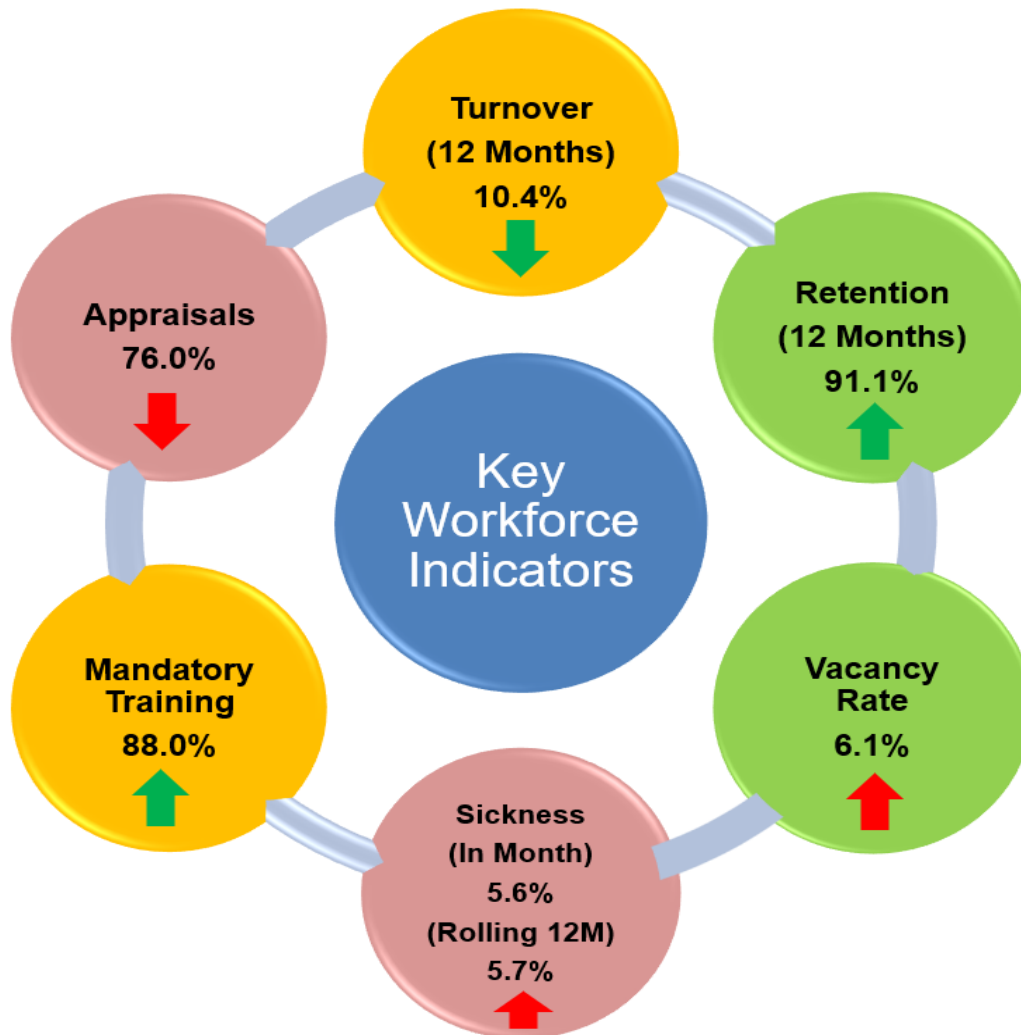
# Executive

# 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, vacancy rates and 12-month retention, meet the agreed targets/ thresholds. Mandatory training compliance and 12-month turnover are rated amber following an improvement towards target within October, whilst sickness absence and appraisal compliance are rated red with both indicators deteriorating.

- The 6.1% vacancy rate reflects a month-on-month 88 FTE increase in the budgeted establishment, reconciled against a 22 FTE increase in the actual workforce; as per the month-end finance ledger. Most of the budgeted establishment growth aligns with the Registered Nursing and Midwifery (RN&M) and Additional Clinical Services staff group, whereby funding for the N&M workforce increased by 31 FTE, while clinical support to N&M budgeted FTE rose by 20 FTE.
- Continued improvement regarding the 12-month Turnover performance and 12-month Retention, which remain above target levels, reflect colleague exit information, which suggests evidence of cultural improvement within the organisation.
- Whilst challenges remain regarding long-term assurance of target achievement, Mandatory Training compliance has continued the short-term improvement trajectory, rising 3% since July 2023. Appraisal compliance remains below target however recovery plans are in place and progressed is monitored through divisional performance reviews.
- In-month sickness absence, which was 5.6% during October 2023, is on a trajectory of continued special cause improvement. Rolling 12-month analysis, whereby absence during the 12 months to October 2023 was 5.74%, provides assurance of a strategic improvement regarding colleague attendance.
- The 2023 NHS Staff Survey closed on the 24 November 2023. Although the final response rate has not been confirmed, the Trust achieved a response rate of 46.35% for substantive which was above the supplier sector benchmark of 45% and that 17% of bank staff had responded which was above the supplier sector benchmark of 15%.
- The Trust continues to offer and encourage staff uptake of seasonal influenza and COVID-19 booster vaccination. As at 13 November, 26% of colleagues had taken an influenza vaccine which is an improvement on the position in November 2022 (18%). Currently 12.3% have accessed a COVID-19 Booster which is less than the 17.7% in November 2022.

# Key Workforce Metrics



Two of the six workforce indicators, vacancy rates and 12-month retention, meet the agreed targets/ thresholds. Mandatory training compliance and 12-month turnover are rated amber, whilst sickness absence and appraisal compliance are rated red.

Workforce performance trends are measured over a 24-month rolling period, with statistical process control methodology applied to provide assurance regarding consistent target achievement and performance stability.

There is limited assurance that the sickness absence rate, currently 5.6%, will consistently meet the 5% target, but performance in the context of a long-term trend is getting better.

The mandatory training compliance rate of 88% represents a short-term improvement, but with the context of a 24-month rolling period, there is no assurance that the 90% target will be consistently met.

There is no assurance that appraisal compliance, currently 76%, will consistently achieve the 90% target, with the performance trend getting worse. A deep dive exercise to provide assurance regarding an improvement trajectory is currently being undertaken and will be reported to Executive Committee, TMC and People Committee.

Whilst there is a need for more assurance regarding the consistent achievement of a 10% 12-month turnover target, the current 10.4% rate reflects improved performance.

Assurance can be provided that the 12-month retention rate, currently 91.1%, will consistently meet the 90% target following continued performance improvement.

The 6.1% vacancy rate offers assurance that the 10% target will be met, with performance currently stable.

**Paper to the Trust Board to be held in Public**  
**13 December 2023**

<b>Title of Report:</b>	Assessment of compliance against NHS England Agency Rules	Enc No: 11.3
<b>Author:</b>	Clair Bond – Interim Director of Operational HR and OD <a href="mailto:clair.bond2@nhs.net">clair.bond2@nhs.net</a>	
<b>Presenter/Exec Lead:</b>	Alan Duffell, Group Chief People Officer	

**Action Required of the Board/Committee/Group**

Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**

- The Committee are asked to note the summary of the gaps and the mitigating actions provided in section 3 and to provide their approval for these actions.
- The Committee are asked to note that the Executive Committee will identify one accountable officer in place for agency expenditure and compliance with the agency rules (name and job title) and to have responsibility for NHSE submission sign off.
- The Committee are asked to note that the Executive Committee have confirmed their understanding of the Agency Rules and the Toolkit and that there is assurance that there is commitment to the application of the rules and transparency of reporting through to Trust Board.

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description:  On Risk Register: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Score (if applicable) :		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	State None if None Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Score (if applicable):		
<b>Resource Implications:</b>	none		
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Well led,
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Agency Rules

	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Safe: Effective: Caring: Responsive: Well-led:</b>		
<b>Equality and Diversity Impact</b>	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action concerning 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 are recorded in the minutes and action taken to mitigate or address as appropriate.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 28 November 2023
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

### Summary of Key Issues using Assure, Advise and Alert

#### Assure

- The Committee can be assured that the Trust has responded to NHSE and ICB reporting requirements regarding the reduction of agency. The formal requests and Trust response can be viewed in the reading room, appendices 1-4.
- The Committee can be partially assured that a majority of reporting requirements are currently provided within the Trust and that the detailed information will be consolidated into a single report from Q4 onwards and provided to Finance and Performance Committee, Executive Committee and People Committee.
- Whilst there is work to consolidate internal reporting streams and identify breaches against the NHSE agency rules which require escalation, the Committee can be assured mitigating actions have been identified.

#### Advise

- The Trusts use of 'off framework' agencies has increased due to the requirements to maintain safer nurse staffing in both paediatrics and neonate services. There have also been occasions due to emergency capacity that 'off framework' ED nursing staff have been sourced. This information is summarised on a monthly basis in the Safer Staffing report provided by the Chief Nurse.
- The Trusts use of price cap overrides has decreased overall since June 2023. For M7 NHSE price caps were overridden on 30 separate occasions. The Committee should be aware that NHSE price caps have not been reviewed since 2020 and are based on 2016 pay scales. This has been escalated by employers to NHSE.
- Whilst the details of admin and estates agency utilisation has been provided via the monthly NHSE reporting requirements, the details have not been reported internally at

service line level. This will be included in the new reporting template from Q4. The Trust has reduced admin agency significantly and a small amount continues in finance to maintain clinical coding functionality. The Committee are advised that are plans to develop the clinical coding career framework to ensure a robust pipeline for the future.

- Reporting details regarding the longest serving agency to ensure focus and recovery plans to avoid premium cost backfill will be including in the new reporting template. Currently the majority of long-term agency spend relates to AHP roles, where shift bookings generally occur on a local basis.

#### **Alert**

- All information relating to bank and agency will be consolidated into a single monthly reporting template from quarter 4. This will draw data together from existing reporting arrangements to enable a single reporting mechanism for Trust Board and relevant Board sub-committees.
- Current reporting mechanism are currently being review to identify breaches against the NHSE agency rules and to ensure appropriate escalation and approval

### **Links to Trust Strategic Aims & Objectives**

#### *Excel in the delivery of Care*

- Embed a culture of learning and continuous improvement
- We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations

#### *Support our Colleagues*

- Be in the top quartile for vacancy levels
- Improve 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*

- Progress joint working across Wolverhampton and Walsall

## **1. Introduction**

- 1.1 On the 10 October 2023 the Trust received a letter from Professor Nina Morgan, Regional Chief Nurse for NHS England Midlands regarding agency reduction which identified that urgent action was required. There were four key actions which required a response by the 31 October 2023. Appendix 1
- 1.2 In addition, Jonathon Fellows, Black Country ICB Chair received a letter from Professor Morgan dated 18 October 2023 regarding Temporary Staffing Reporting to ICB Boards, in which each provider was tasked with a set of actions that aligned to the letter of the 10 October 2023. Appendix 2.
- 1.3 In response to the letter at meeting of the Executive Committee on the 31 October 2023 an overview of temporary staffing utilisation at Walsall Healthcare NHS Trust was received together with gap analysis against the requirements identifying actions and timescales for achievement. This is provided in the reading room as appendix 4.

## **2. Background Information**

- 2.1 On 10 October, Professor Nina Morgan, Regional Chief Nurse NHS England – Midlands, wrote to Midland providers and ICBs to advise that as at month 5 (August 2023) the Midlands region was failing to deliver the 3.7% national target for agency expenditure, with the Midlands having the second highest percentage of WTE agency staff nationally (2.5% vs. national average 2.2%). This letter outlined that this position is unsustainable from both a quality patient care and financial perspective and outlined the following immediate actions;
  - i. Demonstrate compliance to report progress on temporary staffing expenditure on a routine monthly basis to their boards, with specific reference to the progress to reduce agency off framework procurement, admin and estates agency and price cap breaches.
  - ii. By 31 October 2023, confirm to us in writing that the Agency Rules and the Toolkit is understood by the Executive Team, and that there is evidence of a commitment to the application of this policy to the activities of their organisation.
  - iii. By 31 October 2023, provide us with a gap analysis detailing any variation between the organisation's current compliance and the Agency Rules requirements.
  - iv. By 31 October 2023, provide us with a plan with clear actions, timescales and trajectory to achieve full compliance with the agency rules requirements.
- 2.2 In addition, Jonathon Fellows, Black Country ICB Chair received a letter from Professor Morgan dated 18 October 2023 regarding Temporary Staffing Reporting to ICB Boards, in which each provider was asked to: -
  - Urgently review escalation processes for approving agency spend above price caps to ensure decisions are taken at the appropriate level of seniority and/or clinical expertise.

- Update organisational rate escalation ('break glass') policy ensuring this provides the appropriate level of rigour and discuss / approve this policy at Trust Board level; and
- Receive monthly reports on the top ten most expensive and longest serving agency staff and plans to replace these staff with more affordable workforce solutions.
- Ensure the receipt of regular performance data against temporary staffing KPI's including performance against the national agency target that agency costs should not exceed 3.7% of total pay costs and if not already doing so to commence immediate public Board reporting of other agency specific data including:
  - Reporting all off-framework agency use within the system with a view to eliminate these
  - Costs as soon as possible in-year; and
  - Reporting all admin and estates staff agency use within the system with a view to minimise this expenditure as soon as possible in year.

2.3 To respond to the actions a report was reviewed by the Executive Committee on the 31 October 2023 (appendix 3) and a letter was provided setting out the Trusts current reporting arrangements and actions to be taken from the completed gap analysis, appendix 4.

### **3. Assessment**

**3.1 ACTION 1 - Demonstrate compliance to report progress on temporary staffing expenditure on a routine monthly basis to their boards, with specific reference to the progress to reduce agency off framework procurement, admin and estates agency and price cap breaches.**

3.2 Bank and agency usage for registered nursing and midwifery and unregistered support to nursing and midwifery is included in the Safe Staffing report provided on a monthly basis by the Chief Nurse. This is reported to Executive Committee and People Committee.

3.3 Bank and agency usage for medical staff is reported through to the Medical Advisory Group chaired by the Chief Medical Officer on a monthly basis.

3.4 Whilst price cap information and utilisation of other clinical and non-clinical agency information is reported externally to NHSE and internally via Finance and Performance Committee, activity relating to off framework agency usage, bank costs of £100 per hour and length of agency use is reported externally.

3.5 Whilst the information is regularly reported on it is not presented in detail to Finance and Performance, People Committee or Trust Board. A template report has been developed and will be submitted on a monthly basis from Q4 to both Executive Committee and People Committee.



- 3.6 ACTION 2 - Confirmation that the Agency Rules and the Toolkit are understood by the Executive Team, and that there is evidence of a commitment to the application of this policy to the activities of their organisation.**
- 3.7 An overview of the Agency Rules and Toolkit was presented to the Executive committee on the 31 October 2023 (appendix 3).
- 3.8 The Gap analysis and action plan (appendix 4) demonstrate a clear outline of the variation between the organisation's current compliance and the Agency Rules requirements and provides clear commitment within the actions to ensure its application.
- 3.9 ACTION 3 - Provide a gap analysis detailing any variation between the organisation's current compliance and the Agency Rules requirements.**
- 3.10 ACTION 4 - Provide a plan with clear actions, timescales, and trajectory to achieve full compliance with the agency rules requirements.**
- 3.11 The gap analysis and action plan (Appendix 4) outline areas of focus for the Trust to reduce agency and improve compliance with the NHSE agency rules.
- 3.12 The following gaps against NHSE agency rules have been identified and offer further opportunity to reduce agency use and cost within the Trust: -
- 3.12.1 The current reporting mechanism does not identify shifts that are engaged at 50% above the published price cap and therefore assurance can not be provided that such shifts have been appropriately approved.
  - 3.12.2 There is a lack of formalised escalation to gain approval in line with NHSE requirements for Agency shifts over £100 per hour, > 50% cap and Bank shifts over £100 per hour require to be signed off by the CEO.
  - 3.12.3 Off framework agency use for nursing is approved by the CNO or Director On Call. This is a deviation from NHSE agency rules which require CEO approval.
  - 3.12.4 All medical shifts engaged via agency are above the NHSE price cap. This has been escalated to NHSE.
  - 3.12.5 Information identifying the longest serving agency is not reported internally within the Trust or via the NHSE return.
  - 3.12.6 There are instances where agency shifts are arranged locally by a service and where authorisation is gained retrospectively following engagement. This increases the risk that appropriate checks in line the price cap and framework standards are not completed.
  - 3.12.7 The monthly submission to NHSE is required to be signed off by a Voting Board Member, submissions are made but currently not signed off.



3.13 To mitigate the gaps identified, a summary of the recommended actions are set out below:

Ref	Action	Timescale
1	Terms of Reference for the Workforce Controls Assurance Group to be extended to include required actions within objectives.	30.11.23
2	Include agency rules in the finance / budget managers training	Jan 2024
3	Implement formal policy to include agency rules for the use of temporary staff	31.12.23
4	Develop an escalation process for breaches of the NHSE rules	31.12.23
5	One accountable officer in place for agency expenditure and compliance with the agency rules (name and job title) and to have responsibility for NHSE submission sign off	30.11.23
6	Undertake deep dive into shifts 50% above the price cap to ensure information is included within internal and external reporting and mitigating actions are identified.	30.11.23
7.	Executive Committee to formally agree that off framework agency use for nursing is approved by the CNO or Director On Call	30.11.23

#### 4. Recommendations

- 4.1 The Committee are asked to note the summary of the gaps and the mitigating actions provided in section 3 and to provide their approval for these actions.
- 4.2 The Committee are asked to note that the Executive Committee will identify one accountable officer in place for agency expenditure and compliance with the agency rules (name and job title) and to have responsibility for NHSE submission sign off.
- 4.3 The Committee are asked to note that the Executive Committee have confirmed their understanding of the Agency Rules and the Toolkit and that there is assurance that there is commitment to the application of the rules and transparency of reporting through to Trust Board.

#### Reading Room

##### Appendices

1	Professor Nina Morgan letter 10 October 2023
2	Jonathan Fellows letter 18 October 2023
3	Overview of agency staffing (M6) presented to Executive Committee 31 October 2023 (including summary of NHSE Agency Rules)
4	Trust response to Professor Morgan dated 31 October 2023

## References

[NHS England Agency Rules](#)