

Bundle Trust Board Meeting to be held in Public 17 April 2024

- 1 10:00 - A PACK: Chair's Welcome, Apologies and Confirmation of Quorum
Lead: Sir David Nicholson, Group Chair
Apologies Received:
Ofrah Muflahi, Associate Non-Executive Director
Keith Wilshere, Group Company Secretary
In Attendance:
Dr Nuhu Usman, Deputy Chief Medical Officer (observing)
Quorum: The meeting is confirmed as quorate
- 2 10:01 - A PACK: Staff Story - Health Visiting Team
Lead: Alan Duffell, Group Chief People Officer
Presenters in attendance from Health Visiting Team:
Keri Christie
Jolene Crosdale
Alison Clarke
Vicky Bailey
Gemma Handley
- 3 10:16 - A PACK: Register of Declarations of Interest
Lead: Sir David Nicholson, Chair
Action: Board members to advise of any conflicts of interest pertaining to any item on the agenda which are not declared on the attached register.
3 Declarations of Interest - March 24 - v1
- 4 10:17 - A PACK: Minutes of the Previous Meeting held 14th February 2024
Lead: Sir David Nicholson, Group Chair
Action: To Receive and Approve
4 Final Draft February Public Board Minutes 2024
- 5 10:19 - A PACK: Action Log and Matters Arising
Lead: Sir David Nicholson, Group Chair
Action: To receive updates on actions and any Matters Arising
5 Action items
- 6 10:21 - A PACK: Chair's Report - Verbal
Lead: Sir David Nicholson, Group Chair
Action: To Inform
- 7 10:26 - A PACK: Group Chief Executive's Report
Lead: Prof. David Loughton, Group Chief Executive
Action: To Inform
7 WHT. Chief Executive Trust Board report 17.04.24
- 7.1 10:31 - A PACK: Trust Management Committee - Chair's Report
Lead: Ned Hobbs, Chief Operating Officer/Deputy Chief Executive
Action: To Inform and Assure
7.1a WHT. Trust Board report of TMC 21.03.24 (NH)
7.1b WHT. Trust Board report of TMC 22.02.24 (NH)
- 8 10:36 - A PACK: Winter Review
Lead: Ned Hobbs, Chief Operating Officer/Deputy Chief Executive
Action: To Inform
Comprises:
Winter Review - Appendix 1 (B PACK: Enc 8.1)
8 Winter Plan 202324 Evaluation
- 8.1 10:46 - B PACK: Winter Review - Appendix 1
8.1 Winter Review Appendix 1
- 9 10:46 - A PACK: SUPPORT OUR COLLEAGUES (SECTION HEADING)
- 9.1 10:46 - A PACK: People Committee - Chair's Report
Lead: Junior Hemans, Chair, People Committee/Non-Executive Director
Action: To Inform and Assure
Comprises:
Chair's summary of 2023 Staff Survey Results (B Pack: 9.1.1)
9.1 PC Chair's Highlight Report - March 2024
- 9.1.1 10:51 - B PACK: People Committee Chair's Summary of 2023 Staff Survey Results
9.1.1 Chair's summary of 2023 Staff Survey Results
- 9.2 10:51 - A PACK: Group Chief People Officer Report- by Exception

Lead: Alan Duffell, Group Chief People Officer

Action: To Inform and Assure

Comprises

NHS National Staff Survey Results - April 23 (B Pack: Enc 9.2.1)

9.2 GCPO Report April Board

- 9.2.1 11:01 - B PACK: NHS National Staff Survey Results
9.2.1 2023 Staff Survey Board Report- Pack B
- 10 11:01 - A PACK: EFFECTIVE COLLABORATION (SECTION HEADING)
- 10.1 11:01 - A PACK: Charitable Funds Committee - Chairs Report
Lead: Paul Assinder, Chair, Charitable Funds Committee/Deputy Chair/Non-Executive Director
Action: To Inform and Assure
10.1 Chairs Report Charity Committee 11 March 2024
- 10.2 11:06 - A PACK: Black Country Provider Collaboration - Joint Provider Committee Update
Lead: Prof David Loughton, Group Chief Executive
Action: To Inform and Assure
10.2 BC JPC - Report to Trusts Boards - Mar 24 - Draft
- 11 11:11 - A PACK: COMFORT BREAK
- 12 11:21 - A PACK: IMPROVE THE HEALTH OF OUR COMMUNITIES (Section Heading)
- 12.1 11:21 - A PACK: Walsall Together - Chair's Report
Lead: Prof. Patrick Vernon, Chair, Walsall Together
Action: To Inform and Assure
12.1 WTPB Highlight report March 24
- 12.2 11:26 - A PACK: Group Director of Place Report
Lead: Stephanie Cartwright, Group Director of Place
Action: To Inform and Assure
Comprises:
Partnership Operational Performance Pack (B Pack: Enc 12.2.1)
12.2 Group Dir Place Apr 24
- 12.2.1 11:31 - B PACK: Partnership Operational Performance Pack
12.2.1 Partnership Operational Performance Pack - Trust Board - Amended - Mar 24
- 13 11:31 - A PACK: EXCEL IN THE DELIVERY OF CARE (Section Heading)
- 13.1 11:31 - A PACK: Finance and Productivity Committee - Chair's Report
Lead: Paul Assinder, Chair, Finance and Performance Committee
Action: To Inform and Assure
13.1 Chairs Report FP Committee 20 March 2024
- 13.2 11:36 - A PACK: Group Chief Financial Officer Report - by Exception
Lead: Kevin Stringer, Group Chief Financial Officer
Action: To Inform & Assure
13.2 Group CFO Report April 24v3
- 13.3 11:46 - A PACK: Quality Committee - Chair's Report - To Follow
Lead: Professor Louise Toner, Chair, Quality Committee/Joint Non-Executive Director
Action: To Inform and Assure
13.3 WHT QC Chairs Report February and March 2024
- 13.4 11:51 - A PACK: Chief Nursing Officer Report by Exception
Lead: Lisa Carroll, Chief Nursing Officer
Action: To Inform and Assure
13.4 CNO report to Trust Board April 2024
- 13.5 11:56 - A PACK: Bi-Annual Skill Mix review
Lead: Lisa Carroll, Chief Nurse Officer
Action: To Approve
Comprises:
Bi-Annual Skill Mix Review - Full Report (B Pack: Enc 13.5.1)
13.5 Public Trust Board April 2024 Biannual skill mix review front sheet
- 13.5.1 12:01 - B PACK: Bi-Annual Skill Mix Review - Full Report
13.5.1 Public Trust Board WHT Jan 2024 Skill Mix Review 17 April 2024
- 13.6 12:01 - A PACK: Director of Midwifery Report
Lead: Joselle Wright, Director of Midwifery
Action: To Inform and Assure
13.6 DoM report to Public Trust Board April 2024

- 13.7 12:06 - A PACK: Chief Medical Officer Report by Exception
Lead: Dr Manjeet Shehmar, Chief Medical Officer
Action: To Inform and Assure
13.7 CMO Report to Public Trust Board April 24
- 13.8 12:11 - A PACK: Chief Operating Officer Report by Exception
Lead: Ned Hobbs, Chief Operating Officer/Deputy Chief Executive
Action: To Inform and Assure
13.8 Trust Board COO report Apr 2024
- 14 12:16 - A PACK: Board Level Metrics: Care, Colleagues, Communities & Collaboration
Lead: Sir David Nicholson, Group Chair
Action: To Inform and Assure
14 Board Metrics
- 15 12:21 - A PACK: Any Other Business
- 16 12:23 - A PACK: Date and Time of Next Meeting - Wednesday 15th May 2024
- 17 12:25 - A PACK: Resolution
Lead: Chair
Action: The Board to resolve to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960.
Resolved: that the resolution be approved.

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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 Nichoston 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
Sir David Nicholson	Chair	Outside Employment	Chairman	The Royal Wolverhampton NHS Trust
Sir David Nicholson	Chair	Outside Employment	Chairman	The Dudley Group NHS Foundation Trust
Ms Catherine Griffiths	Director of People and Culture	Shareholdings and other ownership interests	Director	Catherine Griffiths Consultancy Ltd
Ms Catherine Griffiths	Director of People and Culture	Loyalty Interests	Member	Chartered Institute of Personnel (CIPD)
Professor David Loughton	Chief Executive	Outside Employment	Chair	West Midlands Cancer Alliance
Professor David Loughton	Chief Executive	Loyalty Interests	Member of Advisory Board	National Institute for Health Research
Professor David Loughton	Chief Executive	Loyalty Interests	Chief Executive	Royal Wolverhampton NHS Trust
Professor David Loughton	Chief Executive	Loyalty Interests	Member	Companion of Institute of Health and Social Care Management (CIHSCM)
Ms Dawn Brathwaite	Non-Executive Director	Outside Employment	Consultant/Former Partner	Mills & Reeve LLP
Mr Edward Hobbs	Deputy Chief Executive/Chief Operating Officer	Loyalty Interests	Father – Governor Oxford Health FT	Governor Oxford Health FT
Mr Edward Hobbs	Deputy Chief Executive/Chief Operating Officer	Loyalty Interests	Sister in Law – Head of Specialist Services St Giles Hospice (Ended 31/12/23)	St Giles Hospice
Mr Edward Hobbs	Deputy Chief Executive/Chief Operating Officer	Outside Employment	Director of Operational Improvement for Urgent & Emergency Care	NHS England
Mr Edward Hobbs	Deputy Chief Executive/Chief Operating Officer	Loyalty Interests	Sister in Law – Deputy Group Director of Nursing	Sandwell & West Birmingham Hospitals NHS Trust
Dr Julian Parkes	Non-Executive Director	Loyalty Interests	Daughter – Nurse in ED at Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust

Dr Julian Parkes	Non-Executive Director	Loyalty Interests	Trustee	Windmill Community Church in Wolverhampton
Mr Junior Hemans	Non-Executive Director	Outside Employment	Visiting Lecturer	Wolverhampton University
Mr Junior Hemans	Non-Executive Director	Outside Employment	Company Secretary	Kairos Experience Limited
Mr Junior Hemans	Non-Executive Director	Outside Employment	Chair of the Board	Wolverhampton Cultural Resource Centre
Mr Junior Hemans	Non-Executive Director	Outside Employment	Chair of the Board	Tuntum Housing 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 (Ended)	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	The Royal Wolverhampton NHS Trust
Mr Junior Hemans	Non-Executive Director	Outside Employment	Director	Grizhem Holdings Ltd
Mr Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshere Associates
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Secretary of the Club which is a registered Co-operative with the	The Royal British Legion (Beeston) Social Club Ltd
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Trustee, Director and Managing Committee member of this registered Charity and Limited Company since May 1988.	Foundation for Professional in Services for Adolescents (FPSA)
Mr Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Sole owner, sole trader	Keith Wilshere Associates
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Company Secretary	Royal Wolverhampton NHS Trust
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Committee member of registered Charity and Limited Company –	Foundation for Professional in Services for Adolescents (FPSA)
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Interim Company Secretary	Dudley Integrated Healthcare NHS Trust
Mr Kevin Bostock	Group Director of Assurance	Shareholdings and other ownership interests	Sole director	Sole director of 2 limited companies Libra Healthcare Management Limited trading as Governance, Risk, Compliance
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	Outside Employment	Treasurer West Midlands Branch	Healthcare Financial Management Association

Mr Kevin Stringer	Group Chief Finance Officer & Director	Loyalty Interests	Brother-in-law is the Managing Director (ended 31 March 2024)	Midlands and Lancashire Commissioning Support Unit
Mr Kevin Stringer	Group Chief Finance Officer & Director	Loyalty Interests	Member	CIMA (Chartered Institute of Management Accounts)
Mr Kevin Stringer	Group Chief Finance Officer & Director	Gifts	Spade used for 'sod cutting'.	Veolia
Mr Kevin Stringer	Group Chief Finance Officer & Director	Loyalty Interests	Chief Financial Officer and Deputy Chief Executive	Royal Wolverhampton NHS Trust
Mr Kevin Stringer	Group Chief Finance Officer & Director	Outside Employment	Interim Director of Finance (Ended 31 December 2023)	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	NHSE/I
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Consultant Paediatrician and Clinical Lead for Respiratory Paediatrics at University Hospitals of North	University Hospitals of North Midlands NHS Trust
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - West Midlands National Institute for Health Research (NIHR)	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	University Hospitals of North Midlands NHS Trust
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Professor of Child Health	Keele University
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	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)
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 (Ended)	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	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	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	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	Outside Employment	Director	Inspired Improvement Limited
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	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	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	Operational Director of Finance	No interests to declare		
Ms Claire Bond	Interim Director of Operational HR &	No interests to declare		
Ms Jo Wright	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	No interests to declare		
Mr William Roberts	Deputy Chief Operating Officer	Loyalty Interests	Wife is a Vascular Surgery Training Registrar	West Midlands Deanery

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**MEETING OF THE PUBLIC TRUST BOARD
HELD ON WEDNESDAY 14TH FEBRUARY 2024 AT 10.00AM
HELD VIRTUALLY VIA MICROSOFT TEAMS**

PRESENT

Members

Sir D Nicholson	Group Chair
Prof D Loughton	Group Chief Executive
Mr K Stringer	Group Chief Financial Officer/ Group Deputy Chief Executive
Mr N Hobbs	Chief Operating Officer/Deputy Chief Executive
Mr A Duffell	Group Chief People Officer
Dr J Odum	Group Chief Medical Officer
Mr K Bostock	Group Chief Assurance Officer
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Ms S Cartwright	Group Director of Place
Ms L Carroll	Chief Nursing Officer
Dr M Shehmar	Chief Medical Officer
Ms J Wright	Director of Midwifery, Gynaecology and Sexual Health WCCSS
Mr D Mortiboys	Interim Finance Director
Ms C Bond	Interim Director of Operational HR & OD
Prof P Vernon	Chair, Walsall Together
Prof L Toner	Non-Executive Director
Dr J Parkes	Non-Executive Director
Mr J Hemans	Non-Executive Director
Ms M Martin	Non-Executive Director
Ms D Brathwaite	Non-Executive Director
Ms F Frizzell	Associate Non-Executive Director
Ms R Barber	Associate Non-Executive Director

In Attendance

Ms J Toor	Senior Operational Coordinator
Ms G Nightingale	Directorate Manager to Group Chief Executive
Ms E Stokes	Senior Administrator
Mr S Jeewa	Freedom to Speak Up Guardian (In attendance for Agenda Item 657/23)
Ms F Micheli	Clinical Lead Urgent Community Response (In attendance for Agenda Item 651/23)
Ms R Joshi	Deputy Divisional Director – Medicines and Long-term conditions (In attendance for Agenda Item 651/23)
Ms C Yale	Divisional Director of Nursing – Paediatrics and Neonates
Mr Filimon	Hr Advisor and HR GMTS Graduate Trainee

Apologies

Mr P Assinder	Deputy Chair/Non-Executive Director
Mr S Evans	Group Chief Strategy Officer
Mr K Wilshere	Group Company Secretary
Ms O Muflahi	Associate Non-Executive Director
Ms S Rowe	Associate Non-Executive Director

650/23	Chair’s Welcome, Apologies and Confirmation of Quorum
	Sir David welcomed all to the meeting and apologies were received and noted.
	Sir David confirmed the meeting as quorate.
651/23	Patient Voice – Verbal Report
	Ms Carroll introduced the Patient Voice story of Ms Basra whose father had received care on Ward 2 following admittance to the Acute Medical Unit. She said that Ms Basra’s father had developed Covid-19 during his hospital stay and had then been transferred to Ward 3 and the concerns raised by Ms Basra highlighted the complications with communication between the patient’s relatives and ward staff regarding her father’s medication.

Ms Carroll reported that Ms Basra had been required to source carers for her father following his discharge from Walsall Healthcare NHS Trust (WHT) and had only been able to secure carers for 4 times a day and 3 nights a week. She said Ms Basra had been extremely satisfied with the service she had received from the virtual ward team however they had not been involved immediately following her father's discharge.

Ms Micheli, Urgent Community Response Clinical Lead for WHT introduced herself to Trust Board members and advised she had direct line management and responsibility of the Care Navigation Centre which was the single point of access for virtual wards and urgent care response in WHT.

Sir David said that Ms Basra's story highlighted concerns regarding the Trust's ability to listen to relatives concerns but also the fantastic support the virtual wards offered patient and relatives.

Ms Carroll reported that Ms Basra's story had been an accurate reflection of where the Trust had been disjointed and was not able to articulate information between teams and the prescribing of medication which had been imperative to the patient. She said the Trust had previously completed significant amounts of work relating to time critical medications.

Ms Joshi advised that the Medical Division had taken the key points highlighted in the patient story and had implemented improvement programmes regarding the key points raised. She said the Trust was trialling a new Situation-Background-Assessment (SBAR) form which would allow sufficient details to be added for complex patients with multiple needs and this would be handed over to required teams.

Ms Joshi reported that the Trust was continuing to work on patient flow and medicines reconciliation information that was provided to patients, which would help reduce patients length of stay and work was ongoing with the Virtual Community team to enhance discharge from wards.

Ms Joshi advised that the Trust would work to further understand why the patient only received carers for 3 nights when they had required the service for longer. She said Ms Tomkins would meet with the community team to understand where gaps should have been identified and prevent these issues reoccurring.

Ms Barber asked for an update regarding the action plan to increase utilisation of virtual wards. Mr Hobbs advised that a virtual summit had taken place with community and acute colleagues and some of the issues highlighted had related to identifying patients that were eligible for virtual ward care and how to make it easier for patients to be referred and accepted onto the virtual ward pathway where clinically appropriate. He said the Trust had the opportunity to use digital interfaces to support this and a technology platform called Ask EARL that was used for in hospital emergency care referrals would be extended to the virtual wards.

Mr Hobbs reported that this winter, the Trust had seen the highest occupancy levels of virtual ward services on aggregate.

Dr Shehmar advised that the electronic patient and prescribing system would be implemented across the Trust throughout 2024. She said that audits had shown that when pharmacists were present on wards, medicines reconciliation rates increased significantly.

Ms Cartwright reported that she would share the Patient Voice video with the senior Walsall Together leadership team so that staff were informed on the work of the virtual ward and the speed of intervention.

ACTION: Ms Cartwright to share the Trust Board Patient Voice story presented at the Trust Board held in public in February 2024, with Walsall Together Leadership colleagues to highlight the work of the virtual ward and the speed of intervention.

Sir David advised that the patient story had highlighted the importance of communication and connection between staff, patients and relatives and the need to ensure robust documentary processes to share information intelligence between clinicians.

Ms Micheli said that conversations were needed with relatives to further understanding of what death naturally

	<p>looked like. She said these open and transparent conversations created personal connections with patient relatives. Ms Joshi reported that hospital-based clinicians struggled to have these conversations with patients and welcomed further training and understanding for junior doctors and senior clinicians.</p> <p>Sir David thanked Ms Micheli and Ms Joshi for the phenomenal work they did for patients and the Trust. Resolved: that the Patient Voice – Verbal Report be received for information and assurance.</p>
652/23	<p>Register of Declarations of Interest</p> <p>Sir David advised that no further declarations of interest had been received which were not already included within the register provided. Resolved: that the Register of Declarations of Interest be received and noted.</p>
653/23	<p>Minutes of the Previous Meeting held 13 December 2023</p> <p>Sir David confirmed the minutes of the meeting held on 13 December 2023 were approved as an accurate record. Resolved: that the minutes of the Previous Meeting held 13 December 2023 be received and APPROVED.</p>
654/23	<p>Action Log and Matters Arising</p> <p>Sir David confirmed that there were no matters arising.</p> <p>Sir David noted the action log and updates were received as follows:</p> <p>Action 1020: Future Freedom to Speak Up reports to include the outcomes of raised concerns and how these are communicated back to wider staff groups. Mr Jeewa advised that the Freedom to Speak Up (F2SU) teams were working together to develop a flow chart to advise staff on how feedback is received. He said the annual report for the service (due in May 24) would provide details of outcomes from concerns raised and how feedback had been provided to staff and followed up in the months following the concern being raised and feedback provided. <u>It was agreed that this action be closed.</u></p> <p>Action 839: Dr Shehmar and Mr Stringer to provide an update to the Trust Board on the implementation timeline of Electronic Patient Records. Dr Shehmar advised that funding had been secured and was going through the relevant procurement processes and timelines had been confirmed for the implementation of Electronic Patient Records. Mr Stringer reported that the Trust had received the Memorandum of Understanding (MOU) for £2.75M which would allow for investment into Electronic Patient Records. He said the risk had been mitigated and the money would be invested as appropriate with the Finance and Productivity (F&P) chair overseeing the process. <u>It was agreed that this action be closed</u></p> <p>Resolved: that the updates to the Action Log and Matters Arising be received and noted.</p>
655/23	<p>Chair’s Report – Verbal</p> <p>Sir David advised that the Trust had been unsuccessful in the first stage of recruitment for a replacement Chief Executive and therefore interviews had been postponed due to there not being a substantive number of shortlisted applicants. Sir David reported that he had agreed the termination of the scheduled interviews with the Deputy Chairs of Walsall Healthcare NHS Trust (WHT) and The Royal Wolverhampton NHS Trust (RWT) as well as the Regional Director and Chief Executive of the Integrated Care Board (ICB).</p> <p>Sir David reported that the Trust would recommence the recruitment process for a replacement substantive Chief Executive and interviews had been scheduled for 24 May 24. Resolved: that the Chair’s Report be received for information and assurance.</p>
656/23	<p>Group Chief Executive’s Report</p> <p>Prof Loughton reported that he had chaired the inaugural meeting of the joint Trade Unions in Walsall Healthcare NHS Trust (WHT) and The Royal Wolverhampton NHS Trust (RWT) on 20 November 23. He said he was pleased with how the Trade Unions across both Trusts were continuing to work together and harmonise policies and procedures and thanked them for their collaborative working.</p> <p>Prof Loughton advised that RWT and WHT Research and Development (R&D) teams had merged and RWT held the contract for R&D across the West Midlands until 2030. He said he had appointed a full executive team consisting of a Medical Director, Chief Operating Officer and Operations Director. Prof Loughton reported that the Trust was within the top 3 of the 12 networks within the country.</p> <p>Prof Loughton reported that the 100th Robotic Orthopaedic surgery had taken place at WHT and the procedure</p>

	<p>had gone well.</p> <p>Resolved: that the Chief Executive’s Report be received for information and assurance.</p>
657/23	<p>Freedom to Speak Up (F2SU)</p> <p>Mr Jeewa reported that there had been a quarterly and yearly increase in the number of concerns raised which highlighted that staff felt more confident to raise concerns. He said there had been 171 concerns raised in 2023/24, 144 concerns in 2022/23 and 110 concerns in 2021/22.</p> <p>Mr Jeewa advised that 60% of the concerns raised related to inappropriate behaviour, bullying and harassment and this had been reflected in the Patient Advice and Liaison Service (PALS) complaints relating to staff attitudes and inappropriate behaviours.</p> <p>Mr Jeewa reported that the Freedom to Speak Up (F2SU) team were working to develop a flow chart to advise staff how feedback would be received and that the Annual Freedom to Speak Up report due in May 24 would include details of the outcomes of concerns raised with feedback provided to staff.</p> <p>Mr Jeewa advised that due to the increase in the number of concerns raised an independent analysis of cultural indicators had been formally commissioned and work had begun to gather substantive amounts of cultural data. He said a cultural heat map at divisional level and staff group would be provided for consideration to the Executive Team and key stakeholders at the start of Quarter 1 to determine whether an extended independent cultural review was required.</p> <p>Sir David said that a heat map was a good initiative that could be used to identify specific areas within the Trust that required special attention.</p> <p>Mr Jeewa reported that the Trust needed to work towards F2SU training being provided as core training as per National Guardians office guidelines. He said the organisational target was 90% and the Trust was at 35% and further work was required to improve this figure.</p> <p>Ms Frizzell asked if there was a plan in place to support Mr Jeewa and F2SU team to address concerns and help change the culture that had led to negative behaviours. Mr Duffell advised that these concerns related to the Behavioural Framework which set out the values expected and the direction of the Trust. He said a detailed implementation plan would be required to ensure staff were aware of expected behaviours and the Behavioural Framework was embedded into Trust processes.</p> <p>Prof Toner asked if the Trust had been identified as being worse than the other Trusts and the benchmarking data. Mr Jeewa advised that the results across the 7 Trusts used for benchmarking had been inconsistent and the Trust was a poor performer.</p> <p>Ms Brathwaite asked if a wider plan would be developed in relation to the implementation of core training in accordance with the National Guardian recommendation which would allow staff sufficient time to engage with the training. Mr Duffell advised that the Trust needed to approve the addition of the core training to the Trust’s current mandatory training and a realistic time frame would need to be developed in regard to the implementation of the training.</p> <p>Mr Duffell advised that the Executive Committee had agreed a proposal to undertake a cultural review based on the recommendations highlighted by Mr Jeewa and the F2SU team. He said this would require intense triangulation work to review data and understand where issues were arising. Ms Bond reported that the Trust had implemented a Civility and Respect programme with 84 dates confirmed throughout 2024. She said the People Committee would receive regular reports regarding uptake and improvement measures and this training would help direct staff towards F2SU team.</p> <p>Prof Toner advised that the report had highlighted issues with overall leadership and how that had directly impacted culture. Mr Duffell reported that the leadership development training within the Trust needed to be reviewed at all levels to ensure the importance of staff raising concerns and leaders being able to listen to staff.</p> <p>Sir David thanked Mr Jeewa and the F2SU team for all the work they undertook for the Trust.</p> <p>Resolved: that the Freedom to Speak Up report be received for information and assurance.</p>

658/23	Trust Management Committee – Chair’s Report
	Resolved: that the Trust Management Committee – Chair’s Report be received for information and assurance.
	EXCEL IN THE DELIVERY OF CARE (Section Heading)
659/23	Board Level Metrics - CARE
	<p>Sir David advised that the Board Level Metrics had been produced to align each of the Trust’s Strategic Objectives with a series of Board metrics that would allow Board members to ensure compliance with the Strategic Objectives. He said more work was required on the Board Level Metrics to ensure they underpinned what was required.</p> <p>Resolved: that the Board Level Metrics – Care be received for information and assurance.</p>
660/23	Finance and Productivity Committee – Chair’s Report
	<p>Ms Martin reported that the Finance and Productivity Committee (F&P) had increasing concerns regarding the Trust’s budget for 2024/25. She said work continued alongside PA Consulting and the F&P Committee were not confident that a confirmed budget would be in place by 31 March 24 due to the quantity of work and discussions still required. She advised that the Black Country as a system was under significant financial pressure.</p> <p>Resolved: that the Finance and Productivity Committee – Chair’s Report be received for Information and Assurance.</p>
661/23	Quality Committee – Chair’s Report
	<p>Dr Parkes reported that medical records filing remained a significant problem for the Trust with loose filing not being completed and inadequate working conditions. He said relocation to a new Portakabin facility was imminent and scheduled to be operational from April 24.</p> <p>Dr Parkes advised that Goscote Hospital Hospice had achieved the Trust’s first Sapphire Clinical Accreditation Review rating and congratulated them on this achievement. Sir David congratulated Goscote Hospital Hospice on their achievement.</p> <p>Sir David asked if the Trust had a plan in place to ensure the improvement of medical records filing. Dr Parkes advised that a plan had been agreed but required further focus on the increasing backlog of medical records filing. He said that the Executive team would review the medical records filing backlog to ensure timely improvement of the outstanding notes for filing.</p> <p>ACTION: Executive Team to review the medical records filing backlog to ensure the timely improvement of the outstanding notes requiring filing.</p> <p>Resolved: that the Quality Committee – Chair’s Report be received for Information and Assurance.</p>
662/23	Audit Committee – Chair’s Report – Verbal Update
	<p>Ms Martin reported that the Internal Audit plan for 2023/24 was on schedule and the Trust was showing improvement against recommendations. She said planning for the 2024/25 internal audit programme had started and would focus on the Trust’s bank work which remained a significant spend for the Trust.</p> <p>Ms Martin advised that Mr Mortiboys and the Trust’s financial team had provided an excellent response to the External Audit recommendations on how to improve the reporting process for the annual accounts and reports. She said an interim audit would be conducted throughout March and would identify if recommendations had been robustly embedded.</p> <p>Ms Martin reported that the Trust had been unable to alter the Board Assurance Framework (BAF) risk ratings throughout financial year 2023/24 and the Trust was not achieving the targets that had been set to reduce the risk ratings. She said the Audit Committee had asked that individual Trust Committees review the targets and their achievability in the current environment and this would be fed back to Trust Board members to review the Trust’s risk appetite and how the Trust operated within the system. Ms Martin advised that several of the risks were system related as well as Trust related but the Trust remained a sovereign Trust. Sir David queried the timeline for the Audit Committee to receive this information from the subcommittees. Ms Martin reported that the subcommittees would be asked to review the BAF risk ratings in March 24 and an update would be provided to the Trust Board in April 24.</p> <p>Resolved: that the Audit Committee – Chair’s Report be received for Information and Assurance.</p>
663/23	Group Chief Financial Officer Report
	<p>Mr Stringer advised that the Executive team remained cited on forecast year end and the Trust’s deficit of £31M which did not include the latest round of strikes that had been announced. He said that if these strikes proceeded</p>

	<p>the cost of mitigating them and the potential loss of income would impact the forecasted year end deficit. He said the Trust would take into consideration NHS Centrals recommendations relating to exception and funding and would ensure the Finance and Productivity (F&P) Committee were cited on these.</p> <p>Mr Stringer reported that the Trust’s biggest challenge at the end of March 23 would be the stretch target of £4.5M that the Trust had taken in November 23 and mitigations continued with open dialogue with the Integrated Care Board (ICB) regarding the significant amount of emergency activity the Trust was undertaking.</p> <p>Mr Stringer advised that the Trust had applied for a loan of £18.5M to be paid in March 23 to assist the Trust through to year end 2023/24. He said the ICB had been fully funded for the planned deficit and the £18.5M loan was no longer required for 2023/24 as the money would be provided through the ICB.</p> <p>Mr Stringer reported that there had been cosmetic amendments to the Financial Instructions and Standing Orders to reference updated documents and name changes and asked the Board to approve the changes. Resolved: that the Group Chief Financial Officer Report be received for information and assurance and the Standing Orders/Financial Instructions be APPROVED.</p>
664/23	<p>Financial Recovery Plan – Verbal Update</p>
	<p>Mr Stringer reported that work with PA Consulting was underway and the Trust was reviewing how that work would contribute to the financial plan moving forward. He said further work was being completed for 2024/25 surrounding the 4% cost improvement wastage reduction efficiency programme.</p> <p>Mr Stringer advised that there was a significant amount of work required to develop the Financial Reconciliation Process (FRP) for the Integrated Care System (ICS) and each organisation over the next 3-5 years. Resolved: that the Financial Recovery Plan – Verbal Update be received for information and assurance.</p>
665/23	<p>Chief Nursing Officer Report by Exception</p>
	<p>Ms Carroll advised that the Trust had reported 7 <i>C-Difficile</i> cases in December 23 which had taken the Trust’s total reported number of cases to 71 for 2023 and said the threshold target set by the Integrated Care Board (ICB) for the Trust had been 26. She said 4 of the cases reported in December 23 had been deemed avoidable and work was ongoing surrounding antibiotic use and the Trust’s consultant microbiologist and Infection Prevention and Control (IPC) doctor continued to work on training within the Trust and when antibiotic timeout ward rounds were completed there had been significant impact and benefits highlighted.</p> <p>Ms Carroll reported that she had been asked to present a wider piece of work surrounding <i>C-Difficile</i> to the System Quality Review Meeting to gain increased support from primary care services surrounding GP prescribing of antibiotics and the impact this had on <i>C-Difficile</i>. She said the Trust had seen a decrease in less severe illness in patients with <i>C-Difficile</i>.</p> <p>Ms Carroll advised that there had been an increase in cases of measles Nationally and weekly internal meetings were in place with divisional, occupational health and communications team representation to ensure the Trust had the correct pathways in place. She said there was focus on increasing staff vaccination rates and that this reflected the National and local picture where vaccines rates were low. She said the vaccination rate within the Black Country was significantly low at 60%.</p> <p>Ms Carroll reported that the Trust had seen 1 confirmed case and contact tracing had confirmed that no one within the at risk groups had been identified. She said 50 contacts had been identified and this had generated a huge amount of work for the Infection Prevention and Control (IPC) team.</p> <p>Prof Toner asked how the Trust would mitigate the risk of not being compliant with paediatrics beds as noted within the National Patient Safety Alert Paper. Ms Carroll advised that the Trust was working alongside The Royal Wolverhampton NHS Trust (RWT) in relation to the risk regarding adult beds being used within paediatrics. She said if patients weighed less than 40 kilos or were under 1.4 metres in height they would be placed onto an adult bed which resulted in a risk, that if patients were shorter or lighter than the required weight, there could be the potential of the bed tipping or entrapment at the head end of the bed. Ms Carroll advised the Trust were reviewing appropriate options and this risk had been added to the risk register. Resolved: that the Chief Nursing Officer Report by Exception be received for information and assurance.</p>
666/23	<p>Director of Midwifery Report</p>
	<p>Ms Wright reported that there had been an increase in perinatal mortality in January 24 with 3 cases reported.</p>

She said of the 3 cases reported in January 24, 2 cases had been deemed unavoidable and 1 case was under investigation to review if any of the care the Trust had offered met the local guidelines and pathways. She said reviews were also happening alongside Walsall Together and the Walsall Housing Group into the social aspects the Trust offers to patients regarding the cost of living crisis.

Ms Wright advised that the Trust were also reviewing the clinical aspects surrounding maternal medicine and the Trust had linked in with the regional maternal medicine team who would review the Trust's maternal medicine pathways and would spread awareness to staff regarding the maternal medicine network. She said the Trust had updated the Standard Operating Procedure (SOP) to ensure it met National guidance. Ms Wright reported that the Trust continued to work closely with The Royal Wolverhampton NHS Trust (RWT) and Birmingham Women's Hospital surrounding maternal medicine to ensure referral of patients where necessary.

Ms Wright reported that the Trust had undertaken a second perinatal mortality review at the beginning of January 24 and the data was being compiled to review any outcoming themes. She said the Outreach Service implemented by the Equality, Diversity and Inclusion (EDI) midwife continued to support perinatal mortality within the Trust and had been immensely successful in helping improve patient experiences and circumstances.

Dr Shehmar advised that the Integrated Care System (ICS) had a project in place to review stillbirths and perinatal deaths with external obstetricians from the National team reviewing the cases in detail. She said areas for improvement had been identified at the February 24 LMNS meeting and these had focused on neonatal transfer, utero transfers and neonatal capacity of level 2 and level 3 units across the ICS.

Sir David asked for assurance regarding the ICS review that was underway. Dr Shehmar advised that ICS review was reviewing the themes from each of the cases and these would be formed into a coordinated plan of what improvement work was required within the Black Country.

Dr Shehmar reported that the Trust was within a community with several comorbidities which worsened during pregnancy. She said hypertension and obesity was a prevalent issue within the Black Country and the Trust needed to review local solutions.

Ms Wright advised that the Trust was above the National and regional position for Maternity staffing. She said the Trust was still experiencing staffing pressures regarding Maternity Support Workers (MSWs) but had been able to reduce the vacancy rate down to 5.75 with 3 vacancies available for apprentices.

Ms Wright reported that on review of perinatal and neonatal data the Trust had not reported any babies with severe morbidity since September 23 to the Maternity and Newborn Safety Investigations (MNSI). She said the Trust was reporting 5.9% against the 5% Avoiding Term Admissions into Neonatal Units (ATAIN) National average target which highlighted the positive practices the Trust had implemented.

Dr Odum advised that West Midlands was an outlier Nationally regarding infant and neonatal mortality and data had suggested that the West Midlands and Black Country could perform better in relation to high risk pregnancies and utero transfers and that improvement works were supported by ICS leadership. He said improvement works were underway to support neonatal surgery and critical care support at Birmingham Childrens Hospital which would help wider perspective. Dr Odum reported that there was an emerging strong action plan around utero and baby transfers.

Prof Vernon reported that the Birmingham and Solihull NHS Integrated Care Board (BSol ICB) had one of the worst infant mortality data rates Nationally. He said BSol ICB were in direct dialogue with the Black Country ICB regarding commonalities and learning between both systems. He said that Mr Street, Mayor of the West Midlands had met with the Chairs and Chief Executives of the ICBs in the West Midlands and a concern had been raised surrounding infant mortality as a proxy and suggested that the Trust align with the Mayor's strategic objectives and the work that was ongoing within the West Midlands NHS system.

Ms Wright reported that the Trust had been identified as an outlier for preterm birth and a review would be undertaken by the LMNS preterm lead to review the Trusts preterm service. She said that patient experience within maternity continued to be a priority and that all areas had met the 95% feedback Trust compliance target.

	<p>Ms Wright reported that there had been a vast improvement in Saving Babies Lives data and the Trust had met the National target of 50% compliance in each category and 70% compliance overall.</p> <p>Ms Frizzell asked why monitoring in labour had been recorded at 50% on the Saving Babies Lives heat map. Ms Wright advised that from the 4 criteria to be assessed, 2 were being fully met. The other 2 criteria were required every hour on foetal monitoring and the coordinator who was supernumerary was completing these checks but the midwife present in the room was required to enter this onto the BadgerNet app and some cases had highlighted that this had been done freehand. She said education had been shared with midwives and the digital midwife had shared screenshots with staff on how to input the required data into the correct field.</p> <p>Ms Wright advised that the Trust continued to work alongside the Local Maternity and Neonatal System (LMNS) and Public Health England to reduce smoking cessation post-delivery.</p> <p>Ms Wright reported that claims complaints and moderate incidents would be included in all reporting data. Resolved: that the Director of Midwifery report be received for information and assurance.</p>
667/23	<p>Chief Medical Officer Report by Exception</p>
	<p>Dr Shehmar advised that the Annual Controlled Drugs Accountable Officer Report was included within the Chief Medical Officer Report for assurance against the standard set out under statutory instrument. She said the Trust did not have a Responsible Clinician at Walsall Healthcare NHS Trust (WHT) and this was mirrored across all four acute Trusts in the Black Country. Dr Shehmar reported that under the Mental Health Act there were various actions the Trust could not undertake without a Responsible Clinician and the Trust could not detain people under the Mental Health Act and an arrangement was in place that allowed the Black Country Mental Health Trust to undertake that functionality.</p> <p>Sir David asked how the Trust could resolve the issue of not having a Responsible Clinician. Dr Shehmar reported that the Black Country Mental Health Trust would need to issue the Trust with a Memorandum of Understanding (MoU) as the Service Level Agreement (SLA) was held with the ICS and once the Trust had received the MoU the Trust could draw on their services for a Responsible Clinician. Dr Shehmar reported that following a recent Care Quality Commission (CQC) visit the Trust had demonstrated clearly that concerns had been escalated to the Integrated Care System (ICS) and the Trust had asked that the risk be added to ICS risk register. She said that meetings with the interim Chief Medical Officer at the Mental Health Trust continued to resolve the issue however from a legal perspective it put the Acute Trusts in a vulnerable position.</p> <p>Dr Shehmar advised that the aseptic unit at WHT did not meet the specific requirements to manufacture chemotherapy and activity had been suspended on a temporary basis. She assured Trust Board members that patients continued to receive chemotherapy and aseptic medications in a timely manner and the Trust was working towards a plan where the service could be reinstated.</p> <p>Ms Martin asked if the Pharmacy Establishment business case had been timetabled at a future ICS meeting for consideration as the Trust was incurring bank costs which were higher than the cost of implementing permanent posts. Dr Shehmar advised that finance colleagues had timetabled the business case for the impending Investment Committee for the Black Country on 1 March 24.</p> <p>Prof Toner asked what the impact of the changes to the Right Person Right Care model would have on Trust services and how West Midlands Police would support the Trust. Dr Shehmar advised that the Trust was in communication with West Midlands Police to ensure collaborative working and that no patients were put at risk and the Trust was also working alongside the Black Country Mental Health Trust. Resolved: that the Chief Medical Officer Report By Exception for information and assurance.</p>
668/23	<p>Learning from Deaths Report</p>
	<p>Dr Shehmar reported that the Trust's Summary Hospital-level Mortality Indicator (SHIMI) data remained within the expected range.</p> <p>Dr Shehmar advised that the Trust continued to focus on the improvement programme surrounding colorectal cancer which included operational and culture review. She said the improvements were supported by an educational framework which had resulted in clinical outcome improvements and the team were cited on the areas that required improvement. Resolved: that the Learning from Deaths Report be received for information and assurance.</p>

669/23	<p>Group Director of Assurance Report by Exception</p> <p>Mr Bostock advised that there was no update on Module 3 Acute Care of the Covid-19 National Inquiry and the next meeting to review Module 3 would be April 24.</p> <p>Mr Bostock reported that the Trust had commenced implementation of the Patient Safety Incident Response Framework (PSIRF) across the Trust on 1 November 23 and this had replaced the NHS England 2015 Serious Incident Framework. He said PSIRF had marked a significant departure from the methodology and thinking that had been applied to harm to patients and learning from events that had caused harm in the past.</p> <p>Mr Bostock advised that there had been no movement on the scoring of the Board Assurance Framework (BAF) risks that aligned to the strategic objectives. He said the risks were reviewed monthly by the relevant owners and executives and an updated position would be presented to the Trust Board in April 24.</p> <p>Mr Bostock reported that the Trust had 24 risks on the Corporate Risk Register and this had remained static over the previous 12 months.</p> <p>Resolved: that the Group Chief Assurance Officer Report by Exception be received for information and assurance.</p>
670/23	<p>Chief Operating Officer Report by Exception</p> <p>Mr Hobbs reported that the Trust had experienced the 3 highest months of type 1 Emergency Department attendances on record during the winter of 2023/24 and as a subset of those attendances the Trust had received the 3 highest months of ambulances from neighbouring boroughs due to challenges elsewhere which had posed a clinical and operational challenge as well as a material impact on finances.</p> <p>Mr Hobbs advised that the Trust's four-hour emergency access standard performance had remained within the upper quartile Nationally.</p> <p>Mr Hobbs reported that the Trust's cancer 62-day referral to treatment performance was within the upper quartile and total elective waiting lists had reduced by 12.9% in 2023/24. He thanked the Division of Surgery for their corporate leadership of elective waiting time improvements.</p> <p>Mr Hobbs advised that the Trust had approved a business case in 2023/24 to expand endoscopy capacity and this was now in the implementation phase. He said the Trust had a recovery plan for non-obstetric ultrasound which was overseen by the Finance and Productivity and Quality Committee.</p> <p>Sir David asked if the Trust's 2023/24 Winter Plan had been successful. Mr Hobbs advised that the Trust had been able to maintain ambulance handover, 4 hour and 12-hour performance in the Emergency Department. He said there had been increased pressure on in hospital services, intermediate care and community services and it had been a challenging winter to keep flow moving within the emergency care pathways.</p> <p>Sir David asked if the pressures on the Trust had been from patients within Walsall or outside of the Borough. Mr Hobbs reported that there had been a growth in emergency department attendances from Walsall residents and the growth in admissions into hospital was controlled for Walsall residents. He said the challenge for the Trust was that out of borough patients from within the other Black Country boroughs and Non Black Country Boroughs had a higher admission rate and longer length of stay rate once admitted.</p> <p>Ms Barber asked what benefits the Trust would have seen if it had not accepted out of area ambulances. Mr Hobbs advised that the Trust would have had at least 1 ward less of inpatients and access times for admission from the Emergency Department would have been shorter if the Trust had only seen Walsall residents. He said that these patients had urgent and emergency care needs, however, the Trust was there to provide care irrespective of their postcodes and borough of residence.</p> <p>Mr Hemans asked how the Integrated Care System (ICS) could support the Trust to ensure that patients were receiving care within their respective boroughs and how the Trust could be recompensed for care that had been delivered. Mr Hobbs advised that the Trust had invoiced neighbouring ICSs for the volume of their residents that had been treated from an Emergency Care perspective but the Trust had yet to receive payment within 2023/24 and said that this was a key part of the 2024/25 financial planning.</p>

	<p>Mr Hobbs reported that the Trust had good programmes of work to improve access to out of hospital services within the Black Country with the principle that Walsall, Sandwell, Dudley or Wolverhampton residents would be able to access non-hospital services equitably. He said this was in train, but was not developed to the same degree with the Trust’s neighbouring ICSs.</p> <p>Mr Hemans asked if the West Midlands Combined Authority could review how local authorities could assist Trusts to unblock beds. Ms Cartwright reported that the Trust was working closely with Staffordshire to confirm that if the Trust received patients from Staffordshire that pre-agreements were in place for the funding and the Trust would not have to recoup funds retrospectively. She said this principle would be applied to colleagues across Shropshire and Birmingham.</p> <p>Mr Hobbs confirmed that the Trust was receiving a disproportionate number of emergency patients from across the ICS and the Trust had not yet received the additional money for this. He said the Trust had received the largest number of intelligently conveyed ambulances from outside the local borough of any West Midlands Trust and one of the largest proportions at a National level and this was not sustainable.</p> <p>Ms Frizzell asked if NHS England (NHSE) were involved in conversations with the Trust regarding out of borough ambulance offloads. Mr Hobbs, declaring his conflict of interest pertaining to his 1 day a week secondment commitment to the NHS England Urgent and Emergency Care Team, said there was a perception at NHSE regional level that ICSs needed to be responsible for challenges with patient flow and therefore the challenges with patient flow within the Black Country was for the Black Country ICB to address. Mr Hobbs reported that in his opinion, there could be clearer expectations of the financial consequences of flow of patients across integrated care system boundaries set at a regional or national level.</p> <p>Prof Loughton reported that at the end of 2023/24 financial year the Trust needed to work out what additional costs had been incurred as result of accepting out of area ambulances, accident and emergency attendances and additional length of stay and advise NHSE how much lower the Trust’s deficit should have been if these additional ambulances had not been received. He said the Trust needed to secure an agreement in the 2024/25 financial year that they would receive payment for the extra activity.</p> <p>Resolved: that the Chief Operating Officer Report by Exception be received for information and assurance.</p>
	<p>SUPPORT OUR COLLEAGUES (SECTION HEADING)</p>
<p>671/23</p>	<p>Board Level Metrics – Colleagues</p>
	<p>Mr Duffell reported that the Trust’s 12-month retention rate had achieved the target at 91.4% and the vacancy rate remained in a good position and had increased due to the recently introduced vacancy control panels which had lengthened the process.</p> <p>Mr Duffell advised that appraisal and mandatory training levels had improved and the People Committee would continue to closely monitor the sickness absence rate.</p> <p>Resolved: that the Board Level Metrics – Colleagues be received for information and assurance.</p>
<p>672/23</p>	<p>People Committee – Chair’s Report</p>
	<p>Mr Hemans said that there were concerns that the Trust would not meet the 2023/24 Workforce Plan due to increased usage of bank and agency staff. He said the People Committee was working to ensure closer alignment with the Finance and Productivity Committee to better track the ongoing concerns between the committees.</p> <p>Mr Hemans reported that the People Committee had considered undertaking deep dives into the divisional areas that were showing high usage of bank and agency staff. He said the Committee had approved the Joint People Strategy and Joint Behaviour Framework to proceed to Trust Board for approval.</p> <p>Mr Hemans advised that further strike action had been identified and contingency plans were in place. He said the corporate risk relating to the impact of industrial action on patient care had increased from a moderate 12 to a high 16.</p> <p>Mr Duffell reported that he was not aware that any resolution had been reached regarding junior doctor industrial action. He said the Consultants, by narrow margin, had rejected their pay offer.</p>

	<p>Prof Toner asked if there had been discussions regarding the impact on nurses after the Royal College of Nursing (RCN) and Unison had gone back on what had previously been agreed. Mr Hemans advised that the committee had not undertaken discussions regarding this.</p> <p>Ms Bond advised that the NHS Pay Review body recommendations were due to be made in the upcoming months and the RCN had started consultation for a separate pay framework for nurses which was in the early stages of development. Mr Duffell reported that part of the previous pay agreement with the RCN had required that they consider the option of a separate dedicated pay banding group for nurses and said that this would proceed through to a National programme for approval.</p> <p>Ms Carroll advised that Ms Ranger, Director of Nursing for the RCN had arranged meetings throughout March 24 with Chief Nurses across the Country to discuss separate pay spines.</p> <p>Prof Toner asked if the Trust was engaging with the NHS Long Term Workforce Plan. Mr Duffell advised that the early stages of the NHS Long Term Workforce Plan were focusing on retention and as a result National money had been made available for Trust's to support individual retention agendas. He said Walsall Healthcare NHS Trust (WHT) had been successful in securing some of National money to focus on the retention agenda in the upcoming 12-18 months and some of the latter aspects of the long-term workforce plan would be included within the financial position moving forward.</p> <p>Sir David asked if conversations with nursing staff were taking place regarding streamlining the clinical supervision of students. Ms Carroll advised that the Trust had in place mechanisms for supervision that were under review and the Trust was looking to double the number of students coming through the Trust. She said all registered nurses were required to complete supervision of assessment of nurse training and compliance was good across the Trust along with a professional nurse and professional midwifery advocate to support individuals. Ms Carroll reported that the Trust's Allied Health Professions (AHP) lead was working with regional groups surrounding the implementation of a AHP advocate to support AHPs.</p> <p>Resolved: that the People Committee – Chair's Report be received for information and assurance.</p>
673/23	<p>Group Chief People Officer Report by Exception</p>
	<p>Mr Duffell advised that the Joint Behavioural Framework had been co-designed with engagement from a variety of staff groups from across Walsall Healthcare NHS Trust (WHT) and The Royal Wolverhampton NHS Trust (RWT) and the Joint Behaviour Framework had been reviewed and accepted by RWT and WHT Executive teams. He said it had been agreed that each Trust would retain their individual Trust Values and work would progress on the implementation of a joint set of behaviours.</p> <p>Mr Duffell reported that following approval by Trust Board, an implementation plan would be pulled together to ensure the Joint Behavioural Framework was linked through every aspect of the Trust and became a common theme for the culture for both Trusts. Mr Duffell confirmed that the Joint Behaviour Framework had been approved by the People Committee.</p> <p>Mr Duffell reported that the Trust had produced a Joint People Enabling Strategy to support colleagues in the delivery of the Trust Strategy across WHT and RWT and said the 4 key pillars of focus were Leadership & Culture, Equality, Diversity & Inclusion, Health & Wellbeing and Recruitment & Retention.</p> <p>Sir David confirmed that the Trust Board approved the Joint Behavioural Framework and Joint People Enabling Strategy.</p> <p>Resolved: that the Group Chief People Officer Report by Exception be received for information and assurance and the Joint Behavioural Framework and Joint People Enabling Strategy be received and APPROVED.</p>
	<p>EFFECTIVE COLLABORATION (SECTION HEADING)</p>
674/23	<p>Board Level Metrics – Collaboration</p>
	<p>Resolved: that the Board Level Metrics – Collaboration be received for information and assurance.</p>
675/23	<p>Charitable Funds Committee held December 23 – Chairs Report</p>
	<p>Ms Evans reported that the Well Wishers Charity had remained extremely active in events and fund raising and had continued to receive support from staff and members of the public.</p> <p>Ms Evans advised that the Trust had seen increased activity over the Christmas period and the Trust was extremely grateful for staff and patients who had supported the Charity in providing an enjoyable time over the</p>

	<p>festive period.</p> <p>Resolved: that the Charitable Funds Committee – Chairs report be received for information and assurance.</p>
	IMPROVE THE HEALTH OF OUR COMMUNITIES (SECTION HEADING)
676/23	Board Level Metrics – Communities
	Resolved: that the Board Level Metrics – Communities be received for information and assurance.
677/23	Walsall Together – Chair’s Report
	<p>Sir David congratulated Prof Vernon on his appointment as Chair of the Birmingham and Solihull NHS Integrated Care Board (BSol ICB).</p> <p>Prof Vernon advised that the Patient Story from the October 23 Trust Board had been shared across the Walsall Together Partnership and a task and finish group had been established to work through the learning that had been identified from the story. He said he written a letter to Ms Griffiths acknowledging the loss of her grandfather and a review with system partners was underway to reflect on how partnership working could be improved.</p> <p>Prof Vernon reported that Walsall Together would have a range of delegate responsibilities that had been passed on from the Integrated Care Board (ICB) and Walsall Together had accepted some of the key principles of the delegation.</p> <p>Prof Vernon advised that the West Midlands Police Right Care Right Person Programme required additional engagement work with Primary Care services to build on communication and understanding of the changes. He said concerns had been raised that some vulnerable residents would be missed due to the changes to the welfare checks and work continued alongside Walsall Housing Group to manage the highlighted concerns.</p> <p>Prof Vernon reported that Walsall Together were reviewing all patient stories from the past 18 months to reflect on what actions could have been taken.</p> <p>Resolved: that the Walsall Together – Chair’s Report be received for information and assurance.</p>
678/23	Group Director of Place Report
	<p>Ms Cartwright advised that following an action raised at the December 23 Trust Board Meeting more information had been provided to colleagues on the Trust’s virtual wards and health visiting service within the Group Director of Place Report for February 2024. She said there had been an increase in referrals to the virtual wards throughout December 23 and the increased utilisation remained a priority within the Trust.</p> <p>Ms Cartwright reported that the Trust had experienced operational difficulties due to shortage and recruitment of Health Visitors which was a national issue. She said she and Ms Carroll had met with the health visitors service on a fortnightly basis to offer Executive support and receive regular updates on what actions were taking place. Ms Cartwright advised that this had remained a risk on the risk register and would be removed once the Trust was assured the service was in a secure position.</p> <p>Ms Cartwright advised that throughout the winter period the Trust had increased the capacity of intermediate care services to assist Trust staff and to make sure staff were prepared for the busy periods that were imminent. She said the increased capacity had evidenced a positive impact and the Trust had seen its lowest number of medically fit for discharge patients on Christmas Eve.</p> <p>Ms Martin asked if a timeline had been resolved with the ICB to secure funding for intermediate care services. Ms Cartwright advised that there was no confirmed timeline for resolution, but this had been acknowledged by the ICB as a cost pressure. She confirmed it was not a part of the Trust’s deficit and the priority was to ensure it was addressed and resolved for 2024/25.</p> <p>Ms Cartwright reported that Trusts across the Black Country had seen unprecedented system pressures throughout January and February 24.</p> <p>Ms Cartwright advised that the delegation from the Integrated Care Board (ICB) was described within the System Operating Model which had been approved by the ICB at the end of January 24 and outlined what services could be delegated out to Place Based Partnerships. She said the report included the request that the Walsall Together</p>

	<p>Partnership had put together to ask for delegation from the ICB. Ms Cartwright reported that Walsall Together were still awaiting feedback from ICB colleagues to advise of the next stages of the process.</p> <p>Ms Cartwright reported that the Trust was the host of the Walsall Place Based Partnership and this would result in no changes to hosting arrangements.</p> <p>Ms Cartwright reported that the Walsall Together business case dated back to 2019 and the process of refreshing the strategy was underway with the delegation responsibilities added to the plan for the upcoming 3 years.</p> <p>Resolved: that the Group Director of Place Report be received for information and assurance.</p>
679/23	Resolution
	<p>The Board to resolve to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960.</p> <p>Resolved: that the resolution be APPROVED.</p>
680/23	Any Other Business
	Sir David confirmed that there had been no any other business raised.
681/23	Date and Time of Next Meeting: Wednesday 17 April 2024
	Sir David confirmed the date and time of the next meeting as Wednesday 17 April 24.

DRAFT

List of action items

Agenda item	Assigned to	Deadline	Status	
Trust Board Meeting to be held in Public 14/02/2024 2 A Pack: Patient Voice - Verbal Report				
1072.	Min Ref 651/23 - Patient Story: Ms Cartwright to share the Trust Board Patient Voice story presented at the Trust Board in public held February Trust 2024 - with Walsall Together leadership colleagues to highlight the work of the virtual wards and the speed of intervention	● Cartwright , Stephanie	17/04/2024	■ Pending
<p><i>Explanation Cartwright , Stephanie</i> This Board story has been shared. Action complete.</p>				
Trust Board Meeting to be held in Public 14/02/2024 8.3 A Pack: Quality Committee - Chair's Report				
1073.	Min Ref 661/23 - Quality Committee- Chair's Report - Executive Team to review the medical records filing backlog to ensure the timely improvement of outstanding notes requiring filing	<ul style="list-style-type: none"> ● Bostock, Kevin ● Carroll, Lisa ● Hobbs, Ned ● Nightingale, Gayle ● Shehmar, Manjeet 	14/03/2024	■ Overdue

**Trust Board Meeting – to be held in Public
on 17 April 2024**

Title of Report:	Chief Executive’s Report	Enc No: 7
Author:	Gayle Nightingale, Directorate Manager to the Group Chief Executive	
Presenter/Exec Lead:	Prof David Loughton CBE, Group Chief Executive	

Action Required of the Board/Committee/Group

Decision	Approval	Discussion	Other
Yes <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:

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

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <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
<p>Assure Assurance relating to the appropriate activity of the Group Chief Executive Officer.</p>
<p>Advise None in this report.</p>
<p>Alert None this report.</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"> • Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> • Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> • Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Chief Executive's Report

Report to Trust Board Meeting to be held in Public on 17 April 2024

EXECUTIVE SUMMARY

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

BACKGROUND INFORMATION

As follows.

RECOMMENDATIONS

To note the report.

1.0	Review
	This report indicates my involvement in local, regional and national meetings of significance and interest to the Board.
2.0	Consultants
	<p>There has been one Consultant Appointment since I last reported:</p> <p><u>Respiratory Medicine with an Interest in Lung Cancer</u> Dr Masood Ahmad Khalil</p>
3.0	Policies and Strategies
	<p>Policies for February 2024</p> <ul style="list-style-type: none"> • Policies, Procedures and Guidelines - Month 10 Report • IG1014 V1 - Information Sharing Policy • IG1015 V4 - De-Identification and Pseudonymisation Policy (previously known as the Pseudonymisation Policy) • IG1016 V2 - Freedom of Information Policy • IG1017 V8 - Confidentiality Code of Conduct for Staff Policy • V5.1 Handling of Spillages and Breakages of COVID-19 Vaccinations Trust-wide Standard Operating Procedure (SOP) <p>Policies for March 2024</p> <ul style="list-style-type: none"> • Policies, Procedures and Guidelines - Month 11 Report • HR1007 V1 - Implementation of Working Time Regulation Policy • IP1021 V6 - Infection Prevention and Control Management of Respiratory Syncytial Virus (RSV) Policy • MP11 V10 - Medicine Policy • MP1023 V1 – Controlled Drugs Policy • OP81 V2 - Same Sex Accommodation Policy (previously known as Single Sex Accommodation Policy) • OP01 V10 - Governance of Trust-wide Policy, Procedure and Guidelines and Local Procedures and Guidelines Policy • OP1020 V5 - Patient Group Direction (PGD) Policy

	<p>Standard Operating Procedures as follow:</p> <ul style="list-style-type: none"> • V1 - Drug Prescribing Trust-wide • V1 - Mechanism for the Prescribing, Supply or Administration of Medicines Trust-wide • V1 - Requisitioning and Supply of Medicines Trust-wide • V1 - Patients Own Drugs in Hospital Trust-wide • V1 - Medicines Required Out of Pharmacy Hours Trust-wide • V1 - Unlicensed Medicines Procedure Trust-wide • V1 - Safe Prescribing and Handling of Oral Methotrexate for Non-Malignant Treatment Trust-wide • V1 - Security of Medicines Keys Trust-wide • V1 - Drug Administration Trust-wide • V1 - Transport of Medicinal Products Trust-wide • V1 - Safe Storage and Security of Medicines Trust-wide • V1 - Safe Prescribing, Storage and Handling of Intravenous Potassium Chloride High- Strength Solutions Trust-wide
<p>4.0</p>	<p>Visits and Events</p> <ul style="list-style-type: none"> • Since the last Board meeting, I have undertaken a range of duties, meetings and contacts locally and nationally including: • Since Friday 27 March 2020 I have participated in weekly virtual calls with Chief Executives, led by Dale Bywater, Regional Director – Midlands – NHS Improvement/ England • 24 January 2024 – chaired the virtual West Midlands Cancer Alliance Board • 30 January 2024 – presented a Medicines Management award to Dr Sonia Chand – Director of Pharmacy, along with Dr Manjeet Shemar, Chief Medical Officer, met with member of the Local Medical Committee (LMC) Dr Haris Syed, LMC Chair and Dr Uzma Ahmad, LMC Medical Secretary, participated in the virtual Regional Cancer Board and participated in a virtual Integrated Care System (ICS) and Trust Chief Executives meeting • 31 January 2024 - met with Mark Axcel, Chief Executive (ICS) • 5 February 2024 – participated in the national webinar on the Delivery of the A&E 76% Standard • 8 February 2024 – met with Suleman Jeewa, Freedom to Speak Up Guardian • 9 February 2024 – attended the Joint WHT and RWT Digital Innovation, Data and Technology event • 13 February 2024 - participated in a virtual Integrated Care System (ICS) and Trust Chief Executives meeting • 15 February 2024 – joined the local Launch of The Link programme - a partnership-led service for jobseekers and residents and participated in the virtual Joint Negotiating Committee (JNC) • 16 February 2024 - virtually met with Kerrie Allward, Executive Director for Adult Social Care, Public Health and Hub, Walsall Council • 19 February 2024 - participated in a virtual Social Care and Health Overview and Scrutiny Committee • 21 February 2024 – virtually met with Emma Bennett, Chief Executive – Walsall Council • 23 February 2024 - participated in a virtual Black Country Joint Provider Committee • 27 February 2024 – undertook Mental Health Level 4 training and participated in a virtual Integrated Care System (ICS) and Trust Chief Executives, Chief Financial Officers and Chief Strategy Officers meeting • 29 February 2024 - chaired the Joint WHT and RWT Staff Briefing • 4 March 2024 – attended the Black Country Provider Collaborative Executive Meeting • 5 March 2024 – attended the Clinical Director Development Event • 6 March 2024 – participated in a virtual Regional Roadshow: Planning and Priorities for 2024/25 - Midlands & East Regions • 7 March 2024 - participated in a virtual Integrated Care System (ICS) and Trust Chief Executives, Chief Financial Officers and Chief Strategy Officers meeting

	<ul style="list-style-type: none"> • 8 March 2024 – attended the NHS England (NHSE) Midlands - Inclusive Leadership and Accountability Conference • 11 March 2024 – participated in the WHT and RWT Oversight and Assurance meeting with the ICS • 12 March 2024 – attended the Joint WHT and RWT Board Development Event, participated in the University of Birmingham Monitoring Visit and participated in a virtual Integrated Care System (ICS) and Trust Chief Executives meeting • 13 March 2024 – opened Cohort 1 of the West Midlands Cancer Alliance System Leadership • 14 March 2024 – opened Cohort 2 of the West Midlands Cancer Alliance System Leadership, joined a panel discussion at the Green Surgery Community – Environmental Sustainability Event, participated in the Local Negotiating Committee (LNC) and participated in a virtual Integrated Care System (ICS) and Trust Chief Executives, Chief Financial Officers and Chief Strategy Officers meeting • 15 March 2024 - virtually met with Wendy Morton MP and Eddie Hughes MP, participated in the participated in a virtual Black Country Joint Provider Committee
5.0	Board Matters
	There are no Board Matters to report on this month.

**Trust Board Meeting – to be held in Public
on 17 April 2024**

Title of Report:	Chair’s report of the Trust Management Committee (TMC) held on 21 March 2024 – to note this was a virtual meeting	Enc No: 7.1a
Author:	Gayle Nightingale, Directorate Manager to the Group Chief Executive	
Presenter/Exec Lead:	Ned Hobbs, Chief Operating Officer/ Deputy Chief Executive	

Action Required of the Board/Committee/Group

Decision	Approval	Discussion	Other
Yes <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:

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

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 17 April 2024
	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 is the third most improved Acute Trust in the country since 2019/20 for the proportion of staff recommending the organisation as a place to work, as measured through the national staff survey. All domains of the national staff survey show improvement compared to last year, with three domains showing statistically significant improvement.
- The Trust remains on track to have no patients waiting in excess of 65 weeks for elective treatment at the end of March 2024.
- The Trust's total elective waiting list has decreased by over 13.5% since April 2023.
- The Trust is delivering upper quintile 4-hour Emergency access standard performance nationally and delivered the 2nd best ambulance handover performance (<30mins) in the West Midlands in February 2024. The Trust is on track to deliver 76% 4-hour Emergency Access Standard performance in March 2024.
- The Trust is delivering upper decile 28-day Faster Diagnosis Standard Cancer performance, and 62-day (combined) Cancer Referral To Treatment performance.

Advise

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

Alert

- Financial planning for 2024/25 indicates a highly challenging financial environment. At the time of the Trust Management Committee, formal planning guidance had still not been received from NHS England, increasing the uncertainty for next financial year.
- Month 11 Finance report shows a positive YTD variance to plan of £2.4m following receipt of £24.8m of income support.
- The Trust has had 83 C Diff cases YTD at month 11
- Access to Endoscopy and Non-Obstetric Ultrasound diagnostic tests remains challenging, pending implementation of the approved business case expansion, although waiting times in both modalities are showing early signs of recovery.

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

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

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

Report to Trust Board Meeting to be held in Public on 17 April 2024

EXECUTIVE SUMMARY

Chair’s report of the Trust Management Committee (TMC) held on 21 March 2024 – to note this was a virtual meeting.

BACKGROUND INFORMATION

As per the below.

RECOMMENDATIONS

To note this report.

1	<p>Key Current Issues/Topic Areas/ Innovation Items:</p> <ul style="list-style-type: none"> • There were none this month.
2	<p>Exception Reports</p> <ul style="list-style-type: none"> • There were none this month.
3	<p>Items to Note – all of the following reports were reviewed and noted in the meeting</p> <ul style="list-style-type: none"> • Chief Nursing Officer Report • Midwifery Services Report • Infection Prevention Report • Divisional Quality and Governance Report – Medicines and Long-Term Conditions Report • Divisional Quality and Governance Report – Surgery Report • Divisional Quality and Governance Report – Women’s, Children’s and Clinical Support Services Report • Divisional Quality and Governance Report – Community Services Report • Trust Financial Position (Revenue and Capital) – Month 11 Report • Trust Finance and Workforce Position: The Walsall Story • Workforce Metrics Verbal Report • NHS National Staff Survey 2023 Results Report • Civility and Respect Programme Report • Sexual Safety in the Workplace Charter Report • Education and Training Report • Walsall Together Report
4	<p>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</p> <ul style="list-style-type: none"> • Research and Development Report • Data Security and Protection Toolkit (DSPT) Baseline Submission and Action Plan Report • Black Country Provider Collaborative Verbal Report • Integrated Care System Development Verbal Report

5	<p>Business Cases – approved</p>
	<ul style="list-style-type: none"> • Pharmacy Establishment Review Business Case • Discharge Lounge Post Implementation Business Case
6	<p>Policies approved</p>
	<ul style="list-style-type: none"> • Policies, Procedures and Guidelines - Month 11 Report • HR1007 V1 - Implementation of Working Time Regulation Policy • IP1021 V6 - Infection Prevention and Control Management of Respiratory Syncytial Virus (RSV) Policy • MP11 V10 - Medicine Policy • MP1023 V1 – Controlled Drugs Policy • OP81 V2 - Same Sex Accommodation Policy (previously known as Single Sex Accommodation Policy) • OP01 V10 - Governance of Trust-wide Policy, Procedure and Guidelines and Local Procedures and Guidelines Policy • OP1020 V5 - Patient Group Direction (PGD) Policy <p>Standard Operating Procedures (SOP) as follow:</p> <ul style="list-style-type: none"> • V1 - Drug Prescribing Trust-wide • V1 - Mechanism for the Prescribing, Supply or Administration of Medicines Trust-wide • V1 - Requisitioning and Supply of Medicines Trust-wide • V1 - Patients Own Drugs in Hospital Trust-wide • V1 - Medicines Required Out of Pharmacy Hours Trust-wide • V1 - Unlicensed Medicines Procedure Trust-wide • V1 - Safe Prescribing and Handling of Oral Methotrexate for Non-Malignant Treatment Trust-wide • V1 - Security of Medicines Keys Trust-wide • V1 - Drug Administration Trust-wide • V1 - Transport of Medicinal Products Trust-wide • V1 - Safe Storage and Security of Medicines Trust-wide • V1 - Safe Prescribing, Storage and Handling of Intravenous Potassium Chloride High- Strength Solutions Trust-wide
7	<p>Other items discussed</p>
	<ul style="list-style-type: none"> • There were none this month.

**Trust Board Meeting – to be held in Public
on 17 April 2024**

Title of Report:	Chair’s report of the Trust Management Committee (TMC) held on 22 February 2024 – to note this was a virtual meeting	Enc No: 7.1b
Author:	Gayle Nightingale, Directorate Manager to the Group Chief Executive	
Presenter/Exec Lead:	Ned Hobbs, Chief Operating Officer/ Deputy Chief Executive	

Action Required of the Board/Committee/Group

Decision	Approval	Discussion	Other
Yes <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:

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

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 17 April 2024
	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	<ul style="list-style-type: none"> The Trust remains on track to have no patients waiting in excess of 65 weeks for elective treatment at the end of March 2024. The Trust's total elective waiting list has decreased by over 12% since April 2023. The Trust is delivering upper third 4-hour Emergency access standard performance nationally and delivered the best ambulance handover performance (<30mins) in the West Midlands in January 2024. The Trust is delivering upper decile 28-day Faster Diagnosis Standard Cancer performance.
Advise	Matters discussed and reviewed at the most recent Trust Management Committee (TMC) are set out in detail within the report below.
Alert	<ul style="list-style-type: none"> Financial planning for 2024/25 indicates a highly challenging financial environment. At the time of the Trust Management Committee, no formal planning guidance had yet been received from NHS England, increasing the uncertainty for next financial year. Month 10 Finance report shows an adverse YTD variance to plan of £17.8m The Trust has had 76 C Diff cases YTD at month 10 Access to Endoscopy and Non-Obstetric Ultrasound 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"> Embed a culture of learning and continuous improvement Prioritise the treatment of cancer patients Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> Be in the top quartile for vacancy levels Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing Improve overall staff engagement Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> Develop a health inequalities strategy Reduction in the carbon footprint of clinical services by 1 April 2025 Deliver improvements at PLACE in the health of our communities

Effective Collaboration

- Improve population health outcomes through provider collaborative
- Improve clinical service sustainability
- Implement technological solutions that improve patient experience
- Progress joint working across Wolverhampton and Walsall
- Facilitate research that improves the quality of care

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

Report to Trust Board Meeting to be held in Public on 17 April 2024

EXECUTIVE SUMMARY

Chair’s report of the Trust Management Committee (TMC) held on 22 February 2024 – to note this was a virtual meeting.

BACKGROUND INFORMATION

As per the below.

RECOMMENDATIONS

To note this report.

1	<p>Key Current Issues/Topic Areas/ Innovation Items:</p>
	<ul style="list-style-type: none"> • There were none this month.
2	<p>Exception Reports</p>
	<ul style="list-style-type: none"> • There were none this month.
3	<p>Items to Note – all of the following reports were reviewed and noted in the meeting</p>
	<ul style="list-style-type: none"> • Chief Nursing Officer Report • Midwifery Services Report • Infection Prevention Report • Divisional Quality and Governance Report – Medicines and Long-Term Conditions Report • Divisional Quality and Governance Report – Surgery Report • Divisional Quality and Governance Report – Women’s, Children’s and Clinical Support Services Report • Divisional Quality and Governance Report – Community Services Report • Integrated Quality Performance Report (IQPR) • Trust Board Metrics Report • Trust Financial Position (Revenue and Capital) – Month 10 Report • Budget Income/ Expenditure Verbal Report • Property Management Report • Workforce Metrics Verbal Report • Vacancy Approval Process Verbal Report • Joint People Strategy Report • Joint Behaviour Framework Report • Walsall Together Report • Joint Governance and Risk Management Assurance Enabling Strategy Report • Care Quality Commission (CQC) Regulatory Report
4	<p>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</p>
	<ul style="list-style-type: none"> • Freedom to Speak Up Report • Research and Development Report

	<ul style="list-style-type: none"> • Enabling Strategies Verbal Report • Black Country Provider Collaborative Verbal Report • Integrated Care System Development Verbal Report
5	Business Cases – approved
	<ul style="list-style-type: none"> • General Surgery Workforce Expansion Business Case
6	Policies approved
	<ul style="list-style-type: none"> • Policies, Procedures and Guidelines - Month 10 Report • IG1014 V1 - Information Sharing Policy • IG1015 V4 - De-Identification and Pseudonymisation Policy (previously known as the Pseudonymisation Policy) • IG1016 V2 - Freedom of Information Policy • IG1017 V8 - Confidentiality Code of Conduct for Staff Policy • V5.1 Handling of Spillages and Breakages of COVID-19 Vaccinations Trust-wide Standard Operating Procedure (SOP)
7	Other items discussed
	<ul style="list-style-type: none"> • There were none this month.

Paper to the Trust Board Meeting – to be held in Public
17 April 2024

Title of Report:	Urgent & Emergency Care Resilience: Winter Plan 2023/24 Evaluation	Enc No: 8
Author:	William Roberts, Director of Operations (MLTC) and Deputy Chief Operating Officer	
Presenter/Exec Lead:	Ned Hobbs, Deputy Chief Executive and Chief Operating 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 Board are asked to recognize the benefits realized through the 2023/24 Winter Plan and the comparatively excellent standards of Urgent & Emergency Care delivered throughout this period.

Summary of Key Issues

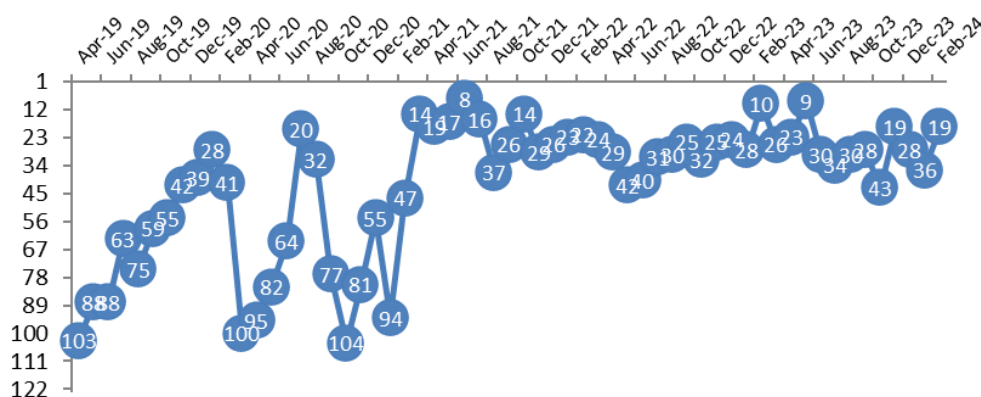
Assure

Trust Board approved an investment of £1.37 million to support the Trust’s 2023/24 Winter Plan. This Winter Plan was then further supported by an additional £0.50 million from the Black Country ICB and £0.15 from the NHSE Midlands Regional Office. The additional £0.50 million was to directly support the opening of 21 escalation beds for a 12-week period.

The Winter Plan supported 27 initiatives this year and was central to maintaining comparatively high standards of Urgent & Emergency Care (UEC) throughout the challenging winter period. Headlines include:

- Improvements in the 4-hour emergency access constitutional standard, reaching 78% in March 2024. We know for February 2024, the Trust ranked 19th against this standard (out of 122 reporting Acute Trusts). We also know that in January 2024, the Trust ranked in the top 20 nationally (out of over 150 sites¹) against the GIRFT Emergency Medicine Index.

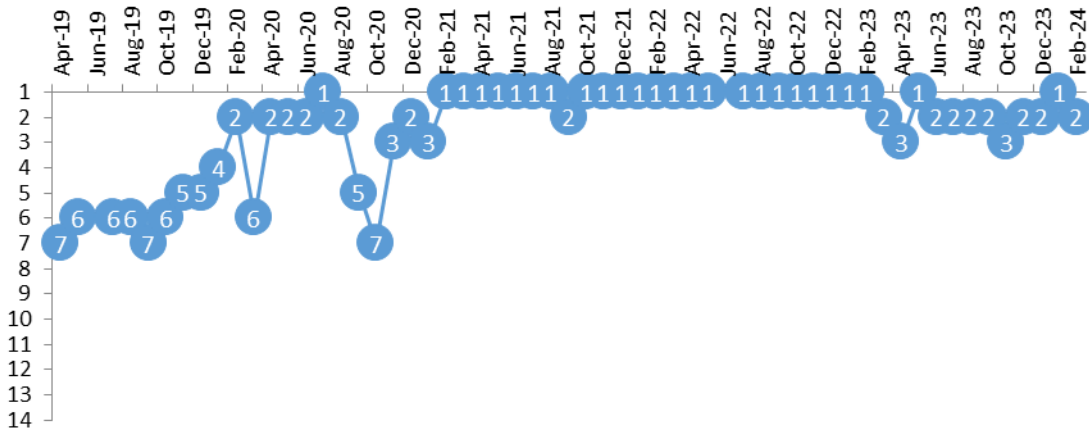
Figure 1: 4-hour emergency access standard performance, rank of 122 national Acute Trusts



- Improvements in Ambulance handovers within 30 minutes, consistently performing in excess of 90% throughout January, February and March. We know for February 2024, the Trust rank 2nd in the West Midlands.

¹ Excluding Paediatric Emergency Departments

Figure 2: % ambulance handovers recorded within 30 mins, rank of 14 Acute West Midlands Trusts

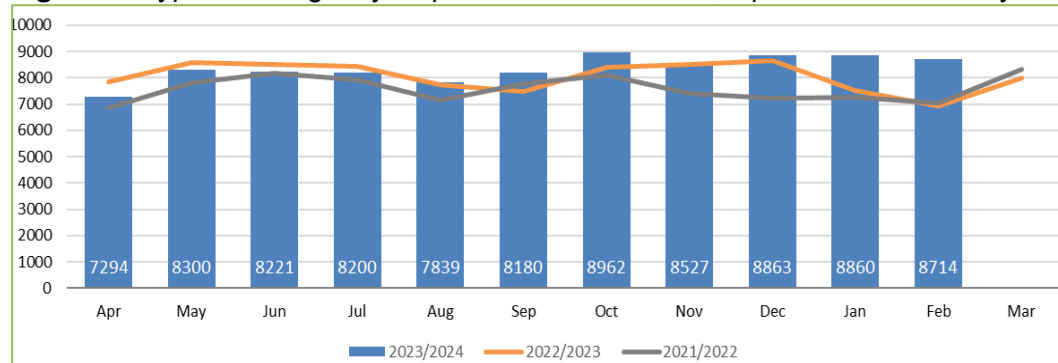


- No cancellation of elective theatre cases during the challenging festive period and surge in trauma and emergency theatre demand.

Advise

These achievements have been made in the context of record levels of attendance. We know that during Winter 2023/24, type 1 Emergency Department attendances have exceeded levels seen in 2022/23, and significant exceeded levels see in January and February.

Figure 3: Type 1 Emergency Department attendances, April 2021 – February 2024

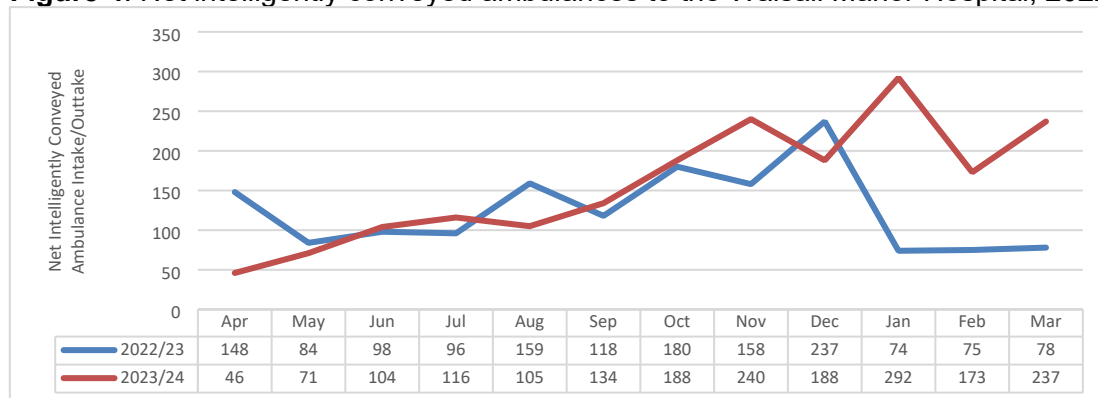


Alert

The comparably excellent standards of UEC have been delivered in the context of record levels of intelligently conveyed ambulances to the Manor Hospital. January saw the intake peak at 292 ambulances, with intelligently conveyed ambulances up 64% compared to 2022/23².

² Based on a direct comparison of M7-12 2023/24 to M7-12 2022/23.

Figure 4: Net intelligently conveyed ambulances to the Walsall Manor Hospital, 2022/23 – 2023/24



As a result of these intelligently conveyed ambulances, the Trust have maintained the opening of 21 escalation beds beyond the 12-week period originally agreed within the 2023/24 Winter Plan. A business case to consider this issues is currently being taken through internal Committees.

Links to Trust Strategic Aims & Objectives

Excel in the delivery of Care

- Embed a culture of learning and continuous improvement
- Safe and responsive urgent and emergency care
- Deliver the priorities within the National Elective Care Strategy
- We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations

Support our Colleagues

- Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing
- Improve overall staff engagement

Improve the Healthcare of our Communities

- Develop a health inequalities strategy
- Deliver improvements at PLACE in the health of our communities

ENC 8.1

WINTER PLAN – APPENDIX 1

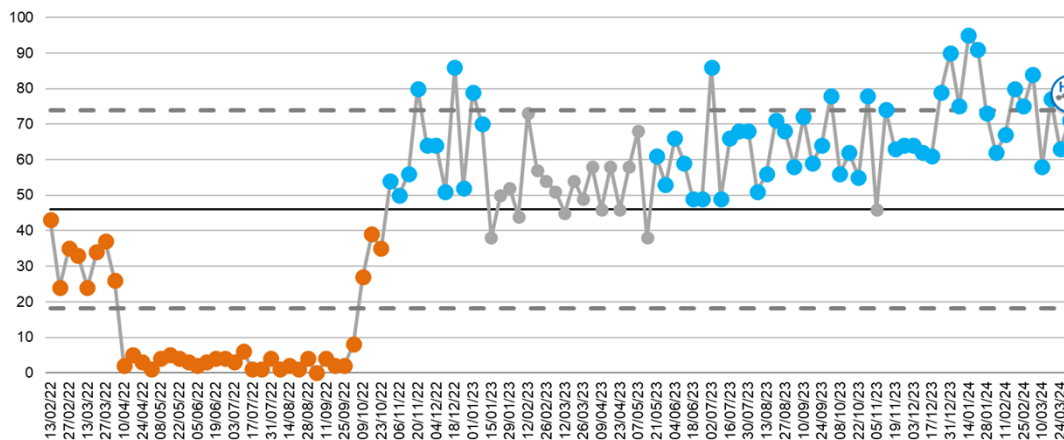
Evaluation of Winter Plan 2023/24 Initiatives

Medicine and Long-Term Conditions

Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
MLTC	Maintenance of OOH current Provision	UTC	Continued improvement in the use of UTC overnight	October 2023 - March 2024

This scheme was successfully delivered and the Trust continue to see a statistically significant increase in the number of patients streamed directly to UTC between 2330 and 0500.

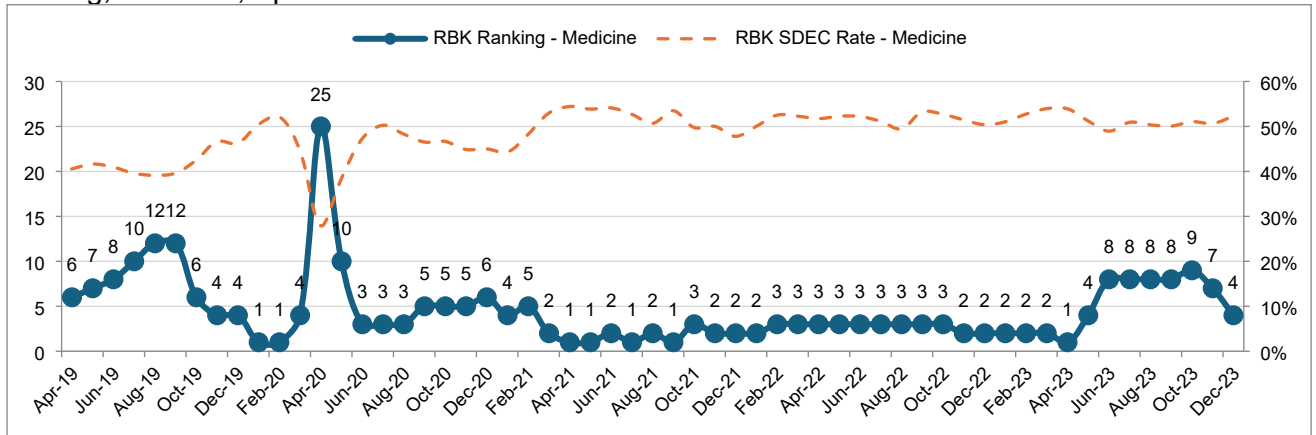
Figure 1: Number of patients streamed to UTC between 2330 and 0500, February 2022 – March 2024



Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
MLTC	Ability to run AEC until midnight on Monday and Tuesday	Emergency Medicine	Additional staffing until midnight	December 2023 - February 2024

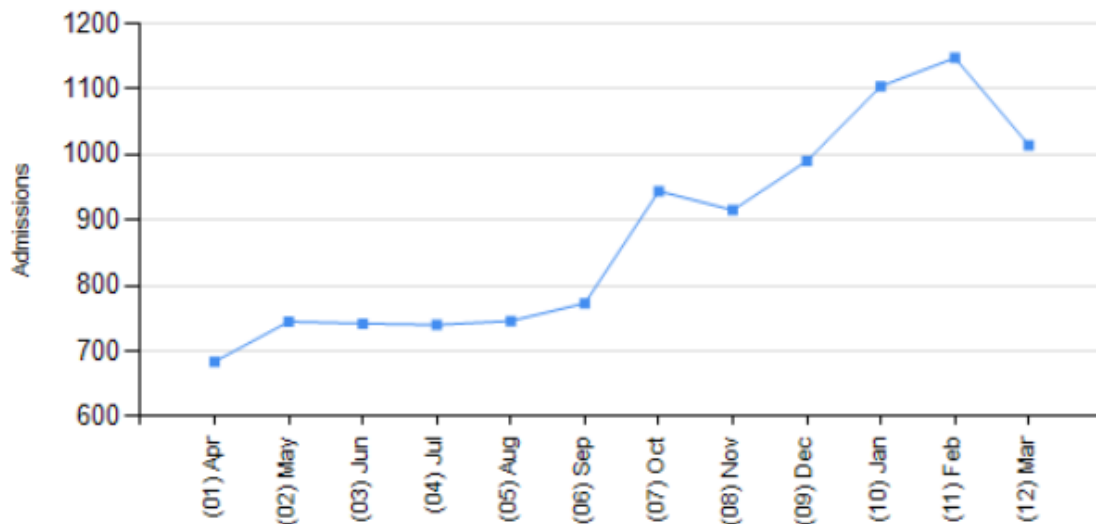
We can see that the Trust have maintained a very high rate of same day emergency care across medicine, meaning that any growth in attendances has not resulted in a greater propensity to admit patients for overnight care.

Figure 2: Proportion of admitted activity managed as same day emergency care, rate and ranking, medicine, April 2019 – December 2023



The growth in attendances to the Unit has increased significantly, and is now totalling almost 20% of daily type 1 Emergency Department attendances.

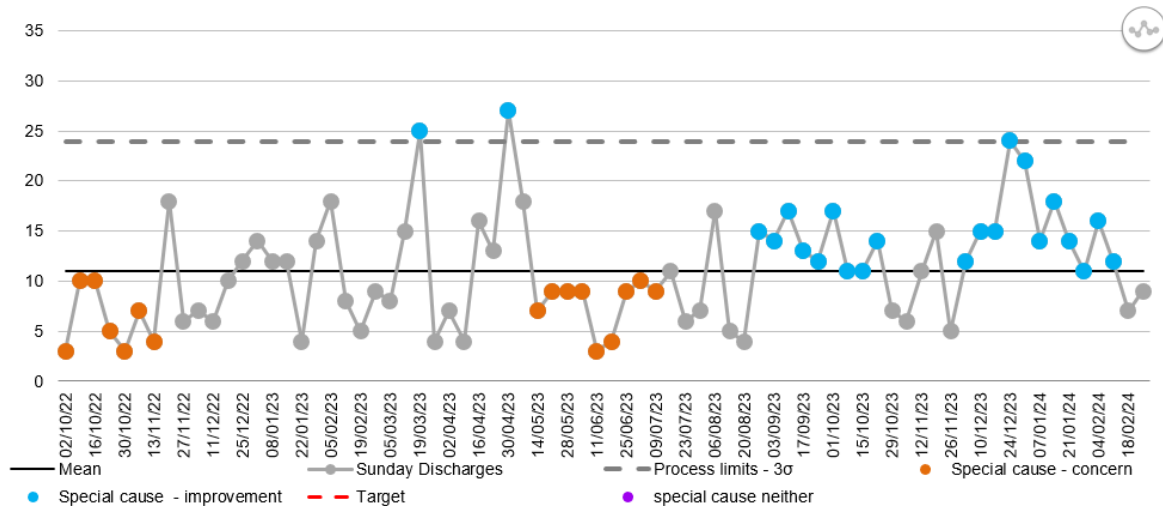
Figure 3: AEC attendances, April 2023 – March 2024



Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
MLTC	Consultant-led Sunday Ward Rounds	All inpatient Wards	Patient discharges over the weekend, to minimise time to admission from the Emergency Department	December 2023 - February 2024

The scheme was successfully delivered, with a statistically significant increase in Sunday discharges across medical Wards across December through February.

Figure 4: Number of Sunday discharges on medical wards, October 2022 – February 2024



Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
MLTC	Transfer Team from for moves from ED and AMU	Emergency and Acute Medicine	To ensure patient flow is taking place in a timely manner	December 2023 - February 2024

We can see that the Trust is ranked within the upper quartile nationally for 6 of the 9 metrics of patient flow, as measured by NHSE. During winter, we have also been able to deliver a reduction in the average time patients needing admission spend in ED, partially driven by this initiative. Seeing no statistically significant increase in the mean time for admitted patients in ED over winter is also an excellent achievement.

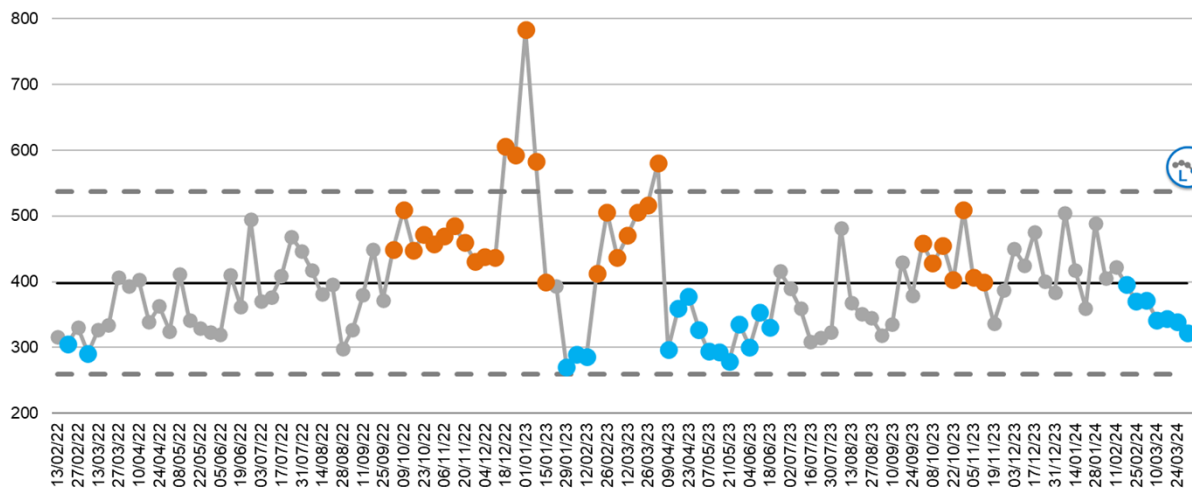
Figure 5: NHSE Summary Emergency Care Indicator Tool domains, January 2024

Domains - Benchmarked metrics

Legend: 1st quartile (red), 2nd quartile (orange), 3rd quartile (grey), 4th quartile (green)

Demand (-3)		Capacity (4)		Flow (9)		Outcomes (3)	
Metric Name	Site Value	Metric Name	Site Value	Metric Name	Site Value	Metric Name	Site Value
Proportion of catchment population attending ED per year	% 35.3	Annual ED attendances per ED consultant	6,132.8	Emergency ambulance handover delays > 30 minutes	% 11.7	All ED patients spending > 12 hours in department	% 8.0
ED admissions aged 75+	% 31.3	Annual ED admissions per ED consultant	2,378.9	DAT-2 (patients discharged, admitted or transferred <= 2 hours of arrival)	% 33.6	APBR-12 (admitted patient breach rate > 12 hours)	% 18.1
ED attendances in the highest quintile of deprivation	% 52.9	Annual ED attendances per ED registered nurse	583.8	DAT-4 (patients discharged, admitted or transferred <= 4 hours of arrival)	% 60.5	APD-12 (admitted patient delay > 12 hours)	hrs 3.5
Conversion rate (proportion of ED attendances admitted) [APC]	% 40.8	Annual ED admissions per M&R cubicle	906.3	Mean time in ED for non-admitted patients	mins 242.6	ED-DRH (estimate of annual number of ED patients with delay-related harm)	
Proportion of all emergency admissions that occur via ED	% 82.2	Annual ALL overnight admissions per G&A bed	50.4	Mean time in ED for admitted patients	mins 433.0	MHBR-12 (mental health breach rate >12 hours for all MH patients)	% 15.5
Proportion of ED arrivals by ambulance	% 35.0	Annual acute overnight admissions per G&A bed	47.7	APBR-6 (admitted patient breach rate > 6 hours)	% 55.9	MHPD-12 (mental health patient delay >12 hours of all MH patients)	7.4
Proportion of all attendances with a mental health condition	% 3.0	Annual elective overnight admissions per G&A bed	2.7	APD-6 (admitted patient delay > 6 hours)	hrs 4.7	Litigation liability per ED attendance *	£ 10.5
Trauma status of the ED	ND	Annual trust admissions per WTE trust consultant	415.3	SDEC (same day emergency care): emergency admissions with Zero LoS	% 50.4	NHS Staff Survey: Happy with standard of care for a relative/friend	% 47.5
				Bed occupancy (All G&A beds)	% 95.3	NHS Staff Survey: Recommend as a place to work	% 51.6

Figure 6: Mean time in ED (minutes) for admitted patients, February 2022 – March 2024

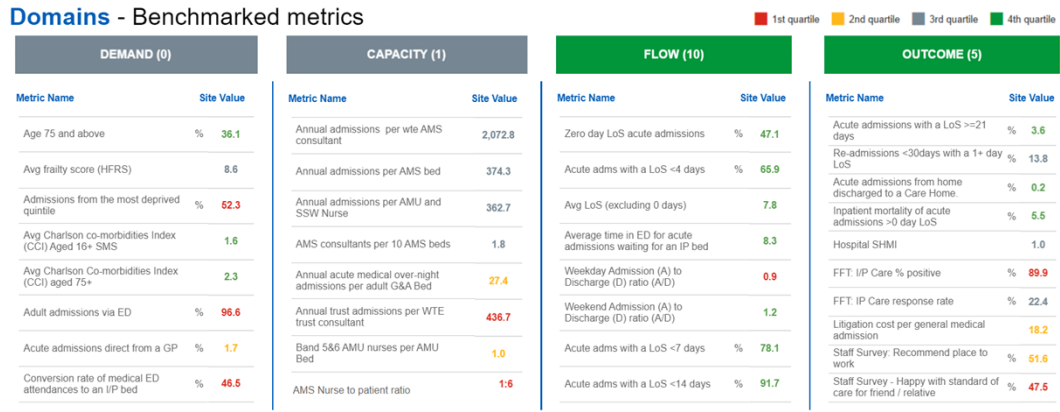


Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
MLTC	Acute Medicine Consultant in ED to expedite post-take review	Acute Medicine	To ensure referrals to medicine are reviewed within ED and to support admission avoidance	December 2023 - February 2024

We know that for 7 of the 8 measures of flow within Acute Medicine, the Trust ranks within the national upper quartile, as assessed by NHSE. This includes measures of length of stay and admission avoidance. As seen in figure 2, the Trust has maintained excellent rates of same day emergency care during the winter period.

Figure 7: NHSE Summary Acute Medicine Indicator Tool domains, January 2024

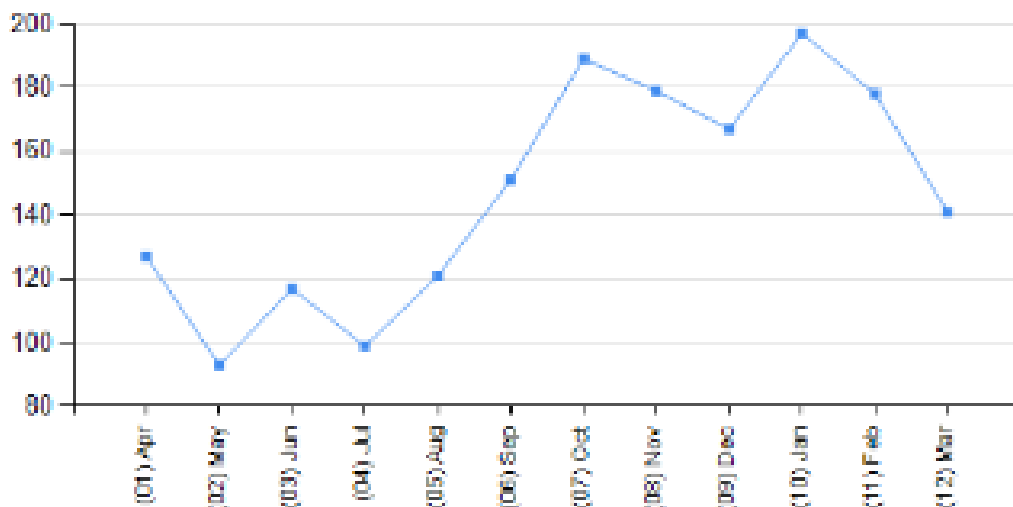
Domains - Benchmarked metrics



Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
MLTC	Open from the Unit on Weekends and Bank Holidays	Frailty Assessment Service	Admission avoidance and reduction in ED occupancy	November 2023 – February 2024
	Open from 0700 on weekdays and Consultant cover until 2000			

The growth in attendances to the Frailty Assessment Service (FES) have been significant, with more than an 80% increase over the period of this initiative.

Figure 8: Admissions to the Frailty Assessment Service, April 2023 – March 2024



Womens & Childrens

Division	Description	Department/ Specialty	Anticipated benefit	Time period initiative will operate
WCCSS	Additional nursing support (Ward 21)	Paediatrics	To increase bed capacity in anticipation of increased activity and acuity	October 2023 – February 2024
	Additional nursing support (PAU)		To keep flow moving from ED to PAU and allow capacity to bed down between 4-6 patients if needed	
	Additional medical support (PAU)		To allow for daily hot clinics and GP advice & guidance, reducing emergency attendances	

Paediatric attendances saw their expected winter increase, this time with a 21% increase, as seen in figure 2. Despite this increase, we have not seen proportionate increase in paediatric ward admissions, as seen in figure 9.

This has been achieved despite heightened acuity between October 2023 and December 2023. This initiative has also supported the ability to maintain the ringfencing of elective paediatric inpatient capacity.

Figure 9: Paediatric Assessment Unit (PAU) admissions, April 2022 – March 2023

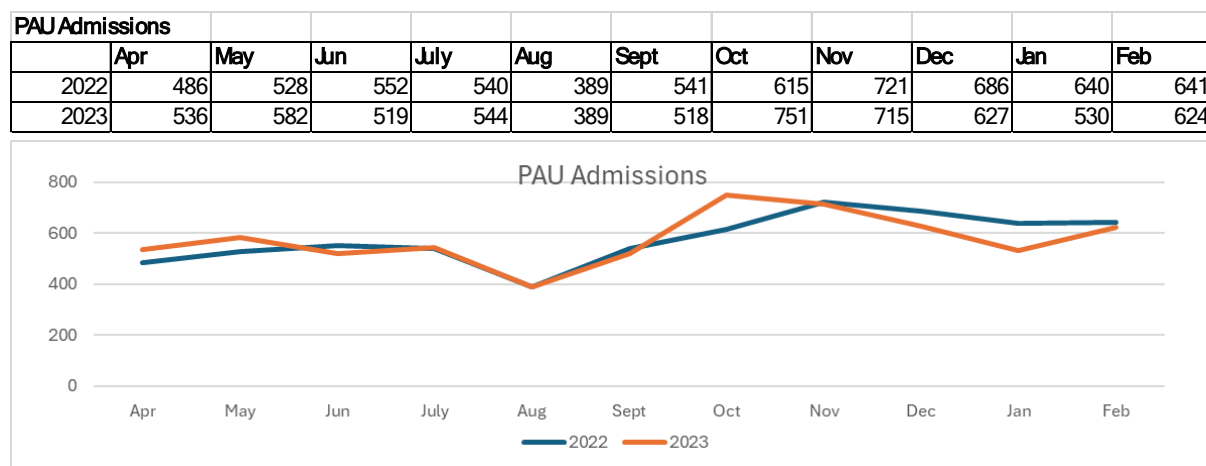
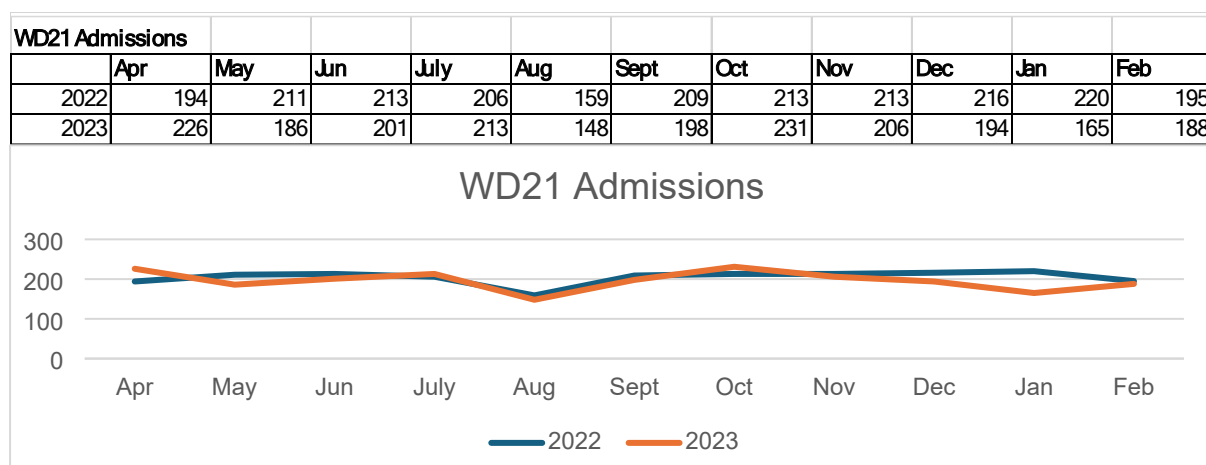


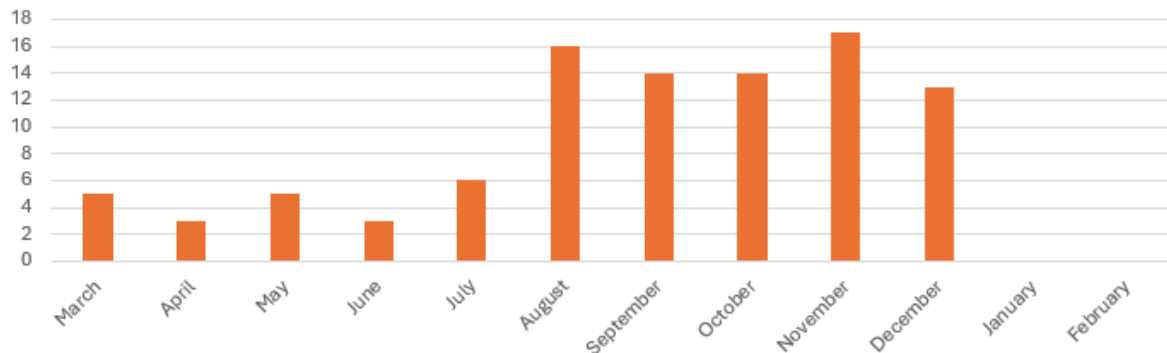
Figure 10: Paediatric inpatient ward admissions, April 2022 – March 2023



Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
WCCSS	Increased nursing support for surgical patients	Gynaecology	Supporting the expansion of surgical female capacity	November 2023 – February 2024

We can see from figure 4 that Ward 23 has supported an increase in the number of outliers from under 6 to typically more than 12.

Figure 11: Surgical outliers on Ward 23, March 2023 – February 2024



Clinical Support Services

Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
WCCSS	Extended Pharmacy working hours	Pharmacy	Supporting the expected high volume of discharges without delay to access TTO prescriptions	November 2023 – February 2024

We know that the number of TTO requests after 1700 increased during the Winter period from 412 (November 2023) to a peak of 460 (January 2024). Overall, we know that this did not contribute to an increase in our emergency inpatient length of stay, which is within the lowest decile nationally.

Figure 12a: Average length of stay for emergency admissions (days), ranking, rolling 6 months, November 2023

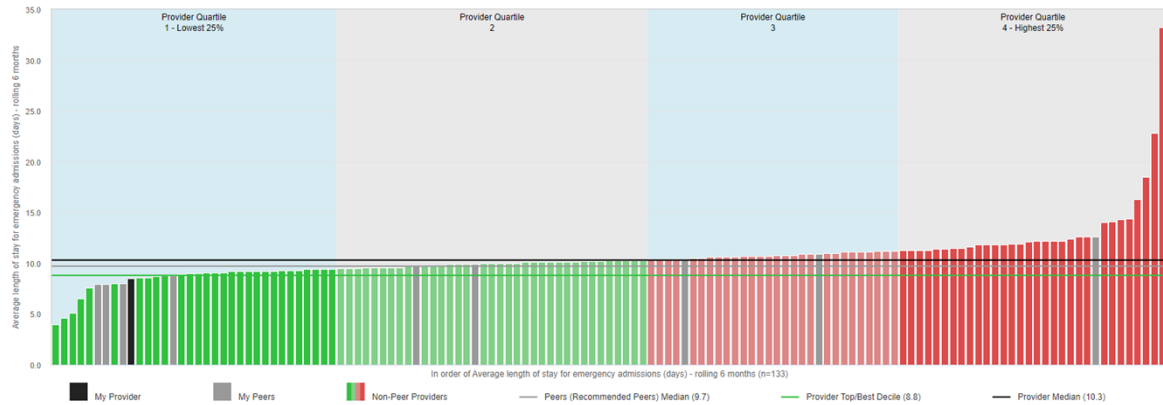
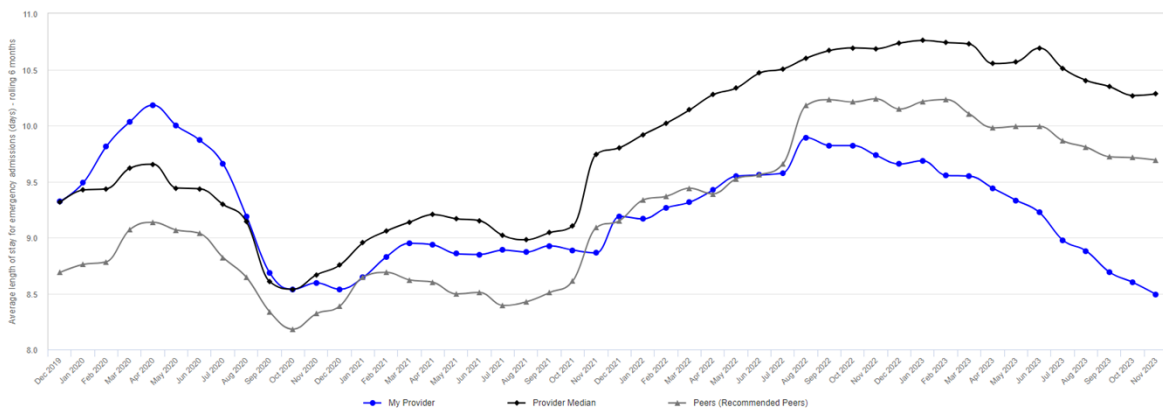


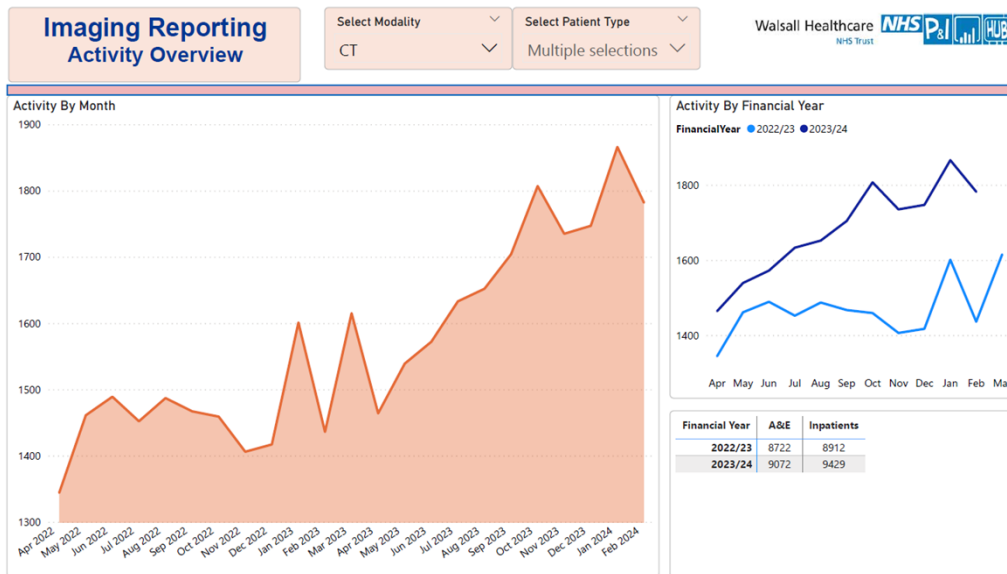
Figure 12b: Average length of stay for emergency admissions (days), rolling 6 months, December 2019 – November 2023



Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
WCCSS	Additional day capacity for imaging overnight for the Emergency Department	Radiology	Reducing turnaround time within ED for patients requiring imaging	November 2023 – February 2024
	Additional night capacity for imaging overnight for the Emergency Department			

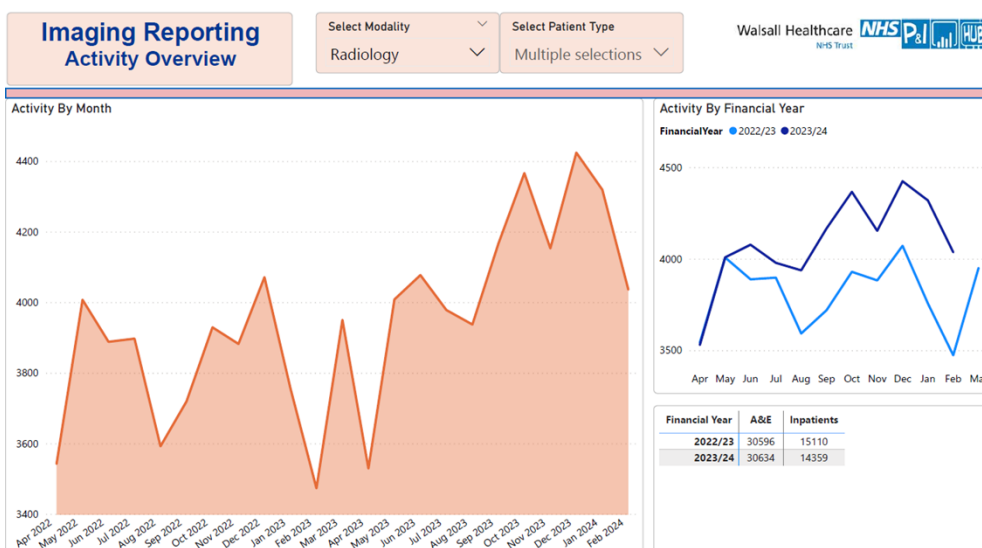
CT activity for ED and inpatients increased between September 2023 and February 2024 as anticipated, not only showing an increase in activity from the summer months but an increase from the 2022/23 Winter.

Figure 13: CT Activity, April 2022 – February 2024



Similarly, Plain Film activity for ED and inpatients increased between September 2023 and February 2024 as expected. This is an overall increase from the previous year.

Figure 14: Plain Film Activity, April 2022 – February 2024



Community

Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
Community	Maintaining the Integrated Front Door Service from 0800 – 1800	Integrated Front Door	Admission avoidance and expedition of hospital discharges to community pathways	October 2023 – March 2024

As highlighted in figures 2 and 5, the Trust has maintained comparatively excellent admission avoidance (same day emergency care rates) and flow out of the Emergency Department.

Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
Community	Maintenance of the current service provision from recruitment in Winter 2022/23	Intermediate Care Service	Maintaining fewer than 40 medically fit for discharge patients	October 2023 – March 2024
	7 day working for Enhanced Case Managers for Care Homes	Case Managers		

As seen in figure 15, the number of patients remaining in hospital over 20 days – as a proxy for patients medically fit for discharges with out of hospital care needs – sits within the lowest decile nationally.

Figure 15a: Percentage of emergency admissions with a length of stay > 20 days, ranking, November 2023

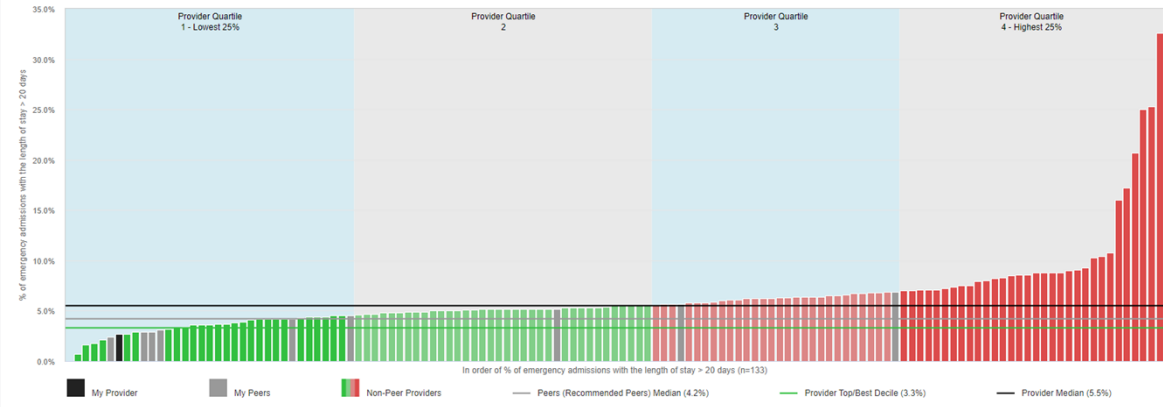
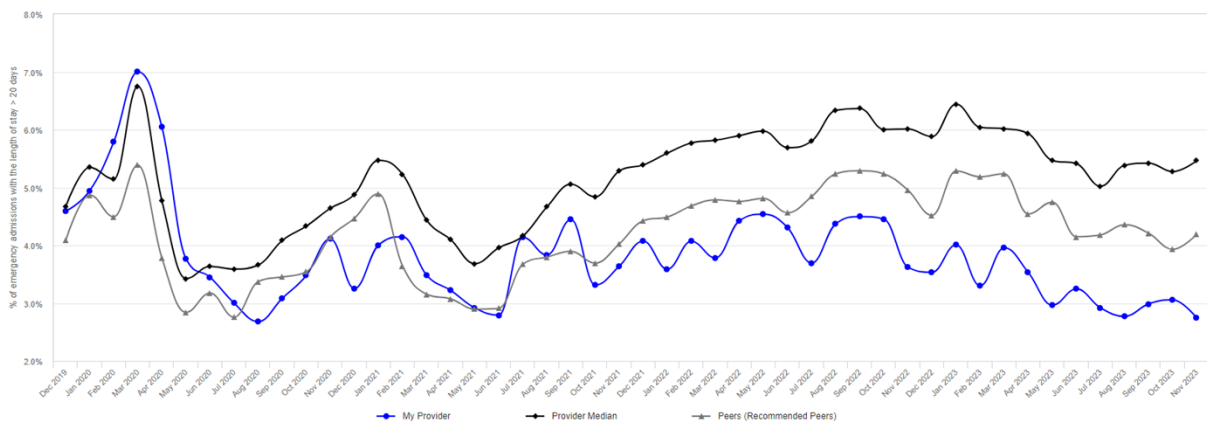
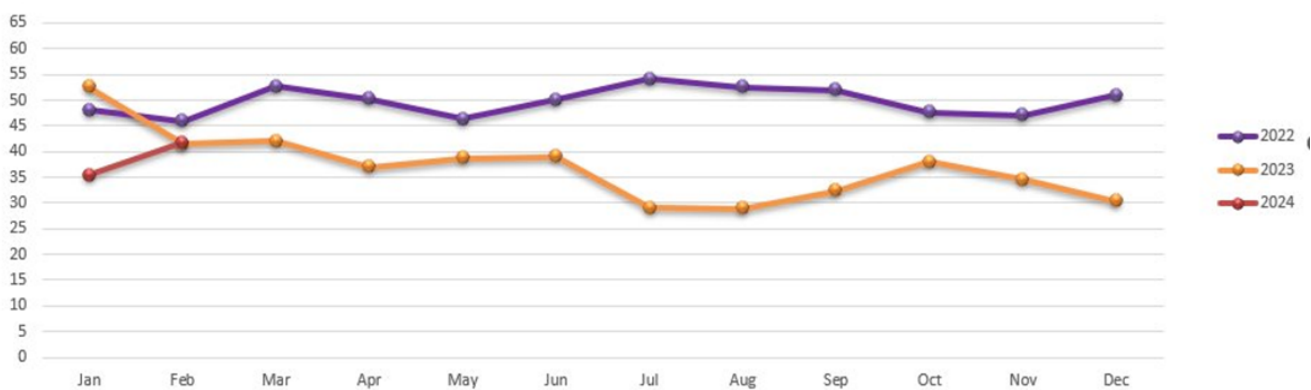


Figure 15b: Percentage of emergency admissions with a length of stay > 20 days, December 2019 - November 2023



The actual number of patients on the medically fit for discharge list has been steadily reducing throughout 2023/24.

Figure 16: Number of patients medically fit for discharge, January 2022 – February 2024

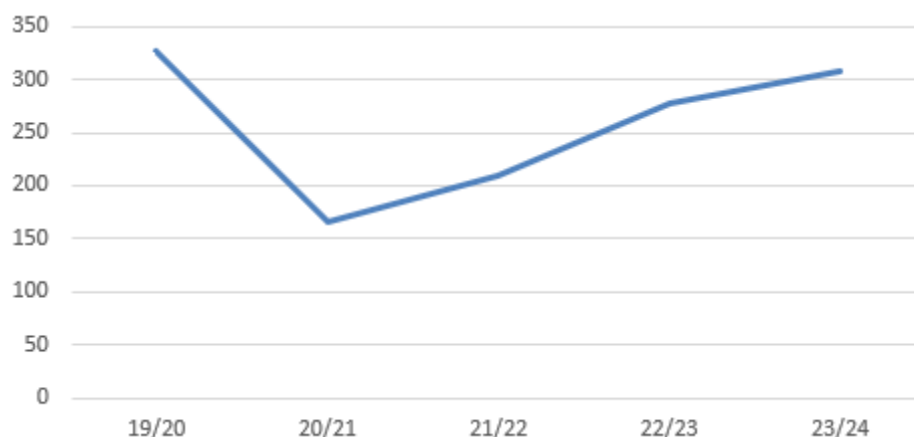


Surgery

Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
Surgery	Additional Trauma capacity across the Festive Fortnight	Trauma & Orthopaedics	Avoidance of elective cancellations in lieu of increased demand	December 2023 – January 2024
	Additional emergency theatre capacity across the Festive Fortnight	General Surgery		

We can see that there has been a year on year increase in elective cases completed in Operating Theatres over the festive period. It is worth noting that no elective theatre sessions were cancelled due to Trauma or Emergency Theatre demand.

Figure 17: Elective Theatre cases completed between 18 December and 7 January, 2019/20 – 2023/24



Supporting Initiatives

The following initiatives were not intended to deliver a net benefit. Rather they are in place to support those aforementioned initiatives.

Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
WCCSS	Additional norovirus, flu and COVID testing capacity	Pathology	Management of anticipated flu season	November 2023 – February 2024

Division	Description	Department/Specialty	Anticipated benefit	Time period initiative will operate
Corporate	Additional cover for Infection Control over weekends	Infection Control		October 2023 – March 2024
Estates	Short-term rental of a ProXcide Machine	Estates		October 2023 – March 2024
Estates	Catering non-pay	Estates		October 2023 – March 2024
Estates	Housekeeping consumables	Estates		October 2023 – March 2024
Corporate	Extended staffing in the Operations Centre	Operations Centre		October 2023 – March 2024

Report to Trust Board – to be held in Public		
17 th April 2024		
Title of Report	Highlight Report from the People Committee Chair	Enc No: 9.1
Author:	Clair Bond – Interim Director of HR Operations and OD Walsall Healthcare NHS Trust	
Presenter:	Junior Hemans – Non Executive Director and Chair of the People Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	25 March 2024	

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

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	The Committee noted there were no updates to the overall risk scores of the three CRR monitored by the Committee (2072, 2489 & 3036)		
Compliance and/or Lead Requirements	CQC	Yes	Details: Well Led Domains
	NHSE	Yes	Details: Health and Wellbeing Framework
	Health & Safety	Yes	Details: Statute and Governance Frameworks
	Legal	Yes	Details: Equality and Employment Statute and Governance Frameworks
	NHS Constitution	Yes	Details: NHS Constitution and Values
	Other	Yes	Details:

Summary of Key Issues:
<ol style="list-style-type: none"> 1. The Committee received an update regarding the 2024/2025 Workforce Planning assumptions that have been applied during the recent planning round concluding in a final submission on the 21 March 2024 reflecting intentions to reduce bank and agency spend by 25% and draw savings from the substantive workforce equal to 4% in line with ICB planning principles. 2. The Committee received a report summarizing the deployment of bank and agency staff over month 11 (February 2024). It was noted that deployment of off framework nurse agency to support safer paediatric nursing numbers (including Neo-nates) had decreased in month 11 however there was still a requirement and all requests are reviewed and authorized at Executive level. Whilst there is no off framework medical agency, a small amount of agency spend is in place to cover specialist surgical services and medical bank spend is primarily within emergency and elderly services.

3. The Committee were assured through the Nursing Bi-Annual Skill Mix Review presented by the Chief Nursing Officer that there remains optimal nurse staffing levels in accordance with the requirements of the Developing Workforce Safeguard standards published by NHSI in October 2018.
4. The Committee were assured that three of the six workforce KPI's were within target range. The Committee were pleased to note that mandatory and statutory training compliance continued to increase (8th consecutive month) and sustains the 90% target range. It was noted that sickness absence has reduced in month to 5.8% from 5.9% in the preceding month and although appraisal compliance has dropped by 0.06% plans to achieve 90% compliance by the end of Q1 are in place.
5. The Committee were assured that the 2023 NHS Staff Survey Results showed further improvements across all eight reported indicators of which; three were statistically significant (we are recognized and rewarded, staff engagement and morale) and three were above the national average (we are recognized and rewards, we work flexibly, and we are a team). The Committee were assured that staff advocacy had materially improved by between 3-13%.
6. The Committee received the 2023 Gender Pay Gap Report which will be published nationally on the 30 March 2024. Whilst there has been a reduction of the pay gap from 30.85% to 29.45% it was noted that this was still much higher than the national NHS gender pay gap of 14% owing to more females at Walsall Healthcare NHS Trust in lower pay quartiles and a disproportionate number of males in higher pay quartiles.
7. The Committee approved the annual review of the Committee's Terms of Reference and Cycle of Business and agreed that future committees would be structured around the Joint People Enabling Strategy. It was noted that the RWT and WHT People Committee's are likely to join into a single Committee in Q1 of 24/25 and therefore further amendments to the terms of reference and cycle of business may be required.

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

Report Journey/ follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	People Committee 29.01.24
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
Any Changes to Workplan to be noted	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date:

EXCEPTION REPORT FROM PEOPLE COMMITTEE CHAIR

ALERT

1. The Committee requested more detail regarding how the 2024-2025 Workforce Plan will be delivered to reflect the level of required workforce savings. The Committee were advised that mechanisms to track delivery at organizational and divisional level will be implemented and report to both the People Committee and the Finance and Performance Committee.
2. The Committee accepted that compliance with appraisal completion rates of 90% is on track to be met by end of Q1.

ADVISE

1. The vacancy rate has decreased to 7.4% from 8.4% in January and is within the 8% target KPI. It was noted that the vacancy rate for registered nurses and midwives is 4%.
2. The 12-month turnover rate, at 10.6% has slightly increased from 10.4%, and is **above** the 10% target.
3. The 12-month retention rate, at 91.4%, has **achieved** the 90% target. (consistent with previous month)
4. January sickness absence rate, at 5.8% is **above** the target. (decreased for second consecutive month from 5.9% in December and 6% in November 2023)
5. The mandatory training compliance rate, has increased for the 8th consecutive month to 90.8%
6. The appraisal compliance rate has slightly decreased to 84.94% from 85.06% against a 90% target.
7. The Committee were advised that the recent BMA ballot of Junior Doctors to extend their mandate for further strike action for an additional six months was successful, although notice for industrial action has not been confirmed. The Committee also noted that the BMA have recommended that the updated pay and contract offer to Consultants is accepted. This is currently subject to a second referendum with the BMA Consultant membership which will close on the 3 April 2024.
8. The Committee received a report summarizing the deployment of bank and agency staff over month 11 (February 2024) noting; off framework nurse agency usage, although decreased in month was still a requirement to ensure safe paediatric nurse numbers.
9. The Committee noted that the development of workforce policies progresses at pace and focuses on drawing from best practice, ensuring they are easy to read and people centric, achieving alignment between RWT and WHT were appropriate in addition to developing consistent policies across the Black Country Provider Collaborative and adapting the National Policy framework developed with the NHS Social Partnership Form and NHS Staff Council.

ASSURE

1. The Committee were assured that the 2023 NHS Staff Survey results indicated a further year of improvement across all eight indicators and that there had been a material improvement in the number of staff positively advocating for the Trust. Walsall Healthcare NHS Trust is the third most improved Trust for staff recommending the organization as a place to work in the Acute and Acute Community Trust sector increasing by a total of 8.6% since 2019.
2. The Committee were assured by the Chief Nurse that additional approval levels have been introduced to limit the use of bank staff over premium roster hours, all such requests require approval from the Divisional Director of Nursing.
3. The Committee were assured that the Trust has a robust mechanism in place to review vacancy approval requests and noted that all vacancies are also reviewed by the ICB on a weekly basis.
4. The Committee were assured that the Trust has met its statutory duty to publish its annual Gender Pay Gap report for 2023.

MATTERS FOR THE BOARD'S ATTENTION

- Workforce Plan

The Committee received details of the planning assumptions applied throughout the workforce planning round undertaken in February and March 2024. The Committee requested more detail regarding how the 2024-2025 Workforce Plan will be delivered to reflect the level of required workforce savings. The Committee were advised that mechanisms to track delivery at organizational and divisional level will be implemented and report to both the People Committee and the Finance and Performance Committee.

- Staff Survey action plans

The Committee were assured that the 2023 NHS Staff Survey Results showed improvements across all eight reported indicators for the second consecutive year. The Committee received detailed reports outlining the staff survey performance at divisional level and will receive divisional action plans detailing interventions planned to be undertaken in response to feedback. The Committee requested that focused actions are identified that are appropriate to the feedback provided, for example, where a division has overall improved results, yet within that division the results of a particular service or team is identified as an outlier. The Committee has requested that the Colleague Engagement and Experience Group provides oversight of the staff survey action plans.

ACTIVITY SUMMARY

The following papers were received and discussed at the People Committee: -

1. Workforce Metrics Report.
2. Corporate Risk Register
3. Board Assurance Framework (NSR 102, 103 and 106)
4. Safe Staffing Report.
5. Nursing Bi-Annual Skill Mix Review
6. Workforce Deployment- Month 11 update report
7. Workforce Plan 2024 – 2025
8. Gender Pay Gap Report.
9. 2023 National Staff Survey Results
10. Workforce Policy Development Update
11. Black Country Provider Collaborative – Workforce Update
12. Annual Workforce and Training Report
13. People Committee Terms and Reference and Annual Cycle of Business (2024-2025)

Matters presented for information or noting

- Joint Staff Consultative Committee Meeting minutes – February 2024
- Health and Safety Minutes – January 2024
- Social Media Policy

Chair's comments on the effectiveness of the meeting:

The committee was noted as being beneficial and effective, a balanced discussion of strategic information and direction whilst assessing performance from a workforce perspective.

Chairs Summary Log for People Committee, date of Log 25 March 2024.

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> • Junior Doctors have succeed to secure a mandate to undertake further strike action over the next 6 months. • Further assurance is required that robust arrangements are in place to monitor and track workforce savings in accordance with the 2024-2025 Workforce Plan. • 	<ul style="list-style-type: none"> • Trust and divisional 2023 staff survey action plans are currently being developed and will be provided to the Committee in May 2024 for assurance.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> • 2023 National Staff Survey results including progress against all indicators and statistically significant improvement in staff advocacy scores. • M&S Training has achieved the 90% compliance level following 8 months of consecutive improvement. 	<ul style="list-style-type: none"> • No Decisions required

People Committee – Chair’s High level feedback re 2023 Staff Survey (summary of results is provided in pack B)

1. Since 2019 the Trust has continued to achieve an improvement in the number of staff recommending the organisation as a place to work – increasing 8.6% making Walsall the third most improved Acute Trust in England for this indicator.
2. Walsall Healthcare NHS Trust has improved across **all** indicators for the **second consecutive** year. *(Of the 20 sub scores which provide for the overall score of the nine indicators – Walsall has improved in 17/20)*
3. Statistically significant improvement in **three areas**; *we are recognised and rewarded, staff engagement and staff morale.*
4. **Three** of our indicators are **above** the national average; *we are recognised and rewarded, we work flexibly, we are a team.*
5. For the first time, bank staff were able to participate in the national survey and were provided with the opportunity to complete a slightly modified survey. At Walsall 17.09% response rate against a sector average response rate of 15.39%). The results of the Bank Staff Survey are due in April 2024.
6. Significant improvement in staff advocating for the Trust – 3 core questions
 - 6.1 Staff advocating that patient care is the Trusts top priority has increased from 69.3% to 71.4% (Trust **3% increase** compared to 1.7% national average increase).
 - 6.2 Staff recommending the trust as a place to work has increased from 51.4% to 56.2% (Trust **9.3% increase** compared to 7.1% national average increase).
 - 6.3 Staff recommending us as a place to be treated has increased from 47.45% to 53.59% (Trust **increase of 13%** compared to a national average increase of 2.4%). It should be noted that the national average is 63%.
7. The Trust has seen a decline in three subscores; compassionate leadership by 0.01, however remains above the sector average, Diversity and Equality by 0.05 and below sector average and inclusion by 0.9 and below the sector average.

Paper to the Trust Board Meeting – to be held in Public
17 April 2024

Title of Report:	Group Chief People Officer Update Report	Enc No:9.2
Author:	Clair Bond (Interim Director of Operational HR and Operational Development) clair.bond2@nhs.net	
Presenter/Exec Lead:	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 Board are asked to note the content of this report within the context of Trust performance management objectives, and strategic objectives related to people and organisational development.

Implications of the Paper:

Risk Register Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description: Corporate Risks monitored by the People Committee (2072, 2489 & 3036)		
Changes to BAF Risk(s) & TRR Risk(s) agreed	The risk to the organisation is concerning: <ul style="list-style-type: none"> • Use of Resources. • Employment legislation. • Equality, Diversity & Inclusion. • Organisational Reputation. Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):		
Resource Implications:	None		
Report Data Caveats	None		
Compliance and/or Lead Requirements	CQC	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details: Well Led
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details: National Staff Survey & Health and Wellbeing Framework
	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:
CQC Domains	Well-led:		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether		

	<p>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.</p> <p>All workforce policies and procedures are required to be compliant with all relevant employment legislation and the Equality Act 2010.</p> <p>NHS Employers guidance and terms and conditions.</p>		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: Trust Management Committee 21 March 2024
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: People Committee 25 March 2024.
	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 report provides assurance regarding the following key workforce metrics;

- Vacancy rates
- Turnover and Retention rates
- Sickness Absence rates
- Mandatory Training Compliance rates
- Appraisal Compliance rates

The Committee can be assured that three of the six key workforce indicators, vacancy rate (7.4%), mandatory training compliance (90.8%) and 12-month retention (91.4%), meet the agreed target thresholds. Of the three indicators yet to achieve the target, 12-month turnover (10.6%) and annual appraisal compliance (84.94%) experienced a decline in performance during February, whilst the sickness absence rate improved (5.8%) remains outside of the 5% target.

Advise

1. The vacancy rate has decreased to 7.4% from 8.4% in January and is within the 8% target KPI. It was noted that the vacancy rate for registered nurses and midwives is 4%.
2. The 12-month turnover rate, at 10.6% has slightly increased from 10.4%, and is **above** the 10% target.
3. The 12-month retention rate, at 91.4%, has **achieved** the 90% target. (consistent with previous month)
4. January sickness absence rate, at 5.8% is **above** the target. (decreased for second consecutive month from 5.9% in December and 6% in November 2023)
5. The mandatory training compliance rate, has increased for the 8th consecutive month to 90.8%
6. The appraisal compliance rate has slightly decreased to 84.94% from 85.06% against a 90% target.

Alert

- Mandatory Training compliance (90.8%) is above the target, maintaining a trend of special cause improvement for the 8th consecutive month aligned to increased engagement with learner-focused features within the MyAcademy system, which promotes learning and development engagement.

Links to Trust Strategic Aims & Objectives

<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> • Embed a culture of learning and continuous improvement
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> • Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement

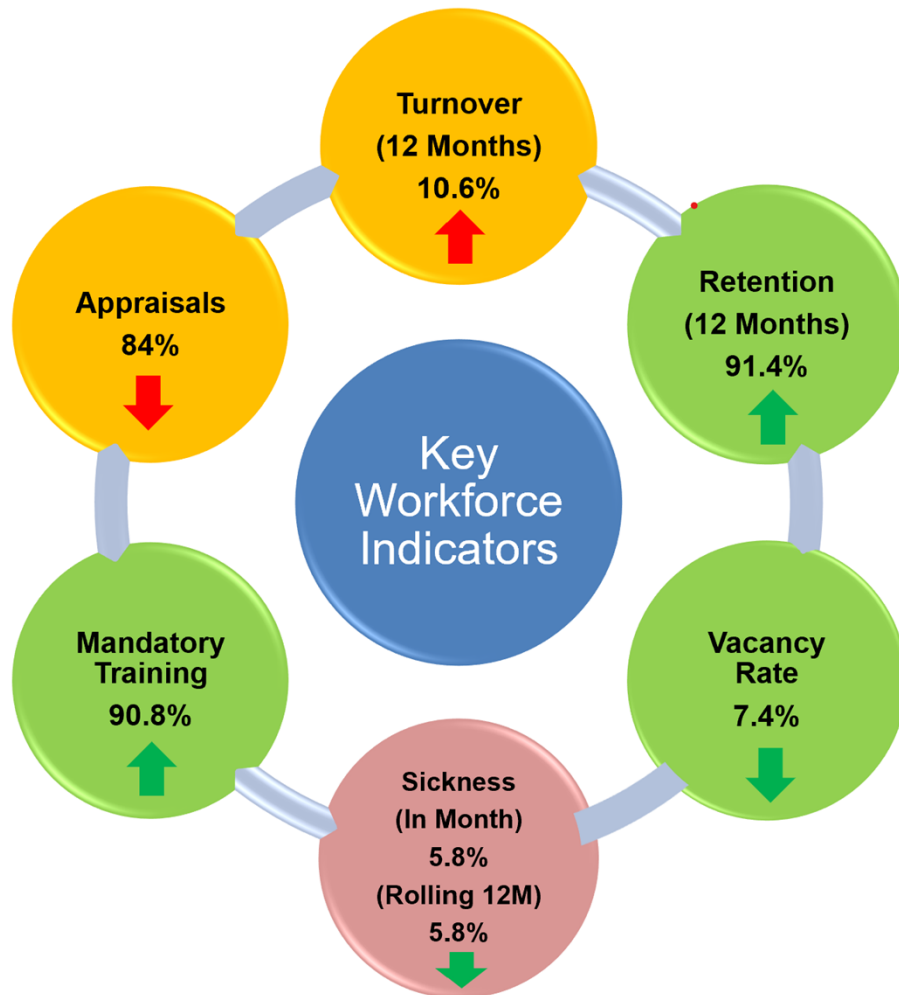
	<ul style="list-style-type: none">• Deliver improvement against the Workforce Equality Standards
<i>Effective Collaboration</i>	<ul style="list-style-type: none">• Progress joint working across Wolverhampton and Walsall

Executive Summary

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

- The 7.4% vacancy rate reflects a month-on-month 12.8 FTE growth in the budgeted establishment, reconciled against an 81.3 FTE increase in the actual workforce per the month-end finance ledger. The vacancy rate for registered nurses and midwives is 4%.
- Despite reduced turnover amongst all staff groups during 23/24, the 12-month performance measure remains above the 10% target, reflecting an increased number of colleagues seeking external promotion versus the 22/23 trend.
- Appraisal compliance target achievement remains a challenge, but an improved trajectory is now confirmed, with February 2024 outturns above the two-year average and plans in place to achieve the 90% target by the end of Q1.
- The Trust Civility and Respect Programme roll out is going well with all sessions booked until the end of May 2024 meaning approximately 400 staff will have received the training since January 2024.
- The recent BMA ballot of Junior Doctors to extend their mandate for further strike action for an additional six months was successful, although notice for industrial action has not been confirmed. The Committee also noted that the BMA have recommended that the updated pay and contract offer to Consultants is accepted. This is currently subject to a second referendum with the BMA Consultant membership which will close on the 3 April 2024.
- The NHS Pay Review Body is currently considering recommendations for all other Agenda for Change staff and outcomes are expected in May 2024. It is noted that the RCN continue to lobby for contractual changes specific to nursing including a proposal to introduce a pay spine specifically for nurses.
- The Trust continues to work in collaboration with its staff side representatives regarding the band 2 clinical support worker review. The local Unison branch are planning an awareness and communication campaign across both Walsall Healthcare and the Royal Wolverhampton NHS Trust to determine local points of negotiation. In the background HR and Nurse Directors across the Black Country are working collaboratively to achieve a consistent approach.

Key Workforce Metrics



Three of the six workforce indicators, vacancy rates, Mandatory training and 12-month retention, meet the agreed targets/ thresholds. Both Turnover (12 Months) and appraisal compliance remain amber, having returned a performance decline during February 2024. Sickness absence remains red, but performance has improved during the past month.

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 5.8%, will consistently meet the 5% target, but performance is stable. Sickness Absence levels in February 2024 are higher than in February 2023.

The mandatory training compliance rate of 90% meets the target, despite providing limited assurance that this trend is being held long-term.

There is no assurance that appraisal compliance, currently 85%, will consistently achieve the 90% target, but performance remains stable.

Whilst there remains a lack of assurance regarding the consistent achievement of a 10% 12-month turnover target, the current 10.6% rate represents a year-on-year improvement versus February 2023.

Assurance can be provided that the 12-month retention rate, currently 91.4%, will consistently meet the 90% target, as performance continues to show improvement.

The 7.4% vacancy rate offers limited assurance, in the context of a 24-month trend, that the 10% target will be consistently met, but performance is stable at current target-achieving levels.

**Paper for Trust Board Meeting to be held in Public
17 April 2024**

Title of Report:	2024 Staff Survey Update	Enc No: 9.2.1
Author:	Clair Bond, Interim Director of Operational HR and OD	
Presenter/Exec Lead:	Clair Bond, Interim Director of Operational HR and OD	

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:			
<ul style="list-style-type: none"> To note the results from the Staff Survey 2023 and the priorities identified for action for 2024/25. To note the divisional development of local action plans in response to results at department / directorate level To note the above will be overseen by the Staff Experience and Engagement Group and reported to the People Committee. 			

Implications of the Paper:			
Risk Register Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> Risk ID 2072: Trust-wide Shortage of workforce capacity and capability. Remains a 9 Moderate (Severity 3 x Likelihood 3) having reduced from a 12 Moderate (Severity 4 x Likelihood 3) in September 2023. Risk ID 2489 - Trust-wide: Staff bullying, discrimination and harassment. Risk has remained unchanged as a 12 Moderate (Severity 4 x Likelihood 3). 		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None Is Risk on Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable): see above		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: eg. Well-led
	NHSE	Yes <input checked="" 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:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: NHS People Plan
CQC Domains	Well-led:		

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: TMC 22.03.24
	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	
Assure	<ul style="list-style-type: none"> The Committee can be assured that a detailed and full understanding of the results of the 2023 National NHS Staff Survey has been developed through a comprehensive analysis of results. The published benchmark reports can be found in appendix 2 & 3). The Trust has achieved an improvement across all indicators of the staff survey and is equal to or above the sector national average in three indicators; <i>we are recognised and rewarded, we work flexibly, we are a team.</i> The Trust improved in 17 of the 20 sub scores with and in 7 scoring above the Trust average. Detailed analysis of the results at organisational and divisional level have been provided to: divisional leadership teams, Trust Management Committee and People Committee. The benchmark results can be access publicly via the NHS Staff Survey Coordination Centre.
Advise	<ul style="list-style-type: none"> The National Staff Survey took place during 26 September and 24 November 2023. The Trusts response rate for 2023 was 46% which is above the national median of 45% although lower than the 47% achieved in 2022, is proportionate given the increase in the workforce establishment. Since 2019 the Trust has continued to achieve an improvement in the number of staff recommending the organisation as a place to work – increasing 8.6% making Walsall the third most improved Acute Trust in England for this indicator. The Staff Engagement and Experience Oversight Group will oversee the development of local divisional actions plans to address feedback from the survey at team / service level. The Trust achieved a 17% response rate for bank staff against a sector average of 15%. The results of the Bank Staff Survey will be received by the Trust in April 2024.
Alert	<ul style="list-style-type: none"> The Trust has seen a decline in three subscores; compassionate leadership by 0.01, however remains above the sector average, Diversity and Equality by 0.05 and below sector average and inclusion by 0.9 and below the sector average.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> Embed a culture of learning and continuous improvement.
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> Be in the top quartile for vacancy levels Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing Improve overall staff engagement Deliver improvement against the Workforce Equality Standards
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> Progress joint working across Wolverhampton and Walsall

2023 NHS Staff Survey Results for Walsall Healthcare NHS Trust

1. Introduction

- 1.1 The 2022 NHS Staff Survey ran from the 26 September to the 24 November 2023. The results were published on 7th March 2023.
- 1.2 A total of 117 questions were asked in the 2023 survey aligning to the NHS People Promise of which 113 can be directly compared to 2022.
- 1.3 We are safe and healthy scores have been excluded in the final publication due to data quality issue, affecting sub-scores of health and safety climate and negative experiences.
- 1.4 Walsall Healthcare NHS Trust has improved across **all** indicators for the **second consecutive** year. *(Of the 20 sub scores which provide for the overall score of the nine indicators – Walsall has improved in 17/20)*
- 1.5 Statistically significant improvement in **three areas**; *we are recognised and rewarded* (above national average) *staff engagement* (increased from 6.7 in 2022 to 6.8 (national average is 6.9) and *staff morale* (increased from 5.73 in 2022 to 5.58 (national average is 5.9).
- 1.6 **Two** of our indicators are **above** the national average; *we are recognised and rewarded, we work flexibly, we are a team.*

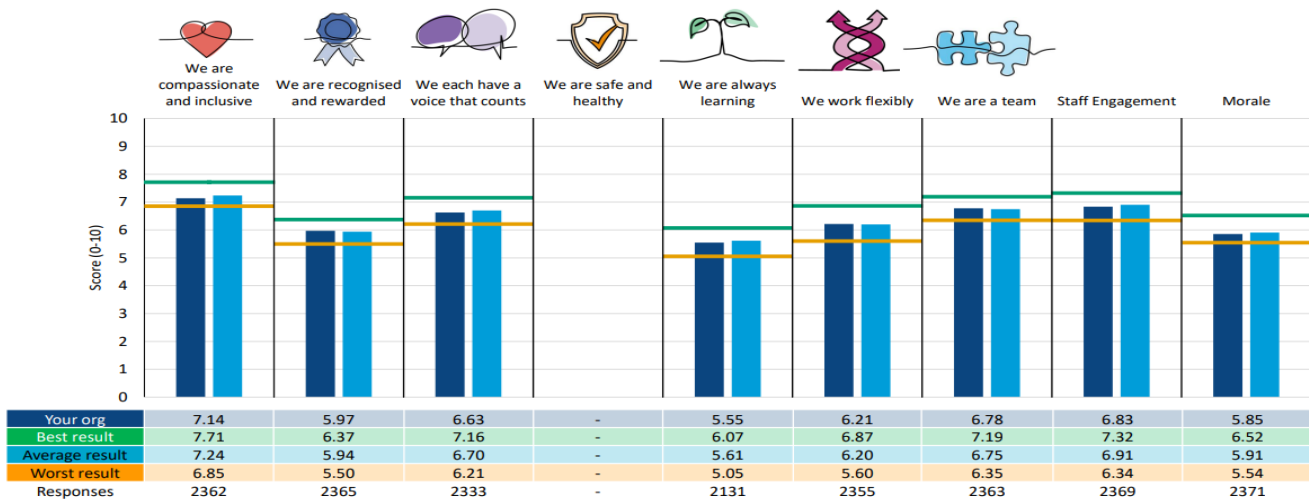
2. Background

The People Promise sets out, in the words of NHS staff, the things that would most improve their working experience. The survey is operated independently and confidentially by an external provider Picker Institute which was also used by the three other Black Country provider organisations.

The Trust response rate was 46% (2,381) which although lower than the 2022 response rate of 47% (2,229 out of 4,780). the 53% achieved in the 2021 NSS, is proportionate to the workforce establishment. The median response rate across the 2023 national benchmarking group (Acute and Acute & Community Trusts) was 45%. The survey was run full census, with all eligible staff employed as of 31 August 2022 invited to participate in the survey via a mixed mode of paper and online (709 responses via paper and 1,672 online).

3. Results

The graph below is an extract from the benchmark report showing the Trust's overall response rate against the people promise and the theme results.

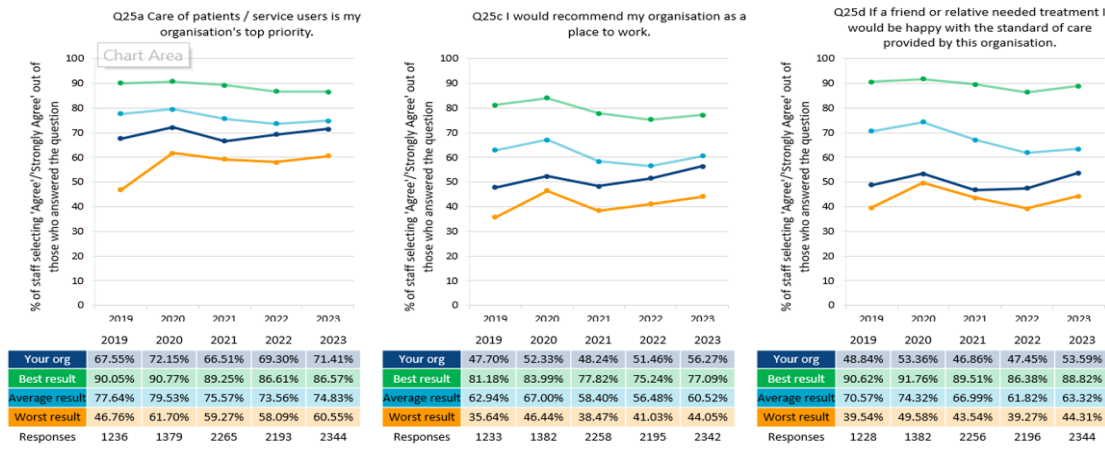


Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

3.1 Staff Engagement

The Trusts Engagement Score has increased to 6.83 in 2023 from 6.71 in 2022 (continued improvement from 6.0 in 2021) against an average of 6.91 within the benchmark peer group. Most significantly the Trust has achieved improvement within the three advocacy questions as shown below. Traditionally staff advocacy scores for Walsall have been low however for the second consecutive year, responses have increased at a rate higher than the national results.

- Staff advocating that patient care is the Trusts top priority has increased from 69.3% to 71.4% (Trust 3% increase compared to 1.7% national average increase).
- Staff recommending the trust as a place to work has increased from 51.4% to 56.2% (Trust 9.3% increased compared to 7.1% national average increase). It is worth noting that in 2022 Walsall was named in the HSJ for achieving a high level of improvement in staff recommending the us as a place to work.
- Staff recommending us as a place to be treated has increased from 47.45% to 53.59% (Trust increase of 13% compared to a national average increase of 2.4%). It should be noted that the national average is 63%.



3.2 Staff Morale

Staff morale has increased to a score of 5.85 from 5.73 in 2022 and 5.57 in 2021. The national average score for staff morale has increased significantly from 5.69 in 2022 to 5.91. The Morale score is determined by twelve indicators of which 11 have improved. All three sub scores; thinking about leaving, work pressure and stressors have improved from 2022 for the second consecutive year.

People Promise sub-theme	Question		2023		2022	
			WHCT %	Benchmark Av %	WHT %	Benchmark Av %
Thinking about leaving	Q26a	I often think about leaving this organisation.	28.88	28.89	28	32
	Q26b	I will probably look for a job at a new organisation in the next 12 months.	23.31	20.74	24	23
	Q26c	As soon as I can find another job, I will leave this organisation.	18.12	15.32	18	17
SCORE			5.79	6.06	5.8	5.9
Work pressure	Q3g	I am able to meet all the conflicting demands on my time at work.	47.58	46.63	44	43
	Q3h	I have adequate materials, supplies and equipment to do my work.	56.95	56.88	51	54
	Q3i	There are enough staff at this organisation for me to do my job properly.	33.63	31.75	27	25
SCORE			5.41	5.31	5	5
Stressors	Q3a	I always know what my work responsibilities are.	85.86	86.63	85	86
	Q3e	I am involved in deciding on changes introduced that affect my work area / team /department.	52.32	51.60	52	50
	Q5a	I have unrealistic time pressures.	23.66	25.08	23	22
	Q5b	I have a choice in deciding how to do my work.	51.18	52.55	53	52
	Q5c	Relationship at work are strained.	43.96	45.96	46	44
	Q7c	I receive the respect I deserve from my colleagues at work.	68.41	70.96	68	70
	Q9a	My immediate manager encourages me at work.	73.28	71.45	72	70
SCORE			6.35	6.38	6.3	6.3

As the results indicate, there has been a slight worsening of colleagues at Walsall considering leaving the organisation against 10% improvement within the national sector average. Less staff feel they have a choice in deciding how to do their work and being able to meet unrealistic time pressures.

3.3 Staff Survey Indicators 2021 – 2023

The Trust has achieved an improvement against all elements of the NHS People Promise and the themes of staff engagement and morale.

	2021		2022		2023	
	Trust	Av	Trust	Av	Trust	Av
We are compassionate and inclusive	7	7.2	7.12	7.18	7.14	7.24
We are recognised and rewarded	5.7	5.8	5.82	5.73	5.97	5.94
We each have a voice that counts	6.5	6.7	6.6	6.65	6.63	6.7
We are safe and healthy	5.8	5.9	5.92	5.89	5.98	6.06
We are always learning	5.2	5.2	5.43	5.35	5.55	5.61
We work flexibly	6	5.9	6.11	6.01	6.21	6.2
We are a team	6.6	5.9	6.73	6.64	6.78	6.75
Staff engagement	6.6	6.8	6.71	6.8	6.83	6.91
Morale	5.6	5.7	5.73	5.69	5.85	5.91

4. Summary of People Promise results

- 4.1 Within the people promise indicator *we are compassionate and inclusive* there are four sub areas of which the Trust has improved against two; *compassionate culture* and *compassionate leadership*, there has been a deterioration against *diversity and equality* and *inclusion* highlighting an areas for organisational and local focus for 24/25.
- 4.2 There have been further improvements in the two sub areas contributing to *we have a voice that counts* with results for *autonomy and control* matching the national average. Whilst *raising concerns* has improved it is 0.13 behind the national average.
- 4.3 The Trust has continued to improve its score against the *we are always learning* indicator which is measured by two sub areas; *development and appraisal* where there has been a significant improvement.
- 4.4 The Trust benchmarks above the national average in the *we work flexibly* indicator with more colleagues indicating they are supported to achieve *work life balance* and access *flexible working* opportunities. The revisions to the Flexible Working Policy and introduction of the Agile Working

Policy will help to continue improvements in this area, although opportunities for clinical staff will need further development following the planned introduction of the Rostering Policy.

- 4.5 The Trust benchmarks above the national average within the *we are a team* indicator with improvements against the two sub areas *team working* and *line management*.

5. Divisional results

- 5.1 Divisional and Directorate leaders have been provided with the survey results and are able to review the data at divisional and service level. Detailed analysis of the results has been undertaken and provided to the; divisional leadership teams, Trust Management Committee and People Committee in March 2024.

6. Conclusion and next steps

- 6.1 The staff survey results have been shared with all staff both organisationally and locally, communicated across the organisation.
- 6.2 The Colleague Engagement and Experience Oversight group has been reconvened on a monthly involving senior leadership participation from each division / directorate to develop action plans in response to local results.
- 6.3 The following priorities will be taken forward following the Trust 2023 results and will align to the Joint People Enabling Strategy:-
- **Leading by putting our people first** by embedding the Joint Behaviour Framework which will be introduced in April 2024 and continuing to roll out the Civility and Respect programme throughout 2024.
 - **Ensuring equality, diversity and inclusion in all that we do** by maintaining the Race Equality Code in 2024 and amplify the role of our staff networks in decision making across the Trust.
 - **Being a safe and healthy place to work** by increasing safeguards to protect staff against abuse, aggression and violence and introducing the NHS England Sexual Safety Charter. We will also work with Communication and Health & Safety teams to launch a campaign “no excuses – no abuse” to increase awareness of violence, abuse and discrimination from the public and between staff members will not be tolerated.
 - **Retaining and developing the workforce of today and for the future** by introducing training specifically to equip managers with essential knowledge of good people management (coming this autumn) and widening access to apprenticeships to support development and career progression. Using apprenticeships to recruit and ‘grow’ skills within our existing workforce by widening the access to development and career progression. We will also ‘gift’ access to apprenticeship funding to local healthcare partners to support the of staff working in the wider health and care sector.

**Paper to the Trust Board Meeting - to be held in Public
17 April 2024**

Title of Report	Charitable Funds Committee - Chair's Report	Enc No: 10.1
Author:	Paul Assinder	
Presenter:	Chair of Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	11th March 2024	

Action Required of Committee/Group			
Decision	Approval	Discussion	Received/Noted/For Information
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"/>

Recommendations:

The Board are asked to note the contents of this summary report

ALERT

There are no matters to alert the Trustees to.

ADVISE

Fundraising
The Charity remains extremely active in events and fund raising. The Q3 report noted a wide range of continuing activities and strong survey satisfaction from staff and public users. Links with external businesses through Supermarket events and the Best of Walsall Business events continues to be encouraging.

Investments Portfolio Performance
Colleagues from Investment Brokers Brewin Dolphin attended the meeting to brief the Committee on performance of our investment portfolio to date and prospects for the future.

Brewin manage a small investments portfolio on behalf of the Charity, valued at £740,000 at 1st March. The Committee noted performance over the 12 months to 1st March 2024 as follows: Gross income of £17,800 and a +8.44% growth on the portfolio (market benchmark for the period was +7.21%).

Approvals for Expenditure.

a) Below £5,000
The Committee reviewed spending under delegated authority totalling £9,927.03 in Q3.

b) Range £5,000 to £99,000

The Committee considered and approved bids for spending over £5,000. These were:

- i) Maternity wall murals £6,970
- ii) Walsall Together Bid to reduce isolation in the Town £58,750*
- iii) Purchase of MRI station equipment £22,000
- iv) Palliative Care Recliner Chairs £28,080
- v) Deployment of the Patel Legacy:
 - Dental X Ray Equipment £32,373
 - Gynae OPD Equipment £12,870
 - Endoscope Equipment £40,000
 - MRI Compatible Infusion Pumps £22,000

- Confirmation of previous Chair's Action Approval – an NHS Charities bid previously approved by Committee.

ASSURE

There are no matters to alert the Trustees to.

Implications of the Paper

Changes to BAF Risk(s) & TRR Risk(s) agreed	Is Risk on Risk Register: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	Risk Score (if applicable):		
Compliance and/or Lead Requirements	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"> • Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> • Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> • Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes <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:
Any Changes to Workplan to be noted	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

None

ACTIVITY SUMMARY

Matters presented for information or noting

As above

Chair's comments on the effectiveness of the meeting:

Joint Provider Committee – Report to Trust Boards

Date: 15th March 2024

TITLE OF REPORT:	Report to Trust Boards from the 15 th of March 2024 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 15 th of March 2024 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, <i>BCPC Managing Director</i>
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - <i>Chair of BC JPC & Group Chair of DGFT, SWBH, RWT, & WHT</i> Diane Wake - <i>CEO Lead of the BCPC</i>
KEY POINTS:	<p>The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, all four Deputy Chairs, and the three CEO's.</p> <p>Key discussion points included:</p> <ol style="list-style-type: none"> An update for the BCPC CEO Lead on progress against the range of activities being progressed in delivering the agreed work plan. The approval of the Collaborative Executive recommendation for the pursuit of a scoping exercise on PACs / RIS. A refocus of the 24/25 BCPC workplan required in light of recent regional and national reviews of the systems FRP. Receipt of proposed new schedules and revisions for the Collaboration Agreement. An active discussion on the recent FRP developments with proposed plans for a way forward discussed. Update received on corporate services consolidation, with request to progress at pace.
RECOMMENDATION(S):	<p>The partner Trust Boards are asked to:</p> <ol style="list-style-type: none"> RECEIVE this report as a summary update of key discussions at the 15th March 2024 JPC meeting. NOTE the key messages, agreements, and actions in section 2 of the report.
CONFLICTS OF INTEREST:	There were no declarations of interest.
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Endorsement / Support <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information
Possible implications identified in the paper:	

Financial	<p>The following agenda items have a potential financial implication:</p> <ul style="list-style-type: none"> ▪ Financial Recovery Plan – delivery against target and trajectories ▪ The BCPC 24 / 25 annual workplan ▪ Corporate Services consolidation
Risk Assurance Framework	<p>The following agenda items have a potential risk implication:</p> <ul style="list-style-type: none"> ▪ Financial Recovery Plan – mitigations are being identified ▪ The BCPC 24 / 25 annual workplan ▪ Corporate Services consolidation
Policy and Legal Obligations	N/A
Health Inequalities	<p>The following agenda item has a potential health inequalities implication:</p> <ul style="list-style-type: none"> ▪ Financial Recovery Plan – delivery against target and trajectories
Workforce Inequalities	<p>The following agenda item has a potential health inequalities implication:</p> <ul style="list-style-type: none"> ▪ Financial Recovery Plan – potential workforce reductions may impact on health inequalities
Governance	<p>The following agenda item has a potential health inequalities implication:</p> <ul style="list-style-type: none"> ▪ Corporate Services Consolidation – decision making may have potential governance implications for sovereign Trusts.
Other Implications (e.g. HR, Estates, IT, Quality)	N/A

1. PURPOSE

- 1.1 To provide all partner Trust Boards with a summary of key messages from the 15th of March 2024 Joint Provider Committee.

2. SUMMARY

- 2.1 The Joint Provider Committee was held on the 15th of March 2024. The meeting was quorate with attendance by the Chair, all three CEO's and all four Deputy Chairs.

- 2.2 The minutes of the previous meeting were accepted as an accurate record. The Action Log was reviewed, with updates for most of the actions on the agenda.

- 2.3 The following is a summary of discussions with agreements noted:

a) Items for Approval / Noting

- [CEO Leads update report](#) – a general update from the recent 'Extended' Collaborative Executive was provided, noting continued progress across many of the Clinical Networks, and continued focus on the FRP, Corporate Services and the development of the BCPC workplan for 24/25.
- [BCPC PACS/ RIS](#) – The JPC approved the recommendation of the Collaborative Executive to pursue a 'twin-track' approach to the scoping of the PACs / RIS options for future convergence.
- [BCPC24/25 Workplan](#) – The JPC received a draft 24/25 BCPC workplan, but recognised the recently changed environment, requesting some further work to be undertaken. There remains a commitment to retain the strong clinical focus / engagement of the collaborative work, with a need to ensure that there is alignment with the requirements of the FRP work, together with a greater focus on corporate services consolidation. The Collaborative Executive will review further, and an updated proposal will be presented to the JPC in due course.
- [Collaboration Agreement \(CA\)](#) – The JPC received proposed additional schedules and revisions for the CA for their review and comment. The JPC approved the proposed enhancements and look forward to receiving the final draft for approval.

b) Items for Discussion

- [Financial Recovery Plan](#) – The JPC discussed recent developments for the BC ICS following some regional and national meetings, with options for a way forward debated by the Chairs and CEOs. Further work will be progressed in earnest, and a robust comms plan to be developed and established.
- [Corporate Services](#) – We continue to progress plans for consolidation, with progress being made in payroll, procurement, MAST, Clinical Contracting and Recruitment. In parallel, a review paper is being established to determine an option for the 'end point' solution, with a view to proceeding further, faster. This will be presented and reviewed by the Collaborative Executive shortly.
- [Joint Board Development Workshops](#) – The proposed programme for the 19th April 2024 workshop was discussed. It was agreed that given recent events this needed to be adjusted to focus on the key (FRP) challenges being faced. It was also agreed to extend the invite to the BC ICB, Primary Care Collaborative, and Black Country Healthcare NHS Trust. An updated programme will be shared shortly.

c) Any Other Business

- It was agreed that the JPC would seek to meet face to face where possible at least bi-monthly.

3. REQUIRED ACTIONS

3.1 The partner Trust Boards are asked to:

- a. **RECEIVE** this report as a summary update of key discussions at the 15th of March 2024 JPC meeting.
- b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

Paper to the Trust Board Meeting – to be held in Public
17th April 2024

Title of Report:	Walsall Together Partnership Board	Enc No: 12.1
Author:	Rachael Gallagher - Personal Assistant, Walsall Together	
Presenter/Exec Lead:	Professor Patrick Vernon – Chair, Walsall Together	

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

Decision	Approval	Discussion	Other
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:

Risk Register Risk	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) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	There are no direct resource implications as a result of this report. The financial pressures and plans to utilise any available short-term funding are routinely discussed across the partnership and reported to the Partnership Board.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <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:
CQC Domains	N/A		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed		

	might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
	No impact.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: WTPB 17 th January 2024
	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
<ul style="list-style-type: none"> - Operational demand remains elevated. Community admissions avoidance pathways saw sustained high levels and achieved a percentage of 89% of admission avoidance. - The refreshed monthly communications brief was approved to be shared across the partnership; members agreed to include Trust Board members on the distribution list. - Members supported the Primary Care Transformation Strategy and agreed for the presentation to be shared at CPLG (Clinical Professional and Leadership Group).
Advise
<ul style="list-style-type: none"> - This report covers items discussed in March's meeting.
Alert
<ul style="list-style-type: none"> -The Transformation Programme made excellent progress in February and March in relation to projects experiencing obstacles, additional conversations are ongoing and it is expected that some of those projects will move out of exception. -Board approved the reinstatement of the Place Governance programme -Board approved the recommendations within the risk paper, the discussions will be reflected, and the new process will be shared at a later date for formal approval.

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

<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> • Improve clinical service sustainability • Implement technological solutions that improve patient experience

Walsall Together Partnership Board Highlight Report

Report to Trust Board Meeting in March 2024

EXECUTIVE SUMMARY

- 1.1. User story** – March’s user story was presented by the Healthwatch Walsall manager. Board was presented with detail of Healthwatch’s work programme for 23/24 which included although not explicit to looking at dentistry, maternity experiences of black and Asian women and long covid. Healthwatch use various methods of engaging with communities. Board requested that Healthwatch share and elaborate on a particular service users experience at a future board meeting.
- 1.2. Transformation Report** –The transformation programme has made significant progress within the latest reporting cycle on the projects experiencing obstacles. There is an expectation that some of the projects currently experiencing obstacles will move out of exception during the next round of reporting.
- 1.3. Place Development** – Board was asked to approve the reinstatement of the Place Development Programme; the programme will have several workstreams relating to themes agreed as a partnership to support delegation from the Integrated Care Board (ICB). Board was asked to also review and comment on a draft Memorandum of Understanding (MOU) from the ICB that will outline initial expectations of both the ICB and the place based partnership. Board supported and agreed to the reinstatement of the Place Development Programme.
- 1.4. Operational Report** – Februarys demand remained elevated with referrals into the Care Navigation Centre (CNC) at a sustained rate. The community out of hospital pathways continue to help with admission avoidance. The Intermediate Care Service had a slight deterioration in performance with over 1000 referrals and achieving an average length of stay of 3 days. Partners discussed operational issues for housing and children’s services and board agreed to have standalone agenda items for both services at the next partnership board meeting.
- 1.5. Primary Care Transformation Programme** – Board was presented with the Primary Care Transformation programme that is currently in development. Details of the scope and initial timelines were shared with members and board supported the development of the strategy. It was agreed that it would be beneficial to take the proposal to CPLG as the partnership forum with additional clinical and professional representation.
- 1.6. Walsall Together Risk Register** – A detailed review of the current risk register was conducted and a proposal for how the partnership reviews and managed risks was presented to the group. Board was asked to consider the current risk register and if key strategic system risks was being captured where a partnership response could add value. Members agreed that risks should be reviewed regularly as well as being sighted on partners key risks potentially on a quarterly basis. Board approved the recommendations within the paper and discussions will be reflected on to determine a way forward.

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 NHS Trust Board.

RECOMMENDATIONS

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

Any Cross-References to Reading Room Information/Enclosures:

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

**Paper to the Trust Board Meeting – to be held in Public
on 17th April 2024**

Title of Report:	Group Director of Place Report	Enc No: 12.2
Author:	Stephanie Cartwright, Group Director of Place Michelle McManus, Walsall Together Director of Transformation Steve Jackson, Director of Operations, Community Division	
Presenter/Exec Lead:	Stephanie Cartwright, Group Director of Place	

Action Required of the Board/Committee/Group

(Please remove action as appropriate)

Decision	Approval	Discussion	Other
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:

Risk Register Risk	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) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	There are outstanding funding issues to be resolved for some community services.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision. We have condensed the accompanying data pack for this month, to include a summary RAG rating against key performance indicators		
Compliance and/or Lead Requirements	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:
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		

Equality and Diversity Impact	No impact		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: WTPB 20 th March 2024
	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

<p>Assure</p> <ul style="list-style-type: none"> • Medically Stable for Discharge: The level of patients awaiting discharge pathways 1-3 increased in March due to demand at an average of 42 patients. The average length of stay for being medically stable was 3 days. • Avoiding Hospital Admissions: Community services saw a sustained high level of referrals for services such as Care Navigation Centre; Rapid Response team; Integrated Front Door.
<p>Advise</p> <ul style="list-style-type: none"> • Virtual Wards: The adult virtual wards continue to offer 80 virtual beds covering respiratory, heart failure, palliative care, hospital at home and frailty pathways. A further new virtual ward was launched in December for patients discharged on D2A pathways. Referrals into the service remained below the service capacity. A Getting It Right First Time review has recently taken place and learning is consequently being embedded with the intention of increasing referrals. • Place Development: The Partnership Board approved a proposal for delegation of responsibilities from the Integrated Care Board (ICB), which builds on an earlier draft proposal from August 2023. It reflects the desire for joint commissioning and providing, pooled budgets and population-based budgeting as a means to addressing poor outcomes within the challenging financial context. The ICB has released a draft Memorandum of Understanding, which sets out expectations for both Place-base Partnerships and the ICB as we move towards increased delegation of services and functions in 2024/25.
<p>Alert</p> <ul style="list-style-type: none"> • 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. Both commissioners are currently reviewing the forecast deficit which is predominantly driven by the increased cost of care. The Integrated Care Board and Local Authority, who jointly fund the service, are discussing potential solutions to the financial risk. <p>Award Nominations: Walsall Together is a finalist in the following national awards</p> <ul style="list-style-type: none"> • Local Government Chronicle – Health and Social Care category • HSJ Digital Awards – Generating Impact in Population Health through Digital, and Reducing Health Inequalities through Digital • Municipal Journal – Care and Health category

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

Group Director of Place
(incorporating Care at Home)

Report to Trust Board Meeting to be held in Public on 17th April 2024

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 February 2024.

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 have been reviewed by the Walsall Together Partnership Board and across several Trust board sub-committees during March. A summary of the key performance indicators are included in Appendix 1. This is a condensed version of the report that has been produced in previous months; the full performance pack has been circulated to the sub-committees including the WT Partnership Board.

In addition, 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. A review of operational reporting is underway to reflect changes as a result of delegation and to give partnership members a more holistic overview of performance of all services in scope.

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

Capacity:

Locality Teams: The Locality Community Teams delivered 5,340 hours of care and met 93% of the demand in month.

Virtual Wards: The adult virtual wards continue to offer 80 virtual beds covering respiratory, heart failure, palliative care, hospital at home and frailty pathways. The service launched a new pathway in December for patients discharged onto a D2A pathway with the aim of ensuring that patients could continue to reside in their preferred place of care and reduce the level of readmissions. The pathway managed 29 patients in January. The pathway has managed 100 patients to date with a readmission rate of 8%.

Urgent Community Response: Over the winter period, Community services have seen an increase in referrals through the Care Navigation Centre requiring an urgent community response. This expected increase is as a result of collaborative work that Black Country community services is undertaking with WMAS.

Discharge & Step-Up Pathways: The level of patients awaiting discharge pathways 1-3 increased in February due to demand. The average number of patients for the month was 42 patients with a length of stay of 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. Commissioners are currently reviewing the forecast deficit for the service which is predominately being driven by the increased cost of care. The Integrated Care Board and Local Authority, who jointly fund the service, are discussing the financial risk and potential solutions, both for 2023/24 and 2024/25.

PLACE-BASED PARTNERSHIP DEVELOPMENT

Following the success of the HSJ Awards in November, Walsall Together are very proud to be finalists in the following national awards during 2024:

- Local Government Chronicle – Health and Social Care category
- HSJ Digital Awards – Generating Impact in Population Health through Digital, and Reducing Health Inequalities through Digital
- Municipal Journal – Care and Health category

The Partnership Board approved a paper in January 24 with a proposal for delegation of responsibilities from the Integrated Care Board. The current proposal builds on an earlier draft proposal submitted by Walsall Together in August 2023, including the desire for joint commissioning and providing, pooled budgets and population-based budgeting as a means to addressing poor outcomes within the challenging financial context.

The Integrated Care Board (ICB) has now released a draft Memorandum of Understanding (MOU), which sets out expectations for both Place-base Partnerships and the ICB as we move towards increased delegation of services and functions in 2024/25. The MOU is aligned to the approved governance arrangements in Walsall and desired direction of travel for delegation of increased responsibilities. It sets out values and behaviours to enable the continued development of Places as well as clear expectations on both sides. It is currently in a consultation phase across the system before a final draft is submitted to relevant governing bodies.

Partners have agreed several areas of focus to support the partnership through the next phase of delegation and the increased responsibilities that will come to the partnership from the ICB. Oversight and assurance of these focus areas will be given through the re-establishment of a Place Development programme, governed by the Walsall Together Programme Office with oversight at the Clinical & Professional Leadership Group and Joint Planning Group. These groups will provide assurance reporting into the Partnership Board and Place Integrated Commissioning Committee.

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

- Attendance at the NHS Confederation National Place Leads Forum on accountability and regulation, which identified significant progress made on data sharing in the Nottingham system.
- Supporting the design of an upcoming face-to-face National Place Leads Forum event in London in April 24. The event will have a strong focus on facilitating semi-structured and informal networking opportunities, and sharing of learning.
- We have participated in some research into return on investment from community and primary care interventions that are aimed at reducing inequalities.

COMMUNITY SERVICES AND PRIMARY CARE

Partners across Primary Care and Community Services started a significant strategic piece of work to integrate community services and primary care, including the integration of pathways that will better support the needs of our population. This will build on work to date including multi-disciplinary teams and will ultimately support the development of Integrated Neighbourhood Teams as described in the recently published Planning Guidance by NHSE.

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 Summary Operational Performance PowerPoint – Enclosure 12.2.1

ENC 12.2.1



Walsall Together Partnership Operational Update: March 2024

Stephen Jackson



Collaborating for happier communities

[Emergent] Score Card for WT Tiers – Tiers 1, 2 & 3



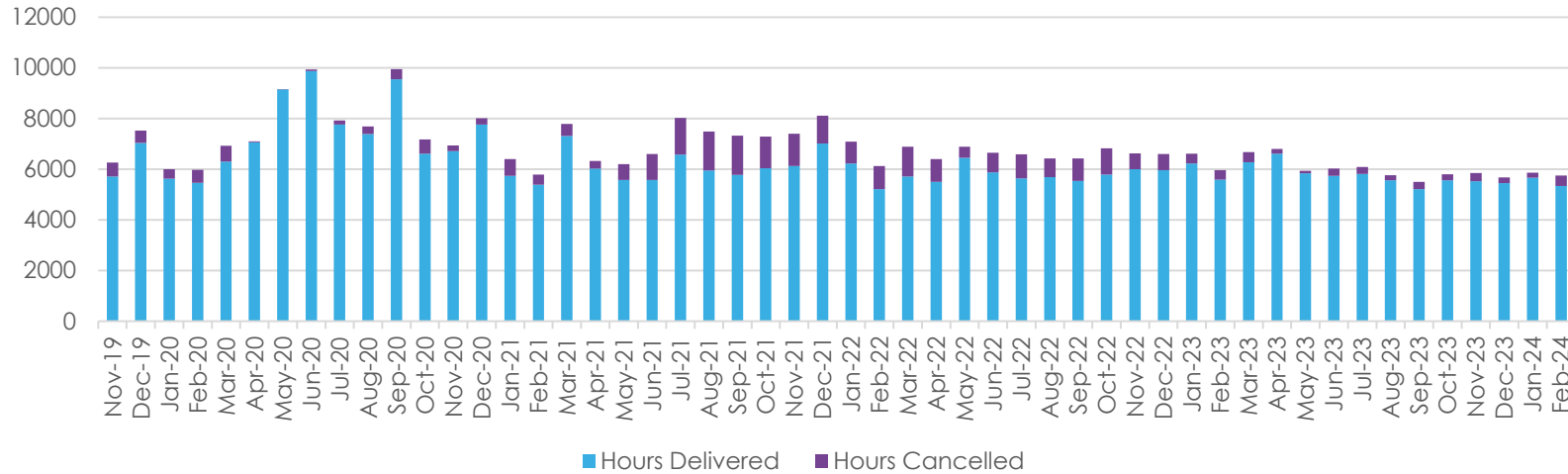
Tier	Activity in-month	Thresholds			Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Tier 1: Integrated Primary, Long Term Conditions Management, Social & Community Services																
Community Services	Hours delivered by Locality teams	<5525	5525-6500	>6500	6281.25	6608	5837.25	5739.5	5814.25	5561.5	5219.25	5558	5528.5	5455.75	5664	5339.5
	Hours cancelled by Locality teams	>1850	1147-1350	<1147	390.25	188.00	106.25	282.75	279.75	207.00	290.25	247.25	319.75	220.75	202.50	411.00
	% of hours demand unmet	>23%	20%-23%	<20%	5.85%	2.77%	1.79%	4.70%	4.59%	3.59%	5.27%	4.26%	5.47%	3.89%	3.45%	7.15%
Adult Social Care	Monthly Adult contacts completed by Team				1,250	1,066	1,167	1,209	1,147	1,178	1,126	1,215	1,094	1,054	1,312	1,170
Tier 2: Specialist Community Services																
ASC Safeguarding Concerns	Concerns received				321	303	335	364	351	328	318	361	328	295	367	374
	Concerns progressing to s42 enquiry				56	40	58	47	59	57	64	61	65	49	70	71
	% of concerns progressing to s42 enquiry				17%	13%	17%	13%	7%	17%	20%	17%	20%	17%	19%	19%
	Safeguarding cases in progress				52	58	55	93	76	57	59	48	70	28	43	59
Tier 3 : Interimmediate Care, Unplanned Care & Crisis Services																
Care Navigation Centre	Calls received	<435	435-512	>512	1232	1191	1272	1205	1153	1120	1120	1413	1368	1828	1878	1632
Rapid Response Team	Referrals received	<160	160-247	>247	325	269	292	251	280	281	319	345	324	348	413	379
	% admission avoidance	<73%	73%-87%	>87%	80.2%	83.3%	93.5%	100.0%	90.0%	70.1%	83.1%	92.5%	77.5%	90.5%	92.5%	88.9%
Medically Stable For Discharge	Average number of MSFD in WMH	>57.5	50- 57.5	<50	42.40	38.00	38.66	38.25	29.11	24.00	32.38	38.68	35.25	30.28	34.05	41.75
	Average number of days MSFD	>5.75	5.0 - 5.75	<5.0	2.6	2.5	2.7	2.95	2.92	2.50	2.43	3.27	2.39	2.11	2.19	3.10
Domiciliary & Bed Based Pathways	Domiciliary Pathways - Discharged ALOS	>25	21 - 25	21<	30	31	32	34	30	22	22	23	23	21	21	23
	Domiciliary Pathways - Average service users				285	283.2	281.5	259	244.2	241	241	217	213.5	224.6	262	257.5
	Bed-based Pathways - Discharged ALOS	>36	24 - 36	24<	40	40	38	37	30	25	25	25	21	33	39	31
	Bed-based Pathways - Average beds in use				76.6	67.7	67.75	61.25	67.2	70.5	70.5	68.4	72.5	72.6	87.75	81.5
Integrated Assessment Hub	Hospital Avoidance	20<	20-28	>28	194	199	206	180	213	185	213	223	193	206	240	195
	Prevent Readmission	35<	35-50	>50	17	8	5	6	2	7	5	8	0	4	14	5
	Early Supported Discharge	40<	40-54	>54	28	43	37	68	52	44	35	48	70	49	79	52
	Assisted Discharge	35<	35-50	>50	64	34	52	105	54	45	20	23	14	20	12	36

Tier 1:

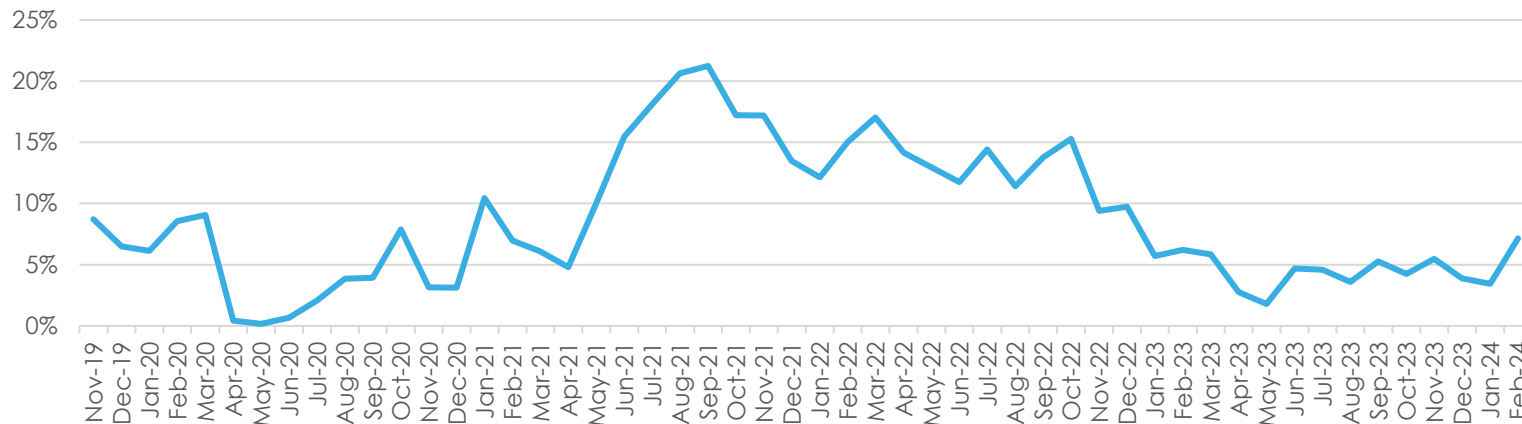
Community Nursing Capacity and Demand:



Delivered vs Cancelled



Unmet Demand



The Locality Teams delivered 5,340 hours during February 2024. The number of cancelled hours increased compared to the previous month.

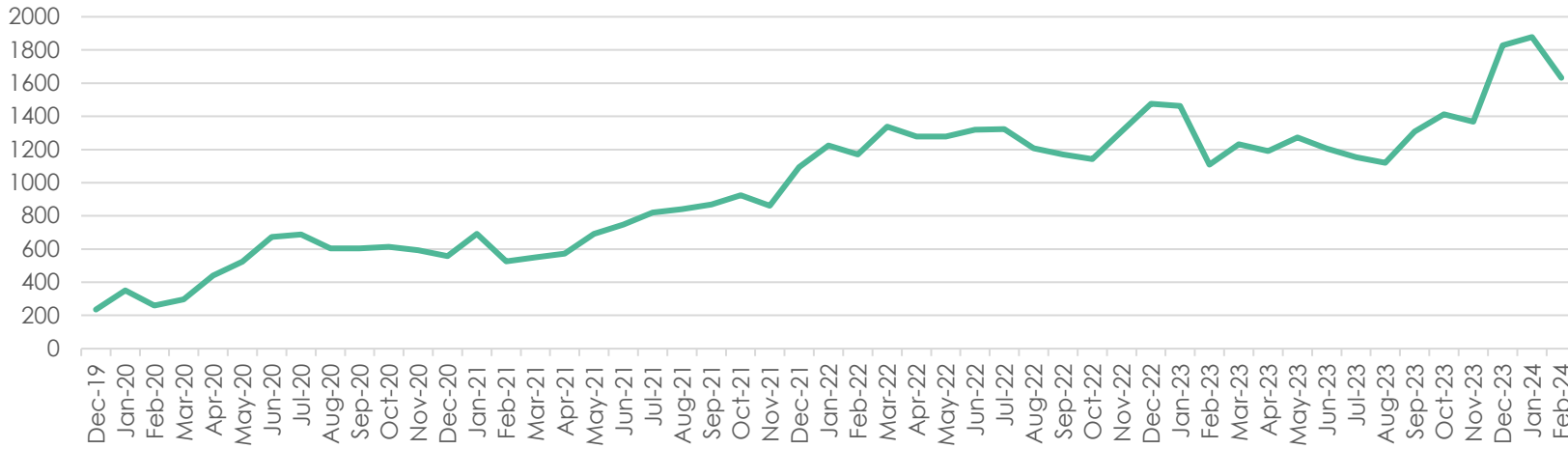
The improvement in both hours delivered and cancelled is a result of further recruitment and mitigation measures to ensure that cancellations are kept to a minimum.

Last updated : March 2024

Tier 3: Care Navigation Centre (CNC):



CNC Referrals



Number of referrals not accepted due to capacity



The CNC received the services highest level of referrals in February 2024.

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

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

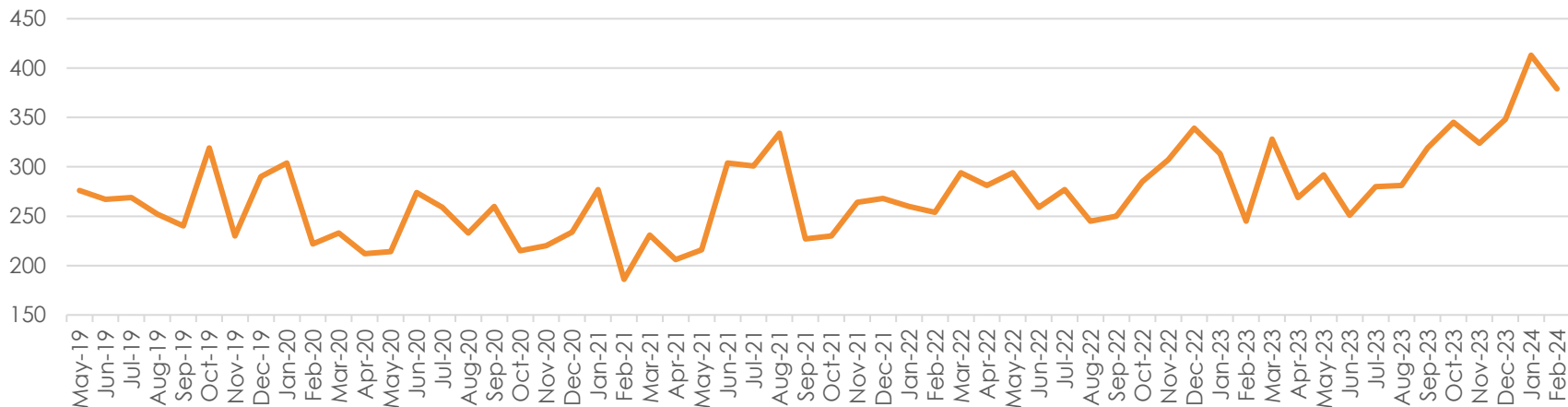
Additionally, a 999/111 SPA has been implemented through CNC for ED divert into FES, AEC, SACU and Gynae Early pregnancy services.

Last updated : March 2024

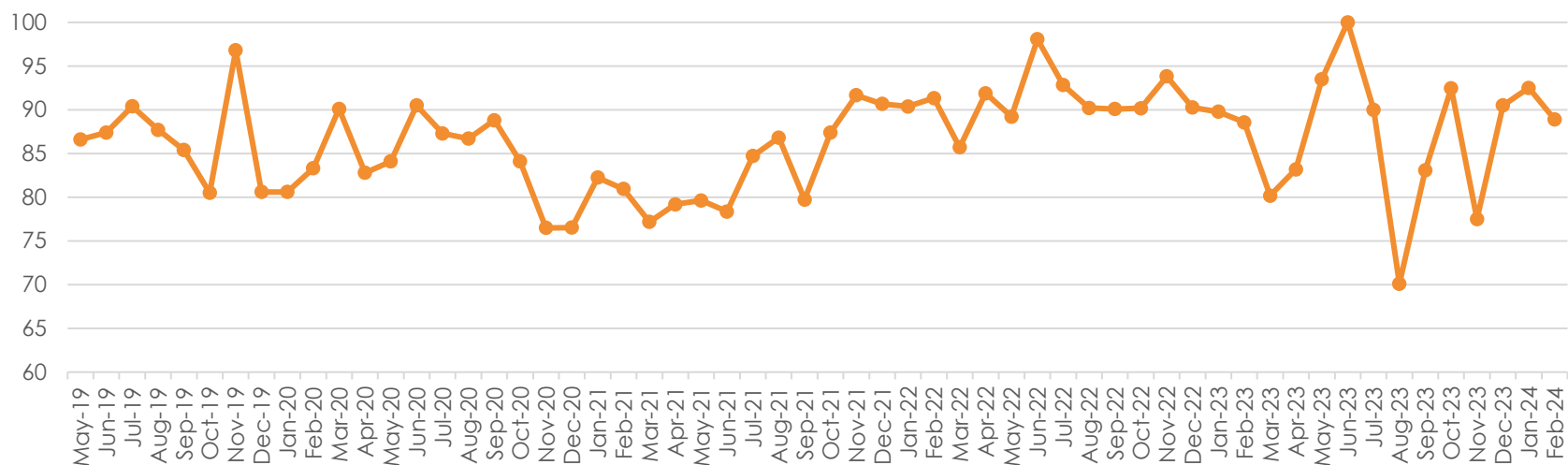
Tier 3: Rapid Response



Referrals to Rapid Response



% Admission Avoidance



Rapid Response is visible to NHS111 and WMAS as a direct referral / call disposal route for clinical and non-clinical referrals.

Rapid Response received 579 referrals in December. These are patients with acute exacerbation of symptoms requiring an urgent intervention to potentially prevent a hospital admission. Rapid Response intervention led to 91% of patients avoiding an admission (515).

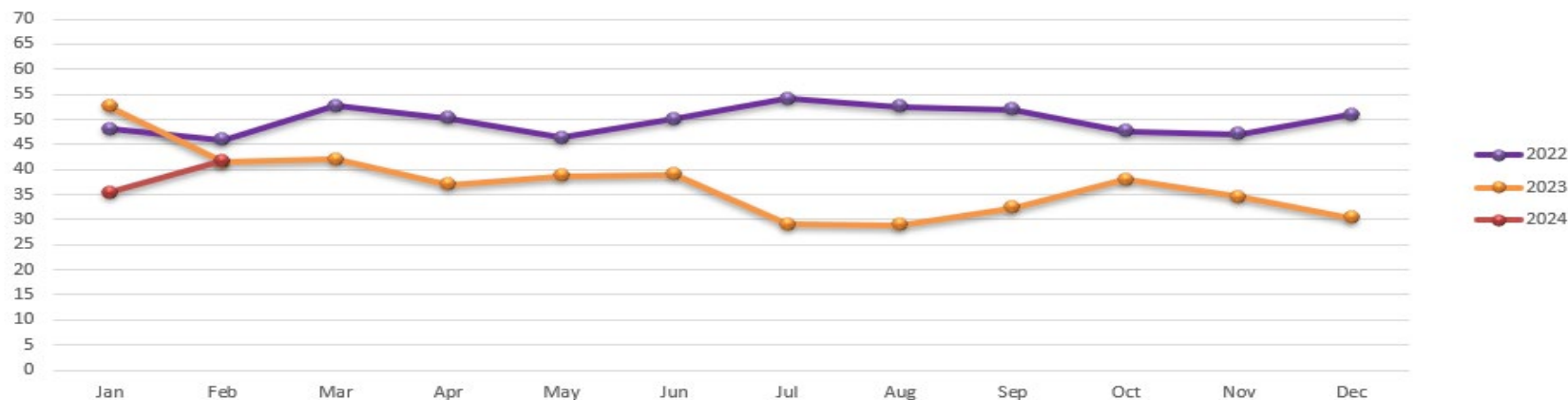
The continuing expansion of our collaboration with WMAS and subsequent increases in referrals has necessitated a review of the operational hour of Rapid Response. It has been established that the service would benefit from moving to a 24/7 model. A project has therefore commenced to merge UCR teams with Rapid Response to expand the operational hours. This project will be completed by the end of the financial year.

Note : Changes in transition from Rapid Response to Urgent Community Response

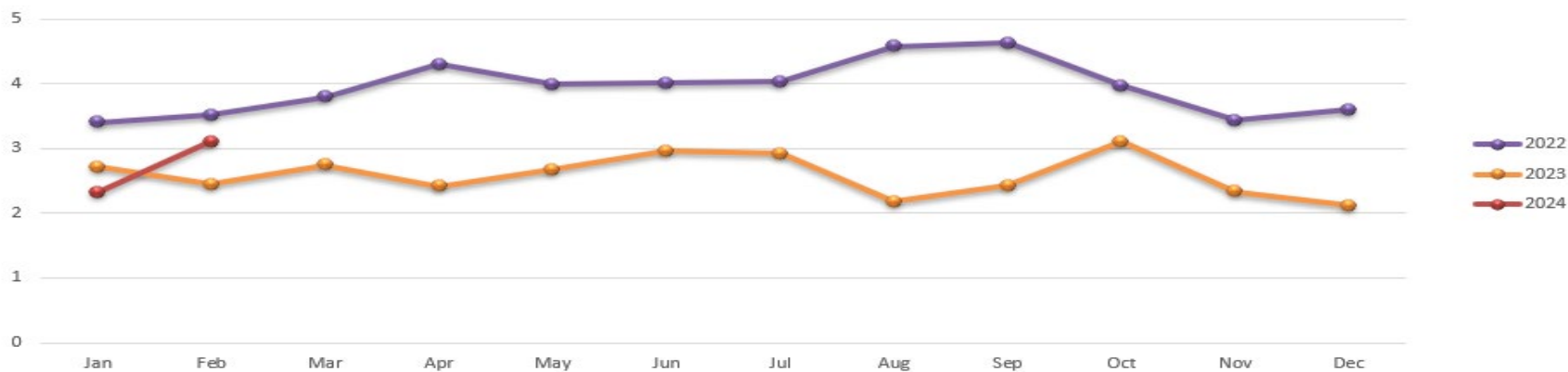
Last updated : March 2024

Tier 3: Medically Stable for Discharge (MSFD): the numbers of patients averaged 41 patients during February 2023

Medically Stable for Discharge - Average Number Patients on List



Medically Stable for Discharge - Average Number of Bed Days



The number of patients on the MSFD list averaged 41 patients during February 2024 with the average length of stay maintained at an average of 3 days demonstrating good flow.

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

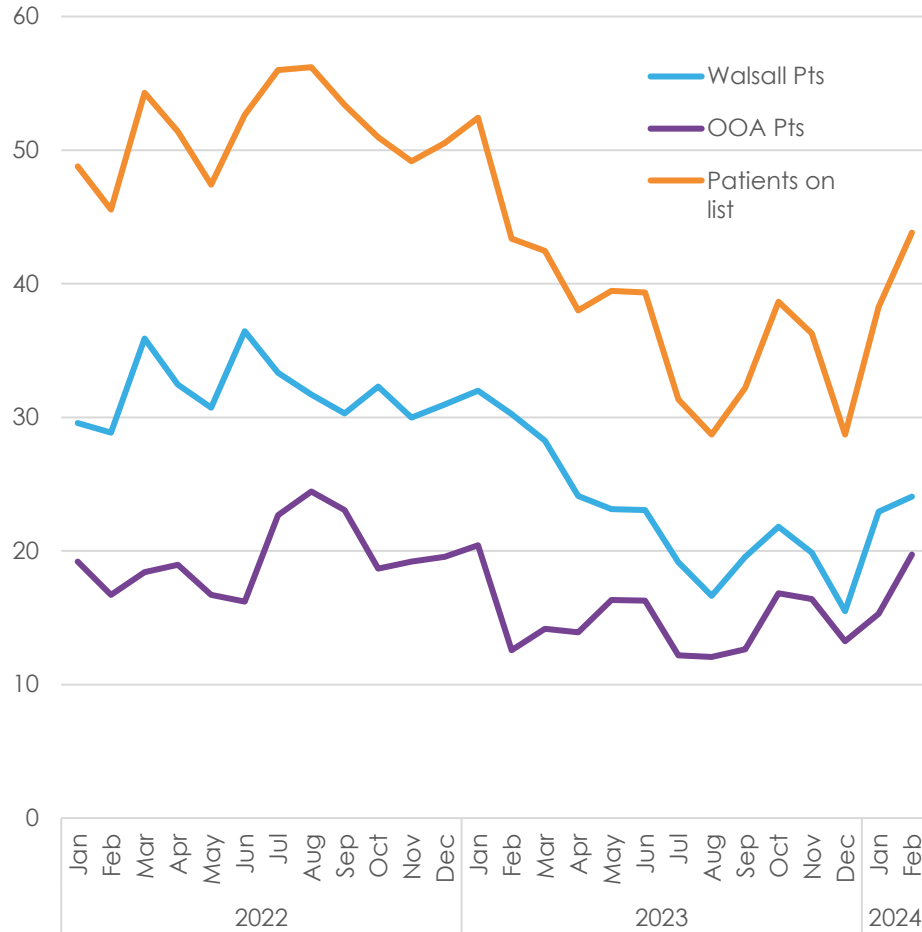
The Intermediate Care Service has also started to pilot a light touch assessments of patients meeting specific criteria in pathway one to enable a full supported assessment in their own home. This enables a more accurate assessment of their needs.

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

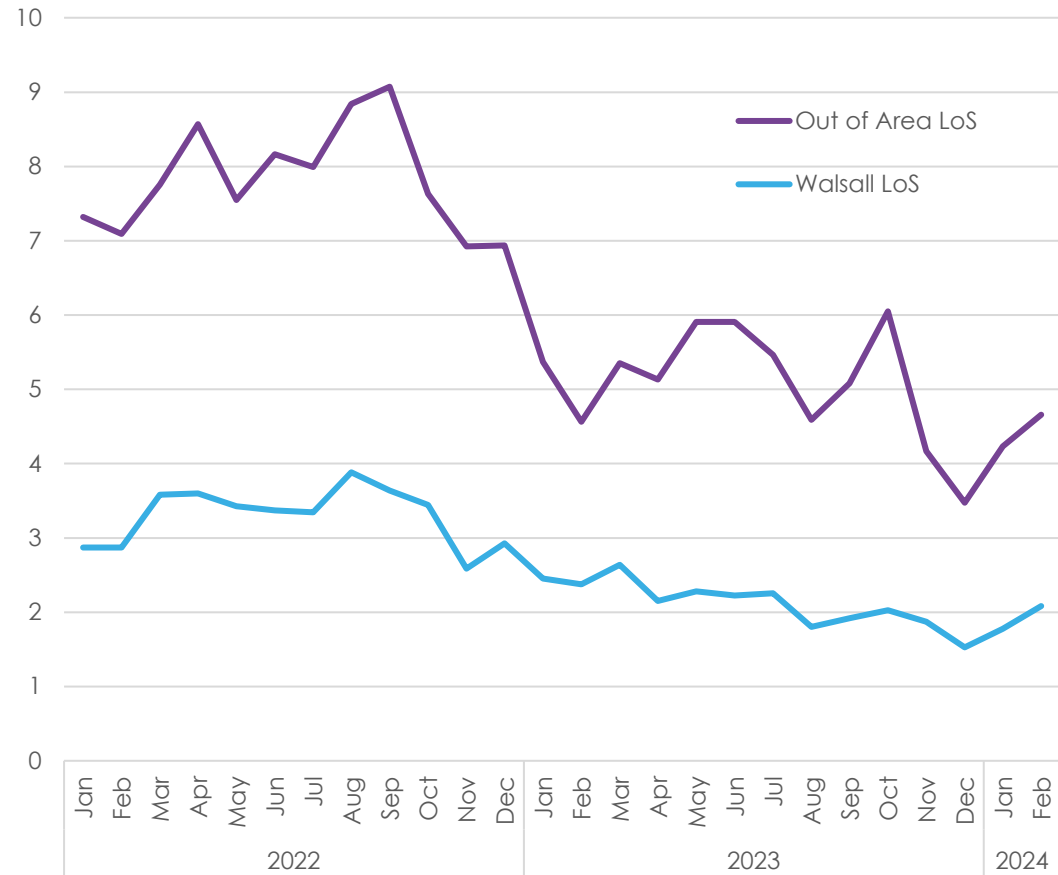
Last updated: January 2024

Tier 3: Medically Stable for Discharge (MSFD): Walsall vs Out of Area

Average Number of Patients on List

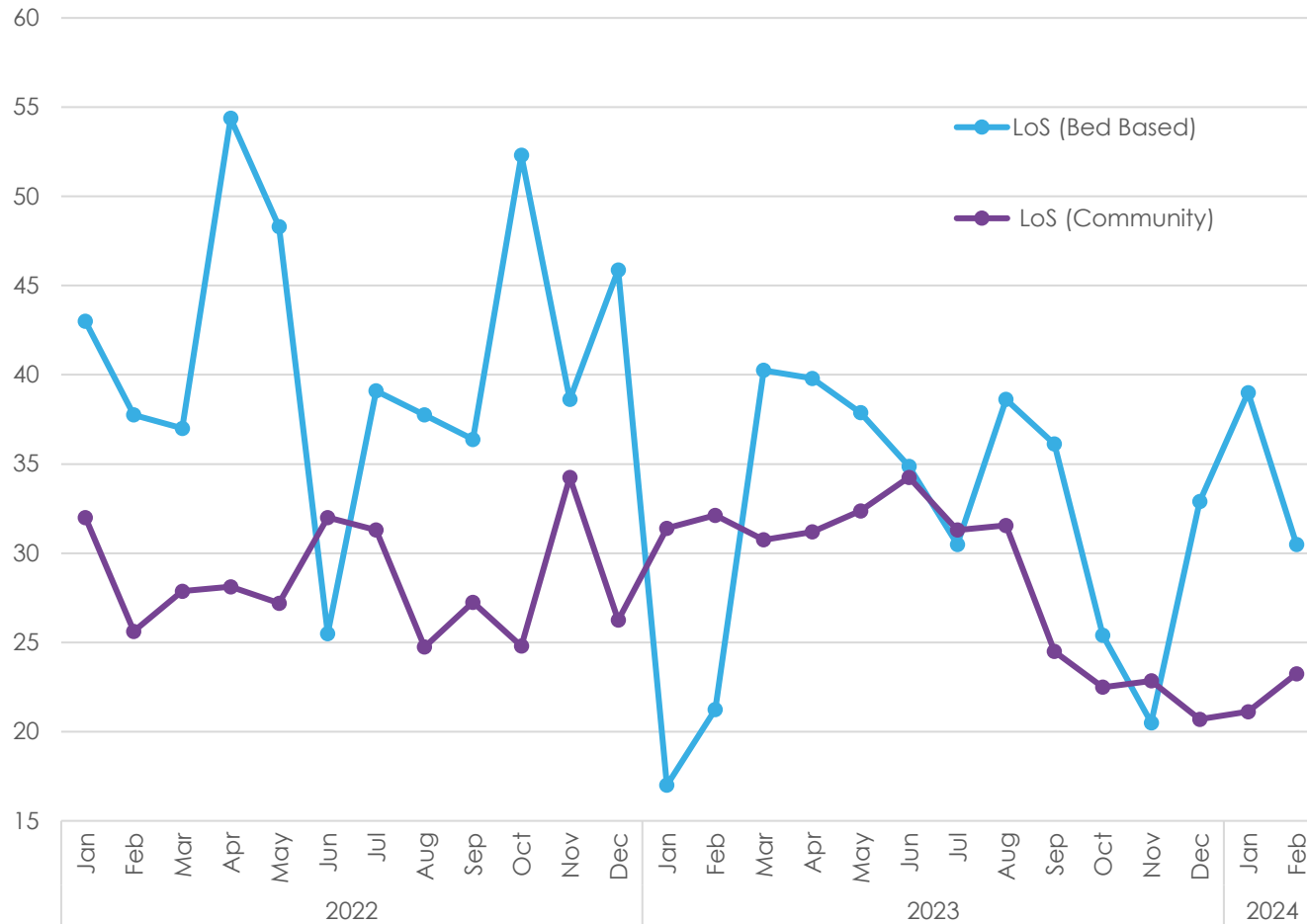


Average Length of Stay (LoS)



Last updated: March 2024

Tier 3: Domiciliary and Bed-Based Pathways



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

Last updated : March 2024

Tier 3/4: Integrated Assessment Hub:



IAH



Integrated Assessment Hub

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

Last Updated : March 2024

Tier 3/4: Virtual Wards



Virtual Ward	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
ARI Virtual Ward	45	31	29	45	38	38	33	30	42	40	36	54	46
Heart Failure Virtual Ward	17	15	13	22	14	13	5	Ceased from 01/09					
Palliative Care Virtual Ward	15	29	24	30	30	25	21	31	30	33	42	27	17
Hospital @ Home Virtual Ward (Commenced Dec 2022)	13	9	30	37	46	50	53	57	36	32	43	46	43
Frailty Virtual Ward	8	9	15	15	26	27	30	27	44	37	42	47	29
D2A Virtual Ward (Launched Nov 2023)										34	35	29	30
TOTAL	98	93	111	149	154	153	142	145	152	176	198	203	165

**Paper to the Trust Board Meeting - to be held in Public
17 April 2024**

Title of Report	Finance & Productivity Committee - Chair's Report	Enc No: 10.1
Author:	Paul Assinder	
Presenter:	Chair of Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	20th March 2024	

Action Required of Committee/Group			
Decision	Approval	Discussion	Received/Noted/For Information
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"/>

Recommendations:

The Board are asked to note the contents of this summary report

ALERT

2024/25 Financial Recovery Plan

The Trust continues to work closely with colleagues from across the Black Country System and with national advisers to develop a final recovery plan for 2024/25 and beyond.

The Board will wish to note the immensely challenging nature of this plan. All modelling suggests that, even if challenging savings targets are achieved, the trust will continue to operate in deficit during 2024/25 and that external cash flow support will be required from Q1 onwards.

The 'efficiency ask' for Walsall is likely to exceed £26.5m or 6% in 2024/25. The meeting noted that to date schemes of £14.1m had been scoped.

The F&P Committee intends to reconvene to consider final plans in greater detail prior to our next Board meeting.

Business Cases

Black Country Trusts are now largely dependent upon approval by a system level ICS Investment Group to approve any additional expenditure. Notwithstanding this, the Trust's planning processes continue in situ and the Committee was invited to consider various business cases for consideration by the Board for forward submission to the ICS Group. The following were considered and endorsed for Board consideration:

- Pharmacy Establishment Review**
 By recruiting substantively, this scheme would reduce overall cost (agency premia) and is a

response to a CQC Section 29 notice.

- **Enhanced AHP input to Walsall Neonatal Services**
This is a service quality requirement to support women in the Borough. It is recognized if new funding cannot be identified, new staff may be recruited on a 'one in one out' basis.
- **Acute Paediatrics Medical Staffing**
By recruiting substantively, this scheme would reduce overall cost (agency premia).

ADVISE

Financial Performance 2023/24

Following a late receipt of additional income, allocated to NHS trusts nationally via ICBs, the Trust is recording a deficit of £11.3m at the 29th February but forecasts a final deficit of c£3m at year end. The Board will note the stretched pressure on services during the winter from neighbouring ICS' for which income of c£7m has not been directly received

The Trust has incurred additional costs associated with industrial action of c£4.1m to date – national funding of £1.2m has been received to mitigate this.

The Trust has sufficient working capital (following the allocation of new income) to manage out the financial year.

The wider Black Country System (ICS) is reporting a deficit of c£21.2m (after new income) at Month 10 end.

Efficiency

Schemes of £15.2m have been identified against the annual stretched target of £17.2m. However forecast outturn is only £14m. Of this £14m c40% is non recurrent and will need to be replicated or replaced in 2024/25.

ASSURE

Performance against standards and targets

Walsall, in common with other local trusts, has been under enormous pressure this year but has maintained performance standards that are a credit to all staff. The Trust continues to meet the majority of elective waiting times standards and its emergency & urgent care performance is amongst the best in England.

Staffing pressure points in endoscopy, clinical measurement etc are being successfully mitigated and this is closely monitored by the Committee.

Implications of the Paper

**Changes to BAF
Risk(s) & TRR Risk(s)
agreed**

Is Risk on Risk Register: Yes No

	Risk Score (if applicable):		
Compliance and/or Lead Requirements	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"> Embed a culture of learning and continuous improvement Prioritise the treatment of cancer patients Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations 		
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> Be in the top quartile for vacancy levels Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing Improve overall staff engagement Deliver improvement against the Workforce Equality Standards 		
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> Develop a health inequalities strategy Reduction in the carbon footprint of clinical services by 1 April 2025 Deliver improvements at PLACE in the health of our communities 		
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> Improve population health outcomes through provider collaborative Improve clinical service sustainability Implement technological solutions that improve patient experience Progress joint working across Wolverhampton and Walsall Facilitate research that improves the quality of care 		
Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes <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:
Any Changes to Workplan to be noted	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

None

ACTIVITY SUMMARY

Matters presented for information or noting

As above

Chair's comments on the effectiveness of the meeting:

Paper to the Trust Board Meeting – to be held in Public
17 April 2024

Title of Report:	Group Chief Finance Officer Report	Enc No: 13.2
Author:	Dan Mortiboys, Operational Director of Finance	
Presenter/Exec Lead:	Kevin Stringer, Group CFO	

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 type="checkbox"/>

Recommendations:

The Board is asked to note the contents of the report

Implications of the Paper:

Risk Register Risk	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"/>		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	The Report summarises the overall financial position of the Trust at Month 11		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: The Trust has a statutory duty to breakeven
	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:
CQC Domains			
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 20 March 2024 PF Committee
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Trust Management

Committees		Committee 21 March 2024
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Summary of Key Issues using Assure, Advise and Alert
<p>Assure</p>
<p>Advise</p> <p>The Trust is forecasting to spend all operational capital (c£9.5m) by the end of the financial year.</p>
<p>Alert</p> <p>The Trust is reporting a YTD deficit of £11.265m at the end of Month 11. The Trust has a full year outturn target of £3.005m deficit, so is currently £8.260m adverse to full year plan.</p> <p>All Trusts were asked by NHSE nationally to provide a full year 2023/24 outturn forecast in November. The Trust engaged with the ICB and a forecast of £27.95m was agreed. The forecast includes a £4.5m stretch. NHSE advised all providers to assume no further industrial action. In February NHSE passed further income to the ICB and Walsall was allocated a further £24.782m from the NHSE allocation and then a further £0.135m from the ICB. This resulted in a forecast (assuming no impact of industrial action) of £3.005m</p> <p>The Trust has reported to the ICB that it is currently unable to find a route to achieve the stretch and will therefore be off plan by £4.5m. In addition there has been further industrial action. While the Trust has received further industrial action funding, this is insufficient to cover the anticipated costs and income loss. At month 11 this pressure was anticipated to be c£2.9m. However, further work is taking place to re-appraise this in light of actual payments claimed and latency in coding.</p> <p>Excluding technical adjustments, there remains a £3.2m shortfall in CIP plans.</p> <p>The Trust has ended the financial year with sufficient cash and is currently working with NHSE to secure cash revenue support for Q1 24/25.</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"> • Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> • Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> • Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Paper to the Trust Board Meeting - to be held in Public
17 April 2024

Title of Report	Quality Committee	Enc No: 13.3
Author:	Professor Louise Toner	
Presenter:	Professor Louise Toner	
Date(s) of Committee/Group Meetings since last Board meeting:	23 rd February 2024 22 nd March 2024	

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 checked="" 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			
<i>Implications of the Paper</i>			
Changes to BAF Risk(s) & TRR Risk(s) agreed	None if none. Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trusts compliance with CQC standards
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: : Contribution to the Trusts compliance with NHS Oversight Framework Requirements
	Health & Safety	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: : Contribution to the Trusts compliance with Health and safety Standards
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details: : Contribution to the Trusts compliance with legal frameworks
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
Links to Trust Strategic Aims & Objectives			
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> Embed a culture of learning and continuous improvement Prioritise the treatment of cancer patients Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations 		
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> Be in the top quartile for vacancy levels Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing Improve overall staff engagement Deliver improvement against the Workforce Equality Standards 		
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> Develop a health inequalities strategy Reduction in the carbon footprint of clinical services by 1 April 2025 Deliver improvements at PLACE in the health of our communities 		
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> Improve population health outcomes through provider collaborative Improve clinical service sustainability Implement technological solutions that improve patient experience Progress joint working across Wolverhampton and Walsall Facilitate research that improves the quality of care 		

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

EXCEPTION REPORT FROM QUALITY COMMITTEE CHAIR

ALERT

- Improvement notice received following a CQC Ionising Radiation (Medical Exposure Regulations (IR(ME)R) inspection – this relates to the oversight and maintenance of equipment, namely 2 digital x-ray machines. Actions are taking place following consideration by the Capital Review Group. The Trust has 3 months to comply.
- Compliance with meeting the target for Level 3 safeguarding training remains with new resources coming on stream to support online course delivery.
- VTE Compliance 84.60% for inpatients and 75.52% in ED
- 7 C Diff cases reported February 2024 of which 2 were deemed avoidable. Range of actions are in progress.
- Duty of Candor – of 48 incidents in Q4, only 35% of DOC1 completed within the required 10 days and 43% against all completed reports
- There are 166 incidents open across the Trust with 119 exceeding the schedule date for completion
- There are 3309 incidents deemed to be in the near miss to Low Harm category that remain open for review or sign off which is an increase of 180 from the last report.
- The stillbirth rate has increased from 2.72:1000 (April 2023) to 4.16:1000 (April 2024) the target is 3.2:1000. LMNS report awaited following an increase in stillbirths across the Black Country.
- Increase in Perinatal Mortality from 3.03/100 to 4.7/1000
- Concerns have been raised re the culture within maternity services – a range of actions are underway.
- Maternal death notification sent to MBRACE – the woman was from out of area.

ADVISE

- Diagnostic Challenges, particularly in the areas of Endoscopy, MRI and Obstetric Ultrasound, together with histopathology delays continue to impact on waiting times. Endoscopy is expected to recover by the end of June 2024 and MRI with the opening of the Community Diagnostic Centre, but sonography remains a challenge.
- Increase in referrals to the Care Navigation Centre, Rapid Response Teams and the Integrated front door teams continue to significantly support admissions avoidance
- Lack of inanimate load handling training remains a gap for mainly porter, waste operatives and community workers who undertake repetitive non patient handling.
- Pressure on ED from the numbers of mental health patients continues and there is no agreement in place with Black Country Healthcare for Psychiatric Assessment
- Falls and Pressure Ulcers increased this month - associated education, training and documentation changes are in place to assist in reducing
- Patients on an incomplete cancer pathway are waiting in excess of 62 days
- Walsall ED has seen a significant increase in attendances over winter and together with more ambulances from out with Walsall being intelligently conveyed to Walsall Manor is a risk to

the trust both in terms of performance and finances.

- Sepsis performance has improved in ED with 91.11% of patients receiving antibiotics within one hour whilst the inpatient position has deteriorated with only 66.67% given antibiotics in the first hour. In respect of paediatrics there were 2 instances where the 1-hour target was not met - antibiotics administered at 66 and 63 minutes – due to difficulties with cannulation. A Sepsis matron is now in post.
- The Trust is on track to meet full compliance with the Data Security and Protection Toolkit.
- Issues and incidents identified with HSDU have resulted in a working group being established to review processes within Theatre and HSDU.

ASSURE

- Following the attempted abduction of a baby from the Neonatal Unit at RWT, WHT has undertaken a number of mock abductions in maternity, neonates and paediatrics resulting in useful lessons learnt and action plans developed.
- Midwifery Led Unit and refurbished Bereavement Suite both now operational
- 1:1 care in Labour has been maintained at 100%
- 81.5% of patients with a confirmed cancer diagnosis were treated within 62 days
- The Trust is exceeding the targets in respect of the 28-day Faster Cancer Diagnosis standard with 83.5% of patients receiving their diagnosis within this timeframe
- There were no patients waiting more than 78 weeks – the trust has achieved this national standard for the past year
- The Trust is on track to have no patients waiting over 65 weeks by the end of March 2024
- 91.9% of patients of Ambulance handovers took place within 30 minutes

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

- Health Visiting staffing remains low, a national issue, however all statutory requirements are being met and new roles have been introduced to support Health Visitors.
- Ward 16 were awarded Sapphire accreditation. Overall themes from the accreditation process are gathered and shared across the Trust.

- **Two business cases were discussed and approved in light of the associated quality and safety concerns:**

Case 1 – Pharmacy Establishment Review – this issue has been ongoing since the CQC visit in October 2022 and the subsequent Section 29A Notice and relates to 3 risks on the Risk Register – 2737, 2929 and 31662. It is acknowledged that a great deal of work has been undertaken to improve the situation, however, in the absence of a funding route to increase the pharmacy workforce the continuation of temporary staffing is essential to mitigate the clinical risk.

Case 2 - Expansion of the General Surgery Non-Consultant Workforce Medical Workforce – this case has 11 Corporate risks associated with it and reflects the increased demand post covid for general surgery with no corresponding increase in workforce and capacity. An additional 154 outpatient slots per week are required to meet the demand and enable the Trust to comply with the 18-week RTT standard. Therefore, the business case proposes funding for 15 WTE posts to mitigate the clinical risk until a funding source is available or to approve the reduction in general surgery elective activity with the associated

risks and potential harms.

- The revised Terms of Reference were approved.

ACTIVITY SUMMARY

Presentations/Reports of note received including those Approved

Constitutional Standards and Acute Service Restoration and Recovery Report
 Performance Constitutional Standards report for Community.
 Safe High Quality Care Report
 Maternity Services Update
 Serious Incident Update
 Safeguarding Update
 IPC Annual Update
 Health and safety Steering Group Report
 Controlled Drugs Annual Report
 Governance and Risk Management Assurance Enabling Strategy
 Corporate Risk Register Quality
 104- day Harms Report
 Recall Project
 Medicines Safety Officer Report
 Data Security & Protection Toolkit (DSPT) Baseline Submission and Action Plan
 Patient safety Report
 CQC Action Plan Update
 Business Cases:
 Pharmacy Establishment Review
 General Surgery Non -Consultant Grade Medical Workforce Establishment
 Quarter 3 Clinical Audit and Effectiveness Report
 Committee Cycle of Business
 Terms of Reference
 Board Assurance Framework
 Quarter 3 CQIN Report (Exceptions)
 Quality Report Urology

Matters presented for information or noting

Nothing in addition to the above.

Chair's comments on the effectiveness of the meeting:

The meeting ran a little over time, but some good discussion took place regarding a range of key issues.

Chairs Summary Log for Trust Board April 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> Improvement notice received following a CQC Inspection - Ionising Radiation (Medical Exposure Regulations (IR(ME)R) Increase in Perinatal Mortality from 3.03/100 to 4.7/1000 	<ul style="list-style-type: none"> Complex Patient Recall Project - Phase 1 PNE has been concluded. The PNE has been extended to phase 2 for hand and wrist patients
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> 1:1 care in labour 100% 28-day Faster Cancer Diagnosis achieved By end of March 2024 on track for no patients attending over 65 weeks 91.1% Ambulance Handovers were within 30 minutes 	<ul style="list-style-type: none"> To support the 2 business cases presented in respect of: <ul style="list-style-type: none"> ➤ Pharmacy Establishment Review ➤ General Surgery Non-Consultant Grade Medical Workforce Establishment. To maintain a Quality Committee meeting at RWT and WHT but look to have some joint papers with Trust specific elements. To provide 1 Quality Committee report to Trust Board that is reflective of both meeting that occur between Boards To review the frequency of the Quality Committee Meetings Review the committees that feed into the Quality Committee to enable the Quality Committee to enable a focus on specific areas

Paper to Trust Board Meeting – to be held in Public
17th April 2024

Title of Report:	Chief Nursing Officer Report	Enc No: 13.4
Author:	Caroline Whyte – Deputy Chief Nursing Officer caroline.whyte3@nhs.net	
Presenter/Exec Lead:	Lisa Carroll – Chief Nursing Officer lisa.carroll5@nhs.net	

Action Required of the Board/Committee/Group

Decision	Approval	Discussion	Other
Yes <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:
To note the contents of the report.

Implications of the Paper:

Risk Register	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Title: 2587 - Risk of staff harm due to insufficient numbers of staff fit mask tested on two different masks – score 9. 2601 - Sepsis/deteriorating patient identification, assessment, and treatment of the sepsis 6. 3043 - Suboptimal paediatric nursing ratios – score 16 3061 - CYP and adults with learning disabilities are not receiving care in line with local and national best practice standards – score 12		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	Workforce: agency costs for paediatric nurses, pending business case allocation of funds.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <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
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		
Equality and Diversity Impact	None identified within the report		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: TMC 21/03/2024
	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 was 3.55 in February 2024.
- The timeliness of observations for February 2024 was 86.68%, including ED, and the compliance, excluding ED, was 90.69%.
- Within the Emergency Department 91.11% of patients received antibiotics within the first hour.
- Mock infant / child abductions took place in paediatrics, neonates and maternity in February 2024 following an attempted abduction at a neighbouring trust.

Advise

- For adult inpatients, 66.67% received antibiotics within the first hour in February 2024.
- The nursing and midwifery vacancy rate is just above 4% in January 2024.
- The occupational health team has identified staff who are not vaccinated against measles and are offering the MMR vaccine.
- The Infection Prevention & Control team have developed a process for contact tracing and administration of immunoglobulin for clinically high-risk patients/visitors in the trust who may come into contact with a measles case.
- A bank usage task and finish group has convened, to review the application of bank rates and support the reduction in the use of temporary workforce in clinical areas.

Alert

- A total of 7 *C. diff* toxin cases were reported in February 2024.
- Level 3 adults and children's safeguarding training remains below the Trust target, although an upward trend is evident.

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

Excel in the delivery of Care

- Embed a culture of learning and continuous improvement

Support our Colleagues

- Be in the top quartile for vacancy level

Effective Collaboration

- Improve population health outcomes through provider collaborative
- Improve clinical service sustainability
- Implement technological solutions that improve patient experience
- Facilitate research that improves the quality of care

Title of Report

Report to Public 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.

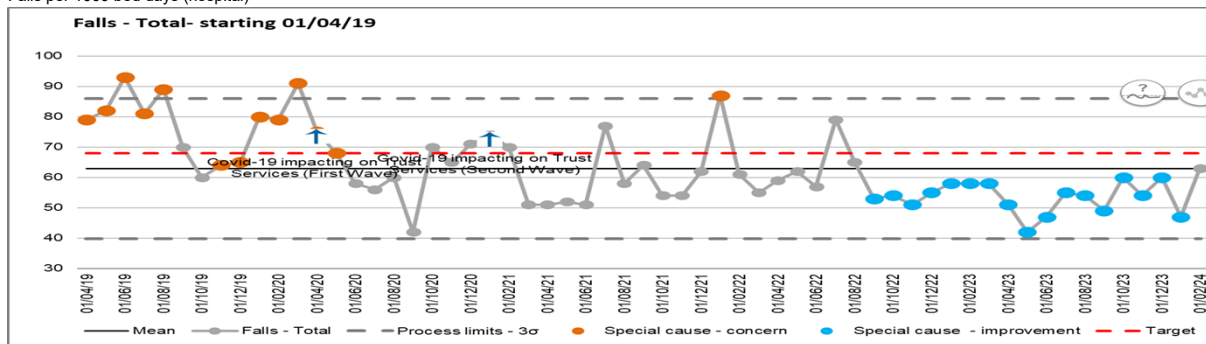
BACKGROUND INFORMATION

1.0 Quality

1.1 Falls

- The number of Trust falls recorded for February 2024 was 63, an increase from 47 in January 2024.
- Falls per 1000 bed days was 3.55 in February 2024, an increase from 2.52 in January 2024. The Royal College of Physicians' mean average performance of 6.1 falls per 1000 occupied bed days has been achieved continuously for the past 35 months.

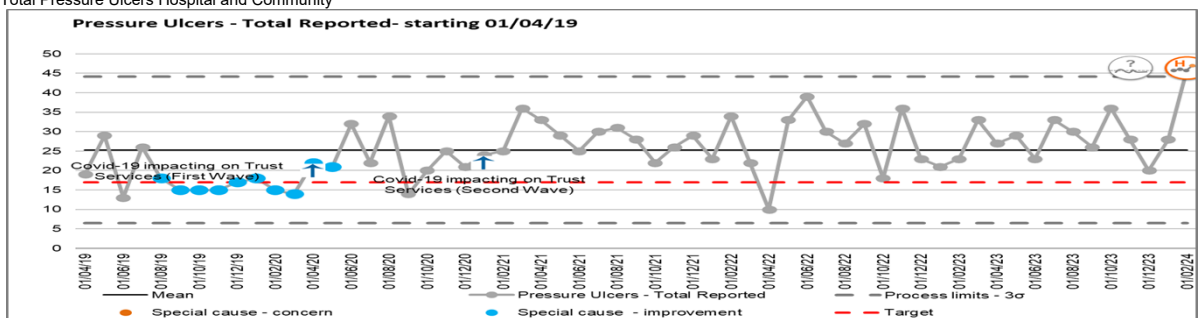
Falls per 1000 bed days (hospital)



1.2 Tissue Viability

- February 2024 data demonstrates an increase of reported pressure ulcer incidents across the Trust..
- There are 42 rapid reviews outstanding across hospital and community (19 of which are for February 2024); therefore, these figures are expected to decrease once rapid reviews are completed.

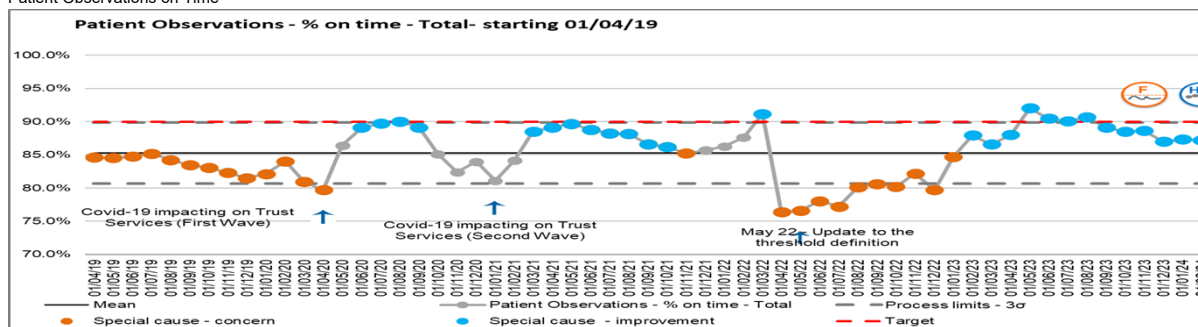
Total Pressure Ulcers Hospital and Community



1.3 Observations on Time

- The timeliness of observations for February 2024 was 86.68% (January 2023 87.33%), including ED and the compliance was 90.69% in February 2024 (91.40% January 2024), excluding ED.

Patient Observations on Time



1.4 Clinical Accreditation Scheme

- Nineteen wards have been reviewed since April 2023
- Both Goscote Hospice and Ward 16 have been awarded Sapphire accreditation.

1.5 Deteriorating Patients

- A sepsis matron has been recruited to post.
- As of February 2024, 62.3% of clinical staff have completed the NEWS2, Royal College of Physicians e-Learning package (57% in January 2024).

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.

Trust Overall – Audit Compliance

	CARE OF THE DYING	CATHETER AUDIT	CONTINENCE	DETERIORATING PATIENT & SEPSIS	DOCUMENTATION	ENVIRONMENT	FALLS & DECONDITIONING	IPC	MEAL SERVICE	MEDICINES MANAGEMENT	MUST	NUTRITION & HYDRATION	ORAL CARE	PAIN MANAGEMENT	PATIENT EXPERIENCE	TISSUE VIABILITY
2023 Average	94.8%	85.3%	83.6%	94.9%	90.9%	93.9%	88.3%	95.4%	69.7%	94.2%	30.7%	89.8%	91.5%	93.6%	95.6%	92.1%
JANUARY	92.2%	89.4%	82.6%	95.7%	89.9%	93.3%	87.8%	93.4%	84.8%	94.1%	N/A	89.8%	91.5%	94.3%	95.4%	89.8%
FEBRUARY	91.9%	90.9%	86.7%	99.0%	88.4%	92.0%	92.1%	94.4%	95.5%	94.7%	86.2%	93.0%	86.1%	91.6%	96.4%	92.1%

1.7 Medicines Management

- 122 medication incidents were reported in January 2024.
- Incidents were reported as: near misses (n=25); no harm (n=74); low harm (n=22); 1 incident caused moderate harm; 0 severe harm incidents.
- Ward storage audits - average score of 95%.
- A total of 10 Controlled Drug (CD) incidents were reported in January 2024
- 11 CD audits were completed by the pharmacy in January 2024; average compliance was 81% (84.5% in December 2023).
- Themes for improvement continue to be documentation within the CD register, signing receipt of receiving controlled drugs and twice daily stock checks.

1.8 Infection Control - Clostridioides difficile (C. diff) and measles

- A total of 7 C. diff cases were reported during February 2024, following review of the cases 2 cases were deemed avoidable, and 5 cases unavoidable.
- A period of increased incidents has been identified on Ward 5 where 3 cases have been reported in a 28-day period, ribotyping has been requested and results are awaited.

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	5	7	5	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	64	71	76	83
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- Community prevalence of measles in England has increased, as it has globally, with large outbreaks currently underway in multiple countries.
- The occupational health team are identifying staff who are not vaccinated against measles and are offering the MMR vaccine.
- The IPC team have developed a process for contact tracing and administration of immunoglobulin for clinically high-risk patients/visitors in the Trust who may come into contact with a measles case.

1.9 Patient Experience

- Complaints - 53 complaints received in February 2024. 91% of complaints were responded to in the agreed timescale (86% in January).
- Friends and Family - In-patient recommendation continues to be challenging in terms of consistency and meeting the 92% target for quarter 4 end. Currently averaging 88/89%. Trust wide recommendation considering all touch points is currently 90%.

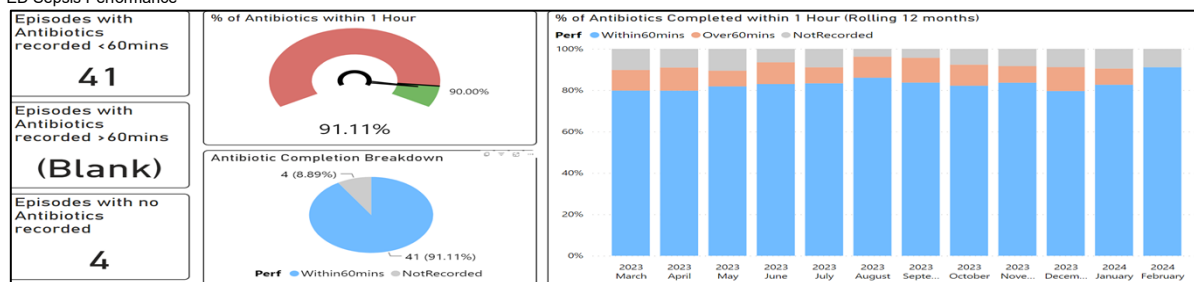
1.10 Adult and Children's Safeguarding and Associated Training

- Current Training Compliance – adult and children's levels 1 and 2 remain above the Trust target.
- Adult Safeguarding Level 3 = 83.81% (83.24% December 2023).
- Child Safeguarding Level 3 = 80.20% (79.24% December 2023).
- Further review has taken place to work through staffing competencies, ensuring staff roles align with the intercollegiate guidance. This was discussed in the safeguarding committee in February 2024, and a formal paper is due to the safeguarding committee in March 2024

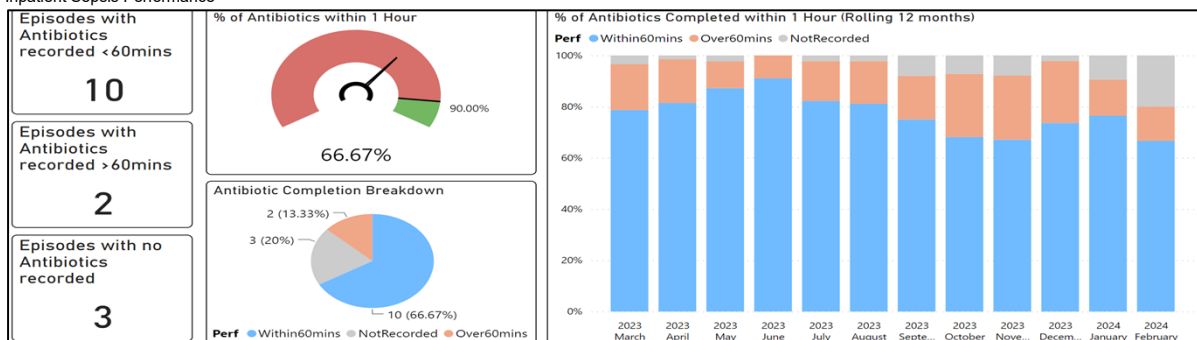
1.11 Sepsis

- Within the Emergency Department (ED), 91.11% of patients received antibiotics within the first hour in February 2024 (82.62% in January 2024).
- For adult inpatients, 66.67% received antibiotics within the first hour in January 2024, a decrease from 72.38% in January 2024. Previously noted decreases in performance have been discussed in deteriorating patient group where sepsis performance and actions to improve are overseen.
- For paediatric patients, 2 were outside the 1hour time frame (x1 at 63 mins and x1 at 66 mins) – difficulty in cannulation described as the issue.

ED Sepsis Performance



Inpatient Sepsis Performance



1.12 Mock infant / child abductions

- Mock infant and took place in paediatrics, neonates and maternity in February 2024 following an attempted abduction at a neighbouring trust, testing systems and processes.
- Immediate actions taken place included, a review of all Trust personnel being carried out who have access to these clinical areas. For assurance, a daily audit of the baby tagging system was commenced by the Governance team to give assurance all baby's tagged within the maternity unit, results of the 2-week audit showed 100% of babies tagged.

1.13 Martha's Rule

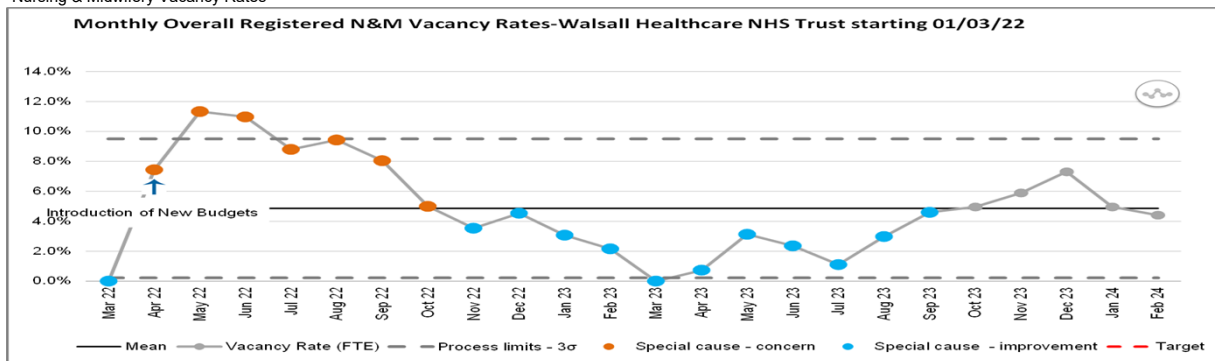
- An oversight group has been established chaired by the CNO.
- The Deteriorating Patient Group are leading on the development of the policy and process with the multi-disciplinary team
- The aim is to launch 'Call for Concern' within the adult pathways early in Q1 2024/25
- The paediatric teams are part of a regional group to understand how this can be implemented in Trusts that do not have paediatric intensive care and outreach services.

2 Workforce

2.1 Nursing and Midwifery Vacancies

- In February 2024, the total number of Registered staff/RN/Midwife vacancies decreased to just over 4%. Workforce Intelligence have confirmed that the rise seen in the previous month was due to data analysis and have corrected the data. Community and WCCSS includes some AHP registrants.

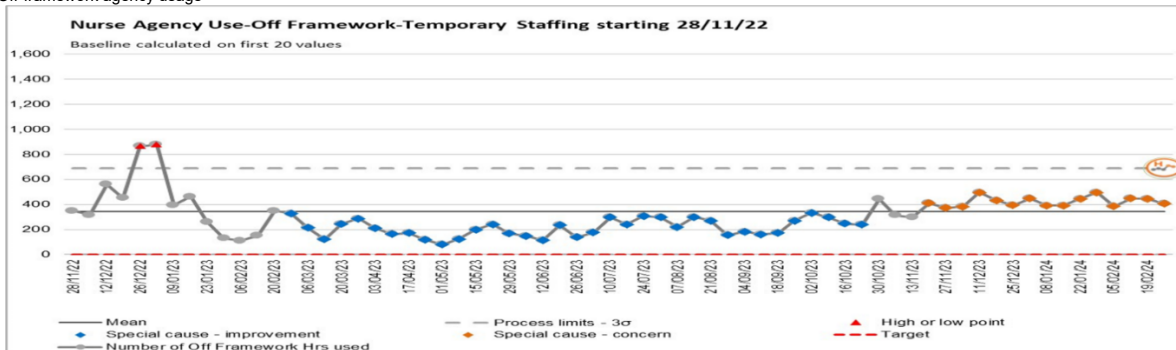
Nursing & Midwifery Vacancy Rates



2.2 Agency Cessation

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

Off-framework agency usage



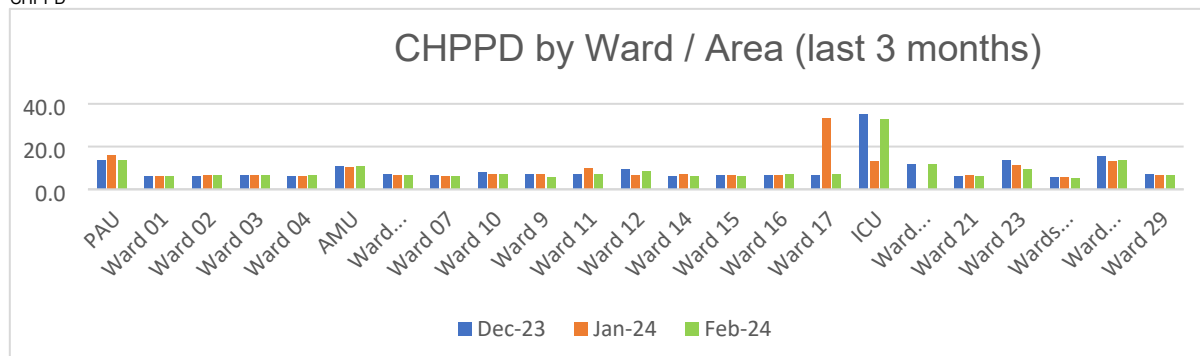
2.3 Bank Usage

- Focus has been placed on bank usage within clinical areas with a weekly confirm and challenge process embedded.
- A revised process for authorisation of bank requests is being developed and will be implemented from the 1st April 2024.

2.4 Care Hours per Patient Day

- The CHPPD trust average for February 2024 was 8.8 (January 2024 was 9.0). The national overall CHPPD average for May 2023 (latest data) was 9.77.

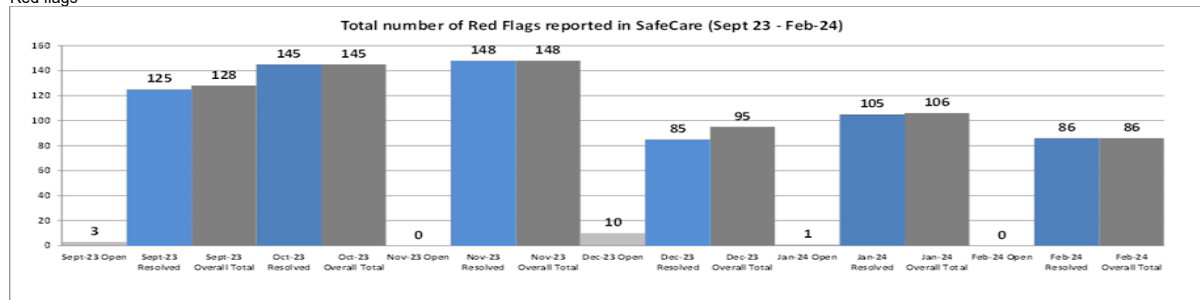
CHPPD



2.5 Red Flags

- There were no red flags remaining open in February 2024.
- A total of 86 red flags were opened and resolved.
- 73 resolved red flags were report during the day and 13 at night.

Red flags



3.0 Education

Key updates for nursing and midwifery education and staff development include:

- Standards for Student Supervision and Assessment (SSSA) training compliance in February 2024 is at 79.9% (79.6% in January 2024).
- A new band 5 nursing development programme has commenced at the end of January 2024 in collaboration with RWT. Topics covered include quality of care, patient experience and civility & respect.
- The My Focus programme of learning puts fundamentals of care topics into an accessible package of learning for staff. This replaces the previous fundamental modules, and the package is available at both RWT and WHT.

RECOMMENDATIONS

To note the contents of the report.

Paper to the Trust Board Meeting – to be held in Public
17 April 2024

Title of Report:	Biannual Skill Mix Review – January 2024 data	Enc No: 13.5
Author:	Gaynor Farmer - Lead Nurse for Workforce gaynor.farmer@nhs.net	
Presenter/Exec Lead:	Lisa Carroll – Chief Nursing Officer – lisa.carroll5@nhs.net	

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

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 Trust Board is asked to approve the report

Implications of the Paper:

Risk Register Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: well led, effective, safe
	NHSE	Yes <input checked="" type="checkbox"/> No <input 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:
CQC Domains	Other	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Details: National Workforce Standards
Safe: Effective: Caring: Responsive: Well-led:			

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 25.03.2024
	Board of Directors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 17.04.2024
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert	
Assure	<ul style="list-style-type: none"> The biannual review ensures that the Trust has optimal nurse staffing levels meeting the requirements of the Developing Workforce Safeguards published by NHSI in October 2018 and National Quality Board Staff Safety Requirements published in July 2016. The Trust uses the Safer Nursing Care Tool (SNCT) a triangulating review based on staff numbers, acuity of patients and Professional Judgement referenced against Nurse Sensitive Outcome Indicators. The review found no concerns in the inpatient areas, outpatients and theatres
Advise	<ul style="list-style-type: none"> The Emergency Department will be included in the skill mix review in June 2024 During Q4 plans will be made to review the Clinical Nurse Specialist and AHP workforce
Alert	<ul style="list-style-type: none"> N/A

Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> Be in the top quartile for vacancy levels.

Cross Reference:

- Bi-Annual Skill Mix Review – full report (B Pack: Enclosure 13.5.1)

WALSALL HEALTHCARE NHS TRUST BIANNUAL SKILL MIX REVIEW

SNCT Data collection January 2024

Adult In Patient

Emergency Department

Outpatients Department

Main Theatres

Author: Gaynor Farmer-Corporate Senior Nurse for Workforce

Responsible Director: Lisa Carroll Chief Nursing Officer

INTRODUCTION

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

A twice-yearly Adult Inpatient, Acute Assessment units and Paediatric inpatient skill mix review is completed to demonstrate the Trust's commitment to the above requirement. Walsall Healthcare NHS Trust (WHT) uses the 'Safer Nursing Care Tool' (SNCT). The SNCT calculates nurse staffing requirements based on the acuity and dependency of the patients on a ward, and it is linked to nurse-sensitive outcome indicators.

This report includes data collected from the following:

- Seventeen adult in-patient areas
- One community in-patient ward
- Establishment review of Outpatients Department (Surgery)
- Establishment review of Theatres
- Emergency Department Review

The review did not include the following areas:

- The Emergency Department – business case recently approved to facilitate the relocation into the new UEC. The 1st trial of data collection was completed in June 2023. The Emergency Department will be included in the bi-annual skill mix review process from June 2024.
- Ward 21 (paediatric ward)- separate business case in progress
- Paediatric Assessment unit- separate business case in progress

RESULTS

OCCUPANCY, ACUITY, AND DEPENDENCY

Table 1 below summarises acuity scores from skill mix reviews February 2020- January 2024.

Table 1 Acuity Scores collected by level.

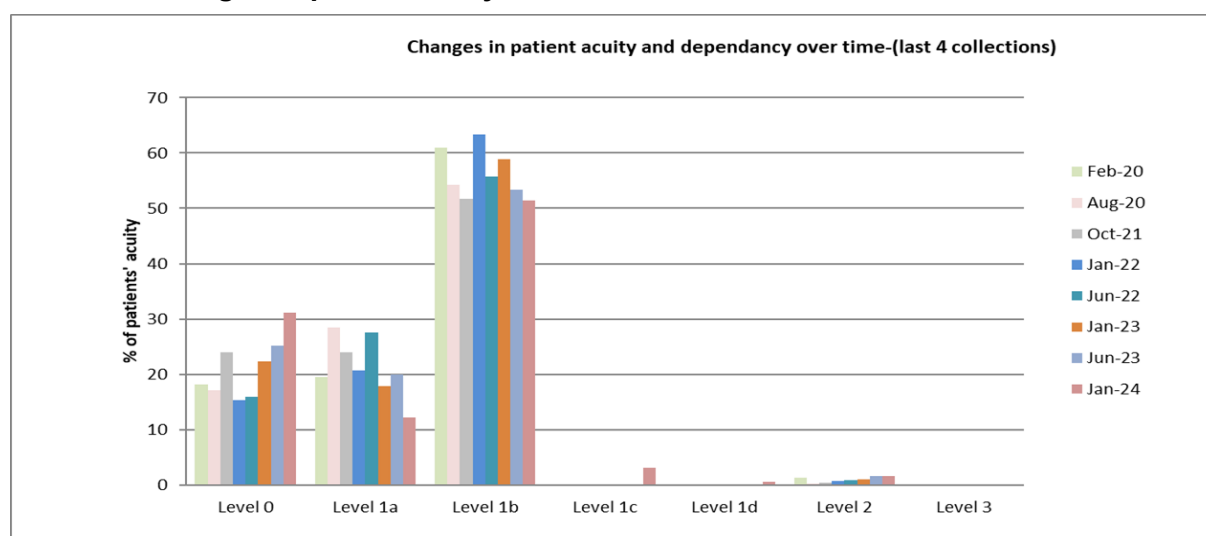
	Feb-20	Aug-20	Oct-21	Jan-22	Jun-22	Jan-23	Jun-23	Jan-24
Level 0	18.1	17.1	24.0	15.4	15.9	22.26	25.10	31.1
Level 1a	19.5	28.4	24.0	20.6	27.5	17.86	19.95	12.2
Level 1b	60.9	54.2	51.6	63.3	55.8	58.82	53.34	51.4
Level 1c								3.1
Level 1d								0.5
Level 2	1.3	0.2	0.4	0.7	0.9	1.06	1.61	1.6
Level 3	0	0	0.1	0.0	0.0	0	0	0.0

Levels 1c and 1d were introduced to the tool in January 2024 and the data is now collected over 30 days compared to previous collections of 20 days.

Chart 1 demonstrates that acuity score 1b is the most common score consistently in each skill mix review since February 2020.

Data collection for January 2024 is within the winter period, where typically, more patients are in the hospital with higher acuity and dependency because of chronic illness.

Chart 1 – Changes in patient acuity over time



Since September 2021, an E-learning Tool has been available for staff involved in data collection to complete.

The SNCT was revised November 2023, and the new licences were obtained for the Trust from Imperial College, London. The SNCT now has two additional patient levels for adult areas (1c and 1d) and the E-learning Tool has been amended to reflect this. Face to face assessments have been conducted for assurance of knowledge and skills.

To support the data collection, walkarounds were conducted to gain assurance of the data collection process, challenge acuity grading and support any learning needs identified. Matrons were also involved in weekly Quality Assurance peer review which enhanced staff knowledge around acuity recording, reduced variability, and increased confidence in the reliability of the data.

NURSE SENSITIVE INDICATORS FOR INPATIENT AREAS

Table 2 details the outcomes for Nurse Sensitive Indicators for in patient areas during January 2024 and June 2023. These Nurse Sensitive Indicators form part of the evidence base to inform the professional judgement element of the review.

Table 2 – Nurse Sensitive Indicators by Area – June 2023 and January 2024

Jan-24	Ward	Jun-23	Jan-24	Jun-23	Jan-24	Jun-23	Jan-24	Jun-23	Jan-24	Jun-23	Jan-24	Jun-23	Jan-24
		Falls per 1000 occupied bed days	Falls per 1000 occupied bed days	Pressure Ulcers	Pressure Ulcers	HCAI's	HCAI's	DOLS Applications	DOLS Applications	Use of cohorted bays	Use of cohorted bays	Use of 1 to 1 care	Use of 1 to 1 care
MLTC	1	3.77	1.86	1	1.08	0	0	6	5	86.36%	86.36%	3	15
	2	0	0.97	0	0	1	1	4	3	100%	94.55%	3	14
	3	3.12	1	1	0	0	0	1	4	87.27%	91.82%	14	7
	4	5.08	3.77	0	0	0	1	4	2	95.45%	84.55%	8	15
	AMU	4.58	2.99	1	2.01	0	0	2	5	2.60%	6.49%	4	10
	7	0	5.5	0	0	0	1	1	1	11.36%	5.68%	5	6
	14	4.9	2.64	0	0	2	1	4	1	42.42%	48.48%	12	6
	15	3.57	2.56	0	0	0	1	2	3	40.00%	25.45%	8	9
	16	4.17	1.35	0	0	1	0	2	2	37.27%	24.45%	14	2
17	1.41	1.35	1	0.74	0	0	2	2	8.18%	7.27%	4	8	
29	6.88	4.65	0	0	0	0	5	2	28.03%	28.03%	18	4	
SURGERY	9	N/A	0	N/A	1.25	0	0		1		2.73%		5
	10	0	1.26	1	0	0	0	1	7	36.36%	40.91%	14	60
	11	1.53	9.35	0	0.75	0	0	1	3	10.91%	3.64%	19	14
	12	1.73	1.55	0	0	2	0	5	5	22.73%	35.45%	14	47
	20A	4.27	3.52	0	0	0	0	1	0	8.18%	0.00%	1	0
WCCS	23	0	0	0	0	0	0	0	0	0.00%	0	0	
COMMUNITY	Hollybank	0	6.58	0	0	0	0	0	2	0	0.00%	8	0

IMPACT OF 1:1 CARE FOR INPATIENT AREAS

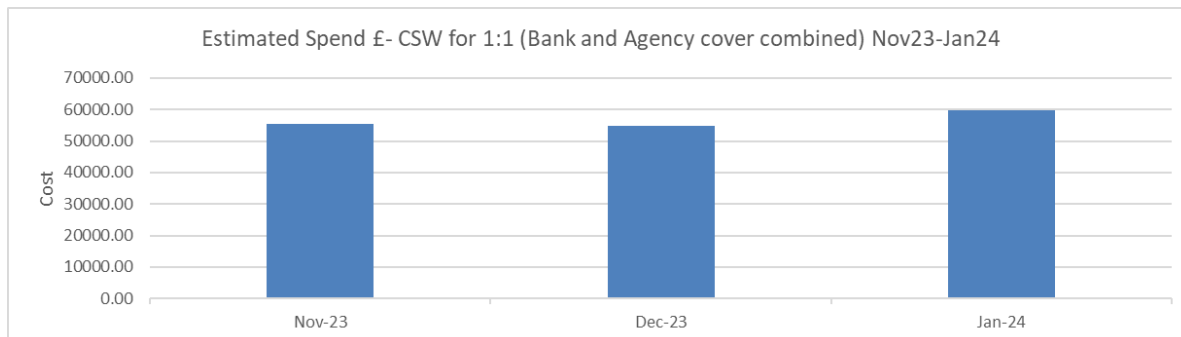
The inpatient areas have seen an increase in 1:1 care, which has had an impact upon the amount of temporary staffing used. Whilst areas are not being evaluated for consideration of 1:1 care being included in budgets, the SNCT does have the option to indicate the WTE required for budgets based upon patient acuities. The recommended WTE for each area, with and without 1:1 care would be as below (Table 3):

Table 3 – SNCT results-with and without 1:1 care January 2024

	SNCT recommended without 1:1		SNCT recommended with 1:1		Difference	
	RN	CSW	RN	CSW	RN	CSW
1	32.42	21.61	34.35	22.9	1.93	1.29
2	29.18	19.45	32.45	21.63	3.27	2.18
3	32.42	21.61	33.77	22.51	1.35	0.9
4	31.46	20.97	31.96	21.3	0.5	0.33
AMU	49.75	21.32	51.23	21.95	1.48	0.63
7	18.6	10.01	20.39	10.98	1.79	0.97
14	23.54	15.69	24.23	16.15	0.69	0.46
15	26.3	17.53	26.49	17.66	0.19	0.13
16	20.29	13.53	20.6	13.74	0.31	0.21
17	23.53	15.68	23.58	15.72	0.05	0.04
29	29.08	19.39	43.59	29.06	14.51	9.67
9	19.72	13.15	20.61	13.74	0.89	0.59
10	25.69	17.13	29.55	19.7	3.86	2.57
11	21.76	14.51	23.88	15.92	2.12	1.41
12	33.29	14.27	37.08	15.89	3.79	1.62
20A	13.12	8.75	13.12	8.75	0	0
23	6.72	4.48	6.72	4.48	0	0
Hollybank	12.14	8.09	12.14	8.09	0	0
Total Impact within SNCT of 1:1 care					36.73	23

Chart 2 shows the indicative cost of 1:1 care by Bank and Agency CSWs in the 3 months preceding the January 2024 data collection. The total estimated 3-month cost (November 2023 - January 2024) is £120,000, compared to Apr-Jun 2023 estimated cost of £85,523.

Chart 2- Estimated Cost of CSW cover for 1:1's.



SNCT OUTCOMES

Applying the SNCT multipliers to the data collected, the difference between funded and required establishments is calculated which includes a 22% uplift which is 1% higher than the Trust uplift. This model is based on establishment rather than actual nursing staff in post.

In January 2024, the SNCT review indicated a gap versus budgeted establishment of more than 10% in 11 wards- wards 1, 3, 7, 15, 16, 17, 9, 10, 12, 20a and 23.

After professional judgement reviews, the indicated a gap in establishment vs. budget was more than 10% in 5 wards- wards 7, 9, 10, 12 and Hollybank.

Table 4 SNCT establishment calculations January 2024

Division	Ward	WTE- Professional Judgement Jan 24 (excluding Band 7)	WTE- SNCT Acuity Tool Jan 24 (excluding Band 7)	Areas that breach 10% SNCT threshold (highlighted)	CHPPD (based on SNCT outcome overall staffing)	Number of Funded Beds	WTE- Total budgeted required post skill mix review Jan 24	Jan 24 outcome -% change from current budget	REG- Difference required from Current to Required budget (%)	CSW- Difference required from Current to Required budget (%)	Total difference required from Current to Required budget (WTE)
MLTC	Ward 1	46.5	54.03		6.7	34	47.50	0.00%	0.00	0.00	0.00
	Ward 2	46.5	48.63		6.06	34	47.50	0.00%	0.00	0.00	0.00
	Ward 3	46.5	54.03		7.23	34	47.50	0.00%	0.00	0.00	0.00
	Ward 4	49.28	52.43		6.66	34	50.28	0.00%	0.00	0.00	0.00
	AMU	77.83	71.07		8.06	37	78.83	0.00%	0.00	0.00	0.00
	Ward 7	35.22	28.61		5.92	23	35.86	7.27%	2.43	0.00	2.43
	Ward 14	38.57	39.23		6.92	27	39.57	0.00%	0.00	0.00	0.00
	Ward 15	39	43.83		7.41	28	40.00	0.00%	0.00	0.00	0.00
	Ward 16	37.96	33.82		5.98	24	38.96	0.23%	0.01	0.08	0.09
	Ward 17	35.08	39.21		6.93	24	36.08	0.00%	0.00	0.00	0.00
	Ward 29	49.3	48.46		5.95	36	50.30	0.00%	0.00	0.00	0.00
Divisional Total							512.38	0.49%	2.44	0.08	2.52
SURGERY (current budget showing as 2021 approved until adjustments made)	Ward 9	33.76	32.87		6.55	26	34.76	100.00%	19.18	15.58	34.76
	Ward 10	38.96	42.82		6.87	27	39.96	19.32%	3.50	3.03	6.47
	Ward 11	33.76	36.26		6.19	25	34.76	0.72%	-0.18	0.43	0.25
	Ward 12	38.96	47.56		8.83	27	39.96	81.55%	9.95	8.00	17.95
	Ward 20a*	44.32	21.87		7.45	16	45.32	-0.94%	0.00	-0.43	-0.43
Divisional Total							194.76	43.52%	32.45	26.61	59.00
WOMENS	Ward 23*	19.71	11.2		6.03	7	20.71	0.00%	0.00	0.00	0.00
Divisional Total							20.71	0.00%	0.00	0.00	0.00
COMMUNITY	Hollybank*	23.38	20.23		9.13	12	21.28	0.00%	0.00	0.00	0.00
Divisional Total							21.28	0.00%	0.00	0.00	0.00
TOTAL Change									34.89	26.69	61.52

Areas highlighted in grey in Table 4 have 16 beds or less and the SNCT tool is not recommended for areas of this size but has been used to assist in professional judgement only, recommendations for these areas are not based on SNCT outcomes.

The review demonstrates that current staffing levels are sufficient to maintain patient safety and no increase is requested to rectify these gaps.

For wards 9, 10, 11, 12 and 20a, at the time of the review, the budgets were not aligned to the agreed staffing levels from the June 2021 establishment review the Divisional finance team have subsequently rectified this. For Ward 7, the uplift in the band 5 RN workforce by 2.43 WTE previously agreed by the Trust Board following the June 2022* review requires enacting.

Charts 3 and 4 demonstrate SNCT WTE demand from the review vs. the current budget.

Chart 3 – WTE difference between budgeted establishment and SNCT -January 24

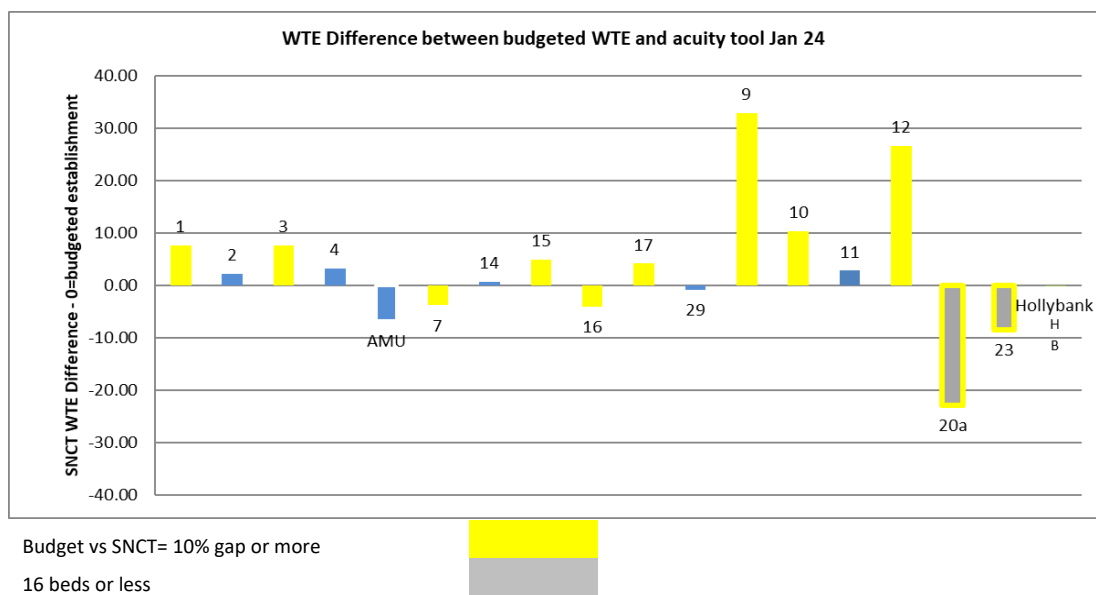
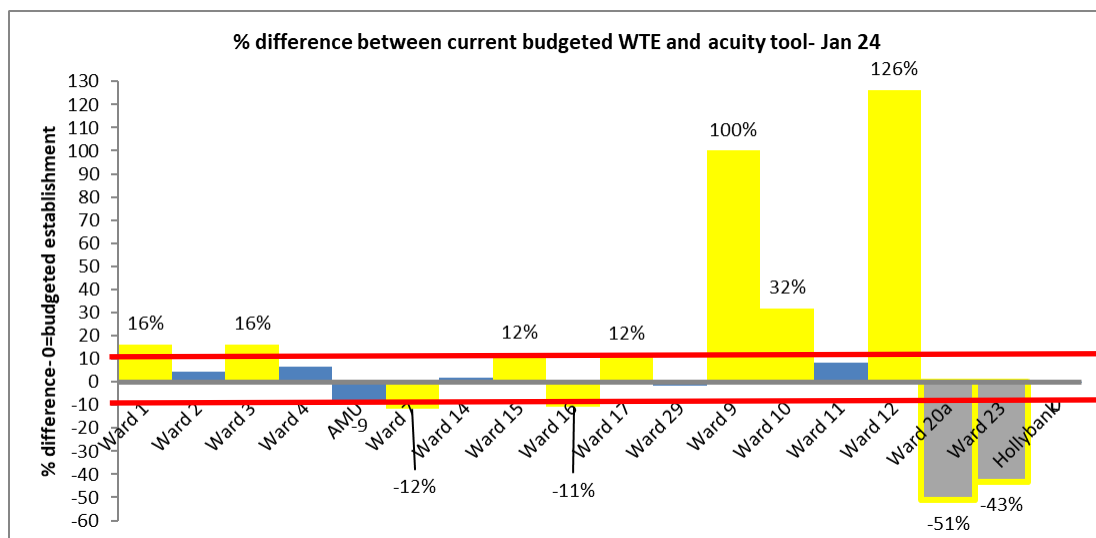


Chart 4- % difference between budgeted establishment and SNCT-January 2024



*** Positive figure= SNCT recommends higher than the current budget**

*** Wards 23, 20a and Hollybank are exceptions- SNCT is not accurate in departments with 16 beds or less and professional judgement is required.**

It is accepted that being within 10% of the SNCT multiplier suggests that WTE is within limits.

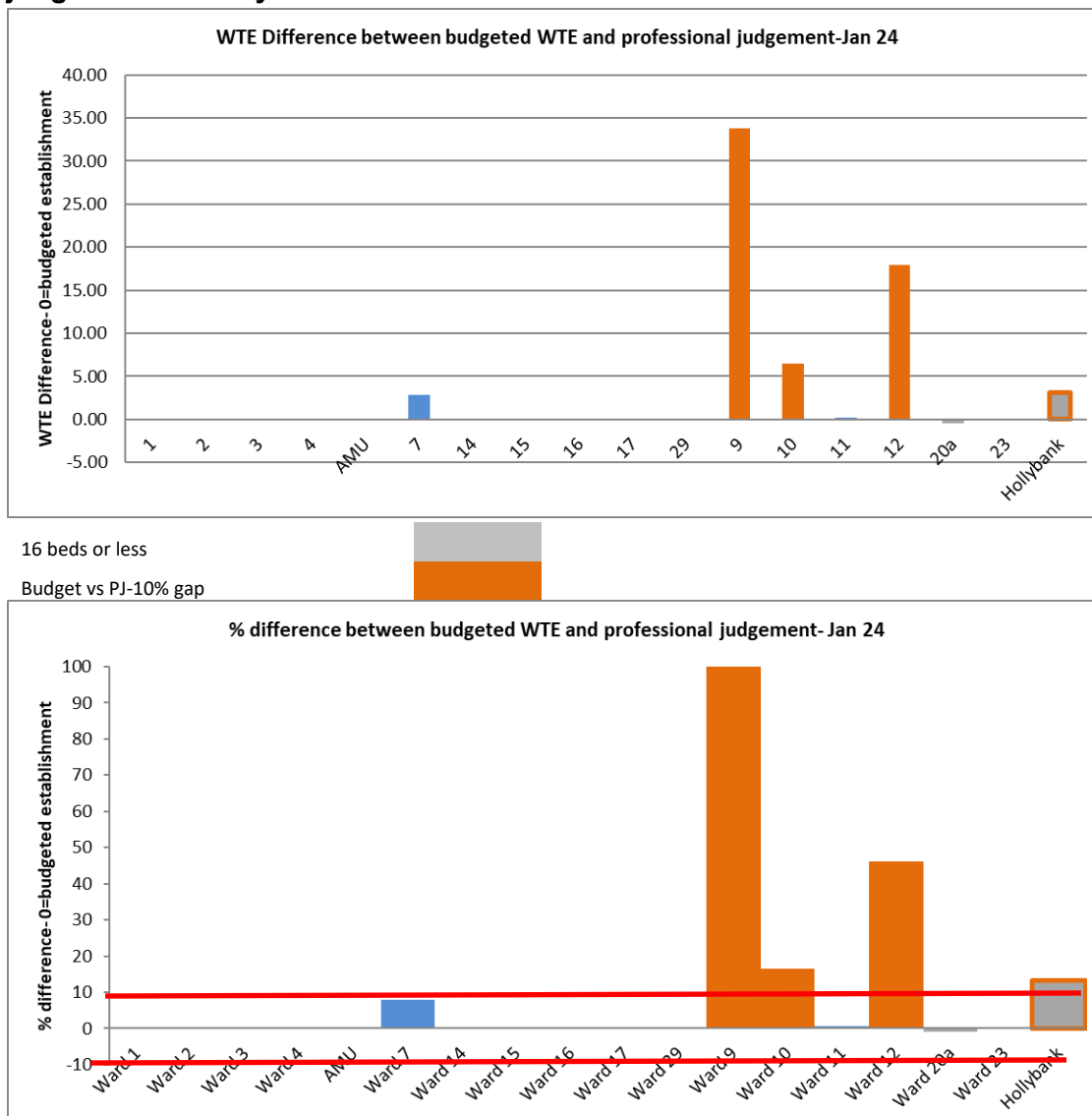
PROFESSIONAL JUDGEMENT OUTCOMES

When undertaking a skill mix review, the acuity/dependency data must be triangulated against the professional judgement and Nurse Sensitive Indicators. The application of professional judgement ensures specific local needs are included:

- **Ward layout/facilities:** The configuration of wards and facilities affects the nursing time available to deliver patient care. For example, wards with a high proportion of single rooms might make adequate surveillance of vulnerable patients more difficult.

- Escort duties: Consideration if this role is likely to affect the number of staff required.
- Shift patterns: The type of shift patterns (long versus short days) may affect the overall establishment required to ensure shift-to-shift staffing levels.

Chart 5 – WTE difference between budgeted establishment and professional judgement January 2024



ANALYSIS

Decisions to change staffing requirements must be based on a thematic analysis over time rather than a single-point measurement unless:

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

DIVISION OF MEDICINE AND LONG-TERM CONDITIONS

WARD 1- Acute Older People

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
MLTC	1	1.86	1.08	0	5	86.36%	15

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	4.0	18.9	3.0	0.00	20.6	47.5
Jan 2022	1.00	4.0	18.9	3.0	0.00	25.97	52.87
Jun 2022	1.00	4.0	18.9	3.0	0.00	25.97	52.87
Jan 2023	1.00	4.0	18.9	3.0	0.00	23.38	50.28
Jun 2023	1.00	4.0	18.9	3.0	0.00	23.38	50.28
Jan-24 outcome	1.0	4.0	18.9	3.0	0.00	20.6	47.5

Chief Nursing Officer Recommendation: The Nurse-sensitive indicators are stable. No further action; review in June 2024

WARD 2 –Acute Older People

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
MLTC	2	0.97	0	1	3	94.55%	14

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	4.0	18.9	3.0	0.00	20.6	47.5
Jan 2022	1.00	4.0	18.9	3.0	0.00	20.6	47.5
Jun 2022	1.00	4.0	18.9	3.0	0.00	20.6	47.5
Jan 2023	1.00	4.0	18.9	3.0	0.00	23.38	50.28
Jun 2023	1.00	4.0	18.97	3.0	0	23.38	50.35

Jan-24 outcome	1.0	4.0	18.9	3.0	0.00	20.6	47.5
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Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in June 2024

WARD 3- Acute Older People

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
MLTC	3	1	0	0	4	91.82%	7

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	4.0	18.9	3.0	0.00	20.6	47.5
Jan 2022	1.00	4.0	1.83	3.0	0.00	23.38	49.21
Jun 2022	1.00	4.0	18.9	3.0	0.00	23.38	50.28
Jan 2023	1.00	4.0	21.5	3.0	0.00	23.38	52.95
Jun 2023	1.00	4.0	18.97	3.0	0.00	23.38	50.35
Jan-24 outcome	1.0	4.0	18.9	3.0	0.00	20.6	47.5

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in June 2024

WARD 4- Acute Older People

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
MLTC	4	3.77	0	1	2	84.55%	15

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	4.0	17.28	0	0	23.38	45.66
Jan 2022	1.00	4.0	1.83	3.0	0.00	23.38	49.21

Jun 2022	1.00	4.0	18.9	3.0	0.00	23.38	50.28
Jan 2023	1.00	4.0	21.5	3.0	0.00	23.38	52.9
Jun 2023	1.00	3.84	22.13	0.00	0.00	23.38	50.35
WTE Budget 23/24 – (34 beds)	1.00	4.00	18.9	3.0	0	23.38	50.28
Jan-24 outcome	1.00	4.00	18.90	3.00	0.00	23.38	50.28

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in June 2024

WARD AMU- Acute Medical unit

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
MLTC	AMU	2.99	2.01	0	5	6.49%	10

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE-approved Business Case 2023 (45 beds)	6.41	13.0	31.18	0	0	31.18	81.77
Jun 2023	6.22	26.12	26.8	0	0	41.56	100.7
Budget Jan 24 (37 beds)	6.22	24.12	20.09	0.00	0.00	28.40	78.83
Jan-24 outcome (37 beds)	6.22	24.12	20.09	0.00	0.00	28.40	78.83

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in June 2024

WARD 7- Cardiology

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
MLTC	7	5.5	0	1	1	5.68%	6

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	7.56	12.24	0.00	0.00	12.63	33.43
Jan 2022 request	1.00	7.56	14.67	0.00	0.00	12.99	36.22
WTE approved Jun 2022*	1.00	7.56	14.67	0.00	0.00	12.99	36.22
Jan 2023 request	1.00	7.56	14.67	0.00	0.00	12.99	36.22
Jun 2023 request	1.00	7.56	15.82	0.00	0.00	12.99	37.37
Jan-24 outcome	1.00	7.56	14.67	0.00	0.00	12.99	36.22

Chief Nursing Officer recommendation: Nurse-sensitive indicators are stable. No further action, review in June 2024.

WARD 14-General Medicine

Nurse Sensitive Indicators:

Jan-24	Ward	Jan-24 Falls per 1000 occupied bed days	Jan-24 Pressure Ulcers	Jan-24 HCAI's	Jan-24 DOLS Applications	Jan-24 Use of cohorted bays	Jan-24 Use of 1 to 1 care
MLTC	14	2.64	0	1	1	48.48%	6

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total In post WTE
Current WTE in post***	1.0	2.92	14.0	0	0	8.0	25.92
Jan 2023	No SNCT was undertaken, as was 20 bedded extra capacity area						
Jun 2023	Business Case was in progress						
Budget Jan 24	1.00	4.00	16.57	0.00	0.00	18.00	39.57
Jan-24 outcome	1.00	4.00	16.57	0.00	0.00	18.00	39.57

Chief Nursing Officer recommendation: Nurse sensitive indicators are stable. Review in June 2024.

WARD 15-General Medicine/ Diabetes/ Haematology

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
MLTC	15	2.56	0	1	3	25.45%	9

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	4.0	15.0	2.00	0.00	18.0	40.0
Jan 2022	1.00	4.0	15.0	2.00	0.00	18.0	40.0
Jun 2022	1.00	4.0	15.0	2.00	0.00	18.0	40.0
Jan 2023	1.00	4.0	17.6	2.00	0.00	18.0	42.6
Jun 2023	1.00	4.0	14.78	2.00	0.00	18.18	39.96
Jan-24 outcome	1.00	4.00	15.0	2.00	0.00	18.00	40.00

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in June 2024.

WARD 16- Gastroenterology

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
MLTC	16	1.35	0	0	2	24.45%	2

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	3.00	15.78	2.00	0.00	17.18	38.96
Jan 2022	1.00	3.00	15.00	3.00	0.00	17.00	39.10
Jun 2022	1.00	3.00	15.00	2.00	0.00	17.0	38.77
Jan 2023	1.00	3.00	15.78	2.00	0.00	18.18	39.96
Jun 2023	1.00	3.00	15.78	2.00	0.00	18.18	39.96
Jan-24 outcome	1.00	3.00	15.78	2.00	0.00	17.18	38.96

Chief Nursing Officer recommendation: The Nurse-sensitive indicators are stable. No further action; review in June 2024

WARD 17- Respiratory

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
MLTC	17	1.35	0.74	0	2	7.27%	8

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	5.20	12.80	3.00	0.00	12.90	34.90
Jan 2022	1.00	5.20	14.03	3.00	0.00	18.18	41.41
Jun 2022	1.00	5.20	14.03	3.00	0.00	18.18	41.41
Jan 2023	2.68	5.20	14.03	3.00	0.00	18.18	43.09
Jun 2023	1.0	5.40	12.78	0.00	0.00	12.99	32.17
Budget Jan 24	1.00	6.01	16.17	0.00	0.00	12.90	36.08
Jan-24 outcome	1.00	6.01	16.17	00.00	0.00	12.90	36.08

Chief Nursing Officer Recommendation: The Nurse sensitive indicators are stable. No further action, review in June 2024.

WARD 29- Acute Medical

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
MLTC	29	4.65	0	0	2	28.03%	4

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	4.0	19.7	5.0	0.00	20.60	50.30
Jan 2022	1.00	4.0	19.7	5.0	0.00	20.6	50.35
Jun 2022	1.00	4.0	19.7	5.0	0.00	20.6	50.35
Jan 2023	1.00	4.0	19.7	5.0	0.00	20.6	50.35
Jun 2023	1.00	4.0	19.7	5.0	0.00	20.78	50.48

Jan-24 outcome	1.00	4.00	19.70	5.00	0.00	20.60	50.30
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Chief Nursing Officer Recommendation: The Nurse-sensitive indicators are stable. No further action; review in June 2024

DIVISION OF SURGERY

WARD 9- General Surgery

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
SURGERY	9	0	1.25	0	1	2.73%	5

WTE as indicated by SNCT data and professional judgment in biannual skill mix review January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Budget not yet finalised	0.00	0.00	15.95	0.00	0.00	0.00	0.00
Jan-24 outcome	1.00	3.00	14.57	0.61	0.00	15.58	34.76

Chief Nursing Officer Recommendation: Nurse-sensitive indicators are stable. No further action; review in June 2024.

WARD 10- Trauma

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
SURGERY	10	1.26	0	0	7	40.91%	60

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	2.52	9.82	4.94	0.00	15.15	33.49
Jan 2022	1.00	2.52	12.17	4.94	0.00	18.18	38.81
Jun 2022	1.00	2.52	12.17	4.94	0.00	18.18	38.81
Jan 2023	1.00	2.52	12.17	4.94	0.00	18.18	38.81

Jun 2023	1.00	2.52	13.32	4.94	0.00	18.18	39.96
Jan-24 outcome	1.00	3.84	14.10	2.84	0.00	18.18	39.96

Chief Nursing Officer Recommendation: Nurse-sensitive indicators are stable. No further action; review in June 2024.

WARD 11- Complex Surgery

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
SURGERY	11	9.35	0.75	0	3	3.64%	14

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	2.60	14.76	1.00	0.00	15.15	34.51
Jan 2022	1.00	2.60	16.03	1.00	0.00	18.18	38.81
Jun 2022	1.00	2.60	16.03	1.00	0.00	18.18	38.81
Jan 2023	1.00	2.60	17.18	1.00	0.00	18.18	39.96
Jun 2023	1.00	2.60	14.58	1.00	0.00	15.58	34.77
Budget Jan 24	1.0	5.05	15.15	0	0	10.21	31.41
Jan-24 outcome	1.00	2.84	14.34	1.00	0	15.58	34.76

Chief Nursing Officer Recommendation: The Nurse-sensitive indicators have some variance which are being addressed. No further; review in June 2024.

Ward 12-Emergency Surgery

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
SURGERY	12	1.55	0	0	5	35.45%	47

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
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Current WTE approved June 2021	1.00	2.00	10.43	1.00	0.00	7.58	22.01
Jan 2022	1.00	2.00	19.23	1.00	0.00	15.58	38.81
Jun 2022	1.00	2.00	19.23	1.00	0.00	15.58	38.81
Jan 2023	1.00	2.00	19.38	1.00	0.00	15.58	38.96
Jun 2023	1.0	2.00	20.38	1.00	0.00	15.58	39.96
Jan-24 outcome	1.00	4.18	16.2	3.00	0.00	15.58	39.96

Chief Nursing Officer Recommendation: Nurse-sensitive indicators are stable. No further action; review in June 2024.

Ward 20a-Elective Surgery

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
SURGERY	20A	3.52	0	0	0	0.00%	0

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
WTE approved June 2021	1.00	4.32	19.34	1.00	0.00	20.09	45.75
Jan 2022	1.00	4.32	21.34	1.00	0.00	20.21	47.87
Jun 2022	1.00	4.32	21.34	1.00	0.00	20.21	47.87
Jan 2023	1.00	4.32	19.34	1.00	0.00	20.78	46.44
Jun 2023	1.00	4.32	12.86	1.00	0.0	15.58	34.76
Jan-24 outcome	1.0	4.32	19.34	1.00	0.00	19.66	45.32

Chief Nursing Officer Recommendation: The Nurse-sensitive indicators are stable. No further action to staff numbers on duty which were revised in October 2023 in response to a required pathway change for orthopaedic patients. Review in June 2024.

DIVISION OF WOMEN AND CHILDREN

WARD 23-Gynaecology

Nurse Sensitive Indicators:

		Jan-24	Jan-24	Jan-24	Jan-24	Jan-24	Jan-24
		Falls per 1000 occupied bed days	Pressure Ulcers	HCAI's	DOLS Applications	Use of cohorted bays	Use of 1 to 1 care
Jan-24	Ward						
WCCCS	23	0	0	0	0	0.00%	0

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	1.00	11.13	0.00	0.00	7.58	20.71
Jan 2022	1.00	1.00	11.13	0.00	0.00	7.58	20.71
Jun 2022	1.00	1.00	11.13	0.00	0.00	7.58	20.71
Jan 2023	1.00	1.00	11.13	0.00	0.00	7.58	20.71
Jun 2023	1.00	1.00	11.13	0.00	0.00	7.58	20.71
Jan-24 outcome	1.00	1.00	11.13	0.00	0.00	7.58	20.71

Chief Nursing Officer Recommendation: The Nurse-sensitive indicators are stable. No further action; review in June 2024.

DIVISION OF COMMUNITY

HOLLYBANK HOUSE-Stroke Rehabilitation

Nurse Sensitive Indicators:

Jan-24	Ward	Jan-24 Falls per 1000 occupied bed days	Jan-24 Pressure Ulcers	Jan-24 HCAI's	Jan-24 DOLS Applications	Jan-24 Use of cohorted bays	Jan-24 Use of 1 to 1 care
COMMUNITY	Hollybank	6.58	0	0	2	0.00%	0

WTE as indicated by SNCT data and professional judgment in biannual skill mix review June 2021 – January 2024:

SNCT Data collection period	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total Budgeted WTE
Current WTE approved June 2021	1.00	3.0	7.18	0.00	0.00	10.10	21.28
Jan 2022	1.00	3.52	8.32	0.00	0.00	10.39	23.23
Jun 2022	1.00	3.52	8.32	0.00	0.00	10.39	23.23
Jan 2023	1.00	3.52	9.47	0.00	0.00	10.39	24.38
Jun 2023	1.00	3.0	9.99	0.00	0.00	10.39	24.38
Jan-24 outcome	1.00	3.52	9.47	0.00	0.00	10.39	24.38

Chief Nursing Officer Recommendation: The Nurse-sensitive indicators are stable. No further action, review in June 2024.

EMERGENCY DEPARTMENT

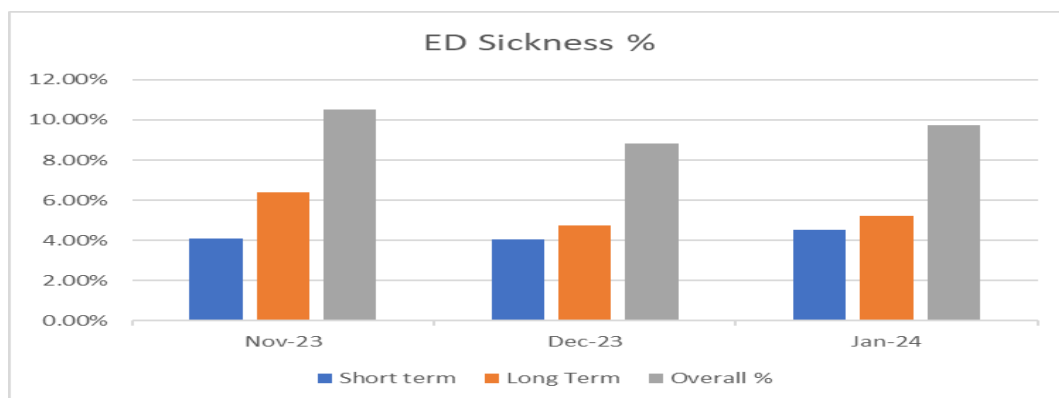
The Emergency Department undertook a trial of SNCT data collection in June 2023 to prepare for using the recommended Imperial College tool which applies a different methodology to the Adult SNCT Tool and is now validated and recommended for use.

A skill mix review using the SNCT for the Emergency Department will be undertaken in June 2024.

To provide a level of assurance on current safe staffing levels a review of performance, outcomes and current staffing levels has been undertaken.

Sickness

Sickness levels are higher than the Trust Headroom however the position is not worsening, and Divisional HR support is in place.



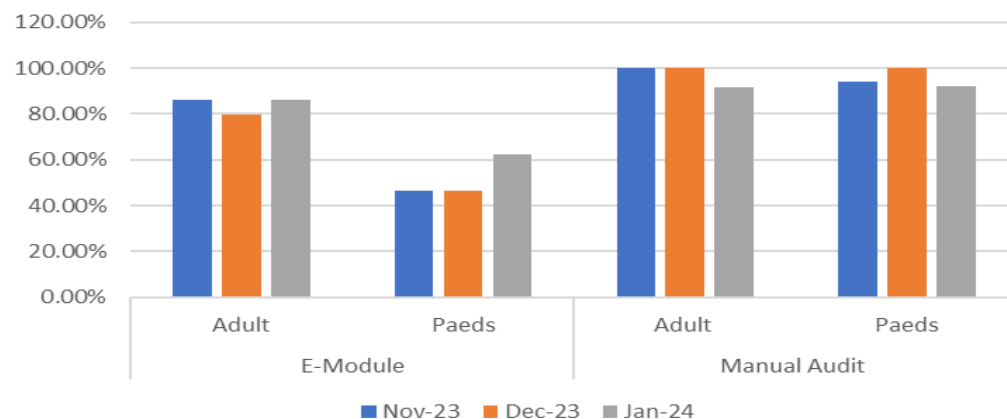
Pressure Ulcers

There have been no Pressure Ulcer incidents reported as a result of care in the Emergency Department since May 2023.

Falls Data

	Nov 2023	Dec 2023	Jan 2024
No. of reported falls	8	5	3

Sepsis Audits- Nov23-Jan24



Red Flags

No red flags remain open for the Emergency Department, any raised are mitigated against.

Recruitment

There are no Band 5/6 vacancies.

Recent recruitment of 7 WTE CSW's will leave no gap when all are in post.

Attendances

In January 2024, Type 1 ED attendances were 8861, comparing to January 2023 (7526) this represents a 17.74% increase, and is the third highest month of attendances since April 2014.

Constitutional Standards

The 4-hour Emergency Access Standard (EAS) performance achieved 71.70% of patients admitted or discharged within four hours of arrival to the Emergency Department for the month of January 2024. The Trust's regional ranking for 4-hour Emergency Access Standard is 4th for January. The Trust's national ranking was 36th out of 122 reporting Acute Trusts.

Department Wait

The Trust is in the 2nd best quartile for the percentage of ED attendances spending 12 hours in ED from time of arrival compared to the national position, which is the clinically endorsed measure through the NHSE Getting it Right First Time Summary Emergency Department Indicator Table.

Time to triage was 76.76% in January 2024. This standard continues to demonstrate special cause improvement (10 data points above the mean average). Training remains ongoing for CSWs to enable Triage Nurses to focus on decision making, whilst diagnostics are being taken.

Ambulance Handover within 30 minutes was at 88.51% for January 2024. This is showing statistical cause for concern (6 data points falling below the mean average) however the Trust was ranked first for ambulance handover despite seeing record numbers of Intelligently Conveyed Ambulances (292 net). The Trusts trajectory (as part of the national planning submission) is to achieve an operating standard of 95% within 30 minutes for Ambulance handovers during 2023/24 financial year.

Despite performance being less than 90% the Trust is still performing first out of 14 Trusts in the West Midlands.

Current Staffing

Jun23- Current roster build		
Current roster build-Jun23		
Shift	Reg	CSW
LD	17	11
N	17	11

Plus twilights/ ECAP shifts

Recommendation

The Chief Nursing Officer recommendation based upon this data is that there is no change to the current staffing.

OUPATIENTS DEPARTMENT REVIEW

This report details the first skill mix review for the Outpatients Department which is within the Division of Surgery.

The SNCT is not recommended for outpatient areas.

The methodology used included a review of a 13-week period of staffing for Outpatients and a review of the required WTE and Quality outcomes.

The review did not include the following areas:

- Fracture Clinic
- Pre-Op Assessment
- Outpatients- Dental

METHODOLOGY

ANALYSING STAFFING REQUIREMENTS

The Outpatient Department uses Erostering for their overall staffing templates however due to the dynamic rostering nature of the department and the flexibility required, the average number of staff per day was calculated using a reference period of 13 weeks (Sep/Oct/Nov 2023).

From discussion with the Manager of the department it was noted that the requirements per morning and afternoon can change depending upon the clinic utilisation.

The Division agreed to review the past 13-week rota as this would demonstrate the true staffing requirement for the area.

EROSTERING REQUIREMENTS

The demand template for the Outpatients department shows the following.

	Mon	Tue	Wed	Thu	Fri	WTD required (including 21% headroom)
RN	5	5	5	5	5	6.05
CSW	18	18	18	18	18	21.78

BUDGETED STAFFING

The budgeted WTE for the Outpatient department does not include Pre-Op Assessment, Fracture Clinic and Dental Clinic. The budget position as of November 2023 is:

Budgeted WTE (Nov23)		
RN	Band 3	Band 2
8.44	5.24	18.1

ACTUAL STAFF IN POST

The actual staff in post is:

In Post		
RN	Band 3	Band 2
8.45	1.85	18.67

BANK UTILISATION

The Outpatient Department have a reliance upon bank workers to cover backfill for short term absences. This has been analysed for the same period as the roster review (13 weeks). For both RN and CSW- less Bank was used than actual absences.

	Hrs Used	Actual Sickness Absence in dept
RN Bank	119 hrs	952 hrs
CSW Bank	1359 hrs	1477 hrs

BUDGET AND WTE RESULTS

BUDGETED WTE VS EROSTER DEMAND WTE

Below is the comparison of the current Erostering demand to the budgeted establishment for the area. The Outpatient Eroster is built to accommodate 18 CSW and 5 RNs on duty each shift (Mon-Fri)

Budgeted WTE (Nov23)			Eroster Demand WTE		
RN	Band 3	Band 2	REG	Band 3	Band 2
8.44	5.24	18.1	6.05	21.78	

The budget for the Outpatient Department is sufficient for the Eroster demand template and to facilitate the flexibility required to meet the demands of the service.

Within the 13-week period reviewed there were 32 times where the CSW demand breached that of the Eroster template, and more staffing were required. For RN there was no breach of the Eroster demand template.

BUDGETED WTE VS OUTPATIENT CLINIC DEMAND

Below is the comparison of the current Outpatient Clinic demand (based upon 13-week average utilisation) to the budgeted establishment for the area.

Budgeted WTE (Nov23)			13-week Ave clinic demand-WTE		
REG	Band 3	Band 2	REG	Band 3	Band 2
8.44	5.24	18.1	4.32	1.45	18.03

The budgeted WTE for Outpatients department is sufficient for the current Outpatient Clinic demand.

BUDGETED WTE VS STAFF IN POST

Below is the comparison of the current Outpatient Clinic staff in post to the budgeted establishment for the area.

Budgeted WTE (Nov23)			Staff in post		
REG	Band 3	Band 2	REG	Band 3	Band 2
8.44	5.24	18.1	8.45	1.85	18.67

There are no Registered Nurse vacancies and 2.82 WTE CSW vacancies.

RECOMMENDATIONS

The Chief Nursing Officer recommendation. No change to current establishment. Review in 6 months.

MAIN THEATRES

Theatres

Theatres is based across West Wing, DTC, FHD and Maternity. Emergency and maternity theatres provide 24/7 cover. Trauma theatres provide a 7-day service with 4 hr sessions running on Sat/Sun only. Elective sessions have increased from 70 sessions per week to above 80 sessions per week since 23rd October 2023 and have expanded further to include support for 1 session fortnightly for endoscopy and pain from February 2024 which takes session availability to 82 per week (average week 1 and 2 activity).

1- Current Establishment/ in post

	Band 7	Band 6	Band 5	Band 4	Band 2	Total
Apr 2023 budget	4	22.91	89.65	1.46	40.09	158.11
Feb 2024 in post	4	20.68	75.1	1.36	32.44	133.58

2- Key Performance Indicators

Compliance against Key Performance Indicators are shown below.

Audit/Outcomes	Assurance Level
WHO Checklist 5 Step compliance	No concerns- performance good
Swabs Needles Instruments Compliance	No concerns- performance good
Medicines Management Audits	No concerns- performance good
Median turnaround time	No concerns- performance good
Mandatory training compliance	Above 90%
PDR compliance	Above 90%
Agency Use	Limited use for approved Insourcing till June 24
Theatre Sickness Levels	Overall 5%

3. Outcome of Professional Judgement discussion

This Establishment Review requests for Theatres to remain staffed at:

	Band 7	Band 6	Band 5	Band 4	Band 2	Total Budgeted WTE
Jan-24 outcome	4.0	22.91	89.65	1.46	40.09	158.11

The Chief Nursing Officer recommendation is that the Nurse-sensitive indicators and KPI's are stable. Based on the current theatre sessions no further action; review in June 2024.

Chief Nursing Officer Recommendations to Trust Board following completion of the skill mix review in January 2024

The Chief Nursing Officer recommends the following:

- Skill mix reviews are undertaken every six months, and the next review will take place in June 2024 including utilising the new ED SNCT tool.
- Plans will be put in place for a review in Q4 of the Clinical Nurse Specialist workforce and AHP workforce.

APPENDIX 1

<p>Level 0 Hospital Inpatient Needs met by provision of normal ward care.</p>	<ul style="list-style-type: none"> • Underlying medical condition requiring on-going treatment. • Post operative / post – procedure care – observations recorded as per local policy. • National Earling Warning Score (NEWS) is within normal threshold. • Patient requiring oxygen therapy. • Patients not requiring enhanced therapeutic observations. (according to local policy). • Patient requiring assistance on one with some activities of daily living.
<p>Level 1a. Acutely ill patients requiring intervention or those who are UNSTABLE with a GREAT POTENTIAL to deteriorate.</p>	<ul style="list-style-type: none"> • Step down from level 2 care. • Requiring continual observation/invasive monitoring/physiological assessment. • NEWS local trigger point reached and requiring intervention/action/review. • Pre-operative optimisation/post-operative care for complex surgery. • Requiring additional monitoring/clinical interventions/clinical input including: <ul style="list-style-type: none"> - Patients at risk of compromised airway - Oxygen therapy greater than 35%, + - chest physiotherapy 2 – 6 hourly or intermittent arterial blood gas analysis. - Post 24 hours following insertion of tracheostomy, central lines, epidural or multiple chest drains. - Severe infection or sepsis. - New spinal injury/cord compression.
<p>Level 1b. Patient is STABLE but is dependant on nursing care to meet most or all of their care needs.</p>	<ul style="list-style-type: none"> • Complex wound management requiring more than one nurse or procedure takes more than one hour to complete. • Patients with stable spinal/Spinal Cord injury. • Patients who consistently require the assistance of two or more people with mobility or repositioning. • Requires assistance with most or all care needs. • Complex intravenous drug Regimes – (including those requiring prolonged preparatory/administration/post-administration care). • Patients and/or carer's requiring enhanced psychological support owing to poor disease prognosis or clinical outcome. • Patients requiring intermittent or within eyesight observations according to local policy. • Facilitating a complex discharge where this is the responsibility of the ward-based nurse.
<p>Level 1c. Patients who are in a STABLE condition but are requiring additional intervention to mitigate risk and maintain safety</p>	<ul style="list-style-type: none"> • Patients requiring arm's length or continuous observation as per local policy.

Level 1d	<ul style="list-style-type: none"> • Patients requiring arm's length or continuous observation by 2 or more members of staff (provided from within ward budget) as per local policy.
Level 2 Patients who may be managed within clearly identified, designated beds with the resources, expertise and staffing levels required OR may require transfer to or be cared for in a dedicated Level 2 facility/unit.	<ul style="list-style-type: none"> • Deteriorating/compromised single organ system. • Step down from Level 3 care or step up from Level 1 a • Post-operative optimisation (pre-op invasive monitoring)/extended post-op care. • Cardiovascular, renal, or respiratory optimization requiring invasive monitoring. • Patient requiring non-invasive ventilation/respiratory support; CPAP/BiPAP in acute respiratory failure. • First 24 hours following tracheostomy insertion or patients post 24-hours requiring 2-hourly suction. • CNS depression or airway and protective reflux • Patients with burns where more than 30% body surface area is affected or requiring conscious sedation for dressing changes. • Requires one or more therapeutic intervention which may include: <ul style="list-style-type: none"> - Greater than 50% oxygen continuously - Requiring close observation due to acute deterioration and needing advanced organ support - Drug infusion requiring more intensive monitoring, e.g., vasoactive drugs (amiodarone, inotropes, GTN) or potassium, magnesium. - CNS depressed airway and protective reflexes - Invasive neurological monitoring including ICP, external ventricular drains and lumbar drains.
Level 3 Patient needing advanced respiratory support and/or therapeutic support of multiple organs	<ul style="list-style-type: none"> • Monitoring and supportive therapy for compromised/collapse of two or more organ/systems. • Respiratory or CNS depression/compromise requiring mechanical/invasive ventilation • Invasive monitoring, vasoactive drugs, hypovolaemia/haemorrhage/sepsis treatment or neuro-protection.

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- b. Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - Safe, sustainable and productive staffing. National Quality Board, July 2016 <http://www.england.nhs.uk>
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- d. NHS England (2014) Five Year Forward <http://www.england.nhs.uk/ourwork/futurenhs>
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- h. The Safer Nursing Care Tool the Shelford Group – 2013 <http://shelfordgroup.org/resource/chief-nurses/safer-nursing-care-tool>
http://shelfordgroup.org/library/documents/SNCT_A4.pdf
- i. Developing Workforce Safeguards – 2018 NHSI.

Report to the Trust Board Meeting – to be held in Public 17 th April 2024			
Title of Report:	Director of Midwifery Perinatal Services Report	Enc No: 13.6	
Author:	Jo Wright Director of Midwifery, Gynaecology and Sexual Health josellewright@nhs.net Vinita Gurung, Clinical Director for Obstetrics & Gynaecology Vinita.gurung@nhs.net		
Presenter/Exec Lead:	Jo Wright Director of Midwifery Gynaecology and Sexual Health Lisa Carroll Chief Nursing Officer		
Action Required of the Board/Committee/Group (Please remove action as appropriate)			
Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Implications of the Paper:			
Risk Register Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description and Risk Number 2245 Maternity Service Staffing Risk Score 16, 2257 Can not implement full CoC model with current staffing 15		
Changes to BAF Risk(s) & TRR Risk(s) agreed	NONE Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):		
Resource Implications:	Revenue: Capital: Workforce: Ockenden Phase 2 & 3 Business case Funding Source:		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <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:
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		

Equality and Diversity Impact	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.		
Report Journey/Destination or matters that may have been referred to other Board Committees	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			
Assure <ul style="list-style-type: none"> •The Trust was able to maintain 1:1 care in labour throughout the reporting period. •Maternity staffing remains in a strong position. •Delivery Suite Coordinator has been supernumerary throughout February 2023 •Professional Midwifery Advocate service is embedded. •Maternity staff successful at Trust Excellence awards 			
Advise <ul style="list-style-type: none"> •Perinatal Mortality rate has seen a slight decline in February 2024. •There have been 2 notifications to MNSI. •Perinatal Equality Surveillance Dataset is reviewed monthly. •Notification of maternal death sent to MBRRACE. •MBRRACE 2022 report released •The alongside Midwifery led unit will be opened in February 2024 •The refurbished bereavement suite opened in February 2024 			
Alert <ul style="list-style-type: none"> •Concerns raised regarding the culture in areas of the service. 			
Links to Trust Strategic Aims & Objectives			
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> • Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations 		
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> • Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards 		
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities 		
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> • Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care 		

Brief/Executive Report Details	
	Perinatal Services Report/ This report will provide a concise update regarding the on-going position on the elements cited.
1.0	Growing and Retaining our Workforce: Maternity Workforce update
1.1	The service currently has a 8.83 WTE midwifery vacancy, interviews for these posts took pace on the 19 th February 2024 and 4.42wte were recruited. A further increase of 1.00 wte was achieved by midwives increasing their contracted hours. As part of ensuring that the service maintains optimum staffing levels work is being undertaken to map patterns of leavers and maternity leave to establish an annual turnover rate to provide a rationale to recruit to ensure the current staffing levels are sustained. There is a 3 WTE vacancy for band 2 apprentices, these went out to advert in February 2024 and interviews will take place in March 2024. There is a maternity support worker (MSW) vacancy of 1.06 WTE band 2 and 3.42 WTE band 3 which are currently out for recruitment. During February 2024 acuity for midwifery staffing was 72% and birth to midwife ratio 1:24 against a target of 1:24. No adverse incidents have been identified via Safeguard incident reporting system linked to shortfalls in midwifery or MSW staffing. On occasions when the wards and delivery suite were at levels of high acuity the correct escalation procedures were activated, staff were redeployed, and the on-call maternity manager called. There were 15 occasions where red flags were triggered. The shift coordinator was supernumerary at all times and 1:1 care in labour was maintained 100% of the time. The service is currently undergoing a Birthrate Plus maternity workforce review, this is at the data collection stage and is being supported by the maternity digital team.
1.2	Medical Workforce In February 2024 the obstetric rota's were covered with the required staffing levels. The delivery suite has the RCOG required consultant cover as per guidance. Any rota gaps are covered internal temporary staffing, with locums and consultant colleagues acting down. There is one consultant on maternity leave and their slot is covered by fixed term locum consultant. One consultant on phased return after long term sick leave in line with phased return policy and recommendations from Occupational Health. Their on-call is covered as locum by O&G consultants within the care group.
1.3	Neonatal Nursing Workforce BAPM recommend 70% of WTE RN staff to be Qualified in Speciality (QIS) trained. Data shows WHT are above national average for level 2 local neonatal unit shifts staffed to BAPM recommendations at 86.21% compared to 84.04% national average. Work is currently ongoing to ensure that substantive QIS nurse staffing is met which is unreliant on temporary staffing. NNU nurse rota reviews are managed daily to ensure safe staffing of the unit. Occupancy and acuity are both reviewed to ensure safe staffing. Any outstanding shifts will be escalated for shift swaps initially, then escalated to NNU bank cover and agency cover for QIS staff only as needed.
2.0	Listening to, and working with, women and families with compassion
2.1	The patient experience with maternity continues to be a priority with 3 out of 4 areas at >90% against a target of 95% and 1 area >80% meeting the response rate compliance. The patient experience midwife is supporting this area to reach the response rate target. Tere has been a decrease in complaint in February 2024 from 8 to 4, ward 25 have implemented "comfort rounds" this is where staff periodically do a ward round with the intention of ensuring that service users are having a good experience.
2.2	The midwifery led unit fully opened on 23 rd February 2024, so far there have been 19 births. However the area is also used for a hub to support other areas of the service such as early transfers home, postnatal administration of vitamin K dose, community midwife referral for Anti-D administration, ward tours, infant feeding & latent phase support. The service is evaluating well with service users.

2.3	<p>As part of ensuring that all women are having their voices heard the Walsall MVP are hosting a joint RWT and WHT meeting bereaved parents and their families who have used Maternity and Neonatal Services across Walsall and Wolverhampton are invited to attend an engagement session to share their experiences and help healthcare professionals shape the support given following baby loss , on Tuesday 19 March, will be organised through Specialist Bereavement Midwives at Walsall Healthcare and The Royal Wolverhampton NHS Trusts, in partnership with the Maternity and Neonatal Voices Partnerships from both areas. (MNVP). It is open to those who have experienced Sudden Infant Death, those who had to have a termination, those who have suffered an early miscarriage, those who have experienced a Neonatal death and those who have had a stillbirth – whether recent or many years ago. This has coincided with the opening of the refurbished bereavement suite which was codesigned by bereaved parents and SANDS bereavement charity specifications this provides a designated space for bereaved families so they do not have to access the delivery suite.</p>
3.0	<p>Standards and structures that underpin safer, more personalised, and more equitable care.</p>
3.1	<p>Births within the service remain consistent, at around 300 births per month (294 in February 2024). Of the 294 births in January, 43% were to women of Asian or Black heritage and 60% were in the 1st and 2nd Decile of the Index of Multiple Deprivation, meaning the WHT support some of the most deprived women in the country.</p>
3.2	<p>Perinatal Mortality</p> <p>The West Midlands Maternity Regional Heatmap has highlighted that WHT is one of the top 5 out of 35 performing maternity units in the West midlands. MBRRACE Report 2023 has revealed that perinatal mortality has increased from 4.4:1000 to 5.19: 1000 nationally. At WHT between April 2023 – February 2024 the stillbirth rate has increased from 2.72: 1000 to 4.16: 1000 in February 2024 against a target of 3.2:1000. The Perinatal Mortality Rate has also increased during the same period from 3.03: 1000 to 4.7.2:1000 against a target of 4.4:1000. There have been two cases of perinatal mortality in February 2024, the cases are currently under review and involve late fetal loss at 22+6 and 22+2 gestation. Several actions are in place to address this these include adherence to the preterm pathway. Meeting with an out of area Trust and formulating an action plan to address Quality Concerns. Also a further thematic review of perinatal mortality cases as the stillbirth rate has above the recommended target since May 2023, a subsequent thematic review has been completed of all stillbirths from August 2023- January 2024.</p>
3.3	<p>Maternity and Newborn Safety Investigations (MNSI formally HSSIB).</p> <p>There have been 2 incidents reported to MNSI for February 2024. Both cases were as a result of a maternal death of a White British, 21 years old woman in her first pregnancy and her baby who went for therapeutic cooling. The maternal death has been referred to MBRRACE. There were 18 babies admitted to the neonatal unit with gestation between 37-41 weeks. The main reason for admission was respiratory concerns, suspected or actual sepsis and 61% of were transferred from theatre. A Quarterly ATAIN report is produced and will be presented in May 2024. MBRRACE 2022 report released and the service is currently completing a gap analysis around recommendations.</p>
4.0	<p>Developing and sustaining a culture of safety, learning, and support</p>
4.1	<p>The Perinatal Culture & Leadership</p> <p>In January and February concerns were raised about the experiences of student midwives and international recruits. There was also a general feeling of poor behaviours being exhibited by staff from different professional groups and Trust values not being adhered to. This was echoed in the monthly meeting between the freedom to speak up guardian and the DoM where an example of incivility from a consultant to a midwife was raised. An improvement plan has been developed to support improvements in culture including the participation in the SCORE survey.</p>

<p>4.2</p>	<p>Professional Midwifery Advocate</p> <p>The professional midwifery advocate (PMA) service has continued to be an asset to the service and has rated positively amongst staff. The service has expanded from 3 sessional PMAs in 2021 to a Lead PMA and 5 sessional PMAs with a further three being trained. The PMAs have recently supported staff with debrief sessions and 1:1s following the maternal death in February and continue to do so. As part of ensuring we retain staff that have been recently recruited the PMA's have been focussing on providing a safe space to meet and support our newly qualified staff.</p>												
<p>4.2</p>	<p>Perinatal Equality Surveillance Dataset</p> <p>Provides a format whereby perinatal data is collated in the same space to better see trends in variables that impact on staff and data. The data set also allows the service to triangulate data to analyse trends and themes. Previously this was presented throughout the entirety of the Trust Management, Quality Committee and Trust Board Reports the format has moved to a single spreadsheet to support review of the service as a whole.</p> <table border="1" data-bbox="193 797 1075 954"> <thead> <tr> <th>Item</th> <th>Number</th> <th>Themes</th> </tr> </thead> <tbody> <tr> <td>Claims</td> <td>0</td> <td>NA</td> </tr> <tr> <td>Formal Complaints</td> <td>2</td> <td>Communication, attitude</td> </tr> <tr> <td>Moderate Incidents</td> <td>6</td> <td>X2 perinatal mortality (x1 NND outside of WHT, 1 late fetal loss) , x1 PPH, x1 return to theatre, x1 postnatal readmission, x1 admission to NNU)</td> </tr> </tbody> </table>	Item	Number	Themes	Claims	0	NA	Formal Complaints	2	Communication, attitude	Moderate Incidents	6	X2 perinatal mortality (x1 NND outside of WHT, 1 late fetal loss) , x1 PPH, x1 return to theatre, x1 postnatal readmission, x1 admission to NNU)
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Paper to the Trust Board Meeting – to be held in Public
On 17th April 2024

Title of Report:	Chief Medical Officer Report	Enc No: 13.7
Author:	Dr Manjeet Shehmar – Chief Medical Officer manjeet.shehmar@nhs.net	
Presenter/Exec Lead:	Dr Manjeet Shehmar – Chief Medical Officer manjeet.shehmar@nhs.net	

Action Required of the Board/Committee/Group

Decision	Approval	Discussion	Other
Yes <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"/>	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:

Risk Register	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 12 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 3347 Temporarily suspension of manufacturing of intravenous chemotherapy and monoclonal antibodies by the Pharmacy Department impacting cancer treatment provisions Resuscitation Training Score 9 Risk of reputational damage to the trust and risk to patient safety due to poor compliance with resuscitation training resulting from lack of funding for resuscitation team and mandatory resuscitation training for nursing/AHP staff.		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	Workforce: Costs for pharmacy workforce business case		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <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
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		
Equality and Diversity Impact	NA		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: TMC, MMG
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: F&P QC
	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

- CQC unannounced visit for application to the Mental Health Act concluded with no actions for the Trust
- The Trust has made good progress on a contract for the provision of a Responsible Clinician
- There have been no deaths of patients held under the Mental Health Act in the Trust.
- All Education and Training activities are being managed appropriately and in accordance with the various regulatory bodies. Undergraduate Medical Education has received an external quality visit from University of Birmingham (12/3/24), with the initial verbal feedback being overall positive, however we await the formal report.
- Medicines management audits show stable improved performance.
- A new operational Deputy CMO (Dr Nuhu Usman) has commenced in post to support in part the FRP. Cover for the Deputy CMO for Quality is being provided by Mr Fateh Ghazal.

Advise

- NHSE have been pleased with progress against the Medicine Post graduate training action plan and delayed their visit to spring 2024.
- Resuscitation training compliance has improved over the last 6 months; however, the compliance overall still falls below the standard expected.

Alert

- There is a national shortage of Salbutamol nebulas. The supply has been restricted to non-essential areas, unlicensed American and Canadian imports have been received which have been supplied to clinical areas. A clinical memo has been sent to all the relevant clinicians.
- Mental health liaison team do not have a full-time consultant psychiatrist and are reliant on locum section 12 approved psychiatrists again being addressed by CMO discussions with escalations.
- Temporary spending on medical staffing is overspent by (£11,204k) YTD, driven by Locum Bookings (£10,756k) and Agency Bookings (£1,144k). Strike bookings, (£842k) offset by medical vacancies, (£696k).
- The Trust has received a letter about a National Patient Notification Exercise for delayed breast screening from NHSE. We await further details for our patient cohort and have completed the actions requested to date.

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

<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> • Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> • Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Deliver improvements at PLACE in the health of our communities

Effective Collaboration

- Improve population health outcomes through provider collaborative
- Improve clinical service sustainability
- Implement technological solutions that improve patient experience
- Progress joint working across Wolverhampton and Walsall
- Facilitate research that improves the quality of care

Chief Medical Officer Report

Report to Trust Board Meeting to be held in Public – 17th April 2024

EXECUTIVE SUMMARY

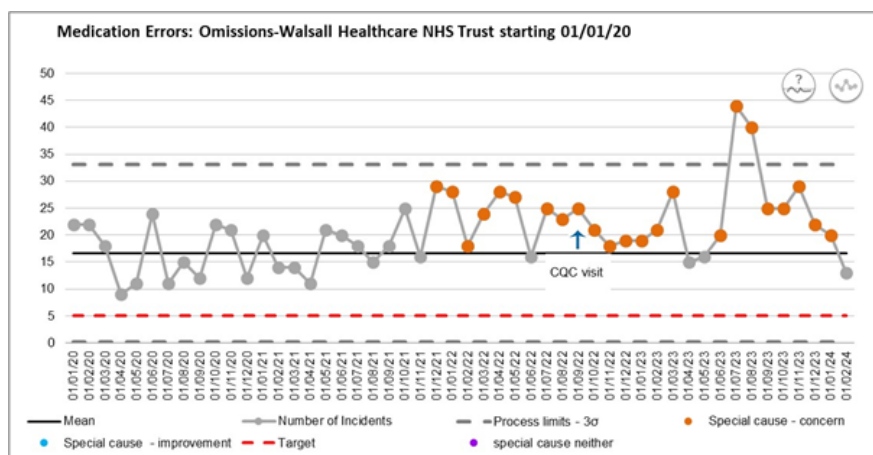
This report summarises the key highlights of the Chief Medical Officers’ portfolio. This includes quality, learning from deaths, medical workforce, mental health, medicines management, medical professional standards, research & development and medical education.

1.0 Upper Limb Surgery Patient Recall

The patient notification process continues to make good progress with a closure report for cohort 1 expected within the next month. A business case for the funding for cohort 2 is being presented to investment group this month. The report from Ibex Gayle around historic concerns has been received and being processed. The GMC investigation is ongoing.

2.0 Medicines Management

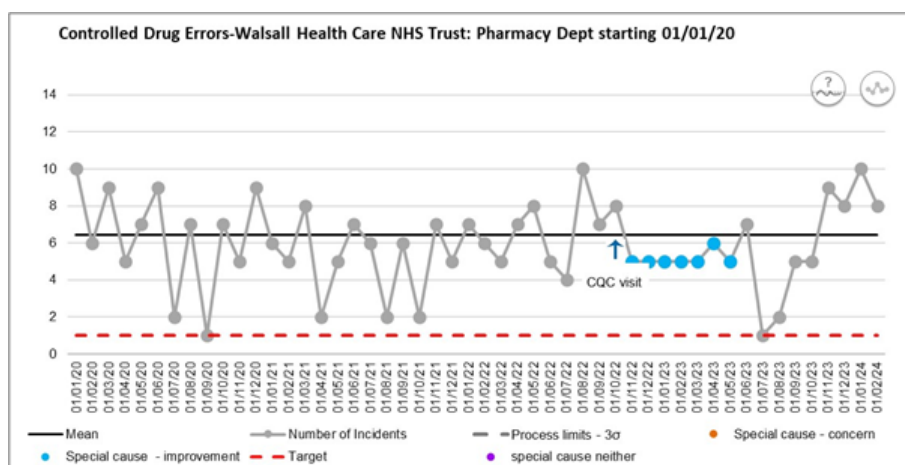
Medication omission errors have showed continued improvement with less errors. The errors are identified by pharmacists so a reduction is a positive sign.



Work continues with individual feedback and training for prescribing, dispensing and administration errors whilst the project for Electronic Prescribing is initiated and embedded. The level of harm from errors remains mostly low:

Level of Harm	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
0- Near Miss	26	21	24	25	19
1- No harm	76	71	70	74	61
2- Low harm	28	30	21	22	23
3- Moderate harm	Nil	2	1	1	1
4- Severe	1	Nil	Nil	Nil	Nil

The Trust continues to address concerns over controlled drug errors via pharmacy presence and training on the wards:



Medicines reconciliation audits remain below target due to the lack of pharmacy cover on wards. Audit has shown that this audit improves when there is dedicated pharmacy cover. The business case for the pharmacy establishment has no current route to funding and is being presented to the ICB. In the meantime, pharmacy cover continues via temporary spend to ensure safe cover post the CQC inspection.

3.0 Learning from Deaths

Quarterly report due to Quality Committee April

4.0 Outlier alert: Colorectal Cancer

Work continues with some improved outcome measures. The Trust remains a negative outlier and concerns are being worked through with the team.

	NBOCA-National Average published July 2023	Figures presented by project team 01/01/2022-31/05/2023 (Based on only major resections)	Girt Benchmark	November 2023 - January 2024	May 2023 - January 2024
Total patients operated on during this timeframe				22	70
Proportion of patients having emergency Major resection	14%	39.20%		31.82%	32.86%
Adverse event rate following elective major resection for colorectal CA		14.50%	14.10%		
Adverse event rate following elective major resection for rectal CA		29.40%	20.90%		
Length of stay > 5 days	<60%	73.40%		45.45%	62.86%
30-day post-op mortality	1.70%	6.30%		0.00%	2.86%
90-day post-op mortality	2.80%	10.90%		0.00%	5.71%
30-day readmission excluding 0 days LOS	12.50%	14.10%		18.18%	21.43%
30-day readmission including 0 days LOS		21.90%		22.73%	31.43%
30-day unplanned return to theatre (URTI)	<6.8%	6.30%		9.09%	7.14%
Ileostomy formation rate at time of anterior resection		56.70%	<35%	50.00%	41.18%
Trust rectal cancer surgical volume		20 (across 17 Months)		2	-
Cumulative Rectal cancer resection volume**				12	12

5.0 Medical Workforce

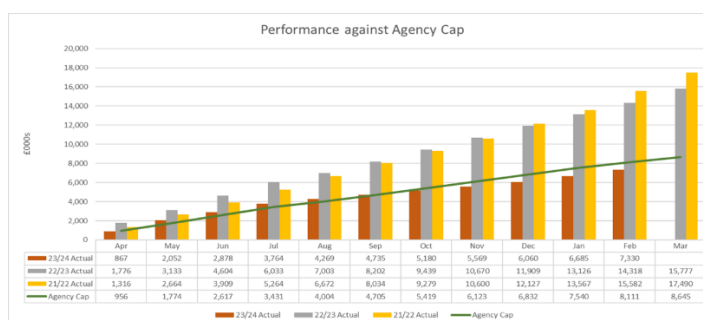
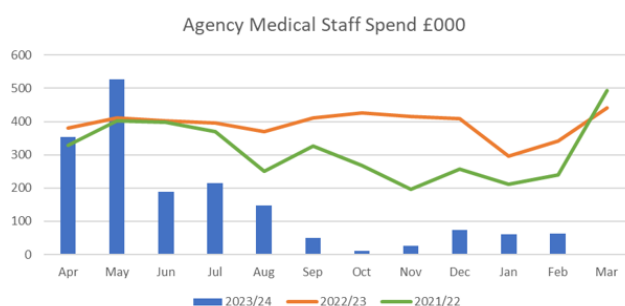
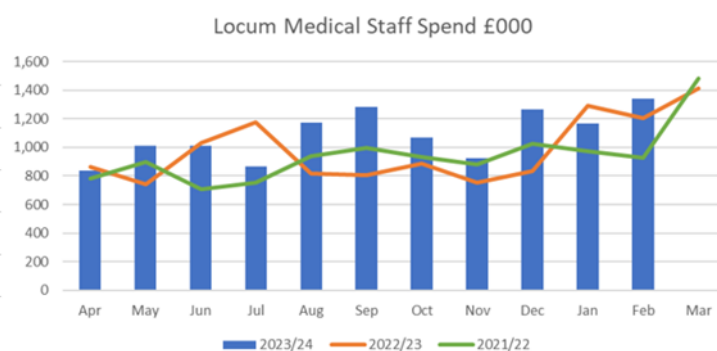
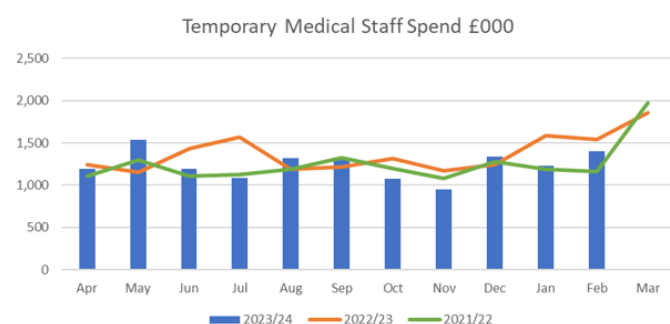
- Temporary spend on medical staffing are overspent by (£11,204k) YTD, driven by Locum Bookings (£10,756k) and Agency Bookings (£1,144k). Strike bookings, (£842k) offset by Medical vacancies, (£696k).

Main drivers for bookings against Agency and Locums relates to:

- Vacancy Bookings over and above agreed budgets (£5,795k YTD, £290k in month)
- Demand Bookings (£1,560k YTD, £57k in month)
- Sickness (£1,029k YTD, £154k)
- Strike Bookings (£842k YTD, £93k in month)

- Locum levels (£1.245m total pay variance) owing to use in emergency areas (ED & AMU predominantly) and maintaining additional capacity to service emergency demands (the Trust above the 30% agency cap on historic expenditure) and maintaining Elective Recovery.

Month	Actuals (£k)	Strike bookings (£k)	Actuals net of Strikes
Apr-23	1,190	83	1,107
May-23	1,539	3	1,537
Jun-23	1,196	75	1,120
Jul-23	1,081	152	929
Aug-23	1,321	148	1,173
Sep-23	1,331	70	1,262
Oct-23	1,078	11	1,067
Nov-23	948	-	948
Dec-23	1,335	77	1,259
Jan-24	1,228	107	1,121
Feb-24	1,401	93	1,307
Total	13,648	818	12,829



- All job plans are being reviewed to ensure adherence to the Job Planning Policy
- The job planning policies across the Acute Collaboration are being compared for any opportunities for consistency.
- A joint working group has been established between RWT and WHCT to address.
- No business cases will be approved for medical workforce without up to date and adherent job planning.

6.0 Research and Development

We currently have a good variation in specialities undertaking research. Diversity of studies now expanding with new Principle Investigators identified in Rheumatology, Urology and ENT.

Initial local analysis indicates that we are recruiting participants who reflect the population we serve although greater analysis is required.

Future finance reports will include drug cost savings as well as system wide savings due to less activity. Currently liaising with RHT to develop a parallel system.

7.0 Mental Health

An unannounced CQC Mental Health Act 1983 (MHA) monitoring visit on 29th January concluded no actions or concerns regarding the use of the MHA and compliance with the Code of Practice. There were numerous examples of good and outstanding practice.

The acute Trust collaboration has made significant progress with the contract for a Responsible Clinician. The Trust continues with negotiations around psychiatry cover for the older people's mental health team.

RECOMMENDATIONS

To note the contents of the report.

Paper to the Trust Board Meeting – to be held in Public
17 April 2024

Title of Report:	Chief Operating Officer's report	Enc No: 13.8
Author:	Ned Hobbs – Chief Operating Officer Ned.Hobbs1@nhs.net 01922 603351	
Presenter/Exec Lead:	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"/>

Recommendations:

To note the contents of the report for assurance.

Implications of the Paper:

Risk Register Risk	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Risk Description: Corporate Risk 208 – Failure to achieve 4-hour emergency access standard Corporate Risk 25 – Failure to achieve 18 week constitutional standards</p> <p>On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
Changes to BAF Risk(s) & TRR Risk(s) agreed	None
Resource Implications:	<p>Revenue: Elective Recovery Fund income for additional outpatient first attendances, outpatient procedures, elective daycase and elective inpatient admissions.</p> <p>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.</p> <p>Workforce: The Trust is mindful of increasing resilience in core Urgent and Emergency Care services to be able to safely manage increased Winter pressures.</p> <p>Funding Source: The Trust's Winter Plan was approved at Trust Board in October 2023.</p>
Report Data Caveats	<p>This is a standard report using the previous month's data. It may be subject to cleansing and revision.</p> <p>Cancer performance metrics are always reported 1 month in arrears.</p> <p>National benchmarking metrics are always reported 1 month in arrears (with the exception of Urgent & Emergency Care benchmarking)</p>

Summary of Key Issues using Assure, Advise and Alert

Assure:-

This paper provides a summary update to the Board on performance against the NHS Constitutional Standards and other relevant matters to the Chief Operating Officer portfolio.

Emergency Care and Winter Plan

The Committee should be assured that:

- The Trust continues to deliver some of the best Ambulance Handover times (<30 minutes) in the West Midlands, with 91.9% of patients handed over within 30 minutes of arrival by ambulance in February 2024. The Trust was the second best performing organisation in the West Midlands in February 2024, and has now been in the Top 3 performing organisations in the region for the last 40 consecutive months. Committee should note that despite being the second best in the region, ambulance handover performance represents special cause deterioration, a reflection of the scale of pressure on Urgent & Emergency Care services across the country.
- In February 2024, 75.8% of patients were managed within 4 hours of arrival, against the revised national expectation of at least 76%. WHT's national ranking for the four-hour emergency access standard (EAS) was upper quintile at 19th best Trust out of 122 reporting Acute Trusts. 4 hour performance returned to common cause variation in February 2024.
- The Board should note that UEC demand has tracked closer to the pessimistic scenario in the Winter Plan. In particular, the Trust's four highest months of Type 1 ED attendances on record have all occurred this Winter (October and December 2023, and January and February 2024) and five of the Trust's seven highest months of net importing of Intelligently Conveyed ambulances to Walsall Manor hospital on record have also occurred this Winter, with 1,143 ambulances conveyed to Walsall Manor from neighbouring boroughs October 2023 – February 2024, and 62 conveyed away, representing a net import of 1,081 ambulances. This is a reflection of the extent of pressure at neighbouring organisations and poses a significant risk to the Trust's ability to maintain timely access to emergency care locally, and also poses a significant financial risk too.
- At the time of writing, the Trust remains on track to deliver 76% 4-hour Emergency Access Standard performance in March 2024.

Cancer Care

- In January 2024, 81.5% of patients with confirmed Cancer were treated within 62-days of referral, as part of the new 62-day combined performance indicator. This places the Trust in the upper decile of performance nationally. 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.
- In January 2024, 83.5% of patients received a diagnosis within 28-days of referral on a suspected Cancer pathway, representing upper decile 28-day Faster Diagnosis Standard performance.

Elective Care

- The Trust delivered the national standard to have no patients waiting in excess of 78 weeks as of the end of February 2024 (excluding patient choice), for the 12th consecutive month.
- The Trust's total RTT incomplete waiting list has shown incremental reduction this financial year, despite persistent industrial action. The Trust's total RTT incomplete waiting

list has decreased from a peak of 35,882 in April 2023 to 31,040 in February 2024. This represents a 13.5% reduction over the course of the last 10 months.

- The Trust has delivered a statistically significant increase in outpatient clinic booking utilisation with 14 consecutive months above the baseline mean.
- The Trust has a plan to deliver zero patients waiting in excess of 65 weeks (excluding patient choice) by 31st March 2024. The plan contains some risk; most notably for Oral Surgery, but at the time of writing remains on track.

National Staff Survey

- The Trust has achieved an improvement across all domains of the staff survey, with statistically significant improvement in three domains, and is equal to or above the sector national average in three indicators; we are recognised and rewarded, we work flexibly, we are a team.
- The Trust is the third most improved Acute Trust in the country since 2019/20 for the proportion of staff recommending the organisation as a place to work, as measured through the national staff survey.

Advise:-

Elective Care

- The Trust's 18-week RTT performance for February 2024 has 59.83% of patients waiting under 18 weeks, and a national ranking position up to 54th (out of 121 reporting Trusts) for January 2024 performance – the Trust's highest national ranking for over 2 years. In addition, the Trust's 52-week waiting time performance is now materially above the median at 47th out of 122 reporting Trusts.

Cancer Care

- Overall access to suspected cancer and Breast symptomatic 2 week wait clinic appointments is showing common cause variation. 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.

Alert:-

Diagnostic access

- The Trust's 6 Week Wait (DM01) Diagnostics performance is now 87th best (January 2024 reporting), out of 120 reporting general acute Trusts, but with improvement to 23.92% of Trust patients now waiting over 6 weeks in February 2024. 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. Expanded capacity has commenced in January 2024, with a phased increase to the full new extended timetable by April 2024. Endoscopy remains the most challenged Diagnostic modality at the Trust, with waiting times forecast to be recovered back within 6 weeks by Summer 2024. Early progress is now demonstrated with 1,558 Endoscopy patients over 6 weeks at the end of February 2024, compared to 1,715 at the end of January 2024.
- Non-Obstetric Ultrasound has also experienced significant pressure, as is the case across the Black Country, with recovery now being demonstrated with 422 patients waiting over 6 weeks

for Non-Obstetric Ultrasound at the end of February 2024, down from 839 at the end of December 2023.

- Finally, MRI has experienced an almost 20% increase in requests since April 2023, putting pressure on waiting times, and resulting in 399 patients waiting over 6 weeks at the end of February 2024. Additional commissioned capacity on the mobile MRI scanner for NHS patients has been agreed, along with access to the Cannock Community Diagnostic Centre to support recovery.
- 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.

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

<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> • Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	
<i>Improve the Healthcare of our Communities</i>	
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Paper to the Trust Board Meeting - to be held in public
17th April 2024

Title of Report:	Trust Board Metrics Report	Enc No: 14
Author:	Author - Amanda Cater, Head of Performance <u>Amanda.cater@nhs.net</u> Responsible Directors – Dr Manjeet Shehmar, Chief Medical Officer, Lisa Carroll, Chief Nursing Officer, Ned Hobbs, Chief Operating Officer and Deputy Chief Executive, Kevin Stringer, Group Chief Financial Officer and Group Deputy Chief Executive, Alan Duffell, Group Chief People Officer, Clair Bond interim Director of Operational HR & OD, Stephanie Cartwright, Group Director of Place (Walsall and Wolverhampton), Dan Mortiboys, Director of Finance	
Presenter/Exec Lead:	TBC	

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

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:

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

Implications of the Paper:

Risk Register Risk	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 style="border: 1px solid black; padding: 5px;"> Any risks associated with individual metrics within the report will be noted within the appropriate committee papers. </div>	
Changes to BAF Risk(s) & TRR Risk(s) agreed.	State: None Risk Description None Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: none Capital: None Workforce: implications associated with the capture and reporting of performance data. Funding Source: None		
Report Data Caveats	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		
Compliance and/or Lead Requirements	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:
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <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 within the core Agenda, please refer for areas of 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 report replaces the previous IQPR – Integrated Quality and Performance Report.



Where we want to get to

Strategic Framework

Our strategic framework encompasses the key components of our strategy and the relationship between these are reflected within the diagram below.



Vision

Our vision is to 'To deliver exceptional care together to improve the health and wellbeing of our communities'. Our vision has been updated to reflect the closer working of our organisations and to focus on our core purpose of improving the health and wellbeing of our communities.

A vision is more than a few words – it reflects our aspirations, helps to guide our planning, support our decision making, prioritise our resources and attract new colleagues.

Strategic Aims and Objectives

Our strategy is based around four strategic aims - referred to as the Four Cs.



Care	Excel in the delivery of Care	
Colleagues	Support our Colleagues	
Collaboration	Effective Collaboration	
Communities	Improve the health and wellbeing of our Communities	

Our strategic aims reflect our four key areas of focus and consider the key influences from the environment within which we operate.

Our aims incorporate feedback from colleagues working for both organisations as well as the public and external stakeholders, e.g. the Integrated Care Board and other providers.

Our strategic aims are underpinned by strategic objectives (detailed later in the document) – these are more specific measures which we use to judge our achievement.



How we will get there

Strategic aims and objectives

Our strategic aims and objectives are the means to achieving our vision. We have refreshed these to ensure they remain relevant and fit for purpose. In doing so, we have moved to a single set of strategic aims and objectives across the two Trusts. They comprise a tiered approach with high level, long-term aims that are underpinned by more specific objectives.

Given the breadth of work, detailed delivery plans are used within the organisations to assess the performance and ensure we are delivering our aims and objectives.

Our strategic aims revolve around four Cs – **Care, Colleagues, Collaboration and Communities**. We see these as being the key areas of focus for us over the next five years in the achievement of our vision. These areas have been prioritised following an analysis of the environment with which we are operating in and after discussion with internal and external stakeholders.

The four Cs are interconnected; we must make improvements in all areas if we are to deliver our vision. The graphic to the right outlines our strategic aims and their supporting objectives.

Excel in the delivery of Care

We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.

- We will embed a culture of learning and continuous improvement at all levels of the organisation
- We will prioritise the treatment of cancer patients; focused on improving the outcomes of those diagnosed with the disease
- We will deliver safe and responsive urgent and emergency care in the community and in hospital
- We will deliver the priorities within the National Elective Care Strategy
- We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations

Support our Colleagues

We will be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations.

- Be in the top quartile for vacancy levels across the organisations, recruiting and retaining staff
- Deliver year on year improvements in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing
- Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged
- Deliver year on year improvement in Workforce Equality Standard performance



Improve the health of our Communities

We will positively contribute to the health and wellbeing of the communities we serve.

- Develop a strategy to understand and deliver action on health inequalities
- Achieve an agreed, Trust-specific, reduction in the carbon footprint of clinical services by 1st April 2025
- Work together with PLACE based partners to deliver improvements to the health of our immediate communities

Effective Collaboration

We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners

- Work as part of the provider collaborative to improve population health outcomes
- Improve clinical service sustainability by implementing new models of care through the provider collaborative
- Implement technological solutions that improve a patient's experience by preventing admission or reducing time in hospital
- Progress joint working across Wolverhampton and Walsall that leads to a demonstrable improvement in service outcomes
- Facilitate research that establishes new knowledge and improves the quality of care of patients



Assure

Positive assurances & highlights of note for the Committee.

- Trust Board endorsed the board level metrics aligning to the four strategic objects.
- 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.
- The dashboard template is also based upon a NHSE template.
- The report contains a one-page summary table that references by SPC icon interpretation for Assurance and Variation and lists metrics within the relevant section depending on progress.
- Please refer to the relevant Committee highlight reports for areas of focus.
- Key metrics have detailed exception pages, containing SPC charts where appropriate, and narrative explaining positioning and actions being taken where needed.

Advise

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

Key elements to note:

- 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.
- The rationalising of metrics requires sub-committees to prioritise and escalate emerging issues (de-escalating and escalating to maintain the ability of the Board to apply focus) and not be unaware by a subsequent performance or quality issue that was not part of the escalation pack to Board (sub-committee effective scrutiny a vital component).
- The importance of ensuring data presented is robust and timely, and Trust Board able to focus on key issues escalated through sub-committee supports this prioritisation of metrics. National metrics identified in the tables offers the reader the opportunity to seek assurance if a target is not at that expected nationally.

Following the publication of the national 2023/24 contract, current metrics and targets included within the report have been reviewed and the following changes implemented from April 2023:

- Percentage of A+E attendances where the Service User was admitted, transferred, or discharged within 4 hours of their arrival at an A+E department: change to the target "Operating standard of 76%, by March 2024" with a monthly trajectory of 76%.
- RTT waiting times for non-urgent Consultant-led Services:
 - Inclusion of a new metric: Zero tolerance RTT waits over 78 weeks for incomplete pathways, target "From April 2023 >0".
 - inclusion of a new metric "Zero tolerance RTT waits over 65 weeks for incomplete pathways", target – "By 31 March 2024 >0". Monthly trajectories as per the annual planning submission.
- Minimise rates of Clostridium difficile: Thresholds for 2023/24 for WHT have been published, the threshold is no more than 26 cases (a reduction of 1 compared to 2022/23 which was 27).
- To ensue members are sighted on the 3 key performance deliverables (Publication PRN00196 Elective care prioritise 2023/24), a further 2 metrics have been included within the dashboard:
 - Meet the 75% cancer FDS ambition by March 2024
 - Continue to reduce the number of cancer patients waiting over 62days.
- From the 1st of October 2023, there has been changes applied to the national NHS cancer waiting times standards. This change has reduced the number of standards to three cancer standards, which combine all the previous standards and cover additional patients: These are :
 - the 28-day Faster Diagnosis Standard (75%)
 - one headline 62-day referral to treatment standard (85%)
 - one headline 31-day decision to treat to treatment standard (96%).









- Priorities and Operational Planning guidance for 2024/25 not yet published.

Alert

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

Please refer to subcommittee highlight reports within the main agenda.

Trust Board Metrics - Key Objectives

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

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	Feb 24	59.83%	57.85%	92%			61.33%	58.68%	63.99%
18 Weeks RTT - Number of 52 Week Breaches	Feb 24	874	1098	1000			1062	815	1310
18 Weeks RTT - Number of 65 Week Breaches	Feb 24	118	98	0			307	162	453
18 Weeks RTT - Number of 78 Week Breaches	Feb 24	0	0	0			72	30	115
Ambulance Handover - % of Handovers completed within 30mins of Arrival	Feb 24	93.86%	95.00%	95%			91.51%	82.49%	100.53%
Cancer - 28 Day Faster Diagnosis - % Compliance – Overall	Jan 24	84.33%	75.00%	85%			71.26%	56.56%	85.96%
Cancer - 31 Day Diagnosis to Treatment - % Compliance - Combined Standard	Jan 24	97.89%	96.00%	96%			95.86%	88.94%	102.78%
Cancer - 62 Day Referral to Treatment - % Compliance - Combined Standard	Jan 24	81.46%	85.00%	85%			74.96%	58.62%	91.30%
Cancer - No. of patients waiting 63+ Days for treatment	Jan 24	36	72	39			71	31	110
Clostridium Difficile - Number of Cases	Feb 24	7	2	2			5	-3	12
MRSA - Number of Cases	Feb 24	0	0	0			0	-1	1
Diagnostics - % of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test	Feb 24	23.96%	1.00%	1%			14.82%	7.76%	21.88%
ED - ED Attendances Admitted, Transferred or Discharged within 4 hours of Arrival	Feb 24	78.09%	76.00%	76%			76.79%	70.82%	82.76%
ED - ED Attendances Admitted, Transferred or Discharged within 12 hours of Arrival	Feb 24	4.69%	6.00%	2%			4.81%	-0.16%	9.78%
Falls - Number resulting in severe harm or death	Feb 24	0	0	0			1	-2	4
Incidents - Never Events	Feb 24	0	0	0			0	-1	1
Incidents - Serious Incidents Hospital	Jan 24	0		0			7	-4	17
Incidents - Serious Incidents Community	Jan 24	0		0			0	-1	2
Maternity - Midwife to Birth Ratio - (1 to)	Feb 24	24.7	28	28			29	22	36
Pressure Ulcers: Cat 2, 3, 4 Incidents Hospital	Feb 24	27		0			14	1	27
Pressure Ulcers: Cat 2, 3, 4 Incidents Community	Feb 24	19		0			14	1	27
Sepsis - % of patients screened who received antibiotics within 1 hour - ED (E-Sepsis Module)	Feb 24	80.00%	90.00%	90%			71.9%	63.8%	80.0%
VTE Risk Assessment	Feb 24	85.74%	95.00%	95%			90.9%	87.5%	94.4%

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

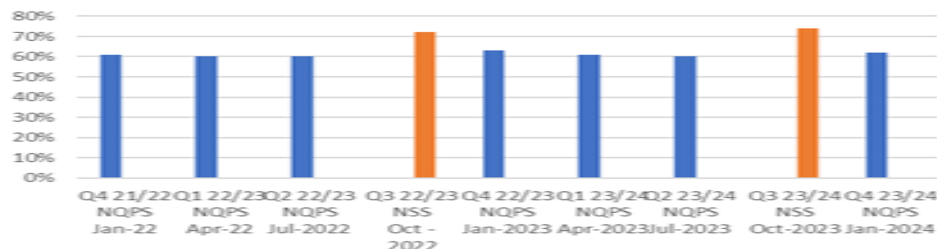
*** The target for C Difficile is cumulative but the metric is reported monthly, therefore the year target has been divided by 12 in order to populate the Variation SPC icon

Strategic Aim: CARE

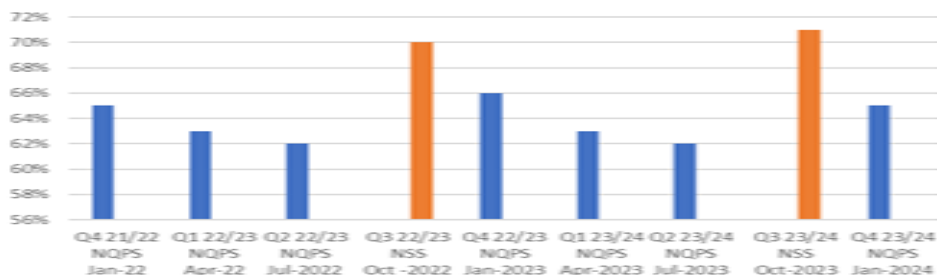
Strategic Objective: We will embed a culture of learning and continuous improvement at all levels of the organisation

Board Level Metric(s): 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

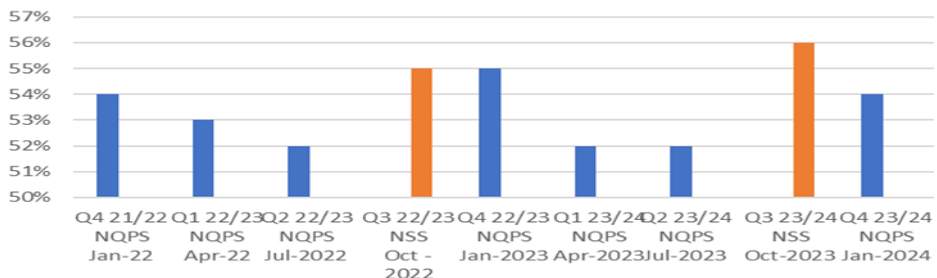
There are frequent opportunities for me to show initiative in my role



I am able to make suggestions to improve the work of my team / department



I am able to make improvements happen in my area of work



Analyst Narrative:

Data is from Quarters 1,2 and 4 of the quarterly pulse survey with Question 3 data from the National Staff survey relating to the same questions. The data included covers January 2022 - January 2024

It should be noted that although the questions are the same in the National Staff Survey the methodology of weighting is different and therefore not a true comparison. The National Staff Survey data points are highlighted in orange.

The Quarterly Pulse Survey data for:

Question 3c: There are frequent opportunities for me to show initiative in my role indicates no significant movement during the time frame.

Question 3d: I am able to make suggestions to improve the work of my team / department shows varying differences over the data period.

Question 3f: I am able to make improvements happen in my area of work shows a 2% improvement in January 2024 National Quarterly Pulse survey compared to Q1 and Q2

Executive Narrative:

Executive Director Lead: Simon Evans

Executive Narrative: Although this specific metric is in relation to the annual staff survey, questions within the quarterly pulse survey include the following: 1. I am able to make suggestions to improve the work of my team/department, 2. I am able to make improvements happen in my area of work. 3. There are frequent opportunities for me to show initiative in my role. Proposal to track these results quarterly (Q3 pulse survey is replaced with the annual staff survey) which will provide more meaningful and timely data.

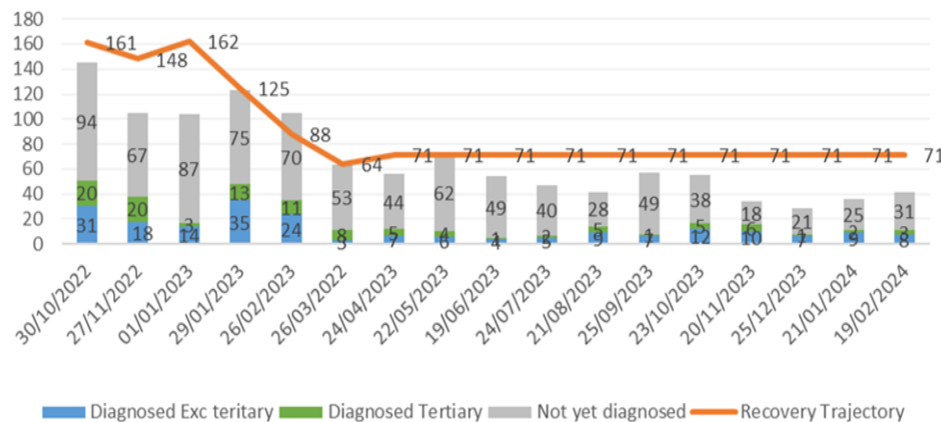
ACTION	BY WHO	BY WHEN

Strategic Aim: CARE

Strategic Objective: We will prioritise the treatment of cancer patients, focused on improving the outcome of those diagnosed with the disease

Board Level Metric(s): Reduce the 62 day cancer backlog to 39 by the end of March 2024

Cancer 62+ day PTL - Patients waiting 62+ day- Latest snapshot 19/02/24



Analyst Narrative:

The number of patients waiting over 62 days continues to reduce, as at the snapshot of 19th February 2024, there were 42 patients on the PTL over 62 days.

Submitted forecast for reduction of patients waiting 62 days +:

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

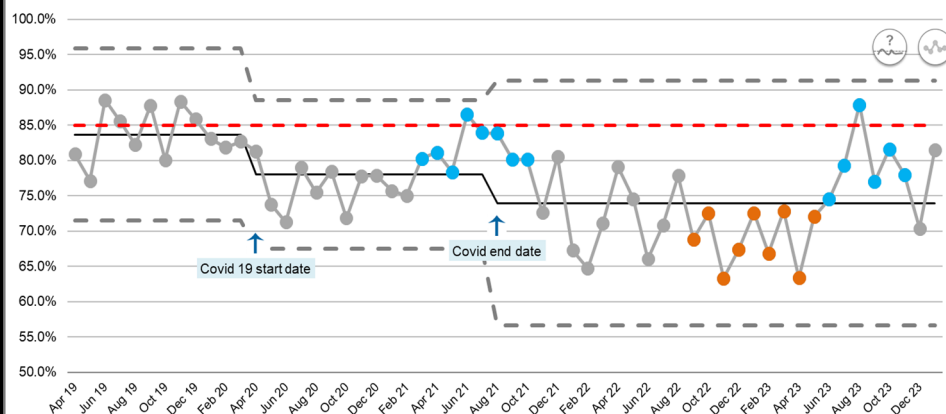
The Trust remains ahead of the above trajectory for reduction of 62-day patients.

In January 2024, 81.5% of patients with confirmed Cancer were treated within 62-days of referral, as part of the new 62-day combined performance indicator. This places the Trust in the upper decile of performance nationally. Timely Cancer treatment is vital to treat the disease early which is associated with improved survival rates.

In January 2024, 83.5% of patients received a diagnosis within 28-days of referral on a suspected Cancer pathway, representing upper decile 28-day Faster Diagnosis Standard performance

SUPPORTING METRICS

Cancer 62 Day - % Compliance - Combined Standard- starting 01/04/19



Executive Narrative:

Issues:

The core risks to delivery are timely endoscopy access (specifically for colonoscopy) and urgent histopathology results, as delivered by the Black Country Pathology Service. Work continues to reduce colorectal waiting times, as this is a significant contributor to the number of patients waiting over 62-days. Dermatology continues to be challenged to keep booking days under 14 days (old cancer metric 2 week waits). Mutual aid between RWT & WHT continues for Dermatology, which is supporting reduced booking days.

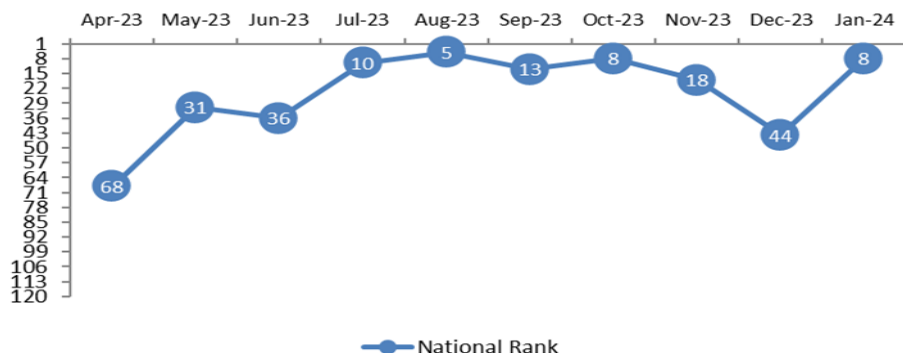
Actions:

Mitigation plans were put in place for patients that had appointments on industrial action days. Endoscopy expansion Business Case approved at P&F Committee in June, £780k/year investment 3,000+ additional endoscopies /year. Dermatology, all routine 1st appointments that do not impact on potential 65 week breaches are converted to 2WW slots.

Strategic Aim: CARE

Strategic Objective: We will prioritise the treatment of cancer patients, focused on improving the outcome of those diagnosed with the disease
Board Level Metric(s): Reduce the 62 day cancer backlog to 39 by the end of March 2024

Cancer 62 Day Combined Standard - National Rank out of 119 reporting acute Trusts



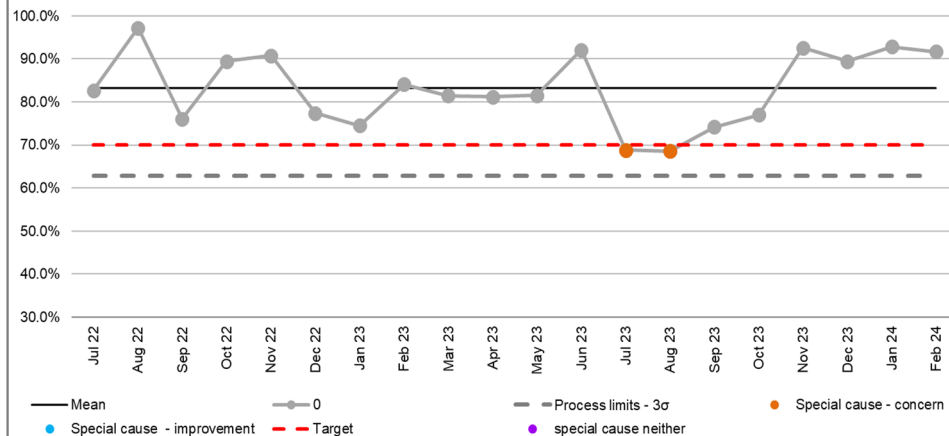
ACTION	BY WHO	BY WHEN
Endoscopy expansion business case	Director of Ops MLTC	Apr-24
BCPS recovery plan	Interim Director of WC&CSS (support services)	Ongoing
Request to SWBH to increase radiology capacity clinics agreed	Interim Director of WC&CSS (support)	Apr-24
MDT's working to compliance with best practice pathways for 28 day faster diagnosis	Cancer Team	Ongoing
Introduction of Breast pain clinics run by a Surgical Care Practitioner	Care Group Manager	Feb-24
Update to Cancer Access Policy	Deputy Director Division of Surgery	Mar-24

Strategic Aim: CARE

Strategic Objective: We will deliver safe and responsive urgent and emergency care in the community and in hospital

Board Level Metric(s): Delivery of the urgent 2 hour Urgent Community Response standard

Urgent Crisis Response (UCR) - 2 Hour Response Rate- starting 01/07/22



Analyst Narrative:

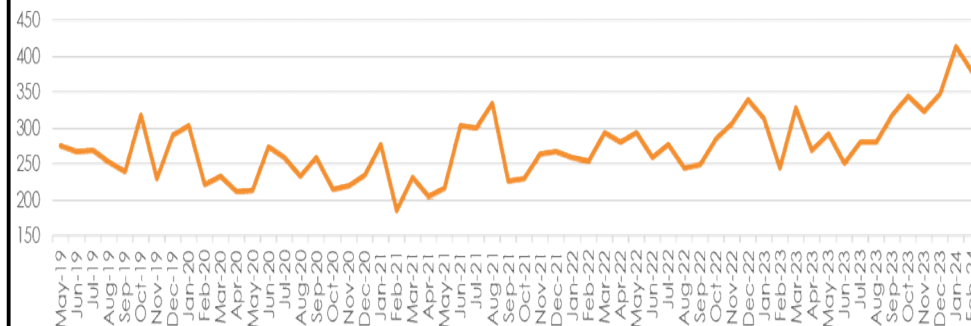
Performance against the national constitutional standards for response rates within 2 hours continues to be within normal statistical variation. February reported 91.66% above the target of 70% (for the 6th consecutive month).

Rapid Response received 379 referrals in February. These are patient with acute exacerbation of symptoms requiring an urgent intervention to potentially prevent a hospital admission. Rapid Response intervention led to 88.9% of patients avoiding an admission.

Rapid Response is visible to NHS111 and WMAS as a direct referral / call disposal route for clinical and non-clinical referrals.

SUPPORTING METRICS

Referrals to Rapid Response



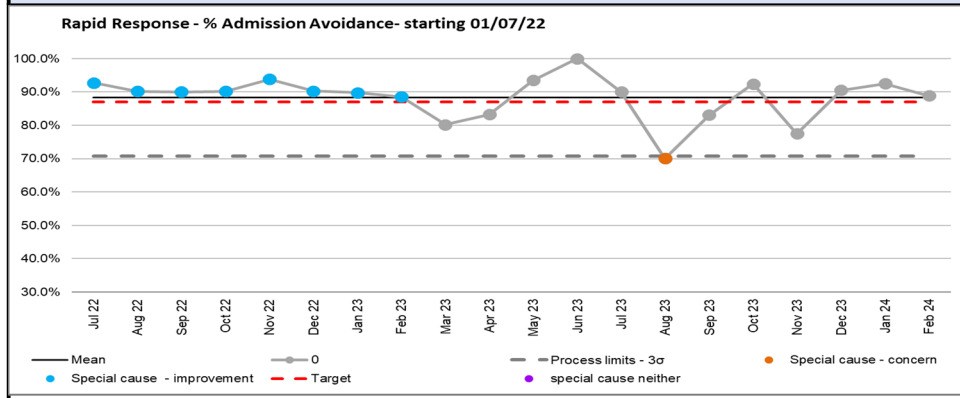
Executive Narrative:

The continuing expansion of our collaboration with WMAS and subsequent increases in referrals has necessitated a review of the operational hours of Rapid Response. It has been established that the service will benefit from moving to a 24/7 model. A project commenced with Rapid Response to expand the operational hours. The implementation for 24/7 UCR response is was 18 March 24

Strategic Aim: CARE

Strategic Objective: We will deliver safe and responsive urgent and emergency care in the community and in hospital

Board Level Metric(s): Delivery of the urgent 2 hour Urgent Community Response standard



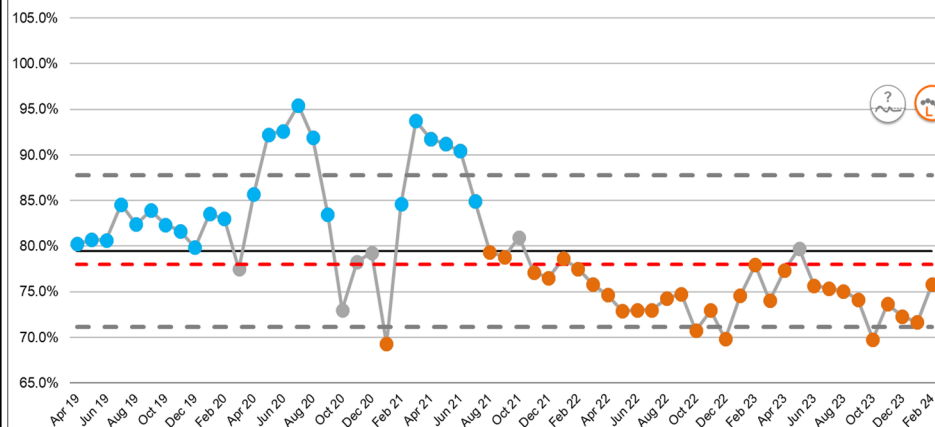
ACTION	BY WHO	BY WHEN
Merge of UCR & Rapid Response	Community Leadership Team	Mar-24

Strategic Aim: CARE

Strategic Objective: We will deliver safe and responsive urgent and emergency care in the community and in hospital

Board Level Metric(s): Delivery of the 76% 4 hour A&E target

Total time spent in ED - % within 4 hours - Overall (Type 1 and 3)- starting 01/04/19



Analyst Narrative:

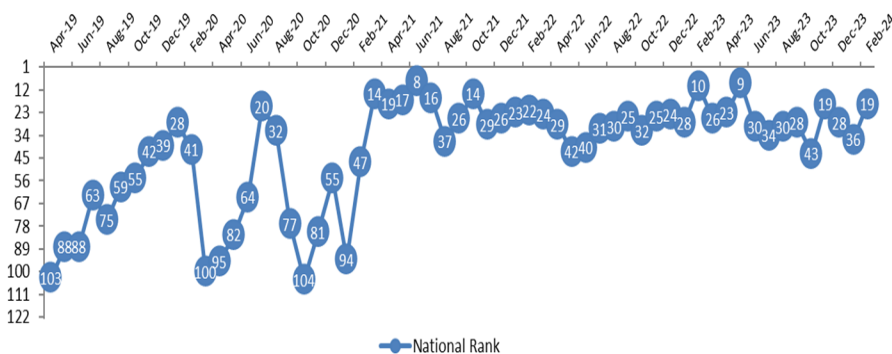
From April 2023 the national constitutional target changed to 76% for Percentage of Accident & Emergency attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival.

In February 2024, 75.8% of patients were managed within 4 hours of arrival, against the revised national expectation of at least 76%. WHT's national ranking for the four-hour emergency access standard (EAS) was upper quintile at 19th best Trust out of 122 reporting Acute Trusts. The 4 hour performance returned to common cause variation in February 2024.

The Trust's four highest months of Type 1 ED attendances on record have all occurred this Winter (October, December 2023, and January, February 2024) and five of the Trust's seven highest months of net importing of Intelligently Conveyed ambulances to Walsall Manor hospital on record have also occurred this Winter, with 1,143 ambulances conveyed to Walsall Manor from neighbouring boroughs October 2023 – February 2024, and 62 conveyed away, representing a net import of 1,081 ambulances.

SUPPORTING METRICS

4-hour Emergency Access Standard (Type 1 & 3) performance - National rank out of 122 reporting Acute Trusts



Executive narrative:

Issues: pressure at neighbouring organisations poses a significant risk to the Trust's ability to maintain timely access to emergency care locally, and also poses a significant financial risk too.

Challenges continue in the:

Ability to improve Non Admitted pathway, ability to effectively manage the increase in Mental Health presenting patients to ED., appropriate streaming of GP referrals and delays in accessing imaging (particularly CT).

Actions:

New Ambulatory Emergency Care Unit with expansion in Assessment rooms to take both returning AEC patients and GP referrals streamed from ED. The new Unit opened January 2024.

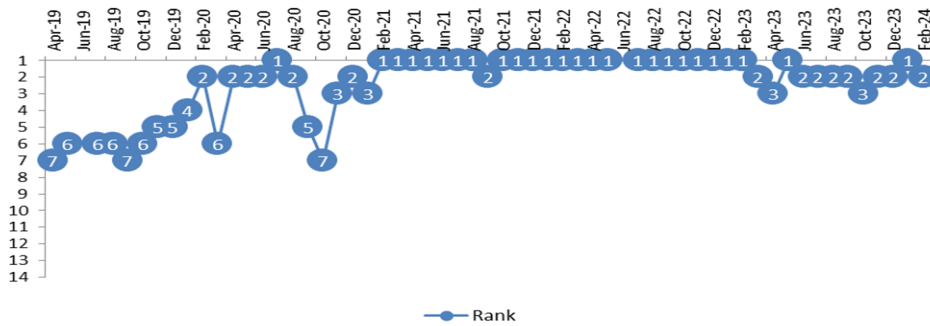
Introduction of a new Hot Imaging Suite, located adjacent to the new ED to open in Spring 2024.

Strategic Aim: CARE

Strategic Objective: We will deliver safe and responsive urgent and emergency care in the community and in hospital

Board Level Metric(s): Delivery of the 76% 4 hour A&E target

Ambulance Handover - % Handovers recorded within 30 mins - Rank out of 14 West Midlands Trusts

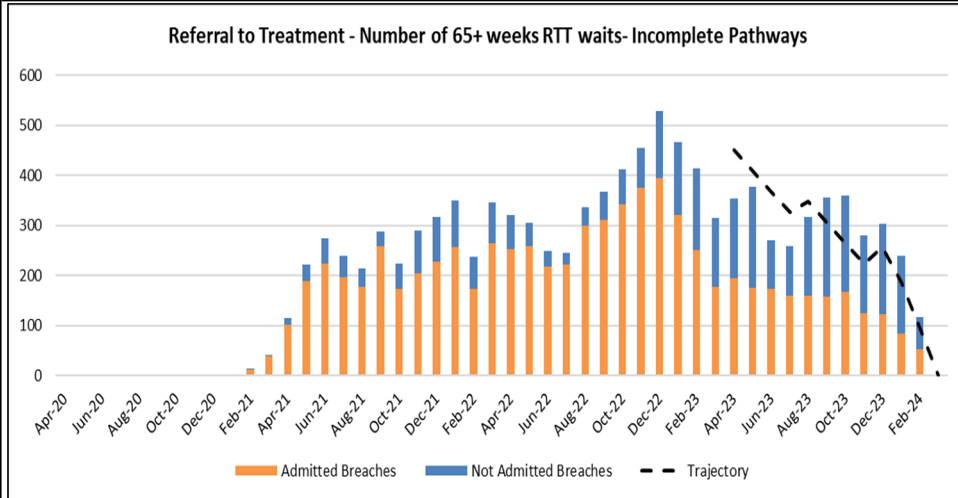


ACTION	BY WHO	BY WHEN
Improve utilisation of the ward whiteboards (patient flow project)	MLTC improvement group	Jan-25
Improve non-admitted pathway	ED Team	Dec-24
Introduction of a new Hot Imaging Suite, located adjacent to the new ED. The Suite will provide dedicated imaging support for both CT and Ultrasound	MLTC Divisional Team / Imaging Care Group Manager	May-24

Strategic Aim: CARE

Strategic Objective: We will deliver the priorities within the National Elective Care Strategy

Board Level Metric(s): Eliminate 78 weeks by the end of June 2023 (excluding patient choice) / Eliminate 65 weeks by the end of March 24 (excluding patient choice)



Analyst Narrative:

The Trust continues to deliver the standard of no patients waiting more than 78 weeks, excluding patient choice. This will be for the 12th consecutive month. The number of patients waiting > 52 weeks has reduced for the 5th consecutive month.

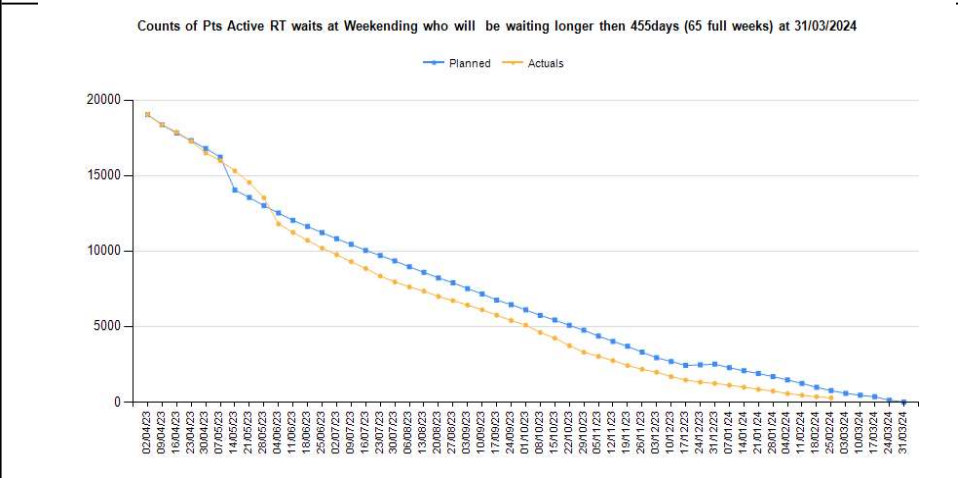
The number of 65 week breaches continues to be reduced. The trust is ahead of trajectory for reducing the number of patients who are at risk of waiting 65 weeks as of 31st March 2024.

As of 4th March the cohort is 270, versus the forecast of 745. (second chart).

The Trust's 65-week waiting time (as a % of total PTL) is in the 2nd best quartile at 52nd nationally (out of 121 trusts) and 8th regionally in the Midlands out of 21 Trusts.

In February, the RTT performance was 59.83%, above the forecast of 58%. The Trust's ranking position for RTT is demonstrating incremental improvement this financial year and critically the number of patients on the Trust's total elective waiting list is now falling from a peak of 35,882 in April 2023 to 31,040 in Febr+B3uary 2024 (13.5% reduction).

SUPPORTING METRICS



Executive Narrative:

Issues:

This financial year the Trust has postponed 4145 outpatient appointments and 308 elective procedures due to industrial action.

Elective theatre sessions (inclusive of Hot Gall Bladder lists) shows an increase % usage from the previous month with 293 out of a potential 337 session utilised (87% of sessions utilised, with dropped sessions due to industrial action 24-28 Feb). The Trust remains in the top Quartile for capped theatre utilisation nationally.

Actions:

An additional 6.5 theatre sessions were established from 23rd October 2023 following approval of a business case for theatre expansion to support elective recovery.

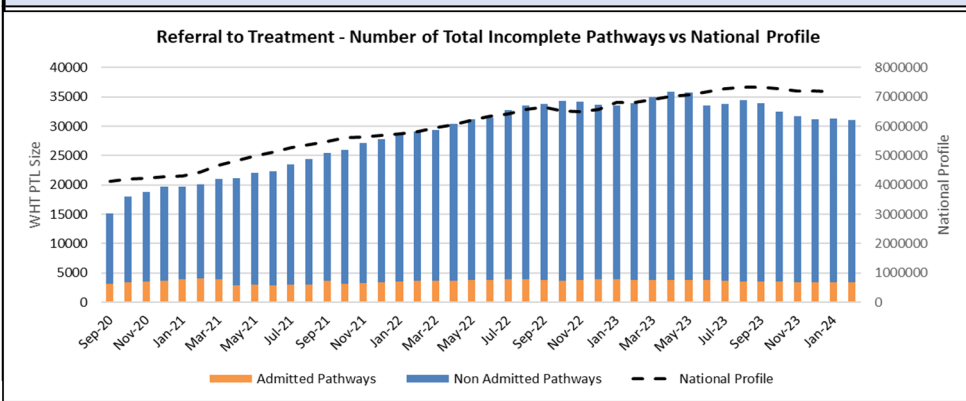
The Trust continues to accelerate its outpatient improvement programme, with a focus on clinic utilisation, reducing DNA rates and increasing the number of follow up patients to 'patient initiated follow up'.

Plans have been put in place to support challenged specialties with achieving no patients waiting at 31st March 2024 over 65 weeks, with additional clinics and theatre capacity.

Strategic Aim: CARE

Strategic Objective: We will deliver the priorities within the National Elective Care Strategy

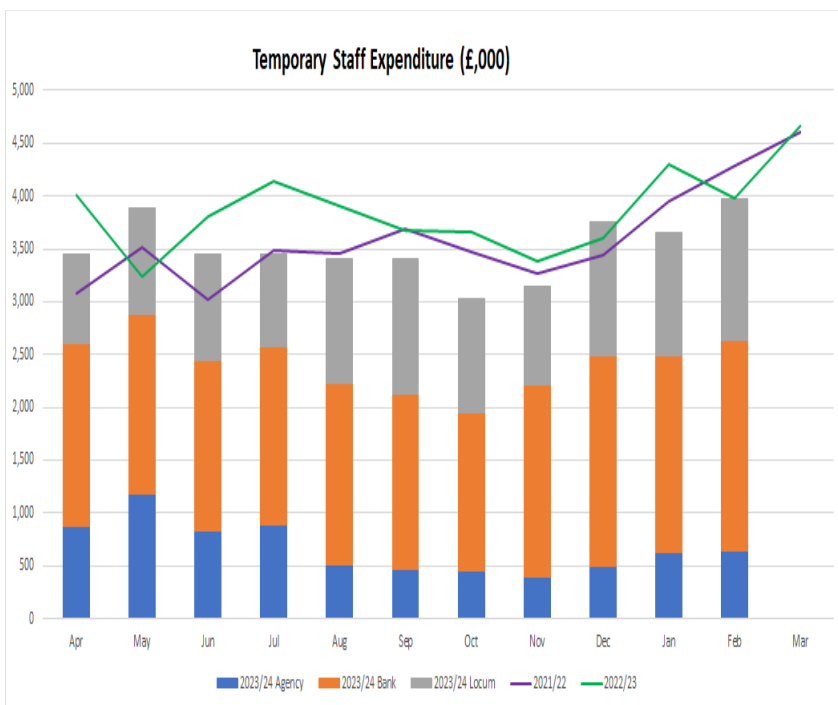
Board Level Metric(s): Eliminate 78 weeks by the end of June 2023 (excluding patient choice) / Eliminate 65 weeks by the end of March 24 (excluding patient choice)



ACTION	BY WHO	BY WHEN
Participating in NHSE Further Faster Programme	Lead Div Director Ops DoS	Q4
Outpatients transformation Project (Internal)	Lead Div Director Ops DoS	Q3
Capital Funding for the refurbishment of Main Theatres has been agreed	Lead Div Director Ops DoS	Dec-24

Financial Performance to February 2024 (Month 11)

	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
Subtotal Income	349,143	378,726	29,584
Subtotal Pay Expenditure	(234,962)	(252,883)	(17,921)
Subtotal Non Pay Expenditure	(116,123)	(124,129)	(8,005)
Subtotal Finance Costs	(11,762)	(12,980)	(1,218)
Total Surplus / (Deficit)	(13,705)	(11,265)	2,440
Plan Re-Profile	1,424	0	(1,424)
Adjusted Surplus / (Deficit)	(12,281)	(11,265)	1,016



Financial Performance

- The Trust has a full year outturn target of a £3.005m deficit
- The Trust has reported a month 11 YTD deficit of £11.265m, an £8.260m adverse to the full year plan.
- In November NHSE requested all Trusts to re-forecast their revenue position for 23/24. WHT forecasted at £27.95m assuming there was no further industrial action per NHSE guidance. NHSE (and to a lesser extent the ICB) have released additional income and the Trust is therefore reporting a £3.005m deficit plan for 23/24.
- The Trust is showing a variance to plan principally due to a £4.5m stretch within the November agreed plan being highly likely to be unachievable and impact of industrial action beyond the level of funding received from NHSE.
- The financial settlement offered to the Trust for 2023/24 has a considerable decrease in revenue. Trust plans show a higher % reduction in income than other acute providers in the system.
- Income was £29.584m above plan (this includes 11 months (£22.718) of full year deficit support (£24.8m) and £3.695m over performance against the ERF target) Staffing costs were £17.921m above plan and non-pay costs were £8.005m above plan.

Capital

- The Trust will fully spend its £9.5m allocation of operational capital within year, will show considerable spend against PSDS funding and will fully spend the £2.75m frontline digitisation funding.
- Year to Date Capital expenditure for Month 11 was £8.968m

Cash

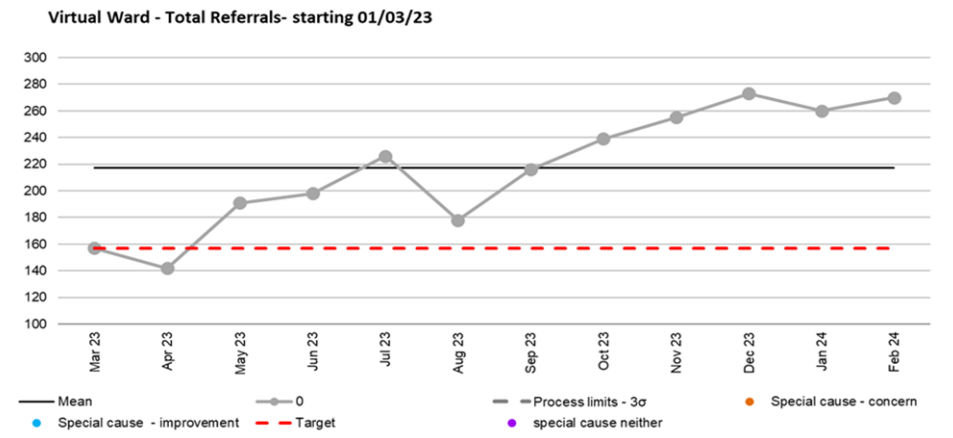
- The Trust currently holds a healthy cash position and will not seek loan support for March 2024 due to the additional income received in Q4. The is c£24.8m was in excess of the £18.5m loan funding requested

Efficiency attainment

- Traditional CIP plans (£17.2m Divisional Target) are currently at 81% achievement (64% Recurrent & 36% Non- Recurrent)
- FOT delivers 65.3% of the £26.45m stretch original planned savings
- FOT savings of £17.3m of which £3.0m are high risk (£1.1m still to be identified) and £2.9m are medium risk schemes (including £3.7m of technical adjustments).

Strategic Aim: COLLABORATION

Strategic Objective: Implement technological solutions that improve a patient’s experience by preventing admission or reducing time in hospital
Board Level Metric(s): Increase from March 23 in the number of patients being cared for in virtual wards by March 2024



Analyst Narrative:
 The adult virtual wards continued to offer 75 virtual beds covering respiratory, palliative care, hospital at home and frailty pathways during February. Referrals into the service remained below the service capacity. Paediatrics currently have 10 virtual beds covering 6 different pathways to prevent / reduce hospital bed admissions. The majority of referrals have been for respiratory conditions (65%). The Paediatric Virtual ward continues to offer thorough out of hospital care for patients and utilisation remains consistent. Baseline data for referrals into the virtual wards for March 2023 was: 157. February 2024 reported 270 referrals. The number of patients admitted has grown significantly since their inception providing a safe MDT led discharge pathway for patients making a positive impact on discharge pathways during Winter. Funding of the Virtual Wards for 2023/24 has been confirmed at a reduced level. The Virtual Wards are currently operating around 50% of their capacity although there was an increase in December during operational pressures. Work continues with Divisions in order to improve the utilisation of the wards to maximise their benefit.

Virtual wards (also known as hospital at home) allow patients to get the care they need at home safely and conveniently, rather than being in hospital. The NHS is increasingly introducing virtual wards to support people at the place they call home, including care homes.

Executive Narrative:
 The Adult Virtual Wards are currently operating at just above 50% of capacity. Work continues with other Divisions to improve the utilisation and maximise benefits. WHT has received national funding to expand use of “Ask Earl” which will enable the software to be used to stream patients into VW’s through criteria led referral. It is anticipated that this will ensure that all appropriate patients can benefit from early supported discharge through these pathways. A new virtual ward (Decision to Access) was launched in December to support patients discharged on D2A pathways in their preferred place of care. It has been identified that there is a 20% readmission rate currently for these patients. It is anticipated through a period of monitoring and escalation supported by UCR that this readmission rate can be reduced. To date 88 patients have been discharged and managed through this pathway and although a small sample size the readmission rate for this cohort has been established to be 7%. The Paediatric VW continues to record several successes since its launch. Work has commenced with the Patient Experience Team to capture family engagement initiatives and feedback about use of the service. This is to link in with the Paediatric Team’s Martha’s Rule work which is based on the understanding of what observations are, family’s understanding of observations and how to escalate concerns. Although some pathways cannot currently be offered owing to funding availability, the service is benchmarking against neighbouring Paediatric Virtual Wards to look at capturing pathways that do not necessarily use technology to facilitate a discharge home, but certainly support flow and capacity. We will update on progress in future reports.

Wards	Planned Go Live	Actual Go Live	Beds Plan	Actual Beds Open	Actual Admissions Feb 24	% Of Capacity Used	Step down vs Step up	Av. LOS (days)	% Face to Face contacts	No. of Readmissions
Acute Respiratory Infections	Jul 2022	Jul 2022	25	20	46	45%	46/0	5.7	92%	3
Palliative Care	Jul 2022	Nov 2022	15	15	17	24.5%	5/12	6	N/A	0
Hospital @ Home	Sep 2022	Dec 2022	20	20	43	51.6%	41/2	7.2	93%	4
Frailty	Jul 2022	Jan 2023	40	10	29	40.5%	29/0	5.8	81%	1
D2A	Nov 2023	Nov 2023	10	10	30	32.9%	29/1	5.4	92%	3

Strategic Aim: COLLABORATION

Strategic Objective: Implement technological solutions that improve a patient’s experience by preventing admission or reducing time in hospital
Board Level Metric(s): Increase from March 23 in the number of patients being cared for in virtual wards by March 2024

*D2A virtual ward is not reported within the national data.

Virtual wards have been launched utilising funding from the national program.
 The wards operate mainly on a step-down approach for patients following an acute admission.

ACTION	BY WHO	BY WHEN
Expansion of Ask Earl	MLTC Team	Q4 (23/24)
Home phototherapy pathway	Paeds VW Team	Q1 (24/25)

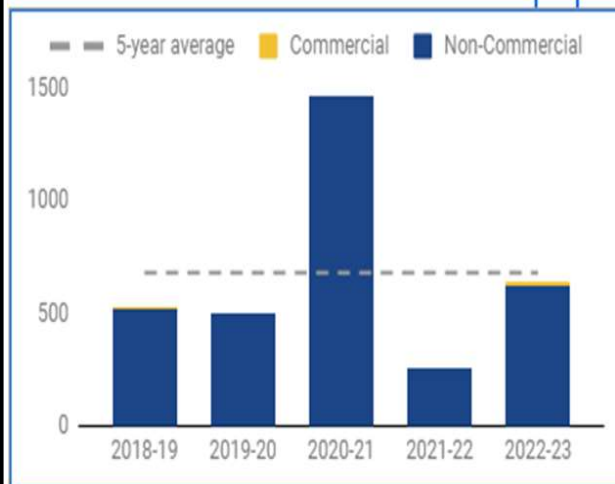
Strategic Aim: COLLABORATION

Strategic Objective: Facilitate research that establishes new knowledge and improves the quality of care of patients

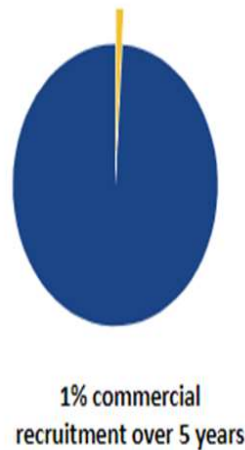
Board Level Metric(s): Increase the number of researchers and participant numbers beyond the level of achieved in 2019/20 by March 24

Graph 1

Recruitment over previous 5 years



Average 679 per annum



Analyst Narrative:

The number of active researchers (AHP's, Midwives, Nurses, and Consultants) within the Trust is growing steadily along with the number of recruits into Commercial and Non-Commercial studies (refer to supporting information section). An increase year by year starting from the baseline of 2019/2020 (refer to Graph1). Growth of Commercial research within the Trust is meeting the target set following the Lord O'Shaughnessy recommendation of doubling the number of commercial recruits. Research activity continues to increase, with Commercial research (clinical trials) contributing most to this growth. Home grown research (research undertaken by staff) has also seen a sharp rise with more colleagues requesting support from R&D through their research journey, the number of staff undertaking potential home-grown trials has seen a sharp rise at the start of 2024. Areas of growth are GU Medicine, Pharmacy research, Education, Rheumatology and reproductive health.

Strategic Aim: COLLABORATION

Strategic Objective: Facilitate research that establishes new knowledge and improves the quality of care of patients

Board Level Metric(s): Increase the number of researchers and participant numbers beyond the level of achieved in 2019/20 by March 24

SUPPORTING INFORMATION

In February 2023, the government commissioned an independent review (by Lord O'Shaughnessy) to offer recommendations on how to resolve key challenges in conducting commercial clinical trials in the UK and transform the UK commercial clinical trial environment. The review sets out 27 recommendations, including both priority actions to progress in 2023 and longer-term ambitions for UK commercial clinical trials.

Executive Narrative:

Excellence awards success for FORCE. Hannah Cooke (Research midwife) received the award for Equality & Diversity. Dr Rumi Jaumdally received the Research Award.

Hybrid research palliative care post working well and now embedded in services at WHT. Looking to work more closely with Dr Birch moving forward, governance support will also be provided by this.

Currently have 2 Keele Physiotherapy students with FORCE for 4 weeks, students are working across Research & Education.

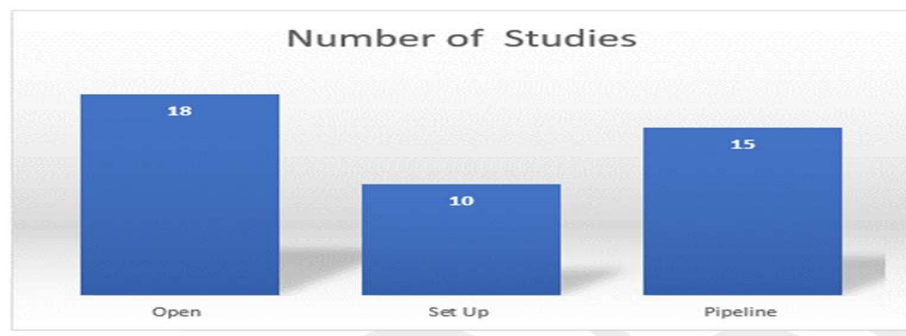
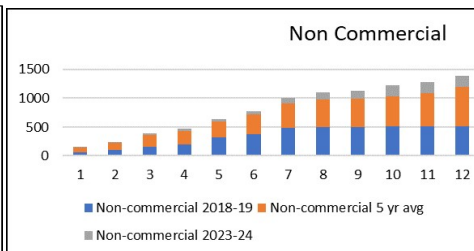
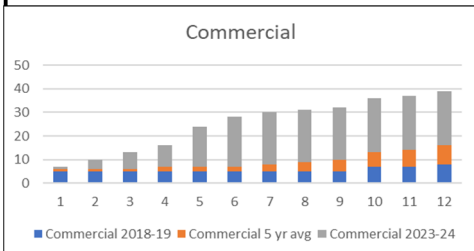
PI masterclass taking place on the 14th of March.

Poor attendance rate from members of the R&D committee, membership includes Clinical service representation, finance, QI, IG, Support services, CRN, Library services I.T and post graduate Tutor. Walsall mentioned in the Snap 3 (Smoking, Nicotine & Pregnancy Trial) February Newsletter for high recruitment.

HEALS2 study- First Chief investigator (CI) for Walsall for a study like this. Dr Aaron Wernham, Consultant Dermatologist is the co-CI for this study, the study is hoping to find out if compression therapy speeds up the healing of skin cancer wounds on the lower leg. Walsall were also the 1st to recruit into this study.

Graph 2

Graph 3



Highest number of studies to date for Walsall. ↑

ACTION	BY WHO	BY WHEN
PI Master Class Training -14/03/2024	Catherine Dexter	Completed

Strategic Aim: COMMUNITIES

Strategic Objective: Achieve an agreed, Trust-specific, reduction in the carbon footprint of clinical services by 1st April 2025

Board Level Metric(s): Achieve a 5% reduction in the carbon footprint at WHT by the end of March 24 compared to 2020/21

Carbon Footprint Update. The table below shows the Trust carbon footprint baseline and the reductions delivered from 1st April 2022 to 31 March 2023.

Emissions Category	Baseline (tCO2e)				Current Year (tCO2e)				Reduction (tCO2e)
	2019/2020				2022/2023				
	Scope 1	Scope2	Scope 3	Total	Scope 1	Scope2	Scope 3	Total	
Electric		3,845	908	4,753		2,892	1,019	3,911	841
Gas	5,550.59		721.86	6,272.46	4,714.25		803.18	5,517.44	755
Oil	81.27		15.40	96.67	40.99		9.00	49.99	47
WEEE Waste			0.17	0.17			0.01	0.01	0
Water			32.70	32.70			14.80	14.80	18
Clinical Waste-Incineration			88.05	88.05			26.91	26.91	61
Clinical Waste - Alternative Treatment			115.55	115.55			176.53	176.53	-61
Offensive Waste			3.35	3.35			2.97	2.97	0
Domestic Waste -Landfill			41.44	41.44			10.76	10.76	31
Domestic Waste -Incineration			0.00	0.00			0.00	0.00	0
Domestic Waste - Recycling			9.84	9.84			11.27	11.27	-1
Confidential Waste			0.98	0.98			1.15	1.15	-0
Total	5,631.86	3,844.55	1,937.54	11,413.95	4,755.24	2,891.84	2,076.02	9,723.10	1691
Volatile Anaesthetic Gases & Medical Gases									
Nitrous Oxide	688			688	453			453	235
Entonox	803			803	1432			1432	-629
Desflurane	427			427	64			64	363
Total	1918			1918	1949			1949	-31

Lead Narrative:

Carbon Footprint Update. The table on the left shows the Trust carbon footprint baseline and the reductions delivered from 1st April 2022 to 31 March 2023.

The baseline year has changed from 2020/21 to 2019/20 to bring it in line with Greener NHS baseline year. Scope 3 baseline will remain 2020/21 because the Greener NHS figures are estimates whilst the Trust scope 3 data are actual data from the carbon footprinting exercise.

The Trust has delivered 1,660tCO2e carbon emissions reduction on Scopes 1 and 2 which is 13% from 2019/20 baseline. Scope 3 emissions remains at 10tCO2e.

The carbon emissions shown in table reflects the additional carbon factors on electricity, oil and gas which are: Transmission and distribution carbon emissions and well to tank carbon emissions. These emissions were not included in previous iteration of the Greener NHS carbon calculator.

Executive Narrative:

Actions: see below. These priorities will require both revenue and capital funding as well as other resources such as staffing.

Further exposure monitoring is planned in April 2024 to gather robust data on staff risk to entonox exposure. Maternity Team to do a deep dive on the usage of Entonox, staff risks, current practices and reduction ideas which will include destruction technology. The sustainability group is collecting data for 2023/24 annual sustainability report which is expected to be available in May 2024

Strategic Aim: COMMUNITIES

Strategic Objective: Achieve an agreed, Trust-specific, reduction in the carbon footprint of clinical services by 1st April 2025

Board Level Metric(s): Achieve a 5% reduction in the carbon footprint at WHT by the end of March 24 compared to 2020/21

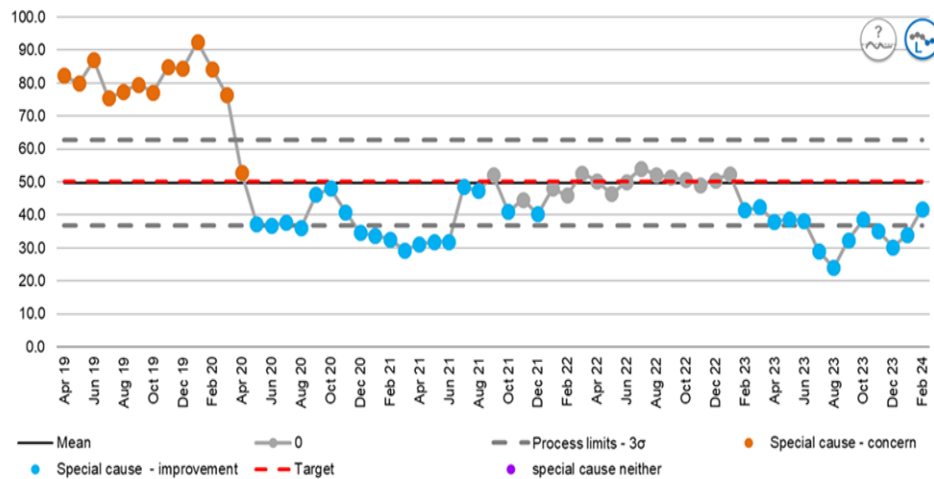
SUPPORTING METRICS	ACTION	BY WHO	BY WHEN
<p>2023/24 Greener NHS National and Regional Priorities and Deliverables</p> <p>Procurement. From 1st of April 2024, the NHS will proportionally extend the NHS Carbon Reduction Plan requirements to cover all procurements. An updated guidance on the application of the Carbon Reduction Plan (CRP) and Net Zero Commitment (NZC) requirement has now been published on NHS England website. These requirements are part of the NHS net zero supplier roadmap, which ensures that the NHS Supply Chain plays its crucial part in helping NHS become a net zero health service by 2045.</p> <p>NHS England Net Zero Travel and Transport strategy was published by NHS England on 31 October 2023. The strategy will enable the NHS to have a fully decarbonised fleet by 2035, with its ambulances following in 2040. Several key steps will mark the transition of NHS travel and transportation:</p> <ul style="list-style-type: none"> •By 2026, sustainable travel strategies will be developed and incorporated into trust and integrated care board (ICB) green plans. •From 2027, all new vehicles owned and leased by the NHS will be zero emission vehicles (excluding ambulances). •From 2030, all new ambulances will be zero emission vehicles. •By 2033, staff travel emissions will be reduced by 50% through shifts to more sustainable forms of travel and the electrification of personal vehicles. •By 2035, all vehicles owned and leased by the NHS will be zero emission vehicles (excluding ambulances) and all non-emergency patient transport services (NEPTS) will be undertaken in zero emission vehicles. •In 2040, the full fleet will be decarbonised. All owned, leased, and commissioned vehicles will be zero emission. <p>There is no central funding support to implement the travel and transport strategy. Each Trust is expected to fund the transition through its own resources</p>	Update Green Plan carbon reduction targets and action plan to reflect results of sustainability initiatives	Sustainability Group/Head of Sustainability	June 2024
	Provide progress on the carbon reduction delivered by sustainability initiatives	As Above	Monthly
	Recruit clinical and non-clinical services in “Greening Services Scheme”.	As Above	Monthly
	Roll out furniture, medical devices and equipment reuse scheme	As Above	March 2024
	Roll out mixed recycling and waste segregation	Waste and Recycling Manager	March 2024
	Develop an options appraisal for nitrous oxide/Entonox destruction technology	Medical Gas Group/Clinical Lead for Sustainability	January 2024
	Roll out nitrous oxide train in theatres 3. Document result with the view of rolling out to the rest of the theatres and decommission manifold system	Medical Gas Group/Clinical Lead for Sustainability	January 2024 -June 2024
	Complete roll out food waste disposal and recycling scheme to comply with new food waste disposal regulations	Catering Department and Waste and Recycling Team	Mar-24

Strategic Aim: COMMUNITIES

Strategic Objective: Work together with PLACE based partners to deliver improvements to the health of our immediate communities

Board Level Metric(s): Maintain the number of medically stable fit for discharge patients from 2022/23

MSFD - Average number of MSFD in WMH- starting 01/04/19

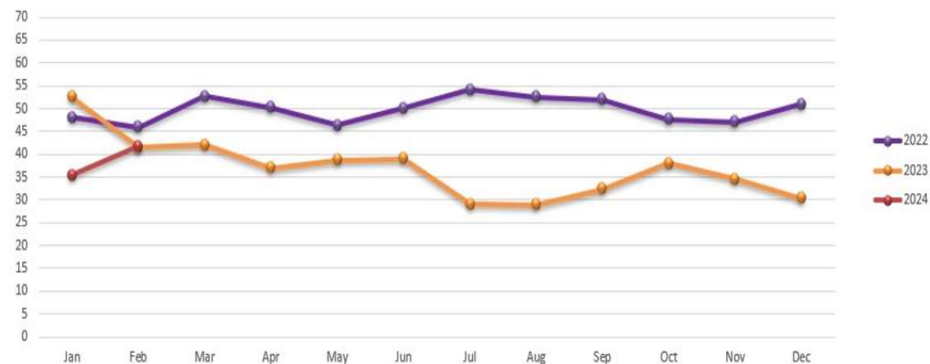


Analyst Narrative:

This reports the number of medically stable for discharge patients (month average). These are patients who do not need hospital bed for their acute management (Intermediate Care Services pathways 1-4). The number of patients on the MSFD list averaged 42 patients during February 2024 with the average length of stay maintained at an average of 3 days demonstrating good flow. The number of referrals has grown significantly since the start of 2023/24. Despite the increase in the number of referrals the number of patients who are on the list has not risen at the same rate. Additionally, some patients are referred to ICS that either do not fit the criteria for Intermediate Care or on review deemed not medically fit. All referrals require a detailed review by the ICS Facilitators in order to determine the patient status and needs before being accepted and a discharge plan being commenced. Over the past 12-18 months the complexity of patients that are being managed through Intermediate Care has increased requiring more time for discharge planning and complex placements. Additionally, the ICS team have managed an increased number of out of area patients that have dispositioned to Walsall as a result of the performance of ED and the discharge pathways in Walsall. Working with other parts of the system builds in delays to patients discharge as the performance of our ICS is dependent on our partners

SUPPORTING METRICS

Medically Stable for Discharge - Average Number Patients on List



Executive Narrative:

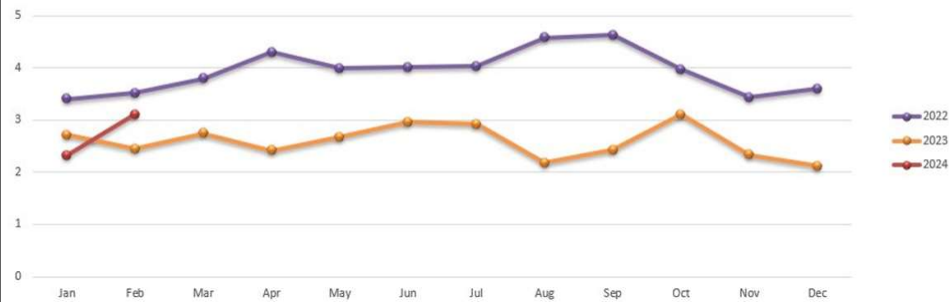
Issue:
Work continues to make efficiencies in the discharge and ICS pathways to ensure that there are minimal delays for patients. This includes working collaboratively with partner organisations within the system to address the repatriation of patients. The Intermediate Care Service has also started to pilot a light touch assessments of patients meeting specific criteria in pathway one to enable a full supported assessment in their own home. This enables a more accurate assessment of their needs. Work is continuing on bolstering up the admission avoidance activity and interventions of the hospital to try and reduce dependency and reduce the demand for packages of care. The Division has increased the Nursing and Facilitator capacity within the ICS and the team have built strong links with our partners within the region to ensure a smooth transitions of care. An activity and financial trajectory has been produced with commissioners to monitor the activity versus spend for the current financial year. Inclusive of national discharge funding a £1.7m deficit has been forecast which is predominately being driven by the cost of care.

Strategic Aim: COMMUNITIES

Strategic Objective: Work together with PLACE based partners to deliver improvements to the health of our immediate communities

Board Level Metric(s): Maintain the number of medically stable fit for discharge patients from 2022/23

Medically Stable for Discharge - Average Number of Bed Days



ACTION	BY WHO	BY WHEN
Continued efforts with partners on out of area patients and consequential impacts on delays	Community Division SMT	Q2 24/25