

## **Bundle Trust Board Meeting to be held in Public 15 May 2024**

- 1 10:00 - Chair's Welcome, Apologies and Confirmation of Quorum  
*Lead: Paul Assinder, Deputy Chair/Non-Executive Director*  
*Apologies Received:*  
*Sir David Nicholson, Group Chair*  
*Sally Rowe, Associate Non-Executive Director*  
*Keith Wilshere, Group Company Secretary*
- 2 10:01 - Register of Declarations of Interest  
*Lead: Paul Assinder, Deputy Chair/Non-Executive Director*  
*Action: Board members to advise of any conflicts of interest pertaining to any item on the agenda which are not declared on the attached register.*  
Declarations of Interest - May 2024- v3
- 3 10:03 - Minutes of the Previous Meeting held 17 April 2024  
*Lead: Paul Assinder, Deputy Chair/Non-Executive Director Sir David Nicholson, Group Chair*  
*Action: To Receive and Approve*  
3 Draft April 2024 Public Trust Board Minutes
- 4 10:05 - Action Log and Matters Arising  
*Lead: Paul Assinder, Deputy Chair/Non-Executive Director*  
*Action: To Receive Updates on Actions and any Matters Arising*  
4 Action items
- 5 10:07 - Chair's Report - Verbal  
*Lead: Paul Assinder, Deputy Chair/Non-Executive Director*  
*Action: To Inform*
- 6 10:12 - Interim Chief Executive Officer's Report - Verbal  
*Lead: Catherine Walker, Interim Group Chief Executive*  
*Action: To inform*
- 7 10:17 - Operational Annual Plan 2024/25  
*Lead: Kevin Stringer, Group Chief Finance Officer/Group Deputy Chief Executive*  
*Action: To Approve*  
7 May Plan report v2
- 8 10:32 - Excel in the Delivery of Care (Section Heading)
- 8.1 10:32 - Group Chief Financial Officer Report - Month 12  
*Lead: Kevin Stringer, Group Chief Financial Officer*  
*Action: To Inform & Assure*  
8.1 Group CFO Report May 24  
8.1 Appendix Trust Board Finance Pack M12
- 8.2 10:37 - Learning from Deaths Report  
*Lead: Dr Manjeet Shehmar, Chief Medical Officer*  
*Action: To Approve*  
8.2 Learning from Deaths Q4 Report - Public Trust Board - May 2024
- 8.3 10:42 - Chief Operating Officer Report - by exception  
*Lead: Ned Hobbs, Chief Operating Officer/Deputy Chief Executive*  
*Action: To Inform and Assure*  
8.3 Trust Board COO report May 2024
- 8.4 10:47 - Group Chief Assurance Officer Report - regulatory & statutory matters by exception  
*Lead: Kevin Bostock, Group Chief Assurance Officer*  
*Action: To Inform and Assure*  
8.4 Board Report on risks related to combining meetings from July 2024 WHT Board in Public
- 8.5 10:52 - Overview of Planning Guidance and Current Performance for 2024/25 (Strategic Planning Framework)  
*Lead: Simon Evans, Group Chief Strategy Officer*  
*Action: To Approve*  
8.5 Strategic Planning Framework
- 9 10:57 - Any Other Business
- 10 10:59 - 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.*

11 11:01 - Date and Time of Next Meeting - Tuesday 16 July 2024 - Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust Group Board Meeting - held in Public - Time and Venue to be confirmed  
*Time and venue to be confirmed*

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
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 Caroline Walker	Interim Group Chief Executive	Loyalty Interest	Group Chief Executive	The Royal Wolverhampton NHS Trust
Ms Caroline Walker	Interim Group Chief Executive	Loyalty Interest	Advisor (non-paid)	Health Spaces
Ms Lisa Cowley	Joint Non-Executive Director	Outside Employment	Healthy Communities Together Project Sponsor	Beacon Centre for the Blind
Ms Lisa Cowley	Joint Non-Executive Director	Outside Employment	CEO	Beacon Centre for the Blind
Ms Lisa Cowley	Joint Non-Executive Director	Outside Employment	Co-owner	Ridge & Furrow Foods
Ms Lisa Cowley	Joint Non-Executive Director	Outside Employment	Co-owner	Streetway House farms
Ms Lisa Cowley	Joint Non-Executive Director	Loyalty Interests	Harris Allday EFG – Wealth Management arm of Private Bank	arm of Private Bank
Ms Lisa Cowley	Joint Non-Executive Director	Loyalty Interests	HM Armed Forces	Partner employed by HM Armed Forces
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	St Giles Hospice
Mr Edward Hobbs	Deputy Chief Executive/Chief Operating Officer	Outside Employment	Director of Operational Improvement for Urgent & Emergency	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
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	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 Royal British Legion (Beeston) Social Club Ltd
Mr Keith Wilshere	Group Company Secretary	Loyalty Interests	Trustee, Director and Managing Committee member of this	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,
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	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	West Midlands Institute for Health and Clinical Research
Ms Lisa Carroll	Chief Nursing Officer	Loyalty Interests	Spouse - Director of Medical Education at UHNM (commenced	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

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	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	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	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	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 (Ended April 2024)	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 Frizzell (was Allinson)	Associate Non-Executive Director	Outside Employment	Exam Invigilator	St Benedicts High School, Alcester

Ms Fiona Frizzell (was Allinson)	Associate Non-Executive Director	Loyalty Interests	Son works for Provider	Care Quality Commission
Ms Fiona Frizzell (was Allinson)	Associate Non-Executive Director	Outside Employment	Trustee	The Shakespeare Hospice
Ms Fiona Frizzell (was Allinson)	Associate Non-Executive Director	Outside Employment (ended December)	Inspector	Locala
Ms Fiona Frizzell (was Allinson)	Associate Non-Executive Director	Outside Employment	Bank Inspector	Care Quality Commission
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	Loyalty Interests	Spouse is a Non-Executive Director	Robert Jones and Agnes Hunt NHS Foundation Trust
Ms Stephanie Cartwright	Group Director of Place	Loyalty Interests	Spouse is Senior Advisor for Primary Care Delivery	Department of Health and Social Care
Mr William Roberts	Deputy Chief Operating Officer	Loyalty Interests	Wife is a Vascular Surgery Training Registrar	West Midlands Deanery
Professor David Loughton (retired 30 April 2024)	Chief Executive	Loyalty Interests	Member of Advisory Board	National Institute for Health Research
Professor David Loughton (retired 30 April 2024)	Chief Executive	Loyalty Interests	Chief Executive	Royal Wolverhampton NHS Trust
Professor David Loughton (retired 30 April 2024)	Chief Executive	Loyalty Interests	Member	Companion of Institute of Health and Social Care Management
Professor David Loughton (retired 30 April 2024)	Chief Executive	Outside Employment	Chair	West Midlands Cancer Alliance
Dr Julian Parkes (contract ended 14 April 2024)	Non-Executive Director	Loyalty Interests	Daughter – Nurse in ED at Royal Wolverhampton NHS Trust	The Royal Wolverhampton NHS Trust
Dr Julian Parkes (contract ended 14 April 2024)	Non-Executive Director	Loyalty Interests	Trustee	Windmill Community Church in Wolverhampton



**MEETING OF THE PUBLIC TRUST BOARD  
HELD ON WEDNESDAY 17TH APRIL 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	Operational Director of Finance
Ms C Bond	Interim Director of Operational HR & OD
Prof P Vernon	Chair, Walsall Together
Prof L Toner	Non-Executive Director
Mr J Hemans	Non-Executive Director
Ms D Brathwaite	Non-Executive Director
Ms F Frizzell	Associate Non-Executive Director
Ms R Barber	Associate Non-Executive Director
Mr P Assinder	Deputy Chair/Non-Executive Director
Mr S Evans	Group Chief Strategy Officer
Ms O Muflahi	Associate Non-Executive Director
Ms S Rowe	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 (Minutes)
Dr N Usman	Deputy Chief Medical Officer
Ms K Geffen	Divisional Director of Nursing – Community Services <b>(In attendance for Agenda Item 683/24)</b>
Ms K Christie	Health Visiting Team <b>(In attendance for Agenda Item 683/24)</b>
Ms J Crosdale	Health Visiting Team <b>(In attendance for Agenda Item 683/24)</b>
Ms G Handley	Health Visiting Team <b>(In attendance for Agenda Item 683/24)</b>
Ms V Bailey	Health Visiting Team <b>(In attendance for Agenda Item 683/24)</b>
Ms E Townsend	Health Service Journal (HSJ)
Ms J Dyer	Matron, Outpatient Services & Chemotherapy – Division of Surgery
Mr TK Lee	Project Manager, Medical Directorate
Ms P Boyle	Group Director of Research and Development

**Apologies**

Mr K Wilshere	Group Company Secretary
Ms M Martin	Non-Executive Director (apologies were received due to the change in the date of the Trust Board Meeting)

682/24	<b>Chair's Welcome, Apologies and Confirmation of Quorum</b>
	Sir David welcomed all to the meeting and apologies were received and noted.
	Sir David confirmed the meeting as quorate.
683/24	<b>Staff Story – Health Visiting Team</b>

Mr Duffell welcomed Ms Christie, Ms Crosdale, Ms Hammond and Ms Bailey, members of the Health Visiting (HV Team) to the Board meeting and asked them to provide brief descriptions of their roles and responsibilities.

Mr Duffell asked the HV team what their individual experiences of working at the Trust were and what challenges they faced. Ms Christie advised that she had worked within the Trust for 34 years and felt extremely proud to work for WHT. She said that nationally the number of health visitors had reduced from 11,000 to 6,600 and that these shortages were due to several complexities that they were seeing within their communities now.

Ms Christie reported that the Trust's challenges surrounded staffing and recruitment due to the profession being viewed as a safeguarding role rather than a public health role and that there were not enough staff to deal with the growing complexities of cases. She said that recruitment had been positive over the previous months and retention had remained stable within the department but complexities and safeguarding concerns within the Walsall population had increased.

Ms Christie reported on the IT challenges within the HV service and said that the systems did not support the workforce and there had been an increasing number of Did Not Attend (DNA) rates for children and families attending for mandated contacts. She said the cost of living crisis had impacted families with transport costs and the HV team was working to support these families.

Ms Bailey reported that she had worked for the Trust for a year and had joined Walsall from a neighbouring authority. She said the Trust offered more services than her previous employer and had several pathways open to support children and families within Walsall.

Mr Hemans asked how the HV team could promote the HV service at Walsall Healthcare Trust to potential recruits as a career path that was worth pursuing. Ms Handley reported that the HV team had a bespoke induction programme that provided staff an introduction into the role and allowed understanding of the community for staff to feel connected to the families within Walsall and would help staff understanding of the different religious groups within the community. Ms Handley advised that there were several opportunities for staff to grow within the team with continued support and training specific to individual roles offered.

Ms Christie reported that there was a positive culture within the HV team at Walsall with an established staff committee and staff working group which ensured engagement with staff and motivated them to remain within the team. She said the Trust's reputation was continuing to flourish and attract potential staff.

Prof Toner queried the requirements of the additional roles that had been introduced to free up health visitors to ensure statutory compliance. Ms Christie reported that the Trust was working on a new pilot alongside the Local Authority and social care services to highlight that safeguarding was the responsibility for everyone and not just HVs. She said the Trust had developed a pathway which allowed joint decision making to allow HVs time to complete work related to health promotion and working alongside family hubs to look at how they can work collaboratively on pathways whereby the HVs identify a health need and work on providing the health, health promotion and the family hubs support the HVs with care delivery.

Ms Christie advised that the Children in Care Team and Strengthening Families Team operated within the HV service to manage safeguarding and a Family Hub Team that managed early help. She said the implementation of pathways with the correct personnel for the right caseload allowed HVs to work around health promotion, impact areas and public health outcomes to reduce mortality and consistency in breastfeeding.

Ms Christie reported that midwives had been introduced into the HV team to review the antenatal pathway and health promotion around antenatal pathways. She said the HV team were working on a strategic 5-year plan to identify opportunities to introduce early years workings into the service that would support developmental reviews along with HV Consultants and Community Profiling Practitioners being introduced into the service.

Ms Bailey advised that a vaccination staff member had been recruited to work within the community to encourage the uptake of vaccinations and a youth justice worker had been recruited into the service to work with vulnerable patients within the community.

Ms Muflahi asked if the HV team were able to access safeguarding supervision as a team to complete restorative

	<p>and clinical supervision following the increase in the caseloads. Ms Christie advised that there was joint safeguarding supervision within the Family Hub alongside the Local Authority. She said the Trust had in-house safeguarding supervision, however due to the staffing situation within the safeguarding team, a plan had been derived with Ms Pickford, Head of Safeguarding to address this. She advised that peer review supervision was undertaken with staff and 12 weekly cases review supervisions around clinical supervision alongside team supervision with regards to safeguarding cases.</p> <p>Ms Bailey said that as a Professional Nurse Advocate she offered restorative supervision to staff as and when required and this had helped recruitment and retention and to help identify problems.</p> <p>Ms Rowe said that in her previous role as the Director of Children's Services at Walsall Council she had worked to raise the profile of how the Health Visiting Service could be better supported due to the capacity issues and impact that had been identified with the working relationships between Children's Services and the HV teams. She said it had been wonderful to hear the positive actions that had been taken to improve the HV service and raise the profile to attract recruitment.</p> <p>Ms Rowe advised that WHT had been appointed as a Wave 2 Pathfinder for Family Health following the National Josh McAllister report into Children's Services. She said that there was an opportunity to shift focus away from safeguarding for everybody into the Family Health Model and that the Walsall Together Partnership Board would review how this could affect all professional networks across Walsall and not just Walsall Council.</p> <p>Ms Rowe advised that she would be visiting the HV services on a planned walkabout in May 24 and looked forward to meeting the HV team.</p> <p>Ms Christie reported that the HV team would be meeting social workers weekly to discuss caseloads due to the new pathway to help improve the relationship between health and social care.</p> <p>Mr Duffell thanked the HV team for sharing their stories and their individual job roles with the Board.</p> <p>Sir David thanked the HV team for all the work they do and said that the Executive Team would support with the resolution of issues where possible.</p> <p><b>Resolved: that the Staff Story – Health Visiting Team be received and noted.</b></p>
684/24	<p><b>Register of Declarations of Interest</b></p> <p>Ms Frizzell advised that she had taken up a bank inspector role at the Care Quality Commission (CQC) and asked that the declaration of interest be added to the register.</p> <p><b>ACTION: Ms Toor to add Ms Frizzell new declaration of interest to the register.</b></p> <p><b>Resolved: that the Register of Declarations of Interest be received and noted.</b></p>
685/25	<p><b>Minutes of the Previous Meeting held 14 February 2024</b></p> <p>Sir David confirmed the minutes of the meeting held on 14 February 2024 were approved as an accurate record.</p> <p><b>Resolved: that the minutes of the previous meeting held 14 February 2024 be received and APPROVED.</b></p>
686/24	<p><b>Action Log and Matters Arising</b></p> <p>Sir David confirmed that there were no matters arising and the action log and updates were received and updated as follows:</p> <p><b>Action 1072: Ms Cartwright to share the Trust Board Patient Voice Story presented at the Trust Board in public held February 24 with Walsall Together leadership colleagues to highlight the work of the virtual wards and the speed of intervention.</b> Ms Cartwright advised that the Trust Board story had been shared with Walsall Together leadership colleagues who had reviewed the virtual ward intervention and the wider impact that community services could have made. <b><u>It was agreed that this action be closed.</u></b></p> <p><b>Action 1073: Executive Team to review the medical records filing backlog to ensure the timely improvement of outstanding notes requiring filing.</b> Mr Hobbs advised that Mr Bruce had deployed 6 members of staff to address loose filing and significant process had been made alongside the introduction of case note tracking. He said the Trust would move into the new modular health records library in June 24. <b><u>It was agreed that this action be closed.</u></b></p> <p><b>Resolved: that the updates to the Action Log and Matters Arising be received and noted.</b></p>

687/24	<p><b>Chair's Report – Verbal</b></p> <p>Sir David reported that Ms Walker would join the Trust as the interim Group Chief Executive in May 24 and work continued to recruit a substantive Group Chief Executive.</p> <p>Sir David thanked Prof Loughton on behalf of Trust Board Members for the work he had undertaken as Chief Executive at Walsall Healthcare NHS Trust and his dedication to patients and staff and wished him well for his retirement.</p> <p><b>Resolved: that the Chair's Report be received for information and assurance.</b></p>
688/24	<p><b>Group Chief Executive's Report</b></p> <p>Prof Loughton thanked the Executive Team for all their work and dedication to improving care at Walsall Healthcare NHS Trust (WHT). He said he had attended the Walsall Overview Scrutiny Committee of Walsall Council and Councillors had shared their positive stories of care they or their families had received at WHT.</p> <p>Prof Loughton reported on the Accident and Emergency (A&amp;E) performance where there had been an 20% increase in numbers being seen and thanked Mr Hobbs for his leadership on this with executive colleague support. He said WHT did not have any vacancies for consultants in A&amp;E and this was a unique position. Prof Loughton reported that patient harm had decreased due to the leadership by the nursing and medical teams and mortality rates continued to fall substantially.</p> <p>Prof Loughton thanked his Non-Executive Director colleagues for their support and commitment to improving services at WHT for the community.</p> <p>Sir David advised that it had been a privilege to work alongside Prof Loughton and for his leadership of Walsall Trust Board as the Group Chief Executive.</p> <p><b>Resolved: that the Chief Executive's Report be received for information and assurance.</b></p>
689/24	<p><b>Trust Management Committee – Chair's Report</b></p> <p>Mr Hobbs provided the Trust Management Committee Chair's report for information and assurance.</p> <p><b>Resolved: that the Trust Management Committee – Chair's Report be received for information and assurance.</b></p>
690/24	<p><b>Winter Review</b></p> <p>Mr Hobbs reported that there had been significant demand on Walsall Healthcare NHS Trust (WHT) Urgent and Emergency Care Services (UEC) during the 2023 winter period due to Type 1 Emergency Department attendances and the notable increase in patients presenting at WHT UEC from other boroughs. He said the Trust was proud of staff working in hospital and community services for maintaining performance outcomes that had benchmarked well and that the Trust's 4-hour emergency access standard performance had been upper quartile Nationally throughout the winter.</p> <p>Mr Hobbs said that the Trust's ambulance handover performance had been ranked as 2<sup>nd</sup> across the West Midlands in February 24 and against the 'Getting it Right First Time' (GIRFT) Emergency Medicine Index, the Trust had ranked 20<sup>th</sup> out of 150 hospital sites in the Country in January 24, and 13<sup>th</sup> in February 24 which was a phenomenal achievement for Trust colleagues.</p> <p>Mr Hobbs reported that despite the pressures of demand on the Trust UEC pathway the Trust had been able to manage patients requiring care in a timely manner compared to other Trusts in the Country. He said the increase in patients requiring care had placed additional pressure on inpatient bed capacity within the Medical Division and this had resulted in the Trust utilising more inpatient general medical beds than had been anticipated which had generated clinical, operational and financial challenges.</p> <p>Mr Hobbs advised that that Winter 2024 would see big changes throughout the Black Country with the Midland Metropolitan University Hospital (MMUH) due to open just ahead of Winter 2024.</p> <p>Dr Shehmar reported that there had been difficult decisions made and a huge amount of work and engagement from teams across the Trust. She said the increased activity through the UEC pathway had resulted in a knock on impact on inpatient and community activity and that the Trust had seen the impact of increased intelligence conveyancing since 2022/23. She said Directors that were on call were frequently asked to accept ambulances from other parts of the Integrated Care System (ICS) and surrounding regions and reported that there had been positive feedback from the regional and national teams on the Trust's compassionate attitude.</p> <p>Ms Barber praised the Trust and teams involved that helped to achieve the outstanding UEC performance. She</p>

	<p>asked what the Trust could have done better and what opportunities there were for the Trust to move forward. Mr Hobbs advised that there were always further opportunities for the Trust to improve and the Trust continued to make improvements with the scheduled opening of the new hot imaging suite to increase non-elective imaging capacity an example of such plans.</p> <p>Mr Hobbs reported that the Trust recognised the burden of pressure on intermediate care services and the importance of being able to discharge complex patients back to other boroughs. He said there was further work required to strengthen pathways back to the 3 Black Country boroughs alongside Birmingham, Shropshire and Staffordshire.</p> <p>Mr Hobbs advised that the Trust had moved the Medical Same Day Emergency Care Unit (SDEC) during January 24 to its new premises with increased physical capacity. He said the Trust would continue to work to ensure that General Practitioner (GP) emergency referrals to medicine, where clinically appropriate, were managed outside of Emergency Department and through the Medical SDEC Unit.</p> <p>Sir David thanked Mr Hobbs for the leadership he provided across the Trust and the fantastic results his team had produced.</p> <p><b>Resolved: that the Winter Review report be received for information and assurance.</b></p>
	<p><b>SUPPORT OUR COLLEAGUES (Section Heading)</b></p>
691/24	<p><b>People Committee – Chair’s Report</b></p>
	<p>Mr Hemans reported that the 2023 NHS Staff Survey results showed further improvements across all eight reported indicators of which 3 had been statistically significant and said that key metrics pointed to a positive change in staff culture across the Trust with staff reporting that they would be happy for relatives to be treated at Walsall Manor Hospital (WHT).</p> <p>Mr Hemans advised that the People Committee had started to review the workforce plan and were focused on areas of concern and continued oversight and scrutiny of vacancies to help improve the financial position for 2024/25. He reported that the People Committee continued to help the Trust with reducing bank and agency spend and improvements had been seen.</p> <p>Mr Hemans advised that it had been agreed that WHT and The Royal Wolverhampton NHS Trust (RWT) would join to establish a single People Committee in Quarter 1 of 2024/25 and report back to their respective sovereign Trust Boards about the individual Trusts. He said amendments would be required to the terms of reference and cycle of business.</p> <p>Ms Rowe reported that she had undertaken a visit to Community Services and there had been positive stories and experiences shared by staff of how they had been welcomed by colleagues.</p> <p><b>Resolved: that the People Committee – Chair’s Report be received for information and assurance.</b></p>
692/24	<p><b>Group Chief People Officer Report – by Exception</b></p>
	<p>Sir David asked what the Trust had learnt from the improvements that had been made at the Trust as indicated by the Staff Survey and where further work was required. Mr Duffell advised that a key focus of the Trust was ensuring that vacancies across the Trust were filled to ensure pressures were alleviated due to not having enough substantive staff.</p> <p>Mr Duffell reported that the clinical fellowship nursing perspective had been well supported alongside international recruitment and having less of a reliance on bank and agency staff had been significant for the Trust. He advised that the Trust had measured significantly on leadership development and empowering middle managers to make service improvements.</p> <p>Mr Duffell reported that the Trust continued to perform well against key metrics for retention, vacancy and mandatory training and turnover and appraisal remained amber. He said sickness absence remained a key focus and an absence plan would be compiled and shared with the People Committee to address the required improvements.</p> <p>Mr Duffell advised that following recent industrial actions, Consultants had accepted the revised pay offer. He said a settlement had not yet been reached for Junior Doctors and a further mandate had been received for Junior Doctors to take further industrial action over the next 6 months.</p>

	<p>Ms Cartwright said that the Trust had a real team culture and there continued to be a strong relationship between acute and community services.</p> <p>Ms Muflahi asked if further assurance could be provided surrounding the decline in diversity and equality responses to the staff survey. Mr Duffell reported that a dedicated Board Assurance Framework (BAF) risk in relation to Equality, Diversity and Inclusion (EDI) position would ensure continued attention from Board Members and pressure on the Trust to identify the mitigation actions and longer-term plans that were required. He said that there were a number of individual areas related to equality and diversity and a fully integrated action plan to the People Committee which highlighted all the areas that required action over the next 12 months but also over the next 2-3 years. He said WHT and RWT had signed off the People Strategy of which the EDI agenda was a focus. Sir David said that further emphasis on EDI was important.</p> <p><b>Action: Ms Bond and Mr Duffell to prepare a session for a future Joint Board Development Session to consider how to integrate the different aspects of equality and diversity.</b></p> <p><b>Resolved: that the Group Chief People Officer Report – by Exception be received for Information and Assurance.</b></p>
	<b>EFFECTIVE COLLABORATION (SECTION HEADING)</b>
693/24	<b>Charitable Funds Committee – Chair’s Report</b>
	<p>Mr Assinder thanked Ms Evans and the fundraising team for supporting the fundraising effort and advised that the Charity portfolio had been valued at £740k on 1 March 24. He asked that managers across the Trust consider how the raised funds could be spent across the Trust to improve patient experience and services.</p> <p><b>Resolved: that the Charitable Funds Committee – Chair’s Report be received for Information and Assurance.</b></p>
694/24	<b>Black Country Provider Collaboration – Joint Provider Committee Update</b>
	<p>Mr Assinder reported that the Joint Provider Committee (JPC) had met on 15 March 24 to review key points of which included the 2024/25 Black Country Provider Collaboration (BCPC) workplan. He said there had been several successes and collaborative working across clinical networks within the Black Country.</p> <p>Mr Assinder advised that the JPC had placed an emphasis on corporate services across the Black Country and asked that corporate managers came together to share resources across the Trusts. He reported that the JPC had discussed the need to improve computing capability and automation to support clinicians and drive greater productivity across the Black Country. He said there had discussions regarding the implementation of systems to support the everyday work of Radiologists.</p> <p>Mr Assinder advised that the JPC had agreed minor amendments to the Collaboration Agreement (CA) and said it was encouraging to see the governance infrastructure that was in place to allow work to flow collaboratively across the four separate statutory organisations.</p> <p>Mr Assinder reported that a Joint Board Development Workshop had been scheduled for 19 April 24 at GTG West Midlands.</p> <p><b>Resolved: that the Black Country Provider Collaboration – Joint Provider Committee Update be received for Information and Assurance.</b></p>
	<b>IMPROVE THE HEALTH OF OUR COMMUNITIES (SECTION HEADING)</b>
695/24	<b>Walsall Together – Chair’s Report</b>
	<p>Prof Vernon wished Prof Loughton well for his retirement and said that he had been a key partner in supporting Walsall Together.</p> <p>Prof Vernon advised that Walsall Together continued to work alongside Walsall Housing Group and Primary Care partners to ensure that when working collaboratively all risks and opportunities were reviewed. He reported on the ongoing delegated responsibilities of transference of responsibilities from the Integrated Care Board (ICB) to Walsall Together as a Place Based Partnership. He said Walsall Trust Board would be required to underwrite some of the opportunities and challenges and ensuring that the Trust Board was cited on future delegated responsibilities tackling key issues.</p> <p>Prof Vernon advised that the Walsall Together Partnership had been shortlisted for several awards and this highlighted the continued success of the partnership.</p> <p><b>Resolved: that the Walsall Together – Chair’s Report be received for information and assurance.</b></p>
696/24	<b>Group Director of Place Report</b>

Ms Cartwright advised that the maturity of the partnership continued to grow and that the Partnership was now having discussions around risk and how this affected the partnership space.

Ms Cartwright reported that there had been an increase in the intermediate care service for out of borough patients across the Black Country. She said the Trust had reviewed the figures and there had been an equal split of 50% out of borough patients and 50% Walsall patients.

Ms Cartwright advised that the Health Visiting Team continued to positively impact the service and that the Urgent Community Response Service had been increased to 24 hours a day and early benefits had been highlighted.

Ms Cartwright advised that she had been asked to speak at the NHS Confed Expo to discuss the Place Based Partnership and its achievements.

Ms Cartwright reported that Walsall Together was awaiting A Memorandum of Understanding to be put into place between Walsall Together and the Integrated Care Board (ICB) that would describe soft delegation for 12 months. She said from an ICB perspective it was a development year as NHS England had said they could not formally delegate any responsibilities across to Place Based Partnerships. Ms Cartwright advised there would be no change to the hosting arrangements and Walsall Together would remain hosted by Walsall Healthcare NHS Trust (WHT).

Ms Cartwright advised that she had begun to review the governance arrangements and the refreshment of the strategy as this had been implemented 3 years ago. She reported that Walsall Together had also begun to review the integration of Primary Care Community Services as per the planning guidance.

Ms Cartwright said that Walsall had been selected as a pathfinder through Walsall Council for an initiative called 'Stable Homes built on love' which had been based on children in social care. She said this would bring additional funding into the borough and would provide strength of feeling and understanding around children and what support they required to thrive.

Dr Odum asked for a further understanding of how the relationship between community services and primary care operated. Ms Cartwright advised that the initiative showcased how community services were organised around the primary care population and the registered population. She said it was referenced in the planning guidance as integrated neighbourhood teams with flexibility for each Place Based Service to implement depending on their primary care arrangements. Ms Cartwright reported that WHT arrangements meant that the Primary Care Networks (PCN) were arranged geographically and ultimately resulted in primary care and community services working closer together.

Dr Odum said the initiative provided the Trust the opportunity to forge relationships that were centred around patient care rather than transactional processes. Ms Cartwright said that it provided complex patients with a higher level of continuity of care and better coordination.

**Resolved: that the Group Director of Place Report be received for information and assurance.**

#### **EXCEL IN THE DELIVERY OF CARE (SECTION HEADING)**

#### **697/24 Finance and Productivity Committee – Chair's Report**

Mr Assinder advised that the Finance and Productivity Committee had met on 3 specially convened sessions to review planning submissions that had been submitted over the past 2-3 months for the 2024/25 budget setting process.

Mr Assinder commended the Executive Team on behalf of Non-Executive Director colleagues for their work in preparing the plans for WHT.

Mr Assinder reported that for the 2023/24 year accounts NHS England and the local system would release over £60m of additional income in March 24. He said releasing a significant amount of money this late in the financial year made financial management extremely difficult.

Mr Assinder advised that the Trust was still negotiating its' 2024/25 budget with local system leaders and the Trust was conscious of the significant efficiency ask as efficiency and productivity had been a weak point within

	<p>WHT. He said delivery of significant transformation change at the scale that was required had put pressure on the NHS and public services across the Country.</p> <p>Mr Assinder reported that business cases were now required to be approved at system level and the Trust had reviewed a case for additional pharmacy resource in response to a Section 29A Care Quality Committee (CQC) notice. He said Pharmacy staff were currently being resourced through bank and agency and a change to the substantive establishment would eliminate the premium surrounding bank costs. Mr Assinder advised that the Trust needed to finesse the sensible business cases through the new way of wider system working.</p> <p>Sir David asked if the Pharmacy business case had been presented to the Integrated Care Board (ICB). Mr Assinder advised that if approved by Board Members during the Board meeting to be held in private, the business case would then be presented to the ICB for approval.</p> <p><b>Resolved: that the Finance and Productivity Committee – Chair’s Report be received for information and assurance.</b></p>
698/24	<p><b>Group Chief Financial Officer Report – by Exception</b></p> <p>Mr Stringer reported Walsall Healthcare NHS Trust (WHT) year-end position 2023/24 as a £8.6m deficit against a revised target of income at £3m that the Trust had received in March 24 which had resulted in a £5.6m adverse position. He advised of the balance sheet issue in early 2023/24 that was £4m with an additional no route to funding.</p> <p>Mr Stringer reported that the additional Accident and Emergency (A&amp;E) attendances at WHT had impacted capacity and cost with the Trust reporting additional costs of £6m throughout 2023/24 that was not funded through commissioner portfolios. He said there were active discussions with commissioners outside of the Integrated Care Board (ICB) for 2024/25 commissioning rounds and discussions were required internally focusing on intelligent conveyances.</p> <p>Mr Stringer advised that there had been several factors outside of the Trust’s control that had resulted in not achieving the outturn target of £3m deficit. He said the adverse variance had been offset by other organisations who had slightly over delivered their control totals and across the system it had delivered what was needed for the end of 2023/24.</p> <p><b>Resolved: that the Group Chief Financial Officer Report – by Exception be received for information and assurance.</b></p>
699/24	<p><b>Quality Committee – Chair’s Report</b></p> <p>Prof Toner reported that the Trust had received an improvement notice following a Care Quality Commission (CQC) Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection and this had related to the oversight and maintenance of equipment. She said actions were taking place following consideration by the Capital Review Group and an update would be presented back to the Quality Committee within a 3 month timeframe.</p> <p>Prof Toner advised that the stillbirth and perinatal mortality rate had increased and the still birth rate across the Black Country had increased over the summer period and that a review had been conducted across the Black Country in relation to the increase. Ms Wright reported that the Trust had seen a month on month consecutive decrease in perinatal mortality and the Trust was awaiting the results from the thematic review the Local Maternity and Neonatal System (LMNS) had undertaken across the 4 services.</p> <p>Ms Wright reported that the Trust had undertake 2 internal thematic reviews on the Trust’s still birth cases and addressed the actions that had arisen.</p> <p>Prof Toner reported that there had been concerns raised regarding the culture within maternity services and a range of actions were underway. She said there had been similar comments highlighted in other Trusts due to the NHS Net Survey that was conducted with student midwives. Ms Wright advised that the culture concerns raised had been highlighted within pockets of the service and not across the whole service. She said there were action plans in place and regular meetings had been undertaken to discuss culture and ensure the Trust was on trajectory to improve culture. Ms Wright reported that the Trust had reviewed the National Score Survey which was a part of the National Perinatal Leadership Team and was unique as it provided the tools and resources to support improved culture.</p>



Ms Muflahi reported that she, Ms Wright and Ms Carroll undertook monthly walkabouts of maternity services to increase visibility and help resolve issues proactively. She said maternity services had been visited by Ms Hammond and she had been impressed by staff compassion, resilience and skill set.

Prof Toner advised that following an attempted abduction of a baby from the Neonatal Unit at The Royal Wolverhampton NHS Trust (RWT) the Trust had undertaken mock abductions in Maternity, Neonates and Paediatrics which this had resulted in useful lessons learnt and actions plans developed.

Prof Toner reported that the expansion of the General Surgery Non-Consultant Medical Workforce Business Case had been discussed and approved in light of the associated quality and safety concerns. She said the Business Case would enable the Trust to meet the 18-week referral to treatment standard as it had been estimated the Trust needed a significant number of additional outpatient slots.

Dr Shehmar advised that the Quality Impact Assessments had been reviewed by the Quality Committee and the impact on the General Surgery Business Case elective activity would concur if funding could not be identified and staffing would have to be prioritised to cover ward areas and emergency portals. She said the increased emergency activity had impacted the areas and elective recovery would be at risk if the Trust was unable to cover the areas.

Prof Toner advised that Walsall Healthcare NHS Trust (WHT) and The Royal Wolverhampton NHS Trust (RWT) had discussed the potential of merging the individual Quality Committees into 1 Joint Committee. She said members from both committees had agreed that it would be difficult and not appropriate at this stage to merge the committees.

Mr Assinder noted that there were 166 incidents open across the Trust with 119 exceeding the schedule date for completion and asked if the Trust should be concerned. Dr Shehmar reported that the divisions had been asked to pull together a plan of how the open incidents would be managed and closed before the move over to Datix Cloud IQ.

**Resolved: that the Quality Committee – Chair’s Report be received for information and assurance.**

700/24

#### Chief Nursing Officer Report by Exception

Ms Carroll reported that there had been a total of 7 *C Difficile* cases reported in February 24 which brought the Trust’s total to 83 cases and the Trust would end the financial year on 92 cases against a set threshold of 26. She said the Trust had undergone an external review by an independent Infection Prevention and Control (IPC) expert alongside a review from the Integrated Care Board (ICB).

Ms Carroll advised that the Trust had Public Health UK HSA attending the Infection Prevention and Control Committee meetings and they had been assured with the actions the Trust had taken and were sharing some of the Trust’s initiatives with other organisations.

Sir David asked if the Quality Committee was assured with the actions the Trust was undertaking against the increase in *C-Difficile* cases. Prof Toner said that the increase in *C-Difficile* cases had been seen Nationally and the Quality Committee was assured with the actions that were underway.

Ms Carroll reported that the Trust had undertaken deep cleans of several wards over the last 12 months to align with the deep clean rolling programme. She said the Trust did not currently have a decant ward available and work was continuing with facilities colleagues to understand how to ensure a deep clean on a bay-by-bay basis over the coming months if a decant ward was not available.

Ms Carroll advised that Level 3 Adults and Childrens Safeguarding Training remained below the Trust target but an upward trend had been evident.

Ms Carroll reported that the Trust had expressed interest in being involved with ‘Martha’s Rule’ phase one rollout for adults and the Trust had formed an operational board that delivered operationally by the deteriorating patient group alongside an oversight board that she chaired. She said the Trust would be advised if they were to be supported by NHS England for the phase on rollout and reported that there was financial benefit if successful.

Ms Carroll advised that the Trust had established a task and finish group that focused on bank usage and review

	<p>of processes. She said a Standard Operating Procedure (SOP) had been developed to ensure senior manager sign off on all bank staff requests.</p> <p><b>Resolved: that the Chief Nursing Officer Report by Exception be received for information and assurance.</b></p>
701/24	<p><b>Bi-Annual Skill Mix Review</b></p> <p>Ms Carroll presented the Bi-Annual Skill Mix Review data that had been collected in January 24 using the Safer Nursing Care Tool (SNCT) and professional judgement. She said the Trust had included outpatients and theatres in the review and the data confirmed that there were safe staffing levels across the Trust and no changes to staff were required.</p> <p>Ms Carroll advised that the next data collection would be in June 24 and would include a new nationally launched safety nursing care tool for the Emergency Department. She said the Trust was developing plans to review the Clinical Nurse Specialist, Allied Health Professional and Community workforce in 2024.</p> <p><b>Resolved: that the Bi-Annual Skill Mix Review be received and APPROVED.</b></p>
702/24	<p><b>Director of Midwifery Report</b></p> <p>Ms Wright advised that maternity workforce remained stable which supported 1:1 care in labour and the supernumerary coordinator. She said the Trust had maintained patient experience through the Family and Friends Testing in April 24 with results showing 95% compliance against targets.</p> <p>Ms Wright reported that the Trust had seen a slight decrease in the Perinatal Mortality rate in February 24 and the Trust was progressing with further actions surrounding this. She said the Trust was reviewing preconception care, antenatal care, intrapartum care and post-natal care.</p> <p>Dr Shehmar advised that she had been a part of the Integrated Care System (ICS) review in stillbirths and within the Prematurity Group there had been several transformational opportunities across the ICS and peer support.</p> <p>Ms Wright advised that there had been no cases reported to the previously Health Services Safety Investigations Body (HSSIB) which aligned to the findings that had been identified within the neonatal unit. She said neonatal unit admissions had reduced and less babies were undergoing cooling and long-term morbidity issues.</p> <p>Ms Wright reported that the Midwifery Led Unit (MLU) had opened in February 24 and there had been 24 deliveries since opening with good patient experience noted. She said the refurbished bereavement suite had also opened in February 24 and featured a separate entry for women who had experienced pregnancy loss.</p> <p>Ms Wright advised that the Trust had been successful in achieving year 5 Clinical Negligence Scheme for Trusts (CNST) and this had been achieved consecutively for 3 years. She said CNST year 6 had been launched in 2023 and the changes would be included within the maternity services report to the Trust Management Committee (TMC), Quality Committee and Trust Board reports. Ms Wright reported that additional funds for Trusts that did not achieve would be distributed against Trusts that did.</p> <p>Sir David congratulated Ms Wright and the Maternity Services team for successfully achieve year 5 CNST.</p> <p><b>Resolved: that the Director of Midwifery Report be received for information and assurance.</b></p>
703/24	<p><b>Chief Medical Officer Report by Exception</b></p> <p>Dr Shehmar reported that the Trust had received an unannounced Care Quality Commission (CQC) to assess the Trust against the application to the Mental Health Act. She said the CQC had been impressed with the Trust and concluded that there were no actions required.</p> <p>Dr Shehmar advised that the Trust had received an external visit from the University of Birmingham and had received the formal letter from the visit which highlighted the Trust's mostly exemplar practice that they advised the Trust to share with other Trusts. She said they had noted the Trust as a centre of excellence for undergraduate training and she thanked the undergraduate team who had contributed to the training.</p> <p>Dr Shehmar reported that the Medical Workforce Group focused on the Trust's temporary spend on medical staffing and that agency spend had begun to reduce. She said the Trust was reviewing job planning and working alongside The Royal Wolverhampton NHS Trust (RWT) and the Chief Medical Officer at the Integrated Care System to look at aligning job planning policies.</p> <p>Dr Shehmar advised that cohort 1 of the patient notification exercise for Mr Shah had closed and cohort 2 would</p>

	<p>be opened once external communications had been shared.</p> <p>Mr Hemans referred to the Mental Health Liaison Team which did not have a full-time consultant psychiatrist and were reliant on locum consultants. He asked if the Trust had been able to secure any support through Black Country Healthcare. Dr Shehmar advised that the Trust had had discussions with the Mental Health Trust and they were cited on the issues and risks that the Trust held. She said the Trust was currently having Service Level Agreement (SLA) contractual discussions around these concerns and said that the on-call agreement that was in place did not provide the required cover and the Trust would continue to clinically mitigate the risk while a solution was identified.</p> <p><b>Resolved: that the Chief Medical Officer Report by Exception be received for information and assurance.</b></p>
704/24	<p><b>Chief Operating Officer Report by Exception</b></p> <p><b>Resolved: that the Chief Operating Officer Report by Exception be received for information and assurance.</b></p>
705/24	<p><b>Board Level Metrics: Care, Colleagues, Communities &amp; Collaboration</b></p> <p><b>Resolved: that the Board Level Metrics: Care, Colleagues, Communities &amp; Collaboration be received for information and assurance.</b></p>
706/24	<p><b>Any Other Business</b></p> <p>Sir David confirmed that there had been no any other business raised.</p>
707/24	<p><b>Date and Time of Next Meeting: Wednesday 15 May 2024</b></p> <p>Sir David confirmed the date and time of the next meeting as Wednesday 15 May 24 - (10:00AM-12:30PM).</p>
708/24	<p><b>Resolution</b></p> <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><b>Resolved: that the resolution be APPROVED.</b></p>

List of action items

Agenda item	Assigned to	Deadline	Status
Trust Board Meeting to be held in Public 17/04/2024 9.2 A PACK: Group Chief People Officer Report- by Exception			
1114.	Min Ref: 692/24 - Group Chief People Officer Report - Mr Duffell to prepare a session on EDI for a future Joint Board Development to consider how to integrate all the different aspects of equality and diversity	<ul style="list-style-type: none"> <li>● Bond , Clair</li> <li>● Duffell, Alan</li> </ul>	15/05/2024 <span style="color: yellow;">■</span> Pending
Trust Board Meeting to be held in Public 17/04/2024 3 A PACK: Register of Declarations of Interest			
1113.	Min ref: 684/24 - Register of Declarations of Interest - Ms Frizzell declared a new declaration as bank inspector at CQC. Ms Toor to update the register of declarations.	● Toor, Jaswinder	30/04/2024 <span style="color: green;">■</span> Completed
<p><i>Explanation action item</i> The register of declarations has been updated.</p>			

**Paper to the Trust Board Meeting – to be held in Public**  
**15 May 2024**

<b>Title of Report:</b>	Operational Plan 2024/25	Enc No: 7
<b>Author:</b>	Dan Mortiboys, Operational Director of Finance	
<b>Presenter/Exec Lead:</b>	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 checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Recommendations:**  
Trust Board is asked to approve the 2024/25 Operational Plan

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: Risks 2081 and 2082 deal with the risk of deficit in year and the financial sustainability of the Trust respectively.  On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	None		
<b>Resource Implications:</b>	The Report discusses the resources required to support the 2024/25 Operational Plan		
<b>Report Data Caveats</b>	The data is correct at the time of writing		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input 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 checked="" 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:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
<b>CQC Domains</b>			
<b>Equality and Diversity Impact</b>	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		

<b>Equality and Diversity Impact</b>	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Various dates from Jan to April
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Trust Board 17 April, F&P Committee on 24 April, 20 March and 28 Feb
	Board of Directors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert	
<b>Assure</b>	<p>Members can take assurance from:</p> <ul style="list-style-type: none"> <li>The Trust is forecasting to achieve key performance metrics as highlighted within the report.</li> <li>The Trust is forecasting to be within the targeted agency cap..</li> <li>A draft affordable capital programme has been developed to fit within the current affordability envelope. There remains risk within the programme but work continues to acquire additional funds.</li> <li>The Black Country ICB is leading discussions with other local ICBs in relation to additional income to fund the level of urgent and emergency care activity from outside the system. This discussion is also being had within the system (i.e. Increased from of ambulances to WHT from other in system providers).</li> <li>The Trust is taking all appropriate steps and working with NHSE to ensure sufficient cash revenue support is obtained in quarter one of the financial year.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>The Black Country ICB 24/25 financial plan is yet to be formally agreed by NHSE and there are further scheduled meetings in May 2024.</li> </ul>
<b>Alert</b>	<p>The report draws the attention of committee to:</p> <ul style="list-style-type: none"> <li>The Trust is setting a revenue budget of a £24.946m deficit for 2024/25. While this maybe supported in year, the Trust must continue to improve this wherever possible and work towards breakeven in future years. The current financial plan is ambitious and challenging.</li> <li>2024/25 assumes a CIP target of 6.6% which equates to c£28.7m of cost reduction and income improvement. This is a high risk plan and the highest target Walsall has ever attempted.</li> <li>The Trust has a balanced draft capital programme but risk with c70% of the resource being expended on Theatres 1-4 there could be in year capital pressure.</li> </ul>

- The Trust will need to ensure rigorous grip and control on financial and headcount metrics and regular testing of those controls to ensure they are suitable.
- The Trust is expecting an increase of UEC activity when MMUH opens in the autumn but as yet additional capital and revenue funding are yet to be awarded or agreed. This is a considerable risk.

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

## WALSALL HEALTHCARE NHS TRUST

### **Report to the Public Trust Board on 15<sup>th</sup> May 2024**

#### **2024/25 Operational Plan**

#### **1. Introduction**

- 1.1 This report seeks approval from the Trust Board of the 2024/25 Operational Plan. The details were discussed at the Finance & Productivity Committee on the 24 April 2024 and Private Trust Board on 17 April 2024..
- 1.2 This paper should also be read in conjunction with the Improvement and Transformation Plan (I&TP)

#### **2. 2024/25 Operational Priorities**

- 2.1 NHS England published a pack of operational planning and contracting guidance on 27 March 2024.
- 2.2 The overall priority for the NHS in 2024/25 is to recover core services and productivity following the Covid-19 pandemic. The planning guidance acknowledges that this is a major challenge, which will take several years. In terms of the resources available, the spring Budget 2024 included £2.45bn of extra funding for the NHS in 2024/25, which is intended to cover the recurrent cost of the 2023/24 pay deal, with NHS funding otherwise being held flat.
- 2.3 As in 2023/24, finance is considered at a system level. Integrated Care Board's (ICB), trusts and primary care providers are asked to work together to plan to deliver a net financial position which is balanced across the system. They should involve wider system partners as they decide how to balance various national and local priorities.
- 2.4 The focus on recovery is the same as in the previous year's planning guidance. Within this, there is however now a sharper focus on productivity, and on how the NHS can be a better and more responsive employer.

#### **Recovery**

- 2.5 Nationally, the NHS continues to prioritise the recovery of core services – in particular, elective care, cancer, diagnostics and urgent and emergency care, NHS dentistry and access to primary care. The most significant financial mechanisms to support recovery are the same as those used in 2023/24. The Elective Recovery Fund (ERF) continues into 2024/25, and the Better Care Fund is being used to shift activity to settings outside acute hospitals.
- 2.6 To help recovery, systems are asked to maintain their bed numbers for general and



acute care in 2024/25 at the same level funded and agreed through operating plans in 2023/24.

New in the 2024/25 planning guidance, NHS England is promoting NHS IMPACT, its national approach to improvement, as a way of driving recovery.

## **Productivity**

- 2.7 Previous planning guidance has prioritised productivity, but there is a sharper focus on it in 2024/25, with clearer expectations on systems.
- 2.8 NHS England expects all acute trusts to recover their productivity towards pre-pandemic levels (adjusted for structural factors, case-mix changes and uncaptured activity). It asks ICBs to work with acute trusts to analyse their productivity compared to that in 2019/20 and put in place improvement plans. It also asks systems to review their workforce establishment against 2019/20, justify any increases (for instance based on outcomes, safety, quality or new service models) and put in place plans to improve workforce productivity.
- 2.9 Nationally, NHS England will start reporting on productivity metrics in the second half of 2024/25. This will go down to an ICB and trust level to enable systems to benchmark their performance. The core metrics will include:
- measures of overall productivity at trust level
  - measures of operational and clinical productivity (such as the no criteria to reside rate, capped theatre utilisation, the diagnostic utilisation rate and turnaround time)
  - measures of workforce productivity (such as outpatient appointments per consultant, care hours per patient day, bank and agency spend as a proportion of pay costs)
  - measures of efficiency (such as on delivery of the opportunity for medicines optimisation).
- 2.10 As in previous years, the planning guidance includes a target on temporary staffing, though this year it has been elevated such that it's included as one of the national objectives. NHS England asks systems to reduce their agency spend to a maximum of 3.2% of the total pay bill across 2024/25 (compared to a target of 3.7% in 2023/24). It also expects trusts to end their use of off- framework agencies by July 2024, and stipulates that any use of off-framework agencies before this point should be signed off by the chief executive or a designated deputy.

## **Supporting the NHS workforce**

- 2.11 In 2024/25, the planning guidance has a much stronger focus on workforce than in previous years. It stresses the importance of improving staff experience, retention and attendance, saying 'the evidence is clear that improving staff engagement will help to improve patient outcomes and safety'.

- 2.12 This is an area which is still under development, with more policies and guidance likely to follow within the next 12 months and in the coming years. The planning guidance sets out some specific requirements, but describes these as ‘the floor, rather than the ceiling, of our collective ambition to be a better and more responsive employer’.

Specific requirements are that NHS employers:

- implement the new *National pregnancy and baby loss people policy framework*.
- implement the NHS sexual safety charter.
- implement the actions and best practice available through the retention hub.
- embed the *NHS equality, diversity and inclusion improvement plan*.
- align their training with the *Core skills training framework*.
- implement the *Growing occupational health and wellbeing together strategy*.
- provide work schedules in advance, with compassionate on-call rostering and leave request management.

### **Detailed priorities, targets and actions**

- 2.13 Beyond the key themes of recovery, productivity and supporting the workforce, the planning guidance explains the actions that systems should take to support a more detailed set of national objectives.
- 2.14 Annex 1 details the key quality performance standards for 2024/25.

## **3. Walsall Healthcare Trust Operational Plan**

- 3.1 As the Trust Board will be aware the 2024/25 Operational Plan submission has gone through a 3- stage process:
- Early cut information 1 March 2024
  - Draft Plan Submission to NHSE 21 March 2024
  - Final Plan Submission to NHSE 2 May 2024
- 3.2 **Through this paper, alongside the Annual Plan agenda item the Trust Board is asked to approve the 2024/25 Operational Plan.**
- 3.3 The key sections for the Trust Board to discuss prior to approval are:
- A. Quality Performance Standards
  - B. Activity, inclusive of elective recovery
  - C. Workforce
  - D. Income & Expenditure inclusive of the efficiency
  - E. Capital
  - F. Cash

## A. Quality Performance Standards

- 3.4 Led by the Chief Operating Officer, with support from the wider Executive team, the Trust has produced monthly trajectories for each metric following detailed discussions at Clinical Group level.
- 3.5 The recommended performance against these metrics is summarised in the following chart.

Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)



Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%



Improve performance against the headline 62-day standard to 70% by March 2025



Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025



Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025



Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%



- 3.6 These clearly shows that we are planning to deliver against all the key quality performance standards.

## B. Activity, inclusive of elective recovery

- 3.7 The Trust has undertaken detailed activity forecasts via the clinical groups and is planning to delivery elective activity at 110% of the value weighted activity levels of 2019/20 in line with the target.
- 3.8 The Trust Board is asked to note that there could be further opportunity on ERF and the Trust will pursue this throughout the financial year. The Trust Board is also asked to note the potential impact of the opening of the Midland Metropolitan University Hospital (MMUH) and subsequent impact on the level of UEC attendances at Walsall Healthcare Trust has **not** been factored into the activity plan as there are further discussions to be had with system and provider colleagues.

### **c. Workforce**

- 3.9 The workforce plan for 2024/25 incorporates the key aspects of the operational plan but does **not** recognise the potential impact of the opening of MMUH in autumn 2024.
- 3.10 The Black Country was significantly impacted by the COVID-19 pandemic and the restoration of services coupled with an increase (around 21% for type 1 ED attendances) in emergency care since 2019, has resulted in workforce growth. Furthermore, we have utilised funding available (MHIS) to invest in our mental health workforce. However, our priority is the delivery of safe, good quality care and to improve the health of local people remains.
- 3.11 We have completed reviews to understand our areas of workforce growth and assess as to the current and future need to ensure we are maximising productivity. We have now put in place enhanced workforce controls, along with quality impact processes, to support a safe reduction in our headcount where appropriate. Given the growth over the last few years savings will most likely to be achieved through less temporary staffing and natural attrition.

### **d. Income & Expenditure inclusive of the efficiency**

- 3.12 The Trust Board is asked to approve the £24.946m deficit plan inclusive of a £28.682m (6.6%) efficiency plan,
- 3.13 Annex 2 shows a bridge from 2023/24 Plan to 2024/25 Plan. The key points for the Trust Board to note are:
- An underlying deficit position of £54.9m as we exit 2023/24.
  - Key assumptions in the 2024/25 financial plan building on the underlying position are:
    - National inflationary and efficiency percentages modelled.
    - Local efficiency target modelled to reflect the underlying deficit and the requirement to support in year cost pressures.
    - Various cost pressures modelled in with CNST scheme increases as an example
    - There are no cost assumptions for MMUH within the model
- 3.14 To support the delivery of the financial plan the Trust does have a challenging and ambitious cost improvement plan (CIP) of £28.696m (6.6%). This is predicated on a number of workstreams including workforce and operational productivity, better procurement and medicines management, and ensuring we secure all income streams available to the Trust.
- 3.15 The Cost Improvement Programme (CIP) is led by the Chief Operating Officer (Deputy CEO) with support from the Improvement team and Finance team. There is a detailed CIP report presented to Finance and Productivity Committee on a monthly basis.

## E. Capital

- 3.16 Excluding externally funded schemes the Trust has an operational capital budget of £7.472m for 2024/25. Following a detailed prioritisation process the following table summarises the approved schemes.

Project	Start	End	Balanced Value within £7.5m cap
Theatres 1-4	Mar-24	Dec-24	4.972
Health Records	Mar-23	Jun-25	0.5
Aseptic Suite	Q1 24.25	24.25	0.75
Old ED Works	Aug-23	Mar-24	0.5
Backlog Maintenance	Ongoing	Ongoing	0.5
Replacement medical Equipment	Ongoing	Ongoing	0.25
<b>TOTAL</b>			<b>7.472</b>

- 3.17 The Trust Board is asked to support the capital programme. The Trust has profiled its plan within the available funds but does have significant capital pressures in year and a reserve list of schemes. The most notable capital pressure is the potential impact of MMUH opening and the Trust needing capital investment of c£6m to support the extra capacity required. The Trust is continuing discussions to agree funding for this development. Monthly performance against the profile of spend will be monitored by the Capital Review Group.

3.18 In addition to the operational capital the Trust has external funding for capital in 2024/25

Project	Value 24/25 £'m
Frontline Digitisation	4.249
PSDS	5.595
<b>TOTAL</b>	<b>9.844</b>

## F. Cash

3.19 The Trust ended 2023/24 with £20.062m in cash. However, with creditor liabilities and a deficit plan, the Trust will need to obtain external funding throughout the financial year. Appropriate representations have been made to NHSE for this revenue cash support.

3.20 The key focus and priority is to ensure an improvement in the underlying deficit position as we exit 2024/25.

### 4. Recommendations

4.1 The Trust Board is asked to **approve** the 2024/25 Operational Plan

**Kevin Stringer**  
Group Chief Financial Officer

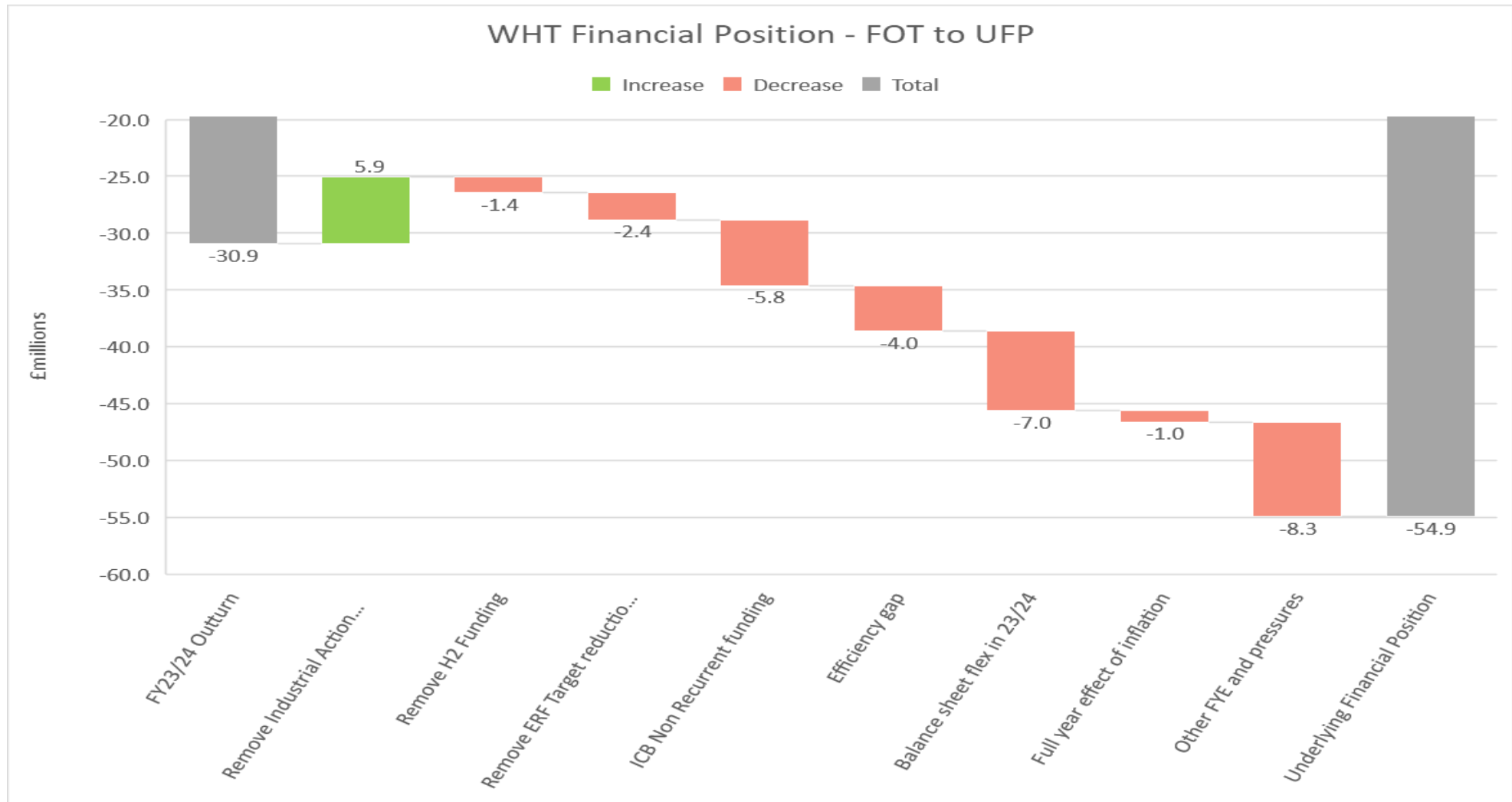
7 May 2024

**Annex 1 - Quality Performance Standards**  
**Annex 2 - Bridge from 2023/24 Plan to 2024/25 Plan**

## Annex 1 – Quality Performance Standards

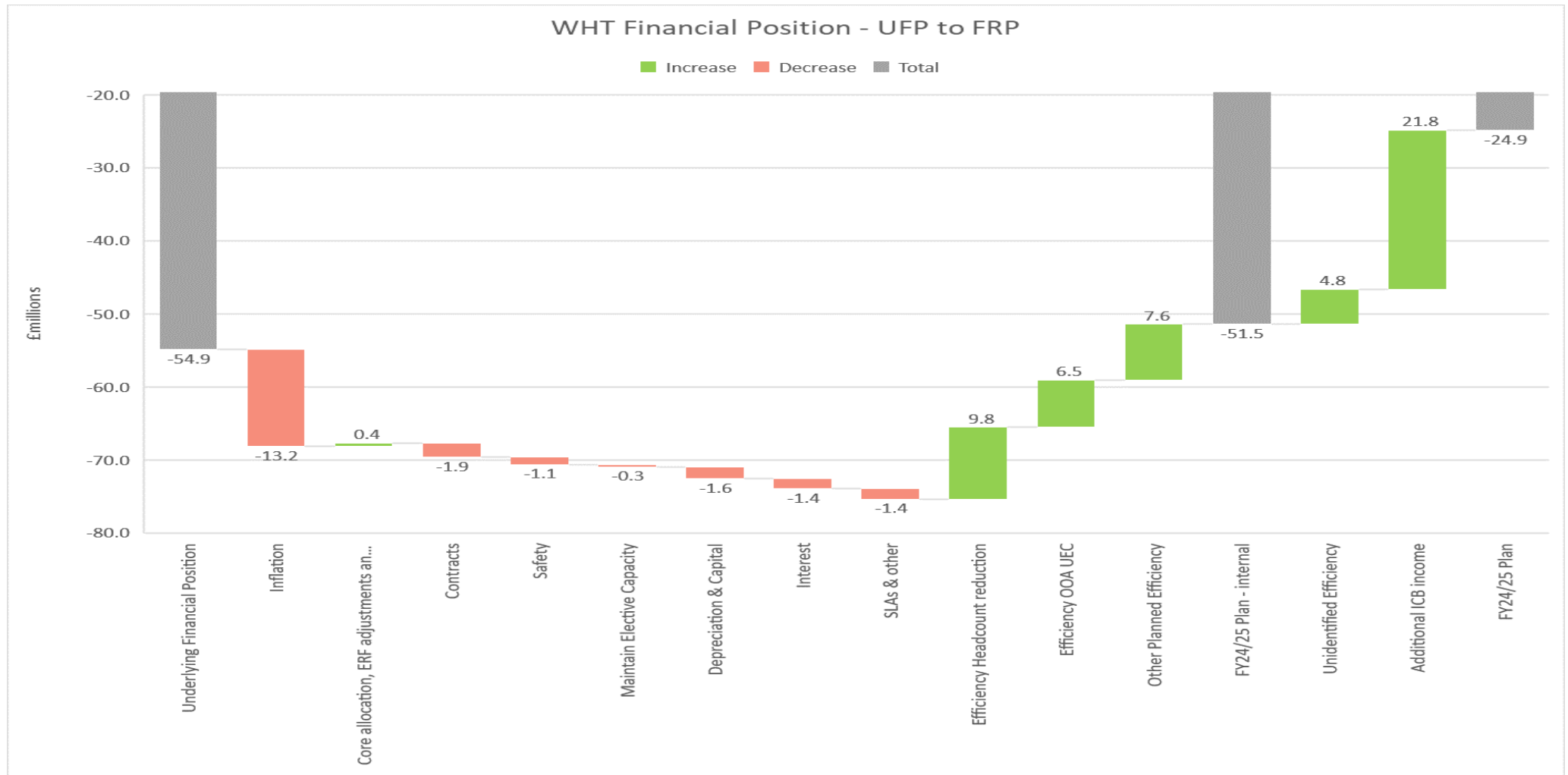
Area	Objective	Changes from 2023/24
Urgent and emergency care	Improve A&E waiting times, compared to 2023/24, with a minimum of <b>78% of patients seen within 4 hours in March 2025</b>	Increase from 76% target in 2023/24
	Improve Category 2 ambulance response times to an <b>average of 30 minutes across 2024/25</b>	Timeframe pushed back by 12 months
Elective Care	<b>Eliminate waits of over 65 weeks</b> for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	Timeframe pushed back by 6 months.
	Deliver (or exceed) the system specific activity targets, consistent with the national weighted activity <b>target of 107%</b> . <b>WHT specific target – 106.6% but with internal plan of 110%</b> .	No change
	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25	New
	Improve patients' experience of choice at point of referral	New
Cancer Care	Improve performance against the headline 62-day standard to <b>70% by March 2025</b>	No change (although more focus on this target compared with backlog reduction in 2024/25)
	Improve performance against the 28 day Faster Diagnosis Standard to <b>77% by March 2025</b>	Increase from 75% target in 2023/24.
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	N/A
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the <b>March 2025 ambition of 95%</b>	Increase from 85% in 2023/24
Use of Resources	Deliver a balanced net system financial position for 2024/25	The Trust is developing the Improvement and Transformation plan to achieve this
	Reduce agency spending across the NHS, to a maximum of <b>3.2% of the total pay bill</b> across 2024/25	The Trust is forecasting to achieve this

Annex 2 – Bridge to UFP





## Annex 2 – UFP to Financial Plan



**Paper to the Trust Board Meeting – to be held in Public**  
**15 May 2024**

<b>Title of Report:</b>	Group Chief Finance Officer Report	Enc No: 8.1
<b>Author:</b>	Dan Mortiboys, Operational Director of Finance	
<b>Presenter/Exec Lead:</b>	Kevin Stringer, Group CFO	

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

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

**Recommendations:**

The Board is asked to note the contents of the report

The Board is asked to delegate to Audit Committee the adoption of the annual accounts for 2023/24 in line with previous years.

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: Risks 2081 and 2082 deal with the risk of deficit in year and the financial sustainability of the Trust respectively. On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	None		
<b>Resource Implications:</b>	The Report summarises the pre-audit financial outturn of the Trust for the 2023/24 financial year		
<b>Report Data Caveats</b>	All data is correct at the point of the report being completed		
<b>Compliance and/or Lead Requirements</b>	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:
<b>CQC Domains</b>			
<b>Equality and Diversity Impact</b>	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 24 April 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 Committee 24 April 2024

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

**Assure**

**Advise**

Pre-audit, the Black Country ICB has achieved its revised financial plan of a c£90m deficit for the financial year 2023/24

Pre-audit, the Trust has reported a 23/24 revenue deficit of £8.651m. The Trust has a full year outturn target of £3.005m deficit, so had an adverse variance of £5.646m. The variance was caused by a £4.5m stretch target the Trust was unable to achieve and £1.1m of pressures associated with industrial action and a challenging winter of urgent and emergency care.

The Trust’s pre-audit operational capital spend was £9.488m of the c£9.5m available. The Trust received PDC funds which saw it spend £0.900m on PACs system and £2.738m on Frontline Digitisation. The Trust also utilised £6.669m of Public Sector Decarbonisation Scheme (PSDS) funding in year. Including contractual spend of £21.425m pre-external audit.

At 31 March 2024 the trust had £20.062m of cash.

The Board is asked to delegate to Audit Committee the adoption of the annual accounts for 2023/24 in line with previous years.

**Alert**

The trust submitted a financial plan to NHSE on 2 May and the financial climate remains very challenging.

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

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

# Financial Performance

for Full Year 2023/2024

**Working in partnership**

The Royal Wolverhampton NHS Trust  
Walsall Healthcare NHS Trust



**Care Colleagues**  
**Collaboration Communities**

# Key Points

## Revenue

The Trust submitted a forecast on 22 November 2023, which with an additional income award resulted in a Full Year Outturn (FOT) of £27.788m. Since that position, NHSE have released £68m of income to the system of which Walsall have received £24.783m, which therefore creates a forecast of £3.005m deficit.

In the November forecast the Trust were instructed not to include the impact of further industrial action. The Trust was then impacted by further industrial action in December, January and February. To cover the impact of industrial action c£1.231m was awarded to the Trust

The Trusts final review position for the financial year is a deficit of c£8.651m.

The c£5.6m variation to plan is primarily caused by the Trust being unable to achieve the £4.5m stretch improvement in the position agreed as part of the November forecast. The Trust did invoice out of area ICBs for £6.699m for urgent and emergency care work above contracted levels (Staffs £5.264m, Birmingham Solihull £1.284m and Shropshire, Telford and Wrekin £0.151m). Had this activity been funded, then the stretch would have been achieved. Negotiations for increased funding are taking place at an 'ICB to ICB' level for this funding in 24/25.

The remaining £1.1m is attributable to higher costs during winter (beds open longer than within the winter plan), lost income due to industrial action and increased length of stay during winter industrial action.

The ICB as a whole (of which WHT are judged) has achieved its control total with other Trusts overperforming financially. It must be noted that WHT is supporting the wider ICB with a high level of IC ambulances coming to Walsall. However this support moves the financial pressure from where the ambulance would have gone, to Walsall.

# Key Points

## Capital

The Trust fully utilised capital from the ICB of c£9.488m. Expenditure included Theatres works that are now underway. The Trust utilised c£6.669m of PSDS with further expenditure expected in Q1 24/25 as agreed with the funder. The PSDS works were mainly in relation to theatres. Frontline Digitisation used c£2.738m of funding and will see further expenditure of c£4.249m in 24/25. The Trust was also able to de-risk PACS systems utilising C£900k of diagnostic PDC funding. Total expenditure of c£21.309m in 23/24. This is within agreed limits.

## Cash

The Trust had £20.602m of cash at 31 March 2024, noting some large creditors remain. The Trust has requested cash support for Q1 from NHSE pending confirmation of the final financial plan for 24/25. As at 15 April NHSE have agreed support for April of £846k and will review further requests based on the final plan.



Care Colleagues  
Collaboration Communities

# Revised System Position - Black Country ICS

The reported Full Year financial positions for ICS member organisations are:

Organisation	H2 Plan (adjusted for deficit funding)	Actual M12 Outturn	Variance to H2 Plan
ICB	15,100	18,177	3,077
BCH	4,014	260	(3,754)
DIHC	1,075	1,149	74
SWB	(18,080)	(14,079)	4,001
DGFT	4,588	6,807	2,219
RWT	(26,686)	(26,657)	29
WHT	(3,005)	(8,651)	(5,646)
WMAS	1,795	1,795	0
<b>TOTAL</b>	<b>(21,200)</b>	<b>(21,199)</b>	<b>1</b>

System funding and cash support at the level of the system deficit plan has been received and allocated based on cash deficits with the balance allocated based on a fair share basis.

# YTD I&E Performance – Walsall Healthcare Trust

	Plan £000s	Actual £000s	Variance £000s
<u>Income</u>			
Healthcare Income	392,599	393,316	717
Other Income (Education&Training)	7,985	11,504	3,520
Other Income (Other)	10,255	12,519	2,263
<b>Subtotal Income</b>	<b>410,839</b>	<b>417,340</b>	<b>6,500</b>
<u>Pay Expenditure</u>			
Substantive Salaries	(249,384)	(233,000)	16,384
Temporary Nursing	(33,280)	(19,061)	14,220
Temporary Medical	(1,849)	(14,921)	(13,073)
Temporary Other	(544)	(8,151)	(7,607)
<b>Subtotal Pay Expenditure</b>	<b>(285,057)</b>	<b>(275,133)</b>	<b>9,923</b>
<u>Non Pay Expenditure</u>			
Drugs	(24,119)	(25,916)	(1,797)
Clinical Supplies and Services	(19,381)	(23,503)	(4,122)
Non-Clinical Supplies and Services	(29,006)	(33,564)	(4,558)
Other Non Pay	(40,520)	(40,237)	284
Vaccination Programme			0
Depreciation	(13,941)	(13,276)	664
<b>Subtotal Non Pay Expenditure</b>	<b>(126,967)</b>	<b>(136,496)</b>	<b>(9,529)</b>
Interest Payable	(12,831)	(14,361)	(1,530)
<b>Subtotal Finance Costs</b>	<b>(12,831)</b>	<b>(14,361)</b>	<b>(1,530)</b>
<b>Total Surplus / (Deficit)</b>	<b>(14,016)</b>	<b>(8,651)</b>	<b>5,364</b>

- Healthcare Income is ahead of plan due to the receipt of funding to support the deficit plan, reporting of ERF overperformance and non-recurrent items. Education & Training income is overperforming based on the latest schedule from HEE, this additional income is offset by costs. Other income overperformance is due to non-recurrent items and overperformance on interest receivable.
- Pay is overspent by £9.923m due to temporary staffing premiums and the impact of industrial action. Substantive pay is underspent due to vacancies. Temporary staffing costs are being driven by vacancy cover as well as staffing unfunded rotas in some areas.
- Drugs overspend – increased spend across all areas/services. Analysis of M12 expenditure indicates a £1.034m price variance.
- Clinical supplies and services overspend is being driven by increased usage of patient devices, such as hearing aids, insulin pumps and pacemakers, Endoscopy outsourcing, insourced Neurology clinics and Patient appliances such as wheelchairs.
- Non-Clinical Supplies and other non pay overspend is driven by various inflationary pressures, ad hoc / unfunded costs linked to security, small works etc in addition to cost pressures from insourcing and outsourcing to maintain diagnostic performance.



Care Colleagues  
Collaboration Communities



# Statement of Financial Position

<b>STATEMENT OF FINANCIAL POSITION</b>			
Statement of Financial Position for the month ending March 2024	Balance as at 31/03/23	Balance as at 31/03/2024	Year to date Movement
	'£000	'£000	'£000
<b>Non-Current Assets</b>			
Property, plant & Equipment	242,431	249,613	7,182
Intangible Fixed Assets	6,012	8,284	2,272
Receivables greater than one year	693	1,463	770
<b>Total Non-Current Assets</b>	<b>249,136</b>	<b>259,360</b>	<b>10,224</b>
<b>Current Assets</b>			
Receivables & pre-payments less than one Year	27,929	37,919	9,990
Cash (Citi and Other)	38,358	20,062	(18,296)
Inventories	3,629	3,802	173
<b>Total Current Assets</b>	<b>69,916</b>	<b>61,783</b>	<b>(8,133)</b>
<b>Current Liabilities</b>			
NHS & Trade Payables less than one year	(62,290)	(65,910)	(3,620)
Other Liabilities	(711)	(442)	269
Borrowings less than one year	(6,527)	(9,417)	(2,890)
Provisions less than one year	(183)	(156)	27
<b>Total Current Liabilities</b>	<b>(69,711)</b>	<b>(75,925)</b>	<b>(6,214)</b>
<b>Net Current Assets less Liabilities</b>	<b>205</b>	<b>(14,142)</b>	<b>(14,347)</b>
<b>Non-current liabilities</b>			
Borrowings greater than one year	(120,584)	(181,242)	(60,658)
<b>Total Assets less Total Liabilities</b>	<b>128,757</b>	<b>63,976</b>	<b>(64,781)</b>
<b>FINANCED BY TAXPAYERS' EQUITY composition :</b>			
PDC	252,913	256,563	3,650
Revaluation	65,284	68,679	3,395
Income and Expenditure	(162,566)	(239,141)	(76,575)
In Year Income & Expenditure	(26,874)	(22,125)	4,749
<b>Total TAXPAYERS' EQUITY</b>	<b>128,757</b>	<b>63,976</b>	<b>(64,781)</b>



**Care Colleagues**  
**Collaboration Communities**

# Capital

<b>Scheme Name/Category Of Spend</b>	<b>£'m</b>
ED Shell Space	2.606
Health Records	1.000
IT Equipment	0.796
Lead Lined Room	0.620
Medical Equipment	1.000
Lifecycle	1.000
PSDS Match funding	6.669
PFI Lifecycle	1.514
Frontline Digitisation	2.744
Theatre 1-3 refurbishment	2.576
PDC-Digital Diagnostic Capability	0.900
<b>Total</b>	<b>21.425</b>



Care Colleagues  
Collaboration Communities

**Paper to the Trust Board Meeting to be held in Public  
on 15<sup>th</sup> May 2024**

<b>Title of Report:</b>	Learning from Deaths Report (Q4 January – March 2024)	Enc No: 8.2
<b>Author:</b>	Mrs Lorraine Moseley Business Manager <a href="mailto:lorraine.moseley3@nhs.net">lorraine.moseley3@nhs.net</a>	
<b>Presenter/Exec Lead:</b>	Dr Manjeet Shehmar Chief Medical Officer <a href="mailto:manjeet.shehmar@nhs.net">manjeet.shehmar@nhs.net</a>	

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

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 members are asked to note the contents of the report.

**Implications of the Paper:**

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

<b>Equality and Diversity Impact</b>	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: October 2023 Colorectal
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Presentations at Jan- March Learning from Deaths Group.
<b>Summary of Key Issues using Assure, Advise and Alert</b>			
<b>Assure</b>			
SHMI value for the 12-month rolling period (published by NHS Digital March 2024) November 2022 - October 2024 is 0.972 within the expected range (this relates to the acute Trust excluding palliative care). Please note - this is the most up to date data available at the time of writing the report.			
<b>Advise</b>			
<ul style="list-style-type: none"> <li>No mortality alerts have been received for the period of this report.</li> <li>The Trust continue to address improvements in Colorectal Cancer Services in response to outlier alerts. We no longer receive an outlier alert for colorectal cancer.</li> <li>The medical examiner team reviewed 100% of the total eligible inpatient deaths for the period covered by this report.</li> <li>The ME service reviewed 151 community deaths within the period of this report (an increase from previous report).</li> <li>6 LeDeR deaths were reported during this period and will be reported in subsequent reports.</li> <li>Re community ME, 62% GPs are signed up to the process. All remaining GP practices have been contacted and provided with data Sharing Agreement.</li> <li>The community ME service and amendments to MCCD will become statutory from 9<sup>th</sup> September 2024.</li> </ul>			
<b>Alert</b>			
<ul style="list-style-type: none"> <li>Observed deaths are higher than expected deaths: Septicemia, COPD &amp; bronchiectasis, aspiration pneumonia and cancer of bronchus. However, these have not changed from the previous report as the data is a 12-month rolling period and improvements are not immediately visible.</li> <li>Funding has not yet been identified for the Respiratory Support Unit which is an improvement action for these outlier areas. The case is being reviewed by the ICS and has previously been endorsed by the Acute Collaboration and Clinical Leadership Group.</li> <li>The number of outstanding SJRs for the period of this report is 28, which is consistent with the previous report.</li> </ul>			
<b>Links to Trust Strategic Aims &amp; Objectives (Delete those not applicable)</b>			
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>Embed a culture of learning and continuous improvement.</li> <li>Prioritise the treatment of cancer patients.</li> <li>Safe and responsive urgent and emergency care</li> </ul>		
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> <li>Improve overall staff engagement.</li> <li>Deliver improvement against the Workforce Equality Standards</li> </ul>		
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> <li>Deliver improvements at PLACE in the health of our communities</li> </ul>		
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> <li>Improve population health outcomes through provider collaborative.</li> <li>Improve clinical service sustainability.</li> <li>Implement technological solutions that improve patient experience.</li> <li>Progress joint working across Wolverhampton and Walsall</li> <li>Facilitate research that improves the quality of care</li> </ul>		

## Learning from Deaths Report (Q4 January – March 2024)

Report to Trust Board to be held on 15<sup>th</sup> May 2024

### Introduction

This report details:

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

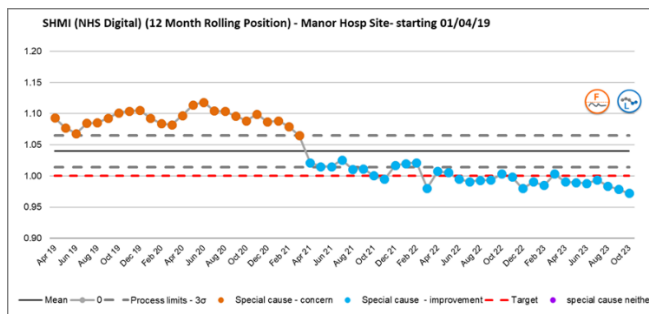
### 1. Update on Standardised Mortality Rates (SMRs) and inpatient data relevant to these calculations

1.1 Activity levels over this period is as follows:

	Admissions	Hosp Deaths	Total Discharges	Covid Deaths
<b>Jan 24</b>	9375	126	9317	8
<b>Feb 24</b>	9151	124	9185	6
<b>Mar 24</b>	9296	125	9305	3

1.2 SHMI (Inpatient deaths plus 30 days post discharge)

The published SHMI value for the 12-month rolling period (published by NHS Digital March 2024) November 2022 to October 2024 is 0.972. These values are within the expected range and relate to the acute Trust excluding palliative care. It can be seen from the SPC chart below that SHMI levels have been steady and below expected range for some time.

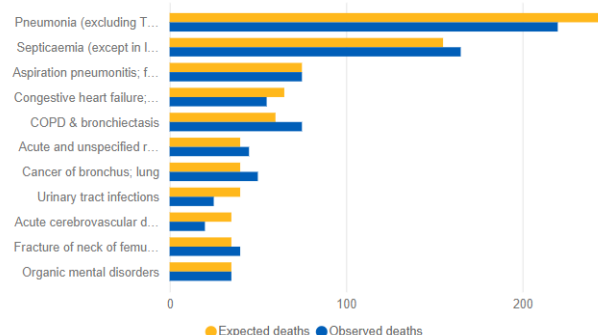


Site code	Site name	Provider spells	Observed deaths	Expected deaths	SHMI value
RBK02	Manor Hospital	64,405	1,505	1,550	0.9721
RBK49	Holly Bank House	90		10	
RBK83	Walsall Hospice	180	120	10	11.9696
E0Z3F	Walsall Manor Hospital Elective Surgical Hub	2,035			

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

Trust	November 2022 to October 2024
Walsall Healthcare NHS Trust	0.9721
The Royal Wolverhampton NHS Trust	0.9277
The Dudley Group NHS Foundation Trust	1.0336
Sandwell And West Birmingham Hospitals NHS Trust	1.1281

Comparison of observed and expected deaths by diagnosis ( )



Observed deaths are higher than expected deaths for septicaemia, COPD & bronchiectasis, fractured neck of femur and cancer of bronchus. The respiratory team have been asked to identify any aspiration pneumonia cases relating to patients with learning disabilities and these will be further investigated by the LeDeR team. Please note these have not changed from the previous report as the data is a 12 month rolling period and improvements are not immediately visible.

### Changes to reporting of SHMI

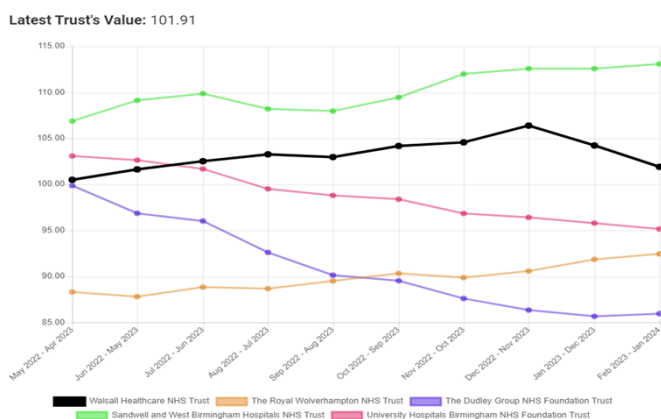
The process for reporting Same Day Emergency Care (SDEC) is changing. NHS England has announced implementation from 1st July 2024 which will see the recording and submission of SDEC activity being migrated from various data sources (such as Admitted Patient Care) to the Emergency Care Data Set (ECDS). This will have an impact on a number of metrics, including SHMI with an increase in SHMI levels anticipated. During the migration period (which is expected to last to the end of 2024) it will not be possible to benchmark against other Trusts as migration is expected to take some months to complete.

However, the Trust will not be in a position to implement this change in July 2024 as the ECDS will not be upgraded in time. Our ECDS is managed by System C and unfortunately there are no confirmed timescales for delivery at this point. The delivery of the ECDS upgrade is in the development prioritising schedule and they are aiming to have formal details to customers at the end of May/beginning of June. Upgrades will be completed in cohorts and we await further information. The Trust's Digital Transformation Board is monitoring the position and will provide an update when available.

It is important to note that Walsall is not the only Trust in this position, there are around 30 Trusts currently reliant on System C for their reporting functions and all are affected. System C have communicated this to NHS England. We are aware that Royal Wolverhampton Trust, Dudley Group NHS Foundation Trust and Sandwell and West Birmingham Hospitals NHS Trust are in the same position.

## 2. HMSR

The chart below is taken from available data within HED and illustrates the Trust's performance in relation to peer group. HMSR for this period is within the expected range.



## 3. Ethnicity

Ethnicity data for deaths for the period of this report (January 2024 to March 2024)

Grp By	(10) Jan	(11) Feb	(12) Mar	Total
Any other ethnic group	1	0	1	2
Any other mixed background	0	0	0	0
Any other White background	0	0	1	1
Asian - other	0	1	0	1
Bangladeshi or British Bangladeshi	0	0	0	0
Black African or Black British African	0	0	1	1
Black Caribbean or Black British Caribbean	1	0	0	1
Chinese	0	0	1	1
Indian or British Indian	3	6	6	15
Mixed White and Asian	0	0	0	0
Mixed White and Black Caribbean	2	0	0	2
Not Stated	10	12	9	31
Pakistani or British Pakistani	0	2	2	4
Unknown	5	2	0	7
White British	91	85	92	268
White Irish	1	3	2	6
<b>Total</b>	<b>114</b>	<b>111</b>	<b>115</b>	<b>340</b>

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

#### **4. Alerts and focus**

There have been no alerts received during this period.

#### **48 Hour review of maternal death**

An SI was declared in relation to a maternal death. The 48 hour review was reported at the Learning from Deaths Group meeting held in March, however at the time of the 48 hour review not all information was available. A full report will be included in the April Learning from Deaths meeting and reported in the next report to Quality Committee.

Initial review identified the following: there was a lack of professional curiosity around various issues including multiple DNAs, not providing urine samples, history of borderline personality disorder, memory issues and extent of disability; SWB DNA policy not followed; and patient was discharged back to MWL care at 34 weeks with persistent DNAs and no lateral checks. The initial recommendations from the 48 hour review are: clear communication between Trusts in relation to DNAs and social concerns: staff to display professional curiosity in relation to potential vulnerabilities; ensure documentation reflects all care given; if any social concerns or vulnerabilities women to remain under obstetric care; and there should be clear guidance around care of women with vulnerabilities who do not fit criteria for social intervention.

The following actions were identified: development of a SOP between Trusts with clear pathway in relation to communication and how to deal with social concerns/persistent DNAs; reminders to clinical staff to consider whole clinical picture; reminders to staff around importance of clear documentation to include reasons why tasks have not been performed; to make RE tab mandatory at all contacts; and development of SOP/guidance for vulnerable women requiring additional support with particular consideration for learning difficulties.

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

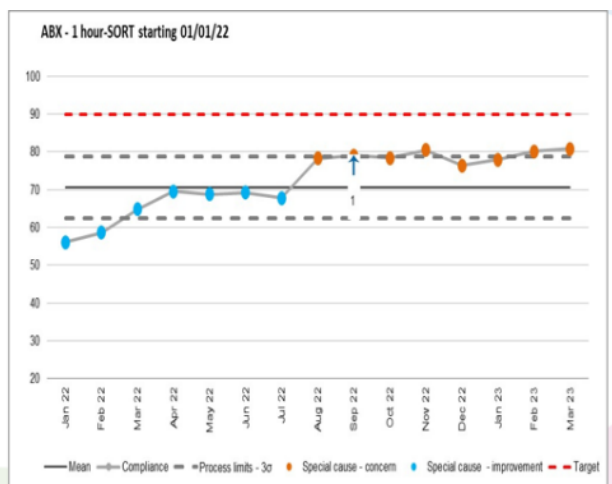
Following the HED alerts relating to COPD, 71 patient records were reviewed, of which 15 were identified for a further deep review. The outcome of that further review will be included in the next report.

The review identified a number of areas where lessons could be learned around diagnosis, attendance at appointments and NIV training. The following improvements were identified:

- Respiratory appointments to be given when a new diagnosis or NIV needed.
- NIV training for staff
- Requirement for a respiratory support unit
- Improve follow up for patients who do not attend appointments (e.g. through GP/district nurse)
- Ensure admission when clinically indicated as set out in guidelines and clinical judgment
- Early referral to respiratory team for investigation.

#### **Sepsis**

Overall sepsis 6 compliance has improved from 28% to almost 70% and antibiotic treatment within the hour has improved from 56% in Jan'22 to 87% for March -SORT self-audit for assurance. When comparing this to other trusts across the UK this put Walsall above the national average for antibiotic compliance. ICNARC data has also shown that complex admissions to ICU due to Sepsis has also improved since the introduction of S.O.R.T.



A sepsis steering group has been established for stronger governance/guidance along with stronger working collaboratives with Microbiology/ IPC/ pharmacy to monitor antimicrobial stewardship. A tailored training programme to include learning from sepsis incidents is incorporated into induction programmes.

The Trust is working collaboratively with Wolverhampton to plan the roll out of the new NICE guidelines and we have applied to be in first cohort of hospitals to roll out Martha's rule.

### Colorectal cancer

As previously reported, the CMO office has formed an improvement group led by the CMO to understand and address the actions required to improve clinical outcomes.

The following improvements have been implemented and work continues.

- Additional CNS triage post.
- ICB funding to support Endoscopy capacity- delivering an additional 1,434 endoscopies/year.
- Improved compliance for medical review and optimisation of colorectal patients before surgery with better data to triage – audit data being complied.
- LOS data is improving with daily consultant review.
- Review of criteria for describing adverse events for improved reporting.
- The team will explore the feasibility of using virtual wards for returning colorectal patients for a better patient experience and more accurate coding.
- The care group are developing an options paper looking at the provision of a dedicated post-surgery enhanced recovery facility.
- New mortality lead appointed
- MDTs restructured and established

21 deaths were reviewed for the period April 2021 to September 2023 with no serious incidents or complaints.



# Colorectal Improvement Update

	NBOCA- National Average published July 2023	Figures presented by project team 01/01/2022 - 31/05/2023 (Based on only major resections)	Griff Benchmark	May 2023 - July 2023	June 2023 - August 2023	July 2023 - September 2023	August 2023 - October 2023	September 2023 - November 2023	October 2023 - December 2023	November 2023 - January 2024	May 2023 - January 2024
Total patients operated on during this timeframe				20	22	30	28	24	21	22	70
Proportion of patients having emergency Major resection	14%	39.20%		55.00%	40.91%	26.67%	17.86%	16.67%	28.57%	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%		80.00%	81.82%	70.00%	64.29%	58.33%	41.67%	45.45%	62.86%
30-day post-op mortality	1.70%	6.30%		5.00%	0.00%	0.00%	3.57%	4.17%	4.76%	0.00%	2.86%
90-day post-op mortality	2.80%	10.90%		10.00%	0.00%	3.33%	7.14%	8.33%	4.76%	0.00%	5.71%
30-day readmission excluding 0 days LOS	12.50%	14.10%		15.00%	22.73%	23.33%	28.57%	29.17%	23.81%	18.18%	21.43%
30-day readmission including 0 days LOS		21.90%		35.00%	50.00%	40.00%	35.71%	29.17%	23.81%	22.73%	31.43%
30-day unplanned return to theatre (URTT)		6.30%		5.00%	0.00%	0%	3.57%	4.17%	4.76%	9.09%	7.14%
Ileostomy formation rate at time of anterior resection	<6.8%	56.70%	<35%	25.00%	40.00%	45.45%	44.44%	37.50%	66.67%	50.00%	41.18%
Trust rectal cancer surgical volume		20 (across 17 Months)		2	2	7	8	8	4	2	-
Cumulative Rectal cancer resection volume**				2	3	8	10	11	12	12	12

- Daily consultant colorectal ward rounds are in place and audited.
- LOS > 5 days reduced from 73.4% to 62.86% (target < 60%). Trend shows continual improvement (latest 45.45%)
- 30 day post op mortality reduced from 6.3% to 2.86 % (target 1.7%)
- 90 day post op mortality reduced from 10.90% to 5.71% (target 2.80%)
- 30 day unplanned return to theatre increased from 6.3% to 7.14% (target <6.8%) Trend improving, but increase in November - January
- Proportion of emergency resections reduced from 39.2% to 32.86% (target 14%)
- Ileostomy formation rate reduced from 56.70% to 41.18% (target <35%)



## 5. Quarterly Reports

### Perinatal Mortality

One case was reviewed in the reporting period Q3 2023. Grading of care of the mother and baby up to confirmation of death was C (improvements identified). Grading of care of the mother after confirmation of death was A (no gaps in care).

Themes included gaps across place care boundaries, lack of curiosity for multiple DNAs, lack of support regarding social circumstances and cross communication between multiple agencies for her vulnerabilities. There was consensus that neither trust involved in the antenatal care of the mother took enough steps to safeguard this mother from harm.

### Actions

- Implementation of a 'Booking' Failsafe for those women booked with an out of area trust /community Midwife but are booked to have their baby at Walsall. Ensure a 'Full Booking' is also completed by Walsall Healthcare for out of area women
- Improve Collaborative working with Safeguarding teams across boundaries
- Ensure individualised care plans are created for high risk / vulnerable women
- Create a Policy / SOP to enable midwives and doctors to give out Aspirin to mother's in Antenatal Clinic when women attend for scans and/or reviews.
- Ensure all DNA's from Antenatal clinic are appropriately followed up and escalated
- Aspirin to be prescribed and dispensed at Trust

## **Speciality Learning from deaths.**

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

### **Care of the Elderly**

13 deaths reviewed during the period September 2023 to December 2023 with no SIs identified.

Themes of good practice were recognition and good care and good communication. The following areas were highlighted for improvement: unavailability of patient records when completing SJRs needs to be addressed, loose records not being added to main patient record; earlier escalation of deteriorating patient; clinical reasoning to be clearly noted in patient records and post take ward round action plans completed. An audit of ReSPECT forms was undertaken which showed good compliance with some areas for improvement, especially relating to MCA capacity.

### **Emergency Medicine**

The presentation covered 155 deaths in ED for the period August 2022 to June 2023. An audit showed 86 of these deaths were out of hospital cardiac arrests with 69 deaths in ED with the most deaths being seen in December 2022 and January 2023 which is expected. There were 14 deaths for SJR and no SI or complaints were received. Themes of good practice were regular reminders during ward round, involvement of senior staff members, support from oncology team from 9am to 5pm every day; agreed referral process for management of pancreatitis, intracranial bleeding; an ED progress chaser introduced to liaise with radiology to expedite flow of patients through department; and publication of ED Newsletter. ED staff have also benefited from teaching on AKI bundle and end of life care. The following areas of improvement were highlighted: ensure name of clinician seeing patient is included in patient notes; ensure discussion with Medical Examiner; improvement in completion of ReSPECT form; and improve discussion with next of kin.

### **Oncology**

16 deaths were reviewed for the period April 2023 to January 2024 with no SIs or complaints. The reviews identified good practice in the following areas: good collaboration across specialties, good documentation and communication; national and international guidelines available for local use. There is also a national network group established. The team identified the following areas for improvement: the development of IO management guidelines; ongoing education regarding IO toxicities at ward level with increased awareness of IO/chemo toxicities; and new sepsis policy to be discussed at deteriorating patient group.

Team involvement in SJRs relating to oncology patients was discussed and assistance offered to other specialties.

### **End of Life Care**

There have been 4 rounds of the NACEL (National Audit of Care at the End of Life) audit which have not shown significant improvements. The areas for improvement highlighted are as follows: there is inconsistent quality of care in the last year and last days of life with frequent admissions; lack of advance planning and discussion; poor quality ReSPECT discussions and documentation. To improve EOLC Gold Standards Framework is being developed however there has been poor medical engagement from the wards. Additional training will be standardised across RWT and WHT for ReSPECT forms along with audit from the bereavement team. The hospice team have offered shadowing opportunities for clinical staff. A band 6 EOL care nurse has been reintroduced to assist with improvement throughout the Trust.

### **Fractured Neck of Femur**

There have been recent challenges to the service, with increasing numbers of patients with co-morbidities and complex fractures; the service are receiving more out of area patients; aging population with higher incidents in over 90's; and the ongoing industrial action has an impact on the service. Improvements to the service include: a trauma lead has been recruited; there is a data clerk in post to improve NHFD reporting; a femur fracture steering group has been set up; and an AKI audit commenced, the result of which will be available for the next report.

There are several improvements identified: plan to have all fragility fracture patients on one ward; nutrition QI; continuation of AKI audit; Sip Til Send implementation; delirium and AKI teaching for junior doctor rotation. The team also held a Femur Fracture Day on 13<sup>th</sup> March, details of which will be included in the next report.

### Intensive Care

5 deaths were reviewed for the period September 2023 to February 2024. The following areas of good practice were highlighted: overall good clinical care with support from other specialties; family involvement and regular updates; involvement of LD and safeguarding teams; and good compliance with LocSSIPs. The following improvement themes were identified: better MDT and early discussion of escalation plans; post ROSC (return of spontaneous circulation) neuro prognostic guidelines; improvement of communication within teams and clinical documentation. Action plans have been put in place and will be reviewed at the next presentation by the team.

### Gastroenterology

5 deaths were reviewed for the period November 2022 to September 2023 with 2 SIs or complaints reported. During the reviews the following areas for improvement were highlighted: length of time for completion of echo; incorrect request forms used; there were delays in decision and performance of laparoscopic biopsy; and one patient record showed no clear involvement of family during admission. The delay in biopsy will be reviewed and reported at the next presentation. Good practice was noted in the following: completion of duty of candour; communication with families; and early recognition and prompt treatment.

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

- 6.1 The number of outstanding SJRs for the period of this report is 28, which is consistent with the previous report. This figure is expected to reduce as a new process for community division SJRs has been agreed and reviewers are being trained. The continuing industrial action has impacted on the available time to complete SJRs.
- 6.2 A total of 6 LeDeR reviews were identified in the period covered by this report (three in February and three in March). The outcome of these reviews is awaited.
- 6.3 The Learning from Deaths Administrator left the Trust at the end of March, a replacement has been recruited but there will be a gap until the new member starts at the end of May. The process is being covered by the Business Manager and Medical Examiner Officers.

### SJR outcomes – Q4 (total deaths reviewed categorised by outcomes)\*

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3a Probably avoidable (more than 50:50)		
<b>This Month</b>	0	0.0%	<b>This Month</b>	1	33.3%	<b>This Month</b>	0	0.0%
<b>This Quarter (QTD)</b>	0	0.0%	<b>This Quarter (QTD)</b>	1	6.3%	<b>This Quarter (QTD)</b>	1	6.3%
<b>This Year (YTD)</b>	1	1.3%	<b>This Year (YTD)</b>	5	6.5%	<b>This Year (YTD)</b>	8	10.4%
Score 3b Probably not avoidable (less than 50/50)			Score 4 Probably not avoidable			Score 5 Slight evidence or definitely not avoidable		
<b>This Month</b>	0	0.00%	<b>This Month</b>	2	66.6%	<b>This Month</b>	0	0.0%
<b>This Quarter (QTD)</b>	2	12.6%	<b>This Quarter (QTD)</b>	10	62.5%	<b>This Quarter (QTD)</b>	2	12.6%
<b>This Year (YTD)</b>	15	19.5%	<b>This Year (YTD)</b>	43	55.8%	<b>This Year (YTD)</b>	5	6.5%

\*This data refers to the number of SJRs completed

The total number of deaths in the Trust for this quarter = 369, YTD 1436. SJR 1-3a rate YTD 0.97%  
Number of completed SJRs with scores of 1-3a Q4 rate 0.54%

## **7. Medical Examiner**

The medical examiners reviewed 100% of deaths in this reporting period with 375 hospital deaths 151 community deaths reviewed during the period of this report. The community ME programme continues to be promoted to all Walsall GPs with 62% of Walsall GPs now part of the programme.

The implementation of the community ME service is not expected to go live in April and the team are awaiting confirmation from the National Medical Examiner Office.

There are also planned changes to the MCCD process, with notification to Registrars becoming a statutory duty of the ME office. The MCCD form is also changing with the introduction of a 1D section and details of implants. At the time of this report the ME office has not had sight of the new MCCD and is awaiting confirmation of the date for introduction. In preparation for this change, the Medical Examiner Officers are working closely with the bereavement team to ensure a smooth transition.

Coroner referrals are now reported to the Learning from Deaths Group monthly to provide oversight.

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

No matters for escalation were identified during the period of this report.

**Paper to the Trust Board Meeting – to be held in Public  
on Wednesday 15 May 2024**

<b>Title of Report:</b>	Chief Operating Officer's report	Enc No: 8.3
<b>Author:</b>	Ned Hobbs – Chief Operating Officer <a href="mailto:Ned.Hobbs1@nhs.net">Ned.Hobbs1@nhs.net</a> 01922 603351	
<b>Presenter/Exec Lead:</b>	Ned Hobbs, Chief Operating Officer and Deputy Chief Executive	

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

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

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: Corporate Risk 208 – Failure to achieve 4-hour emergency access standard Corporate Risk 25 – Failure to achieve 18 week constitutional standards  On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	None	
<b>Resource Implications:</b>	Revenue: Elective Recovery Fund income for additional outpatient first attendances, outpatient procedures, elective daycase and elective inpatient admissions.  Capital: Lead Lined Procedure Room, West Wing Theatre upgrade and UECC phase 2 reconfiguration of old ED and old UTC space all within Trust Capital Plan.	
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.  Cancer performance metrics are always reported 1 month in arrears.  National benchmarking metrics are always reported 1 month in arrears (with the exception of Urgent & Emergency Care benchmarking)	
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Details: Well-led
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Details: Access standards
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Details:
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Details: Access standards
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
<b>CQC Domains</b>	<b>Safe:</b>	<b>Responsive: Well-led:</b>

**Equality and Diversity Impact**

There is clear evidence that greater deprivation is associated with a higher likelihood of utilising Emergency Department services, meaning longer Emergency Access Standard waiting times will disproportionately affect the more deprived parts of the community we serve.

Whilst not as strongly correlated as emergency care, there is also evidence that socioeconomic factors impact the likelihood of requiring secondary care elective services and the stage of disease presentation at the point of referral. Consequently, the Restoration and Recovery of elective services, and the reduction of waiting times for elective services must be seen through the lens of preventing further exacerbation of existing health inequalities too.

The published literature evidence base for differential access to secondary care services by protected characteristic groups of the community is less well developed. However, there is clear evidence that young children and older adults are higher users of services, there is some evidence that patients who need interpreters (as a proxy for nationality and therefore a likely correlation with race) are higher users of healthcare services. And in defined patient cohorts there is evidence of inequality in use of healthcare services; for example, end of life cancer patients were more likely to attend ED multiple times if they were men, younger, Asian or Black.

In summary, further research is needed to make stronger statements, but there is published evidence of inequity in consumption of secondary care services against the protected characteristics of age, gender and race.

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

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

**Assure:-**

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

**Urgent and Emergency Care (UEC) 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 93.86% of patients handed over within 30 minutes of arrival by ambulance in March 2024. The Trust was the second best performing organisation in the West Midlands in March 2024, and has now been in the Top 3 performing organisations in the region for the last 41 consecutive months. Ambulance handover performance has returned to common cause variation.
- In March 2024, 78.1% 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 24<sup>th</sup> best Trust out of 122 reporting Acute Trusts.

- The Board should note that UEC demand has tracked closer to the pessimistic scenario in the Winter Plan. In particular, the Trust's five highest months of Type 1 ED attendances on record have all occurred this Winter (October and December 2023, and January, February and March 2024) and six of the Trust's eight highest months of net importing of Intelligently Conveyed ambulances to Walsall Manor hospital on record have also occurred this Winter, with 1,385 ambulances conveyed to Walsall Manor from neighbouring boroughs October 2023 – March 2024, and 67 conveyed away, representing a net import of 1,318 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. The Trust is the largest net importer of ambulances of any Trust in the Midlands, and has seen a 62% increase in Type 1 ED attendances from the rest of the Black Country (Sandwell, Wolverhampton and Dudley) and a 38% increase in Type 1 ED attendances from outside of the Black Country (predominantly Staffordshire, Birmingham and Shropshire) since 2019/20.

### **Cancer Care**

- In February 2024, 76.6% 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 quintile 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 February 2024, 86.3% 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 March 2024 (excluding patient choice), for the 13<sup>th</sup> consecutive month.
- The Trust delivered the national standard to have no patients waiting in excess of 65 weeks as of the end of March 2024 (excluding patient choice), and was one of few Trusts nationally to achieve this.
- 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 30,452 in March 2024. This represents a 15% reduction over the course of the last year.
- The Trust has delivered a statistically significant increase in outpatient clinic booking utilisation with 15 consecutive months above the baseline mean.
- The Trust's 18-week RTT performance for March 2024 has 61.16% of patients waiting under 18 weeks, and a national ranking position up to 46<sup>th</sup> (out of 121 reporting Trusts) for February 2024 performance – the Trust's highest national ranking for almost 3 years. In addition, the Trust's 52-week waiting time performance is now materially above the median at 43<sup>rd</sup> out of 122 reporting Trusts.

**Advise:-**

**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 87<sup>th</sup> best (February 2024 reporting), out of 120 reporting general acute Trusts, but with improvement to 22.42% of Trust patients now waiting over 6 weeks in March 2024. The business case to sustainably expand Endoscopy capacity was approved by the Trust's Performance & Finance Committee in June 2023. Expanded capacity has commenced in January 2024, with a phased increase to the full new extended timetable. 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 1,455 Endoscopy patients over 6 weeks at the end of March 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 144 patients waiting over 6 weeks for Non-Obstetric Ultrasound at the end of March 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 508 patients waiting over 6 weeks at the end of March 2024. Additional commissioned capacity on the mobile MRI scanner for NHS patients has commenced in April 2024, along with planned 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)**

*Excel in the delivery of Care*

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

*Effective Collaboration*

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



**Report to the Trust Board Meeting - to be held in Public**  
**Wednesday 15 May 2024**

<b>Title of Report:</b>	<b>Risk of not progressing a material matter during board operating model transition</b>	Enc No: 8.4
<b>Author:</b>	Kevin Bostock. Group Chief Assurance Officer	
<b>Presenter/Exec Lead:</b>	Kevin Bostock. Group Chief Assurance Officer	

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

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

**Recommendation:**

The Trust Board are asked to note the position with regard to the Assurance provided in relation to the level of risk presented of missing actions required on any material matter through bringing together of The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) boards to hold meetings as a combined board for both Trusts.

**Implications of the Paper:**

<b>Risk Register Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: There is a risk that a material matter which has the current oversight of one of the two sovereign entity boards (RWT/WHT) that could be overlooked in the brining together of the two boards to operate as a combined board.  This risk is mitigated through a due diligence model and is considered to be low.  On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) : Likelihood 1 x Consequence 5 = 5		
<b>Changes to BAF Risk(s) &amp; TRR Risk(s) agreed</b>	State None if None: None Risk Description: As above Is Risk on Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable): As above		
<b>Resource Implications:</b>	(if none, state 'none') Revenue: None Capital: None Workforce: None Funding Source: None		
<b>Report Data Caveats</b>	Not Applicable		
<b>Compliance and/or Lead Requirements</b>	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Part of well-led approach to Governance of both RWT and WHT.
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: NHSE are a key stakeholder and are aware of the combined board approach
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:

	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: The Trust has taken legal advice and followed it.
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
<b>CQC Domains</b>	<b>Well-led: As above</b>		
<b>Equality and Diversity Impact</b>	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
	Please provide an example/demonstration: None		
<b>Report Journey/Destination or matters that may have been referred to other Board Committees</b>	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert	
<b>Assure:</b>	The process used to provide an assurance opinion has been based on a due diligence model. This is to deliver an opinion that is reasonable and proportionate to the board that no material matter which has not reached a concluded and closed position is unlikely to be overlooked. This is required to provide confidence to each sovereign board that the transition from operating as separate boards to a combined board is as safe as reasonably practicable and based on examined and evaluated evidence.
<b>Advise</b>	The board can be assured that the Board Assurance Framework, Risk Register (at corporate level), board minutes, board action logs and trackers, 'live' regulatory reports and notices issued under legislation governing the oversight and enforcement functions of The Care Quality Commission, Health and Safety Executive, Information Commissioner, NHS England, Integrated Care Board and The NHS generally have been reviewed and the assurance opinion derived by the Chief Assurance Officer is that no material matter is likely to be missed through this change in working method. This opinion is confirmed having also involved the executive directors of each trust in a request for escalation of any known material matters that are not already captured in the assurance framework that already exists. There were no escalations received.
<b>Alert</b>	The board are requested to discuss and note the methodology and assurance.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> <li>Embed a culture of learning and continuous improvement</li> <li>Prioritise the treatment of cancer patients</li> <li>Safe and responsive urgent and emergency care</li> <li>Deliver the priorities within the National Elective Care Strategy</li> <li>We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</li> </ul>

<i>Support our Colleagues</i>	<ul style="list-style-type: none"><li>• Be in the top quartile for vacancy levels</li><li>• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing</li><li>• Improve overall staff engagement</li><li>• Deliver improvement against the Workforce Equality Standards</li></ul>
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"><li>• Develop a health inequalities strategy</li><li>• Reduction in the carbon footprint of clinical services by 1 April 2025</li><li>• Deliver improvements at PLACE in the health of our communities</li></ul>
<i>Effective Collaboration</i>	<ul style="list-style-type: none"><li>• Improve population health outcomes through provider collaborative</li><li>• Improve clinical service sustainability</li><li>• Implement technological solutions that improve patient experience</li><li>• Progress joint working across Wolverhampton and Walsall</li><li>• Facilitate research that improves the quality of care</li></ul>

## **Risk of not progressing a material matter during board operating model transition**

**Report to Trust Board Meeting to be held in Public on 15 May 2024**

### **EXECUTIVE SUMMARY**

The Royal Wolverhampton NHS Trust and the Walsall Healthcare NHS Trust have formed a group operating model with each Trust retaining its sovereign entity board. There are several executives and non-executives who occupy positions on both entity boards and other executives and non-executives who occupy positions on one or the other entity board.

The trusts share a single Chair, Chief Executive Officer and 5-year strategy and have worked in collaboration for several years. To improve efficiency and reduce duplication the boards will move to a combined meeting model whilst retaining their legal entity responsibility and accountability. The first combined meeting is scheduled to take place in July 2024.

This paper provides clarity on the process used to derive an assurance opinion based on examination of evidence, of the likelihood that a material matter requiring an action or progression by either entity board will be lost, not progressed, or actioned.

The risk is measured, following a due diligence approach, to be low.

### **Methodology**

A due diligence type review of the Board Assurance Framework, Risk Register (at corporate level), board minutes, board action logs and trackers, 'live' regulatory reports and notices issued under legislation governing the oversight and enforcement functions of The Care Quality Commission, Health and Safety Executive, Information Commissioner, NHS England, Integrated Care Board and The NHS generally have been reviewed for each trust. This took the form of a look back exercise with involvement of staff from the group company secretary's office and the assurance team. The opinion derived by the Chief Assurance Officer is that the risk of a material matter being missed through this change in working method is low. This opinion is confirmed having also involved the executive directors of each trust in a request for escalation of any known material matters that are not already captured in the assurance framework that already exists. There were no escalations received.

The risk has been applied to the risk register of each trust and will be kept under monthly monitoring until the revised working model is embedded, sustained and stable.

It is worthy of note that the internal auditors have applied a 'substantial assurance' rating to the Board Assurance Framework for each trust effective at April 2024.

### **Next steps**

It is proposed that a group level risk register and board assurance framework be created to overly the trust specific risk registers and board assurance frameworks to effectively manage the 'group level' and 'group common' risks and assurance.

The timescale for this to be in place and performing is by the end of the calendar year 2024.

### **Recommendation**

The Trust Board are asked to discuss and note the position regarding the Assurance provided in relation to the level of risk presented through operating a combined board model.



**Walsall Healthcare**  
NHS Trust

Report to the Trust Board Meeting – to be held in Public 15 May 2024	
<b>Meeting Date:</b>	Wednesday 15 May 2024 <span style="float: right;"><b>Enc No:</b> 8.5</span>
<b>Title:</b>	Overview of Planning Guidance and Current Performance for 2024/25
<b>Action Requested:</b>	To approve
For the attention of the Board	
<b>Assure</b>	<ul style="list-style-type: none"> <li>There are in year objectives agreed, which align to our strategic objectives, allowing the board to regularly assure itself of the delivery of its strategy</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>The 'Strategic Planning Framework' show how our vision is ultimately delivered through objectives and the accompanying organisational infrastructure</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
<b>Author + Contact Details:</b>	Tim Shayes Deputy Chief Strategy Officer – Planning, Performance and Contracting Tel 01902 695914      Email <a href="mailto:timothy.shayes@nhs.net">timothy.shayes@nhs.net</a>
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
<b>Resource Implications:</b>	None
<b>CQC Domains</b>	Safe: Effective: Caring: Responsive: Well-led:
<b>Equality and Diversity Impact</b>	N/A
<b>Risks: BAF/ TRR</b>	N/A
<b>Risk: Appetite</b>	N/A
<b>Public or Private:</b>	Public
<b>Other formal bodies involved:</b>	Sub-committees of the Board
<b>References</b>	NHS 2020/21 Planning Guidance

<b>NHS Constitution:</b>	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"><li>• Equality of treatment and access to services</li><li>• High standards of excellence and professionalism</li><li>• Service user preferences</li><li>• Cross community working</li><li>• Best Value</li><li>• Accountability through local influence and scrutiny</li></ul>
--------------------------	---

## A. Exec Summary

The 'Strategic Planning Framework' herein shows how our vision translates into strategic objectives and ultimately, in year objectives for 2024/25. The objectives, where possible, are SMART based – specific, measure, achievable, realistic and time based and allow the Board to assess the delivery of our strategy on a monthly basis. Underpinning these is the infrastructure within the organisation that is in place to support achievement.

Reporting of these metrics will be through the 'Board Level Metrics' papers, of which there will be one for each of our Four C's – Care, Colleagues, Collaboration and Communities. These papers will accompany the chairs reports from the relevant sub-committee of the Board and mean that the IQPR (Integrated Quality and Performance Report) can be included as a reference document as opposed to being an item on the main agenda of the Board.

This framework is consistent with the similarly formatted 'Strategic Planning Frameworks' at both Dudley Group and Sandwell and West Birmingham Hospital.

---

# Strategic Planning Framework

2024-25

**Working in partnership**

The Royal Wolverhampton NHS Trust  
Walsall Healthcare NHS Trust

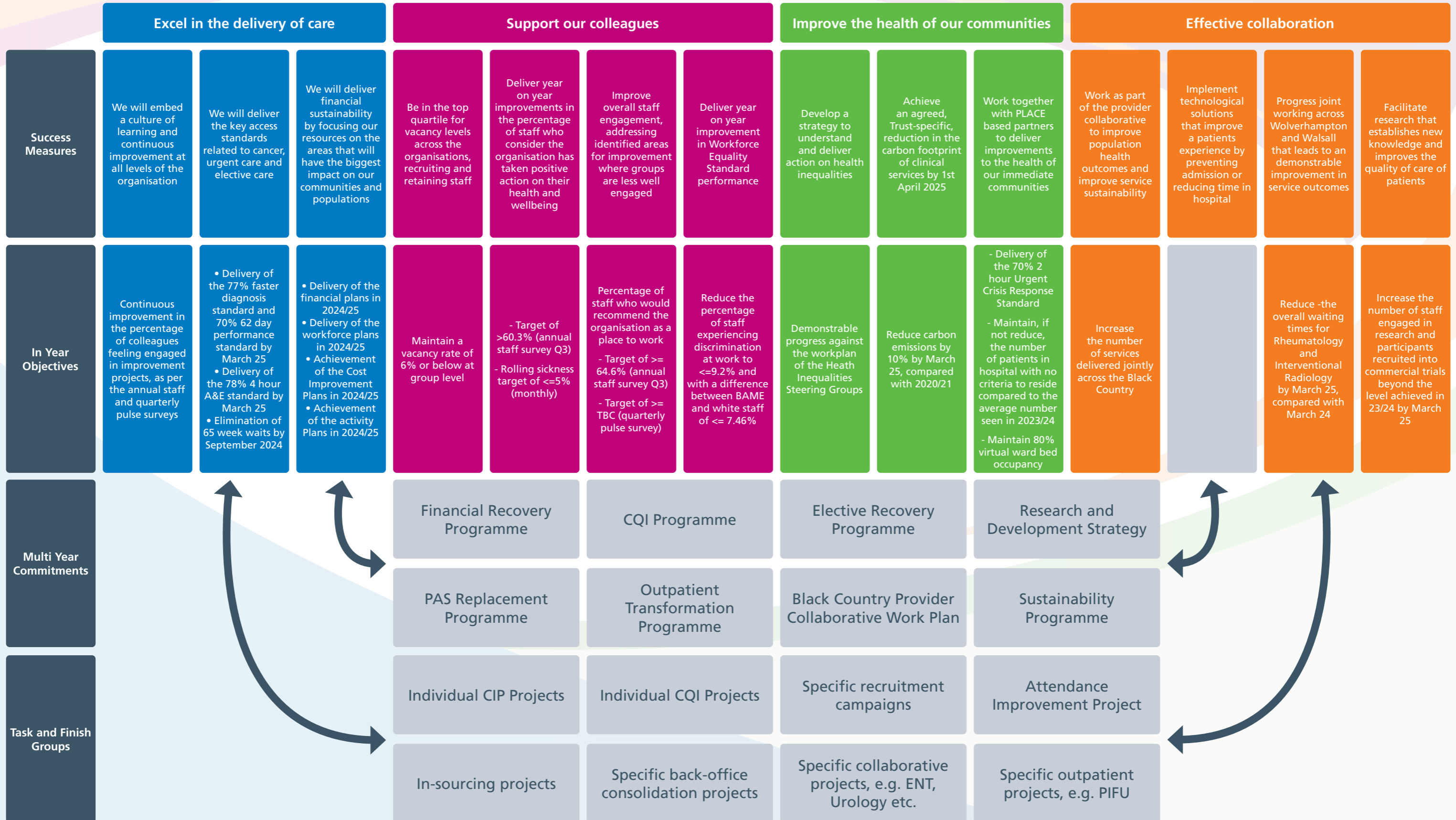


Care Colleagues  
Collaboration Communities



# Planning Framework 2024/25

To deliver exceptional care together to improve the health and wellbeing of our communities.

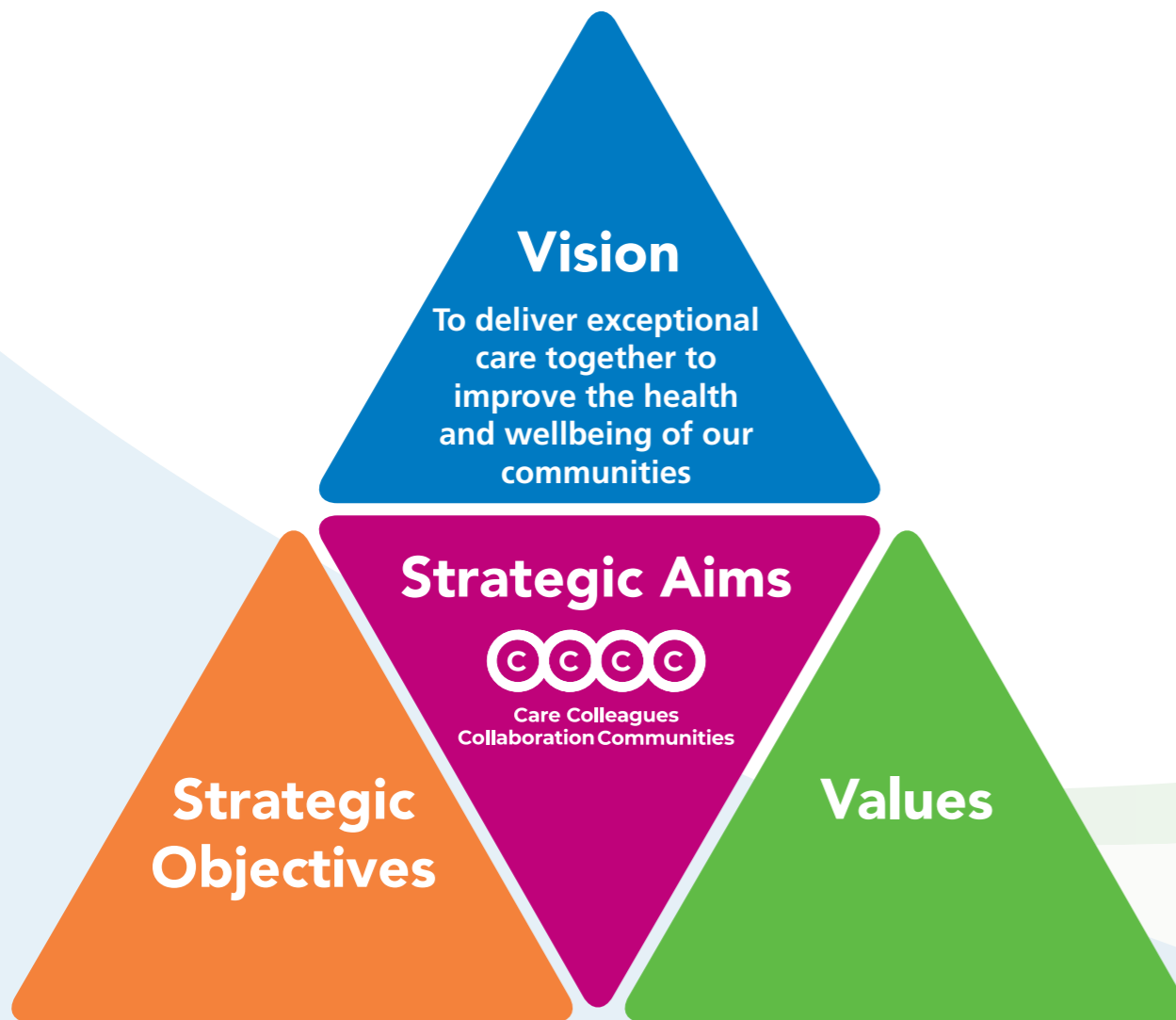


# Context - Strategic Goals and Measures of Success

In 2022, The Trust Boards signed off 'Our Strategy' – the collective strategy of both organisations to guide us through the next five years. The strategy set out a clear vision for the Trust: 'To deliver exceptional care together to improve the health and wellbeing of our communities'. Our strategy is based around four strategic aims - referred to as the 'Four Cs':

1. Excel in the delivery of Care
2. Support our Colleagues
3. Effective Collaboration
4. Improve the health and wellbeing of our Communities.

These are underpinned by the respective values of the organisation.



The strategy has been embedded in the way we work and informs the decisions we make.

Since launching our strategic plan, we have:

- Opened a new, world class, Urgent and Emergency Care Department at Walsall Manor Hospital,
- Received accreditation for Elective Surgical Hubs at both Trusts (one at Cannock and one at Walsall Manor Hospital),
- Achieved the ambitions of the National Elective Care Strategy in clearing 104- and 78-week breaches,
- Dramatically improved our doctor in training survey results in Walsall and maintained our region leading results in Wolverhampton,
- Continued to make further reductions in our mortality rates,
- Led the way in developing virtual wards and other hospital at home initiatives to avoid patients having to be admitted,
- Exceeded our target to deliver more activity than in 2019/20 (after accounting for the impact of industrial action).

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

- We are faced with an unprecedented financial challenge as the NHS works to restore productivity levels to and beyond pre-pandemic levels whilst dealing with high inflation,
- Our waiting lists are much longer than they were before the pandemic and the challenge associated with reducing them is significant,
- We continue to see demand increase and need to deliver more services in a preventative manner if we are to change the future demands and improve life chances for our population.

## Annual Objectives for 2024/25

This strategic planning framework sets out what we need to deliver in the next 12 months to continue to improve and ultimately achieve our strategy.

The table below sets out the objectives to be achieved by April 2025. Alongside our own internal aspirations, these objectives align to:

- **NHS England operational planning guidance 2024/25.** This sets out targets to be achieved by all types of services and organisations in the NHS to improve quality and access. We have prioritised the metrics that will have the biggest impact for patients. In all instances, we have set ourselves at least the national or regional target (set by the Integrated Care System), or higher.
- **Care Quality Commission.** The standards set out by NHS England align with and inform the Care Quality Commission quality standards.
- **NHS Staff Survey and People Plan.** Our people annual objectives, like our overall people plan, directly aligns to the national people plan.
- As with our strategy, we have considered other national strategies and guidance such as the [NHS Long Term Plan](#) and the [Joint Forward Plan](#) and [Integrated Care Strategy](#) in our Black Country Integrated Care System.

In setting these objectives we have been decisive to prioritise those that will have the biggest impact. Whilst we expect our goals to remain unchanged, we recognise that the environment in which we are working is constantly changing and that our objectives may need refreshing from time to time. These changes will be considered through the annual planning process.

# Care

Excel in the delivery of Care



In Year Objective	Why is this important?
Continuous improvement in the percentage of colleagues feeling engaged in improvement projects, as per the annual staff and quarterly pulse surveys.	Evidence has shown that those organisations rated the highest by the CQC all have a quality improvement methodology embedded within them.  We believe the more colleagues involved in improvement projects, the more improvements will be made, and the quality of care provided will increase.
Delivery of the 77% faster diagnosis standard and 70% 62-day performance standard by March 25.	Evidence shows that the chances of survival from cancer increase the earlier cancer is diagnosed and treated. These measures encompass both of these important milestones for patients on a cancer pathway.
Delivery of the 78% 4-hour A&E standard by March 25.	Being treated quickly in A&E is important for both clinical outcomes and the experience of patients; delays in care have been associated with increased mortality and illness.
Elimination of 65 week waits by September 2024.	Waiting times for treatment are one of the biggest drivers of a patient's experience. In our efforts to recover from the pandemic and reduce our waiting list, we must first start by reducing our longest waits. Having cleared out 104 and 78 week waits, our focus for 2024/25 switches to those waiting up to 65 weeks.
Delivery of the financial plans in 2024/25	With a finite amount of funding, it is important that our resources are spent wisely and in a sustainable fashion.
Delivery of the workforce plans in 2024/25	Our workforce represents our greatest area of financial spend. If we are to achieve our financial plan, we must therefore take measures to reduce this area of expenditure.
Achievement of the Cost Improvement Plans in 2024/25	With limitations on funding for healthcare it is more important than ever than we spend our resources wisely. Our cost improvement plan encompasses our plans to improve our productivity further.
Achievement of the activity Plans in 2024/25	The 'Elective Recovery Fund' (ERF) is our most straightforward way of increasing our income whilst simultaneously improving our waiting times. To achieve both, we must deliver on our plan to deliver 112% and 110% more activity than we did in 2019/20.

# Colleagues

Support our Colleagues



In Year Objective	Why is this important?
Maintain a vacancy rate of 6% or below at group level. - Target of >60.3% (annual staff survey Q3) - Rolling sickness target of <=5% (monthly)	Our staff are our most valuable asset and we must do all we can to recruit and retain colleagues and support them to keep well. After all, there is clear evidence of the correlation between staffing levels and quality of care. Given the restrictions on workforce numbers, it is even more important that we retain those within our establishment and support them to be in work.
Percentage of staff who would recommend the organisation as a place to work. - Target of >= 64.6% (annual staff survey Q3) - Target of >= TBC (quarterly pulse survey)	This is a key barometer as to the quality of care being provided within the organisation – we want staff to be proud of the organisation they work for and must therefore monitor and act on their feedback.
Reduce the percentage of staff experiencing discrimination at work to <=9.2% and with a difference between BAME and white staff of <=7.46%.	There is strong evidence that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves. The NHS must therefore welcome all and eliminate any discrimination.

# Collaboration

Effective Collaboration



In Year Objective	Why is this important?
Increase the number of services delivered jointly across the Black Country.	Working together offers the opportunity to improve the sustainability of our services and ultimately patients experience.
Reduce the overall waiting times for Rheumatology and Interventional Radiology by March 25, compared with March 24.	Both Rheumatology and Interventional Radiology are specialties where the two Trusts are working together with the desired aim of improving the sustainability, and therefore waiting times, of the services.
Increase the number of staff engaged in research and participants recruited into commercial trials beyond the level achieved in 23/24 by March 25.	Research and development is our means to identifying new treatments and improving the health of our population further.

# Communities

Improve the health and wellbeing of our Communities



In Year Objective	Why is this important?
Demonstrable progress against the workplan of the Health Inequalities Steering Groups	One of the characteristics of the populations our group serves is the inequity in health outcomes. That's why it is important that we identify the reasons for this and identify solutions to overcome them.
Reduce carbon emissions by 10% by March 25, compared with 2020/21	Climate change poses an existential threat and like every one else, we have a responsibility to consider the environmental impact of our operations.
- Delivery of the 70% 2-hour Urgent Crisis Response Standard	By responding in a timely fashion to those most urgent, the potential for admission into hospital can potentially be avoided.
- Maintain, if not reduce, the number of patients in hospital with no criteria to reside compared to the average number seen in 2023/24	The number of patients requiring unplanned care continues to rise year on year but, with a fixed number of beds, the group must reduce the number of patients occupying a bed who do not need to be in hospital.
- Maintain 80% virtual ward bed occupancy	Virtual wards are intrinsic to our plans to manage unplanned care effectively, offering patients the opportunity to remain in their own home and support the flow of patients throughout the hospital.

## Multi-year commitments / enablers

There are number of longer-term pieces of work that we have started and will continue through this coming year that will help us deliver our objectives. Some of these are summarised below:

- **Financial Recovery Programme** – the programme of work to recover our financial position to a sustainable position. This encompasses our projects to increase activity and income, improvement efficiency and make cost savings.
- **Quality Improvement Programme** – the programme oversees our efforts to embed a quality improvement culture within our organisation, both by training our staff with the necessary skills and supporting them with key projects.
- **Elective Recovery** – the elective recovery programme oversees our achievement against the objectives of the National Elective Care Strategy. This focuses on the clearance of long waiting patients and improvement in cancer and diagnostic waiting times. All of these are facilitated, in part, by efforts to increase the amount of activity being undertaken.
- **Outpatient Transformation** – the programme oversees our work to change the way that outpatients are delivered – focused on reducing those face-to-face attendances absolutely necessary and avoiding patients the stress of needing to attend by offering other alternatives, e.g. advice and guidance, patient initiated follow up etc.
- **Sustainability Programme** – overseeing the various initiatives to reduce our carbon emissions and undertake a more sustainable operation.

Many aspects of the above will not be possible to achieve in isolation. As a member of the Black Country Provider Collaborative as well as Place Based Partnerships, we will work together will colleagues from across the system.

## Risks

The following principal risks to the delivery of the plan have been identified:

- **Financial constraints** – the financial constraints clearly impact all elements of our plan. There are risks in the financial plan itself, an unprecedented level of cost improvement required and funding is also a constraint on delivering more activity and the growth in demand across various services.
- **Impact of Midland Metropolitan University Hospital (MMUH)** – more pertinent to Walsall Healthcare is the impact of the opening of MMUH and the associated increase in unplanned activity that we expect to see. Resource (both physical and staffing) is required to achieve this.
- **Impact of industrial action** – the plans submitted, under the instruction of NHS England, do not assume any further industrial action. There will undoubtedly be an impact both to activity and costs should further action occur.
- **Workforce constraints** – we face challenges in recruiting specific staff groups and our financial constraints will also limit our ability to grow our workforce.
- **UEC growth** – general urgent and emergency care growth (outside of MMUH) continues to be a risk, particularly the growth seen from outside of a usual catchment area. This impacts on the flow of patients throughout our hospital and our ability to meet the 4-hour standard.

# Governance

The reporting of progress against our annual objectives is embedded within our routine reporting to the Board and sub-committees of the organisation. A 'Board Level Metrics' paper accompanies each of our 'Four C's' within the agenda of the Trust Board, with the paper providing a monthly update on progress.

Monitoring of the detail behind these metrics will be undertaken at the sub-committees of the Board. The chairs reports of these committees will accompany the Board Level Metrics paper to Trust Board.

Underpinning the sub-committees are the Divisional Performance Reviews (DPRs) which take place monthly and focus on performance at a Divisional Level.

The diagram below summarises this structure.

