The Royal Wolverhampton NHS Trust (RWT) & Walsall Healthcare NHS Trust (WHT)
Group Trust Board Meeting– to be held in Public
Tuesday 18 March 2025 @ 10:00-13:00
GTG West Midlands Bearing Dr, Willenhall, Wolverhampton WV11 3SZ

Trust Board Meeting - to be held in Public

Agenda No.	ITEM	PAPER REF	LEAD	PURPOSE	TIME
1	**Chair's Welcome, Apologies and Confirmation of Quorum**	Verbal	Sir David	To inform and assure	10:00
2	**Patient Voice (Royal Wolverhampton NHS Trust)**	Verbal	S Evans	To inform and assure	10:02
3	**Register of Declarations of Interest**	Verbal	Sir David	To inform and assure	10:17
4	**Minutes of the Previous RWT/WHT Group Trust Board Meeting held in Public on 21 January 2025**	Enclosure 4	Sir David	To approve	10:19
4.1	**Group Board Action Log and Matters Arising**	Enclosure 4.1	Sir David	To update, inform and assure	10:22
5	**Chair's Report – Verbal**	Verbal	Sir David	To inform and assure	10:27
6	**Group Chief Executive's Report**	Enclosure 6	J Chadwick-Bell	To inform and assure	10:32
6.1	**Published Report on Patient Recall and Notification (this report will be available after the 10th March 2025 until which time it is embargoed)**	Enclosure 6.1	Z Din K Bostock	To inform and assure	10:40
7	**Strategy Update:** • **Strategic Planning Framework (SPF)** • **Planning Guidance for 2025/26**	Enclosure 7	S Evans	To inform and assure	10:45
7.1	**Group Director of Place Report by Exception for RWT & WHT - Community First Update on progress**	Enclosure 7.1	S Cartwright	To inform and assure	11:00
8	**Support our Colleagues (Section Heading)**				
8.1	**Group People Committee (PC) - Chair's Report for RWT & WHT**	Enclosure 7.1	A Heseltine	To discuss, inform, assure and approve	11:08
8.2	**COMFORT BREAK (10 MINS)**				**11:16**
9	**Excel in the Delivery of Care (Section Heading)**				
9.1	**Group Finance & Productivity Committee (FPC) - Chair's Report for RWT and WHT**	Enclosure 9.1	P Assinder	To discuss, inform and assure	11:26

Agenda No.	ITEM	PAPER REF	LEAD	PURPOSE	TIME
9.2	**WHT Chief Operating Officer's Report by Exception including Elective Care and MMUH Update**	Enclosure 9.2	G Nuttall (on behalf of W Roberts)	To inform and assure	11:34
9.2.1	**Board Level Metrics – Performance Report for RWT & WHT**	Enclosure 9.2.1	G Nuttall W Roberts	To inform and assure	11:42
9.3	**Group Chief Financial Officer Reports for RWT and WHT – Month 10**	Enclosure 9.3	K Stringer	To inform and assure	11:47
9.4	**Audit Committee – Chairs Reports for RWT & WHT**	Enclosure 9.4	J Jones M Martin	To inform and assure	11:55
9.5	**Quality Committee (QC) - Chair Reports for RWT & WHT**	Enclosure 9.5	L Toner	To discuss, inform and assure	12:03
9.6	**Chief Nursing Officer's Report by Exception for RWT & WHT including Director of Midwifery Reports**	Enclosure 9.6	D Hickman L Carroll	To inform and assure	12:11
10	**Improve the Health of our Communities**				
10.1	**Partnerships & Transformation Committee Chair's Report**	Enclosure 10.1	L Cowley	To inform and assure	12:19
11	**Effective Collaboration**				
11.1	**RWT Charitable Funds Committee – Chair's Report**	Enclosure 11.1	M Levermore	To discuss, inform and assure	12:27
11.2	**Black Country Provider Collaborative - Joint Provider Committee Update**	Enclosure 11.2	J Dunn	To inform and assure	12:35
12	**Any Other Business**	Verbal	Sir David	To inform	12:40
13	**Questions Received from the Public**	Verbal	Sir David	To note	12:45
14	**Resolution**	Verbal	Sir David	To approve	12:50
15	**Date and Time of Next Meeting :** **Tuesday 20th May 2025 @ 10am – Venue to be confirmed**	Verbal	Sir David	To note	12:51
MEETING CLOSE					

MEETING OF THE GROUP TRUST BOARD MEETING –HELD IN PUBLIC
TUESDAY 21st January 2025 AT 10:00AM
GTG WEST MIDLANDS, WV11 3SZ

Members Present

(Abbreviations: WHT: Walsall Healthcare NHS Trust; RWT: The Royal Wolverhampton NHS Trust)

Sir D Nicholson	Group Chair
Ms J Chadwick-Bell	Group Chief Executive
Mr K Stringer	Group Chief Financial Officer/ Group Deputy Chief Executive
Mr J Dunn	Deputy Chair/Non-Executive Director, RWT
Mr P Assinder	Deputy Chair/Non-Executive Director, WHT
Ms L Carroll	Chief Nursing Officer, WHT
Lord Carter	Specialist Advisor to the Board, RWT
Ms S Cartwright	Group Director of Place
Ms L Cowley	Group Non-Executive Director
Mr A Duffell	Group Chief People Officer
Mr S Evans	Group Chief Strategy Officer
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Ms F Frizzell	Associate Non-Executive Director, WHT
Mr J Hemans	Non-Executive Director, WHT
Ms A Heseltine	Non-Executive Director, RWT
Ms D Hickman	Chief Nursing Officer, RWT
Mr W Roberts	Chief Operating Officer/Deputy Chief Executive WHT
Ms J Jones	Non-Executive Director, RWT
Prof M Levermore	Non-Executive Director, RWT
Dr B McKaig	Interim Chief Medical Officer, WHT
Ms O Muflahi	Associate Non-Executive Director, WHT
Ms G Nuttall	Chief Operating Officer/Deputy Chief Executive RWT
Dr J Odum	Group Chief Medical Officer
Prof L Toner	Group Non-Executive Director
Ms M Martin	Non-Executive Director, WHT
Mr K Bostock	Group Director of Assurance
Ms D Brathwaite	Non-Executive Director, WHT
Dr G Pickavance	Associate Non-Executive Director, RWT
Dr Z Dinn	Chief Medical Officer, RWT

In Attendance

Mr K Wilshere	Group Company Secretary
Ms S Banga	Senior Operational Coordinator, RWT
Ms O Powell	Senior Administrator, RWT
Ms T Palmer	Director of Midwifery, RWT
Ms J Wright	Director of Midwifery, WHT
Dr J Tinsa	Member of the Public
Mr T Nash	Communications Team RWT
Ms C Tilley	Correspondent HSJ, Member of the Public
Mr P Rai	NHS Fellow, Member of the Public
Ms K Hurst	HBSUK, Member of the Public
Mr R Purewal	Senior Healthcare Director, Precision Healthcare, Member of the Public
Ms S Hanson	Area Manager Intermediate Care Service, for Patient story item

Ms N Wilkes	Occupational Therapy Team Lead Intermediate Care Service, for Patient story item

Apologies

Ms A Harding	Associate Non-Executive Director, RWT
Ms Barber	Associate Non-Executive Director, WHT
Mr U Daraz	Associate Non-Executive Director, RWT

001/25	**Chair's Welcome, Apologies and Confirmation of Quorum**
	Sir David welcomed all to the Group Trust Board meeting held in public. He welcomed Ms Chadwick-Bell to her first meeting as the Group Chief Executive. He thanked Ms Walker for her work as Interim Group Chief Executive. He also welcomed Mr Roberts, Chief Operating Officer and Dr Din, Chief Medical Officer, both at Walsall Healthcare NHS Trust, to their first meeting. Apologies were received from Ms Harding, Ms Barber and Mr Daraz. **Resolved: that the apologies be noted and received, the meeting be confirmed as quorate.**
002/25	**Patient Voice - Walsall Healthcare NHS Trust**
	Ms Carroll introduced the Patient Voice video and two members of the care team involved, Ms Hanson and Ms Wilkes. She said it covered the experience of a patient who was admitted to WHT in 2021 with fasciitis and sepsis, and who was extremely ill and in hospital for 6 months. She said the patient required multiple surgeries and at one point she was so poorly that her family were told she may only have hours to live. Ms Carroll highlighted that this was at a time when visitors were not allowed in the Hospital during the Covid lockdown to the extent that the Patient said she had felt the staff had become her family. She said that on discharge from hospital, she was supported by the intermediate care team everyday Monday to Friday for 2 hours a day for 13 months. She said the Patient was grateful for support provided by the team and was now able to walk with 2 sticks, having originally been bedbound. She said the Patient highlighted issues of miscommunication between the teams however she said that she wouldn't be here today it if was not for the care that she received. Sir David welcomed the positive experience of a patient who was very positive and grateful for the care she had received. He asked what the communication issues were and what had been done. Ms Hanson advised discussions and changes had been made in relation to the communications issues within the department since the Patient voice. She mentioned the issue occurred when patients and staff were not aware of the end dates of treatment and she advised communication had now been improved in relation to this issue. She also highlighted that the team now had a shared office space which had facilitated the daily morning 'medically fit' meetings with the discharge teams which discuss every service user and identify which pathway patients needed and if therapy intervention was required and allocation to team members. Ms Cartwright reported the Intermediate Care Team worked as part of Walsall Together and was integrated across Health and Social Care. She said the integration work was continually growing and was looking for further ways to bring the services closer together. She advised the patient stayed with the team longer than normal due to the patient's circumstances reflecting how services adapted to the patients' needs. Ms Hanson mentioned the positive work which had been undertaken to integrate the teams and the regular team meetings with the discharge team and reablement officers, a positive part of the service. Ms Cartwright reiterated the multidisciplinary approach and its benefits for patients. Sir David asked whether Therapists were too risk adverse. Ms Wilkes said every patient had different needs and the team looked at the patient as a whole as to identify what their specific needs were at the time, this could not be generalised. Ms Hanson said it was difficult to assess a patient in a hospital setting and often it was more useful to do so in their home which the team would attend within 24-48 hours

	Ms Martin asked if support was available through Walsall Together to continue to support the patient, as the Patient would have health challenges for the rest of her life and require support. Ms Cartwright advised when patients were at their end of intermediate care journey, other teams were available that would re-allocate the patient to appropriate services, such as the Locality teams, the Therapy teams and teams from Social Care as required. Ms Wilkes said patients could be re-referred to the service during any part of their lives should they wish or need to do so via referral from their GP. Ms Hanson said contact details of key workers who had assessed patients were provided to them. Sir David summarised that it was an interesting story, and it highlighted the work being done through the phenomenal integration working in Walsall. He said it was positive to have a service and staff which had been developed in this way over the years. He thanked both team members for their attendance. **Resolved: that the Patient Voice be received.**
003/25	**Register of Declarations of Interest**
	Sir David confirmed that there were no new or changed conflicts of interest for this meeting from those published on the public register. **Resolved: that the register of Declarations of Interest be received and noted.**
004/25	**Minutes of the Previous RWT/WHT Group Public Meeting of the Board of Directors held in Public on 19 November 2024**
	Sir David confirmed that the Group Board approved the minutes of the Group Trust Board Meeting held on the 19 November 2024 as an accurate record. **Resolved: that the minutes of the RWT/WHT Group Public meeting of the Board of Directors held in public on 19 November 2024 be approved as a correct record.**
005/25	**Board Action Points and Matters Arising and from the Minutes of the Board of Director Meeting held in Public on 19 November 2024**
	Sir David confirmed that there were on actions from the previous meeting
006/25	**Chair's Report – Verbal**
	Sir David confirmed the new Group Board members in the meeting. **Resolved: that the Chair's verbal report be received for information and assurance.**
007/25	**Group Chief Executive's Report and Board level Dashboard**
	Ms Chadwick-Bell thanked all staff members for making her feel welcome. She thanked Ms Walker for the handover and wished her well for the future. She mentioned her first staff briefing and thanked Shiela who helped her on the first day to find her office. Ms Chadwick-Bell congratulated RWT on winning the nursing times award for virtual wards and said this was something to build on in future. She also congratulated WHT on obtaining the HSJ Award for Performance Recovery. She highlighted a recent visit by NHS England looking at Elective Health. Ms Chadwick-Bell referred to the winter and the first few weeks after the Christmas and New Year were always the hardest, and she thanked all colleagues and staff across both Trusts and across the Acute and Community Services for all their hard work during this period and for maintaining the safety of patients. She highlighted her initial focus was to meet staff members, and as a team focus on strengthening plans for the end of the financial year. She advised whilst doing this there was also the need to ensure patient focus was maintained with no detriment to quantity or safety and ensuring patients received timely access to care. She said that over the coming weeks the Executive team would be focussed on the next 3 years plans for enhancing collaboration, access to care, building on community teams and services, building on digital capability and ensuring best use of resources. **Resolved: that the Group Chief Executive's Report be received for information and assurance and the Terms of Reference for RWT and WHT TMC be approved**
	Improve the Health of our Communities
008/25	**Partnerships & Transformation Committee Chair's Report**
	Ms Cowley reported the Committee reviewed proposals for productivity schemes for next year and discussions took place as to which Committees should be considered to input those schemes that are not purely Finance and Productivity Committee (F&P). Ms Cowley mentioned it was important that the

	Committee was sighted upon the work being undertaken by the Black Country Provider Collaboratives to ensure work was not being duplicated across the Trusts. She advised it was a positive meeting on how to reform going forward. Sir David asked for clarity on the position with regards to digital. Ms Cowley advised there were two issues around digital infrastructure regarding outpatient transformation and communities first, and for these to be successful there had to be the required digital infrastructure in place. She added that there were capacity issues for staff in using the system and in how patients were mapped into these. She said there was several 'big' digital programmes taking place with the electronic patient record. She said there was a concern that there was insufficient colleagues in the digital team to support this. She said with other work underway sponsored at ICB, regional and National levels, work had to be undertaken to ensure the whole programme was inclusive and planned. Ms Chadwick-Bell mentioned that many digital solutions were already available but not being used. She said there was the capital investment and transformational element of using what was already available that required the transformation team availability to support. **Resolved: that the Partnerships & Transformation Committee Chair's Report be noted**
009/25	**Group Director of Place Report by Exception for RWT & WHT to include the revision of membership of the Walsall Together Partnership Board and note approval of the Walsall Together Strategy 2025-2028**
	Ms Cartwright reported on Walsall Together and asked the Board to note there had been a change of membership of the Board from a voluntary sector perspective. She said the Council undertook a procurement for infrastructure support early in 2023 and the organisations that successfully gained the contract are a set of locality Organisations who are now represented within the Board and thanked One Walsall for the work that had been done. She said One Walsall would still be involved in the partnership and the only change was the Board membership from the voluntary perspective. Ms Cartwright advised Walsall had opened the Acute Respiratory Infection (ARI) Hub at the end of October which is having a positive impact on care for children. She said this would be in place until the end of March to assist with Winter Pressures. She mentioned from a OneWolverhampton perspective there was focus on the Primary Care Transformation Strategy and working with Primary Care Colleagues. She mentioned primary care networks across Wolverhampton were not geographically aligned and work was being undertaken to identify how the integrated teams will be configured. She said work was also being undertaken to ensure all strategic working groups within OneWolverhampton were focussing on Health Inequalities. Ms Cartwright advised that Walsall Together has refreshed its strategy. She said Walsall Together was formed in 2019 as an alliance and there was a business case to support the development and creation of Walsall Together. She reported a significant amount of work had been undertaken with in refreshing the strategy to ensure it was fit for purpose in preparation for the future. She mentioned the Integrated Transformation and Commissioning Plan brought together the commissioning plans across Walsall from the NHS commissioning and Council commissioning. alongside the transformational elements which were delivered through Walsall Together. Ms Heseltine asked about medically fit for discharge patients, she said the figures looked positive within the report, however the figures of medically fit for discharge patients at RWT were not positive. Ms Cartwright advised there was a difference across WHT and RWT and the figure quoted within the paper was for Walsall Together. Ms Nuttall said the numbers at RWT were much higher and were averaging around 90 and would discuss in more detail when presenting her report.

	Ms Heseltine asked what the position was with RWT. Ms Cartwright mentioned one of the workstreams, Care Closer To Homes in Wolverhampton was looking into how to integrate further, and active work was taking place to see how those teams could be brought closer together. Ms Nuttall reported figures for Wolverhampton Place were proportionally aligned percentage wise with WHT and the challenges faced by RWT were with Staffordshire and other partners. She said the reflection of when intelligence diverts via the ambulance service were received had an impact and there was a different complexity with RWT, and a lot of work was required. Mr Dunn asked what the plans were to bring Walsall Together with One Wolverhampton together, so that benefits were learnt from both and to commence as a single unit. Ms Cartwright advised that is highly unlikely that the Place Based Partnerships would be coming together as one as they were Place based but there would be community services that would come together across One Wolverhampton and Walsall Together. She mentioned across the Black Country there was a Place Professionals Network where learning was shared across all Place Based Partnerships. Mr Dunn asked whether the services of Staff came together. Ms Cartwright said work was underway to see how teams could be brought together through the Community based workstream. Mr Dunn said when looking across the Country, the 4 Trusts approaches were different, how could the best be achieved for each of them and embed that into the Place Based circle. Ms Cartwright said Sandwell Place was coming into both of the Place Based Partnerships of Wolverhampton and Walsall to share learning on the opening of Midland Metropolitan University Hospital (MMUH). She mentioned there was an Out of Hospital Board across the system to identify and learning from each other whilst also monitoring performance. Ms Cartwright stated Walsall Together would be hosting 2 visits from NHS England Regional Team, who would be visiting to view work being undertaken. **Resolved: that the Group Director of Place Report by Exception for RWT & WHT to note the revision of membership of the Walsall Together Partnership Board and note the refresh of the Walsall Together Strategy 2025-2028**
	Excel in the Delivery of Care
010/25	**Group Finance & Productivity Committee (FPC) - Chair's Report**
	Mr Dunn reported FPC focussed on the £10 million reduction Plan, and he highlighted key points including the bed deficit set out in the Winter Plan. Ms Martin mentioned she attended the last FPC meeting, and the Committee had wanted to encourage looking at service line reporting to have better understanding of how each component within the 2 Trusts was fairing financially. She said prior to Covid this was done on a regular basis. Mr Stinger advised service line reporting had been used for several years but during Covid it became more complex to derive the profit, surplus or loss due to the imposition of block contracts. He said that as the Trusts were now on a tariff for the Elective Recovery Fund (ERF) it would be re-commenced for the surgical specialities but in other areas complexities remained to be clarified. Sir David said that for Urgent and Emergency Care, there was the potential to reset base lines across the whole of the Black Country, the Trusts, and Staffordshire alongside the shift to Community first/care from hospital into the community, all important for Medical and Urgent and Emergency Care. **Resolved: that the Group Finance & Productivity Committee (FPC) - Chair's Report be noted.**
011/25	**Board Level Metrics -Performance Report for RWT & WHT**
	Ms Nuttall reported positive performance at RWT in diagnostics with the Trust in the upper quartile in November and December 2024. She mentioned the challenges in cystoscopy and audiology were both were making progress. She said RWT remained in tier 1 for Cancer performance, the position being reviewed for de-escalation to tier 2. She advised performance continued to improve and all milestones set out had been achieved for 28 days faster diagnosis, 31 days and 62 days for treatment.

	Ms Nuttall referred to Elective recovery and referral to treatment times, with 4 patients at RWT who waited over 65 weeks at the end of November 2024 and 5 in December 2024 as a result of clinician illness. She said the forecast for the end of January 2025 was that no patients would be waiting over 65 weeks. She said the Elective Recovery Plan had been published nationally with an increase in the number of patients to be seen within 18 weeks. She said focused work was required at RWT as over 19,000 patients had to be treated to achieve the expected recovery. She said financial implications, the Elective Recovery Fund and the potential capping of the funding available would be reviewed. Mr Roberts reported WHT had achieved the national standard in diagnostic performance for 2 consecutive months with particular progress made by endoscopy in the last 12 months. He also mentioned progress with the volume of patients treated, productivity and access to the service. He said Cancer Performance was positive and was meeting the three constitutional standards and performing in the upper quartile. He said WHT expected to make a 5% improvement in the next 12 months in the proportion of patients treated within 18 weeks. He reported the Getting It Right First Time (GIRFT) national team visited the Trust looking at Elective Hub accreditation which maintained its accreditation, and there was 1 patient waiting over 65 weeks via their own choice. He confirmed that the Trust was on track for no patients waiting over a year for treatment by March 2025. Lord Carter asked what the impact might be of the reduction of ERF and if the new guidance had put a cap on ERF. Ms Nuttall said there was a cap on ERF in the current quarter. Lord Carter asked if the future cap arrived could the target be met. Ms Nuttall said it would depend on how the cap was calculated. Mr Stringer advised there was discussion on a cap for ERF for 25/26 at a cap plus 5% to allow for the waiting list reduction with Trust specific ERF, as all Trusts were at different points. He said that as the Planning Guidance, Allocation or the ERF assessment had not yet been received it was likely to be capped. Ms Chadwick-Bell said being focussed on the appropriate pathways and moving people onto patient initiated follow up and ensuring clear waiting lists with high productivity to meet the GIRFT guidelines was the right approach. Sir David added the impact of the increase in the waiting list during Covid compared to other Trusts meant taking numbers nationally would not work. He understood when there was a national gap between money and the number of patients that needed to be treated, the national solution was productivity and changing the way the Trusts worked would be part of it and the quicker thought was given on how this would be achieved would be of benefit. **Resolved: that the Board Level Metrics -Performance Report for RWT & WHT be noted.**
012/25	**Group Chief Financial Officer Report for RWT and WHT - Month 8**
	Mr Stringer reported at the end of November the variance to the plan was £8.2 million adverse - spilt £2.7 at WHT and £5.5 at RWT with work underway on the Recovery Plan to achieve the best possible position. He said that capital had been under pressure, but RWT had been allocated a further £10.7m - £6.5 m for the Aseptic Facility in the Wrekin building and £3.2 m for the critical infrastructure fire safety works in Maternity and at Cannock Chase Hospital. **Resolved: that the Group Chief Financial Officer Report for RWT and WHT - Month 8 be noted.**
013/25	**Audit Committee - Chair's Report for RWT & WHT**
	Ms Jones reported RWT as a Committee it was continuing the journey to provide assurance that there was a robust system for managing risk. She advised a self-assessment was completed and would be feeding back at the next meeting. She summarised overall the feedback as positive. She also mentioned the Group Chairman was invited to the Audit Committee and he provided comments on risk and risk appetite. Ms Martin reported the forward look for WHT was how the Committee determined the internal and external audit plans for the following year and to look at process and areas for improvement. She felt there should be a review of internal audit plans for processes and procedures and how to share best

	practice, together with help in the whole in improving the quality of work. **Resolved: that the Audit Committee - Chair's Report for RWT & WHT be noted.**
014/25	**Recovery Plan**
	Mr Stringer reported the forecast for year-end was indicating a gap £29m adverse to the plan. He said the Board challenged the Executive team to achieve the best possible position and the Recovery Plan had £10m in schemes to reduce the gap to £19m. He confirmed that some schemes were part of the direction of travel to right size the Acute hospitals and the move to Community first. He said that the 13 schemes broadly set out each had Senior Responsible Owners (SROs) Executive team members. He summarised the break down was £4.6m of the £10 million was income earning with additional controls in the system. He said capacity would close after the winter pressures with arrangements in place to ensure it was undertaken in a safe way. He mentioned for each of the schemes were there were manpower issues, that would be set out with plans were in place to deliver a reduction by the end of the financial year. Mr Evans highlighted the links between the Plan and the overall strategic direction, and clarified that it covered the period of 'closing the gap' to year end 24/25 and the forward plan. Ms Martin asked for assurance that the Executive Team had completed Project Initiation Documents (PID's) and the Quality Impact Assessments (QIA's) in all cases. Mr Evans confirmed that all schemes had PID's and QIA's in place monitored by Project Management Officers (PMOs). He said this also formed part of the additional support received from the delivery partner Deloittes. Mr Dunn asked for assurance that the plan in place to exit the year at the right run rate had sufficient monitoring and control systems in place to deliver the £19m deficit. Mr Stringer assured that Board that all would be delivered. **Resolved: that the Recovery Plan be noted.**
	SUPPORT OUR COLLEAGUES
015/25	**Group People Committee (PC) - Chair's Report for RWT & WHT**
	Mr Hemans reported concern regarding the delivery of the workforce plan as staffing levels showed an increase and a further report had been asked for to identify further risks to achieving the workforce plan and reduced staff numbers. He confirmed Bank staff, and use had decreased and there was a report received regarding the Rostering system use at RWT. He said a further report was received regarding the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) and the action plan was being reviewed to identify what could be done to improve the position and outcome measures. He highlighted that staff sickness at WHT was an increasing concern and the Committee had considering recommending a corporate risk register risk and further information was awaited. **Resolved: that the Group People Committee (PC) - Chair's Report for RWT & WHT be noted.**
016/25	**Group Chief People Officers Report by Exception for RWT & WHT**
	Mr Duffell reported a national focus in the re-provision of Electronic Staff Record (ESR) replacement. He said every Organisation had received extensive documentation in readiness and there would be transitioning in 2026 to the new ESR system. He said training systems were being aligned along with training requirements and profiles. He reported from the staff survey both Organisations saw an increase in response rates from the previous year with WHT at 52% and RWT at 32%. He said an increase in staff sickness with stress and anxiety remaining the highest issues for staff in both Trusts. He said that at WHT a detailed review of the sickness absence action plan was submitted with RWT following. Dr Pickavance said that there was mention of Flu rates being high and vaccination rates low. She asked whether the vaccine was taken to wards. Mr Duffell confirmed Flu vaccinations were taken to wards and out of hour shops and the same applied to the Covid vaccinations. Ms Carroll reported there was a decrease in Flu and Covid vaccinations despite a huge campaign undertaken by the Trusts. She said

	peer vaccinators remained on every ward for out of hours access. She said there was staff hesitancy with common themes such as 'not had the Flu before and not going to get it' alongside vaccine wariness regarding the Covid vaccine. She advised that Flu vaccine take up was 22% and 13% for Covid and this reflected the national picture. Sir David asked if it was the same position for vaccinations within the community. Dr Pickavance advised that within her GP practice there were only a few members of staff who had had the vaccines. Ms Muflahi referred to apathy regarding vaccinations hesitancy and she asked what work was being undertaken change this. Ms Carroll said that at WHT there was support for the national message for the public, that the spiritual pastoral care team had also been used to support the dissemination of messages to staff. Ms Hickman confirmed the Flu vaccine was still available until the end of March 2025, and that at RWT employee voice groups had been asked to get the message across but they remained a choice. Dr Din asked if there were opportunities in communicating and leveraging staff sickness experiences. Ms Evans assured the Board that communications continued and that some staff were willing to share their story and some were not, but the general feedback was that the majority of staff did not want to get vaccinated. Ms Martin referred to the increase of 175% across the Trust of staff being absent due to sickness with stress and anxiety and she asked whether there was adequate support in place to address this. Mr Duffell said both Occupational Health teams were stretched, and there were employee systems in place for staff to access the counselling and health and welling offers which were routinely promoted. Ms Martin asked if there were any plans in the short term to bring in extra resource. Mr Duffell said this had to be balanced with operating within the financial envelope available. Ms Cowley mentioned the Black Country Health Care funded scheme called Talking Therapies Plus which offered free counselling and emotional support package and the turnaround was 48 hours. Ms Chadwick-Bell recognised the challenge and said the Executive Team would look at the drivers and range of out of work or work based solutions, not necessarily occupational health based as well as the wider support for staff as an organisation. She added that some related to cost of living issues. **Resolved: that the Chief People Officers Report by Exception for RWT & WHT be noted.** **ACTION: The issue regarding the uptake of vaccinations be taken into consideration for next year be reviewed by the Executive Group.** **ACTION: A report be provided to People Committee identifying the drivers of staff sickness out of work and work based and potential solutions by the Executive Group.** **THERE WAS A BREAK AT 11:20 TO 11:35am**
017/25	**Quality Committee (QC) - Chair's Report for RWT & WHT**
	Prof. Toner reported both Trusts were compliant with the requirements of the Clinical Negligence Scheme for Trust (CNST) and requested delegated authority for the QC to approve the report for submission. She said the results for the CQC maternity survey across RWT and WHT had been received with an action plan in place formulated with the Maternity and Neonatal Voices Partnership. She commented that the Birthplace Plus Assessment was due in 2025 and could have implications on staffing in terms of the acuity of the women the Trust cared for. Prof. Toner reported that work was underway to bring the two Quality Committees together with a proposed revised draft Terms of Reference together with more information about the reporting infrastructure becoming more aligned. Prof. Toner advised there was a review of stroke mortality at the end of November 2024 and concerns about previous stroke mortality, undertaken by an external team who had assessed that the internal team investigation had identified the relevant issues. Which was helpful, along with support and suggestions for further improvement. She commented on a presentation from the Pathology

	department seeking approval to use an Artificial Intelligence (AI) tool which would enable them to report Methicillin-resistant Staphylococcus aureus (MRSA) and urine screening results quicker. She said there was evidence that AI was more accurate and faster than the human eye. Prof. Toner referred to the patient recall activity regarding an ex orthopaedic surgeon with future duty of candour disclosures an area for improvement. She confirmed there had been improvement, but slow and this would be discussed at the next meeting. She reported an increase in A&E attendances from mental health patients and the challenges with mental health patients and Child and Adolescent Mental Health Services (CAMHS) access. She said a Responsible Clinician had still not been approved from the BCMH Trust. Ms Martin stated at the last Board meeting the Board were told that a contract would be signed for a Responsible Clinician in 2 to 3 weeks. She asked why there was a delay. Dr McKaig advised that the block was around the alignment and agreement around the administration support for the Mental Health Act requirements. He said both RWT and WHT employed mental health act administrators, and the process had to be agreed and accepted by the Black Country Mental Health Trust which would supply the responsible clinician. Ms Frizzell asked if the Trust was the only Trust in the Black Country without a Responsible Clinician and what the Mental Health Trust required. Mr McKaig said 3 of the 4 Trusts did not have a Responsible Clinician and the one that did, had a different Mental Health Provider. Ms Frizzell asked whether the Trust needed to look for a different mental health provider. Dr McKaig said it was hoped a Responsible Clinician would be found within the existing arrangement. Ms Braithwaite asked for assurance regarding the service provision for gynaecology services as the report stated that the agreement with Worcester Acute Trust would end in 6 months. She also asked how patient flow might be further improved using the virtual ward. Prof. Toner mentioned the virtual ward usage had been a challenge but now was at WHT was 80% which was the national target and RWT 100%. Mr Roberts highlighted it was a long-standing challenge as in November and December 2024 it had averaged over 80% of capacity, with at least 3 patients not in beds as a result. He added that it was also now used for care for outside of hospital and step-down care from the hospital. He said most work was done on the respiratory virtual ward that was up 220% but that there was more to do to make it sustainable and to challenge some of thinking on wards and making it an easier process to access. Sir David asked if it was affecting the ability to manage flow within the organisation and how it was measured. Mr Roberts confirmed it was affecting flow and to manage it would be having fewer people in beds. Ms Nuttall responded that RWT had provided a gynaecology oncology service to Worcester Hospitals predominantly serving the population of Kidderminster and that due to the retirement in the medical workforce at RWT, the decision had been made to terminate the SLA and the appropriate notice had been given and discussions had been underway for some time with Worcester Acute regarding this change. Mr Hemans asked about the action plan in maternity and Prof. Toner said the involvement of maternity and neonatal patient voices had been really helpful in providing input and was positively welcomed. Ms Palmer advised that at RWT the action plans were co-produced with the National Maternity Voices (NPVs). Ms Wright said WHT had already completed the co-production with NVPs and key stake holders within the maternity services and advised that the action plan was active, and that the next CQC maternity survey was released in February 2025. Ms Palmer highlighted that all CNST safety actions had been addressed and the required standards achieved, subject to external validation and would be presented in the near future to the Quality Committee. Sir David asked if any validations had been completed within or across the Trusts. Ms Wright confirmed validation had been undertaken by the Local Maternity and Neonatal System (LMNS) and both Trusts attended the Engagement Committees and the Quality and Safety Operational Delivery Board within the Local Maternity System who also reviewed the data. Ms Palmer said local validation was also being

	undertaken supported by the Chief Nurses who had oversight prior to submission. Ms Muflahi expressed the need for appropriate caution and safety checks regarding the use and implementation of AI based systems as many contained degrees of bias not being created for local and wider diverse populations. Prof. Toner expressed this was one of the areas and good governance was key. Sir David asked about the pathology services for the whole of the Black Country and the implications of the change. Prof. Toner said as a host for the service the Trust was a key player in the governance and bringing everyone onboard at the same time was important. Dr McKaig said those conversations had taken place with the Trusts Information Governance (IG) teams and be communicated to the Black Country Provider Services (BCPS). Sir David said the Board expected the Quality Committees to be one Committee from April 2025. He welcomed the CNST achievement and the positive reflection on service patient safety. **Resolved: that the Quality Committee (QC) - Chair's Report for RWT & WHT be noted and delegated authority be given to QC to approve and submit the CNST Framework on behalf of the Board.** **Action: That the Quality Committee be reformed as a single Committee from April 2025.**
018/25	**Joint Chief Nursing Officer's Report by Exception (including Director of Midwifery Report by Exception)**
	Ms Hickman reported on the peer review report from the Integrated Care Board (ICB) for RWT neonates had been received with positive feedback against the key lines of inquiry. She highlighted one of the biggest challenges was the increase in Flu A cases, and the impact in volume and acuity associated. She said there was a persistent number of *C.diff* cases. She advised quality improvement work was underway across areas linked to the mouth care matters which nationally had shown reduction in related hospital acquired pneumonia. She said the 45-minute handover programme went live on 6 January 2025 and staff in Emergency Services and the rest of the organisation had embraced it and that whilst there had been risks, the assurance mechanisms were in place in the ED department together with the operation of the PUSH Model. She also mentioned that in December 2024 the Harm Review Process was introduced nationally and the Trust had been asked to submit 4 reports, none of which identified any harm at the time of the production of the reports and ongoing monitoring of these was taking place. Ms Carroll reported for WHT that 2 Grade 4 pressure ulcers (PU) had been reported, one in hospital and one in community. She said the hospital PU was unavoidable with lessons to be learnt around documentation, and the community PU was a breakdown in care when the patients husband cancelled the care for his wife. She mentioned *C.diff* cases were reducing, with 4 in November and none in December 2024 for the first time since April 2022. She said the temporary escalation space Standard Operating Procedure (SOP) was in place and there were robust processes for quality reviews and an audit for those patients. She advised no harm had been identified at this point since using that escalation space. Sir David asked about potential harm in A&E as has seen mentioned in national articles people coming to harm whilst waiting in A&E departments, and the harm reviews for RWT WHT appeared to reflect that that was not the case for the Trusts. Ms Carroll confirmed there was no evidence of harm from the reviews at WHT. Ms Hickman said RWT had not identified any harm, and the challenge was as to whether the patient received the optimal experience. She said the resilience of staff in again delivering that optimal experience should also be recognised as it was challenging daily. Ms Chadwick-Bell's view was that the reports related to overcrowded Emergency Departments and that RWT and WHT had not seen overcrowding to the same extent and that all mortality was reviewed along with incidents, complaints and the workforce feedback. Dr McKaig said that the impact of long waits in ED and mortality was well documented and if a patient had to wait for more than 12 hours in ED to be admitted then mortality doubled. He said it was therefore possible that there would be some impact of long delays of people

	coming through ED to be seen. Ms Cowley asked how long people were waiting in ED and were they tracked post discharge. She also asked about the high levels of staff on maternity and sickness absence in the midwifery workforce, how was it being managed and whether there were any patterns in the sickness absences. Ms Carroll confirmed the harm review process was ongoing not just in ED but following patients through their journey. Ms Wright said the absences in Maternity staffing was being managed by specialists' midwives, managers and matrons who supported the workforce when required. She referred to the daily huddles to identify any areas within the service under pressure. She highlighted the data that triangulated perinatal mortality and mobility data of term babies in the neonatal unit. She reported there had been an increase in perinatal mortality related to congenital abnormalities. Ms Cowley asked if there were any patterns in the sickness levels. Ms Wright said that sickness absence was reviewed monthly with a confirm and challenge process in place. She said there were random divergent episodes of sickness, bereavement and lifelong illness. Ms Palmer reported there was a duty manager at RWT who could then move staff around the unit to the areas that required that support based on acuity levels. She said staff were received a report at the end of each month showing where they had been allocated and they could provide feedback , and in addition RWT used specialists and matrons in clinical areas to support. Ms Wright commented that the Local Maternity System used a 'SitRep' model to monitor movement activity across the four sites to assess and relieve any pressures across the system. **Resolved: that the Joint Chief Nursing Officer's Report by Exception be noted.**
019/25	**Chief Operating Officer's Report for RWT and WHT by Exception (WHT to include Emergency Preparedness Resilience & Response, Emergency Care Growth and MMUH)**
	Ms Nuttall reported both Trusts had to complete the yearly assessments under the Civil Contingencies Act for Emergency Preparedness Resilience and Response (EPRR). She outlined the 4 categories of compliance which rated full, substantial, partial and non-compliant. She reported RWT remained partially compliant improving from 77% to 87% compliant with an action plan in place to improve compliance further. Ms Nuttall advised in relation to Reinforces Autoclaved Aerated Concrete (RAAC) in the roof of the main outpatient department at RWT, work had commenced on replacing the roof, and completion was expected at the end of June 2025. She said the Trust had successfully redeployed all outpatient Services located in the building. She referred to 2 Fire safety enforcement notices - one at Cannock Chase Hospital from Staffordshire Fire Services who were pleased with the progress made and had signed off the building as fit for use and purpose and the completion of the action plan expected by December 2025 – and the other notice in the Maternity block at New Cross with a mitigated action plan in place addressing the Fire notice in place from February 2025 with West Midlands Fire Service attending to reinspect the short terms actions. She also mentioned the Fire Service would review all actions and mitigations and reissue another enforcement notice running until December 2025. Mr Roberts reported that the previous year WHT was non-compliant with EPRR, but this year was an improved position, up by 30%. He reported Urgent and Emergency Care (UEC), the 45 mins handover had gone well given the number of ambulances received from other organisations. He mentioned the analysis had been received from ICB on the impact of activity associated with the change of catchment areas with MMUH was in line with what they had expected. He said the winter Plan had the challenge of a potential shortfall of 45 unmitigated beds and the position was more positive than first forecast. Ms Nuttall stated the forecast bed modelling deficit for RWT was 53 beds with plans in place to mitigate but not all the actions had been successful and at one point the bed deficit had reached 70 beds with increased offload delays up to December 2024 and an increase in waiting times in the Emergency Department over 12 hours in January 2025. She mentioned a series of actions as a result of

	the challenges in the management of the infection prevention risks. She highlighted that the Black Country system had an increase in acuity in critical care units across all 4 Organisations and a mutual aid process had been put in place and was working well with regards to mutual aid across the Black Country. She said that as a result, the Black Country had been commended for its collaborative work with regards the management of critical care. She advised the impact of the actions undertaken the average time for handover in December 2024 was 1 hour 35 min and the average time for the week beginning the 6th January 2025 was 42 mins and for the week beginning the 13th 34 mins. **Resolved: that the Chief Operating Officer's Report for RWT and WHT by Exception (WHT to include Emergency Preparedness Resilience & Response, Emergency Care Growth and MMUH) be noted.**
020/25	**RWT 2024/25 Performance Metrics and Winter Plan Update**
	Sir David asked if the outpatient building was required in future for outpatients, and whether it could be used for anything else given the transformation plans. Ms Nuttall said the building was needed for some time yet including for initial assessment whilst the clinical model was reviewed and transformed. She said the main impact initially was likely to be in respect of patient initiated follow ups and technology to enable this was being looked at. Sir David said he wanted to ensure an outdated facility was not being replaced with another outdated facility. Mr Assinder referred to the information that the Urgent and Emergency burden appeared to have peeked, and asked if there was a model that supported that position across the system. Mr Roberts advised the analysis by the UK Health Security Agency (HAS) that said the previous week there had been the peek for respiratory in the West Midlands but there could be another peek seen as influenza A was increasing. Mr Assinder asked about contribution of the community services such as the virtual wards. Ms Cartwright highlighted as part of the Emergency Urgent Emergency Care (UEC) response the 'integrated front door' hours had been increased which had had a positive impact on patient turnaround. She said the care coordination systems across both organisations were being brought together. She mentioned, in relation to the fall service, that conversations had recommenced with the Council as the service in Walsall was decommissioned a couple of years ago and the Council could see the gap in the service now and wanted to restart that service. Ms Nuttall said many of the services were aligned with local variations in actions and that the care coordination element had a consultant in medicine for the elderly consultants based with the team as well as linked in with the ambulance service in the "call before convey" part of the process. She reported early indications was that the different clinical advice was appropriate diverting 6 to 7 patients each week. She said the model being piloted at Wolverhampton if successful had the potential for wider roll out. Mr Dunn asked what the position on medically fit and criteria to reside was. Ms Nuttall said the forecast for the Winter plan was an average of 70 patients and that had increased and the average for January 2025 to 90 that covered a multitude of local authorities. She said the percentage baseline for RWT regarding the 80% of patients from Wolverhampton had not deteriorated, but that there had been deterioration over the Christmas period with out of area patients less from out of area conveyances than expected. Mr Dunn asked whether this was having an impact on Acute work. Ms Nuttall said the impact was that it took longer to manage and appropriately relocate/repatriate, and there was a longer length of stay for patients waiting. Mr Roberts reiterated that at WHT there was fewer than 40 on the criteria to reside list an d that most work related to patients referred for assessment that required education but that did not need ongoing support. He said that over the winter period the medical cohort of patients the length of stay was 2 days less than the national average Sir David thanked Ms Nuttall and Mr Roberts for them and their teams hard work over a difficult winter period. He reflected on the increasing number of Black Country "Community First Options" now in place and he was interested to see what the data and feedback indicated in terms of future direction

	as an alternative to hospital emergency and in-patient services. **Resolved: that the RWT 2024/25 Performance Metrics and Winter Plan Update be noted.**
	Effective Collaboration
021/25	**Charitable Funds Committee (CFC) - Chair's Report for WHT**
	Ms Assinder reported there were no matters of escalation for the Board. He thanked Ms Evans' team in Communications and Ms Westly, the fundraiser in Walsall who's great enthusiasm was heartening and who had raised a considerable amount of money each year. Ms Cowley mentioned the reserves policy for the charity stated that 6 months' worth of expenditure should be kept which would be circa £200k yet the report said the contingency reserve was £500k. She said that as there was £1.4m to spend, she asked whether fundraising needed to continue. Mr Assinder highlighted there were restrictions that come with the donation's funds could only be spent for the purpose for the donation. He confirmed Trustees spent considerable time talking to funds holders to identify creative ways to spend the funds. He said there had been improvement and approximately £400k was spent in the last year, including some of the accumulated balance. Sir David mentioned the situation was also being seen across Charities in other organisations. Ms Frizzell stated that every walkabout she attended she mentioned the charity and the funding that was available. She believed that staff come with great ideas that didn't not come to fruition. She asked whether the Charity Committee had publicised that there was money to spend. Ms Evans advised that work was being undertaken with Divisions, Mr Roberts, and Dr Din with other members of the team on how to spend charitable funds. Mr Assinder highlighted that the last year included a single donation of £241k from the estate of a grateful family, and without this single donation, the Charity had spent more than it generated. Sir David reflected that there was a considerable amount of money that the people of Walsall had given to the organisation to spend for the benefit of the patients and staff, and that more needed to be spent with a strategic response required. He said the charity was an important connection between the organisation, the population, and people donating would expect that money to be spent on good things for patients and staff benefit. **Resolved: that the Charitable Funds Committee (CFC) - Chair's Report for WHT be noted.**
022/25	**WHT Charity Annual Report and Accounts**
	Ms Assinder advised the report was subject to a clean audit report from Mazars. He said the Fund balance was at £1.6m and in year the charity generated trading surplus inclusive of that legacy £241k, of £171k. He asked for Board's approval to the accounts. Sir David said approval was granted with the caveat of what was said about the future spending and thanked all for their help. **Resolved: that the WHT Charity Annual Report and Accounts be noted and approved.**
023/25	**Black Country Provider Collaborative - Joint Provider Committee Update**
	Mr Dunn said there had been no meeting since the last report. **Resolved: that the Black Country Provider Collaborative - Joint Provider Committee Update be noted.**
024/25	**Any Other Business**
	Sir David confirmed there was no other business.
025/25	**Questions Received from the Public**
	Sir David said he had been sent 4 questions from Dr Tinsa who was present. Sir David read out the questions raised. **Post-meeting note:** The responses noted below have been provided in writing to Dr Tinsa following the meeting. 1. *Has the Royal College of Physicians published the report on excess deaths? If no, when will it be published? If yes, when will it be available for public inspection? Would you also provide the ethnic background of all stroke deaths since Dr McBride has been the lead stroke consultant in the stroke unit* Dr McKaig outlined the Royal College of Physicians had visited the Stroke unit at RWT and provided an initial brief letter and the formal report was anticipated in Spring 2025. He reiterated that following the

	question at the TB in November, the Trust had responded in writing with details of the Trust's mortality position and that overall, there were no excess deaths (i.e. the SHMI is below 1.00). He confirmed that the mortality audit data does not capture ethnicity, and it is therefore not possible to provide this. Dr Tinsa asked about deaths in the last 2 or 3 years. Dr McKaig confirmed a written response following the last Board meeting those numbers were provided to Dr Tinsa. Dr Tinsa debated whether they were the numbers. Sir David confirmed they were the numbers he had requested in his question to the Board. 2. *Could you please provide updates on the lift in the Heart and Lung Centre and implementation of Marthas Law.* Sir David said an update on the Marthas rule had been provided previously to Dr Tinsa. Ms Nuttall said that the works to repair lifts in the Heart and Lung are in 2 phases, phase 1 to repair 2 lifts had commenced (6th Jan 25) and were scheduled to finish at the end of Feb 25. Phase 2, for a further 3 lifts would commence in March and complete in May 25. Dr McKaig said there will be a further update at Board on the pilot introduction of Martha's Rule in due course. Sir David said as mentioned previously to Dr Tinsa, 3 questions would be allowed to the Board. Sir David said Dr Tinsa had asked a question on the library which Sir David felt was a bigger question as to how we talk to patients which we can reflect on outside the meeting. 3. *Would the Trust consider opening up the library for the general public as this may improve patient health by holding seminars on various health issues such as asthma, diabetes, cancer etc. A source of information could be provided and this would be a great way to improve patient engagement and compliance with their treatment. The public could attend the library at their own leisure and improve the knowledge of their condition, which can only be a good thing.* Sir David confirmed there was no intention to change the current arrangements at present. Sir David mentioned the final question in relation to volunteers. 4. *Has the volunteer recruitment restarted and were there any plans to engage patients with the Trust? Pre COVID there were regular meetings with the public and various Mangers and Senior Nurses from various departments, can we recommence these meetings please which were popular and were often attended by other Organisations such as Health Watch.* Ms Hickman confirmed that recruitment has continued with windows of recruitment to manage and facilitate volume to allow due diligence to be completed appropriately and that not all applications were suitable for volunteers. She also confirmed that the Council of Members/Patient Involvement Partners (PIP) meetings have been continuous since restructuring in 2018 held on a bimonthly basis, as of Jan 2023 moved to quarterly.
026/25	**Resolution**
	The Board to resolve to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960. **Resolved: that the resolution be approved.**
027/25	**Date and Time of Next Meeting: Tuesday 18 March 2025**
	Sir David confirmed the date and time of the next meeting as Tuesday 18th March 2025 - (10:00AM-13:00PM).

ENC 4.1

4 March 2025 15:59

Public Board Actions March 2025

Agenda item		Assigned to	Deadline	Status
RWT/WHT Group Trust Board Meeting - to be held in Public 21/01/2025 9.3 Quality Committee (QC) - Chair's Report for RWT & WHT				
2421.	Quality Committee	Toner, Louise	08/04/2025	Pending
	Explanation action item That the Quality Committee be reformed as a single Committee from April 2025.			
RWT/WHT Group Trust Board Meeting - to be held in Public 21/01/2025 6 Group Chief Executive's Report and Board Level Dashboard				
2369.	Staff Sickness	Duffell, Alan	04/03/2025	Pending
	Explanation action item A report be brought to People Committee to identify what the drivers were for sickness of staff members within the Trust, whether they were out of work or work based and identify potential solutions.			
	Explanation Duffell, Alan This will be an agenda item for the March Group People Committee.			

Tier 1 - Paper ref:	ENC 6 PublicTB (03/25)

Report title:	Group Chief Executive's Report
Sponsoring executive:	Joe Chadwick-Bell, Group Chief Executive
Report author:	Gayle Nightingale Directorate Manager to the Group Chief Executive
Meeting title:	Group Trust Board Meeting held in Public
Date:	18 March 2025

1. Summary of key issues *two or three issues you consider the PublicTB should focus on in discussion]*

Firstly, thank you to everyone for the warm welcome since my start on 1 January 2025. I'd like to thank all of my colleagues for their hard work over the winter months and we look forward to the spring months.

Since I commenced in post, the focus has been on ensuring we maintain safety through the most challenging months of the year and delivering the year-end financial position. The key focus at present is to maintain that focus but ensure we have robust business plans for the two trusts and the divisions for 2025/26.

We have seen both RWT and WHT under operational pressure, which is typical for this time of year, but activity has increased over the winter period in particular at Walsall, which represents a 2.39% increase compared to this time last year. In part this is complicated by patients being received via ambulance for out of area which impacts on patients being discharged to community and local authority services and extends length of stay. In agreement with the Black Country Providers the intelligent conveying will be cease from March.

NHS priorities and Operating Model 2025/26

NHS England published its priorities and operational model for 2025/26, outlining the priority areas and objectives for the service. Focus continues on improvements in patient outcomes and experience and to achieve this we must continue to:

- maintain our collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach
- improve ambulance response and A&E waiting times (78% 4 hours) by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24
- reduce elective long waits and improve performance against the core cancer and diagnostic standard, this means at least a 5% improvement on current RTT performance and at least 65%. For cancer this means delivery of 80% against the 28 day diagnostic standard and 75% against the 62 day treatment standard and for diagnostics 95%.
- make it easier for people to access community and primary care services, particularly general practice and dentistry and increasing care where clinically appropriate into home based community settings.
- improve access to mental health services so that more people of all ages receive the treatment they need
- improve staff experience, retention and attendance

However, we must do this within the budget allocated, whilst final numbers are still be worked through with the ICB and NHSE, this will be another challenging year in terms of reducing our deficit and cost improvement plans with a minimum 5.8% CIP required across the group, although it is likely to exceed that amount (see separate paper on business planning). This will require a headcount reduction, although the aim is to reduce posts (and budget) and minimise the impact on people in posts. This will be done through at least a 30% reduction in bank use and 10% reduction in agency use, however we do expect substantive posts to be reduced through optimising our corporate services across the group and wider across the black country and through service re-design and increased productivity. I must stress that we will maintain minimum safe staffing levels which are agreed by our professional lead directors.

Black Country Provider and Black Country Integrated Care System (ICS) – Service Improvement
Across the Black Country health and care system we are continuing on our collaborative approach to bring health and social care services closer together for the good of our communities in recognition of the government's pledge within the NHS operating model 2025/26 to reduce health inequalities. To achieve this will require whole scale system clinical change, and improved collaboration across providers of services, along with the collaborative working with the ICS and Local Authorities to establish a fundamentally different way of working.

There is a recognition across our system partners that we need to move at pace to deliver the improvements required for patients both within Wolverhampton and Walsall and the surrounding areas. To achieve such change system leaders have agreed that both corporate and clinical services need to be reviewed through a Corporate Service Transformation (CST) programme and the Black Country Provider Committee. Thereby delivering on the recommendations of the Darzi Review and prioritising integrated, community-focused care which will create a sustainable solution and build a more resilient future.

RWT cancer services – tier 1 performance monitoring
Thanks to the ongoing hard work of colleagues across the NHS in a challenging operating context, progress on reducing long waiting times for patients has improved with cancer performance seeing a continued improvement with the 75% Faster Diagnosis Standard being met in six months out of the last seven nationally. Work is still progressing on the 2024/25 objective of 77%-, and 62-day performance, which is now showing consistent year on year improvements. Focusing on a more local element at RWT I am pleased to advise that due to the hard work of staff RWT has been deescalated from Tier 1 Cancer performance monitoring to that of Tier 2, and as we provide cancer services for the Black Country this has seen an improvement in both the patient experience and the timeliness of targeted cancer treatments.

WHT clinic - supporting parents who have suffered baby loss, have mental health needs or have experienced previous birth trauma
Believed to be the only one of its kind in the Black Country, the Calm Connections Clinic is run by three specialist WHT Midwives. Tracy Denmade, Birth Reflections/Patient Experience Midwife, Laura Atkinson, Specialist Bereavement Midwife, and Hari Nijjar, Mental Health Specialist Midwife, the clinic provides a compassionate and safe space for families to discuss their experiences, receive emotional support, and access tailored care. Clinics like these help families with the difficult healing process, provide resilience, and emotional well-being at a very traumatic time.

Heart By-pass surgery – RWT

New Cross Hospital provides specialist heart and lung services to the Black Country and surrounding areas and has started offering a minimally invasive direct coronary artery bypass service. Minimally invasive direct coronary artery bypass (MIDCAB) is a surgical treatment for coronary heart disease that is a less invasive method of coronary artery bypass surgery (CABG), where the chest is fully opened up to perform the surgery. MIDCAB gains surgical access to the heart with a smaller incision than other types of CABG. MIDCAB is sometimes referred to as "keyhole" heart surgery because the operation is similar to that of keyhole surgery. New developments in complex operational delivery both improves the patient experience, length of stay in hospital and has a shorter recovery time, but more importantly sees a reduction in complications in surgery, which are inherent in the more complex operations.

Consultant Appointments

We are all aware how difficult it is to recruit Consultant Anaesthetist due to a national shortage. However, I am pleased to advise that during February 2025 we recruited two at WHT, along with an additional Consultant in Elderly Care.

Residents in training – WHT and RWT

I would like to welcome our Resident Doctors in training; we have had 19 join us during the months of January and February 2025, wishing them all a successful training placement at both WHT and RWT.

A visit from Mike Wood MP Kingswinford and South Staffordshire

In February 2025 the Emergency Department at The Royal Wolverhampton NHS Trust (RWT) hosted a visit from Mike Wood MP, he reflected on how busy the department was and what such caring and professional staff he met. I would like to thank the whole emergency team at both RWT and WHT who work extremely hard to delivery exceptional care during increasing service demands whilst sharing their working practices and supporting visits from government members.

Biodiversity project – WHT

I had the greatest of pleasure to be part of a staff drop-in session to view the complete transformation of the hospital memorial garden including a new wildflower meadow. As part of this project volunteers will be recruited from staff and the volunteering team; who will work alongside Groundwork West Midlands to enhance an internal courtyard at the hospital to create a peaceful and nature-filled space for staff to take time to reflect and remember family, friends and colleagues they have lost and also for patients and visitors to utilise when at the hospital site. My sincere thanks go to Natural England who gifted the Well Wishers Charity a generous grant and to everyone involved in this project the benefits to staff, patients and visitors will be enormous.

Board Matters

Fiona Frizzell, Angela Harding, Junior Hemans and Ofrah Mulfahi, Associate and Non-Executive Directors (NEDs) have left the Trust since the previous Group Chief Executive report. I and Sir David Nicholson KCB CBE along with Trust Board members would like to take the opportunity to thank them all for their continued support and hard work over many years to improve services for the communities we serve along with supporting improvement in staffs working conditions. We wish them all the very best in their future endeavours.

Induction programme

Over the past few weeks I have visited hospital and community sites including the walk-in centre at the Phoenix Health Centre, maternity services at WHT, the urgent care services at WHT and RWT. I would like to thank all staff for the warm welcome I received, I have seen such outstanding levels of care provision and team working.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery **Care**	☒
Colleagues	- Support our **Colleagues**	☒
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☒

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*
Not applicable.

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note the contents of the report

5. Impact *[indicate with an **'X'** which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
RWT Board Assurance Framework Risk SR15	☐	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☐	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☐	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☐	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☐	*Attracting, recruiting, and retaining staff*
WHT Board Assurance Framework Risk NSR104	☐	*Consistent compliance with safety and quality of care standards*
WHT Board Assurance Framework Risk NSR105	☐	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☐	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Tier 1 - Paper ref:	ENC 7: TB in Public (03/25)

Report title:	Strategic Planning Framework and Overview of Annual Plan
Sponsoring executive:	Simon Evans, Group Chief Officer for Strategy
Report author:	Tim Shayes, Deputy Group Chief Strategy Officer
Meeting title:	Trust Board to be held in Public
Date:	18th March 2025

1. Summary of key issues *two or three issues you consider the PublicTB should focus on in discussion]*

This paper is seeking approval for the 2025/26 Strategic Planning Framework as well as providing an update on the development of the 2025/26 annual plan.

The Strategic Planning Framework is a single page illustration of how our strategy is implemented in practice and how our long-term strategic aims translate into practical in year delivery. It is aligned to all other Black Country acute providers who are following an aligned approach.

Both Trusts are due to submit their annual plan to NHS England on 27th March 2025 with this paper serving as an update on progress. NHS England have stated that 2025/26 will be a year of financial reset and it is evident to all that the financial constraints will pose an unprecedented challenge to the delivery of both Trusts plans.

A new operating model has been developed to oversee the delivery of both our annual plan and longer-term strategic aims. A Use of Resource Programme Board has been initiated to oversee both transformational and transactional delivery and will report into the Partnership and Transformation Committee and Finance and Productivity Committees.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

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

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

The Strategic Planning Framework element of this paper has been presented to two Board Development Sessions.

4. Recommendation(s)

The Public Trust Board is asked to:

a) Approve the strategic planning framework

b) Note the current position with regards to the development of the annual plan

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
RWT Board Assurance Framework Risk SR15	☒	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☒	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☒	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☒	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☒	*Attracting, recruiting, and retaining staff*
WHT Board Assurance Framework Risk NSR104	☒	*Consistent compliance with safety and quality of care standards*
WHT Board Assurance Framework Risk NSR105	☒	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☐	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date: No		
Is Equality Impact Assessment required if so, add date: No		

Report to the RWT/WHT Group Trust Board Meeting to be held in Public on 18th March 2024

Strategic Planning Framework and Overview of Annual Plan

1. Executive summary

1.1 This paper is seeking approval for the 2025/26 Strategic Planning Framework as well as providing an update on the development of the 2025/26 annual plan.

1.2 The Strategic Planning Framework is a single page illustration of how our strategy is implemented in practice and how our long-term strategic aims translate into practical in year delivery. It is aligned to all other Black Country acute providers who are following an aligned approach.

1.3 Both Trusts are due to submit their annual plan to NHS England on 27th March 2025 with this paper serving as an update on progress. NHS England have stated that 2025/26 will be a year of financial reset and it is evident to all that the financial constraints will pose an unprecedented challenge to the delivery of both Trusts plans.

1.4 A new operating model has been developed to oversee the delivery of both our annual plan and longer-term strategic aims. A Use of Resource Programme Board has been initiated to oversee both transformational and transactional delivery and will report into the Partnership and Transformation Committee and Finance and Productivity Committees.

2. Strategic Planning Framework

2.1 All four acute providers in the Black Country have developed a Strategic Planning Framework (SPF) – the framework for RWT and WHT is included in Appendix 1.

2.2 The framework is a single page illustration of how our strategy is implemented in practice and how our long-term strategic aims translate into practical in year delivery. It is of value to stakeholders in different ways, dependant on their roles. For example, e.g. it provides our Board with assurance over the implementation of our strategy through the performance of our in-year objectives. Equally, a nurse on a ward can see how the work within their given area, helps support the achievement of the Trusts' strategy.

2.3 The framework is comprised of the following elements:

- Vision - the statement from our strategy setting out what we aspire to deliver, as a group,
- Measures of success – long term aspirations, typically lasting 10 years plus, that derive from our vision
- Multi-year commitments – more specific and typically transformational initiatives that we are committing to over the next 3-5 years to deliver our measures of success and vision

- Task and finish projects – shorter term projects that fall out of our multi-year commitments
- In year objectives – where possible, SMART based objectives, that can be routinely reported to demonstrate achievement of our strategic priorities

2.4 Whilst the approach of the Black Country providers is aligned, the detail within the frameworks differ to reflect the individual nature of each Trust or Group.

2.5 The framework incorporates the feedback from the two Board Development Sessions it has been presented to, and this paper is now requesting final approval. At the time of writing, some specific detail, e.g. the agreed referral to treatment (RTT) targets are still to be agreed.

3. Annual Plan Development and Delivery Approach

3.1 This paper outlines both Trusts approach to the development of the 2025/26 annual plan. This plan is due for submission to NHS England on 27th March 2025 and, at the time of writing is being developed but with some key details still to be confirmed, e.g. elective recovery funding.

3.2 There are three main elements to the submission to NHSE England.

- **Finance**

NHS England have stated that 2025/26 will be a year of financial reset and it is evident to all that the financial constraints will pose an unprecedented challenge to the delivery of both Trusts plans.

Both Trusts are planning for a reduction in the current level of income as well as no funding being available for any anticipated growth. This is despite the working assumption that unplanned demand will increase, and additional activity will need to take place to achieve the referral to treatment (RTT) waiting time improvement requested by NHS England.

To achieve the system control total set by NHS England, both Trusts have significant cost improvement plans that may be beyond the level deemed viable by NHS England. At the time of writing, schemes have not been identified to meet this plan in full.

- **Activity/Performance**

The development of our activity plan began in November, prior to the release of the planning guidance. It was broadly based on maintaining the capacity in place at the time, i.e. Month 1 -8, but we now know that the allocation both Trusts receive will not cover this. We are therefore planning for the reduction in capacity, typically focusing on non-core activity, e.g. waiting list initiative sessions, insourcing arrangements etc.

The reduction in capacity, whilst necessitated by the reduction in allocations, directly contradicts the approach needed to deliver some of the key performance requirements. Even after accounting for productivity opportunities, the delivery of the RTT targets will require additional activity to be completed and therefore both Trusts are currently forecasting non-delivery of the RTT targets.

Appendix 2 gives an overview of the headline targets for 2025/26 alongside both Trusts planned trajectory and current performance. NHS England have focused a smaller set of key measures than in previous years focused on cancer, urgent care and referral to treatment waiting times. Achievement of the cancer and urgent and emergency care indicators is expected unlike with RTT where the financial constraints are likely to result in non-delivery.

- **Workforce**

The planning submission requires a projection of our substantive, bank and agency whole time equivalents across the financial year. NHS England are targeted a minimum 30% reduction in agency levels and a 10% reduction in bank. Both these ambitions are reflected within plans. Furthermore, our plans reflect a reduction in corporate staffing levels from their current position to those in place in April 2022.

In line with the reduction in activity, we also expect our substantive workforce numbers to reduce from their current levels. At the time of writing, the level of reduction is still being agreed.

3.3 Both Trusts have implemented a new operating model to deliver both our annual plan and strategic aims, which is illustrated in the figure below.

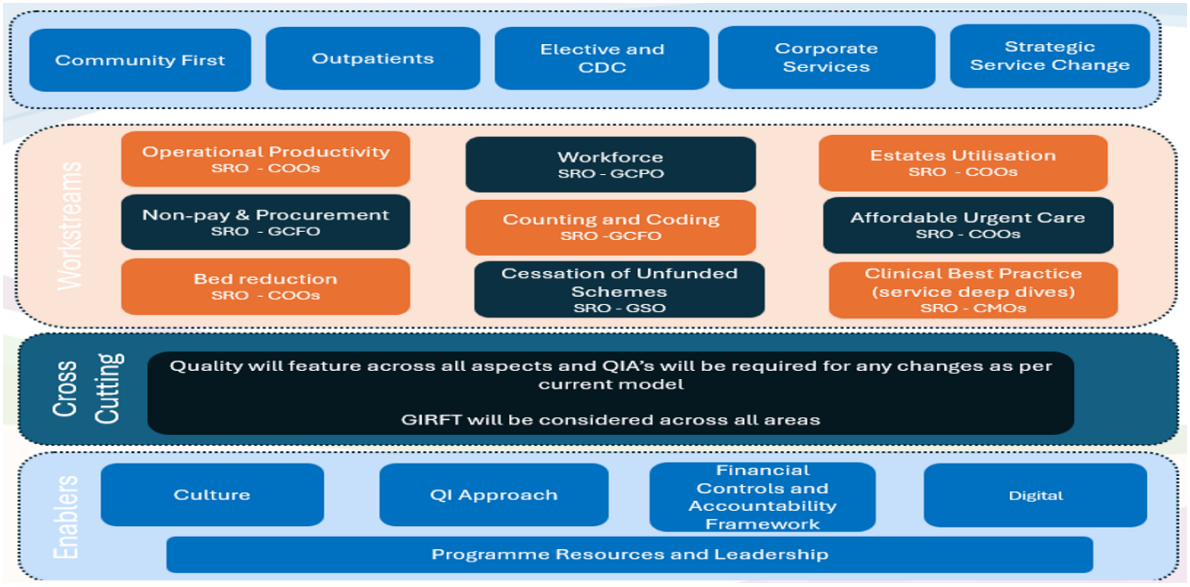


Figure 1: 2025/26 Delivery Approach

The multi-year commitments of both Trusts are represented in the top tier. These are **transformational** in nature and will ensure that the Trust has an effective operational model and lives within its financial means. Underpinning these are nine workstreams covering the use of our resources. These are **transactional** in nature and reflect 'Year 1' of our longer-term plan. All the transformational and transactional programmes/workstreams have an assigned executive senior responsible owner (SRO).

3.4 A 'Use of Resources Programme Board' has been established to oversee both the delivery of the nine transactional workstreams as well as the five transformational programmes. Executive SROs will be responsible for attending to provide assurance on the delivery of their schemes.

3.5 An enhanced, and single PMO covering both Trusts, will be implemented that reports into the Group Chief Financial Officer to support this programme of work.

3.6 The transformational elements of the Use of Resources Board will report into the Partnership and Transformation Committee. The transactional elements of the Use of Resources Board will report into the Finance and Productivity Committee.

4. Recommendations

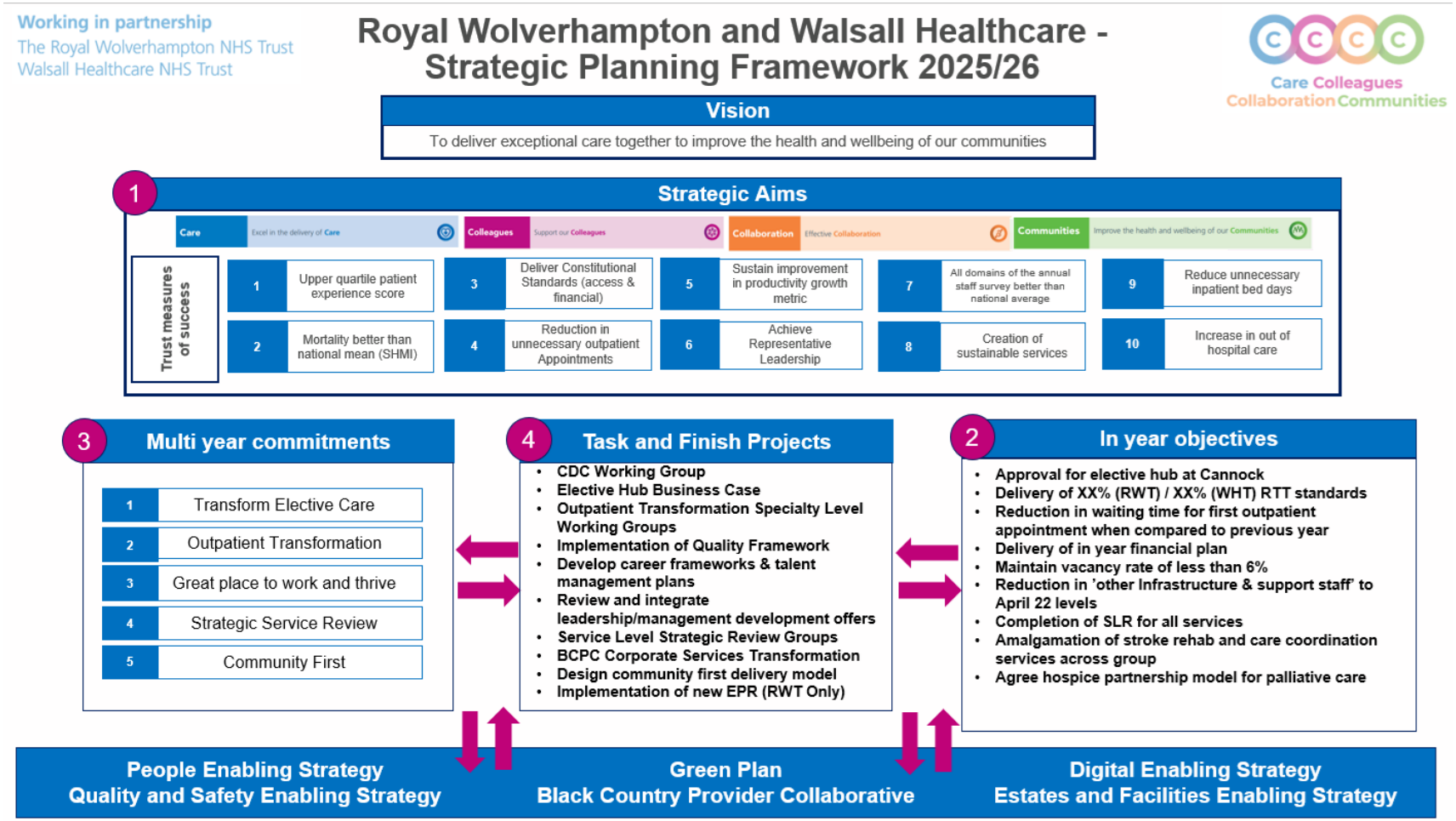
4.1 The Public Trust Board is asked to:

a. Approve the strategic planning framework
b. Note the current position with regards to the development of the annual plan

Tim Shayes
Deputy Chief Strategy Officer
08/03/2025

Annex 1: Strategic Planning Framework
Annex 2: Overview of headline performance measures for 2025/26

Annex 1


Working in partnership
The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust
Royal Wolverhampton and Walsall Healthcare - Strategic Planning Framework 2025/26
Care Colleagues Collaboration Communities
Vision
To deliver exceptional care together to improve the health and wellbeing of our communities
1
Strategic Aims
Care
Excel in the delivery of Care
Colleagues
Support our Colleagues
Collaboration
Effective Collaboration
Communities
Improve the health and wellbeing of our Communities
Trust measures of success
1 Upper quartile patient experience score
2 Mortality better than national mean (SHMI)
3 Deliver Constitutional Standards (access & financial)
4 Reduction in unnecessary outpatient Appointments
5 Sustain improvement in productivity growth metric
6 Achieve Representative Leadership
7 All domains of the annual staff survey better than national average
8 Creation of sustainable services
9 Reduce unnecessary inpatient bed days
10 Increase in out of hospital care
3
Multi year commitments
1 Transform Elective Care
2 Outpatient Transformation
3 Great place to work and thrive
4 Strategic Service Review
5 Community First
4
Task and Finish Projects
CDC Working Group
Elective Hub Business Case
Outpatient Transformation Specialty Level Working Groups
Implementation of Quality Framework
Develop career frameworks & talent management plans
Review and integrate leadership/management development offers
Service Level Strategic Review Groups
BCPC Corporate Services Transformation
Design community first delivery model
Implementation of new EPR (RWT Only)
2
In year objectives
Approval for elective hub at Cannock
Delivery of XX% (RWT) / XX% (WHT) RTT standards
Reduction in waiting time for first outpatient appointment when compared to previous year
Delivery of in year financial plan
Maintain vacancy rate of less than 6%
Reduction in 'other Infrastructure & support staff' to April 22 levels
Completion of SLR for all services
Amalgamation of stroke rehab and care coordination services across group
Agree hospice partnership model for palliative care
People Enabling Strategy
Quality and Safety Enabling Strategy
Green Plan
Black Country Provider Collaborative
Digital Enabling Strategy
Estates and Facilities Enabling Strategy

Annex 2 – Current Performance and Trajectories against National Planning Guidance Priorities*

		RWT		WHT	
Standard	**Year End Target**	**Current Performance (Jan 25)**	**Current Year End Trajectory**	**Current Performance (Jan 25)**	**Current Year End Trajectory**
Cancer – 28 day faster diagnosis	80%	76.6%	80%	70.1%	83%
Cancer – 62 day standard	75%	62.6%	75%	76.2%	76%
RTT – 52 week breaches	<1% of WL	2,173	1,821	246	0
RTT – 18-week performance (overall)	>60% for RWT, 71.4% for WHT	51.5%	57%	67.7%	69%
RTT - wait for first appointment	>67% for RWT >78.8% for WHT	56%	61%	74%	78.8%
UEC – 4-hour performance	78%	81.7%	79%	72.7%	78%
UEC – 12-hour breaches	Improvement on 2024/25	13.0%	10%	9.9%	8%

*The above is subject to ongoing discussion and may therefore change.

NHS
Walsall Healthcare
NHS Trust

Tier 1 - Paper ref:	TB in Public (03/25) ENC 7.1

Report title:	Group Director of Place (including Community First)
Sponsoring executive:	Stephanie Cartwright, Group Director of Place
Report author:	Michelle McManus, Director Place & Transformation, Walsall Together Matthew Wood, Head of the Programme and Transformation Office, OneWolverhampton
Meeting title:	Trust Board Meeting held in Public
Date:	18th March 2025

1. Summary of key issues *two or three issues you consider the* PublicTB *should focus on in discussion]*
This report provides an overview of developments within the Walsall Together and OneWolverhampton Partnerships.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery **Care**	☐
Colleagues	- Support our **Colleagues**	☐
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☒

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*
Walsall Together Partnership Board – February 2025 OneWolverhampton Board – March 2025

4. Recommendation(s)
The Public Trust Board is asked to:
Take assurance on the progress being made by the place partnerships in improving the health and wellbeing of ou communities

5. Impact *[indicate with an **'X'** which governance initiatives this matter relates to and, where shown, elaborate in paper]*		
RWT Board Assurance Framework Risk SR15	☐	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☐	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☐	*Addressing health inequalities and equality, diversity and inclus*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR1	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR1	☐	*Culture and behaviour change (incorporating Population Healt*
WHT Board Assurance Framework Risk NSR1	☐	*Attracting, recruiting, and retaining staff*
WHT Board Assurance Framework Risk NSR1	☐	*Consistent compliance with safety and quality of care standard*
WHT Board Assurance Framework Risk NSR1	☐	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR1	☒	*Equality, Diversity, and Inclusion (incorporating Staff, Patients a Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date: Not required		
Is Equality Impact Assessment required if so, add date: Not required		

Report to the RWT/WHT Group Trust Board Meeting to be held in Public on 18th March 2025

Group Director of Place Report

1. Executive summary

This report provides an overview of progress, performance and assurance across Walsall Together and OneWolverhampton partnerships.

2. Introduction or background

1.1 The place partnerships are hosted by Walsall and Wolverhampton Trusts on behalf of a wide range of partners including local authority, general practice, mental health and voluntary sector. The place-based partnership in Wolverhampton has been established for 2 years and is called OneWolverhampton. The place-based partnership in Walsall has been established for 6 years and is called Walsall Together.

1.2 Under the Communities strategic objective, the place partnerships drive integrated care, address health inequalities and deliver care closer to home.

3. Walsall Together

3.1 The Walsall Together Partnership Board approved a communications and engagement plan to accompany the recently approved 2025-2028 Strategy. The strategy will formally launch on 1st April and there will be a series of staff roadshows diarised as well as accompanying posters with QR codes to link staff and the public to the partnership website.

3.2 The Board also received the first integrated assurance and delivery report covering commissioning, transformation and operational delivery across the partnership:

- A highlight report has been developed for each workstream to provide assurance against the Integrated Transformation and Commissiong Plan (ICTP).
- Existing data from the operational report, has been organised by workstream and included behind each highlight report.
- Operational data for partner services is included to support an integrated picture of health and care in Walsall, not for contract monitoring purposes.

3.3 In addition to the Community First work that is being supported by the partnership, the partnership has made progress in the following areas

- In line with the Walsall cultural compact and strategy the partnership will be looking at ways in which it can mobilise creative and heritage resources to improve people's health. Examples of this could be through primary prevention with evidence showing engagement in creativity improves mood or through secondary prevention where singing has been proven to reduce the impact of asthma and other lung conditions.
- We are developing a 2025-2028 dementia plan for Walsall, underpinned by the dementia needs assessment and public engagement that was undertaken in 2024. There are five main areas of focus: pre and post diagnosis; acute team development; Walsall Public Health Needs Assessment; dementia awareness in the community; and support to care homes.
- Phase one of the engagement exercise for Women's Hubs has commenced with 20 groups across Walsall talking to women and girls about their health and wellbeing and experience of women's health conditions. Findings from phase one will be used to support a range of co-produced activities that support women which will be announced at an International Women's Day evet on 11th March.

- Data for the ARI hub, including Urgent Treatment Centre attendances, emergency department attendances and admission rates, is currently being collated. The social prescriber element of the pathway, provided by whg, is now in place for providing children who have been through the ARI with follow up support in the community. It is expected that there will be enough evidence by early April to consider lessons learnt, and funding permitted, how the service is delivered going forward.
- The Family Hubs programmes is now moving into its fourth year following additional funding by the Department for Education. Since it was established four locality hubs have been developed as well as 10 community spokes and there is a virtual and hard copy the start for life offer.
- Following a request by the regional teams to consider the continuation of plans to roll out the Electronic Palliative Care Coordination System (EPaCCS) programme versus the implementation of e-RESPECT there was a strong consensus that Walsall still wants to continue with the roll out of EPaCCS. Discussions are now taking place to understand what this will mean from a resource perspective.
- A frailty and falls workshop was held in February with a wide range of key stakeholders from across the borough. There is an increasing prevalence in falls and £17 million per month spent on across the Black Country on frailty due to emergency admissions. Themes from the workshop included MDT working, service and pathway transformation, patient centred care, quality improvement and training, stakeholder engagement, data and evidence-based practice and hospital avoidance. All the feedback will be collated and used to develop an action plan around falls/frailty services. This will feed into the wider frailty work across Walsall Healthcare and the Black Country.
- Work is continuing to ensure the Walsall Wellbeing Directory is up to date and there are now 839 live entries. The directory is part of a wider services directory led by the council and reviews to ensure robust content is currently taking place. This will be tried and tested before with key stakeholders before plans are put in place to fully roll out a promote the service locally.

3.4 Demand for Community Locality Services reduced during January when compared to December leading to a reduction in hours delivered. The Locality Community Teams delivered 5,573 hours of care and met 94% of the demand in month. The adult virtual wards continued to offer 80 virtual beds covering respiratory, heart failure, palliative care, hospital at home, frailty and D2A pathways during January. Referrals into the service have been steadily increasing are continuing to rise towards capacity. Community services saw a sustained high level of referrals through the Care Navigation Centre for patients requiring an urgent community response. This expected increase is as a result of collaborative work that community services is undertaking with West Midlands Ambulance Service (WMAS). The level of patients awaiting discharge pathways 1-3 increased in February due to demand. The average number of patients for the month was 40 patients with a length of stay of 2 days.

4. OneWolverhampton

4.1 The Board-level priorities of OneWolverhampton have been constructed to ensure alignment with, and address, key national objectives. This includes the 3 Key Shifts and relevant sections of NHSE's 2025-26 Operating Planning Guidance.

OneWolverhampton Priority	NHSE Key Shift	NHSE 2025-26 Priority
Integrated Neighbourhood Teams (INTs)	From hospital to community	Development of Neighbourhood Health Service models
Prevention	From treatment to prevention and f hospital to community	Addressing inequalities and shift towards secondary prevention
Community Activation	From treatment to prevention	Addressing inequalities and shift towards secondary prevention
Technology Enabled Care (TEC)	From analogue to digital	Making full use of digital tools

4.2 Integrated Neighbourhood Teams (INTs): The development of INTs has continued to progress following the December workshop. The next step is to define the roles of Primary Care Networks (PCNs) within the

INT model. A workshops was held in February to ensure the alignment of INTs with the ICB Primary Care Transformation Strategy, acknowledging the significant interdependencies between these two programmes. This included baselining against the Primary Care Transformation Strategy themes to support the delivery of care in a neighbourhood model. The possibility of mapping INT geographies to the Family Hubs model is being considered, given the success of this model. Partner organisations are currently considering options for service delivery based on this footprint.

4.3 Technology-enabled Care (TEC): The partnership's ambition is for TEC to become embedded as a standard daily living aid – maximising its use across health and social care. A series of recommendations have now been made in the form of a draft business case. The suggested areas of focus are prevention and early support, aligning with national priorities. The next steps will build on the learning from the two ongoing pilots, hosted by West Midlands 5G and WMCA. We have been offered support through Health Innovation West Midlands, with funding for equipment, programme management, and strategy development. Conversations are ongoing to take the offer of support forward and align this with our existing pilots and future direction of travel.

4.4 Community Activation: A health champions model is being developed, based on the recruitment of peer support workers to work with local champions. Initially, this programme will focus on diabetes, given its prevalence within the city. This initiative is part of a funding bid to the Healthy Communities Together programme, focusing on a reduction of health inequalities through peer support. This programme of work is being led by Wolverhampton Voluntary and Community Action (WVCA).

4.5 Prevention: A partnership approach to prevention is currently being developed, focusing on the national shift towards prevention and early diagnosis. This is particularly relevant given the divergence between Wolverhampton and the England average for key areas, such as cancer screening rates and CVD prevalence. The suggested approach includes a focus on a number Public Health indicators on a 'test and learn' basis, while also maintaining oversight of the broader range of preventative activities being undertaken within Wolverhampton Place. An initial list of 10 priorities has been devised, which will be refined with the Board as the approach develops. This approach will be supported by a restructuring of public health teams to better integrate resources and improve efficiency, aiming to reduce health inequalities and enhance community health outcomes.

5. Community First

The Community First Programme Board has been established with terms of reference and has now met twice. A Project Initiation Document has been produced which outlines a focus on frailty as an initial priority. A presentation was provided to the Trust Board on 18th February 2025 which outlined the plans for progress over the next 12 months and the next three years

Priorities for the next 12 months includes:

- Established Integrated Neighbourhood Teams in each place. Early implementers have now been identified across both places with risk stratification and care co-ordination included.
- The UCR team within Walsall will be incorporated with locality neighbourhood teams as per the Neighbourhood Health guidelines accompanying the NHSE Planning Guidance for 2025/26.
- Development of the stroke rehabilitation model across Walsall and Wolverhampton.
- Amalgamation of Care Co-ordination functions across the Group community services with increased ability and capacity to respond (as per the Standardised Community Services guidelines accompanying the NHSE Planning Guidance for 2025/26).
- Full utilisation of Virtual Ward capacity.
- Frailty Groups formed in each Place with initiatives including:
  - Increased specialist support (RWT geriatrician model)
  - Rotational frailty teams (WHT proposed model)

  - Single pathway across primary, secondary and community care
  - Place internal "business cases" to identify use of resources across partners
  - Development of local "Jean Bishop" style multi-disciplinary team models
- A significant programme of OD intervention to support the shift and change in culture across both Trusts
- Options appraisal of population health management tool that will identify the cohort of patients that are likely to be accessing services in 3, 5 and 10 years' time (with an increased focus on patients expected to be at end of life within 12 months.
- Planned capacity shifts across both sites with identified plan increase in community capacity. Modelling will be undertaken but likely to include UCR, integrated front door, intermediate care, virtual ward, locality and care home teams
- Consideration of Community Emergency Medicine outreach (based on successful models developed in London, Newport, Bristol and Leicester models)
- Addressing limitations in community digital infrastructure

Progress against plans is being monitored within the Community First Programme Board, which in turn reports into the Partnerships and Transformation Committee. A summary of progress is shown below:

- Community First Programme Board Terms of Reference have been agreed with review in May 2025 as the project progresses.
- Task and Finish Groups are established and work is underway (Stroke Rehabilitation, Care Co-ordination, Frailty in each Place, Digital Infrastructure and Community Preparedness for Capacity Shifts)
- Stakeholders and staff engagement have been identified for each reporting workstream
- Programme structure and reporting governance have been agreed
- Community First Project Initiation Document including key measures and metrics has been approved and project support has been identified and is in place

To support the work across the Black Country system, a Learning and Development Group has been established which reports through to the ICB Out of Hospital Board.

6. Recommendations

6.1 The Public Trust Board is asked to:

a. Take assurance on the progress being made by the place partnerships in improving the health and wellbeing of our communities
b. Take assurance on the progress being made on the Community First strategic priority

Title of Report	Exception Report from Group People Committee	Enc No: 8.1
Author:	Clair Bond (WHT) & Emma Ballinger (RWT) Interim Director HR & OD	
Presenter:	Allison Heseltine, Joint Non-Executive Director and Chair of Group People Committee	
Date(s) of Committee Meetings since last Board meeting:	31 January 2025 28 February 2025	

Action Required

Decision	Approval	Discussion	Received/Noted/For Information
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The Committee has received updates on the WTE against the 24/25 workforce plan for both WHT and RWT for M9 and M10. The Committee noted that in M10 both Trusts had achieved a reduction in the substantive workforce, with WHT achieving closing the gap savings however the decrease was not sufficient at RWT to meet the M10 revised plan. Within M10 there was, however, a significant increase in the deployment of bank temporary staffing. RWT achieved a reduction in agency spend which increased at WHT. Overall, both Trusts have increased total deployment of workforce. The Committee noted that from 1 March 2025, bank rates for substantive staff would reduce to the bottom of the band. • Follow scrutiny of the workforce key performance indicators the Committee remain unassured that sickness absence levels at WHT would achieve an acceptable range despite an improvement to 6.9% in January 2025 following 7.4% in November and 7.3% in December. The Committee requested that RWT identify a route to aligning timescales of sickness absence reporting at RWT.	• The Committee requested a summary of workforce related actions identified via the Audit committee of both Trusts. • The Committee received a verbal update of the 2024 National Staff Survey result for both Trusts noting the results remain under embargo until the 13 March after which the Committee will receive a full report. • The Committee noted receipt of the 25/26 NHS Operating Guidance and mandatory requirements relating to workforce costs. Whilst the committee received a headline update on the principles underpinning the draft 25/26 workforce plan, it was noted a full submission triangulating with finance and activity levels would be submitted to the ICB on the 14 March 2025.

POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
• The Committee were assured of receiving a strategic workforce plan for the Allied Health Professional workforce across the Group, specifically that; enhanced workforce planning and forecasting is taking place, that the development of career pathways into leadership roles is clear and strategies in place to support retention. • The committee noted a significant volume of work is being progressed on the Organisational Development and Inclusion EDI agenda and look forward to evaluating the impact of key workstreams later in the year. • The committee were assured in writing that both Trusts meet the national requirement to report recruitment metrics, including time to hire metrics.	• The Committee agreed to the closure of WHT BAF NSR103 attracting, recruiting and retaining staff – accepting that many of the controls and gaps of assurance had been completed aligned with the closure of the corresponding WHT corporate risk. The Committee noted that strategic risks captured via the Board Assurance Framework (BAF) would be reviewed in a revised format in April 2025.

ENC 9.1

Title of Report	Exception Report from Group Finance & Productivity Committee
Author:	Paul Assinder, Group Finance & Productivity Committee Joint Chair
Presenter:	Paul Assinder, Group Finance & Productivity Committee Joint Chair
Date(s) of Committee Meetings since last Board meeting:	26/02/2025

Action Required

Decision	Approval	Discussion	Received/Noted/For Info
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Although in January 2025, WHT saw reduced Type 1 ED attendances at 9,072, compared to January 2024 (8,860), this represents a 2.39% increase, the eight highest monthly attendances on record. Year to date (April 2024 – January 2025) total attendances are 92,123 compared to the same period in 2023/24 a 10.7% increase
- The impact of MMUH inherent uncertainty means there is still significant risk.
- Ambulance handovers up to 30 minutes for RWT benchmark well, however, nearly 20% of patients waited over an hour to be offloaded in January.
- WHT UEC 4 hour performance has deteriorated in January, in line with last year's position. Attendances have increased by 2.9% in comparison to last year.
- WHT reported deterioration in ambulance off loads, however, the Trust is still ranked 3rd within the West Midlands. Meetings have taken place with the Medical Division and ED Team as the root cause of challenge is due to the number of medical patients waiting for beds. A number of actions have been put into place to manage the frailty population to prevent admission waits.
- RWT 18 weeks performance is in the lower quartile, most of the challenges are in the surgical specialties.
- The Recovery Plan is £500k off plan due to ERF Delivery and Medical Pay Spend. The risk has been introduced to the forecast year-end, further work is taking place with the Divisions to minimise this.

MAJOR ACTIONS COMMISSIONED /WORK UNDERWAY

DECISIONS MADE

PFI contracts at RWT & WHT were reviewed.

Supply of Patient and Retail Sandwiches (REAF: 4705 Contract Renewal: 1/4/25) – **Endorsed to be submitted to Trust Board.**

Adult Diabetic Pumps and Continuous Glucose Monitoring (CGM) (REAF: 4618 Contract Renewal: 1/4/25) – **Endorsed to be submitted to Trust Board.**

Wheelchair Managed Service (REAF: 4624 Contract Renewal: 1/4/25) – **Endorsed to be submitted to Trust Board.**

POSITIVE ASSURANCES TO PROVIDE

- RWT has formally received notification of de-escalation from tier 1 into tier 2. Cancer 62 day referral metric for January is 69%, the national target is 70%, if the result from Histopathology is achieved the metric will be achieved.
- RWT remain upper quartile for 4-hour UEC performance, whilst WHT has slipped into the 2nd quartile, performance remains above the national average.
- Ambulance handover within 30mins, out of 14 Trusts in the West Midlands WHT are ranked 3rd, RWT are 5th.
- Both Trusts continue to show statistical improvement for DM01, both are above the national average for performance, upper quartile and exceeded the national target of 95% in December.
- WHT Diagnostic performance is good, meeting the national standard and benchmarked position 6 nationally.
- Cancer performance has reduced against the 28 day and 62 day standards due to breast challenges, this has recovered in January performance and is back within constitutional standards.
- Strong progress within 18 week RTT.
- RWT report that virtual ward performance throughout January and the whole of the winter period is operating at over 100%
- Deloittes proposed potential savings following a review of theatre utilisation. The proposed figure is still under validation.

Tier 1 - Paper ref:	TB in Public ENC 9.2

Report title:	Chief Operating Officer's Report (Walsall Healthcare NHS Trust)
Sponsoring executive:	William Roberts, Chief Operating Officer
Report author:	William Roberts, Chief Operating Officer
Meeting title:	Public Trust Board
Date:	Tuesday 18th March 2025

1. Summary of key issues PublicTB

Constitutional Standards

The Board can be assured that the Trust is delivering access to care that is in the upper quartile nationally for two constitutional standards:

- Elective Care, including 18 week Referral To Treatment and 52 week Referral To Treatment Standards
- Diagnostics, measured through the DM01 6-week wait standard

There are the following exceptions to performance within the upper quartile nationally, namely:

- 62-day Referral To Treatment for Suspected Cancer is within the second quartile nationally, but will return to national targets for the reporting period of January 2025.
- 28-day Faster Diagnosis Standard for Suspected Cancer is within the lowest quartile nationally, but will return to national targets for the reporting period of January 2025.
- Urgent & Emergency Care, including 4-hour Emergency Access Standard, is within the second quartile nationally. Ambulance handovers within 30 minutes ranked 3rd within the West Midlands.

The Trust has improvement plans in place focusing on improvements in Urgent & Emergency Care, prioritising the Trust's strategic priority to shift towards a Community First approach. The Trust has also been supported through a reduction in intelligently conveyed ambulances, particularly those from outside of the Black Country ICB. 24 medical beds have been closed in February 2025.

NHS England have published their 2025/26 Planning Guidance for reforming elective care, including a plan to meet the 18 Week Referral to Treatment Standard of 92% by March 2029. An improvement of 5% points against the Standard by March 2026 is also expected. The Trust have been invited by NHS England to participate in a "Further Faster" programme supporting the Trust to go beyond the requirements of the 2025/26 Planning Guidance.

Impact of Midland Metropolitan University Hospital opening and Winter Planning

The Board can be assured that the Trust is on track with the Delivery Plan for the first phase of its planning to manage the increased Emergency Department attendances forecast as a result of Sandwell Hospital Emergency Department closing, upon Midland Metropolitan University Hospital

opening. The Board can be assured that this includes all 7 additional Emergency Department cubicles being open.

The Board should note the risk, however, that should the full forecast increase in patients presenting to the Walsall Manor occur, simultaneously with a challenging Winter. Analysis from the Black Country ICB would indicate that the Trust is exceeding levels of attendances within Phase One of the approved Business Case for 2024/25.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery **Care**	☒
Colleagues	- Support our **Colleagues**	☒
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☒

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*
Quality Committee (28th February 2025) Group Finance & Productivity Committee (26th February 2025)

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note the contents of this report

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
RWT Board Assurance Framework Risk SR15	☐	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☒	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☒	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☐	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☒	*Attracting, recruiting, and retaining staff*
WHT Board Assurance Framework Risk NSR104	☒	*Consistent compliance with safety and quality of care standards*
WHT Board Assurance Framework Risk NSR105	☒	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☐	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☒	*25, 208*
Is Quality Impact Assessment required if so, add date: No		
Is Equality Impact Assessment required if so, add date: No		

Report to the RWT/WHT Group Trust Board Meeting to be held in Public on Tuesday 18th March 2025

Chief Operating Officer's Report

1. Executive summary

2. Introduction or background

2.1 A summary update to the Board on performance against the NHS Constitutional Standards is contained within the Group Finance & Productivity Committee Chairs Exception Report. The report also updates the Board on progress with preparations for managing the increase in Emergency Department attendances forecast as a result of Sandwell Hospital Emergency Department closing, upon Midland Metropolitan University Hospital opening.

3. Constitutional Standards

3.1 The Board can be assured that the Trust is delivering access to care that is in the upper quartile nationally for two constitutional standards:

- Elective Care, including 18 week Referral To Treatment and 52 week Referral To Treatment
  Standards
- Diagnostics, measured through the DM01 6-week wait standard

There are the following exceptions to performance within the upper quartile nationally, namely:

- 62-day Referral To Treatment for Suspected Cancer is within the second quartile nationally, but will return to national targets for the reporting period of January 2025.
- 28-day Faster Diagnosis Standard for Suspected Cancer is within the lowest quartile nationally, but will return to national targets for the reporting period of January 2025.
- Urgent & Emergency Care, including 4-hour Emergency Access Standard,
  is within the second quartile nationally. Ambulance handovers within 30 minutes ranked 3rd within the West Midlands.

The Trust has improvement plans in place focusing on improvements in Urgent & Emergency Care, prioritising the Trust's strategic priority to shift towards a Community First approach. The Trust has also been supported through a reduction in intelligently conveyed ambulances, particularly those from outside of the Black Country ICB. 24 medical beds have been closed in February 2025.

NHS England have published their 2025/26 Planning Guidance for reforming elective care, including a plan to meet the 18 Week Referral to Treatment Standard of 92% by March 2029. An improvement

of 5% points against the Standard by March 2026 is also expected. The Trust have been invited by NHS England to participate in a "Further Faster" programme supporting the Trust to go beyond the requirements of the 2025/26 Planning Guidance.

4. Impact of Midland Metropolitan University Hospital Opening and Winter Planning

4.1 The Board can be assured that the Trust is on track with the Delivery Plan for the first phase of its planning to manage the increased Emergency Department attendances forecast as a result of Sandwell Hospital Emergency Department closing, upon Midland Metropolitan University Hospital opening.

4.2 The Board can be assured that this includes all 7 additional Emergency Department cubicles being open.

4.3 The Board should note the risk, however, that should the full forecast increase in patients presenting to the Walsall Manor occur, simultaneously with a challenging Winter. Analysis from the Black Country ICB would indicate that the Trust is exceeding levels of attendances within Phase One of the approved Business Case for 2024/25.

5. Recommendations

5.1 The Public Trust Board is asked to:

a. Note the contents of this report

William Roberts
Chief Operating Officer

3rd March 2025

Group Performance Report

Presenters / Lead Executives:

Gwen Nuttall – Chief Operating Officer and Deputy Chief Executive (RWT)

Will Roberts – Chief Operating Officer (WHT)

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

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Group Performance Report:
Introduction:

Developing the approach:

- This report is the seventh version of the Integrated Performance Report for both RWT and WHT.
- The layout and format design has been influenced after reviewing high performing NHS Trusts public board papers combined with best practice promoted by NHSE Making Data Count Team.
- The reports' focus is on performance against the National Constitutional Standards and key metrics supporting ERF.
- Feedback from Committee members received has been positive, further feedback is welcomed.

- **Latest Developments:**
- Metrics contained within the dashboard have been agreed with Executive Directors.
- The definitions of the metrics are being aligned across both trusts (e.g. same approach for numerators / denominators).
- Supporting processes which underpin the production of performance metrics have been shared.
- There are differences between the supporting processes across RWT and WHT which has limited some alignment (e.g. date ranges within SPC charts).
- Following a request from F&P committee the report was expanded to include 2 community metrics; 2-hour urgent care response and virtual ward occupancy.
- A further request from F&P committee was to include community waiting lists, this has been included in the report produced for November committee meeting.
- To maintain a succinct number of metrics, the Outpatients with procedure metric has been removed.
- No changes applied for February 2025.

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Group Performance Report:
Executive Summary:

ASSURE:

- RWT remain upper quartile for 4-hour UEC performance, whilst WHT has slipped into the 2nd quartile, performance remains above the national average.
- Ambulance handover within 30mins, out of 14 Trusts in the West Midlands the Trusts are ranked 3rd (WHT) & 5th (RWT).
- Both Trusts continue to show statistical improvement for DM01, both are above the national average for performance, upper quartile and exceeded the national target of 95% in December.

ADVISE:

- RWT - Cancer 62 day – this remains a challenge, however, the Trust has been moved out of tier 1 after showing good improvement.

ALERT:

- Although in January 2025, WHT saw a reduced Type 1 ED attendances at 9,072, comparing to January 2024 (8,860), this represents a 2.39% increase, the eight highest monthly attendances on record. Year to date (April 2024 – January 2025) total attendances are 92,123 compared to the same period in 2023/24 a 10.7% increase
- The impact of MMUH inherent uncertainty means there is still significant risk.

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Group Performance Report:
RWT Executive Summary:

ASSURE:

- ED 4 hour wait remains above target, ranking 2nd best performing Acute Trust in the West Midlands and in the upper quartile for national ranking at 5th.
- Patients with no criteria to reside improved during January 25, this remains below target.
- RTT incomplete waiting list size remains stable and below trajectory.
- 6 Week Wait (DM01) Diagnostic performance is currently 97.85% against a trajectory of 95.6% for the month. Cystoscopy is the biggest outlier, although performance is improving. Additional capacity has been procured from an outsourcing company.
- RTT 78 weeks was at zero for January 25.

ADVISE:

- Ambulance handover times (<15 & 30 mins and >60 mins) have all shown improvement during January 25, however, remain below target. Continued work with WMAS with regard to admission avoidance and use of alternative pathways.
- RTT 65 and 52 weeks were all above trajectory at the end of January 25. Additional sessions (theatres and diagnostics) to manage challenged specialities.
- Clock starts remain high; this is an increase of around 20% above 19/20 levels.
- Cancer 62 day – this remains a challenge, however, the Trust has been moved out of tier 1 after showing good improvement.

ALERT:

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Group Performance Report:
WHT Executive Summary:

ASSURE:

- Ambulance Handover within 30 minutes improved to 68.64% for January, WHT was 3rd best performing Acute Trust in the Midlands.
- 4-hour EAS national ranking in January was 46th best out of 122 reporting Acute Trusts and 6th in the Midlands region with 72.74% of patients admitted, transferred or discharged within 4 hours of arrival at ED.
- In December, 2 out of 3 national cancer metrics achieved the national thresholds.
- In January, the 18-week RTT incomplete performance is 67.70%, above the forecast trajectory. December's 2024 performance places the Trust top quartile at 17th (out of 122 reporting general Acute Trusts) and 1st regionally.
- The Trust's diagnostic performance for patients waiting less than 6 weeks for January is 95.83%, achieving the national threshold of 95% and ahead of trajectory. The Trust was top quintile, ranked 12th out of 122 acute Trusts nationally and 1st regionally.
- The Trust is delivering 119% of 2019/20 ERF-eligible activity.

ADVISE:

- UCR performance remained below the 70% national constitutional standard in January.
- The Trust did not deliver the standard of no patients waiting more than 65 weeks (1 patient choice)

ALERT:

- In January 2025, Type 1 ED attendances were 9,072, comparing to January 2024 (8,860). This represents a 2.39% increase, the eight highest monthly attendances on record with January showing common cause variation. Year to date (April 2024 – January 2025) total attendances are 92,123 compared to the same period in 2023/24 a 10.7% increase.
- Although the trust is still seeing high numbers of intelligently conveyed ambulances in January, there has been a significant reduction for the last 2 months

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RWT Performance Matrix:
This matrix provides an “at a glance” view of performance

VARIATION \ ASSURANCE	P	?	F	No Target
H / L		Last Minute Cancelled Ops - No Date <=28 days Cancer - 2 Week Wait Cancer - 28 Day Faster Diagnosis Total Time Spent in ED - % within 4 hours Theatres - Touch Time Utilisation	18 Weeks RTT - No. of 52 wk breaches 18 Weeks RTT - No. of 65 wk breaches 18 Weeks RTT - No. of 78 wk breaches Cancer - 31 Day Treatment Cancer - 62 Day Referral to Treatment Diagnostics - % within 6 weeks from referral	Cancer PTL - patients waiting 63 days and over Community Waiting List
—		No. of patients no longer reaching the Criteria to Reside Deliver % of Activity Delivered in 2019/20 (ERF) Maintain 80% virtual ward bed occupancy	Ambulance Handover - % within 15 mins	18 Weeks RTT - Clock Starts Type 1 ED attendances
H / L	18 Weeks RTT - Total Incomplete PTL	Ambulance Handover - % within 30 mins Ambulance Handover - % over 60 mins Delivery of 70% 2-hour Crisis Response Standard	18 Weeks RTT - % within 18 weeks - Incomplete Total Time Spent in ED - % over 12 hours	

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WHT Performance Matrix:
This matrix provides an “at a glance” view of performance

VARIATION	ASSURANCE: PASSING	ASSURANCE: HIT OR MISS	ASSURANCE: FAILING	ASSURANCE: No Target
IMPROVING			- 18 Weeks RTT - % Within 18 Weeks - Incomplete (WHT) - 18 Weeks RTT - No. of 52 wk breaches (WHT) - 18 Weeks RTT - No. of 65 wk breaches (WHT) - 18 Weeks RTT - No. of 78 wk breaches (WHT) - 18 Weeks RTT - Total Incomplete PTL (WHT) - Diagnostics - % within 6 weeks from referral (WHT)	
NOT CHANGING		- Last Minute Cancelled Ops - No date <=28 days (WHT) - Cancer - 2 Week Wait (WHT) - Cancer - 28 Day Faster Diagnosis (WHT) - Cancer - 31 Day Treatment (WHT) - Cancer - 62 Day Referral to Treatment (WHT) - No. of patients no longer meeting the Criteria to Reside - Theatres - Touch Time Utilisation (MH) (WHT)	- Community - Virtual Ward % Occupancy	- 18 Weeks RTT - Clock Starts (WHT) - Cancer - No. of patients waiting 63+ Days for treatment (WHT)
WORSENING		- Ambulance Handover - % within 30mins (WHT) - Ambulance Handover - % within 60mins (WHT) - Total Time Spent in ED - % within 12 Hours (WHT) - Total Time Spent in ED - % within 4 Hours (WHT) - Community - Urgent Care Response (UCR) 2 Hour Response	- Ambulance Handover - % within 15mins (WHT)	- Type 1 ED Attendances (WHT)

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Performance Dashboard - RWT

Performance Reporting - RWT

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
18 Weeks RTT - % within 18 weeks - Incomplete	Jan 25	51.47%	92.00%			58.38%	55.65%	61.12%
18 Weeks RTT - No. of 52 wk breaches	Jan 25	2173	92			2560	1911	3209
18 Weeks RTT - No. of 65 wk breaches	Jan 25	1	0			691	490	893
18 Weeks RTT - No. of 78 wk breaches	Jan 25	0	0			194	119	270
18 Weeks RTT - Total Incomplete PTL	Jan 25	89033	94545			76385	73128	79642
18 Weeks RTT - Clock Starts	Jan 25	17681	-			16342	12155	20529
Ambulance Handover - % within 15 mins	Jan 25	35.31%	65.00%			45.17%	28.08%	62.26%
Ambulance Handover - % within 30 mins	Jan 25	65.65%	95.00%			77.78%	60.42%	95.14%
Ambulance Handover - % over 60 mins	Jan 25	19.20%	0.00%			10.68%	-1.18%	22.54%
Last Minute Cancelled Ops - No Date <=28 days	Jan 25	0	0			0	-1	2
Cancer - 2 Week Wait	Jan 25	94.92%	93.00%			83.50%	69.24%	97.76%
Cancer - 28 Day Faster Diagnosis	Jan 25	76.61%	77.00%			72.56%	65.42%	79.69%
Cancer - 31 Day Treatment	Jan 25	84.91%	96.00%			83.36%	73.66%	93.06%
Cancer - 62 Day Referral to Treatment	Jan 25	62.58%	70.00%			48.74%	38.37%	59.11%
Cancer PTL - patients waiting 63 days and over	Jan 25	166	-			334	255	412
No. of patients no longer reaching the Criteria to Reside	Jan 25	66	89			87	38	135
Diagnostics - % within 6 weeks from referral	Jan 25	97.85%	95.50%			67.69%	59.03%	76.35%
Total Time Spent in ED - % over 12 hours	Jan 25	13.03%	0.00%			8.32%	4.48%	12.16%
Total Time Spent in ED - % within 4 hours	Jan 25	81.70%	78.00%			78.67%	73.93%	83.41%
Type 1 ED attendances	Jan 25	12006	-			12746	11172	14320
Deliver % of Activity Delivered in 2019/20 (ERF)	Jan 25	116%	115%			115%	111%	120%
Theatres - Touch Time Utilisation	Jan 25	90.35%	85.00%			88.04%	80.67%	95.41%
Maintain 80% virtual ward bed occupancy	Jan 25	114.00%	80.00%			102.83%	67.78%	137.88%
Delivery of 70% 2-hour Crisis Response Standard	Jan 25	67.50%	70.00%			74.85%	64.71%	85.00%
Community Waiting List	Jan 25	3281	-			5171	4045	6298

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Performance Dashboard – WHT

KPIs	Latest month	Measure	Trajectory	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
18 Weeks RTT - % Within 18 Weeks - Incomplete	Jan-25	67.70%	67%	92%			61.45%	58.95%	63.96%
18 Weeks RTT - No. of 52 wk breaches	Jan-25	246	241	0			963.17	728.50	1197.83
18 Weeks RTT - No. of 65 wk breaches	Jan-25	2	0	0			236.21	121.64	350.79
18 Weeks RTT - No. of 78 wk breaches	Jan-25	0	0	0			59.71	30.98	88.44
18 Weeks RTT - Total Incomplete PTL	Jan-25	28958	28319	27858			31191.07	29649.50	32732.64
18 Weeks RTT - Clock Starts	Jan-25	8257	8014				7740.23	6441.89	9038.56
Ambulance Handover - % within 15mins	Jan-25	21.25%	65%	65%			44.93%	30.34%	9.53%
Ambulance Handover - % within 30mins	Jan-25	68.64%	92%	95%			89.03%	77.87%	100.19%
Ambulance Handover - % within 60mins	Jan-25	84.14%	100%	100%			96.99%	91.74%	102.25%
Last Minute Cancelled Ops - No date <=28 days	Dec-24	2	0	0			2.52	-3.45	8.49
Cancer - 2 Week Wait	Dec-24	76.93%	93%	93%			76.96%	60.26%	93.67%
Cancer - 28 Day Faster Diagnosis	Dec-24	70.06%	77%	77%			74.36%	61.23%	87.49%
Cancer - 31 Day Treatment	Dec-24	98.67%	96%	96%			96.07%	89.56%	102.59%
Cancer - 62 Day Referral to Treatment	Dec-24	76.19%	70%	70%			75.00%	59.97%	90.04%
Cancer - No. of patients waiting 63+ Days for treatment	Jan-25	55					58.93	19.23	98.62
No. of patients no longer meeting the Criteria to Reside	Jan-25	53	83	68			46.22	20.62	71.82
Diagnostics - % within 6 weeks from referral	Jan-25	95.83%	95%	95%			85.33%	78.39%	92.27%
Total Time Spent in ED - % within 12 Hours	Jan-25	9.96%	2%	2%			4.48%	0.39%	8.57%
Total Time Spent in ED - % within 4 Hours	Jan-25	72.74%	78%	78%			75.50%	69.94%	81.07%
Type 1 ED Attendances	Jan-25	9072					8337.67	7050.62	9624.72
Deliver % of Activity Delivered in 2019/20 (ERF)	Jan 24 YTD	119.00%	106%	106%					
Theatres - Touch Time Utilisation (MH)	Dec-24	82.40%	85%	85%			82.80%	73.00%	93.00%
Community - Virtual Ward % Occupancy	Jan-25	66.25%	80%	80%			55.78%	38.43%	73.13%
Community - Urgent Care Response (UCR) 2 Hour Respon	Jan-25	52.64%	70%	70%			78.85%	60.42%	97.28%
Community - Waiting List - Total	Jan-25	3588							

Care Colleagues Collaboration Communities

ENC 9.3

Report title:	**Group Chief Financial Officer – Month 10 Financial Report 2024/25**
Sponsoring executive:	Kevin Stringer, Group Chief Finance Officer
Report authors:	James Green, Director of Operational Finance RWT Dan Mortiboys, Director of Operational Finance WHT
Meeting title:	Group Trust Board Meeting
Date:	18th March 2025

1. Summary of key issues *two or three issues you consider the PublicTB should focus on in discussion]*

This report presents the financial performance of the Group for the period April 2024 to January 2025, with the notable points being:

- Both Trusts are reporting a deterioration against plan in month, recording a combined adverse to variance to plan of £1.9m. The year-to-date variance to plan for the group is £11.8m.
- Performance against the Elective Recovery Fund target is positive with the Group performance being £8.4m ahead of plan year to date, mostly at WHT.
- The Group efficiency challenge for the year is £96.3m of which £71.9m was planned to the end of January. Actual delivery was £62.1m resulting in a group variance of £9.8m, largely contained to an unidentified target at RWT of £8.8m.
- Capital expenditure is £12.4m less than plan year to date due to timing differences and is forecast to meet plan at year end.
- Further cash support is not forecast to be required for the remainder of 2024/25.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
Care	- Excel in the delivery **Care**	☒
Colleagues	- Support our **Colleagues**	☒
Collaboration	- Effective **Collaboration**	☒
Communities	- Improve the health and wellbeing of our **Communities**	☒

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

Group Finance & Productivity Committee

4. Recommendation(s)

The Trust Board in Public is asked to:

a) Note the contents of the report

b) Receive the report for assurance

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
RWT Board Assurance Framework Risk SR15	☒	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☐	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☐	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☐	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☐	*Attracting, recruiting, and retaining staff*

WHT Board Assurance Framework Risk NSR104	☐	*Consistent compliance with safety and quality of care standards*
WHT Board Assurance Framework Risk NSR105	☒	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☐	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Group Financial Performance

for the month of January 2025

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

Care Colleagues
Collaboration Communities

I&E Summary

Overall, the Group position is off plan by £11.8m Year-to-date, £6.8m for RWT and £5.0m for WHT. This has deteriorated by £1.9m in month with RWT being £1.2m worse than plan and WHT being £0.7m worse than plan.

In-Month Income & Expenditure	RWT Plan M10 £m	RWT Actual M10 £m	RWT Surplus/ (Deficit) £m	WHT Plan M10 £m	WHT Actual M10 £m	WHT Surplus/ (Deficit) £m	Group position Plan M10 £m	Group position Actual M10 £m	Group position Surplus/ (Deficit) £m
Income	**85.6**	**86.2**	**0.6**	**33.9**	**40.2**	**6.3**	**119.5**	**126.4**	**6.9**
Expenditure									
Pay	53.1	53.2	(0.1)	22.9	24.8	(1.9)	76.0	78.1	(2.0)
Non Pay	20.4	20.7	(0.4)	4.9	6.0	(1.1)	25.3	26.7	(1.4)
Drugs	7.0	7.4	(0.4)	2.6	2.8	(0.2)	9.6	10.2	(0.6)
Other*	3.2	4.0	(0.9)	2.5	6.4	(3.9)	5.6	10.4	(4.8)
Total Expenditure	**83.6**	**85.4**	**(1.8)**	**32.9**	**40.0**	**(7.1)**	**116.5**	**125.3**	**(8.8)**
Net reported surplus/(Deficit)	**2.0**	**0.8**	**(1.2)**	**1.0**	**0.3**	**(0.7)**	**3.0**	**1.1**	**(1.9)**

Following the deficit support funding the adjusted RWT annual plan is £2.4m deficit from £52.9m, with £67.6m of efficiencies required. The adjusted YTD planned deficit at month 10 is £7.6m.
The profile of the monthly plan for the remainder of the year requires an in-month surplus (on average) of £2.6m per month.

Year-to-date Income & Expenditure	RWT Plan YTD £m	RWT Actual YTD £m	RWT Surplus/ (Deficit) £m	WHT Plan YTD £m	WHT Actual YTD £m	WHT Surplus/ (Deficit) £m	Group position Plan YTD £m	Group position Actual YTD £m	Group position Surplus/ (Deficit) £m
Income	**826.1**	**828.8**	**2.7**	**367.6**	**383.9**	**16.3**	**1,193.7**	**1,212.7**	**19.0**
Expenditure									
Pay	**526.3**	**525.9**	0.4	233.8	246.4	(12.7)	760.1	772.3	(12.2)
Non Pay	**203.0**	**204.8**	(1.8)	49.7	55.7	(6.0)	252.8	260.5	(7.8)
Drugs	**68.2**	**69.3**	(1.1)	24.8	25.9	(1.1)	93.0	95.1	(2.2)
Other(incl. depreciation)	**36.1**	**43.2**	(7.1)	63.1	64.7	(1.6)	99.3	107.9	(8.7)
Total Expenditure	**833.7**	**843.1**	**(9.5)**	**371.4**	**392.7**	**(21.3)**	**1,205.1**	**1,235.9**	**(30.8)**
Net reported surplus/(Deficit)	**(7.6)**	**(14.4)**	**(6.8)**	**(3.9)**	**(8.8)**	**(5.0)**	**(11.4)**	**(23.2)**	**(11.8)**

The WHT adjusted annual plan (following deficit support funding) is £1.2m deficit by year end from £24.9m, with £28.7m of efficiencies required. The adjusted YTD planned deficit at month 10 is £3.9m.
The profile of the monthly plan for the remainder of the year requires (on average) £1.4m surplus per month to hit plan.

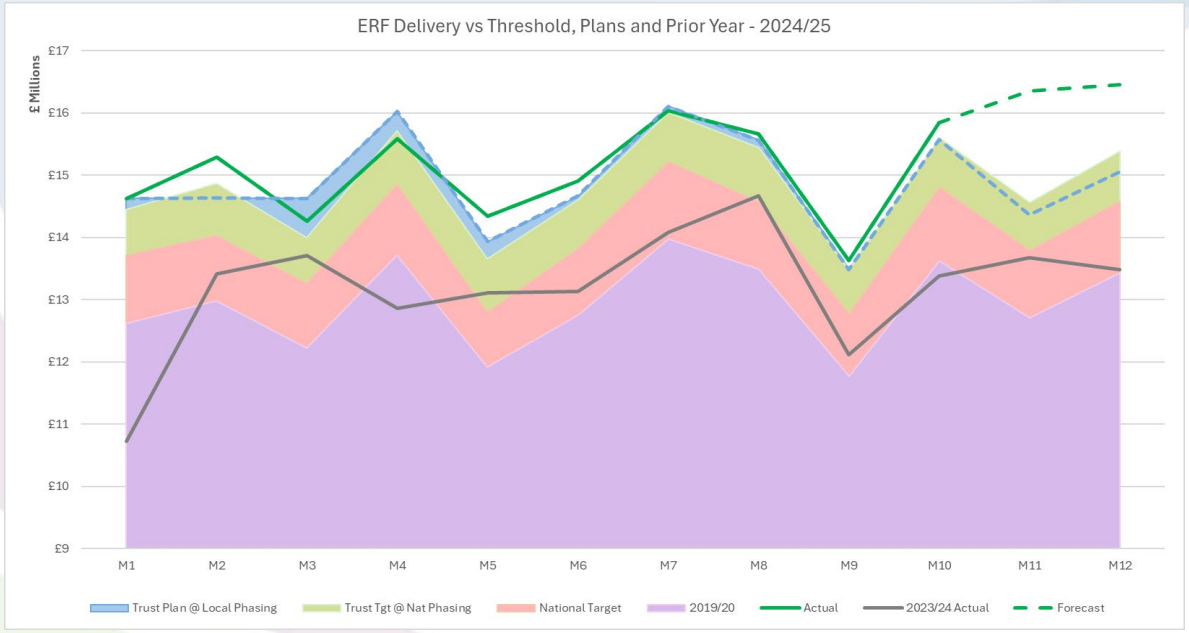
Key month 10 items within the position

These include:

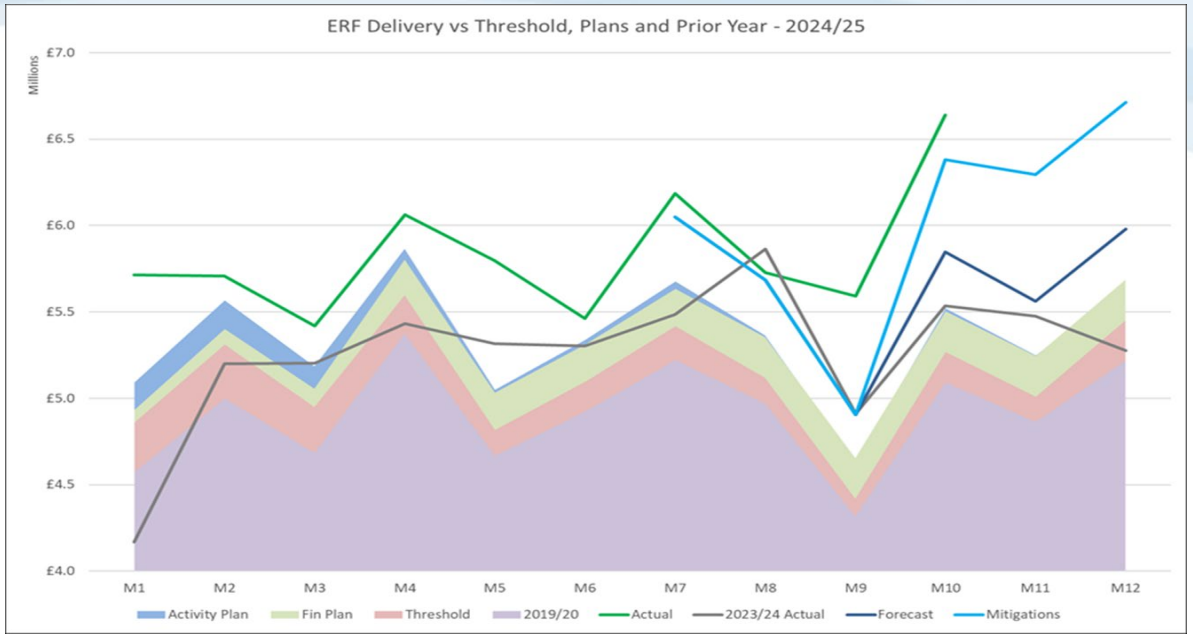
- **Income** over-performed against plan by £6.9m in month, with an overperformance of £0.6m at RWT and £6.3m at WHT. This included income support for MMUH, overperformance on Education and Training income and continued overperformance on ERF. ERF overperformance in month was £2.0m for WHT and £0.5m for RWT. This took the YTD overperformance across all income lines to £19.0m (of which £8.4m is ERF), with income overperformance offsetting relatable expenditure.
- **Pay** is £2.0m adverse in month and £12.2m adverse YTD, with RWT being £0.4m better than plan and WHT being £12.7m above plan YTD due to MMUH impact, capacity ward funding ceasing, premium temporary staff and industrial action.
- **Non-Pay** is overspent by £1.4m in month and £7.8m YTD, primarily at WHT around activity, including ERF and in/outsourcing. Both organisations have pressures around utilities, insulin pumps and other excluded devices.
- **Drugs** had an overspend of £0.6m in month and is overspent YTD by £2.2m. These are largely associated with activity and high-cost drugs which remain under block funding arrangements across both organisations.
- **Efficiency performance** was £1.8 adverse to plan in month, £9.8m adverse YTD, this is mostly at RWT with £8.7m and largely due to steep increase in CIP target not being identified. Workforce reductions are behind plan at both organisations but are partially being offset by other pay underspends and CIP over performance elsewhere. The plan is substantially phased into the second half of the financial year and the challenge of identifying schemes to deliver up to 7.7% cash releasing savings is very significant. The Group Committees and Board receive reports at each meeting regarding progress in identifying and implementing expenditure reduction schemes.
- **Recovery plan** – The Q4 Recovery plan is designed to deliver cost reductions of £10m across the Group commencing January. Whilst some schemes delivered as expected, RWT was broadly £0.45m away from plan in month.

ERF Performance - 2024/25 YTD M10

RWT



WHT



Activity Plan Fin Plan Threshold 2019/20 Actual 2023/24 Actual Forecast

Assumptions & Basis

Technical ERF guidance and adjusted ERF thresholds have been be published and adopted.

- POD and divisional targets are based on activity plans agreed with services during the planning round, this is presented by the blue area, this is more accurate regarding expected delivery.
- The financial plan and how we get monitored and paid by the national team is represented by the green area, which is the same total plan delivery but phased in-line with the national threshold phasing.
- Thresholds and divisional targets may change upon adoption of any new investments
- The activity plan target as a percentage of 19/20 baseline is 115% for RWT and 110% for WHT. As at month 10 RWT is performing at 115% and WHT is at 119%.
- If the forecast ERF position is achieved, it would deliver 118% for RWT and 120% for WHT. The Trusts are awaiting confirmation as to whether additional ERF to meet this level can be accessed considering a national cap on the fund.

CIP Performance YTD

	RWT				WHT				Group position			
	Annual Plan £m	Plan YTD £m	Actual YTD £m	Variance £m	Annual Plan £m	Plan YTD £m	Actual YTD £m	Variance £m	Annual Plan £m	Plan YTD £m	Actual YTD £m	Variance £m
Key schemes												
Workforce & Pay Reductions	22.4	15.8	11.3	(4.5)	9.8	7.2	4.4	(2.8)	32.2	23.0	15.7	(7.3)
Out of System contracts	7.3	6.1	6.1	0.0	6.5	5.1	5.1	0.0	13.8	11.2	11.2	0.0
Other Income and Coding	2.5	0.9	1.3	0.4				0.0	2.5	0.9	1.3	0.4
ERF stretch	2.1	2.5	4.2	1.7	4.5	3.4	4.1	0.7	6.6	5.9	8.3	2.4
Other Productivity	10.2	10.2	10.2	0.0				0.0	10.2	10.2	10.2	0.0
Pathology Network	0.9	0.7	0.6	(0.1)					0.9	0.7	0.6	(0.1)
Medicines management	1.1	1	1.3	0.3	0.6	0.5	0.6	0.1	1.7	1.5	1.9	0.4
Procurement	2.4	0.9	1.7	0.8	2.0	1.0	1.1	0.1	4.4	1.9	2.8	0.9
Diagnostic & other clinical services	4.3	2.2	3.7	1.5					4.3	2.2	3.7	1.5
Divisional & other schemes (pipeline)	0.7	0.4	0.4	0.0	3.4	4.1	4.9	0.8	4.1	4.5	5.3	0.8
Previously unidentified	2.7	1.1	1.1	0.0				0.0	2.7	1.1	1.1	0.0
Unidentified - remaining	11	8.8	0	(8.8)	1.9			0.0	12.9	8.8	0.0	(8.8)
Net reported surplus/(Deficit)	**67.6**	**50.6**	**41.9**	**(8.7)**	**28.7**	**21.3**	**20.2**	**(1.1)**	**96.3**	**71.9**	**62.1**	**(9.8)**

The total efficiency challenge in 24/25 for the group is £96.3m; RWT £67.6m, WHT £28.7m.

In month 10 RWT underperformed by £1.3m against a plan of £8.5m, WHT underperformed by £0.5m against a plan of £3.5m. The year-to-date shortfall against plan as at month 10 is £9.8m YTD and predominantly related to RWT and contained within Workforce schemes and the balance of unidentified schemes. The CIP target for the remainder of Q4 continues at this more challenging level.

Unidentified CIP against FY plan is £12.9m, £11.0m for RWT and £1.9m for WHT.

Workforce reduction targets are behind plan and are unlikely to deliver the full year target.

Statement of Financial Position

Key SOFP Items for each Trust are as follows:

- RWT – Trade and other receivables movement of £5.7m includes timing of accrued income including ERF. Trade and other payable includes £6.3m of managed service contract for BCPS and pharmacy stock. Tangible Assets and Liabilities are both impacted by renewals of GEM Centre and Phoenix Centre leases. Most of the movement in Other Financial Liabilities relates to deferred income non recurrent projects such as PASEMR.
- WHT - Trade receivables are high YTD due to LA, ERF, SDF and variable diagnostics performance. Trade payables/accruals have reduced from March 24 due to the payment of invoices and release of balance sheet provisions within the plan. This is also reflective of the current cash balance movements. MMUH support is expected to be cash backed.

Capital

- Whilst capital has been under pressure in 24/25 additional resources have been made available by NHSE and successfully secured by RWT and WHT.
- During the year WHT received an extra £6m of capital funding to expand UEC facilities in light of MMUH opening (and Sandwell A&E closing). Through a short form business case, this funding has now been cash backed by NHSE.
- Capital expenditure Year to Date is £43.6m (£32.2m RWT and £11.4m WHT) an underspend of £12.4m (£5.9m RWT and £6.4m WHT). Within this £7.8m relates to PSDS grant funded schemes and donated assets (£4.0m RWT and £3.8m WHT).

Cash

- Following the receipt of YTD cash backed deficit support, both organisations have increased cash reserves. Further cash support is not forecast to be required for 24/25, depending on the realisation of risks and mitigations.

Better Payment Practice Code

- The Trust has a national target to reach 95% of invoices, in value and volume, to be paid within 30 days of receipt.

Both organisations have been impacted by working capital management and are below the target YTD. RWT met the target in month.

BPPC Performance	RWT In-Month	RWT YTD	WHT In-Month	WHT YTD
Value	96%	93%	93%	87%
Volume	95%	88%	92%	91%

STATEMENT OF FINANCIAL POSITION Statement of Financial Position for the month ending January 2025	RWT Mar 2024 Actual	RWT Jan 2025 Actual	RWT Movement YTD	WHT Mar 2024 Actual	WHT Jan 2025 Actual	WHT Movement YTD
NON CURRENT ASSETS	£000	£000	£000	£000	£000	£000
Property,Plant and Equipment - Tangible Assets	518,093	521,804	3,711	249,613	249,584	(29)
Intangible Assets	7,472	7,820	348	8,284	7,486	(798)
Other Investments/Financial Assets	11	11	(0)			0
Trade and Other Receivables Non Current	1,116	1,116	0	1,463	1,225	(238)
PFI Deferred Non Current Asset	1,597	1,920	323			0
TOTAL NON CURRENT ASSETS	**528,290**	**532,671**	**4,381**	**259,360**	**258,295**	**(1,065)**
CURRENT ASSETS						
Inventories	9,049	4,184	(4,865)	3,802	3,402	(400)
Trade and Other Receivables	45,357	51,088	5,731	31,044	29,824	(1,220)
Cash and cash equivalents	29,457	25,741	(3,716)	20,062	26,662	6,600
TOTAL CURRENT ASSETS	**83,863**	**81,013**	**(2,850)**	**54,908**	**59,888**	**4,980**
TOTAL ASSETS	**612,152**	**613,684**	**1,532**	**314,268**	**318,183**	**3,915**
CURRENT LIABLILITES						
Trade & Other Payables	(95,216)	(88,957)	6,259	(59,035)	(48,704)	10,331
Liabilities arising from PFIs / Finance Leases	(11,792)	(8,592)	3,200	(9,417)	(14,368)	(4,951)
Provisions for Liabilities and Charges	(2,171)	(2,458)	(287)	(156)	(156)	0
Other Financial Liabilities	(8,881)	(19,097)	(10,216)	(442)	(2,953)	(2,511)
TOTAL CURRENT LIABILITIES	**(118,061)**	**(119,104)**	**(1,043)**	**(69,050)**	**(66,181)**	**2,869**
NET CURRENT ASSETS / (LIABILITIES)	**(34,198)**	**(38,091)**	**(3,893)**	**(14,142)**	**(6,293)**	**7,849**
TOTAL ASSETS LESS CURRENT LIABILITIES	**494,091**	**494,580**	**489**	**245,218**	**252,002**	**6,784**
NON CURRENT LIABILITIES						
Trade & Other Payables	(179)	(20)	159			0
Other Liabilities	(23,915)	(32,229)	(8,314)	(180,952)	(175,119)	5,833
Provision for Liabilities and Charges	(1,437)	(1,437)	(0)	(290)	(290)	0
TOTAL NON CURRENT LIABILITIES	**(25,531)**	**(33,686)**	**(8,155)**	**(181,242)**	**(175,409)**	**5,833**
TOTAL ASSETS EMPLOYED	**468,561**	**460,894**	**(7,667)**	**63,976**	**76,593**	**12,617**
FINANCED BY TAXPAYERS EQUITY						
Public Dividend Capital	316,202	319,870	3,668	256,563	274,422	17,859
Retained Earnings	39,091	28,030	(11,061)	(261,266)	(266,508)	(5,242)
Revaluation Reserve	114,495	114,223	(272)	68,679	68,679	0
Financial assets at FV through OCI reserve	(1,418)	(1,418)	0			0
Other Reserves	190	190	0			0
TOTAL TAXPAYERS EQUITY	**468,561**	**459,803**	**(8,757)**	**63,976**	**76,593**	**12,617**

The Royal Wolverhampton NHS
NHS Trust

Title of Report	Exception Report from Audit Committee	Enc No: 9.4
Author:	Julie Jones, Chair of RWT Audit Committee	
Presenter:	Julie Jones, Chair of RWT Audit Committee	
Date(s) of Committee Meetings since last Board meeting:	11 February 2025	

Action Required

Decision	Approval	Discussion	Received/Noted/For Information
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• An internal audit report on the Grip & Control action plan was awaiting finalisation at the date of the meeting. In view of its importance it was agreed to schedule an additional Audit Committee meeting (scheduled for 20 March), with Alan Duffell in attendance, to scrutinise the outcome of the Grip and Control audit and provide answers to members questions on the Workforce Planning – Nurse Bank Usage review.	• BAF improvements were noted to be continuing, including incorporating risk appetite, risk tolerance and a risk trajectory. • External auditors, Grant Thornton, provided an update on progress with the March 2025 external audit.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Good outcome from NHS England review of cyber risk management, with 3 remaining high risks relating to the lack of network access control, password management and patch management. Work is underway in all three areas to mitigate the risks identified. • Internal audit follow up reports were received in respect of Ophthalmology, and in respect of the Cost Improvement Programme. Good progress was noted in both areas. • Internal audit gave 'reasonable assurance' on Workforce Planning – Nurse Bank Usage. • Assurances on the continued operation of the Counter Fraud function, with preparation of the 2025/26 annual work plan in progress. • The Committee reviewed the outcome of its self-assessment of its own effectiveness, noting the consistently positive feedback and areas for improvement.	• Recommend approval of losses and special payments write offs to Board.

NHS
Walsall Healthcare
NHS Trust

Title of Report	Exception Report from Audit Committee	Enc No: 9.4
Author:	Mary Martin, Non-Executive Director	
Presenter:	Mary Martin, Chair Audit Committee	
Date(s) of Committee Meetings since last Board meeting:	10 February 2025	

Action Required

Decision	Approval	Discussion	Received/Noted/For Information
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The Internal Audit Report on Effective Rostering and use of Temporary Workforce Follow Up was given a Minimal Assurance rating with the comment urgent action is required to strengthen the control framework to manage the identified risk. The roll out of the Allocate system is being held back by lack of funding for an implementation team so departments not using Allocate are still on spreadsheet systems where there is a lack of procedures and central oversight. There has also been a failure to address noncompliance with e-Rostering policy for those areas using Allocate. Lack of staffing resources is a major contributor and WHT/RWT are discussing closer working in this area. • The Internal Audit findings report for Key Financial Controls: Grip and Control Action Plan concluded that not all actions are SMART and so determining if they have been completed is difficult. The focus was on Headcount and Cash Management. A number of recommendations were raised and are due to be addressed by 31.03.25. • The recommendation tracker shows there are 22 overdue management actions. The committee has decided to require the lead Executive for any overdue action to attend the next Audit Committee, set out the mitigations in place to control the risk in the short term and set a new target date for implementation. • As of the date of the committee meeting it was expected that the Head of Internal Audit	• The Internal Audit plan for 25/26 is to be finalised by the executive and approved by email circulation to the committee before the end of the current year. • The committee self-assessment has been deferred to September due to the changes in the committee members and attendees. • The Annual work plan for the committee is to be reviewed and revised and once finalised logged in attendees' diaries. • The review of updated SO and SFI have been deferred to June. This is to allow time for harmonisation between WHT and RWT where possible and incorporate the new structures at Board and Committees. Approval should be at July Board.

Opinion would be lower than last year and could be highlighting there are weaknesses in the framework of Governance. • The Local Counter Fraud Service continue to report timesheet and payroll investigations which triangulates with the Internal Audit Report which highlighted gaps in control.	
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• A Demo of the Datix system allowed the committee to see the scope of the new system and the ease of carrying out the monthly risk reviews. • The Cyber Security Update reported that an NHSE cyber assessment noted 14 Cyber risks have either been remediated or are part of planned improvements with known actions	• The Local Counter Fraud Service work plan for 25/26 was approved • The External Audit plan for the 2024/25 audit and the auditor's fee were approved.

Title of Report	Exception Report from Quality Committee	Enc No: 9.5
Author:	Name and Position: Professor Louise Toner - NED	
Presenter:	Name and Position: Professor Louise Toner – NED	
Date(s) of Committee Meetings since last Board meeting:	31st January and 28th February 2025.	

Action Required

Decision	Approval	Discussion	Received/Noted/For Information
Yes☐No☐	Yes☐No☒	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
An unannounced CQC assessment of Medicine took place on the 8th and 9th January 2025 with a focus on Medicines Management, elderly care discharge safety and safeguarding; the review is ongoing. An unannounced CQC visit took place on the 26th and 27th February 2025 to Critical Care. Initial feedback was received, and the visit is ongoing. Following the visit in December by the Environment Agency (EA) to Nuclear Medicine a report has been received, and an action plan is in place to address noncompliance issues. The service is not currently operational; however, it is anticipated it will resume in March. The EA will conduct a revisit once the service resumes. Urgent and Emergency Care (UEC) pressures continue with decreases in both 4-hour (72.7%) and 30-minute (68%) metrics. There were 9.96% of patients who waited more than 12hours in ED. The biggest challenge is the availability of medical beds. The numbers of patients who met the criteria for discharge rose in December but reduced again in January to 40. Performance in respect of the delays in discharge remains good at 2 days. Ward 5, with 24 beds, is due to close on the 28th of February. The number of attendances in ED has increased overall, due to the MMUH development, the full impact of which remains unclear. The number of intelligently conveyed ambulances remains high but has decreased over the past 2 months. Challenges remain with the care of individuals with mental health issues, with no Responsible Clinician in place, despite ongoing discussions with Black Country Healthcare. The shortage of mental health beds is	The contract with Black Country Health Care for a Responsible Clinician has not been completed. Staffing numbers within maternity remain challenging, because of sickness and maternity leave. This, together with annual leave and mandatory education and training, creates a 21% staffing gap. Staffing challenges have resulted in delays in care until safe to proceed. A business case is being considered due to the new Birthrate Plus recommendations. A thematic review of Preterm births is taking place given WHT is an outlier in this area. The Local Maternity and Neonatal System is conducting a broader review of preterm births across the system A weekly review of nurse sensitive indicators e.g., pressure ulcers, observations on time, care hours per patient day is being undertaken to determine any impact of staffing issues – temporary or substantive on the performance of these indicators. A proposal to relocate Stroke Rehabilitation Services from Walsall Manor Hospital to West Park Hospital was presented to the Transformation and Integration Committee who asked for it to be considered at the Quality Committee. As the project is under development and will require funding for refurbishment together with staff and patient consultation, discussion will be ongoing. The Trust will receive a decision regarding its compliance with the Data Security and Protection Toolkit in March, following initial assessment in June 2024. However, there have been changes to the process with the introduction of the Cyber Assessment Framework that aligns with DSPT which requires parts of the organisation to work more collaboratively to

resulting in patients waiting in ED for prolonged periods. The Child and Adolescent Mental Health Service is only available 8-6pm to assess children and young people in crisis resulting in delays of 4-9 hours but can be longer. These all increase the pressure on an already pressurised ED. There has been another increase in pressure ulcers in both hospital and community settings, with resultant low to moderate harms identified in which Duty of Candor has been enacted. Plans are in place to implement Purpose T (a risk assessment tool) in ED and use actual beds for patients as required where there are long waits. A range of audit activities are being undertaken, including by a subject matter expert to try and reduce the risk of pressure ulcer development. Whilst Falls have improved in month there has been an overall increase over the past 5 months but still within tolerance levels. As a result, a Falls Prevention Shared Learning Forum has been established, and the Quality Lead for Falls continues to examine all falls. WHT is one of seven Trusts in the midlands who have a high incidence of C Difficile and as a result the ICB and Regional IPC Lead will be conducting a peer review programme across the provider trusts. Care Hours per Patient Day shows a small decrease in performance in January. Currently there are 126 nursing and Midwifery vacancies within the Trust. The decision to pay staff at the lowest point in their band for bank work has not been well received. This has just been introduced so the full impact is yet to be determined. However, there have been some planned weekend operating lists cancelled due to lack of staff. Children in Care Q3 report and the Safeguarding Summary Q3 Report highlight ongoing challenges in meeting mandatory training requirements, particularly Level 3 Safeguarding. A deep dive into the possible reasons for this has been conducted and actions are now in place. The Multiagency Safeguarding Hub in Walsall receives more referrals than any of the other Black Country Hubs but it is the least resourced. A deep dive is taking place to understand the reasons for this. The Trust currently supports funding this activity, but as of 1/1/2025, this will cease. Overall, there is increased demand with limited capacity for Safeguarding Services.	evidence the achievement of the standards. An initial submission based on the new process was required in December 2024 identified that the Trust had “Not Met” the required standards. The final submission is in June 2025. There is a requirement for an independent audit of the Trust self-assessment for 20024/5 and this will take place in March 2025.

POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
There was a drop in the Cancer performance metrics for 28 days (70.06%) against a 77% target, due to challenges within the breast team which are now resolved. Elective care continues to perform well and is on track to have no patients waiting beyond 52 weeks by March 2025 for all bar orthopaedic patients. Urgent Community Response performance is beginning to show improvements following the introduction of a new triage system. Funding has been secured to increase the usage of virtual wards through “Ask Earl” which will stream patients based on set criteria rather than waiting for a clinical decision. The 7 RAT cubicles continue to be used as Temporary Escalation Space, but there have been no instances of corridors used for patients during January. Martha’s rule is continuing to have a positive impact and has resulted in 3 patients moving to ICU since its implementation in November. Perinatal and stillbirth rates have improved in January with the Trust on track to achieve the national target of a 50% reduction in perinatal mortality. Data is demonstrating that the incidence of Moisture Associated Skin Damage remains low. Venous Thromboembolism Compliance whilst improving slightly remains below the required national target. Sepsis, whilst still not reaching the set metrics, is improving with the trust’s performance in administering antibiotics with 1 hour above the national average. Observations on time are showing some slight improvement in some but not all areas but remain below the 90% target.	Following permission from the Group Trust Board in January, the Quality Committee approved the Clinical Negligence Scheme for Trusts (CNST) Compliance submission. The committee endorsed the recommendation arising from the Health and Safety Committee Q1-3 2024/25 report that Health and Safety for Leaders Training become Mandatory. The committee received the first Health Inequalities Report that will be an addendum to the annual report moving forward.

Title of Report	Exception Report from Quality Committee	Enc No: 9.5
Author:	Professor Louise Toner - NED	
Presenter:	Professor Louise Toner -NED	
Date(s) of Committee Meetings since last Board meeting:	29th January and 26th February 2025	

Action Required

Decision	Approval	Discussion	Received/Noted/For Information
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
The Trust has been deescalated to Tier 2 regional scrutiny given the improved performance in the Trusts cancer metrics. The 62 day wait whilst improving remains a challenge with urology, gynaecology and histopathology – the latter due to additional activity and some sickness impacting on turnaround times. Actions including mutual aid are in place to further improve performance. However, the Trust is on track to meet the national target of 70% in March. It was reported that the funding expected for Lung Health Checks will not be available for Wolverhampton and Walsall until 26/27. This is being explored further given Sandwell and Dudley are in receipt of funding so inequity across the Black Country. There was one new Red Risk added to the Corporate Risk Register **Risk 6398 Boston Field Safety Notice – Risk of failure of Pacemakers.** All patients affected (312 of which 88 are still in the Trusts care) have been identified and actions are ongoing to facilitate battery changes by the end of March 2025. The notes of deceased patients are being reviewed to determine if any of the deaths were due to battery failure. The increased demand for home dialysis is significantly outstripping capacity. This is currently being considered by the specialist commissioners. As a result of the number of cases of MRSA in the Neonatal Unit, NHSE and the ICB were invited to review the improvement plans developed to manage the situation. No specific source to account for the increase in cases has been identified and the action plans developed are ongoing. The ICB commended the improvement that had taken place since their visit in May 2024. The stroke metrics for patients being seen and assessed within 24 hours continues to perform significantly below target as a result of the increase in service demand. Patients are being cared for in other medical wards/areas e.g., Walsall until they can be assessed and where possible moved to the Stroke Unit. In January only 23 out of 45 patients were seen within 24 hours. There are a range of stroke-related	The contract with Black Country Health Care for a Responsible Clinician has not been completed. Internal Audit are currently reviewing the revised processes associated with Transient Ischaemic Attack (TIA) to determine if they are sufficiently robust and if there could be changes to improve performance. Whilst the nurse sensitive indicators are within tolerance levels e.g., pressure ulcers, observations on time, falls, these continue to be closely monitored to determine any impact resulting from the current staffing challenges. Following the external Mortality Review re Stroke Mortality in November 2024, the action plan developed is ongoing. Whilst staffing within Maternity is at establishment (Birth Rate Plus 21/22), patient acuity, sickness and maternity leave are impacting on staffing compliance in the intrapartum areas. A new Birth Rate Plus assessment is due in September 2025 with planning for the required submission commencing imminently. Following discussion regarding pressure ulcers and chronic wounds more generally, it was agreed to explore this further in terms of

activities taking place prior to and following the visit by the Royal College of Physicians so this is being closely monitored, and a comprehensive report will be presented at a future committee. RWT is one of 7 NHS trusts in the Midlands identified as outliers due to the high incidence of C Difficile, alongside the other Acute Trusts in the Black Country. The ICB and Regional ICP Lead will be conducting a peer review programme across provider trusts. There has been an increase in the number of hospital acquired pressure ulcers still within tolerance, in the Trauma and Orthopaedic wards, with long waits in ED identified as a theme. Bed availability has been optimised to enable at risk patients to be nursed on a bed rather than a trolley. A range of other actions are in place some involving the Patient Safety Team. 271 adults and 48 children and young people (CYP) with mental health issues presented at ED during January an increase of 37 and 13 respectively from December attendances. The CYP service only operates 8an-6pm resulting in long waits for assessments to take place. For adults, the lack of specialist beds results in long waits – estimated to be approximately 42 days across all adult admissions adding further pressure to ED. Actions are in place to assist both staff and patients. There has been a 25% increase in complaints in January (44) compared to December with Renal and Stroke accounting for the highest increases. General care is a recurring theme, for Stroke this has been because of proactive engagement and feedback sought. The Patient Relations/Experience Teams are overseeing and monitoring the required actions with Directorates and Divisions. The decision to pay staff at the lowest point in their band for bank work has been received as expected. This has just been introduced so the full impact is yet to be determined. However, there have been some planned activities cancelled due to staff cancelling pre booked shifts.	numbers of patients, district nursing time and associated costs.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
Whilst ambulance handover times improved in January, they remain below target across all metrics. Ongoing work is taking place with WMAS to initiate alternative pathways – e.g., “Call before Convey” to avoid hospital admission. 12.14% of patients spent in excess of 12 hours in ED – an improvement of 1.73% over December. The Rapid Intervention Team activity continues to increase. Virtual Wards had a slight dip in usage in January but overall above target. Crisis response (2 Hours) improved slightly but remains below the set target. A number of actions are in place to further improve what is an already good performance. A Sepsis dashboard is now available which will enable the Sepsis Team, Ward Managers and Matrons to analyse a wealth of information across the Trust to support staff in achieving the required level of compliance and improve patient outcomes. There have been more staffing RAG Red rated compounded by Vacancy approval processes, increased sickness and more latterly	Following permission from the Group Trust Board in January, the Quality Committee approved the Clinical Negligence Scheme for Trusts (CNST) Compliance submission. The committee endorsed the recommendation arising from the Health and Safety Committee Q1-3 2025/5 report that Health and Safety for Leaders Training become mandatory. The committee received the first Health Inequalities Report that will be an addendum to the annual report moving forward.

bank shift cancellations. Vacancy approval process has been improved which should help to facilitate a timelier recruitment process. A team of Bank Mental Health Support Nurses are being recruited, a collaboration with Black Country Mental Health to end agency costs is in development for Support staff in the immediate and qualified Mental Health Nurses in the Summer on their bank when specialized skills are required. Following the results of the internal audit in respect of Opthalmology Waiting Lists, the Quality Committee will have oversight of this moving forward. A pilot supporting the introduction of Matha's rule in paediatrics is underway with the support of the ED Outreach team. The Family and Friends Test reached the trust target of 92% with ED improving in January by 6%. The Standard Hospital Level Mortality Indicator (SHMI) remains within the expected range 0.986 and more recently 1.006, which is showing a slight increase. However, there are 5 diagnostic groups which have higher SHMI levels than expected: Acute Myocardial Infarction, Epilepsy and Convulsions, Pneumonia, Acute Cerebrovascular Disease, Biliary Tract Disease and Digestive, Anal and Rectal Conditions. A range of actions are in place as appropriate to each situation.	

Tier 1 - Paper ref:	ENC 9.6

Report title:	Chief Nursing Officer Summary Report
Sponsoring executive:	Chief Nursing Officers: Debra Hickman, and Lisa Carroll
Report author:	Deputy Chief Nursing Officers: Amy Boden, and Christian Ward
Meeting title:	Chief Nursing Officers Report for RWT & WHT
Date:	18th March 2025

1. Summary of key issues *two or three issues you consider the* PublicTB *should focus on in discussion]*

This report provides an overview of key quality, safety and professional matters from the Chief Nursing Officer Reports discussed at Trust Quality Committees on 26th and 28th February, 2025.

RWT:

- The Martha's Rule/ Call for Concern pilot is now phasing to Trust wide roll out for adult and paediatric inpatient settings from 3rd March 2025.
- An invited visit from NHS England and the Integrated Care Board (ICB) took place on 24th January, 2025 to review ongoing improvement actions within the Neonatal unit due to ongoing prevalence of MRSA acquisitions formal feedback awaited
- For 2024/25 the Trust have exceeded the annual trajectory of *Clostridioides difficile* (C. diff) with 110/81 cases, with 15 in month.
- Following the unannounced CQC visit in October 2024 and positive verbal feedback, the Maternity Directorate report received at time writing for factual accuracy.
- Overall hospital pressure ulcer incidence has shown a significant rise in month whilst remaining in tolerance limits.

WHT:

- *C.difficile* infections remain below the set target for 2024/25 based on the current trajectory.
- The temporary escalation space was used in December 2024 but not in January 2025.
- HSDU Business Continuity Incident has occurred and been resolved with a new agreed SOP around safe decontamination of metal trays which are better suited to heavy Orthopaedic instruments.
- Vacancies continue to rise in Nursing workforce (currently 126 vacancies from 115 in November 2024).
- The annual Workforce safeguards Report was presented at Group People committee in January 2025

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

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

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

Contents of the paper have been discussed at Trust Management Committee (TMC) and Quality Committee.

4. Recommendation(s)

The Public Trust Board is asked to:

Receive the paper for Assurance.

Note the work undertaken by the Chief Nursing office to drive continuous improvements in the provision of high quality of care and patient experience and contribute to the successful achievement of the Trusts Strategic objectives.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*		
RWT Board Assurance Framework Risk SR15	☒	*Financial sustainability and funding flows.*
RWT Board Assurance Framework Risk SR16	☒	*Activity levels, performance and potential delays in treatment.*
RWT Board Assurance Framework Risk SR17	☒	*Addressing health inequalities and equality, diversity and inclusion.*
RWT Board Assurance Framework Risk SR18	☐	*Potential cyber vulnerabilities and data breaches.*
WHT Board Assurance Framework Risk NSR101	☐	*Data and systems Security (Cyber-attack)*
WHT Board Assurance Framework Risk NSR102	☐	*Culture and behaviour change (incorporating Population Health)*
WHT Board Assurance Framework Risk NSR103	☐	*Attracting, recruiting, and retaining staff*
WHT Board Assurance Framework Risk NSR104	☐	*Consistent compliance with safety and quality of care standards*
WHT Board Assurance Framework Risk NSR105	☐	*Resource availability (funding)*
WHT Board Assurance Framework Risk NSR106	☐	*Equality, Diversity, and Inclusion (incorporating Staff, Patients and Population Health)*
Corporate Risk Register [Datix Risk Nos]	☐	
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date: N/A		

Group Board

Report to the Public Trust Board on 18th March 2025

Chief Nursing Officers Report

1. Executive Summary

1.1. This report provides an overview of January's position and discussion at February Trust committees regarding key Nursing and Midwifery recruitment and retention activities and Nurse-Sensitive Indicators (NSIs). In addition, it provides updates pertaining to wider quality initiatives.

2. Mutual Group Actions

2.1. Quality and Patient Experience

2.1.1. Continued close monitoring of Nurse-Sensitive Indicators in connection with scrutiny of safe staffing demonstrates no significant adverse changes in pressure ulcers, falls and observations on time, however it is noted the impact on staff morale.

2.1.2. Both Trusts paused the Clinical Accreditation programme in January to enable further support to clinical areas during winter pressures. This programme has been reconvened for February with a planned revision of tools and methodology in readiness for the launch of the updated Group Quality Framework.

2.1.3. The current Group Quality Framework will be completed at close of March 2025. Following analysis of staff feedback, accreditation reports and key quality metrics, a new Quality Framework for 2025-2028 is in the final stages of development for launch in the new financial year. The Framework consists of three overarching pillars: Quality and Patient Experience, Workforce and Education, Research and Digital. To support operationalising the Quality Framework across all sectors, plans include promotion of the Quality Improvement Huddle Boards to embed key milestones for action at a local level.

2.2. Temporary Staffing Controls

2.2.1. Further enhanced workforce controls were introduced on 13th January 2025 for Nursing, Midwifery and AHP temporary staffing booking scrutiny. The proposed roster rules aim to further scrutinise temporary staffing requirements in line with roster performance and assurances regards roster efficiency. Approval level for exceptions now rest with Head of Nursing/Divisional Director of Nursing level for on the day to 72hr requests and CNO for 72hrs onwards in addition the ongoing weekly confirm and challenge with the Trust Chief Nursing Officer.

2.2.2. Bank rate reduction is due to occur on 1st March 2025, all bank rates for nursing staff will reduce to the starting rate on the Agenda for Change pay scale for that AfC band. There is particular interest in this move from unions, and there is a risk of reduced fill rates and reduced staffing levels as staff choose not to work for the reduced levels of pay.

2.3. ICB *Clostridiodes difficile* (C. diff)

2.3.1. Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust have been identified along with six other Trusts in the West Midlands (including all four acute general providers in the Black Country) as outliers in the number of *Clostridioides difficile* cases. In

response, the acute providers in the system have agreed to support a peer review programme led by the ICB and Regional IPC Lead.

3. **RWT Update**

3.1. Quality and Patient Experience

3.1.1. Quality Committee discussed key interventions in improving oral health in Stroke care, which has influenced the development of an incoming Trust-wide group focused on multi-modal interventions for the prevention of healthcare acquired pneumonia. This multi-disciplinary group will include surveillance of mortality, infections, quality audits and provisions for mouth care, leading to focused interventions for areas of higher incidence at the trust.

3.1.2. The Martha's Rule/ Call for Concern pilot including Critical Care Step down patients and trial wards has been progressing well, with plans for Trust-wide roll out for adult and paediatric inpatient settings from 3rd March 2025.

3.1.3. A Sepsis Dashboard launched on 17th February 2025; including tools for Ward Managers and Matrons re: areas for improvement.

3.1.4. Overall hospital pressure ulcer incidence has shown a significant rise in month whilst remaining in tolerance limits. A quality improvement plan is underway to address themes and the importance of using beds for long stay Emergency Department patients at risk. With the increase in Ward Managers undertaking clinical activity, there has been focus on fundamentals of care to prevent the incidence of moisture associated skin damage.

3.2. Infection Prevention

3.2.1. An invited visit from NHS England and the Integrated Care Board (ICB) took place on 24th January, 2025 to review ongoing improvement actions within the Neonatal unit due to ongoing prevalence of MRSA acquisitions. No specific source was identified for the recent increase in acquisitions and suggested improvements are incorporated into an ongoing action plan which is overseen at directorate level and via the Trust IPC Group. ICB colleagues gave feedback commending the continued efforts and improvements since the previous visit in May 2024. We await their formal written report.

3.2.2. For 2024/25 the Trust have exceeded the annual trajectory of *Clostridioides difficile* (C. diff) with 110/81 cases, with 15 in month. An internal action plan is in place with an invited system review that is planned collaboratively across Black County Integrated Care Board with support from NHS England as this a recognised issue locally and nationally.

3.2.3. An internal team of bank only Mental Health Support Workers are in the recruitment process and agreement with Black Country Mental Health regards a collaborative bank approach with an aim to cease Agency costs for these specialist support staff.

3.3. Maternity

3.3.1. **Birth Rate Plus Acuity Tool Birth Rate Plus Acuity Tool** The Birth Rate Plus (BR+) Acuity Tool demonstrates that Midwifery staffing levels within the Intrapartum areas remain consistent throughout Q3. Staffing met acuity levels 48% % of the time in October, 46% of the time in November and 60% of the time in December 2024 prior to any mitigating actions. This indicated a marginal deterioration in compliance from Q2 data and is attributed to higher acuity of patient, short-term sickness absence and

Maternity leave within the intrapartum areas**.** Action to substantively back fill Mat leave for the Delivery suite has been supported for the immediate interim

3.3.2. **Maternity and Neona**tal **Safety Incident (MNSI) open cases.** Presently there are 4 open cases within the Perinatal Directorate. The Perinatal Mortality Report indicates that there have been 45 eligible deaths reported to MBRRACE in the reporting period for Maternity Incentive Scheme (MIS) year 6. 6 of these deaths met the threshold for reporting to MNSI. The Trust maintain 100% compliance with reporting, reviewing and the monitoring requirements for Perinatal Deaths as recommended by the Maternity Incentive scheme Year 6 safety Action 1.

3.3.3. **CQC Report.** Following the unannounced CQC visit in October 2024, the Maternity Directorate have received the report for factual accuracy checking at time of writing, this will proceed through the normal governance routes.

3.4. Developing Workforce Safeguards for Nursing and Allied Health Professionals was acknowledged at Trust Committees as per annual requirements.

4. WHT Update

4.1. Pressure Ulcers

4.1.1. One category 4 PU has been reported in the hospital during December 2024, and community services have reported one category 4 PU in December 2024. There were no Grade 4 PU in January 2025.

4.1.2. MLTC noted an increase in Pressure Ulcer 1-3 incidence in January 2025. The Tissue Viability steering group and specialist practitioners will investigate the potential causes and develop actions to resolve this.

4.2. Falls

4.2.1. 68 and 78 falls were recorded in January 2025 and December 2024 respectively, within normal SPC variance and the incident rate (3.49 per 1000 bed days) remaining well below the Royal College of Physicians national average of 6.1 per 1000 bed days. One fall resulting in harm in December 2024 has been reviewed and found that the patient's complex medical condition contributed to the fractured neck of femur.

4.3. Clostridiodes difficile (C. diff)

4.3.1. There were no cases of C. diff reported in December 2024, and five cases reported in January 2025, with four classified as hospital-onset healthcare-associated (HOHA) and one as community-onset healthcare-associated (COHA). Preventive measures, including monitoring and learning dissemination, are in place. Progress against the 2024/25 trajectory is being closely monitored. As of January 2025, 57 cases have been reported. This suggests we are currently on trajectory but nearing a threshold where continued vigilance and intervention will be critical to maintain compliance with annual targets.

4.4. Hospital Sterilisation and Decontamination Unit (HSDU)

4.4.1. A Business Continuity Incident was declared in early February 2025 due to rejection of instrument trays for Trauma and Orthopaedic cases. This has since been resolved with a

new SOP for decontamination standards signed off by DIPC and Consultant Microbiologist in the use of solid tins to secure the sets for sterilisation and movement. Where patients' treatment was delayed, harms reviews have been undertaken and no harm found.

4.5. Temporary Escalation Space

4.5.1. A Temporary Escalation Space (TES) was operationalised in the Emergency Department (ED) to address high patient volumes. This area is used exclusively for stable patients with low care requirements to maintain ED efficiency during peak periods. A Standard Operating Procedure (SOP) governs its use, and harm reviews and audits ensure patient safety. It was utilised in December 2024 on 29 days (on average for 224 minutes per day) and December's audit indicated minimal harm (low/negligible) related to the TES, affirming its effective management and appropriateness. It was not used at all during January 2025, with demand for additional clinical space being managed within 7 additional RATS cubicles.

4.6. Vacancies for Registered Nurses and Midwifery

4.6.1. Registered Nurse and Midwifery vacancies increased to 126 vacancies in January 2025. Recruitment strategies, including interview panels for newly qualified nurses (NQNs) in February 2025, are actively addressing gaps.

4.6.2. The lowest fill rate for January 2025 was for RN Day shifts at 91.64%. The overall fill rate for combined RN and CSW was 94.73%.

4.6.3. The CHPPD Trust average for January 2025 was 8.3. Our CHPPD figure has remained consistently suppressed since we introduced bank and agency controls.

4.7. Maternity

4.7.1. Midwifery Workforce

4.7.1.1. Midwifery staffing remains a challenge, with maternity leave at 12.91 WTE and sickness absence at 11.11 WTE, both very similar to previous reports. When accounting for annual leave and essential study leave, the service experienced a 21% staffing gap in midwifery.

The 2024 service review, based on Birthrate Plus recommendations, identified the need for an additional 11.90 WTE midwives to support up to 3,800 births annually, in line with the complexity of service users. The LMNS are undertaking a review of BirthRate+ across the system.

In January, the Birthrate Plus safe staffing acuity tool indicated that delivery suite acuity was 79%, while the antenatal/postnatal ward acuity was 22%, both below the 85% national target for fully staffed shifts.

The service currently has 7.00 WTE midwifery vacancies and 4.00 WTE maternity support worker (MSW) vacancies within its budgeted workforce.

4.7.2. Neonatal Nurse Staffing

4.7.2.1. In January 2025, the Neonatal Unit (NNU) continued to experience high levels of High Dependency Unit (HDU), Intensive Care Unit (ITU), and Special Care (SC) activity, consistent with previous months and reflective of a national trend observed over the past year.

Nursing workforce data indicates that Walsall Healthcare NHS Trust (WHT) fell below the national average for 'shifts staffed to BAPM recommendations.'

However, the Trust exceeded the national average for the number of Qualified in Specialty (QIS) nurses on duty in January, aligned with acuity-based staffing requirements. This was achieved through a strategic workforce intervention led by the Senior Nursing team.

A comprehensive workforce review was undertaken, resulting in the temporary redeployment of all available senior nurses into clinical roles to maintain patient safety while long-term workforce planning continues. This included the temporary reassignment of the supernumerary nurse to in-charge shifts as part of clinical staffing. Despite these challenges, there were no reported patient safety incidents related to staffing in January.

4.7.3. **Maternity and Newborn Safety Investigations (MNSI) and MBRRACE**

4.7.3.1. In January 2025 and December 2024, no new cases were referred to MNSI, and all cases that meet relevant criteria have been reported to MBRRACE.

5. Recommendations

The Public Trust Board is asked to:

a) Trust Board are asked to note and receive the report's contents for assurance.
b) The Workforce Safeguards report is available for information.

NHS
Walsall Healthcare
NHS Trust

Title of Report	Exception Report from Partnerships and Transformation Committee	Enc No: 10.1
Author:	Lisa Cowley, Joint Non Executive Director, Committee Chair	
Presenter:	Lisa Cowley, Joint Non Executive Director, Committee Chair	
Date(s) of Committee Meetings since last Board meeting:	4 February 2025	

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

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	**MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY**
• As a result of discussions in relation to workstream reviews there remains concern regarding digital infrastructure and organisational capacity to drive forward transformation. The committee support the planning proposals regarding digital capacity needs mapping. There is still further work required to ensure that any delivery partner support procured is focused in the correct areas to ensure effective impact.	• Follow up discussion regarding proposals related to Stroke Rehabilitation transformation. • The highlight reports for six workstreams for the Forward Look 2025-8 were reviewed, agreement to focus on two workstreams at each meeting to allow sufficient time for review. • Updates were provided on BCPC including Corporate Services transformation.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Work has been initiated on all of the Forward Look workstreams and further plans regarding milestone mapping for the next 12 months. • Positive feedback regarding the February board development day and progress regarding transformation agenda	• Executive team to present to the March committee on capacity and capability requirements to achievement Forward Look workstreams.

Walsall Healthcare NHS Trust

Title of Report	Exception Report from Partnerships and Transformation Committee	Enc No:
Author:	Lisa Cowley, Non Executive Director, Committee Chair	
Presenter:	Lisa Cowley, Non Executive Director, Committee Chair	
Date(s) of Committee Meetings since last Board meeting:	7 January 2025	

Action Required

Decision	Approval	Discussion	Received/Noted/For Information
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• As part of the Forward Look discussions the committee considered both work stream specific and programme risks. Current areas of potential concern relate to digital infrastructure and capacity, project team capacity, skills mix and organisational culture. It was agreed there would be a risk review at the February 2025 to consider and define risks.	• Initial review of the 2025/26 productivity schemes. The committee agreed that the proposals should be overseen by Finance and Productivity committee once formalised, but that there was a role for this committee to consider the transformational proposals. It was also recommended that each scheme was considered to assess which was the most relevant committee for development input. • The highlight reports for six workstreams for the Forward Look 2025-8 were reviewed, there was consideration of the format of the reports and initial content and structure. • There was discussion regarding detail of the workstream highlight reports provided and the interdependencies between them. • The committee also discussed the relationship with the BCPC programmes of work to ensure that we were not duplicating effort and ensuring that all areas of work were focused on strategic priorities.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Work has been initiated on all of the Forward Look workstreams. • Productivity schemes for 2025/6 are in development, including opportunities for transformation.	• An updated Forward Look governance model will be presented at the February 2025 committee meeting, including the PIDs for each work stream as well as an overall programme plan and critical path.

NHS
Walsall Healthcare
NHS Trust

Title of Report	Exception Report from Charity Committee	Enc No: 11.1
Author:	Martin Levermore, Associate Non Executive Director	
Presenter:	Name and Position: Prof Martin Levermore NED	
Date(s) of Committee Meetings since last Board meeting:	29/01/2025	

Action Required

Decision	Approval	Discussion	Received/Noted/For Information
Yes☒No☐	Yes☒No☐	Yes☐No☐	Yes☒No☐

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Whilst the restricted fund in the Charity is very health, the unrestricted element is dwelling at some pace and if not stemmed will result in certain services being recharge to the Charity being ceased or reduced significantly, as such any future strategy must include a proportionate and effective attention to this issue.	• Pediatric Garden development
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Charity's – Short term portfolio as of 31st December 2024 stood at £1.086 mil to which 5% of portfolio was in liquid assets with an estimated 3% income regeneration. • The Charity's – Long term portfolio as of 31st December 2024 stood at £ £1.548 mil to which 1.9% of portfolio was in liquid assets with an estimated 2.6% income regeneration. • All legal and governance arrangements are well managed and compliant	• 26 free medical care trolley's Neonatal Pediatrics value requested £38,787.92 • Rheumatology Senior Clinical Research Fellow 2 year post £159,566 • Central monitoring equipment for patients in respiratory support unit £17,831.39 • Paxman Cold caps for Deansly Centre £49,975.20 • Supporting employment/continuation of 2x Complimentary therapist for 2 years £72,126 • Pediatric Garden progress development £37,000 • Values and Recharges to the Trust £291,538 plus 2025/26 pay award • Approved revised ToR of Charity Committee • More time to be taken at the next meeting on investment policy review with attention given on 4.2 and 7.4 of the report provided to the committee.

Joint Provider Committee – Report to Trust Boards

Agenda item: **Enc 11.2**

TITLE OF REPORT:	Report to Trust Boards from the 7th of February 2025 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 7th of February 2025 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, *BCPC Managing Director*
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - *Chair of BC JPC & Group Chair of DGFT, SWBH, RWT, & WHT* Diane Wake - *CEO Lead of the BCPC*
KEY POINTS:	The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, three Deputy Chairs, and both CEO's. Key discussion points included: a. A progress update from the BCPC CEO Lead with a particular focus on progress with Pharmacy Aseptic work, and a Clinical Services Transformation 'route map' for 25/26. b. Progress update on the Corporate Services Transformation work, with a range of key recommendations made and approved by the JPC. c. Update on the progress to secure a 'Delivery Partner' to support year 2 of the FRP work in addition to outlining key governance requirements.
RECOMMENDATION(S):	The partner Trust Boards are asked to: a) **RECEIVE** this report as a summary update of key discussions on the 7th February 2025 JPC meeting. b) **NOTE** the key messages, agreements, and actions in section 2 of the report.
CONFLICTS OF INTEREST:	There were no declarations of interest.
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
ACTION REQUIRED:	☒ Assurance ☐ Endorsement / Support ☒ Approval ☒ For Information

Black Country Provider Collaborative

NHS

1. PURPOSE

1.1 To provide all partner Trust Boards with a summary of key messages from the 7th of February 2025 Joint Provider Committee.

2. SUMMARY

2.1 The Joint Provider Committee was held on the 7th of February 2025. The meeting was quorate with attendance by the Chair, both CEO's and three of the Deputy Chairs.

2.2 The minutes of the previous meeting were accepted as an accurate record and the Action Log was reviewed for progress with completed actions noted.

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

a) **Items for Noting**

- **CEO Leads update report** – The JPC received an update report from the Chair of the Collaborative Executive, which highlighted:
  - Month 9 data is indicating an adverse underlying position (£355m forecast, compared to £235m in FRP - £121m adverse to FRP). Month 9 data is showing a reduction in headcount (mainly due to bank and agency usage) overall for the first time. Cost of workforce continues to reduce, the number of vacancies is increasing, and number of vacancies going through panels is reducing. Detailed assessment to be undertaken following month 10 reporting with a refresh of the suite of I&I KPI's during February to ensure these continue to add value.
  - Steady progress is being made to procure and secure a Delivery Partner, with the procurement team now actively engaged. Governance arrangements will require BC ICB and NHSE sign off, with the current specification currently remaining as a BCPC only approach to a 'Delivery Partner'.
  - Work continues on the development of short form business cases for the BC Elective Hubs (South & North), with alternative funding streams being actively sought as the system has been informed that it is unlikely to be successful in the TIF3 round.
  - Positive progress being made on the progress with the development of a tender to secure a partner to undertake a feasibility study for a Black Country wide Aseptic service. Work remains on track to secure a preferred supplier able to progress the feasibility study and subsequent outline business case with appropriate tender costs by Q1 2025/26.

b) **Items for Discussion**

- **Service Transformation 'Route Map'** – The JPC received an update from the BCPC Managing Director outlining a 'Road-map' for key clinical transformation activities over the course of 25/26.

  These have been driven by the work of the Clinical Network, and to be driven for delivery through the BCPC. They continue to reinforce the pursuit of a 'Black Country' brand in all that we do. A range of key actions were described which are already underway to mobilise for implementation.

  Phase 2 ideas generation will commence through both the BCPC Clinical Council and key work to be commissioned from a 'Delivery Partner' focused initially from the 'bucket' of 'fragile services'.

- **Corporate Services Transformation** – The JPC received an update from the CSTP SRO. Currently the programme remains on track and there has been strong engagement, which is highly valued at this early stage, from our most senior corporate leaders, Trade Union and staff side representatives. Eight recommendations were presented to enable

the progression of work at pace, and following discussion were agreed by JPC, with some finer practical details for further discussion with the two CEO's. Amongst the key actions agreed are:

- **Service Model & Design Principles –** JPC approved the proposed services model and the draft 'Design Principles' upon which work should proceed, with the recognition that these would be 'tweaked' as circumstances necessitated.
- **Scale & Ambition –** JPC confirmed that it remained committed to pursuing opportunities at scale once.
- **Data Validation** – JPC agreed to support the current work being progressed to better understand the range of options available for attaining efficiencies through workforce reductions.
- **Identification of Phase 1 services** - Both CEOs agreed an initial range of services for progression and work is underway to develop approach.
- **Exit Strategy** – JPC agreed to establishing a BCPC 'At Risk Pool' and pursuing the establishment of a MARS scheme (Mutually Agreed Resignation Scheme) across the BCPC partners to support options for exit strategy.
- **Legal Framework** – JPC agreed to work being commissioned from a legal partner to develop and establish the legal framework, aligned with the existing Collaboration Agreement already in place and the Expression of Interest (EOI) approach.
- **Mobilisation / Implementation** – JPC supported the exploration of options to secure additional expertise and capacity to support mobilisation and implementation.

- **Update on the 'Delivery Partner'** – The JPC received an update on the commissioning of a 'Delivery Partner' to support the four BCPC partners with their contribution of the system Financial Recovery Plan. A range of productivity and efficiency opportunities were outlined, illustrated through a 'worked example' from a neighbouring system.

  Work continues with the procurement teams to identify a safe route for the speedy commissioning of a 'Delivery Partner' which it is anticipated will be in place for April 2025.

- **Key Decisions** – With no planned JPC in March and key decisions required (sign-off of the 'Delivery Partner', approval of the BC Elective Hub (South), and the Pharmacy Aseptic Feasibility work) there may be a need to 'stand up' an extra-ordinary JPC.

3. REQUIRED ACTIONS

3.1 The partner Trust Boards are asked to:

a. **RECEIVE** this report as a summary update of key discussions at the 7th of February 2025 JPC meeting.

b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.