

Bundle Public Trust Board 4 April 2023

- 0 Apologies for absence Brian McKaig, Sally Evans, Sir David Nicholson, Junior Hemans, Tracy Palmer
Lead Deputy Chair John Dunn
- 1 *Nolan Principles*
Nolan Principles of Public Life and Trust Values v4 020223.pdf
- 2 To receive declarations of interest from Directors and Officers
Declarations of Interests April 2023 v1.docx
- 3 09:30 - Minutes of the meeting of the Board of Directors held on 7 February 2023
Action To approve
Lead Chair
Draft RWT Public Trust Board Minutes 7 February 2023 v1.4 SB AV KWarren GN Si E KW.doc
- 4 09:35 - Matters arising and Board Action Points from the minutes of the meeting of the Board of Directors held on 7 February 2023
Action items -Public Board v2 300323.docx
- 5 Patient Story - no Patient Story this month
- 6 09:40 - Chief Executive and TMC Reports - Section Heading
Lead Group Chief Executive Officer
Action to note
- 6.1 Chief Executive's Report
Lead Group Chief Executive Officer Prof. Loughton
Action to note
Chief Executive's Report, 4 April 2023.docx
- 6.2 Chief Executive's Report of the TMC held on 24 February 2023 and 24 March 2023
Lead Group Chief Executive Officer Prof. Loughton
Action to note
Chief Executive's Report of TMC on 24 February 2023, 4 April 2023.docx
Chief Executive's Report of TMC on 24 March 2023, 4 April 2023.docx
- 7 People and Engagement - Section Heading
- 7.1 09:50 - People Organisational and Development Committee - Chair's Report February and March
Presenter Group Chief People Officer, Alan Duffell
Lead Junior Hemans
Action to note
Chairs Report - PODC Feb 2023.docx
PODC Committee Chair Report March 2023.docx
- 7.2 09:55 - Executive Summary Workforce Report
Lead Group Chief People Officer Alan Duffell
Action to note
Exec Workforce Summary Rpt TB 04 04 2023 (00v2).pdf
- 7.3 People and Organisational Committee Terms of Reference
Lead Group Chief People Officer, Alan Duffell
Action to approve
RWT PODC TORs - 2023-2024 V3 (Approved PODC March 2023).docx
- 7.4 10:05 - Education and Training (inc Clinical Fellowship Programme)
Presenter Louise Nickell
Lead Group Chief Medical Officer Dr Odum
Action to note
RWT TB Report Education Training April 2023 v2_.docx
- 7.5 10:10 - NHS National Staff Survey Results

Lead Group Chief People Officer Alan Duffell
Action to note

Staff Survey Report March 2022.docx

8 10:15 - Patient Safety, Quality and Experience - Section Heading

8.1 10:20 - Patient Experience - Bimonthly Update Report December 2022 and January 2023

Presenter Alison Dowling
Lead Director of Nursing Debra Hickman
Action to note

Trust_Board_PE Bi monthly Report Dec-Jan 17032023 - combined.pdf

9 Governance, Risk and Regulatory - Section Heading

9.1 10:25 - Quality Governance Assurance Committee (QGAC) - Chair's Report February and March

Lead Prof. Louise Toner
Action to note

QGAC Chair's Report - February 2023.docx

Chair's Report - QGAC - March 2023.docx

9.2 10:30 - Quality Governance Assurance Committee (QGAC) Terms of Reference

Lead Prof. Toner
Action to approve

Agreed v5 Terms of Reference Feb 23.docx

9.3 10:35 - Chief Nursing Officer/Director of Nursing (DoN) Report

Lead Director of Nursing Debra Hickman
Action to note

Part 1-TB-DoN Report- April 2023.pdf

Part 2-TB-DoN Report- April 2023 v2.pdf

9.4 10:40 - Integrated Quality and Performance Report

Lead Director of Nursing Debra Hickman/Chief Operating Officer Gwen Nuttall
Action to note

Trust Board IQPR February 2023.pdf

9.5 10:55 - BREAK

9.6 11:05 - Midwifery Report

Presenter Katherine Cheshire, Head of Midwifery and Neonatal Services
Lead Director of Midwifery Tracy Palmer
Action to note

Part 1_ Maternity Services Report FINAL TB April 2023. .pdf

Part 2_ Maternity Services Report TB April FINAL 2 2023 - combined .pdf

9.7 11:10 - Quality Framework (QF) – For Nurses | Midwives | Health Visitors | Allied Health Professionals | Pharmacists

Lead Group Chief Nursing Officer Ann-Marie Cannaby
Action to

QF RWT Trust Board 04.04.23.docx

QF FINAL version TB.pdf

9.8 11:15 - Infection Prevention and Control Report

Presenters Matt Reid, Dr Jo Macve
Lead Director of Nursing Debra Hickman
Action to note

IPC TB report April 2023 - combined.pdf

9.9 11:20 - Audit Committee - Chair's Report

Lead Julie Jones
Action to note

AC 9 February 2023.docx

9.10 11:25 - Covid – 19 National Inquiry

Lead Group Director of Assurance Kevin Bostock
Action to note

RWT Trust Board Covid-19 National Inquiry Update April 2023.docx

Reference Pack Covid 19 National Inquiry April TB update.pdf

10 Performance and Finance - Section Heading

10.1 11:30 - Performance and Finance - Chair's Report February and March

Lead John Dunn

Action to note

Report to Board - Chairs Report P+F Feb.docx

Report to Board - Chairs Report P+F Mar.docx

10.2

11:35 - Report of the Chief Financial Officer - Month 10 and 11

Lead Group Chief Finance Officer and Deputy Chief Executive Officer Kevin Stringer

Action to note

M10 Board Report.pdf

M11 Board Report.pdf

10.3

11:40 - Budget (Income/Expenditure Plan) - Verbal Update

Lead Group Chief Financial Officer, Kevin Stringer

Action to note

11

Strategy, Business and Transformation - Section Heading

11.1

11:45 - Joint RWT/WHT Quality and Safety Strategy

Presenter Martina Morris Deputy Director of Nursing

Lead Director of Nursing Debra Hickman/Martina Morris Deputy Director of Nursing

Action to approve

Part 1 RWT and WHT TB Q&S Enabling Strategy Summary Paper March 2023.docx

Part 2 RWT and WHT TB Q&S Enabling Strategy MI_11212114_13.03.23_V_0.5.pdf

11.2

11:55 - Black Country Provider Collaborative – Monthly Update Report

Lead Group Chief Strategy Officer Simon Evans

Action to note

RWT Provider Collaborative TB Report March 23.pdf

11.3

12:00 - OneWolverhampton Place Update

Lead Group Chief Strategy Officer Simon Evans

Action to note

RWT One Wolverhampton TB Rep Mar 23 v2.pdf

11.4

12:05 - Integrated Care Board (ICB) Update

Lead Group Chief Strategy Officer Simon Evans

Action to note

ICS Update Report April 2023.docx

11.5

12:10 - Joint Committee Steering Group Chair's report

Lead Louise Toner

Action to note

Joint Steering Group Chairs Report - March 23.pdf

11.6

12:15 - Charity Committee - Chair's Report

Lead Sue Rawlings

Action to note

Board meeting Chairs report Charity March 23.docx

12

12:20 - Staff Voice - Contracting Team

Lead Group Chief People Officer, Alan Duffell

Action to note

13

Items to Note

13.1

12:40 - Approved Minutes from Committees in respect of which the Chair's report have already been submitted to the Board

13.1.1

Performance and Finance Minutes 25 January 2023 and 22 February 2023

3. Performance + Finance Mins 25.01.23.pdf

3. Performance + Finance Mins Final 22.02.23.pdf

13.1.2

QGAC Minutes 25 January 2023 and 22 February 2023

Agreed QGAC January 2023 Minutes.docx

Enc 1 - Draft QGAC February 2023 Minutes.docx

13.1.3

Audit Committee minutes 13 December 2022

Minutes of the Audit Committee 13.12.22.docx

- 13.1.4 People and Organisational Committee minutes 24 February 2023
(02) PODC Mins 24 Feb 2023.docx
- 14 For reading/information
- 15 General Business
- 15.1 12:45 - Any Other Business
- 15.2 Questions from members of the public and those in attendance
- 15.3 Date and time of the next meeting Tuesday 6 June 2023
- 15.4 To consider passing a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business about to be transacted, publicity on which would be prejudicial to the public interest

Nolan Principles of Public Life & Trust Values

Committee on Standards in Public Life - Guidance

The Seven Principles of Public Life

Published 31 May 1995

The Seven Principles of Public Life (also known as the Nolan Principles) *apply to anyone who works as a public office-holder. This includes all those who are elected or appointed to public office, nationally and locally, and all people appointed to work in the Civil Service, local government, the police, courts and probation services, non-departmental public bodies (NDPBs), and in the health, education, social and care services. All public office-holders are both servants of the public and stewards of public resources. The principles also apply to all those in other sectors delivering public services.*

<i>Principle</i>	<i>I will show this by</i>
1. Selflessness Holders of public office should act solely in terms of the public interest.	
2. Integrity Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.	
3. Objectivity Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.	
4. Accountability Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.	
5. Openness Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.	
6. Honesty Holders of public office should be truthful.	
7. Leadership Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.	

Excel in the delivery of Care

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

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

Support our Colleagues

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

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



Improve the health of our Communities

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

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

Effective Collaboration

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

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

RWT- Register of Declarations of Interest from Directors and Officers April 2023

Employee	Role	Interest Type	Provider	Interest Description (Abbreviated)
Alan Duffell	Group Chief People Officer	Loyalty Interests	UK and Ireland Healthcare Advisory Board for Allocate Software (Trust Supplier)	Member (unpaid)
Alan Duffell	Group Chief People Officer	Loyalty Interests	Chartered Management Institute	Member
Alan Duffell	Group Chief People Officer	Loyalty Interests	CIPD (Chartered Institute for Personnel and Development)	Member
Alan Duffell	Group Chief People Officer	Outside Employment	The Dudley Group NHS Foundation Trust	Interim Chief People Officer
Alan Duffell	Group Chief People Officer	Outside Employment	Walsall Healthcare NHS Trust	Group Chief People Officer
Alan Duffell	Group Chief People Officer	Outside Employment	Black Country Provider Collaborative	Provider Collaborative HR & OD Lead
Alan Duffell	Group Chief People Officer	Outside Employment	NHS Employers Policy Board	Member
Allison Heseltine	Associate Non Executive Director	Outside Employment	NHS England and Improvement	Associate Director of Nursing and Quality. Working in the COVID Outbreak Cell. 20 hours per week until 31/03/22, 15 hours per week from 01/04/22. Fixed term contract being extended from 1st

Allison Heseltine	Associate Non Executive Director	Loyalty Interests	Jason Ryall - Employee of KPMG.	Associate Director - Asset Management Advisory Sector, Infrastructure Advisory Group, KPMG.
Ann-Marie Cannaby	Group Chief Nurse	Loyalty Interests	Staffordshire University	Visiting Professor (unpaid Assignment)
Ann-Marie Cannaby	Group Chief Nurse	Loyalty Interests	Higher Education Academy	Teaching Fellow
Ann-Marie Cannaby	Group Chief Nurse	Loyalty Interests	Royal College of Nursing	Member
Ann-Marie Cannaby	Group Chief Nurse	Outside Employment	Birmingham City University	Visiting Nursing Professor
Ann-Marie Cannaby	Group Chief Nurse	Shareholdings and other ownership interests	Ann-Marie Cannaby Ltd	Director
Ann-Marie Cannaby	Group Chief Nurse	Outside Employment	British Telecom	Principal Clinical Advisor
Ann-Marie Cannaby	Group Chief Nurse	Outside Employment	Cavell (Charity)	Member of Cavell (Charity) Advisory Panel – this is a volunteer role with no payment being received and undertaken in own time
Ann-Marie Cannaby	Group Chief Nurse	Outside Employment	Walsall Healthcare NHS Trust	Group Chief Nurse/Deputy Chief Executive

Ann-Marie Cannaby	Group Chief Nurse	Outside Employment	Charkos Global Ltd	Advisory Board Member for Charkos Global Ltd
Brian McKaig	Chief Medical Officer	Loyalty Interests	Rotha Abraham Trust	Trustee for the Rotha Abraham Trust which was set up to advance medical research and practice to benefit the population of Wolverhampton. Unpaid role
David Loughton	Group Chief Executive	Outside Employment	West Midlands Cancer Alliance	Chair
David Loughton	Group Chief Executive	Loyalty Interests	National Institute for Health Research	Member of Advisory Board
David Loughton	Group Chief Executive	Outside Employment	Walsall Healthcare NHS Trust	Group Chief Executive
Debra Hickman	Director of Nursing	Nil Declaration		
Gillian Pickavance	Associate Non Executive Director	Shareholdings and other ownership interests	Wolverhampton Total Health Limited	Director
Gillian Pickavance	Associate Non Executive Director	Outside Employment	Newbridge Surgery	Senior Partner at Newbridge Surgery Wolverhampton
Gillian Pickavance	Non Executive Director	Outside Employment	Tong Charities Committee	Unpaid member of the Committee

Gwen Nuttall	Chief Operating Officer	Loyalty Interests	Calabar Vision 2020 Link	Trustee
John Dunn	Non-Executive Director	Nil Declaration		
Jonathan Odum	Group Chief Medical Officer	Outside Employment	Wolverhampton Nuffield	Private out-patient consulting and general medical/hypertension and nephrological conditions at Wolverhampton Nuffield
Jonathan Odum	Group Chief Medical Officer	Outside Employment	Black Country and West Birmingham ICS Clinical Leaders Group	Chair
Jonathan Odum	Group Chief Medical Officer	Loyalty Interests	Royal College of Physicians	Fellow of the Royal College of Physicians
Jonathan Odum	Group Chief Medical Officer	Outside Employment	Walsall Healthcare NHS Trust	Group Chief Medical Officer
Julie Jones	Associate Non Executive Director	Outside Employment	Heart of England Academy	Chief Finance Officer
Julie Jones	Associate Non Executive Director	Outside Employment	Academy Advisory	Associate Director
Julie Jones	Associate Non Executive Director	Outside Employment	Walsall Housing Group	Member of Audit & Risk Committee

Julie Jones	Associate Non Executive Director	Outside Employment	Solihull School Parents' Association	Trustee
Julie Jones	Associate Non Executive Director	Outside Employment	Cranmer Court Residents Wolverhampton Limited	Director of leasehold management company
Junior Hemans	Non Executive Director	Outside Employment	Wolverhampton University	Visiting Lecturer
Junior Hemans	Non Executive Director	Outside Employment	Kairos Experience Limited	Company Secretary
Junior Hemans	Non Executive Director	Outside Employment	Wolverhampton Cultural Resource Centre	Chair of the Board
Junior Hemans	Non Executive Director	Outside Employment	Tuntum Housing Association (Nottingham)	Chair of the Board
Junior Hemans	Non Executive Director	Outside Employment	Libran Enterprises (2011) Ltd	Director
Junior Hemans	Non Executive Director	Loyalty Interests	Labour Party	Member
Junior Hemans	Non Executive Director	Loyalty Interests	Prince's Trust	Business Mentor

Junior Hemans	Non Executive Director	Loyalty Interests	Walsall Healthcare NHS Trust	Non-Executive Director
Junior Hemans	Non Executive Director	Loyalty Interests	wife	Wife works as a Therapist at The Royal Wolverhampton NHS Trust
Junior Hemans	Non Executive Director	Loyalty Interests	Second Cousin	Second Cousin works as a Pharmacist at The Royal Wolverhampton NHS Trust
Keith Wilshere	Group Company Secretary	Shareholdings and other ownership interests	Keith Wilshere Associates	Sole owner, sole trader
Keith Wilshere	Group Company Secretary	Loyalty Interests	Foundation for Professional in Services for Adolescents (FPSA)	Trustee, Director and Managing Committee member of this registered Charity and Limited Company since May 1988.
Keith Wilshere	Group Company Secretary	Outside Employment	Walsall Healthcare NHS Trust	Group Company Secretary
Kevin Bostock	Group Director of Assurance	Outside Employment	Oxford Health NHS Foundation Trust via Orange Genie UMBERELLA Company	Continuance of previous employment supporting the Covid-19 Vaccination Programme as Senior Clinical Lead on an as and when required basis until October 2021.
Kevin Stringer	Group Chief Financial Officer	Outside Employment	Healthcare Financial Management Association	Treasurer West Midlands Branch
Kevin Stringer	Group Chief Financial Officer	Loyalty Interests	Midlands and Lancashire Commissioning Support Unit	Brother-in-law is the Managing Director

Kevin Stringer	Group Chief Financial Officer	Loyalty Interests	CIMA (Chartered Institute of Management Accounts)	Member
Kevin Stringer	Group Chief Financial Officer	Gifts	Veolia	Spade used for 'sod cutting'.
Kevin Stringer	Group Chief Financial Officer	Outside Employment	The Dudley Group NHS Foundation Trust	Interim Director of Finance for the Trust.
Kevin Stringer	Group Chief Financial Officer	Loyalty Interests	Amy Stringer	Daughter works on the administration bank of the Trust.
Kevin Stringer	Group Chief Financial Officer	Outside Employment	Walsall Healthcare NHS Trust	Group IT Director and SIRO
Kevin Stringer	Group Chief Financial Officer	Outside Employment	Walsall Healthcare NHS Trust	Group Chief Financial Officer
Lisa Cowley	Non Executive Director	Outside Employment	Beacon Centre for the Blind	CEO
Lisa Cowley	Non Executive Director	Outside Employment	Beacon Centre for the Blind	Healthy Communities Together Project Sponsor
Louise Toner	Non Executive Director	Outside Employment	Walsall Healthcare NHS Trust	Non-Executive Director

Louise Toner	Non Executive Director	Outside Employment	Birmingham City University	Professional Advisor
Louise Toner	Non Executive Director	Outside Employment	Wound Care Alliance UK	Trustee
Louise Toner	Non Executive Director	Outside Employment	Birmingham Commonwealth Society	Trustee
Louise Toner	Non Executive Director	Outside Employment	Advance HE (Higher Education)	Teaching Fellow
Louise Toner	Non Executive Director	Loyalty Interests	Birmingham Commonwealth Association	Chair of Education Focus Group
Louise Toner	Non Executive Director	Loyalty Interests	Board of Directors Birmingham Commonwealth Association	Member
Louise Toner	Non Executive Director	Loyalty Interests	Greater Birmingham Chamber of Commerce Commonwealth Group	Member
Louise Toner	Non Executive Director	Loyalty Interests	BSol Education Partnerships Group	Member
Louise Toner	Non Executive Director	Loyalty Interests	Health Data Research UK	Member/Advisor

Louise Toner	Non Executive Director	Loyalty Interests	Royal College of Nursing	Member
Louise Toner	Non Executive Director	Loyalty Interests	Nursing and Midwifery Council	Required Registration to practice
Martin Levermore	Associate Non Executive Director	Shareholdings and other ownership interests	Medical Devices Technology International Ltd (MDTi)	Ordinary shares
Martin Levermore	Associate Non Executive Director	Outside Employment	Nehemiah United Churches Housing Association Ltd	Vice Chair of Board paid position by way of honorarium
Martin Levermore	Associate Non Executive Director	Outside Employment	Medilink Midlands	Chair non-paid of not for profit medical industry network organization/association
Martin Levermore	Associate Non Executive Director	Outside Employment	New Roots Limited Charity	Chair of Trustees non-paid homeless charity
Martin Levermore	Associate Non Executive Director	Outside Employment	Her Majesty's Home Office	Independent Adviser to Windrush Compensation Scheme paid
Martin Levermore	Associate Non Executive Director	Outside Employment	Birmingham Commonwealth Association Ltd	Chair of Trade and Business non-paid not for profit association
Martin Levermore	Associate Non Executive Director	Outside Employment	Medical Devices Technology International Ltd (MDTi)	Chief Executive Officer paid of private Medical Device company

Martin Levermore	Associate Non Executive Director	Outside Employment	Commonwealth Chamber of Commerce	Executive member non-paid
Sally Evans	Group Director of Communications and Stakeholder Engagement	Outside Employment	Walsall Healthcare NHS Trust	Group Director of Communications and Stakeholder Engagement
Simon Evans	Group Chief Strategy Officer	Outside Employment	Walsall Healthcare NHS Trust	Group Chief Strategy Officer
Susan Rawlings	Associate Non Executive Director	Outside Employment	Telford Christian Council Supported Housing (STAY)	Trustee and Director of Telford Christian Council Supported Housing (STAY), a charitable company.
Susan Rawlings	Associate Non Executive Director	Outside Employment	Telford Christian Council	Trustee and Director of Faith based Charity in Telford
Tracy Palmer	Director of Midwifery	Nil Declaration		
Angela Harding	Associate Non Executive Director	Outside Employment	General Dental Council	People and Organisational Development Director
Angela Harding	Associate Non Executive Director	Outside Employment	Naish Mews Management Company	Director
Umar Daraz	Associate Non Executive Director	Outside Employment	Getaria Enterprises Limited	
Umar Daraz	Associate Non Executive Director	Outside Employment	Birmingham City University	Director of Innovation

Patrick Carter	Specialist Advisor to the Board	Director	JKHC Ltd (business services)	Director
Patrick Carter	Specialist Advisor to the Board	Director	Glenholme Healthcare Group Ltd	Director
Patrick Carter	Specialist Advisor to the Board	Director	Glenholme Wrightcare Ltd (Residential nursing care facilities)	Director
Patrick Carter	Specialist Advisor to the Board	Director	The Freehold Corporation Ltd (property; real estate)	Director
Patrick Carter	Specialist Advisor to the Board	Director	Primary Group Limited, Bermuda (Insurance & Re- Insurance)	Director
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Primary Group Limited, Bermuda (Insurance & Re- Insurance)	Chair
Patrick Carter	Specialist Advisor to the Board	Outside Employment	NHS Improvement (Monitor)	Non Executive Director
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Health Services Laboratories LLP	Chair
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Scientific Advisory Board - Native Technologies Ltd (experimental development on natural sciences and engineering)	Member
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Bain & Co UK	Advisor
Patrick Carter	Specialist Advisor to the Board	Outside Employment	JKHC Ltd (business services)	Business Services

Patrick Carter	Specialist Advisor to the Board	Outside Employment	Cafao Ltd	Management consultancy activities other than financial management)
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Cafao Ltd	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	The Freehold Corporation Ltd (property; real estate)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	JKHC Ltd (business services)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	The Glenholme Healthcare Group Ltd (care and rehabilitation centres)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	The Freehold Investment Corporation 1A Ltd	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	The Freehold Investment Corporation 1B Ltd	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	The Freehold Investment Corporation 2A Ltd	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	The Freehold Investment Corporation 2B Ltd	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Adobe Inc (technology)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	AIA Group Ltd (insurance)	Shareholder

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Alibaba Group Holding Ltd (retail)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Alphabet Inc (multinational conglomerate)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Amazon.com Inc (retail)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	American Tower (manufacturing)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Amphenol Corp (manufacturing)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Apple Inc (technology)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	ASML Holding NV (manufacturing)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Berkshire Hathaway Inc (financial)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Broadridge Financial Solutions Inc (financial)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Canadian Pacific Kansas City Ltd	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Colgate Palmolive Co	Shareholder

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Constellation Software Inc (software)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Croda International Plc	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	CSL Ltd (technology)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Danaher Corp (science and tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Discover Financial Services (financial)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Ecolab Inc (health)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Essilor International (health)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	First Republic Bank/CA (financial)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Halma plc (tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	HDFC Bank Ltd (financial)	Shareholder

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Hexagon AB-B SHS (tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	IDEX Corp (manufacturing)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Intuit Inc (science and tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Johnson & Johnson (retail)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	London Stock Exchange	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	L'Oreal SA (manufacturing and retail)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Meta Platforms Inc A	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Mettler Toledo (manufacturer of scales and analytical instruments)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Microsoft Corp (tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Netflix Inc (technology)	Shareholder

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Nike Inc (retail)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Roper Technologies Inc (manufacturing)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	ServiceNow Inc (technology)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	SG WOF Phoenix Plus Note (financial)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Sherwin Williams Co/The	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Taiwan Semiconductor Manufacturing Company Limited (science and tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Tencent Holdings Ltd (science and tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Thermo Fisher Scientific Inc (biotechnology)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Topicus.com Inc	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	UnitedHealth Group Inc (health)	Shareholder

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Visa Inc (financial)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Wisdomtree Physical Swiss Gold (commodity)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Land/Property Owner	Villa in France	Owner
Patrick Carter	Specialist Advisor to the Board	Land/Property Owner	Farms, farmland, residential and tourist activities in Hertfordshire	Owner
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	CAFAO Ltd	Director (Member's own company which takes care of his family office matters)
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	The Freehold Acquisition Corporation Ltd (property; real estate)	Director
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	The Freehold Financing Corporation Ltd (property, real estate)	Director
Patrick Carter	Specialist Advisor to the Board	Non-financial interests - unremunerated directorships	Glenholme Senior Living (Bishpam Gardens) Ltd (nursing home)	Director
David Nicholson	Chairman	Outside Employment	Sandwell and West Birmingham Hospitals NHS Trust	Chair
David Nicholson	Chairman	Outside Employment	Non-Executive Director – Lifecycle	Non-Executive Director
David Nicholson	Chairman	Outside Employment	Global Health Innovation, Imperial	Visiting Professor

College

David Nicholson	Chairman	Shareholdings and other ownership interests	David Nicholson Healthcare Solutions	Sole Director
David Nicholson	Chairman	Outside employment	IPPR Health Advisory Committee	Member
David Nicholson	Chairman	Outside employment	KPMG Global	Advisor
David Nicholson	Chairman	Loyalty Interest		Spouse appointed National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS (full-time)
David Nicholson	Chairman	Outside employment	Healfund (investor in healthcare Africa)	Senior Operating Partner
David Nicholson	Chairman	Loyalty Interest		Spouse was Chief Executive of Birmingham Women's and Children's NHS Foundation Trust
David Nicholson	Chairman	Outside Employment	The Dudley Group NHS Foundation Trust	Chair

The Royal Wolverhampton NHS Trust (RWT)

**Minutes of the meeting of the Board of Directors held on Tuesday 7 February at
9:30 am from Conference Room C27 Hollybush House,
New Cross Hospital, Wednesfield, Wolverhampton and virtually via Microsoft Teams (MT)**

PRESENT:

Prof. S Field CBE	Chair, in person
Prof. D Loughton (v) CBE	Group Chief Executive Officer,
Mr S Evans	Group Chief Strategy Officer,
Mr A Duffell	Group Chief People Officer,
Mr J Hemans	Non-Executive Director,
Dr B McKaig (v)*	Chief Medical Officer,
Prof. L Toner	Non-Executive Director,
Ms S Rawlings	Associate Non-Executive Director,
Mr K Stringer (v)	Group Chief Financial Officer/Deputy Chief Executive,
Ms G Nuttall (v)	Chief Operating Officer,
Ms L Cowley	Non-Executive Director,
Ms J Jones (v)	Associate Non-Executive Director,
Ms T Palmer	Director of Midwifery,
Ms D Hickman	Director of Nursing,
Ms S Evans	Group Director of Communications and Stakeholder Engagement,
Prof. A-M Cannaby (v)	Group Chief Nursing Officer,
Mr M Levermore (v)	Associate Non-Executive Director,
Mr K Bostock	Group Director of Assurance,
Mr J Dunn	Non-Executive Director,
Dr J Odum (v)*	Group Chief Medical Officer,
Dr G Pickavance	Associate Non-Executive Director,
Ms P Boyle	Group Managing Director of Research and Development,
Lord Carter	Specialist Advisor to the Board,
Ms A Harding	Associate Non-Executive Director,
Dr U Daraz	Associate Non-Executive Director,
Ms A Heseltine	Associate Non-Executive Director.

*(v) denotes voting Executive Directors, * denotes shared single vote*

IN ATTENDANCE:

Mr K Wilshere	Group Company Secretary, RWT, in person
Ms S Banga	Operations Coordinator for the Company Secretary, RWT,
Ms M Zajac	Senior administrator for the Company Secretary, RWT,
Dr J Macve	Infection Prevention, RWT for Infection Prevention item,
Mr M Reid	Infection Prevention, RWT for Infection Prevention item,
Ms A Dowling	Head of Patient Experience and Public Involvement, RWT for Patient Experience item
Ms A Davis	Clinical Director of Pharmacy and Medicines Optimisation Controlled Drugs Accountable Officer, RWT for Pharmacy item
Ms J Owens-Kirby	Mental Health item
Ms K Warren	Public Health Consultant, RWT
Mr T Nash	Communications Officer, RWT
Ms L Eve	Matron for Capacity and Patient Flow, RWT for Staff Voice item
Ms W Ashford	Senior Patient Flow Assistant, RWT for Staff Voice item
Ms M Parkes	Senior Patient Flow Assistant, RWT for Staff Voice item
Mr M Woodberry	Patient Flow Assistant, RWT for Staff Voice item

Dr T Vaz
Ms L O'Brien
Dr Viswanath

Senior Clinical Fellow, Critical Care Services Directorate, RWT
Chief Reporter Express and Star, member of public
Deputy Chief Medical Officer, RWT for Learning from Deaths item

APOLOGIES: There were no apologies of absence

Part 1 – Open to the public

Prof. Field welcomed all to the Public meeting and welcomed new members of the Board. He introduced Lord Carter who had been appointed by the Trust as a Specialist Advisor to the Board and he invited Lord Carter to provide an introduction, Lord Carter outlined his work over 40 years in the Private and Public Healthcare Sector. He mentioned his early work with the introduction of scanners in the 1980s, his work in care for the elderly, psychiatric care and secure units. He referred to his review on efficiency of the NHS and that to June 2021 he was a member of the Board of the National Health Service Improvement (NHSI). He said he hoped that by advising the Trust he would make a positive contribution to healthcare for the people of Wolverhampton.

Prof. Field welcomed Dr Daraz, appointed as an Associate Non-Executive Director. Dr Daraz introduced himself and current role as Director of Innovation at Birmingham City University (BCU) with a considerable background in Innovation, Research and large-scale digital transformational projects. He said he was keen to add value where possible work collaboratively with the Trust.

Prof. Field welcomed Ms Harding, appointed as an Associate Non-Executive Director. Ms Harding gave an introduction and her role as Human Resources (HR) Director for the General Dental Council. She said she had worked for many years in Operations and HR in the retirement community sector in addition to work with the Care Quality Care (CQC).

TB.9029: Nolan Principles

Prof. Field reminded all that it was important when working for the NHS that the Board adhered to the Nolan Principles and lived them especially in the Board meeting.

TB.9030: Apologies for absence

Prof. Field noted there were no apologies of absence.

TB.9031: To receive declarations of interest from Directors and Officers

Prof. Field asked whether there were any new or changed declarations to be made. Prof. Field declared he had been appointed by the Prime Minister as the Government's UK Special Representative for Healthcare for Saudi Arabia. He mentioned there was a conflict of interest as he had been promoting the Trust's Clinical Fellowship Programme to the Saudi Government. He felt it was a model which would assist with their Healthcare Services.

Action: Prof. Field to update declarations.

TB.9032: Minutes of the meeting of the Board of Directors held on 6 December 2022

Prof. Field confirmed there were no amendments to the minutes of the meeting of the Board of Directors held on 6 December 2022.

Resolved: that the Minutes of the Board of Directors held on 6 December 2022 be approved as a true record.

TB.9033: Matters arising from the minutes of the meeting of the Board of Directors held on 6 December 2022– Action Points

4 October 2022/TB 8983

Infection Prevention report

“An update on the resolution of turn-around of rooms for care with estates be reported as a matter arising at the next Board meeting in February 2023.”

Ms Hickman said a Standing Operating Procedure (SOP) had been created to work through governance processes, which would assist in communication between Estates Development, Estates Management and Infection Prevention (IP) together with operational colleagues.

Ms Jones asked whether communication was taking place between teams and whether the cleaning of rooms was being completed within the required turnaround. Ms Hickman said the SOP would create a clear process and framework around communication with the relevant people and the process would ensure swift turnaround. Ms Jones asked how long the new process had been implemented. Ms Hickman said the SOP was going through the governance process and would shortly be live.

Action: it was agreed the action be closed.

6 December 2022/TB 8963

Declarations of Interest

“Prof Toner to update her declarations.”

Prof. Toner confirmed her declarations had been updated.

Action: it was agreed the action be closed.

6 December 2022/TB 8974

Education and Training – Work Experience Programme

“Ms Nickell and Ms Evans to review the future promotional potential of the work experience programme.”

Ms Evans confirmed communication had been circulated.

Action: it was agreed the action be closed.

2 August 2022/TB.8864

RWT Equality, Diversity and Inclusion Report 2021 – 2022

“Dr Odum to prepare an update on Health and Inequalities to the next Board meeting.”

The item was an agenda item for today’s meeting.

Action: it was agreed the be closed.

TB.9034: Covid 19 Inquiry Update

Mr Bostock introduced the report and said there were a number of modules within the National Inquiry, module 3 looked at how the impact was managed within Acute Care Services. He said a response had been submitted by the Trust. He also mentioned a secure data repository and Project Management Group had been set up to ensure requirements of the National Inquiry were delivered.

Resolved: that the Covid 19 Inquiry update be received and noted.

TB.9035: Patient Story

Ms Smith introduced the Patient Story - a Patient who was 90 years of age when he was assessed and diagnosed with cancer and she welcomed Dr Habib. Dr Habib said when he met the patient, the patient was a fit gentleman. He said the patient had a large tumour which was localised with no spread in the lung, whose only option was surgery. He said risks of surgery

were discussed with the patient and the patient gave his approval to the surgery. He said keyhole surgery operation was performed whereby the lower half of that lung was removed. He said the patient made a swift recovery. He said following a Computerized Tomography (CT) scan in November 2022 the Patient was still clear of cancer at the age of 94. Ms Rawlings felt it was positive story and felt often older people were forgotten when talking about equality and diversity. She said it was positive that the Trust could do what they could if someone was in a position to withstand surgery. Dr Habib said he felt the Trust was well ahead of any other thoracic centre in the West Midlands. Prof. Field congratulated Dr Habib and his colleagues and said the Trust should be proud of their hard work.

Prof. Loughton mentioned the Heart and Lung Centre at the Trust opened the day he started working for the Trust. He said it was positive news that the Centre was a success in its area, and felt this was due to excellent teamwork of staff.

Resolved: that the Patient Story be received and noted.

Chief Executive and TMC Reports

TB.9035: Chief Executive's Report

Prof. Loughton introduced his report and highlighted a number of Consultant appointments had been made including 3 in haematology which was positive news for the Trust. He said during the period after Christmas the Trust was under significant pressure, the worst day being 60 patients awaited to be admitted in the Emergency Department (EA) on one day. He felt staff had worked well during the challenging time. He said he attended various Gold Command and bed meetings where targets were set for discharging patients. He said yesterday there were no over 1-hour delays which was positive news.

He said on the 12 January it was announced that the Trust was one of eight Trusts to be assessed to be an accredited Elective Surgical Hub, which is part of a national scheme to improve surgical care and waiting times. He also mentioned Prof. Tim Briggs who headed the Project had attended Cannock Chase Hospital to accredit the Trust's bid. He said during Covid 19 Elective work and Cancer work had continued at Cannock Chase Hospital which was positive. He also mentioned Walsall Healthcare NHS Trust (WHT) had a surgical robot, one of the first robots in the Country to be dedicated to Orthopaedic work.

Prof. Field felt good teamwork assisted with the successes at the Trust. He said Prof. Loughton's involvement with recruitment of Consultants was positive, and felt if the correct people were recruited who had the correct knowledge, skills and experience but also the right values they would work as a team. Prof. Loughton said the Trust reaped the rewards having not used agency nurses since 2005 and also with the great success of the Clinical Fellowship Programme and the Nurse Fellowship Programme.

Resolved: that the Chief Executive's report be received and noted

TB.9036: Chief Executive's Report of the TMC held on 27 January 2023

Resolved: that the Chief Executive's Report of the TMC held on 27 January 2023 be received and noted

Patient Safety, Quality and Experience

TB.9037: Patient Experience (& Complaints Report)

Ms Dowling introduced the report and highlighted there had been a reduction in the volume of complaints which was positive news. She said Emergency Department (ED) received 3 complaints which was a reduction from 17 in the previous reporting period. She said there had been an increase in the number of compliments received. She said no new cases were accepted for full investigation by the Ombudsman. She also mentioned the Trust received positive results from the National Maternity Survey published in January 2023. She said ongoing work was being undertaken with recruitment and retention of young volunteers with focus on supporting them through qualifications to gaining employment. She finally mentioned a logo was created with the Learning Disability Team to identify patients with Learning Disability needs. She said the Trust had been approached by external organisations who wished to adopt the use of the logo, and work was taking place with a regional Charity to identify how to widen the scope of work with Learning Disability Patients.

Ms Rawlings said it was a positive report and was delighted to hear about the volunteers. She asked whether targets were set on the number of volunteering appointments. She also asked whether any specific reasons had been identified as to why there was a reduction in the number of complaints. Ms Dowling said no Key Performance Indicators (KPIs) had been set for the number of volunteers. She said the Trust was trying to recruit as many as possible with focus on assistance to clinical areas. She said there had been success for young volunteers as she felt they could see the benefits of volunteering. Ms Dowling thanked Ms Rawlings with her work with the coproduction of the logo which was a success.

Ms Dowling felt the number of complaints were low due to the good work of staff. She said her team had provided piloted training sessions with staff at ED on escalation and aggression.

Ms Heseltine asked about the upheld Parliamentary Ombudsman Investigations (PHSO), and how learning was shared within the department to prevent future occurrence. Ms Dowling said amendments had been made to the policy to mirror learning from a Route Cause Analysis (RCA) investigation and ongoing work was required. She said the team attended Divisional Governance meetings where feedback was shared, and learning was also published in the Listen and Learn magazine.

Ms Heseltine asked whether complaints were signed off by a Director. Ms Dowling said every complaint together with its final response was forwarded to Prof. Loughton for sign off.

Ms Cowley asked how embedded volunteering was from a team planning point of view from staff across the Trust. She also asked about the maternity feedback report, where there were the demographic breakdowns and how did that match up to the demographics of the Trust's patient base. She asked whether it was mirrored or if there were differences.

Ms Dowling said the team worked closely with Human Resources (HR) in terms of recruitment. She said the Trust tried to ensure volunteers were treated the same way as any other paid employee, recruitment checks, occupational health clearance were undertaken for all volunteers. She said further work could be done with the wider workforce in terms of the volunteers e.g. work experience and The Princes Trust. Ms Cowley said the question was around when people were planning, how many people did they need to deliver their objectives, were they automatically thinking about where volunteers fit into it or was it that they were more generally thinking about staff. Ms Hickman said operationally across the areas there was work to be done, and there had been an influx of new staff. She said the Trust undertook a Skills Mix review every year however volunteers did not feature as part of this work. She said there was a period of time where the Trust did not have volunteers through Covid and there was some re education work to be undertaken in understanding the roles and benefits of volunteers and its how that interface worked operationally. She said work needed to be done in relation to that.

Prof. Toner said she had met the team individually and was impressed with their knowledge

and enthusiasm. She said she was to speak to the team at Walsall Healthcare Trust (WHT) to see how both Trusts could work more collaboratively.

Mr Dunn asked how easy it was for people to complain if they wished to raise a concern. He also asked what the process was if there was a trend in complaints. Ms Dowling said the Trust strived to making complaints as accessible as possible and there were a variety of different ways where people could make a complaint. She said literature and videos was available in various languages. She said where trends in complaints or compliments were identified, work was done with Directorates to identify what may be causing the trends. She said positive trends were also shared with teams.

Resolved: that the Patient Experience (& Complaints Report) be received and noted

TB.9038: Learning from Deaths Report

Dr McKaig introduced Dr Viswanath, Dr Viswanath highlighted positive news for the Medical Examiner Service. He said there was a requirement to extend the Medical Examiner Service across to the Community and the Trust was doing well within the Wolverhampton area which had also been recognised within the Integrated Care Service (ICS). He said 37 out of 49 General Practices (GPs) were on board with the service, and it was anticipated all GPs within Wolverhampton would be on Board within the deadline date April 2023. He also mentioned the Trust had introduced the Mortality Review Process within Vertical Integration (VI) practices. He highlighted the Summary Hospital-Level Mortality Indicator (SHMI) for the Trust was within the expected range at 0.94. He said some groups had a higher than expected SHMI, which did not necessarily mean there was a problem with care but required further investigations. He said Clinical Pathway meetings took place monthly where alerting groups were present and any work undertaken in terms of Quality Improvement was reviewed together with metrics to see where improvements could be made.

He lastly mentioned the changes of recording of activity within the Emergency Services which was to be rolled out Nationally in April 2023. He said this would mean activity within SDEC (Same Day Emergency Care) would be removed from the calculations for the mortality metrics which may have an impact on the Trust SHMI. He said the removal of the low-risk emissions from SDEC would largely have a denominator effect. He said it was difficult to quantify the impact of such a change as this would depend on how other organisations were recording this particular activity. He said this would be monitored over the year.

Prof. Field thanked the team and said over the last couple of years the Trust had shown great improvement in the Trust's SHMI figures which was a real success to everybody whether they were Drs, Nurses or the coders at the Trust. He asked Dr Viswanath to explain what the SHMI was for the new NEDs. Dr Viswanath went through a brief summary.

Prof. Cannaby said it was a positive report with great progress. She asked Dr Vishwanath whether he felt any other support was required in the learning pathways, or was he content through audits, progress was being made. Dr Viswanath said when an alert was highlighted pathways and details were looked at to identify any scope for improvement. He said two pathways being focussed on were pneumonia and cerebral vascular disease and there were metrics that could be looked at in terms of quality-of-care provision. He said there was scope for improvement which was being monitored through the clinical pathway meetings. He said in relation to pneumonia, work was being undertaken at an Integrated Care Service (ICS) level and there were common pathways implemented across the ICS and it was hoped changes with those would make an impact.

Dr Pickavance said her team had commenced working with the Medical Examiner System and felt it was a helpful and seamless process. She mentioned cardiothoracic surgery, operating

on older patients etc and asked if there was an effect on the number of deaths at the Trust when operating with patients with such conditions, as she felt the death rate should be higher. She asked how this was assessed nationally. Dr Viswanath said it was difficult particular with niche surgeries. He said the calculation was based on admission diagnosis for elective admissions and also comorbidities the patient had together with age. He said there were few issues in relation to mortality metrics because it did not take into consideration physiological parameters at the time of admissions, or for that matter deprivation or palliative coding.

Prof. Field said cardiac surgeons were probably the most data rich and published group of surgeons in the Country. Prof. Loughton said performance of every individual cardiac surgeon in the Country in terms of mortality together with performance was published online. Prof. Field said surgeons at Wolverhampton had always contributed to that data collection. Prof. Field thanked Dr Viswanath and said it was a brilliant success story for patients.

Resolved: that the Learning from Deaths Report be received and noted

TB.9039: Quality Improvement Team Update

Mr Evans introduced the report and said work undertaken from the team was beginning to be seen within Board papers which were presented. He said work had been done on Statistical Process Control (SPC) charts which was part of Quality Management System. He said the improvement plan had been through the Improvement, Innovation and Research Committee, which was a subgroup of the Joint Committee. He said the first Clinical Lead had been successfully recruited in surgical division. He also mentioned the first bespoke one day fundamentals course for the Surgical Division had taken place to understand what Quality Improvement (QI) methodology meant and how it could improve services within surgery, which had received positive feedback. He mentioned work done in relation to patient flow, good progress was being made on the project around pyjama paralysis and early data suggested there had been a significant reduction in terms of length of stay in the ward it was trialed together with a reduction in the number of falls within that area. He said this was done by working alongside the team but ensuring that they owned the process but with full support from the QI team.

Prof. Field mentioned as there were new members to the Board, another session should be arranged for Quality Improvement together with SPC charts.

Prof. Levermore felt the report was excellent and asked how the report fit into the overall 4 C's together with what benefits had been seen. He asked what the Board could do to assist to improve and increase the community of practice as Quality Improvement was showing beneficial outcomes.

Mr Evans said the Trust was looking at adding quality improvement and quality understanding as part of leadership walkaround sessions that took place. He said currently there were questions on what to look for and what to go through. He said they were currently looking to supplement on how to incorporate QI during those visits. He said this would be done by talking to staff ensuring they understood what their role was within QI and how they could adopt and not adopt, together with signposting them to the QI team. He said it would be appreciated if that support was provided by the Board.

Ms Heseltine noted in the papers the team were to do a display of all the posters and asked whether the NEDs could have an opportunity to have sight of those. Mr Evans said this could be arranged. He said the Trust was to undertake a QI event. He said there were 30 different organisations who now used the Trust for training on improvement methodology, which equated to nearly 250 staff across the Country. He mentioned last week the Integrated Care Board (ICB) attended one of the training sessions to take their quality team through the process.

Mr Dunn said positive progress was being made and asked whether this could be publicised and successful projects could be sighted to Committees. He said it would be positive to see where an idea was coming through it had been executed and see results. Mr Evans said most of the projects related to safety and flow which were reported through Divisions through QGAC, he said this could be brought to a broader attention. He said he would consider how this could be undertaken. Mr Dunn said it may be helpful to look at Cost Improvement using these disciplines.

Resolved: that the Quality Improvement Team Update be received and noted, and the approach outlined be supported.

Governance, Risk and Regulatory

TB.9040: Quality Governance Assurance Committee (QGAC) Chair's Report

Prof. Toner highlighted the challenges with the Cancer Improvement Plan. She said there had been improvement with the 2-week cancer waits but less improvement with the 20 and 62 week waits. She said there were delays in histopathology which was causing delays on patient waiting times. She mentioned there had been an improvement with Magnetic Resonance Imaging (MRI) and CT scans and ultrasonography remained a national challenge. She said external individuals were to support services at the Trust. She said a Lead Cancer Nurse had been recruited and a Medical Cancer Physician was in the process of being recruited. She said there was concern on staffing levels across all divisions due to sickness and maternity leave. She said staff were in the pipeline which should improve the situation. She said there was a challenge with medicines management and ongoing work was being undertaken between RWT and WHT. She mentioned QGAC had been delegated the declaration sign-off by the Board for the Clinical Negligence Scheme for Trust (CNST) for Maternity Service due to timings of submission and confirmed the declaration had been signed off and submitted within the relevant time.

Resolved: that the Quality Governance Assurance Committee (QGAC) Chair's report be received and noted.

TB.9041: Chief Nurse/Director of Nursing (DoN) Report

Ms Hickman introduced the report and mentioned the report was normally supported by a dashboard which gave read across on resource workforce with some nurse sensitive indicators. She said due to a national issue with Electronic Staff Record (ESR) reporting capability the information was not available at the time of preparing the report but would be circulated once available. She noted the positive Patient Experience Report given challenges that had been seen together with capacity impact of operating over 90%, she felt it should not be underestimated the effect that had on quality and safety. She said during that difficult period some self-assessment audits were suspended which were normally undertaken by Senior Nurses across wards. She mentioned the Ward Accreditation Scheme would be piloted in April to bring together a process and framework for ward leaders, departmental leaders to work towards strengthening system and process around quality safety. She mentioned activity was in the pipeline with recruitment which was positive news. She said there was focus on the decrease in late observations on time. She mentioned there had been interruptions with access to a Decant facility and the Trust had decanted where it had been able to. She said in the interim a Patient Equipment Cleaning Centre had been put in place working closely with Estates and Facilities colleagues and operational teams which had been positive.

Ms Cowley asked whether the Trust had explored partnerships with Social Care to look at

monitoring pressure ulcers reported within the Community. Ms Hickman said a pressure ulcer summit was to take place and a deep dive was to be done in Community cases which should assist the Trust to link in with stakeholders. She said conversations were also taking place with Social Care colleagues on what support could be provided. Ms Cowley said it would be positive to ensure that there were some homecare providers involved as she said from experience those patients that required more than one carer to move etc often it was difficult to arrange when nursing teams could be on sight and some of the shared digital records may also assist. Ms Hickman said she would discuss further with Ms Cowley.

Prof. Toner asked whether staffing challenges within the Safeguarding Adults Team were due to sickness during that period. Ms Hickman confirmed staffing challenges were due to sickness during the winter period.

Resolved: that the Chief Nurse/Director of Nursing Report be received and noted.

TB.9042: Integrated Quality and Performance Report

Ms Hickman introduced the report and mentioned the challenging time for staff and patients in accessing services during that period. She said herself and Dr McKaig walked floors and spoke with staff face to face providing assurance. She said there was an increase in Flu/Covid cases together with Respiratory syncytial virus (RSV) and Strep A. She said a deep dive and triangulation piece of work was underway together with working with operational colleagues in terms of learning and what support could be provided. She said there continued to be transient cases of numbers associated with *C-Difficile*. She said an external visit from National Health Service England (NHSEI) took place and positive feedback was received. She said Care Hours Per Patient Day (CHPPD) had impacted on recruitment, but it was recognised the key area of focus was the opening of the Ambulance Receiving Centre (ARC) where staff were required.

Ms Nuttall highlighted it had been the most challenging December through to the New Year that she had experienced during her time at the Trust. She said during December, 22% of patients who were conveyed to the Trust via Ambulance had a delay of over one hour to be off loaded from the ambulance, this was undoubtedly a poor experience at the Trust, together with potential harm and delays out in the Community. She said the number equated to nearly 800 patients. She said New Years Day was the worst day experienced for delays with nearly 50% of the ambulance service waited over an hour to be offloaded. She said as a result of the delays a whole series of actions were implemented across the organisation, which was clinically led in terms of response from the clinical teams, supported by the operational management and support staff, particularly cleaners and porters. She said in the first 6 days of January there were 240 patients who had experienced a delay and since the actions, there had been significant improvement. She said there were still challenges with patients who had complex needs for their discharge, and work was being undertaken. She said up to £4 million had been made available across the City of Wolverhampton. She said the Trust was working at Place level with partners particularly with the Local Authority together with voluntary services. She felt the key was if that money was recurrent and continued. She said in regard to Cancer waiting times there was a potential risk of harm to patients with renal tumours, due to the long wait for surgery. She said there were long waits and ongoing work was being undertaken to assist. She said there were no patients waiting over 104 weeks and the Trust was working hard to ensure by the end of March there would be no patient waiting over 78 weeks. She said the Trust was providing mutual aid for head and neck and Orthopaedics to some organisations.

Mr Dunn felt the action taken by Ms Nuttall, Ms Hickman and Dr McKaig during the difficult period was positive and the Board should commend them and their teams for their leadership and dedication.

Resolved: that the Integrated Quality and Performance Report be received and noted.

TB.9043: Midwifery report including Maternity Incentive Scheme Year 4 Safety Action 4

Ms Palmer introduced the report and highlighted the Care Quality Commission (CQC) inspection took place in October. She said improvement plans were in place and positive feedback had been received on clinical practices around leadership within the Directorates. She said due to workforce challenges seen across the region the safety domain deteriorated to needs improvement. She said workforce plans and quality improvement plans were in place and following a meeting with the Chief Midwifery Officer of NHS England, CQC received assurance that the Trust had robust processes in place to address some of the issues and CQC felt it not necessary for the Trust to be placed on the Maternity Safety Improvement Program. She said full compliance had also been declared with the Maternity CNST for year 4.

Mr Hemans asked about the concerns raised by CQC and when would any results be seen from the plans which were in place. Ms Palmer said there were 2 “must dos” on workforce and there was a local strategy for workforce for regional teams to action, which may take time. She said with triage work the Trust had made positive progress particularly around telephone access for women which was immediately addressed and put in place. She said the other “should dos” related to some estates work. She said the Trust was aware there was an issue with ventilation systems which were being monitored.

Mr Hemans asked whether concerns had been raised by patients as the report was in the public domain. Ms Palmer said the Trust had not received any feedback from users.

Ms Heseltine said she was concerned with some of the “should dos” which had been known for some time, i.e., storage, policies not up to date or risk assessed. She asked what was being done to get them up to date. Ms Palmer provided assurance that the concerns mentioned had been immediately addressed by Ward Managers, Medicines Management together with the storage issues.

Ms Hickman said there was a joint assurance post in place for the service to look at the oversight between RWT and WHT which sat out of the Directorate, and was reported to QGAC. She said the post was in place for the next 12 months and would be reviewed as it was supported by external funding.

Resolved: that the Midwifery report including Maternity Incentive Scheme Year 4 Safety Action 4 be received and noted.

There was a break from 11:00 – 11:15 am

TB.9044: Pharmacy & Medicines Optimisation report

Ms Davis introduced the report and said there were currently 20 vacancies at the Trust which was 10% vacancy rate. She said the vacancy rate for Senior Pharmacists was at 16% and recruitment strategies were in place. She mentioned a business case had been submitted to extend Clinical Pharmacy Services at the Trust to 7 days a week in ED and Admissions Portals which should improve patient safety together with patient flow and discharge. She said the Trust was working closely with WHT to align the Medicine Management Groups and create joint subgroups including a joint Medicine Safety Group. She said there had been an increase in medication incidents during October, but the hard rate remained low. She said improvement actions were in place for safe and secure storage of medicines. She said there was focus on upgrading clinical rooms in C21 and C22 and introduce cooling. She lastly mentioned there were national challenges with Community Pharmacy i.e., Lloyds Pharmacy had announced the

closure of over 200 Pharmacists within their Sainsburys. She said NHS had responded by putting in place in each system a Community Pharmacy Lead who worked closely with RWT. She said assurance had been provided that the closure of Lloyds Pharmacies would not affect the Trust's onsite pharmacy.

Ms Cowley asked whether there were any geographical areas in Wolverhampton where it was believed it would be difficult for people to access a Pharmacy. She asked whether the ICB were looking at different models to try and provide access to support. Ms Davis said she was not aware of any geographical issues; she said a pharmaceutical needs analysis had been produced which she could share with the Board.

Mr Duffell said he was aware there were several Pharmacists from acute Trusts into PCNs and asked whether that had an impact on the Trust.

Ms Davis said the Trust had seen several of its pharmacy technicians move into the Trust's Primary Care Networks (PCN) but not necessarily Pharmacists moving into Primary Care. She said the Trust had its own PCN and there were a number of vacancies with the PCN which was one area the Trust was struggling to recruit. She said the Trust did offer portfolio working for Pharmacists for example an advert was to go out for an integrated care of the elderly pharmacist to work 3 days a week within the PCN Care Home team. Mr Duffell said the portfolio offer was a positive to attract Pharmacists.

Mr Levermore asked in relation to the reduction of Community Pharmacists and storage issues, and whether Ms Davis felt there would be an increase in pharmacy cost over the next 5 years which could impact the Trust pharmacy budget. Ms Davis said one of the reasons pharmacies were closing was due to income not matching the expenditure with one of the drivers being around medicine shortages, where often community pharmacies would have to buy in alternative brands and would not get reimbursed for the price. She said when that occurs the Trust would see those patients coming back into the hospital to have their medicines which was seen with the Strep A during Christmas which could put additional costs onto the hospital. She said together with workforce challenges the biggest area effected was community pharmacy which had led to closure of some stores and increased expectations from the pharmacy workforce, which could also see increases in workforce costs as well as medicines.

Dr Pickavance asked about pharmacy workforce and there was mention that all Pharmacists were to become prescribers once they had completed their degrees. Dr Pickavance said the PCN prescribers were paid higher and asked whether that would cause issues in the increase of pay. Ms Davis said yes, the Trust had moved to offering a prescribing course during the second year of their qualification and Band 7's would become prescribers. She said in primary care they were expected at a Band 8a level. She said that would definitely pose an issue if that pay not levelled up. She said there was work to be undertaken into what was occurring in primary care to hospitals. Dr Pickavance said a lot would also like to work from home and was that offered by the Trust to encourage staff to join as work could be undertaken at home. Ms Davis said that would be based on individual portfolios and felt Pharmacists and pharmacist technicians should be visible and able to form relationships with GPs Practices, and on wards. She said there was a balance to be had.

Ms Rawlings asked about Aseptic Services which had been escalated to the Trust Risk Register. She was aware Wrekin House was a big development and an Aseptic part of that but it was 18 months away. She asked what the likelihood was of that risk and what concerned her most about it. Ms Davis said the reason the risk was escalated was due to the roof needing to be completely replaced. She had been told that the roof was going to be replaced within the next one or two months. She said once completed the risk would be removed from the Risk Register and the team would continue to maintain the current facility until they move into the new one. Ms Rawlings said the risk of not being able to meet the requirements of good

manufacturing practice, did Ms Davis feel that would be in hand once the roof was repaired and there would be nothing else that might cause that to fail. Ms Davis said due to the age of the facility there were ongoing issues, and she was mindful that the risk was there. She said environmental monitoring took place to monitor it.

Resolved: that the Pharmacy & Medicines Optimisation report 4 be received and noted.

TB.9045: Infection Prevention & Control (IPC) and Infection Prevention Board Assurance Framework (BAF) report

Prof. Field said as the report was very clear the Board would move to questions unless there was anything specific to raise. Dr Macve said there was nothing specific to raise.

Ms Jones mentioned there were actions which had a review date of the 16 January and were still marked amber. She asked for assurance that those remained the right actions within the levels that were within the trajectory or did something else needed to be done to be able to achieve those.

Ms Hickman said some of the actions were referenced at the beginning of the Board meeting i.e. the SOP that was currently working through the governance process. She also said the Ventilation Group were meeting and the ventilation process was being worked on by estate colleagues. She said some actions were being undertaken and feedback was awaited from specific groups. Mr Reid also mentioned single rooms would need to be kept as an action as it depended upon capacity within that area.

Ms Heseltine asked about ventilation and timescales. Ms Hickman said she would need to speak to colleagues and would confirm timescales outside the meeting. Ms Heseltine asked for assurance that meetings were taking place with the Estates team. Ms Hickman said confirmed meetings were taking place.

Ms Nuttall provided assurance when new schemes were being designed and built a multidisciplinary approach was required. She felt the reality was the Trust was not able to solve all the ventilation challenges and any new schemes would be compliant to the Health Technical Memorandum (HTM) recommendation.

Action: Ms Hickman to speak to colleagues in relation to ventilation and timescales and feedback to Ms Heseltine.

Resolved: that the Infection Prevention & Control and Infection Prevention Board Assurance Framework (BAF) report be received and noted.

TB.9046: Trust Risk Register (TRR)/Board Assurance Framework (BAF) Heat Map

Mr Bostock highlighted there were 23 risks on the TRR, 5 of which had been there for more than 3 years, 2 risks had been removed and 4 new risks added. He assured all that the risks were connected to the live environment at the Trust.

Mr Wilshire said the BAF was to note, 1 new risk had been drafted relating to cyber-attack and potential data loss and system loss which would be going through relevant Committees.

Resolved: that the Trust Risk Register/Board Assurance Framework Heat Map Report be received and noted.

TB.9047: Mental Health Report

Dr McKaig introduced Ms Kirby-Owens. Ms Kirby-Owens said the biggest challenge was the

extended waits in ED. She said the Trust had experienced very challenging patients who required additional and specialist support. She said administrators at the Trust had evidence to support they were adhering to the CQC Registration 100% and evidence that all patients had their rights read, access to appeals and the Trust was adhering to the Code of Practice and Mental Health act for those patients. She said last week there were 5 detentions in one day. She said between July and January there had been 65 detentions to the organisation she said in 2021 there were only 52 within the entire year. She said there was a decrease in Children and Adolescence Mental Health Services (CAHMS) Service admissions during December and January. She said the biggest plan was to support staff to access appropriate training, support them, do risk assessments and ensure there was an escalation process. She said the TRR for Mental Health was being reviewed. She said a post was to be advertised for a Band 7 Clinical Nurse Specialist to join the team.

Mr Hemans said he recognised the challenges faced by the Trust and asked due to the increase in number of cases would this result in an increase to any risks. He also asked whether the system was taking note of demand of Mental Health Patients being faced by hospitals and was anything been done to increase bed numbers for Mental Health provision.

Ms Kirby-Owens said risks were being reviewed as there were internal and external factors to be considered. She said for things which the Trust had control of in terms of when a patient came into hospital, work was done, risk assessments, work with the liaison team, upskill and help staff to have better understanding on how to support. She said the external factors which the Trust did not have control over were, external service delivery, demands within the service system. She said locally there were challenges due to there not being many specialist Mental Health beds. She said in terms of new beds nationally there were no new beds commissioned and she was not aware of any commissioned beds within the Black Country.

Ms Cowley said she would like to arrange a discussion with Ms Kirby-Owens in relation to eating disorder services to see if you could provide any support. She asked for Mrs Kirby-Owens views on how effective she felt the Mental Health transformation funding had been within the Black Country and specifically in Wolverhampton.

Ms Kirby-Owens said an internal working group had been created as there was a gap in community service delivery around eating disorders and how to support patients. She said the Trust had engaged in transformational work and were awaiting to see outcomes of that work. She said the Trust had engaged as an organisation to support all the meetings but felt currently there had not been change on practice.

Dr Pickavance asked whether it was during a specific time of day where 5 people with Mental Health problems. She said from her experience when she tried to get someone through to the crisis team she was told there was a 3 day wait to see someone who was actively suicidal therefore GPs had to send them to ED which she felt was not an appropriate place to send them. Ms Kirby-Owens said there was no specific time of day and Section 52 was generally used at all points there had been an increase in admissions. She said the interim Matron at RWT had looked at some of the presentations and there was a higher number of patients that the Trust saw that were open to crisis services and most likely should have had a face to face crisis assessment. She said the Trust was aware that the Crisis Team had had challenges locally in terms of staffing and capacity which was a national challenge.

Prof. Loughton said investment with Mental Health had not been kept with over the years. He said due to Covid and with the cost of living crisis the Trust was seeing elderly people who were retired coming to the Trust with Mental Health problems. He said it was a workforce problem and the Trust assisted the Mental Health Trust as they had 10 or 12 middle grade Doctor vacancies which they had not filled for a decade and the Trust filled them with the international Clinical Fellows. He said the Trust was struggling to keep up with the growing demand and

some of these patients were difficult to deal with and to keep them safe but also keeping other patients and staff safe was a challenge.

Dr McKaig said regular Executive meetings took place with himself, Ms Hickman and Ms Nuttall together with colleagues of the Black Country Healthcare team, and were sighted on the transformation work together with workforce and challenges with liaison. He said it was recognised that work and focus was required to build up relationships with colleagues from Mental Health teams and their work in the organisations.

Prof. Field said it was a very important national issue and pressure needed to be kept for the people of Wolverhampton.

Resolved: that the Mental Health Report be received and noted.

TB.9048: Audit Committee - Chair's Reports September and December

Ms Jones introduced the report and highlighted internal audit had reported on their follow up review of Ophthalmology. She said progress was being made on the 3 high risk recommendations but not sufficient to remove the risk. She said this was also due to work at Wrekin House which would take time to complete. She said assurance could not be provided and this was to be reviewed and monitored in Audit Committee meetings.

Ms Rawlings asked for an update figure on how much harm had been caused, and how many people suffered harm as a result of the delays.

Dr McKaig said 16 cases were reported around 18 months ago. He said there had been no further cases of harm relating to glaucoma. He said there was a separate incident relating to lens injections which was being dealt with as an individual operator as opposed to system error. He said the TRR was downgraded from red to amber as there had been no serious cases of harm during the last 18 months. He said it was recognised there was still work to be done to provide full assurance on capacity and review but recognised that work which had been put in place had mitigated that risk around that group of patients coming to harm.

Ms Rawlings asked whether from the ongoing review was the Trust able to capture where it was felt the Trust needed to bring people forward to stop that harm occurring and how was that to be dealt with. Dr McKaig said specifically around glaucoma where the harm was being identified the team had brought in a revised Red-Amber-Green (RAG) rating in terms of patients who were at risk and those at the highest risk were being prioritised which he felt appeared to be effective at the present time.

Ms Nuttall said the Trust was currently in the process of validating every patient on all of the waiting lists, which was part of national guidance.

Resolved: that the Audit Committee - Chair's Reports September and December be received and noted.

TB.9049: Audit Committee Terms of Reference

Resolved: that the Audit Committee Terms of Reference be approved.

TB.9050: Workforce Safeguards - Nursing and Allied Health Professionals (AHP)

Ms Hickman introduced the report and said it was for noting. She said it was a requirement that the report was provided to the Board for annual oversight.

Resolved: that the Workforce Safeguards - Nursing and Allied Health Professionals (AHP) Report be received and noted.

Performance and Finance

TB. 9051: Performance and Finance (P&F) - Chair's Reports October and November

Mr Dunn introduced the report highlighting work had commenced for next years annual Operating Plan. He said the year-end target would be achieved but the financial run rates on each of the Divisions were higher than expected. He said there needed to be focus on the Cost Improvement Program (CIP) as not a lot of initiatives would mature and deliver next year. He also mentioned pressure for Elective Recovery. He said currently the pipeline was growing which would put pressure on the Trust and a detailed plan was taking place to review options.

Resolved: that the Performance and Finance Chair's reports for October and November 2022 be received and noted.

TB.9052: Report of the Chief Financial Officer – Months 7,8 and 9

Mr Stringer highlighted month 9 report £1.8million surplus in month accumulative £7.5million deficit but the Trust was still projecting a break-even position by the end of March. He said that was with the agreement with the risk arrangement across the ICB and the System had to break even with all the providers in order for the Trust to breakeven. He said the cash position remained strong and there was a significant amount of capital which the organisation was working through totalling £89million due to significant developments at the Trust including the Solar Farm. He said due to the system slipping nationally there was capital coming out at late notice which was putting pressure on teams to ensure the Trust delivered the Capital Recourse Limit. He said in summary the Trust would break even year end, would achieve the Capital Resource Limit but there would be challenges with exit run rates and gong into the plan for next year.

Resolved: that the Report of the Chief Financial Officer – Months 7,8 and 9 reports be received and noted.

TB.9053: Review of GI02, Financial Management Policy Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation

Mr Wilshere said the Trust had undertaken a comprehensive review of the policy, particularly due to the revised Code of Governance for NHS Trusts. He said there had been some amendments to the level of sign offs incorporated within the policy. He said Appendix A would need to be amended so it was consistent with the financial instructions part of the policy.

Ms Rawlings said the Trust had been looking at how to improve the processes in Charity and would like discussions with Mr Stringer. Mr Stringer said he would discuss further with Ms Rawlings.

Action: Mr Stringer to arrange to speak with Ms Rawlings on how to improve the processes in Charity.

Resolved: that the Report of the Review of GI02, Financial Management Policy Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation be approved

Strategy, Business and Transformation

TB: 9054: Update from the Black Country Provider Collaboration Programme Board

Mr Evans introduced the report and said feedback was expected at the end of next month for the Trust's application to be one of the National Innovator Schemes for the Collaboration. He said NHS England were looking to appoint between 7 and 9 Collaboratives across the Country. He also mentioned governance work continued and would be brought to the Board for agreement of scheme of delegation to support the clinical work. He finally mentioned work taking place via ICB on the future configuration Dudley Integrated Healthcare, he said there would be an options appraisal about what the future configuration would look like.

Mr Hemans asked in relation to the digital aspect, whether or not the Trust was looking at a Black County Provider Collaborative doing more on cyber security. He asked whether something collectively could be done to assist with any cybercrime attacks on the NHS. Mr Evans said a digital lead had been appointed across the Provider Collaboration and workstream was underway. He said work relating to cyber was being coordinated through the ICB and the Trust linked into that.

Resolved: that the Update from the Black Country Provider Collaboration Programme Board be received and noted.

TB: 9055: Sustainability Report

Mr Evans highlighted it was a positive report and said more services were onboarding to the greener services with the example of Therapy Services who had, through the implementation of their virtual clinics made a saving equivalent of 418 tonnes of carbon dioxide, which was equivalent to one car driving around the earth 90 times. He said ongoing work was being undertaken to engage with more teams. He said positive regional and national coverage had been received for the work being undertaken. He said the Trust was on the regional committee for greener services and were also hosting the regional team with 40 NHS Trusts who had signed up. He also mentioned the Trust was on the judging panel for 3 of the Health Services Journal (HSJ) awards around green work.

Resolved: that the Sustainability Report be received and noted.

People and Engagement

TB.9056: People & Organisational Development (PODC) Committee – Chair's Report

Mr Hemans introduced his report and mentioned Race Equality week was currently taking place and welcomed Board members to join sessions. He said a 'deep dive' review was undertaken for Division 2 and it was sad to hear some recent losses of members of staff, some quite sudden which had impacted colleagues. He said the Committee recognised challenges for staff during the difficult winter and were looking to ensure they were sufficiently supported. He said it was also concerning to hear about the potential reduction in funding for the Black Country Hub which had been providing Mental Health and other support to staff across the Black Country. He said RWT may have to work with WHT to provide increased provision into this area should this occur. He said there had been difficulties with retention and turnover of staff, which was a focus for the Committee, in trying to have conversations in advance with those who were considered to leave what the Trust, to see what could be offered at the Trust for staff to stay. He said the Committee also considered staff using a QR code for them to use if they were considering leaving the Trust or possibly alert the Trust of their considerations of leaving, this

would provide some early indications and support could be provided if required.

Resolved: that the People & Organisational Development (POD) Committee – Chair's Reports for October and November be received and noted

TB.9057: Executive Summary Workforce Report

Mr Duffell introduced the report and highlighted the vacancy rate was below 4% and it was positive news the Trust still maintained that lower vacancy level. He said it was recognised there were still vacancies in different specialities. He said appraisals and sickness absence position was not at a positive position for the Trust, due to operational pressures. He said Divisions were to focus on bringing appraisals back online. He said focus was also on whether a BAF risk was required for turnover and retention. He said during the last 12 months the Trust had seen more starters than leavers which was positive news. He said in relation to industrial action the most pivotal for the Trust would be the British Medical Association (BMA) industrial action for Junior Doctors which was to close on the 20 February, thereafter the Trust would hear further of any potential strike action.

Ms Nuttall highlighted, even as a result of the industrial action taking place the Trust had not cancelled any activity other than the first day where there was small impact on non-emergency patient transport which had impacted 9 patients, all these patients had been offered alternative appointments. She said Dr McKaig had met with the Chair of the Medical Staffing Committee planning for the potential Junior Doctors strike and she felt it would have a more significant impact should it take place.

Mr Levermore asked whether there were any common themes in exit interviews leading to retention issues. Mr Duffell said the Trust was not successful with exit interviews and were running from small levels of data. He said one of the things being faced nationally as well given the pandemic, the Trust was seeing individuals had taken up the opportunity to retire. He felt the other area was work life balance.

Resolved: that the Executive Workforce Summary report be received and noted.

TB.9058: The Royal Wolverhampton NHS Trust Equality Objectives 2023 - 2027

Mr Duffell introduced the report and the said the front page of the report was incorrect where there was mention “we will continue”, and what was correct was the first objective within the Board report which commenced with the wording “as required levels of access”. He said there were two tiers of objectives one focused on patients and one based on staff. He said the objectives had been tailored to meet the requirements of the new Equality Delivery System and this had been through various groups. He asked for Board approval of the Quality Objectives.

Resolved: that The Royal Wolverhampton NHS Trust Equality Objectives 2023 – 2027 be approved

TB.9059: Update on Health and Inequalities

Dr Odum introduced the report which highlighted where the Health and Inequalities was within the organisation around access, quality of care and workforce together with the alignment to the 5 national priorities. He introduced Dr Warren who was a Consultant in Public Health. Ms Warren said as a Trust it was not anticipated that inequalities could be tackled alone and key strength was partnership working with OneWolverhampton together, colleagues in the ICB and the Health and Wellbeing Board was required. She said the Trust steering group was focussing primarily on the things that the Trust needed to be done rather than issues that fall within the scope of partnership working. She said focus was on areas where it was felt would

see the biggest impact like midwifery, Healthy Child Programme and Elective Care Program which had been identified as key strategic priorities. She said the Trust had good data capture around ethnicity monitoring which was positive. She said work was also being undertaken around staff engagement, carrying out surveys with the medical workforce to see what support was required to assist them in working better. She said funding had been provided by NHS England to develop those resources and pathways. She said focussed and pragmatic work had also been undertaken looking to break down some practical barriers that blocked access for people e.g., literacy transport building pathways and testing approaches, together with working with partners in the voluntary sector.

Prof. Field said he supported the direction of travel and asked where the Michael Marmot's review was within this work as an introduction through to OneWolverhampton was considered to be the main division for organising this across Health, Social Care, Housing, Schools together with everything else. Dr Warren said "Early Years" was one of the key focusses in the Michael Marmot approach and that had been chosen as one priority. She said when talking about long term action in preventing inequalities early years had to be the primary area of focus. She said the work was being led by Jayne Lawrence to look at building the data infrastructure as there now was the Healthy Child Programme Service which was running digitally. She said the Trust was able to condense and analyse some of the data that was being captured. She said this allowed the Trust to assess for the first time in Wolverhampton was it reaching the right children was it sure that it knew where every child was and what their outcomes were and that they were receiving the appropriate support. She said this was ongoing work but were working with the service with commissioners in public health together with community partners with social care. She said this would be fed into the development of the family hubs which was a new programme of work to take place during the year. She said the Marmot report also talked about education skills prevention and the Trust was linking in with the EDI framework around workforce to ensure there was an aligned approach and as an anchor institution the Trust was tackling inequalities as an employer as well as a provider of services.

Prof. Field said the most important thing from a Trust point of view was improving the health of people in Wolverhampton and caring for them when they need primary and secondary community care interventions. He said what needed to be done which was the biggest outcome was to improve health. He said personally he would like to see comprehensive update on OneWolverhampton as part of the Board which was about health and inequalities and equality as it was known that the poorest people in the poorest wards in Wolverhampton would have 2 or 3 disabilities before they reached retirement age and would die earlier than those in more well-off areas. He said it was for the Board as an anchor organisation to ensure that it delivered not just on great cardiac care etc but it be recognised centrally to everything the Trust did rather than just to report on health and inequalities.

Mr Levermore asked within the health and inequality data whether cultural sensitivity was identified as having a major influence on how the different population would relate to the different services.

Ms Warren said what was captured in data was ethnicity which was not quite the same as community and culture or race but there were interlinked issues. She said the data provided a direction but it did not give all the answers and it was very much to do with working with communities and voluntary sector partners and doing the patient and public engagement that we actually get the intelligence about those sorts of issues.

Mr Evans said he agreed with the comment on OneWolverhampton. He said discussed at the Health and Well Being Board was how it would be aligned with what was being done across the City as there would be a Health and Inequalities Plan, the local ICB and the Council would jointly have a health inequalities plan which needed to be aligned through OneWolverhampton. He said it will be reviewed through OneWolverhampton. Prof. Field congratulated all for their

hard work.

Resolved: that the Update on Health and Inequalities report be received and noted

TB.9060: Approved Minutes from Committees in respect of which the Chair's report have already been submitted to the Board

Resolved: that the Audit Committee Minutes dated 6 September 2022, Performance and Finance Minutes 23 November 2022 and 24 November 2022, PODC Minutes 25 November 2022, Trust Management Committee minutes dated 25 November 2022 and QGAC minutes 24 November 2022 be received and noted

TB: 9061: Staff Voice – Capacity Team

Mr Duffell introduced the Capacity Team and said the Executives were aware of the critical role the team played at the Trust, their ability to juggle and coordinate what was a really fast changing landscape. Introductions were made, Ms Eve said her team were responsible for the flow of patients throughout the Trust from the point of arrival into one of the Trust's Emergency Portals or via one of the elective portals right through to the point of the patients discharge, she said the team consisted of 10 patient flow managers and 24 patient flow assistants.

Mr Duffell said it had been a difficult few month, especially for their team, he asked whether the team felt well supported by the Trust. Ms Eve said the team were supported well from the Executive level and felt able to escalate any issues.

Ms Cowley asked what the most challenging things or barriers in terms of patient flow were around the hospital and out of the hospital. She also asked how much opportunity the team had to build relationships, understand about Community, Social Care and how to work with them.

Ms Eve said there were positive links with Wolverhampton ICB and daily calls took place with Wolverhampton Local Authority to escalate an action plan against all the patients at the Trust on the medically fit for discharge list. Ms Cowley asked about the wider local authorities the providers. Ms Eve said the Trust had links with Voluntary Services, Age Concern, Red Cross and Wolverhampton Homes.

Mr Stringer thanked the team and said having been the Executive on call many times, many conversions had taken place with Ms Eve about where the Trust was with delayed discharges and felt the team worked incredibly hard work.

Ms Rawlings asked what the team enjoyed about their job and what was the biggest challenge. Ms Eve said the biggest concern was ensuring that there were safe discharges. She said it was rewarding when there was a challenging situation and it is overcome, and positive feedback was received from family members and managers.

Prof. Loughton said Ms Eve and her team did a tremendous job, the standard of commitment and time put into to the work was tremendous.

Mr Hemans asked about the current energy crisis, with heating bills and whether that was affecting not being able to discharge people who had not been able to continue to heat their homes. Ms Parkes said she did not feel that was a major issue that had been raised to them.

Ms Nuttall thanked all the team and said she was incredibly proud of their work.

Mr Duffell asked whether the Board could help in any way. Ms Parkes it would be helpful for support with medically fit for discharge patients to assist with flow and support the team.

Resolved: that the Staff Voice item of the Capacity Team be noted

General Business

TB:9062: Any other business

None were raised.

TB.9063: Questions from the public, TB.9064: Date and time of next meeting:

Mr Wilshere confirmed no questions had been received. Prof. Field reiterated that anyone observing who had questions could email them after the meeting to the Trust Board or Company Secretary email addresses on the Trust web site. Prof. Field confirmed that the next meeting was to take place on Tuesday 4 April 2023 via MS Teams.

TB.9065: To consider passing a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business about to be transacted, publicity on which would be prejudicial to the public interest

Resolved; that the resolution be approved.

The meeting closed at 12.50 pm

Agenda item	Assigned to	Deadline	Status
Public Trust Board 07/02/2023 9.3 Review of GI02, Financial Management Policy Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation			
115 1.	Improving Charity Processes	● Stringer, Kevin	31/03/2023 ■ Pending
<p><i>Explanation action item</i> Mr Stringer to arrange to speak with Ms Rawlings on how to improve the processes in Charity.</p> <p>UPDATE provided by Mr Stringer 30.03.23 - The immediate priority has been to secure funding and deliver an alternative site for the WHT health records department (staff and medical records) that is compliant. Good progress is being made.</p> <p>The Head of Health Records at RWT has been asked to do an options appraisal supported by the Estates Development Team and will contact the council to see if there are options they would likely be interested in.</p>			
Public Trust Board 07/02/2023 8.7 Director of Infection Prevention and Control Report (Including Infection Prevention BAF)			
115 0.	Ventilation	● Hickman, Debra	31/03/2023 ■ Pending
<p><i>Explanation action item</i> Ms Hickman to speak to colleagues in relation to ventilation and timescales and feedback to Ms Heseltine.</p> <p>UPDATE: 29.03.23. Ms Hickman confirmed that the timescale for the ventilation review had only recently been confirmed by Estates colleagues and feedback had been forwarded to Ms Heseltine in answer to her question.</p>			
<p><i>Explanation Hickman, Debra</i> confirmation from Estates colleagues ventilation survey commissioned, report anticipated Autumn 2023</p>			

Trust Board Report

Meeting Date:	4 April 2023	
Title of Report	Chief Executive's Report	
Action Requested:	To receive and note.	
For the attention of the Board		
Assure	<ul style="list-style-type: none"> Assurance relating to the appropriate activity of the Chief Executive Officer. 	
Advise	<ul style="list-style-type: none"> None in this report. 	
Alert	<ul style="list-style-type: none"> None in this report. 	
Author and Responsible Director Contact Details:	Tel: 01902 695950 Email: gayle.nightingale@nhs.net	
Links to Trust Strategic Objectives	Strategic Aim (SA)	Associated Strategic Objectives (SO)
	Excel in the delivery of Care	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
	Support our Colleagues	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
	Improve the Healthcare of our Communities	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
	Effective Collaboration	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	None.	
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.	
CQC Domains	Responsive: Well-led:	
Equality and Diversity Impact	None in this report.	
Risks: BAF/ TRR	None in this report.	
Risk: Appetite	None in this report.	
Public or Private:	Public	
Other formal bodies involved:	As detailed in the report.	

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

Brief/Executive Report Details

Chief Executive Report to Board

1.0	Review
	This report indicates my involvement in local, regional and national meetings of significance and interest to the Board.
2.0	Consultants
	There has been six Consultant Appointments since I last reported: <p><u>Emergency Medicine</u> Dr Prasanna Amarsinghe Dr Saurav Bhardwaj</p> <p><u>Anaesthetics</u> Dr Syed Moosvi Dr Manish Mittal Dr Jason Patel</p> <p><u>Cardiology</u> Dr Ayisha Khan-Kheil</p>
3.0	Policies and Strategies
	<p>Policies for February 2023</p> <ul style="list-style-type: none"> • Policies, Procedures, Guidelines and Strategies Update for December 2022 and January 2023 Reports • HR31 - Safe Staffing Policy • IP21 - Control and Management of Transmissible Spongiform Encephalopathies Including Creutzfeldt Jacob Disease (CJD) Policy • MP02 - Unlicensed and Off Label Medicines Policy • Risk Assessment for extensions OP01 - Policy <p>Policies for March 2023</p> <ul style="list-style-type: none"> • Policies, Procedures, Guidelines and Strategies Update for February 2023 Report • CP04 - Discharge Policy • HR03 - Disciplinary Policy • OP79 - Water Safety Policy • OP94 - Supportive Mealtimes Policy • New - Menopause in the Workplace Policy
4.0	Visits and Events
	<ul style="list-style-type: none"> • Since the last Board meeting, I have undertaken a range of duties, meetings and contacts locally and nationally including: • Since Monday 27 March 2020 I have participated in the following virtual calls:

	<ul style="list-style-type: none"> • Since Friday 27 March 2020 I have participated in weekly calls with Chief Executives, led by Dale Bywater, Regional Director – Midlands – NHS Improvement/ England • Since 24 April 2020 I have held monthly with the Chair, Vice Chair and Scrutiny Officer of the Health Scrutiny Panel Committee meetings virtually • 25 January 2023 – chaired the virtual Joint Negotiating Committee (JNC) • 27 January 2023 – presented an Exceeding Expectation Award to Mark Williams, Electronic Prescribing and Medicines Administration (EPMA) Nurse Specialist and chaired the virtual Trust Management Committee (TMC) • 1 February 2023 – attended the virtual NHS England (NHS) Delivery Plan for Recovering Urgent and Emergency Care Services webinar • 3 February 2023 – undertook a GIRFT site visit with Prof Tim Briggs at Cannock Chase Hospital and met with Mark Ondrak – Unison representative • 13 February 2023 – participated in the virtual Local Estates Forum • 14 February 2023 – met with Trust Board members of Dudley Integrated Health and Care NHS Trust (DIHC) • 15 February 2023 – participated in the virtual Regional Cancer Board meeting and attended the Black Country Provider Collaborative Executive Group Half Away Day • 17 February 2023 – participated in a virtual Integrated Care System (ICS) Financial 2023/24 planning meeting for Walsall Healthcare NHS Trust (WHT) and The Royal Wolverhampton NHS Trust (RWT) • 24 February 2023 – presented the Exceeding Expectation Award to Daryl Dillon, Clinical Information Manager and chaired the Trust Management Committee (TMC) • 2 March 2023 – chaired the virtual Staff Briefing and participated in a Health Chat virtual webinar as part of the institute of Health and Social Care Management (IHSCM) • 3 March 2023 - met with Mark Ondrak – Unison representative • 9 March 2023 - – attended the virtual NHS England (NHS) Junior Doctors webinar • 10 March 2023 – virtually met with Mark Axcell, Chief Executive – Integrated Care System (ICS) and participated in the Joint RWT and WHT Oversight and Assurance meeting with NHS England’s Regional Team and the ICS • 13 March 2023 – participated in the virtual Wolverhampton Health and Well Being Executive Group meeting • 16 March 2023 - participated in the virtual Black Country Collaborative Executive Group meeting • 17 March 2023 - attended the Steve Barclay, Secretary of State – Health and NHS England - Amanda Pritchard, Chief Executive Junior Doctors – virtual webinar and presented Reverend Joe Fielder the ‘Above and Beyond’ Mariposa Trust award
<p>5.0</p>	<p>Board Matters</p>
	<p>Prof. Steve Field CBE, Chairman retired from the Trust on 31 March 2023.</p>

Trust Board Report

Meeting Date:	4 April 2023	
Title of Report	Chair's report of the Trust Management Committee (TMC) held on 24 February 2023 – to note this was a virtual meeting	
Action Requested:	To receive and note.	
For the attention of the Board		
Assure	<ul style="list-style-type: none"> None in this report. 	
Advise	<ul style="list-style-type: none"> Matters discussed and reviewed at the most recent TMC. 	
Alert	<ul style="list-style-type: none"> None in this report. 	
Author and Responsible Director Contact Details:	Tel: 01902 695950 Email: gayle.nightingale@nhs.net	
Links to Trust Strategic Objectives	Strategic Aim (SA)	Associated Strategic Objectives (SO)
	Excel in the delivery of Care	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
	Support our Colleagues	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
	Improve the Healthcare of our Communities	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
	Effective Collaboration	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	As per the agenda item.	
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.	
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:	
Equality and Diversity Impact	None identified.	
Risks: BAF/ TRR	None identified.	
Risk: Appetite	None identified.	
Public or Private:	Public	

Other formal bodies involved:	Executive Team Meetings, Staff Briefing
References	As per the agenda item.
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
Executive Summary Title:	Chair's report of the Trust Management Committee (TMC) held on 24 February 2023 – to note this was a virtual meeting
1	Key Current Issues/Topic Areas/ Innovation Items: <ul style="list-style-type: none"> • Elective Care Recovery
2	Exception Reports <ul style="list-style-type: none"> • None this month.
3	Items to Note – all of the following reports were reviewed and noted in the meeting <ul style="list-style-type: none"> • Integrated Quality and Performance Report • Division 1 Quality, Governance and Nursing Report • Division 2 Quality, Governance and Nursing Report • Division 3 Quality, Governance and Nursing Report • Executive Workforce Summary Report • Chief Nursing Officer (CNO)/ Director of Nursing Report • Finance Position Report – Months 11 • Financial Recovery Board Update Report • Capital Programme Update Report • Operational Group Minutes • Acute Collaboration Verbal Report
4	<ul style="list-style-type: none"> • Items to be Noted or Approved - Statutory or Mandated Reports (1/4, 6 monthly and Annual) – all of the following reports were reviewed, discussed* and noted in the meeting. • Information Governance (IG) Data Protection and Security Toolkit (DPST) 2022-23 baseline submission Report • Cancer Services – Verbal Report
5	Business Cases approved - Division 1 <ul style="list-style-type: none"> • There were none this month.
6	Business Cases approved - Division 2 <ul style="list-style-type: none"> • There were none this month.
7	Business Cases approved - Division 3 <ul style="list-style-type: none"> • Business Case TA803 - Risankizumab for the treatment of Active Psoriatic Arthritis after Inadequate Response to Disease Modifying Antirheumatic Drugs (DMARDs) • Business Case TA719 - Secukinumab for the treatment of Non-Radiographic Axial Spondyloarthritis • Business Case TA752 - Belimumab for the treatment of Active Autoantibody-Positive Systemic Lupus Erythematosus
8	Business Cases – Corporate <ul style="list-style-type: none"> • There were none this month.

9	Outline/proposals for change <ul style="list-style-type: none">• There were none this month.
10	Policies approved <ul style="list-style-type: none">• Policies, Procedures, Guidelines and Strategies Update for December 2022 and January 2023 Reports• HR31 - Safe Staffing Policy• IP21 - Control and Management of Transmissible Spongiform Encephalopathies Including Creutzfeldt Jacob Disease (CJD) Policy• MP02 - Unlicensed and Off Label Medicines Policy• Risk Assessment for extensions OP01 - Policy
11	Other items discussed: <ul style="list-style-type: none">• There were none this month.

Trust Board Report

Meeting Date:	4 April 2023	
Title of Report	Chair's report of the Trust Management Committee (TMC) held on 24 March 2023 – to note this was a virtual meeting	
Action Requested:	To receive and note.	
For the attention of the Board		
Assure	<ul style="list-style-type: none"> None in this report. 	
Advise	<ul style="list-style-type: none"> Matters discussed and reviewed at the most recent TMC. 	
Alert	<ul style="list-style-type: none"> None in this report. 	
Author and Responsible Director Contact Details:	Tel: 01902 695950 Email: gayle.nightingale@nhs.net	
Links to Trust Strategic Objectives	Strategic Aim (SA)	Associated Strategic Objectives (SO)
	Excel in the delivery of Care	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
	Support our Colleagues	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
	Improve the Healthcare of our Communities	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
	Effective Collaboration	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	As per the agenda item.	
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.	
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:	
Equality and Diversity Impact	None identified.	
Risks: BAF/ TRR	None identified.	
Risk: Appetite	None identified.	
Public or Private:	Public	

Other formal bodies involved:	Executive Team Meetings, Staff Briefing
References	As per the agenda item.
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
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2	Exception Reports <ul style="list-style-type: none"> • None this month.
3	Items to Note – all of the following reports were reviewed and noted in the meeting <ul style="list-style-type: none"> • Integrated Quality and Performance Report • Division 1 Quality, Governance and Nursing Report • Division 2 Quality, Governance and Nursing Report • Division 3 Quality, Governance and Nursing Report • Executive Workforce Summary Report • Chief Nursing Officer (CNO)/ Director of Nursing Report • Finance Position Report – Months 11 • Budget Income and Expenditure Report • Financial Recovery Board Update Report • Capital Programme Update Report • Acute Care Collaboration Report
4	<ul style="list-style-type: none"> • Items to be Noted or Approved - Statutory or Mandated Reports (1/4, 6 monthly and Annual) – all of the following reports were reviewed, discussed* and noted in the meeting. • Health Inequalities Report • Integrated Care System (ICS) Development Report • Trust Risk Register (TRR) Heat Map Report • Midwifery Services Report • Wolverhampton Place Report • Patient Experience Report • Contracting and Business Development Report • Education and Training Report • NHS National Staff Survey Results Report • Infection Prevention Report • Quality Framework (QF) – For Nurses, Midwives, Health Visitors, Allied Health Professionals and Pharmacists Report • Joint Quality and Safety Enabling Strategy • Research and Development Report
5	Business Cases approved - Division 1 <ul style="list-style-type: none"> • There were none this month.
6	Business Cases approved - Division 2

	<ul style="list-style-type: none"> • There were none this month.
7	Business Cases approved - Division 3 <ul style="list-style-type: none"> • There were none this month.
8	Business Cases – Corporate <ul style="list-style-type: none"> • There were none this month.
9	Outline/proposals for change <ul style="list-style-type: none"> • There were none this month.
10	Policies approved <ul style="list-style-type: none"> • Policies, Procedures, Guidelines and Strategies Update for February 2023 Report • CP04 - Discharge Policy • HR03 - Disciplinary Policy • OP79 - Water Safety Policy • OP94 - Supportive Mealtimes Policy • New - Menopause in the Workplace Policy
11	Other items discussed: <ul style="list-style-type: none"> • There were none this month.

Trust Board/Committee/Group Chairs Assurance Report

Name of Committee/Group:	People and Organisational Development Committee
Date(s) of Committee/Group Meetings since last Board meeting:	24 February 2023
Chair of Committee/Group:	Junior Hemans, Non-Executive Director
Date of Report:	27 February 2023

ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee	<ul style="list-style-type: none"> The Board will be aware of the current situation in relation to industrial action. The Hospital Consultants and Specialists Association (HCSA) and the British Medical Association (BMA) have secured a mandate for strike action by doctors in training. The HCSA has announced an intention to take strike action on 15 March 2023; 2 doctors in training at RWT are members. The BMA has announced an intention to take 72 hours' strike action on 13 – 16 March 2023, which is expected to be a full walkout for 72 hours with the potential for significant impact on elective and non-emergency services. 		
ADVISE Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought	<ul style="list-style-type: none"> The Committee was informed that the Trust is in receipt of the results of the 2022 Staff Survey, which are under embargo until 9 March 2023. A report will be brought to the Committee following the lifting of the embargo. 		
ASSURE Positive assurances & highlights of note for the Board/Committee	<ul style="list-style-type: none"> Staff retention remains a challenge and the Committee continues to monitor actions to be taken. The Committee has received a report on Voluntary Services which outlines work undertaken and plans to sustain and develop the service. 		
Links to Trust Strategic Objectives			
Links to Strategic Objectives	<table border="1"> <tr> <td style="width: 50%;"> Excel in the delivery of Care Support our Colleagues </td> <td style="width: 50%;"> a) Embed a culture of learning and continuous improvement b) Be in the top quartile for vacancy levels c) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing d) Improve overall staff engagement e) Deliver improvement against the Workforce Equality Standards </td> </tr> </table>	Excel in the delivery of Care Support our Colleagues	a) Embed a culture of learning and continuous improvement b) Be in the top quartile for vacancy levels c) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing d) Improve overall staff engagement e) Deliver improvement against the Workforce Equality Standards
Excel in the delivery of Care Support our Colleagues	a) Embed a culture of learning and continuous improvement b) Be in the top quartile for vacancy levels c) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing d) Improve overall staff engagement e) Deliver improvement against the Workforce Equality Standards		
Recommendation(s) to the Board/Committee	<ul style="list-style-type: none"> The Board is asked to note this report. 		

<p>Changes to BAF Risk(s) & TRR Risk(s) agreed</p>	<ul style="list-style-type: none"> The Committee reviewed SR17 <i>“If Equality Diversity and Inclusion indicators are not improved and considerations and actions are insufficiently embedded across the whole organisation then staff and patient experience improvements may not be realised resulting in inequalities in terms of health outcomes, sub-optimal attraction, retention, and engagement of staff from diverse backgrounds and damage to the Trust reputation in the community”</i>. It was noted that the WRES results were awaited and that these would be reviewed upon receipt to determine actions to be taken. No new strategic risks were identified.
<p>ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)</p>	<ul style="list-style-type: none"> To receive detail on the demographics of volunteers. Annual report on Voluntary Services to be included in the work plan The Committee wishes to review wellbeing objectives to monitor wider wellbeing of staff
<p>ACTIVITY SUMMARY Presentations/Reports of note received including those Approved</p>	<p>Voluntary Services The Committee received a report on voluntary services within the Trust. This included a proposed celebration of volunteers at the time of the King’s coronation. The report set out pathways into employment for volunteers, and also gave details of a 2 year funded HOPE programme.</p> <p>Pay Review Body The Chief People Officer reported on his attendance at the national Pay Review Body. It is not yet known when recommendations will be made for the 2023/24 pay uplift.</p> <p>Employee Relations The Committee received the regular update on employee relations. The report included updates on employee relations casework, including feedback and lessons learned from a Staff Serious Harm report, staff absence and organisational change.</p>
<p>ACTIVITY SUMMARY Major agenda items discussed including those Approved</p>	<p>The Committee received an update on Industrial Action. The British Medical Association (BMA) have announced strike action by doctors in training to take place on 13 – 16 March 2023.</p>
<p>Matters presented for information or noting</p>	<ul style="list-style-type: none"> The Committee was informed that the Trust is in receipt of the results of the 2022 Staff Survey, which are under embargo until 9 March 2023. A report will be brought to the Committee following the lifting of the embargo.

**Self-evaluation/
Terms of Reference/
Future Work Plan**

- The Committee's Workplan and Terms of Reference were circulated for consideration. These are to be signed off at the March 2023 meeting.

Trust Board Committee/Group Chair's Assurance Report



The Royal Wolverhampton
NHS Trust

Name of Committee/Group:	People and Organisational Development Committee
Date(s) of Committee/Group Meetings since last Board meeting:	24 March 2023
Chair of Committee/Group:	Sue Rawlings, Associate Non-Executive Director following apologies from Committee Chair - Junior Hemans, Non-Executive Director
Date of Report:	4 April 2023
Strategic Aims/Objectives (as related in the Strategy – delete those that do not apply to this report))	<ul style="list-style-type: none"> • We will embed a culture of learning and continuous improvement at all levels of the organisation • Be in the top quartile for vacancy levels across the organisations, recruiting and retaining staff • Deliver year on year improvements in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing • Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged • Deliver year on year improvement in Workforce Equality Standard performance

<p>ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee</p>	<ul style="list-style-type: none"> • The Board will be aware of the current situation in relation to industrial action. The committee received an update on the industrial action position at the time of the meeting. <ul style="list-style-type: none"> • The British Medical Association (BMA) and Hospital Consultants and Specialists Association (HCSA) had called on members to take industrial action for 4 days from 11 April 2023. The Trust's business continuity arrangements are being put into place similar to the arrangements for the strikes in March 2023. • The Government have made an offer to staff on Agenda for Change terms and conditions and unions are consulting their members on that offer, with most recommending that the offer if accepted. In the mean-time, there is no planned industrial action for these staff groups. • At the time of the committee there continued to be further industrial disputes in other sectors with the potential to impact the workforce, including transport and teachers. In relation to transport the National Express West Midlands strikes have since been resolved and in respect of education talks were ongoing with teaching unions with no strike days planned for schools at the time.
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ADVISE

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

- The Committee received a 'deep dive' report from Division 3 which set out significant positive work in relation to workforce issues in Radiology, with good recruitment and retention. The specific highlights were:
 - Development of an apprenticeship programme with Keele University tailoring an accredited course the apprenticeship framework and recruitment of the first cohort of apprentices.
 - Successfully recruited 17 diagnostic radiographer from overseas.
 - Recruited 48 people from outside the team and offered promotions to 17 colleagues within the department.
 - Provided access to Imaging Assistant roles to young people through the Prince's Trust.
 - Developed a career framework from Band 2 – Band 8 within the department.

There were challenges around accommodation for staff recruited from overseas, in relation to cost particularly, and work has been established through the Operational Workforce Group with colleagues from Resourcing and Estates to provide further support in this area. Pastoral care for colleagues joining the Trust from overseas also requires further work and the Radiology Department will work with the Clinical Fellowship Team and apprenticeship team to ensure support is in place for those recruited from overseas.

The Committee was assured of the work underway and welcomed the additional work being undertaken around accommodation and pastoral support for overseas recruits.

- The Committee received a review of the workforce targets and thresholds and was assured by this review approving the majority of the targets for 2023/24. Further work was requested to establish a consistent retention metric across the Black Country.
- The Committee were advised of the work nationally to develop a workforce plan which is expected to be published in spring. The Committee will receive an update when available, including any on any implications for the Trust.

<p>ASSURE Positive assurances & highlights of note for the Board/Committee</p>	<ul style="list-style-type: none"> • Work continues to develop the Joint People and OD Strategy with WHT following the development session with both the Committees in both Trusts in March. • The Committee received an update on the model health system data and staff survey data, relevant to the strategic objectives, as part of the ongoing review as to whether a risk or BAF risk should be raised in relation to retention. The Committee noted from this review that whilst both retention and turnover were challenged against the Trust’s own targets performance when compared nationally was generally good. Following this review, the committee concluded that no specific risk or indeed BAF risk was required, although work to improve retention and turnover was to continue. • The Occupational Health and Wellbeing Team provided a detailed update on the Health and Wellbeing agenda and specifically on the Career Wellbeing conference being held on 28 March 2023 in the WMI and across other Trust sites, including by live streaming. • The Committee were made aware of the work nationally to develop policies across the whole NHS. As part of this, a national menopause policy has been published. The Committee were assured that the Trust policy is consistent with the national policy. • The digital agenda continues to develop with actions through the WODEN Programme to identify and further develop the digital maturity of the workforce and to ensure project delivery and specialist digital skills development through the developing digital fellowship programme. • The Staff Survey results were received by the Committee and the Committee was assured that work is underway to develop action plans both locally within Divisions and Directorates as well and at a Trust level.
<p>Recommendation(s) to the Board/Committee</p>	<ul style="list-style-type: none"> • The Board is asked to note this report. • The Board will be asked to approve the revised Equality Objectives contained in a separate report.
<p>Changes to BAF Risk(s) & TRR Risk(s) agreed</p>	<ul style="list-style-type: none"> • The Committee reviewed SR17 <i>“If Equality Diversity and Inclusion indicators are not improved and considerations and actions are insufficiently embedded across the whole organisation then staff and patient experience improvements may not be realised resulting in inequalities in terms of health outcomes, sub-optimal attraction, retention, and engagement of staff from diverse backgrounds and damage to the Trust reputation in the community”</i> was reviewed by the committee. No changes were proposed to this risk. • No new strategic risks were identified and it was confirmed that a risk would not be raised in relation to retention.
<p>ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)</p>	<ul style="list-style-type: none"> • To receive an update on the Trust workforce plan in due course. • To receive an update on the National Workforce Plan once published together with a briefing on any implications for the Trust. • To receive an update on the consistent metric surrounding retention at the May meeting of the People and Organisational Development Committee.

ACTIVITY SUMMARY

Presentations/Reports of note received including those Approved

General Update - Industrial Action

The Committee received an update on the industrial action position at the time of the meeting.

- The British Medical Association (BMA) and Hospital Consultants and Specialists Association (HCASA) had called on members to take industrial action for 4 days from 11 April 2023. The Trust's business continuity arrangements are being put into place similar to the arrangements for the strikes in March 2023.
- The Government have made an offer to staff on Agenda for Change terms and conditions and unions are consulting their members on that offer, with most recommending that the offer if accepted. In the mean-time, there is no planned industrial action for these staff groups.
- At the time of the committee there continued to be further industrial disputes in other sectors with the potential to impact the workforce, including transport and teachers. In relation to transport the National Express West Midlands strikes have since been resolved and in respect of education talks were ongoing with teaching unions with no strike days planned for schools at the time.

General Update - Workforce Planning

The Committee received an update on the workforce planning process in relation for 2023/24 and beyond. Work continued between finance and workforce colleagues to finalise details of the plan ahead of submission on 30 March 2023. The Committee will receive an update on the workforce plan in due course.

The Committee received an update that the National Workforce Plan was due to be published in the Spring and noted that details of the plan and implications for the Trust would be considered through the Committee once released.

General Update – National Policies

The Committee received an update on the work that had been undertaken nationally to develop policies across the whole NHS. The Committee were advised that the ambition is to have a suite of policies that are adopted by the NHS and work with national staff side representatives continues on the development of this approach. Thus far, work has focussed on two relatively non-contentious policies, pregnancy loss and menopause with the latter being published recently. The Committee were assured that the Trust policy is consistent with the national policy.

No issues are envisaged with the pregnancy loss policy which the has previously been implemented at the Trust following work by the Interim Director of Human Resources and Organisational Development with the national lead for this work.

Joint People and Organisational Development Strategy with WHT

The Group Chief People Officer, together with the Interim Director of Human Resources and Organisational Development and colleagues from WHT are in process of developing a joint People of Organisational Development Strategy for the RWT/WHT Group. As part of that process a development session was held with members of both committees in early March and will continue to develop the joint strategy ahead of the People and Organisational Development Committees in May ahead of consideration at the Board.

Deep Dive Division 3

The Committee received a 'deep dive' report from Division 3 in line with the schedule of business. The update covered Radiology including details of the recruitment challenges faced by the department, organisational change agenda, morale and the impact of increased demand for radiology services. The department has recognised the challenges and had invested in a workforce lead dedicated to recruitment, retention and workforce development. Through work in the department, there have been a number of achievements:

- Development of an apprenticeship programme with Keele University tailoring an accredited course the apprenticeship framework and recruitment of the first cohort of apprentices.
- Successfully recruited 17 diagnostic radiographer from overseas.
- Recruited 48 people from outside the team and offered promotions to 17 colleagues within the department.
- Provided access to Imaging Assistant roles to young people through the Prince's Trust.
- Developed a career framework from Band 2 – Band 8 within the department.

There were challenges around accommodation for staff recruited from overseas, particularly in relation to cost, and work has been established through the Operational Workforce Group with colleagues from Resourcing and Estates to provide further support in this area. Pastoral care for colleagues joining the Trust from overseas also requires further work and the Radiology Department will work with the Clinical Fellowship Team and apprenticeship team to ensure support is in place for those recruited from overseas.

	<p>Review of Workforce Indicators</p> <p>The Committee received an update on the model health system data and staff survey data, relevant to the strategic objectives, as part of the ongoing review as to whether a risk or BAF risk should be raised in relation to retention. The Committee noted from this review that whilst both retention and turnover were challenged against the Trust’s own targets:</p> <ul style="list-style-type: none"> • Leaver rates for nursing staff, corporate staff, estates and facilities, support to nursing, support to AHPs and support to scientific, therapeutic and technical staff were all in the best quartile nationally. • Leaver rates for health visitors, AHPs and support to Healthcare Scientists were below average • Registered nurse vacancy levels were in the best performing quartile nationally; and • From the staff survey the Trust was in the best performing quartile for the proportion of staff (19th/124) indicating that they are considering leaving the Trust. <p>Following this review, the committee concluded that no specific risk or indeed BAF risk was required, although work to improve retention and turnover was to continue.</p>
	<p>Digital Workforce Impacts</p> <p>The Committee received an update in relation to the Digital Agenda with a specific focus on the impacts for the workforce. The update included:</p> <ul style="list-style-type: none"> • Details of the newly established joint steering group structure across RWT and WHT to provide oversight on the use and development of common digital platforms, systems and infrastructure across RWT and WHT. • An Update on the Walsall and Wolverhampton Digital Enablement (WODEN) Programme. Through this programme the aim initially is to understand the digital maturity of the workforce. In order to do this a survey was distributed across the workforce of both RWT and WHT. 1,263 staff responded to the survey which will give real insight into the digital maturity of the workforce. The data is currently being analysed. • The Trust is in the process of developing a Digital Fellowship Programme. The programme, building on the success of the Clinical Fellowship Programme and working in partnership with commercial technology providers, is aimed at enabling clinicians to work on digital healthcare projects. Stakeholders meetings are currently being held.
<p>ACTIVITY SUMMARY Major agenda items discussed including those Approved</p>	<p>Workforce Targets and Thresholds</p> <p>The Committee has received a review of the workforce targets and thresholds. This enabled the Committee to consider and agree targets for the forthcoming year. As part of this update the committee noted that the measures used in relation to retention were not standardised, including across the Black Country and Committee have asked that the Interim Director of Human Resources and Organisational Development undertake work with colleagues across the system to establish a common measure and to propose a target for the same to the next Committee.</p>

Occupational Health and Wellbeing

The Committee received a detailed update on the Health and Wellbeing agenda and specifically on the Career Wellbeing conference being held on 28 March 2023 in the WMI and across other Trust sites, including by live streaming.

The update covered the other areas of the Health and Wellbeing Strategy (Mental and Emotional Wellbeing, Physical Wellbeing, Financial Wellbeing and Social and Community Wellbeing) as well as details of the collaborative work between RWT and Dudley Group NHS Foundation Trust and a review of the Health and Wellbeing Dashboard. Of particular note:

- Work was underway to recruit and train additional Mental Health First Aiders across the Trust commencing in Q1 of 2023/24.
- Trust induction has been updated to emphasise the Health and Wellbeing Offer.
- The holistic therapy service is being reviewed with a view to ensuring this facility, which has been well received by staff and initially supported by the Trust Charity, becoming permanent.
- A nutritional needs assessment has been undertaken through the Wellbeing Steering Group by colleagues in dietetics. This will be considered formally through the wellbeing steering group and any actions developed.
- The Trust Foodbank, supported by Trust Charity has been put in place at New Cross Hospital. This important facility received donations which are made available to staff who require them and also provides a free breakfast service to staff. To ensure full coverage of support, snack boxes are located in recharge rooms across the Trust's main sites.
- Working collaboratively with colleagues at WHT, a review of the Wellbeing Calendar of Events is being put in place.
- The Trust, together with Dudley Group NHS Foundation Trust is piloting the ImproveWell employee engagement app.

Staff Survey

The Committee received an update on the Staff Survey, which, whilst there were some areas where performance had worsened, this had largely been in line with the national position and the Trust's performance remained above average for six of the nine indicators and average for the remaining three.

Detailed reports have been shared with Divisions and Directorates and local action plans are being developed alongside the Trust's corporate action plan. Further updates will be received in May.

Board Assurance Framework Risk Review

The Committee reviewed the Board Assurance Framework Risks paying particular attention to SR17 relating to equality and diversity. The Committee were assured that the risk had been reviewed and did not require any further changes at this stage.

It was agreed, however, that the EDS 2022 would be integrated into SR17.

It was further agreed that no further / new risks were required at this stage.

Matters presented for information or noting	<p>Executive Workforce Report</p> <p>The Committee received an update in relation to the workforce indicator performance. Two of the indicators were meeting the targets; mandatory training and vacancy levels with mandatory training compliance at 94.90% and vacancy levels at 2.68%. Appraisal performance had seen an improvement in month and was now at 83%. Turnover, retention and sickness absence were not meeting the required standard.</p>
Self-evaluation/ Terms of Reference/ Future Work Plan	<ul style="list-style-type: none"> The Committee reflected upon the discussion through the meeting and congruence with the committee objectives in respect of EDI, Retention and Sickness. The Committee was satisfied that there had been sufficient discussion across the key committee objectives.
Items for Reference Pack	<ul style="list-style-type: none"> Operational Workforce Group Minutes Attract and Retain Group Action Log Staff Survey Oversight Group Action Log Education and Training TMC Report Education, Training and Leadership Development – A collaborative approach (RWT and WHT) PODC People Development Report

Strategic Aims and Objectives – Map of what is report where and how often.

Strategic Aim	Strategic Objective	Method of assurance	Method of reporting	Frequency	Receiving Committee
Care	- We will embed a culture of learning and continuous improvement at all levels of the organisation	Improvement Plan	CQI Board Report	Quarterly	QGAC
	- We will prioritise the treatment of cancer patients, focused on improving the outcome of those diagnosed with the disease	Cancer action plan	F&P Report and IQPR	Monthly	QGAC & P&F
	- We will deliver safe and responsive urgent and emergency care in the community and in hospital	Emergency Care Action Plan	IQPR	Monthly	QGAC & P&F
	- We will deliver the priorities within the National Elective Care Strategy	Elective Recovery Plan	IQPR and Elective Recovery Report	Monthly	QGAC & P&F
	- We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations	Finance strategy	Finance Report	Monthly	P&F
Colleagues	- Be in the top quartile for vacancy levels across the organisations, recruiting and retaining staff	Enabling people strategy	Workforce Report	Monthly	WOD
	- Deliver year on year improvements in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing	Enabling people strategy	Workforce Report	Annual	WOD
	- Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged	Enabling people strategy	Workforce Report	Monthly	WOD
	- Deliver year on year improvement in Workforce Equality Standard	Enabling people strategy	Workforce Report	Annual	WOD
Collaboration	- Work as part of the provider collaborative to improve population health	Provider collaborative project	Provider collaborative project	Bi-monthly	Joint Committee
	- Improve clinical service sustainability by implementing new models of care through the provider collaborative	Provider collaborative project plan	Provider collaborative project plan	Bi-monthly	Joint Committee
	- Implement technological solutions that improve a patient's experience by preventing admission or reducing time in hospital	Integration Plan	Integration Plan Update	Bi-monthly	Digital and Innovation Committee
	- Progress joint working across Wolverhampton and Walsall that leads to a demonstrable improvement in service outcomes	New research and development strategy	Innovation, Research and Improvement Joint Committee		Joint Committee
Communities	- Facilitate research that establishes new knowledge and improves the quality of care of patients				
	- Develop a strategy to understand and deliver action on health inequalities	Health Inequalities Delivery	Update from health inequalities group		QGAC
	- Achieve an agreed, Trust-specific, reduction in the carbon footprint of clinical services by 1st April 2025	Sustainability Plan	Sustainability P&F Report	Quarterly	P&F
	- Work together with PLACE based partners to deliver improvements to the health of our immediate communities	Place Action Plan	PBP Monthly Board Report	Monthly	Trust Board

Trust Board

Meeting Date:	4 th April 2023	
Title of Report	Executive Summary Workforce Report	
Action Requested:	To Receive and Note	
For the attention of the Board		
Assure	<p>The report provides assurance on key workforce metrics and areas of work, specifically:</p> <ul style="list-style-type: none"> Vacancy rates Turnover and retention rates Sickness absence rates Training and appraisal compliance rates <p>Mandatory training and vacancy rates are meeting the Trust targets and appraisal compliance has improved for the second month and is now amber.</p> <ul style="list-style-type: none"> The report offers a brief overview of a number of key work streams: <ul style="list-style-type: none"> Industrial Action RACE Equality Week Staff Network Executive Sponsors Development Programme Rostering performance for non-medical staff eJob Planning, eRostering and Activity Manager for medical staff 	
Advise	<p>Industrial relations - at the time of writing, the Government has made an offer to the Agenda for Change unions and is in talks with the medical and dental unions. .</p> <p>Race Equality Week 2023 was celebrated within the Trust. The report provides a summary of key activity and initial evaluation.</p> <p>The Midlands Equality, Diversity and Inclusion Team have launched a new Staff Network Executive Sponsors Programme.</p>	
Alert	<p>There are a number of indicators flagged as an alert to the Committee:</p> <ul style="list-style-type: none"> Retention and turnover rates are below target – work continues to deliver improvements in this area. Sickness absence continues to be elevated. The newly released attendance toolkit is currently being utilised within the Trust. <p>Compliance with roster indicators, particularly nursing roster approval, unavailability and net hours balances requires further attention. Actions are in place, however, this will require close monitoring.</p>	
Author and Responsible Director Contact Details:	Adam Race, Deputy Director of Workforce Tel 01902 695430 Email: Adam.Race@nhs.net	
Links to Trust Strategic Objectives	Strategic Aim (SA)	Associated Strategic Objectives (SO)
Excel in the delivery of Care	e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations	
Support our Colleagues	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their	

	<p>health and wellbeing</p> <p>c) Improve overall staff engagement</p> <p>d) Deliver improvement against the Workforce Equality Standards</p>
Effective Collaboration	d) Progress joint working across Wolverhampton and Walsall
Resource Implications:	NONE
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture
Equality and Diversity Impact	The Trust Approach to Equality, Diversity and Inclusion addresses actions for WRES, EDS2 and WDES and the Trust approach to EDI and the provisions of the Equality Act 2010 as part of the People and Organisation Development Strategy 2016-2020.
Risks: BAF/ TRR	BAF SR17
Risk: Appetite	The report seeks to provide assurance on actions taken to decrease the Workforce Risks within the Trust.
Other formal bodies involved:	None
References	None
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Executive Summary Workforce Report

Trust Board
4th April 2023



Safe & Effective | Kind & Caring | Exceeding Expectation

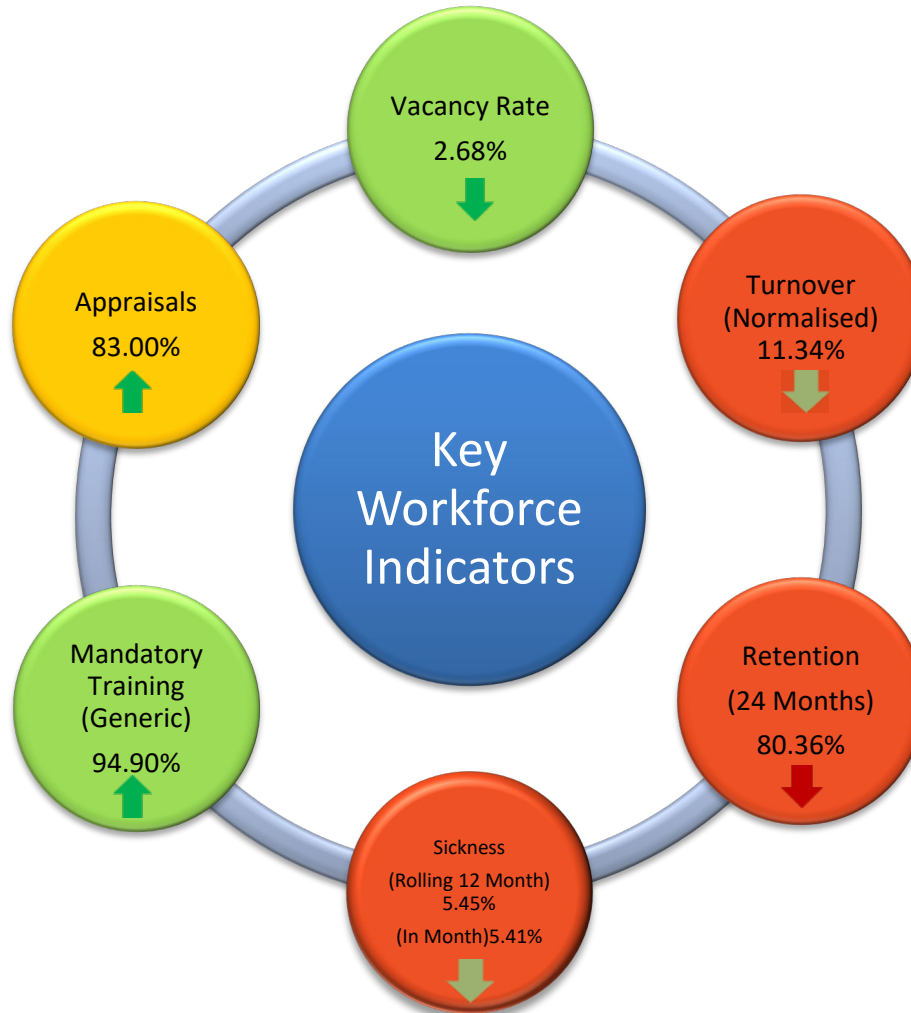
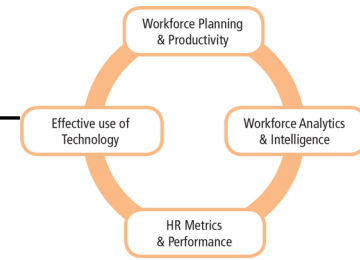
Alan Duffell
Group Chief People Officer

Executive Summary

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

Two of the six workforce indicators are meeting the agreed targets; mandatory training and vacancy rates. The 24 month retention rate is rated red, as is sickness and normalised turnover. Appraisal compliance is rated amber. There have been improvements in four of the six indicators in month, mandatory training compliance, appraisal rate, turnover rate and sickness in month.

- Normalised turnover is 11.34% improving in month. The retention rate has remained almost static at 80.36% over the last month.
- The vacancy rate has improved in month and is meeting the target at 2.68%. This improvement is driven by growth of almost 47 WTE over the month as the budget establishment has increased only slightly by around 4 WTE over the same period. This growth is driven by increases in the number of medical and dental, healthcare scientist, nursing and midwifery and admin and clerical staff. There are almost 200 WTE more registered nurses at the end of February when compared with the end of the last financial year, with a further 120 WTE working towards their NMC registration. Recruitment continues to outpace turnover; with the number of staff growing by almost 700WTE since the start of the financial year.
- Attendance levels have improved in month over January. The in month performance for this indicator is above the target at 5.41%. Levels of absence as a result of seasonal illness had increased over the period, and COVID-19 related absence will continue to impact performance in relation to the 12 month rolling absence rate for some time which currently sits at 5.45%.
- Performance in relation to generic Mandatory Training continues to meet the external target of 85%. Current performance improved over the last month and is now at 94.90%. Role specific mandatory training compliance improved slightly and at 94.00%, remains above the target. In relation to appraisal, compliance rates have also improved slightly over the last month to 83.00%.
- The fill rate through the bank in February was 65% for registered nursing staff and 80% for healthcare assistants. The medical bank fill rate was 71% exceeding the target of 50% for the sixth consecutive month.
- The report offers a brief overview of a number of key work streams:
 - Industrial Action
 - RACE Equality Week
 - Staff Network Executive Sponsors Development Programme
 - Rostering performance for non-medical staff
 - eJob Planning, eRostering and Activity Manager for medical staff



Two of the six workforce indicators are meeting the agreed target; vacancy rate and mandatory training compliance. Retention rate has remained broadly stable and is rated red as are sickness absence, and turnover. Appraisal compliance has improved for the second month and is now amber.

Turnover has improved slightly to 11.34%. Turnover performance is now meeting the standard only for the Medical and Dental staff group with elevated levels particularly in AHP and Healthcare Scientist staff groups.

The vacancy level has improved in month and continues to meet the target. It is slightly above target for the healthcare scientist staff group, where it is rated red.

In month absence levels remain high following the impact of COVID-19 with a similar trend shown in relation to rolling 12 month attendance levels. Despite improvements in month, both indicators continue to exceed the target following elevated levels of absence as a result of COVID-19 and seasonal absence.

Mandatory training (generic) compliance rates have improved, and continue to exceed the 85% target.

Appraisal compliance has improved slightly, although is not meeting the Trust target of 90%.



Summary Update

Industrial Action

Board members will be aware of the current industrial relations situation in the NHS and the wider public sector. Until recently there had been limited direct impact at the Trust. As part of ballots across the country:

- The Royal College of Nursing (RCN), Royal College of Midwives (RCM), UNISON and the Chartered Society of Physiotherapy (CSP) balloted their membership at RWT. The turnout did not meet the threshold for industrial action.
- The Hospital Consultants and Specialist Association (HCSA) balloted their membership and a mandate for strike action was achieved. There are two members of the HCSA in the Trust.
- The British Medical Association (BMA) secured a mandate for industrial action in a ballot that closed on 20 February 2023. Following this the BMA called for a period of industrial action in the form of a 72 hour full walkout from 13 March.

The Trust's business continuity plans were put in place to cover this period of action in order to ensure safe patient services could be maintained across the period of industrial action.

At the time of writing, the Government has made an offer to the Agenda for Change unions, however, following initial talks with the medical and dental unions the BMA and HCSA have issued notice of further industrial action, in the form of a 4 day strike from 11 April 2023. The Trust's planning for this action continues.

The majority of the Agenda for Change unions are recommending that their members accept the government offer and will not call for further industrial action whilst they are consulting their membership. In high level summary the offer is made up of:

- A non-consolidated (non-pensionable and does not feed into the calculation of additional earnings) award for 2022/23 of:
 - 2% non-consolidated payment
 - A tiered cash payment (with an average value of 4%)
- A consolidated pay award of 5% for 2023/24
- Further investment in 2023/24 to increase entry level pay in the NHS to £11.45.

In other sectors there continue to be industrial action challenges. Of note:

- Teaching unions have received an offer from the government and are consulting their membership as to whether to accept the offer. The National Education Union is recommending its members reject the offer.
- Planned strike action by the RMT in the railway industry for 30 March and 1 April have been suspended as further talks are held and other rail unions have no pending dates for strike action.
- Strikes called by UNITE at National Express West Midlands, which ran from 20 – 26 March 2023 have ceased with services returning to normal after unite members voted to accept a 16.2% pay rise.



Summary Update

RACE Equality Week 2023

Colleagues from RWT and WHT have worked collaboratively to run a programme of events and activities across the group to mark Race Equality Week 2023. These activities have included:

- Engaging staff in the Race Equality Week 5 Day, 5 minute challenge to reflect on things we can all do to promote race equality.
- Held a further two Race Fluency Workshops for staff developing the cultural competence of people;
- Delivered a Health Inequalities workshop considering the health impacts of health inequalities on the NHS workforce in collaboration with the Public Health teams in Wolverhampton and Walsall and with guest speaker Habib Naqvi, Director of the Race Equality Observatory.
- Held a black, Asian and minority ethnic staff network and employee voice group event on the development of the anti-racism statement.
- Ran a session on allyship and how to be a good race ally with an expert external speaker, Chris Garrison from APS intelligence.

Over the course of the week, over 200 staff were involved in the events and activities with over 90 attendees at the allyship session. The Head of EDI is currently undertaking an evaluation of the activities to mark Race Equality week. Early feedback from staff has been positive and working closely with colleagues at WHT, particularly in relation to the staff network event has been well received.

The increased uptake of events, particularly the allyship session was particularly notable and it is anticipated that this will continue to improve as colleagues' engagement in this important agenda increases. Further consideration will be given to how the agenda can be developed locally to ensure a really local response to the equalities issues faced by teams and their patients in departments, services and directorates.

This continues to be managed through the EDI Steering Group chaired by the Group Chief People Officer.

Staff Network Executive Sponsor Programme

The Midlands Equality, Diversity and Inclusion Team have launched a new Staff Network Executive Sponsors Programme.

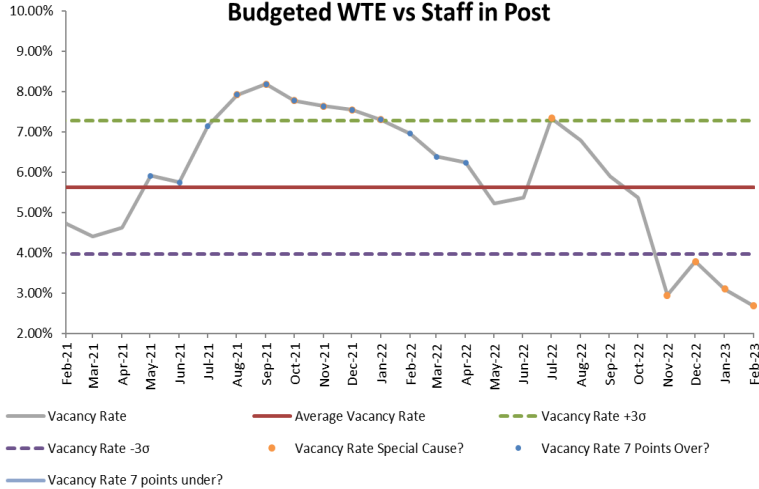
This programme builds on the work which established a development and support offer for staff network chairs across the region, as part of the commitment set out in the NHS People Plan 2020-21, as well as the Midlands Workforce Race Equality and Inclusion Strategy (2021-2026).

The parallel development and support programme for staff network executive sponsors is for Executive Directors who hold a lead and sponsorship role in supporting staff networks in their organisation and/or ICS.

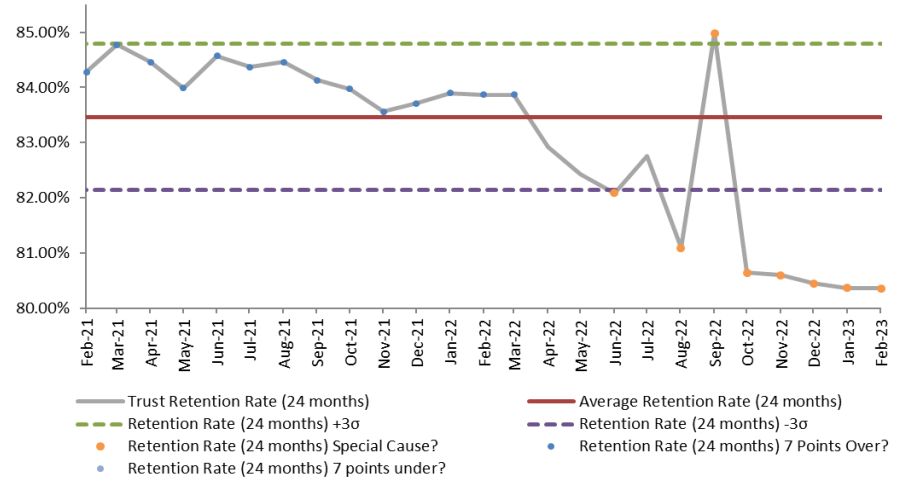
Dr Brian McKaig, Chief Medical Officer, who is the Executive Sponsor for the BAME Staff Employee Voice Group has taken up the programme.



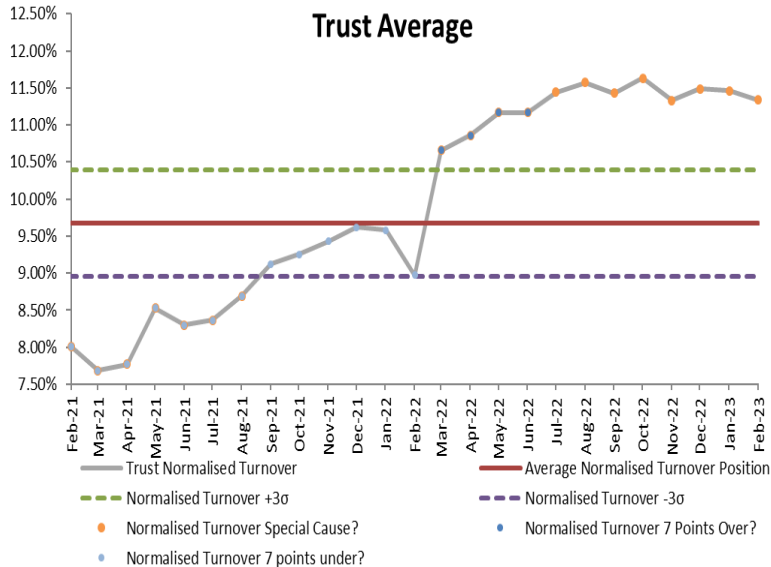
Trust Vacancy Rate Budgeted WTE vs Staff in Post



Trust Retention Rate (24 months)



Normalised Turnover: Rolling 12 Months Trust Average

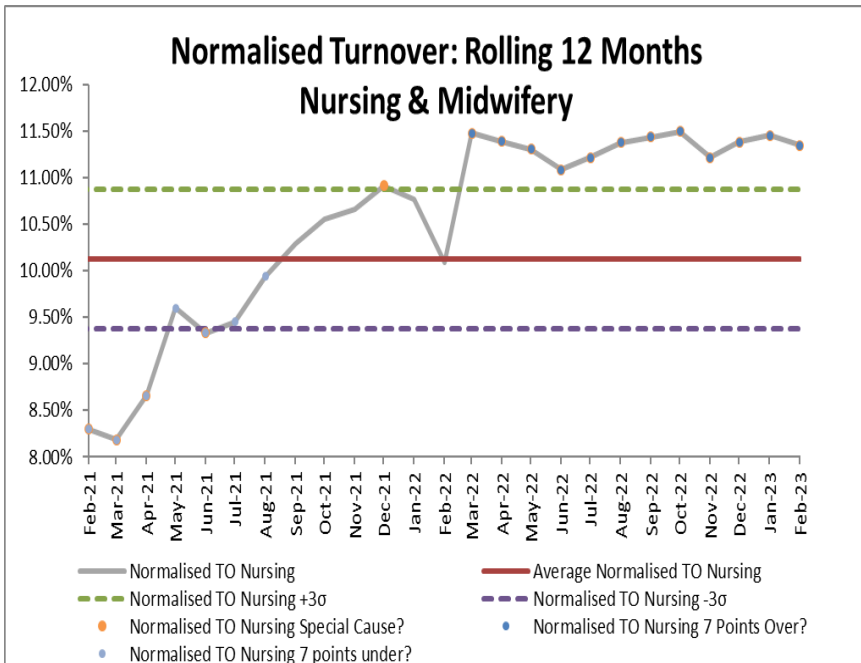
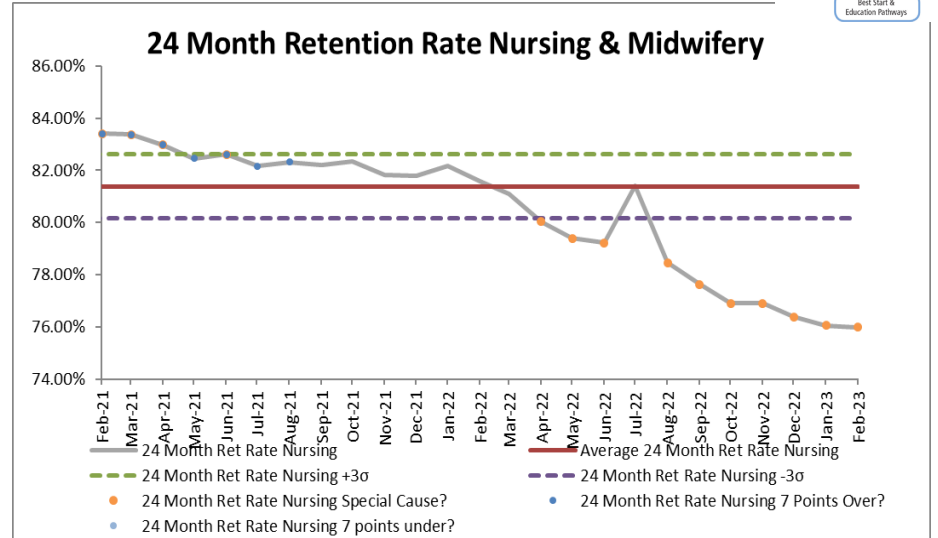
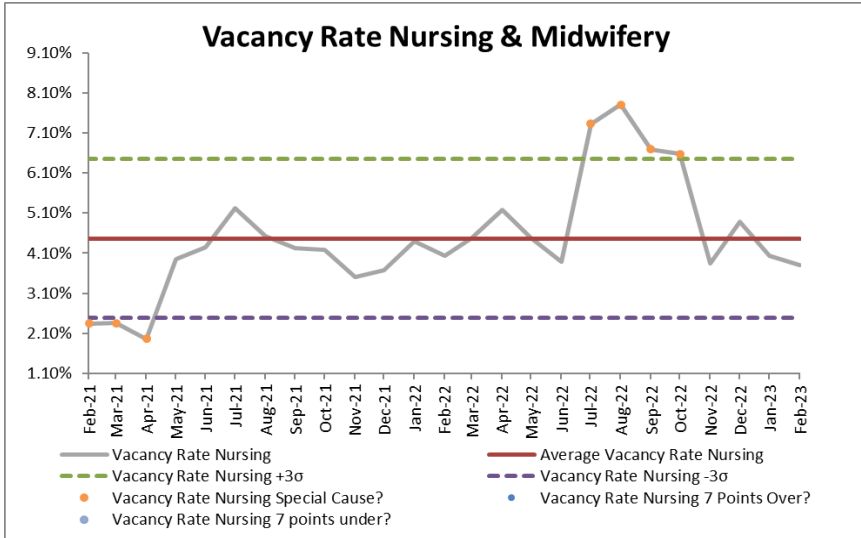


Key Issues & Challenges

- The Retention Rate at 24 months continues to be below the 85% target at 80.36%. Turnover also exceeds the target at 11.34% despite an improvement in month.
- The vacancy rate remains elevated for Healthcare Scientists.
- Whilst the vacancy levels continue to improve, there is a lead time, particularly in relation to international and newly qualified nurses where the recruitment will have reduced the vacancy level, but a period of consolidation is required before they can take on the full range of required duties as a registered healthcare professional.

Key Actions & Progress

- The vacancy rate is meeting the target and is improving.
- Active work continues to identify hard to fill posts and this will also focus on AHP, and Healthcare science posts where there have been improvements in month.
- Starters continue to outpace leavers with a net increase of almost 700WTE staff since the start of the financial year.
- The 'effective rostering' project continues. The focus is shifting to ensuring effective rostering and confirm and challenge meetings have been established with the Rostering Lead and Head of Nursing Workforce with Divisional Head Nurses.



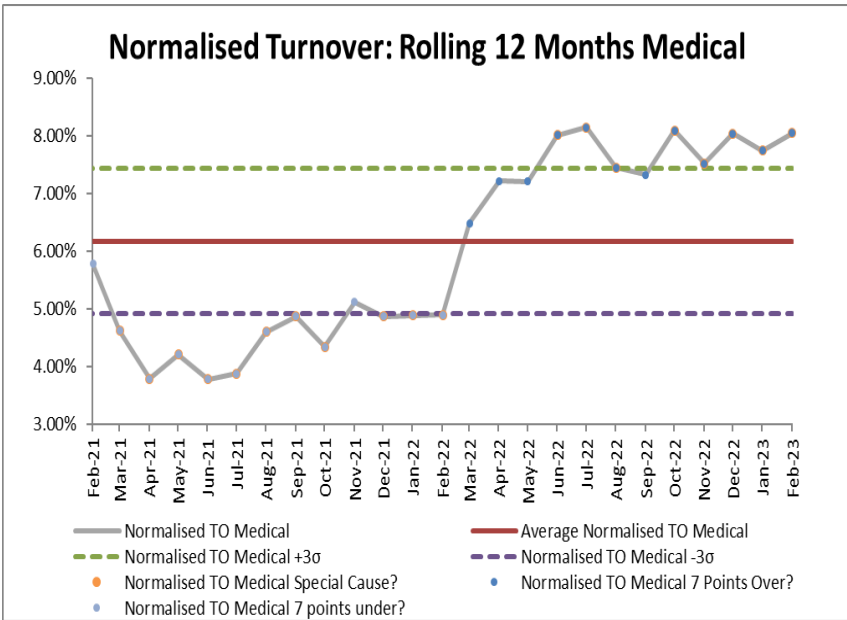
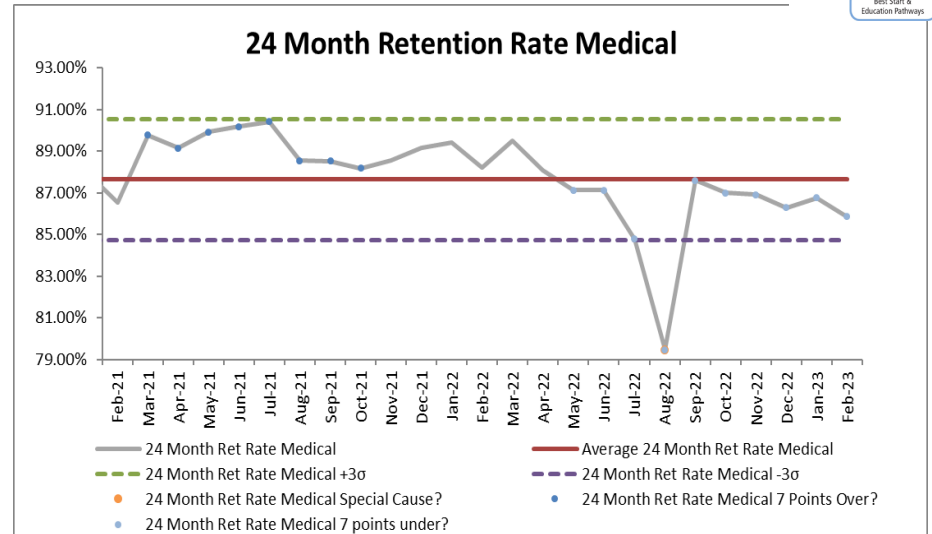
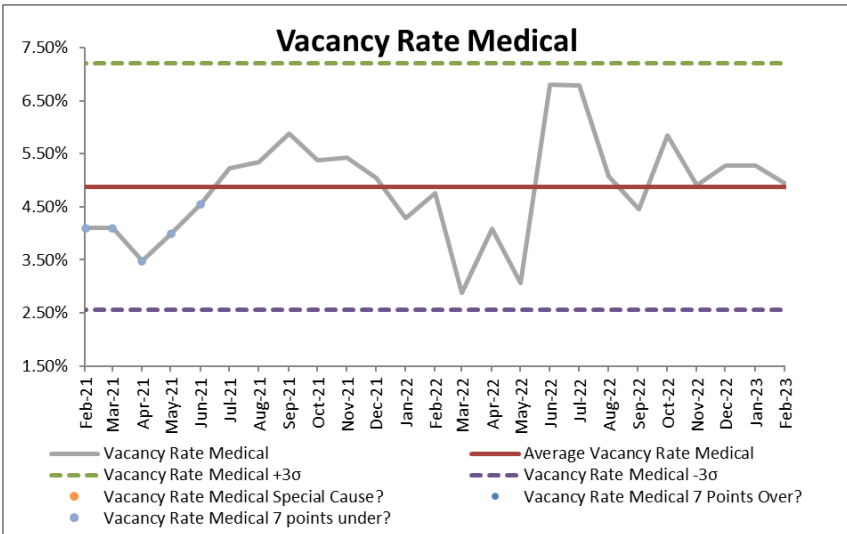
Key Issues & Challenges

- Nursing turnover is above target at 11.35%, increasing slightly from the prior month. Work life balance is a key driver of turnover. Increased turnover is also driven by staff who deferred retirement/ may otherwise have left in 2020/21 now leaving the service/ Trust in an increased number. Wider review of this suggests it is a rebalancing and is likely to stabilise in the near term, however, this will need close monitoring.
- Additionally, it should be noted that whilst nursing turnover has increased within the Trust, this is a general trend in provider and peer organisations and details of model health system data has been reviewed by the People and Organisational Development Committee.

Key Actions & Progress

- Recruitment continues at pace for this staff group with an increase of 60 international nurses over the next two months.
- Further work is being undertaken to understand the issues contributing to staff not passing their OSCE and to ensure the Trust has a robust response.
- As part of the recruitment event in January, 5 Band 5 nurses were locally recruited.

Attract, Recruit & Retain



Key Issues & Challenges

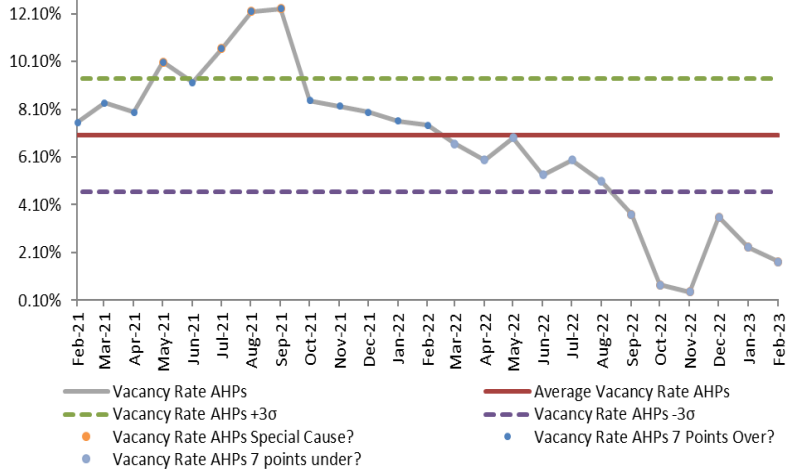
- Whilst the overall vacancy position is hugely positive, there are some hotspots in key services where vacancy levels give cause for concern, such as in clinical oncology, emergency medicine and microbiology.

Key Actions & Progress

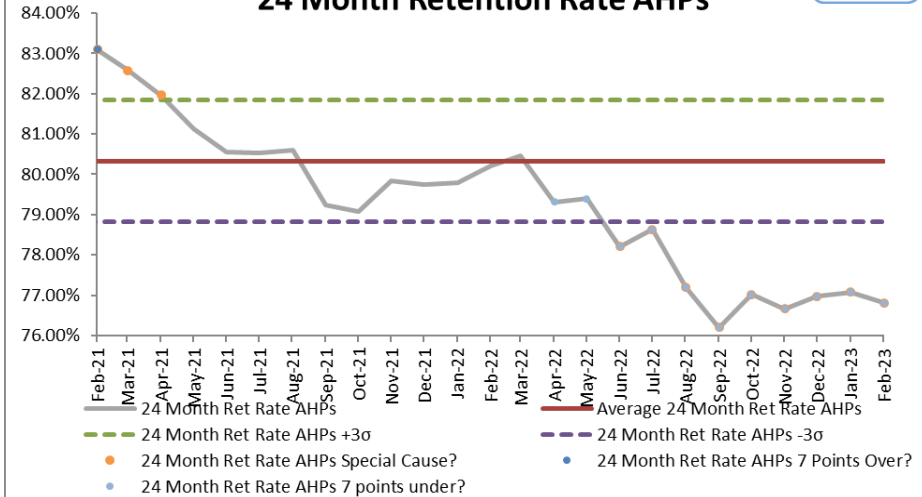
- All recruitment and retention metrics for medical staff are being met.
- A Hard to Fill report has been fully established with targeted work in a number of specialities. This is managed through the Operational Workforce Group with assurance provided to the People and OD Committee.



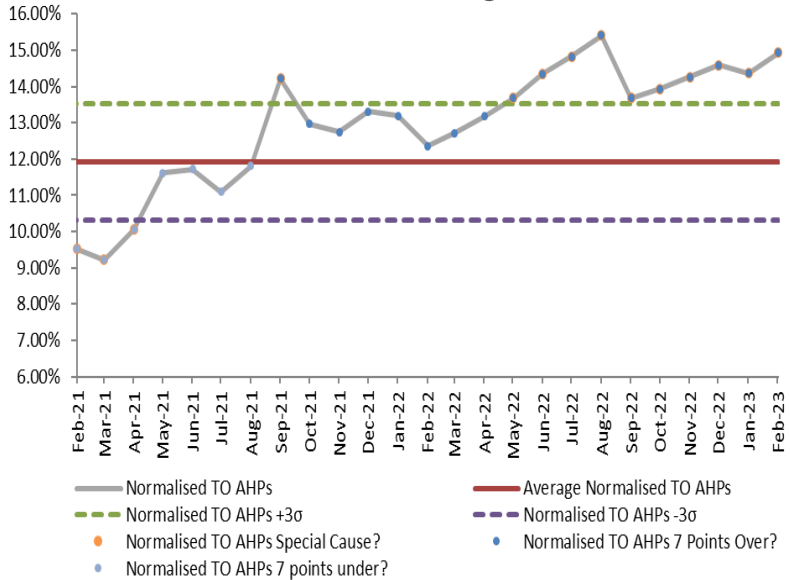
Vacancy Rate AHPs



24 Month Retention Rate AHPs



Normalised Turnover: Rolling 12 Months AHPs

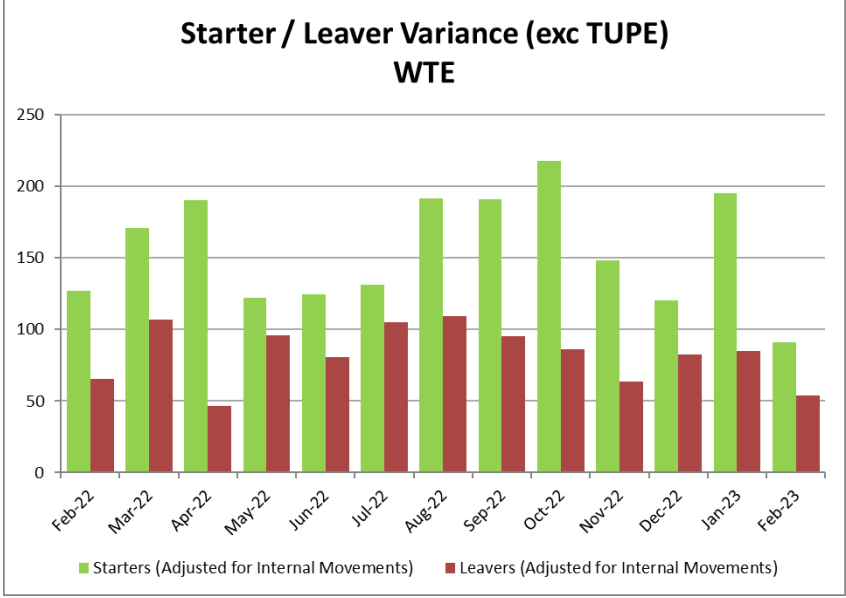
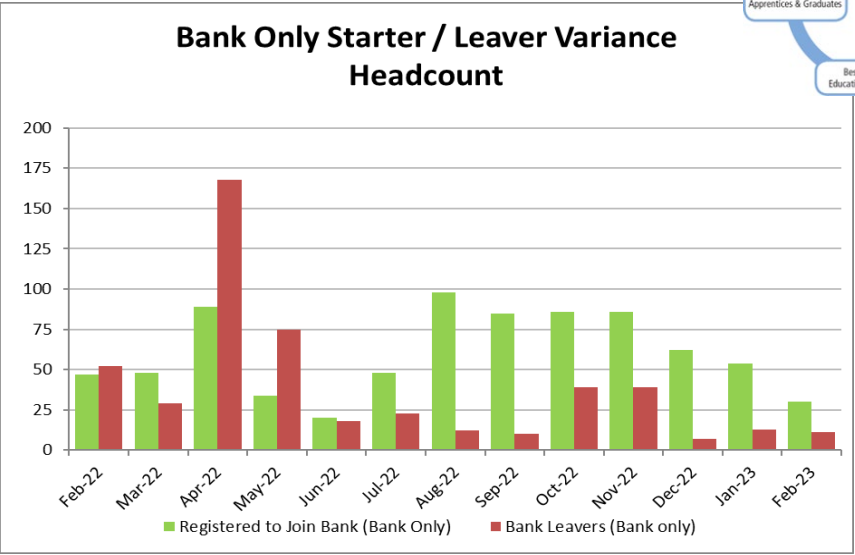
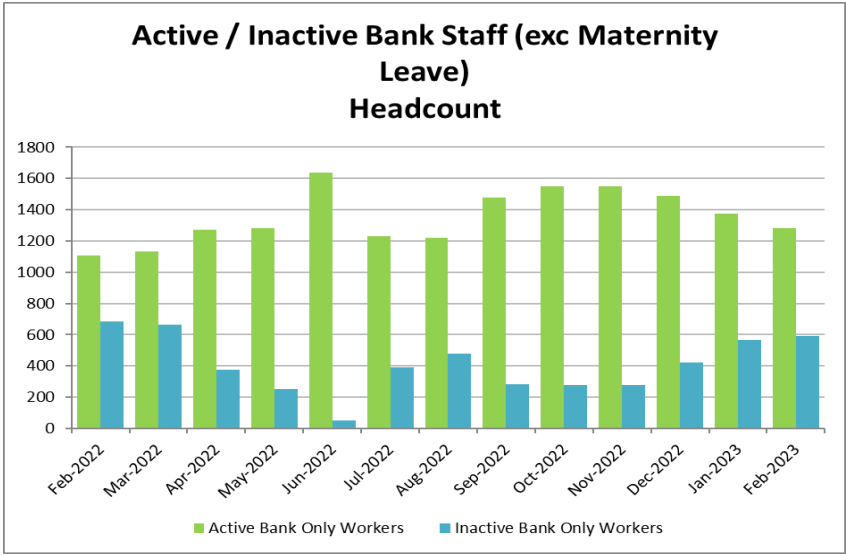


Key Issues & Challenges

- Metrics for AHPs cover Podiatry, Dietetics, Occupational Therapy, Physiotherapy, Orthoptics, Radiography (diagnostic and therapeutic), Orthotics, Speech and Language Therapy (SaLT), and Operating Department Practitioners (ODPs).
- There are hotspots in particular staff groups, specifically, Chiropody/ Podiatry (1.6WTE, 12.25%), Dietetics (3.66WTE, 14.26%) and Occupational Therapy (13.52WTE, 16.11%).
- Turnover for AHPs is elevated.

Key Actions & Progress

- AHP vacancy levels overall are now meeting the Trust target over the last nine months, the first time since April 2020.
- Radiology have seen significant improvements in vacancy rates which have shifted from over target to an over-established position as part of a management of change. International recruitment continues to be a success in radiology.
- ODPs have seen an improvement from almost 12% vacancy level to under 7% over the last month.
- Two offers have been made for internationally recruited Podiatrists through the NHSE programme for which RWT is the lead recruiter.
- Temporary staffing arrangements are in place for vacancies where necessary to ensure services are appropriately staffed.
- Targeted recruitment continues in these areas as part of the work to identify and proactively recruit to hard to fill areas as outlined on the previous page.

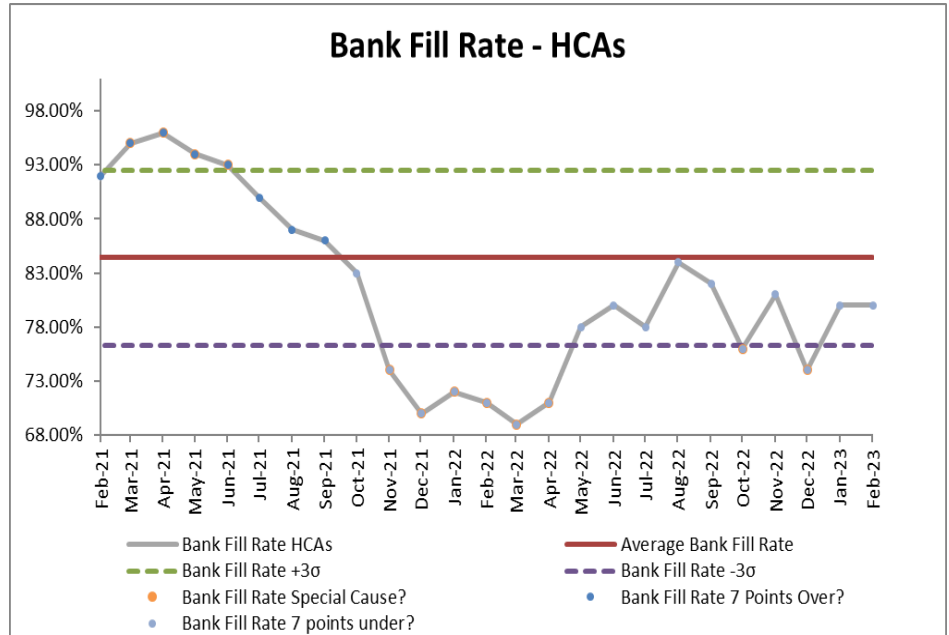
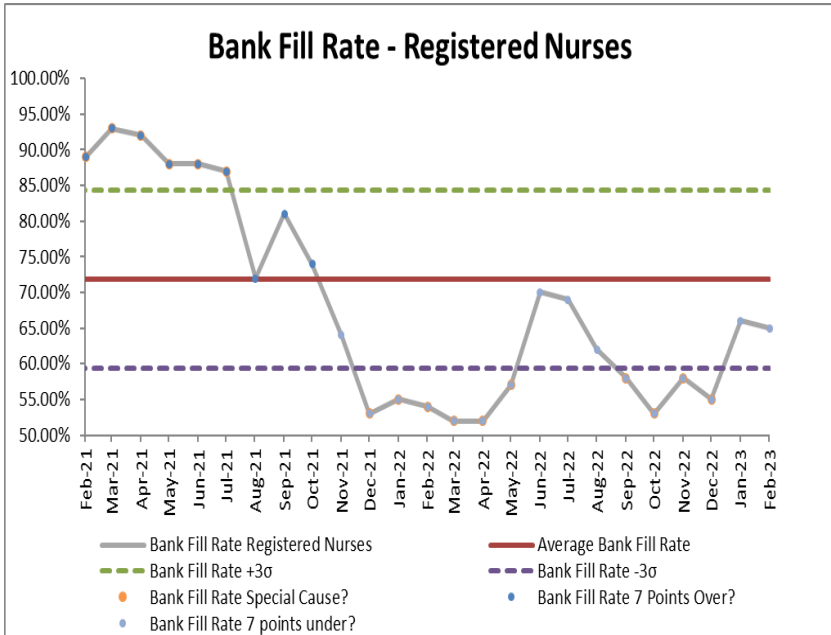
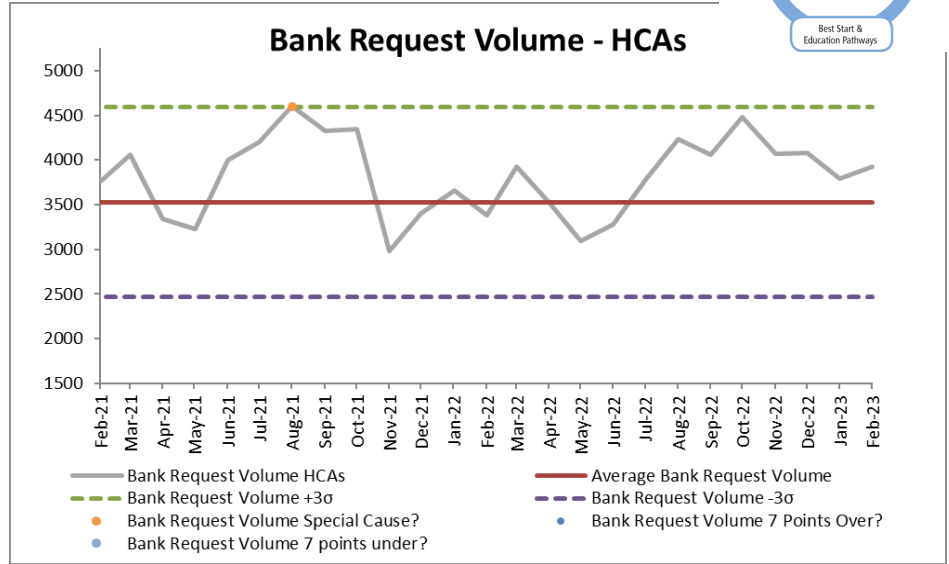
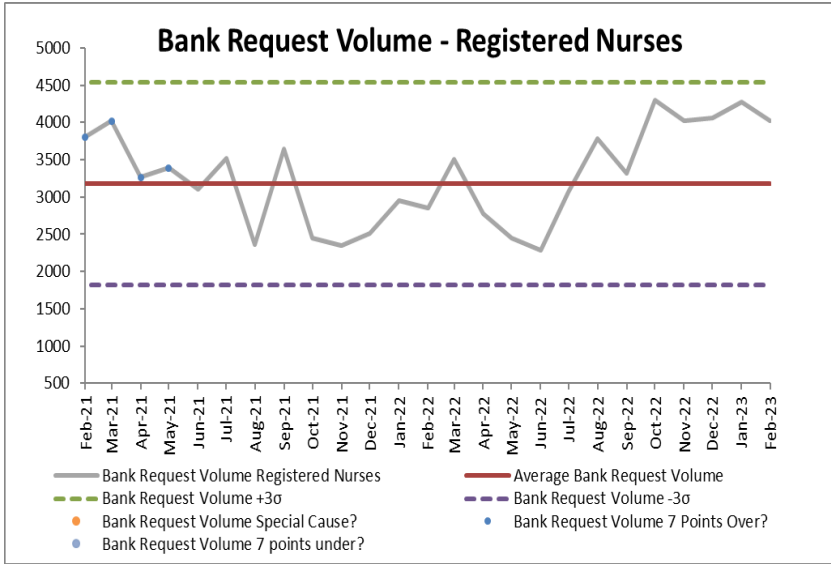


Key Issues & Challenges

- Bank fill rates for HCSWs improved to approximately 80% in January.
- In month registered nursing fill rate also improved to 66%.
- There are a number of inactive bank workers retained on the bank.

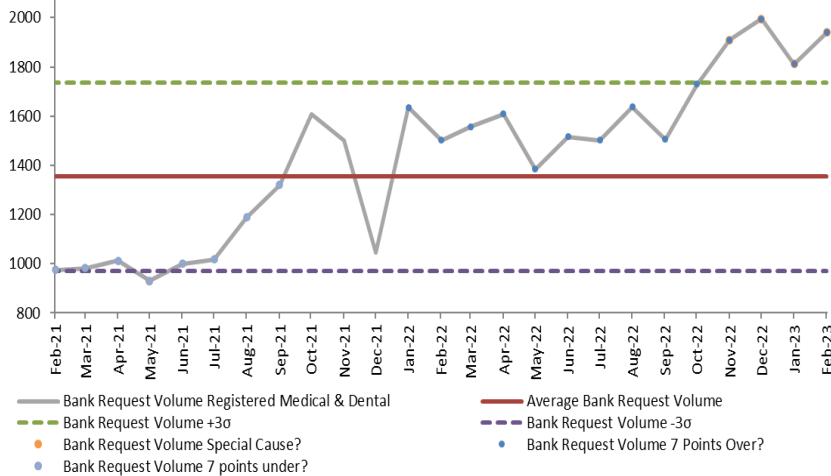
Key Actions & Progress

- The number of staff joining the Trust continues to exceed those leaving the Trust on a month by month basis.
- The number of bank workers continues to increase, despite work to remove inactive workers from the bank with a net increase of 150 bank only staff over the year to date.
- There is currently a pause on external bank HCA recruitment until April 2023.
- Bank request levels remain broadly consistent for nursing and HCA staff.
- A weekly system data cleanse exercise continues to remove inactive bank workers from the bank.





Bank Request Volume - Medical & Dental



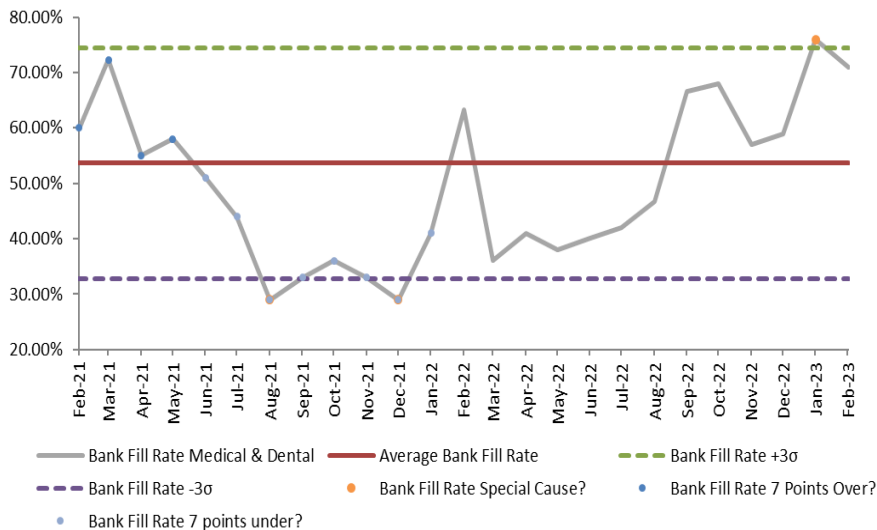
Key Issues & Challenges

Bank fill rates are as follows:

- 71% for medical staff in month
- 65% for registered nursing staff in month
- 80% fill rate for HCSW staff in month

- Clinical system accesses for medical collab bank workers requires review – accesses not received as advised by IT. Further work to be done, review with IT required to make accessing systems much simpler for worker.
- Robot utilisation – review reports to determine why shifts are manually being created. Robot available to reduced manual entry and save time. Further discussions to take place with medical staffing team.
- Drivers for bank demand continues to be higher levels of absence, coupled with increased demand due to operational pressures.

Bank Fill Rate - Medical & Dental



Key Actions & Progress

- Medical bank fill rate has sustained its increase from circa 40% to >70%. This improvement is due to medical staff joining the medical locum bank by doctors internally and externally. The fill is also sustained the increase owing to shift being booked in to by our collaborative Trust.
- Collab bank shifts have been booked in to at both Trusts. RWT shifts have been worked by collab bank doctors in ED and COE.
- Further collab bank shifts have been booked in to at Walsall and RWT.
- Induction pack created by RWT – this is sent to all collab bank workers due to work at RWT. Walsall to mirror the pack and introduce.



Education / Organisational Development	BCPS	Corporate	Division 1	Division 2	Division 3	Division 4	Estates	Grand Total
	Mandatory Training - Statutory Topics	91.80%	96.10%	94.30%	94.30%	95.70%	91.30%	98.20%
Mandatory Training - Policy Required	95.20%	97.50%	92.50%	92.40%	95.80%	96.10%	98.60%	94.00%
Appraisal	87.50%	92.80%	77.90%	81.60%	85.50%	83.10%	92.80%	83.00%

Mandatory Training - Statutory Topics	Dec-22	Jan-23	Feb-23
	225 Black Country Pathology Service	90.60%	91.50%
225 Corporate Division	95.70%	95.80%	96.10%
225 Division 1	94.10%	94.00%	94.30%
225 Division 2	94.20%	94.40%	94.30%
225 Division 3	95.60%	95.70%	95.70%
225 Division 4	91.80%	91.40%	91.30%
225 Estates & Facilities Division	96.30%	97.50%	98.20%
Grand Total	94.50%	94.70%	94.90%

Appraisals	Dec-22	Jan-23	Feb-23
	225 Black Country Pathology Service	81.80%	83.50%
225 Corporate Division	80.30%	81.00%	82.20%
225 Division 1	74.20%	76.70%	77.90%
225 Division 2	80.70%	81.00%	81.60%
225 Division 3	82.10%	82.80%	85.50%
225 Division 4	75.40%	80.70%	83.10%
225 Estates & Facilities Division	87.50%	90.80%	92.80%
Grand Total	79.70%	81.30%	83.00%

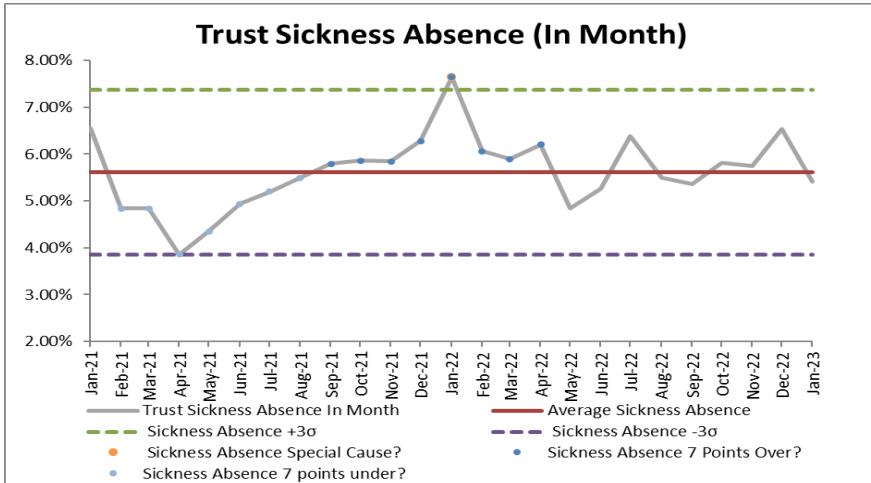
Mandatory Training - Policy Required	Dec-22	Jan-23	Feb-23
	225 Black Country Pathology Service	93.90%	94.90%
225 Corporate Division	97.00%	97.30%	97.50%
225 Division 1	92.10%	92.10%	92.50%
225 Division 2	92.10%	92.30%	92.40%
225 Division 3	95.50%	95.50%	95.80%
225 Division 4	95.10%	96.00%	96.10%
225 Estates & Facilities Division	97.30%	98.10%	98.60%
Grand Total	93.60%	93.70%	94.00%

Key Issues & Challenges

- Appraisal compliance is not meeting the target across the board and the last time this target was met was in December 2019.
- Particular focus is needed in Division 1 and 2 where performance is most challenged.
- Service pressures have had and continue to have a profound effect on the ability to undertake timely appraisals

Key Actions & Progress

- This matter has been discussed at Operational Workforce Group in some detail with commitment from Divisions offered to deliver improvements in appraisal compliance. Improvements have been seen over the last 2 months with compliance rates higher than at any point this year so far.
- Within Divisions, directorates and departments have been required to produce recovery plans for the delivery of appraisal activity and this will be managed through the Divisions.
- Mandatory training, both Tier 1 and Tier 2 continues to meet the Trust target.

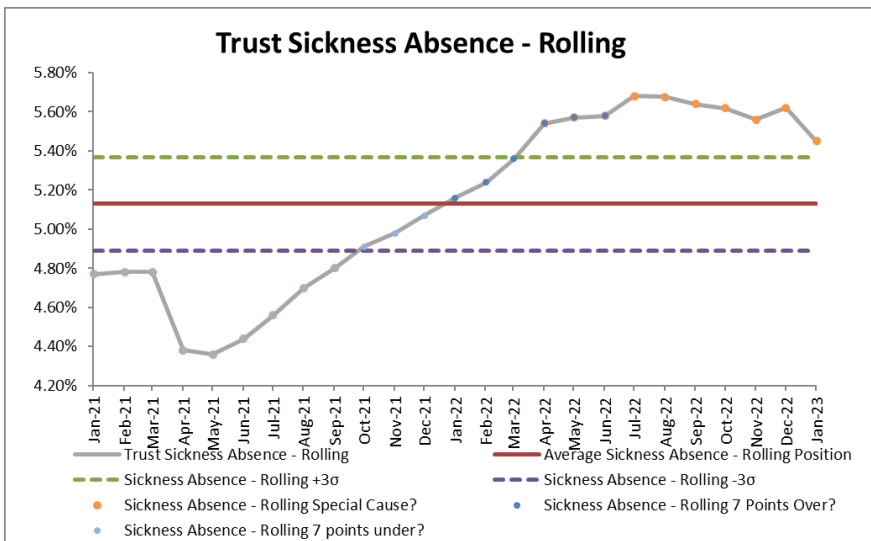


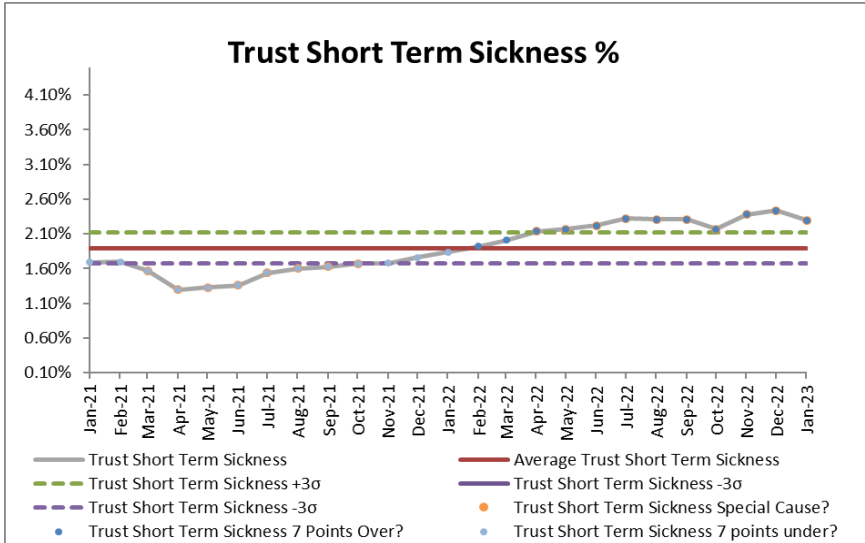
Key Issues & Challenges

- The rolling 12 month absence rate remains above the Trust target at 5.64% as a result of elevated absence due to COVID-19 being represented across the full year in the figure.
- In month sickness absence has reduced to 5.41% in January 2023.
- Occupational Health referrals remained high at 215 in February, above the year to date average of 211.

Key Actions & Progress

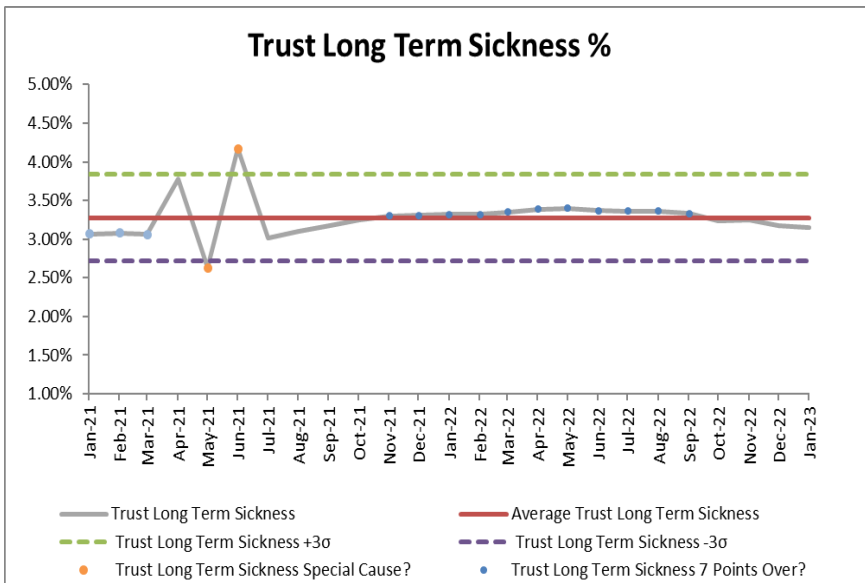
- HR colleagues have been reviewing COVID related sickness absence returns to ensure that in cases where the absence (or household isolation) is seen as an outlier it is followed up and support offered to the manager/ staff member as necessary.
- HR teams continue to sensitively support the management of long and short term sickness absence cases as appropriate in the current circumstances.
- Considerable work has been done to develop the wellbeing support offer, including psychological and practical wellbeing support for staff.
- The flu and COVID-19 vaccination campaigns commenced in September and future reports will include information on uptake.





Key Issues & Challenges

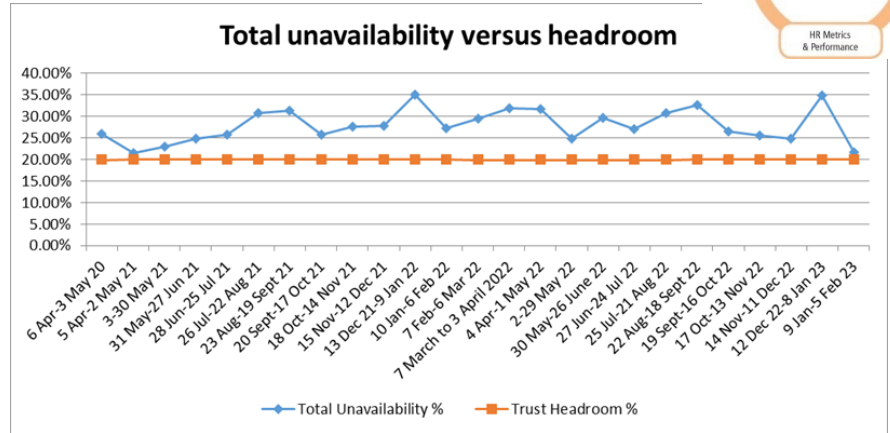
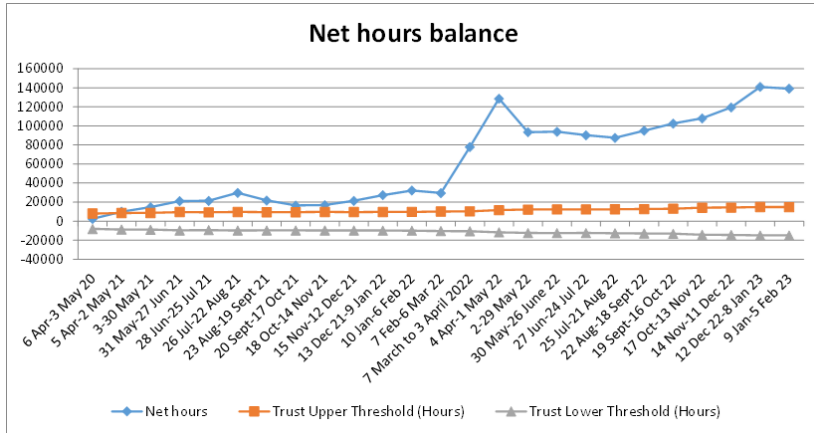
- Of the 4.25% target for sickness absence, it is typical for around 60% of the threshold (2.55%) to be attributable to long-term sickness absence and the remaining 40% (1.80%) to short term absence.
- Both short and long term absence are above these 'targets' in January 2023, with long term sickness absence further away from the target than short term. A detailed review has been undertaken by the Head of HR Advisory, which found the majority of cases were being appropriately managed in accordance with the policy.



Key Actions & Progress

- The attendance management structures will need to be revisited as part of the post COVID-19 recovery with the re-establishment of sickness absence workshops within the Divisions.
- Divisions shall need to focus particularly on long term absence.
- A case by case review has been undertaken by the Head of HR Advisory with HRMs for all long term sickness absence cases which has been reported to the People and OD Committee. It found that in the large majority of cases of long term sickness the process had been followed appropriately.
- The HR Advisory Team are working through the recently launched NHS England's Improving Attendance Toolkit, further updates will be provided through regular updates to the People and OD Committee.

Productivity – e-Rostering Metrics



Definition: Net hours are the planned versus delivered contracted hours
Trust threshold: Within 2% (over or under) total contracted hours

Definition: Any period of absence from core service delivery
Trust threshold: 20% total headroom allowance

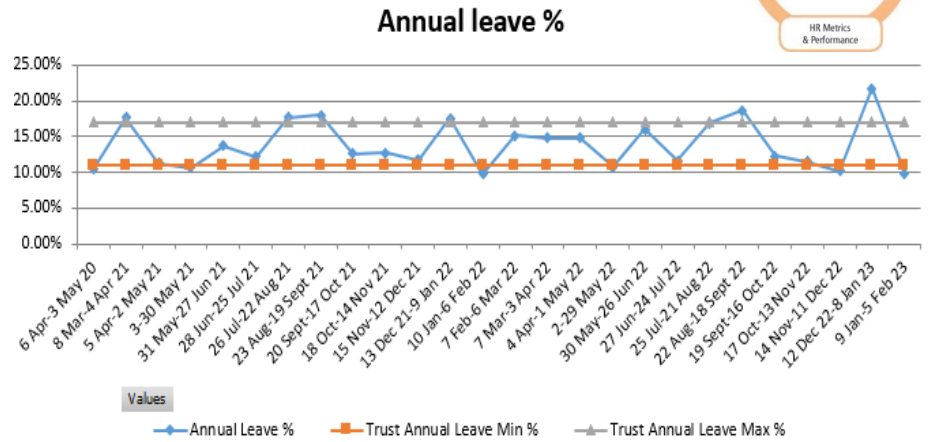
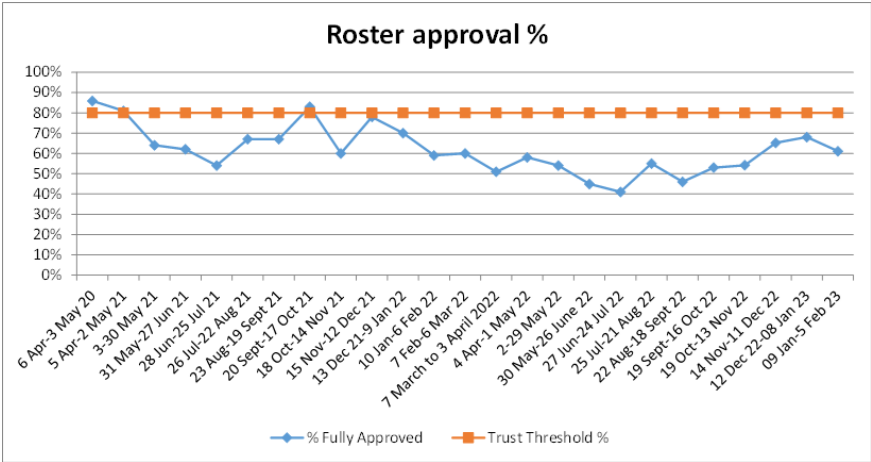
Key Issues & Challenges

- The Trust’s net hours balance remains outside of agreed thresholds (2% total contracted hours). For the current reporting period, this equated to just over 141k of unused contracted hours. A significant proportion of these hours is in theatres, where actions are being put in place to resolve.
- Total unavailability remains outside of the Trust headroom percentage (20%) at 34.82%, driven by increases in sickness and annual leave.
- Sickness, parenting (maternity, paternity, adoption leave), and other leave (authorised leave in line with policy) remain contributory factors, the latter two reasons for which are both excluded from headroom percentages:
 - Annual leave, 9.82% - outside policy thresholds but improved (11-17%)
 - Sickness, 5.68% - outside of policy thresholds but improved (3.24%)
 - Study, 1.64% - outside policy thresholds (2%)
 - Other leave, 1.10% - not factored into headroom allowance
 - Working day, 0.69% - not factored into headroom allowance
 - Parenting, 2.73% - not factored into headroom allowance

Key Actions & Progress

- A rebuild of the theatres roster is planned alongside a close review of unuse hours in this area.
- A new process has been put in place to ensure effective management of net hours balances and work is underway to review all areas of excess net hours balances.
- Regular meetings and support sessions continue to be held with managers to address net hours concerns and identify and resolve historic balances. These meetings identify if balances are due to historic episodes of sickness/annual leave or recoverable missing duties. Work is also being planned to address the net hours issues contributed to by new project areas using activity manager. Managers are directed to Heads of Nursing/Midwifery/Department to escalate and obtain approval for resetting any net hour balances.
- During regular meetings the unavailability and reasons for it are challenged and discussed with areas and where possible actions put in place to address.

Productivity – e-Rostering Metrics



Definition: Rosters fully approved 6-weeks in advance of roster start date
Trust threshold: 80% of rosters fully approved

Definition: Absence from core service delivery due to annual leave
Trust threshold: Ideal is 15% but within 11-17%

Key Issues & Challenges

The number of rosters fully approved six weeks in advance of the roster start date remains below the agreed threshold (80%) at 61%.

The latest approval percentage demonstrated a slight decrease compared with five consecutively monthly increases. This has been negatively impacted by timely communication of management changes and approval of managers as authorised signatories (to be able to approve rosters). Engagement and targeted proactive work including reminders, chasing and escalation from the Healthroster and Nursing Workforce Team will aim to reinstate the positive trend and work towards reaching 80% approved on time metric.

Key Actions & Progress

- Non-adherence continues to be escalated.
- Ongoing promotion of good rostering practice and training.
- Nursing Workforce continues to address compliance for nursing areas at the confirm, challenge and support meetings.
- Annual leave project continues.
- Targeted net hours improvement sessions have begun.
- Autoroster use continues to be encouraged and implemented where possible. All new areas are being built with it as standard.

Total % of system generated rosters

33.6% ↓

E-Rostering level of attainment	
Nursing & Midwifery	1
Healthcare Scientists	0
Pharmacy	0
Allied Health Professionals	0
Additional Clinical Services	0



e-Job Plan Divisional Update

The Trust wide position on job planning is that 57% of job plans have now reached the 2nd or 3rd sign off stage – an increase of 7% since the last report period. In line with the increased number at 2nd and 3rd level sign off, the number of job plans in discussion and 1st stage have decreased. Based on the previous months figures, job plan progress has improved.

The deputy CMO will be emailing relevant CD's and GM's after review of the latest directorate review of job plans. The plan is to target the areas where a larger amount of job plans are stuck at a particular level. The hope is that an increased amount of job plans will reach 3rd level sign off, and where the directorate sits at having more than 75% of job plans at 3rd level, the JPCG group can create the JPCG report for review. In line with this, the Deputy CMO is currently reviewing reports for – ED, ENT, Neonates, Neurology, Orthodontics, Radiology and Sexual Health. JPCG meetings for the above-mentioned directorates will be scheduled in April 2023.

e-Rostering Update

General Medicine – Agreement to trial the electronic roster alongside the current excel rota will take place from March – feedback from GIM leads and doctors will be reviewed to incorporate any amendments necessary to ensure the electronic rota is workable (combination of x3 rotas in one).

Cardiothoracic Surgery – Meeting to be scheduled to discuss rota creation with Allocate owing to complexities and requirements following meeting with CD. Discussion to take place with DCMO to move this forward.

Fully Live

General Medicine, ED, Cannock, Clinical Haem, Neurology, O&G, Neonates, Ophthalmology, Paediatrics, ENT, Gen Surgery, T&O, Oral Surgery, Cardiology, Radiology and Urology.

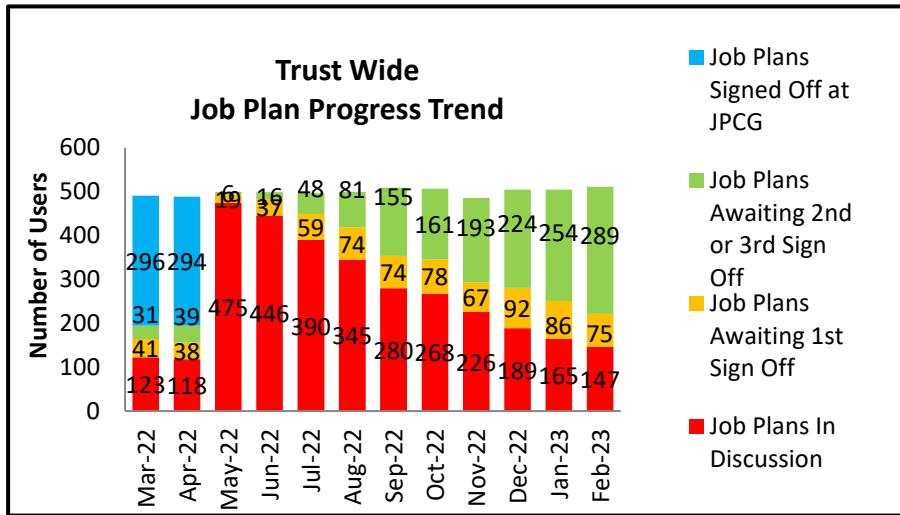
Changes/Issues with Rota's

Cardiothoracic Surgery

Activity Manager Update

Activity manager was placed on hold, owing to the further extension of the job planning round. Since the round has ended, JPCG reports are under review where more than 75% of a directorate's plans are in 3rd stage sign off.

The most up to date signed of job plan data is required for the build of Activity Manager.



PEOPLE & ORGANISATIONAL DEVELOPMENT COMMITTEE
(PODC)

TERMS OF REFERENCE

Trust Strategic Objectives	Strategic Aim	Associated Strategic Objectives
	<p>1. Excel in the delivery of Care</p> <p><i>We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.</i></p>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations
	<p>2. Support our Colleagues</p> <p><i>We will be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations.</i></p>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standard
	<p>3. Improve the health of our Communities</p> <p><i>We will positively contribute to the health and wellbeing of the communities we serve.</i></p>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1st April 2025 c) Deliver improvements at PLACE in the health of our communities
	<p>4. Effective Collaboration</p> <p><i>We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.</i></p>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care

<p>BAF & Trust Risks</p>	<ul style="list-style-type: none"> • Identify and monitor any new risks relating to Trust’s Workforce agenda. • Review the Board Assurance Framework (“BAF”) for risks within the 'Support Our Colleagues' strategic Objective on a frequency set out in the Risk Management Policy. • Be assured that there are plans in place to address gaps in controls and gaps in assurance, and oversight of such plans.
<p>Meeting Purpose/Remit</p>	<p>The purpose of the committee is to provide the Board with assurance that:</p> <ul style="list-style-type: none"> • The organisational development and workforce strategy, structures, systems and processes are in place and functioning to support employees in the provision and delivery of high quality, safe patient care. • Processes are in place to support optimum employee, engagement, wellbeing and performance to enable the delivery of strategy and business plans in line with the Trust’s values. • The Trust is meeting its legal and regulatory duties in relation to its employees. • Where there are human resource risks and issues that may jeopardise the Trust’s ability to deliver its objectives, that these are being managed in a controlled way through the Trust Management Committee. • The organisational culture is diagnosed and understood and actions are in place to ensure continuous improvements in culture. <p>To provide assurance on the following key areas of workforce governance:</p> <ul style="list-style-type: none"> • Resourcing • Skills • Leadership • Organisational Development & Culture • Staff Engagement • Wellbeing • Productivity • Equality, Diversity and Inclusion
<p>Responsibilities</p>	<p>The Committee will lead on the assurance of the workforce and organisational development including ensuring that:</p> <ol style="list-style-type: none"> 1. Legal and regulatory requirements relating to the workforce are met. 2. There is an overarching organisational development and human resources strategy that enables the Trust to deliver its strategy, vision and values.

	<ol style="list-style-type: none"> 3. Effective identification and mitigation of Human Resources risks within the supporting infrastructure of the Board Assurance Framework and Risk Register. 4. Robust workforce planning and recruitment processes are in place, supported with attraction and retention approaches, to ensure that the Trust has a workforce to deliver its strategy and annual plan. 5. Mechanisms are in place and effective to communicate with and inform the workforce in relation to strategy as well as constitution, values and ethos. 6. The Trust is monitoring staff engagement and experience, reviewing staff surveys (national & local) and delivering its plans to achieve a highly motivated and engaged workforce to enhance the quality of patient care. 7. There are mechanisms in place to effectively diagnose the organisational culture and ensure focus on driving through a positive organisational culture as monitored through the national staff survey. 8. There are processes in place to identify and develop organisational structures, leadership and management capability to ensure the delivery of the Trust's strategy. 9. Arrangements are in place for the effective training and education of the workforce in all professions and disciplines. 10. The Trust is delivering its ambition and legal obligations in relation to the Equality, Diversity and Inclusion of the workforce. 11. Processes and resources are in place, to ensure the development of healthy teams and indicators of poor team health are acted upon, as well as supporting the wider Trust H&WB agenda. 12. National reports and best practice relating to Human Resource Management and OD is shared, reviewed for relevant findings and actions and the necessary actions implemented. 13. To oversee the requirements and governance assurance against the national agenda for Developing Workforce Safeguards. <p>Supplementary areas for assurance:</p> <ol style="list-style-type: none"> 14. Receive assurance on the HR aspects of any external/internal compliance reviews that have raised concerns at Board and/or Executive Team. 15. By exception, consider concerns raised by staff and receive assurance on how these concerns are being dealt with. 16. Review the Board Assurance Framework/Trust Risk Register high scoring risks for assurance on traction of actions, and adequacy of controls and assurances taken e.g. staffing. 17. To review and monitor effectiveness of workforce related strategies and key performance indicators such as: <ul style="list-style-type: none"> ○ Staff survey results (local and national) ○ Attendance levels ○ Demographic makeup of the organisation ○ Turnover ○ Occupational health data ○ Recruitment
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	<ul style="list-style-type: none"> ○ Annual Workforce plan <p>18. The Trust has in place the range of policies necessary to effectively manage the workforce and allow for fair and consistent treatment of staff as well as receives assurance and recommends support for policies relevant to HR/OD/Education/Training and Occupational Health, on behalf of the Trust.</p> <p>19. Ensure the Trust's people and organisational development policies and procedures are current, based on best practice, and compliant with relevant legislation and guidelines.</p>
Authority & Accountabilities	<p>The People and Organisational Development Committee is established to evaluate and report on the workforce/OD agenda and the operation of risk management systems and controls to the Trust Board.</p> <p>The Committee is authorised by the Trust Board to investigate any activity within its terms of reference obtaining independent advice if necessary. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01).</p>
Reporting Arrangements	<p>The minutes will be submitted to the Trust Board, and the Chair shall report on the main issues discussed and decisions made, highlighting any matters of concern or significant risks identified.</p>
Membership	<ul style="list-style-type: none"> • Chair of the Committee (NED) • Group Chief People Officer • One other Executive Director to join on a rolling attendance basis • Two Non-Executive Directors • Deputy Chief People Officer • One Deputy Chief Operating Officer (on a rotational basis) • Divisional Manager Estates & Facilities • Director of Nursing / Deputy Chief Nurse • Chief Allied Health Professional (AHP) • Deputy Chief Medical Officer • Director of Governance or Deputy • Staffside Lead
Attendees – as required	<ul style="list-style-type: none"> • Associate Director of People • Deputy Group Director of Education / Head of Corporate Learning and Development • Head of Nursing - Workforce • Head of Occupational Health and Wellbeing • Security Manager

	<ul style="list-style-type: none"> • Other Leads, as required, which may include: Heads of HR Advisory, Resourcing, Equality, Diversity and Inclusion, Organisational Development, as appropriate • Other attendees may be requested to attend the meeting by the Chair or may attend with the permission of the Chair.
Chair	The Chair of the committee shall be the Trust board nominated Non-Executive Director and if he/she is absent, another NED from those present at the meeting
Quorum	<p>Chair, (or nominated Deputy), and 4 other members, one of whom must be:</p> <ul style="list-style-type: none"> • An Executive director • A Non-Executive director • A Deputy COO or nominated representative
Frequency of meetings	The committee will meet 9 times per year.
Administrative support	The HR & OD department will provide administrative support. Agenda and papers will be circulated 4 working days prior to the meeting.
Standards	<ul style="list-style-type: none"> • NHS Improvement Single Oversight Framework (to include Quality Governance and Well led guidance) • Equality Act, NHS Equality Delivery System, Workforce Race Equality Scheme, Workforce Disability Equality Scheme, Gender Pay Gap • NHS Employers standard recruitment checks • NHS Terms and Conditions of Service • Medical & Dental and NHS Terms & Conditions
Standard agenda items	<ul style="list-style-type: none"> • Key Updates and Workforce Performance • Items for formal review and sign off • Strategic Focus Areas • Key Risks
Review of WODC Performance & Effectiveness	<ul style="list-style-type: none"> • To be carried out on an annual basis
Subgroups	<ul style="list-style-type: none"> • Operational Workforce Group • Equality & Diversity group • Academy Steering Group • Medical Workforce Group • Staff Survey Oversight Group
Date Approved	Trust Board – 4 th April 2023
Date Review	March 2024

Trust Board

Meeting Date:	4 th April 2023	
Title of Report	Education and Training Academy Report - update report following report in oct 2022	
Action Requested:	For updating and assurance to the committee	
For the attention of the Board		
Assure	<ul style="list-style-type: none"> To inform the committee there are no exceptions to education standards and service developments from the Faculty of Education. All education related risks are being managed appropriately and in a timely manner. 	
Advise	<ul style="list-style-type: none"> The growth of education and training requirements has been significant in the aftermath of the pandemic, with the introduction of educational recovery programmes across all disciplines. 	
Alert	<ul style="list-style-type: none"> The demand for training room capacity has been protected for the use of those undertaking clinical training, however the Academy have raised a risk regarding the demand for training accommodation and is working jointly with Nurse Education and Research and Development to pursue an expansion in accommodation to meet the growing needs of workforce attraction, development and retention and the mandate by our academic partners for the face-to-face delivery of training. There is a delay to the roll-out of the Resuscitation Trolley replenishment system which is dependant on the capital works being undertaken by Steris (Datix ID 5500 Grade 8 Amber). 	
Author and Responsible Director Contact Details:	Claire Young, Group Deputy Director of Education and Training ext 86181 Claire.young3@nhs.net Responsible Director Group Chief Medical Officer Dr Odum	
Links to Trust Strategic Objectives	Strategic Aim (SA)	Associated Strategic Objectives (SO)
	<i>Please delete the SA/SO which is not appropriate to your report</i>	
Excel in the delivery of Care	a) Embed a culture of learning and continuous improvement	
Support our Colleagues	a) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing b) Improve overall staff engagement c) Deliver improvement against the Workforce Equality Standards	
Improve the Healthcare of our Communities		
Effective Collaboration	a) Implement technological solutions that improve patient experience b) Progress joint working across Wolverhampton and Walsall	
Resource Implications:	None - Activity mostly managed through the Education Contract income and additional income awarded through Health Education England	
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:	
Equality and Diversity Impact	N/A	
Risks: BAF/ TRR	None	
Risk: Appetite	N/A	
Public or Private:	Public	
Other formal bodies	Health Education England, CQC, GMC	

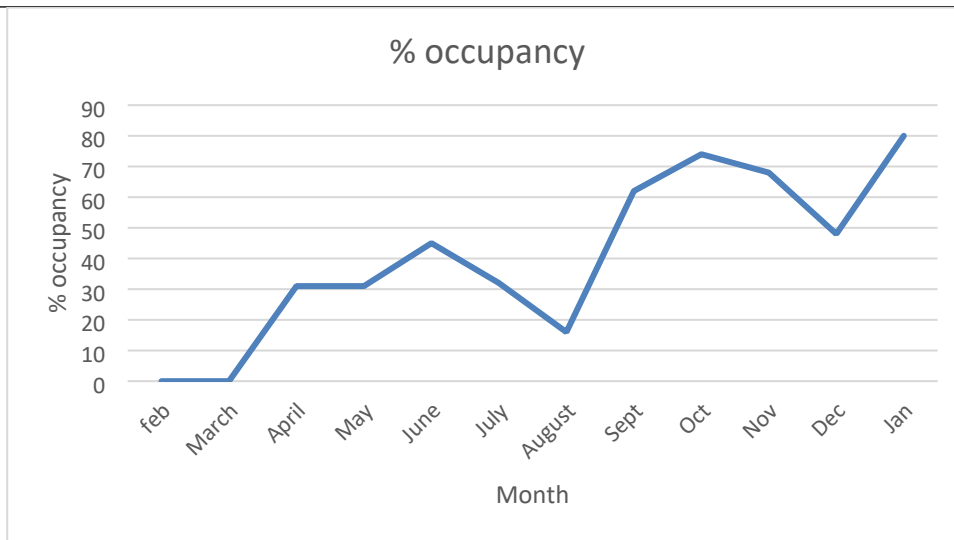
involved:	
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences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

Brief/Executive Report Details

Brief/Executive Summary Title:	Education and Training Academy Report
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Item	
1.0	<p>Postgraduate Medical Education (PGME)</p> <p>1.1 Recruitment The postgraduate medical education team have now appointed two Deputy Clinical Tutors to support the growing demands of the service and succession planning, the Clinical Tutor role remains vacant.</p> <p>1.2 Medical Workforce RWT bids for additional tariff funded trainee posts have been successful with the Trust welcoming an additional 17 posts across numerous specialties starting in August 2023.</p> <p>1.3 Recovery Funding The Trust were awarded £300k with successful bid applications to Health Education England (HEE). The funding has been used to support simulation equipment and consumables, consultant educator time, additional training sessions and a trainee feedback and wellbeing app.</p> <p>1.4 External Feedback The National Education and Training Survey result were received in February 2023, the Trust received 217 responses from Postgraduate Doctors in Training, this was a significant increase from last year (162 responses in 2022). Overall, the feedback was positive with the Trust scoring higher than the national average and benchmark for acute Trusts in all four categories, Learning Environment and Culture, Educational Governance and Leadership, Supporting and Empowering Learners and Delivering Curricula and Assessments. High performing specialties include Geriatric Medicine, O&G and Ophthalmology. Poorer performing specialties includes General Surgery, this will be followed up by an internal quality visit.</p> <p>1.5 Prescribing Safety Assessment (PSA) – Foundation Trainees The education team along with Walsall and Shrewsbury and Telford has secured several licences for BPS Assessment (BPSA) which is a subsidiary of the British Pharmacological Society providing assessment and eLearning in medicine prescribing and clinical pharmacology. Foundation Trainees who have yet to sit or have failed the required PSA exam will be offered the tools provided by the BPSA to assist with their preparations for sitting/re-sitting the exam. The BPSA will be particularly useful to the growing number of IMG Foundation Trainees.</p> <p>1.6 Future Developments The Medical Education team are developing a business case to appoint Education Leads in specialties with large number of trainees to support with local induction, local junior doctor forums and be a lead for education matter within the department. The business case will also include the expansion of postgraduate simulation training.</p> <p>A joint RWT & WHT Postgraduate Medical Education Enabling Strategy has been developed which sets out key objectives to target and support the progressive development of PGME over the next 3 years (see appendix 2)</p>

2.0	<p>Undergraduate Medical Education</p> <p>2.1 Executive Summary The Trust have 196 students placed at RWT at this stage. The AMS inception cohort (intake 2018) will graduate this year, every student had the entirety of their medical final clinical examination at RWT.</p> <p>2.2 AMS Examinations Successful partnership with Aston Medical School (AMS) culminates in an “impressive and well-organised” OSCE (Source: General Medical Council team, 7.3.23). The RWT team were personally thanked by Professor Helen Cameron.</p> <p>2.3 Successful partnership The AMS team enquired about AMS continuing to host the most important summative exams for the medical school. The department welcomed the Director of Education, Dean, Assistant Dean, assessment lead, and Year 5 lead to RWT. Positive interactions between RWT and AMS leadership, including the scope for AMS neurology teaching here. Formal feedback is awaited from the GMC and Aston.</p> <p>2.4 Collaboration</p> <ul style="list-style-type: none"> • Clinical Teaching Physicians Associate (CTPA) engagement with AMS curriculum • Dr Bateman is representing Aston at the Medical Schools Council applied knowledge test • Students are continuing to be supported by the collaboration between RWT and Walsall Healthcare NHST (ophthalmology and dermatology)
3.0	<p>Library Service</p> <p>3.1 Library Outcomes Framework – Validated Self-Assessment The final report has been received and an action plan will be submitted to ASG and HEE. Key areas for development include evidence of discussion of knowledge and library services at Board level and promoting access to the evidence base to management and staff.</p> <p>3.2 Study Pod Usage Following the investment by HEE last year, the Study Pods located on the first floor of the library are becoming an important study resource for the organisation. The graph below indicates the significant growth in usage since installation in March 2022, which now represents nearly 90% occupancy. The pods are mainly used for quiet study, but are regularly used for MS Teams meetings, interviews and online examinations. To support staff who may not have access to laptops these are now available for daily loan and use within the library.</p>



3.3 Resource Usage

UpToDate: There is a defined increase in usage of UpToDate compared to 2021-22. To date 28,884 reviews have been accessed between April 22 and January 23. This represents an increase of 1,000 reviews on the same period last year.

3.4 Book Loans

The number of books loaned from the library continues to be steady, however the increased number of items in the book catalogue following the addition of 20 additional health libraries in the scheme has resulted in an increase in loans. 2,605 items have been since April 2022. Registered users can now loan 16 items for 6 weeks with 5 automatic renewals. Library Services that have joined the Health Libraries Midlands (HeLM) network in the past 6 months include Shrewsbury & Telford NHS Trust, Nottingham University Hospitals NHS Trust and Nottinghamshire Healthcare NHS Trust.

3.5 Staffing Review

Following a review of staffing within the Library Service reception and library assistant roles have been combined to provide flexibility. To meet the additional professional knowledge requirements of the service and Health Education England a closer working relationship has been developed with the library team at Walsall Healthcare NHS Trust.

3.6 Developments

The following developments are planned until June 2023:

- Regular promotion events to highlight services, support and resources available to staff
- Discussions to commence as to working and supporting ICB staff
- Creation of additional multifunctional training room to support requirement for additional training accommodation in the WMI.
- “Big Conversation” with staff and students to formulate a new knowledge strategy.
- Expansion of Research Skills Training within the team.

4.0 Induction and Mandatory Training

Mandatory training compliance target is 95%. At end February 2023, compliance is:

- Trust 94.9%
- Generic 94.0%
- Specific 94.3%

Compliance continues to improve since the last report see Appendix 1 which provides a comparator table of performance since August 2022.

New Mandatory topics have been introduced to a small group of staff: Safeguarding Adults Board Update, Safeguarding Children Board Update and Ionising Radiation (Medical exposures) these will not be included in the compliance figures until March 2023. In addition, a new learning

disabilities training programme is also mandated for all staff as part of a national roll-out programme (based on the patient story of Oliver McGowan), this will be reported in the compliance figures from summer 2023.

Patient Moving and Handling training has seen continuous poor compliance, largely due to staff not being made available to attend training due to operational pressures. This has been compounded by a number of the trainers having long-term sickness absence and maternity leave. A new model of training is being piloted whereby the training will take place insitu, with a competency assessment for certification and recording within the staff learning record. This new model is currently being piloted and evaluation will take place at the end of May to determine efficacy and sustainability.

Action plans are overseen by the Corporate Learning Steering Group for any mandatory topics failing to meet expected compliance.

5.0 Clinical Skills and Resuscitation Service

The Resuscitation team continue to provide a busy training curriculum of both local and national courses, with ad hoc sessions provided to support areas of lower compliance. Plans continue to reformat both e-learning and some face-to-face elements of BLS. The Trust wide risk regarding the effect of cancelled ALS courses nationally during covid, on ALS certified medics populating the cardiac arrest team remains in place (risk 5743). As course places are now nationally more readily available, Trust compliance is currently being determined to review if this remains an area of concern at RWT.

'E' courses for ALS and ILS continue as they reduce the time away from the clinical areas for both candidates and instructors and provide the same certification as the face-to-face course. The Trust wide risk remains in place for cardiac arrest equipment availability (risk 5500). The annual cardiac arrest trolley audit report was completed in July 2022. A business case was approved for sealed tray / centralised storage in 3 locations. The project plans continue, but an implementation date cannot yet be identified due to delays with Steris (the dept making the trays) returning to site post building work.

The team are supporting estates and IT with the planned implementation of new cardiac arrest bleeps trust wide.

ReSPECT was launched September 2021 and continues to embed, auditing of form completion commenced with future plans to expand audit processes for qualitative data, community adult patients and paediatrics. An interim audit report was completed and circulated in September 2022. These plans are in conjunction with the ReSPECT and Resuscitation Groups.

The Trust involvement within the National Cardiac Arrest Audit (NCAA) continues with reports now being shared with several Trust wide groups. Due to the themes of interest a focus group of key individuals has recently been arranged who will discuss the reports as received.

Postgraduate Clinical Skills has continued to deliver Trust and HEE sponsored clinical skills and national courses. Clinical skills days have been extended to include Medical SpR's and Clinical Fellows and RWT will continue to be a regional centre for HEE IMT skills following great feedback from previous candidates. The team have responded to clinical need/demand by providing bespoke sessions across the Trust for Paediatrics, Surgery, Urology outpatients, and a community-based initiate for treating long covid and have facilitated successful training days for both the Gynaecology and Surgical teams.

Faculty of Simulation Based Education (FoSBE)

The **Postgraduate SBE programme** (SimWard) is running as planned with multiple agreements: (International Medical Trainees (IMT/Paediatrics/Obstetrics) with HEE to deliver SBE. New programmes for Clinical Fellows and International Medical Graduates (IMG) are active and are

proving very popular and well evaluated. Several presentations have been delivered nationally to promote these valuable workstreams. Simulation activity is at a premium with very little capacity for the development of any new programmes.

Undergraduate SBE (SimiGen) is in full use for both SBE and skills training and is providing bespoke sessions to Aston and Birmingham medical students as well as a new program for the student Physician's Associates (PA's). All years of the curricula are allocated sessions and are led by Consultants, Teaching Fellows, and Lead PA's. The rising numbers of students are challenging, and the team are being creative with their planning and execution. The whole virtual skills program has been revised to meet the needs of learners. This is also needed in part, due to the introduction of Aston students but also the learning platforms used by the universities. The first Royal College of Surgeons Surgical Skills for Students and Health Professional (SSSHP) courses have received a 99% participant satisfaction rate. The next course is fully booked for March 2023.

Insitu (iSim) Project

The insitu programme commenced after a successful HEE bid, multiple hi-fidelity SBE tools are in place order to support increasing levels of in-situ SBE activity. This equipment is in addition to existing resources.

- Full hi-fidelity mannequin
- Paediatric hi-fidelity mannequin
- IV part task trainers
- Chest drain insertion mannequin
- TOE addition for US SBE
- Mid-fidelity laparoscopic trainers

Multiple areas are now delivering in-situ SBE with several more areas in the planning phase. An in-situ SBE survey was disseminated in February which is being evaluated. The funding to support this development will end in March, however it is anticipated that the system will continue to be in place and available for access in the future.

The surgical skills programme continues to be delivered by David Mak and Phil Polson with the support from the Technical Arm of Clinical Skills Department. A bid was successful to appoint a Surgical Sim Fellow to support this activity.

Angio Vision/USS Simulators - These hi-fidelity skills simulators are in place in the Heart and Lung Centre and were both funded from HEE. The Angio Vision and Ultrasound Sim are being used to support existing educational programmes as well as several multi-disciplinary training programmes which are being developed in Cardiothoracic, Surgery and Radiology.

The In-situ Debrief Project (ISDP) launch has been delayed until February due to disruptions in working timelines. This online programme will provide the knowledge, skills, and attitudes to deliver SBE in-situ and to understand the skills required to deliver safe and effective- debriefs in educational and clinical settings. In addition, an e-lfh SBE package is now available. Completion of either of package would be acceptable before commencing a programme of SBE.

In-situ mannequin AMU Leonardo - The shared hi-fidelity simulator 'Leonardo' remains a vital tool in the delivery of in-situ SBE. Now being used to more widely, this mannequin is key to the success of any in-situ activity.

6.0 People Development

The team have developed a further 7 programmes to add to the syllabus as part of the enhancements required from the Learning Needs Analysis undertaken through the People Development Operational Model workstream.

	<p>The team continue to work collaboratively with WHT to identify efficiencies in leadership programmes, apprenticeships and work experience, with a paper to go to both PODC's later in the year.</p>																				
7.0	<p>SAS Doctors</p> <p>An investment of circa £13K was received from HEE in 2022/23 for targeted workforce development. This investment was used for various education programmes, leadership development and a joint away day with Walsall SAS doctors.</p> <p>Following a recommendation from the BMA and a discussion at LNC, the team are pursuing the recruitment of a dedicated SAS Advocate to support this group of doctors.</p> <p>Collaborative working with HR, Directorates and the SAS doctors in respect of the new Specialty Grade contract continues.</p>																				
8.0	<p>Physicians Associates (PAs):</p> <p>RWT currently employs 27 PAs in various departments with a further 4 awaiting start in Surgery. Early conversations with Cardiothoracic services and Virtual ward have taken place as potential areas for PA's to be employed.</p> <p>RWT hosts student placements from Wolverhampton University, University of Birmingham and Keele University, with plans to introduce new placement activity when Aston University commence their PA programme in September 2023. Wolverhampton University have closed their PA programme and are no longer taking in new students, however RWT will continue with the final year placements which will conclude in July 2023.</p> <p>Keele University is commencing a new apprenticeship programme for PA's and an expression of interest is currently circulating at RWT to determine whether a cohort can be gathered from our existing workforce looking to change careers.</p> <p>RWT in collaboration with the Society of Acute Medicine is a pilot site for the new career framework trial. This framework mirrors that of postgraduate medical training and will provide a footprint for benchmarking clinical entrustability which will in time guide professional development more closely.</p>																				
9.0	<p>Clinical Fellowship Programme (CFP)</p> <p>Starting in 2016, the CFP provides opportunities for nursing and medical professionals to join a structured training programme and has since grown to include: nurses (2018), midwives (2021).</p> <p>9.1 Medical Programme</p> <ul style="list-style-type: none"> • The Trust currently employ c229 Clinical Fellows across all divisions. • The Programme currently supports c363 Clinical Fellows across RWT/WHT/BCHFT • The Certificate of Eligibility Specialist Register (CESR) Programme has supported 16 doctors in achieving their CESR since 2018, with an additional 5 applications pending a decision and 36 doctors committed to pursuing their CESR application (RWT/WHT/BCHFT). <p>Collaborative partnerships with Walsall Healthcare NHS Trust and Black Country Healthcare Foundation Trust continue with a significant increase in Fellows at WHT. A high number of BCHFT Fellows have been successful in securing ST posts.</p> <table border="1" data-bbox="256 1957 1358 2063"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">WHT</th> <th colspan="3">BCHFT</th> </tr> <tr> <th>Aug-21</th> <th>Aug-22</th> <th>Dec-22</th> <th>Aug-21</th> <th>Aug-22</th> <th>Dec-22</th> </tr> </thead> <tbody> <tr> <td>In post</td> <td>5</td> <td>63</td> <td>82</td> <td>15</td> <td>26</td> <td>36</td> </tr> </tbody> </table>		WHT			BCHFT			Aug-21	Aug-22	Dec-22	Aug-21	Aug-22	Dec-22	In post	5	63	82	15	26	36
	WHT			BCHFT																	
	Aug-21	Aug-22	Dec-22	Aug-21	Aug-22	Dec-22															
In post	5	63	82	15	26	36															

Awaiting Arrival	0	23	15	0	15	1
Total	5	86	97	15	41	37

Enhanced Support Services continue to provide our Fellows with additional support to aid the transition into working in the NHS and adjusting to life in the UK. Sessions are continually under review with the most recent initiatives:

- Peer Learning Group (WHT) - focused on daily review of drug charts, the group provided support to Clinical Fellows, Deanery trainees and Locum Doctors
- Extended Peer Led Pastoral Programme - delegated leads for Academic, Socio-Cultural and Early Support for Clinical Fellows
- Clinical Fellow Level 1 Teaching Programme
- Surgical Specialties CFP Teaching Programme in the final stages of development in collaboration with Heartlands.

University Education Programme

Fellows expressing an interest is low with 10 CFs enrolled for the January 2023 semester:

Pathway	Total
MSc	2
PGDip	5
PGCert	3

GMC Sponsorship Scheme

- Annual external audit completed November 2022
- 77 International Medical Graduates supported throughout the scheme from Jan 2021-Jan 2023

9.2 Nursing and Midwifery Clinical Fellowship Update

In 2021-22 a pilot ICS collaborative approach, led by RWT as the Lead Recruiter, was launched to recruit international nursing and midwifery staff to support local workforce plans. The CFP was already operating as a shared service across RWT and WHT when the pilot started. The lead recruiter programme added our Black Country ICS partners (DGH, SWBH and BCHFT – mental health). This proved successful and has continued for 22/23.

Lead Recruiter Nursing Fellowship Year 2

Trust	Arrivals
Walsall Healthcare NHS Trust	112
The Royal Wolverhampton NHS Trust	237
Dudley Group NHS Foundation Trust	150
Black Country Partnership NHS FT (Mental Health)	3
Total	502

Lead Recruiter Midwifery Fellowship Year 2

Trust	Arrivals
Walsall Healthcare NHS Trust	17
The Royal Wolverhampton NHS Trust	7
Dudley Group NHS Foundation Trust	15
Sandwell and West Birmingham NHS Trust	15

Changes for 2023-24:

The updated 2022 Department of Health code of practice into the ethical recruitment of overseas staff, has created challenges in operating in the current collaborative model. Each organisation will need to advertise their own vacancies, manage their recruitment and selection processes, especially when receiving applications from red-listed countries.

The recruitment process has been updated in compliance of the code and recruitment activity will focus on RWT and WHT, with DGH and SWB individually managing their recruitment plans.

The recruitment target for 2023-24 is 228 international nurses and midwives at RWT and 147 at WHT.

University Education Programme*2022-23 Academic Year*

Cohort	Enrolled numbers
September 2022	26
January 2023	34
May 2023	Expected 44

Plans for the 23/24 academic year and mapping CF nurses for future cohorts is underway. Each CF will complete a learner's agreement to improve enrolment rates and engagement.

To support transition into UK clinical practice, all CF nurses attend a week-long programme 'Preparation for Practice' (offered jointly with WHT) together with weekly pastoral wellbeing meetings to support on any pastoral issues.

RWT and WHT have applied for the NHS Pastoral Care Quality Award, which will recognise both Trusts as providing high quality pastoral support for our international nurses against national standards.

You Said, We Did

- Accommodation: a key challenge is for nurses to source suitable accommodation after their initial 4-week accommodation period ends. The CFP team has two accommodation assistants to provide further support and bulletins with affordable accommodation options.
- Food at arrival: We provide an initial care package which includes essential groceries on arrival for all our CF nurses.
- Ward allocations: Working with workforce teams to introduce a VCP process so candidates are to be allocated to a specific ward area as part of their recruitment.

Retention

Currently retention rates are at 100% at both trusts, when CF nurses have been successfully deployed onto ward.

10 Strategic framework delivery plan 2023-25

The delivery plan for the strategic framework for Education and Training across both RWT and WHT has made good progress, with no areas of concern.



Joint ET Delivery Plan
2023-2025 -FINAL v1

Appendix 1 – Mandatory training compliance comparator August 22-Feb 23

August 2022 onwards Compliance Overview									
TOPIC	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Variance in previous 2 months compliance	Variance in annual compliance
Appraisal	80.2%	79.0%	78.8%	80.1%	79.7%	81.3%	83.0%	1.7%	
Trust Induction	86.7%	87.5%	86.5%	87.1%	86.8%	87.8%	88.3%	0.5%	
Local Induction	84.8%	87.7%	88.9%	90.0%	90.2%	92.6%	93.1%	0.5%	
Tier 1 Topics									
Equality & Diversity	98.4%	98.4%	98.4%	98.4%	98.3%	98.1%	97.7%	-0.4%	
Fire Safety	92.2%	92.2%	92.4%	92.8%	91.9%	92.1%	92.8%	0.7%	
Infection Prevention Level 1	94.1%	93.7%	93.3%	94.1%	93.3%	93.3%	94.5%	1.2%	
Infection Prevention Level 2	92.6%	92.9%	92.9%	93.5%	92.6%	93.0%	93.1%	0.1%	
Hand Hygiene Assessment	88.7%	88.8%	89.4%	89.4%	88.8%	89.3%	89.0%	-0.3%	
Health & Safety	97.9%	98.1%	98.0%	98.0%	98.0%	98.0%	98.2%	0.2%	
Risk Awareness	93.5%	94.5%	95.3%	96.2%	96.5%	97.0%	97.4%	0.4%	
Preventing Radicalisation - (Prevent Training Level 3)	97.0%	96.9%	96.2%	95.7%	95.2%	95.3%	95.4%	0.1%	
Tier 2 Topics									
Autism Awareness Level 1	93.0%	94.5%	95.7%	96.5%	96.8%	97.3%	97.6%	0.3%	
Basic Life Support Level 2	75.7%	77.1%	77.4%	79.2%	80.9%	80.6%	81.0%	0.4%	
Basic Life Support Level 3	79.0%	80.4%	79.3%	79.9%	80.2%	79.6%	81.8%	2.2%	
Resuscitation Theory	93.8%	92.8%	93.3%	93.5%	92.8%	93.3%	93.2%	-0.1%	
Paediatric Basic Life Support	75.3%	70.9%	71.2%	72.4%	70.7%	74.6%	76.9%	2.3%	
Newborn Basic Life Support	77.4%	81.6%	81.0%	86.6%	87.9%	87.4%	86.7%	-0.7%	
Blood Transfusion Training	89.3%	89.0%	88.5%	88.9%	88.5%	87.1%	86.8%	-0.3%	
Blood Transfusion Assessment	88.3%	88.3%	87.5%	87.7%	87.0%	85.1%	86.3%	1.2%	
Chaperone Training	95.1%	95.7%	96.9%	97.6%	97.6%	97.7%	98.2%	0.5%	
Conflict Resolution	98.3%	98.1%	97.9%	97.7%	97.3%	97.4%	97.4%	0.0%	
Dementia Level 1	99.4%	99.4%	99.3%	99.2%	99.1%	99.1%	99.0%	-0.1%	
FFP3 Mask Fit Training	72.6%	74.9%	76.0%	77.6%	77.5%	78.6%	79.4%	0.8%	
Health & Safety Awareness - Manager	90.1%	90.9%	92.2%	91.5%	92.9%	93.5%	93.7%	0.2%	
Information Governance Toolkit	93.5%	93.9%	93.4%	93.1%	92.2%	93.0%	93.5%	0.5%	
Ionising Radiation (Medical Exposures)					22.2%	60.0%	70.0%	10.0%	
Learning Disabilities	95.9%	96.3%	96.9%	97.3%	97.4%	97.6%	97.7%	0.1%	
Moving & Handling Level 1 (MH - Inanimate Objects)	95.4%	95.5%	95.4%	94.6%	93.9%	94.3%	94.5%	0.2%	
Manual Handling People	85.6%	86.2%	86.9%	87.9%	85.1%	83.9%	84.8%	0.9%	
Mental Health Level 1	98.5%	98.5%	98.5%	98.6%	98.5%	98.6%	98.6%	0.0%	
Mental Health Level 2	84.1%	83.3%	85.1%	85.2%	84.5%	85.1%	86.6%	1.5%	
Mental Health Level 3	87.1%	90.3%	88.9%	90.5%	91.9%	93.4%	93.7%	0.3%	
Mental Health Level 4	66.7%	63.2%	63.2%	63.2%	63.2%	63.2%	65.0%	1.8%	
Respect Authorship	91.7%	92.5%	93.3%	93.4%	93.0%	93.0%	92.5%	-0.5%	
Respect Awareness	97.6%	97.8%	98.0%	98.0%	98.2%	98.4%	98.5%	0.1%	
Risk Management Training	74.7%	77.0%	79.3%	81.3%	83.8%	85.7%	87.7%	2.0%	
Safeguarding Adults Level 1	97.2%	97.0%	97.1%	97.3%	97.0%	97.2%	97.4%	0.2%	
Safeguarding Adults Level 2	96.5%	96.0%	96.1%	96.1%	95.7%	95.0%	95.2%	0.2%	
Safeguarding Adults Level 3	92.5%	92.4%	92.7%	93.1%	92.8%	96.3%	96.2%	-0.1%	
Safeguarding Adults Board Update					85.0%	92.9%	93.5%	0.6%	
Safeguarding Children Level 1	97.4%	97.2%	97.2%	97.5%	97.2%	97.4%	97.6%	0.2%	
Safeguarding Children Level 2	96.9%	96.4%	96.3%	96.8%	96.3%	90.0%	95.2%	5.2%	
Safeguarding Children Level 3 Assessment	92.3%	92.5%	92.9%	93.0%	92.7%	96.3%	96.3%	0.0%	
Safeguarding Children Level 3 e-Learning	84.5%	84.5%	84.2%	84.6%	85.3%	92.6%	93.0%	0.4%	
Safeguarding Children Level 3 Specialist	91.3%	91.5%	90.9%	90.2%	89.9%	85.3%	85.9%	0.6%	
Safeguarding Children Level 4	100.0%	100.0%	83.3%	100.0%	83.3%	92.5%	91.6%	-0.9%	
Safeguarding Children Board Update					85.0%	100.0%	100.0%	0.0%	
Mental Capacity Level 1 & Deprivation of Liberty Safeguards (DoLS)	97.8%	97.8%	97.7%	97.7%	97.4%	97.2%	97.2%	0.0%	
Trust Total	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Variance in previous 2 months compliance	Variance in annual compliance
Tier 1	94.6%	94.6%	94.6%	94.7%	94.5%	94.7%	94.9%	0.2%	
Tier 2	94.2%	94.3%	94.4%	94.6%	93.6%	93.7%	94.0%	0.3%	
Combined	94.3%	94.4%	94.5%	94.6%	93.9%	94.1%	94.3%	0.2%	

Appendix 2 – Post graduate doctors in training enabling strategy

[TMC App 2 PG enabling strategy.pdf](#)

Trust Board

Meeting Date:	Tuesday, 4 th April 2023
Title of Report	Staff Surveys and Engagement: 2022 NHS Staff Survey Results
Action Requested:	To note the results from the Staff Survey 2022 To develop suitable updates to current RWT People Promise Operational/and Trust wide action plans To communicate the results to staff centrally and locally
For the attention of the OWG	
Author and Responsible Director Contact Details:	Gail Parry, Acting Head of Organisational Development, gail.parry@nhs.net Adam Race, Interim Director of HR and OD, adam.race@nhs.net
Excel in the delivery of Care	Embed a culture of learning and continuous improvement
Support our Colleagues	Improve overall staff engagement
Resource Implications:	None
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Appendices/References/Background Reading	Appendix 1 - Excel Spreadsheet for Division - 2021 v 2022 Appendix 2 - Excel Spreadsheet for Directorate - 2022 Documents for Information – Attachment 1 – 2022 NHS Staff Survey benchmark report Attachment 2 – 2022 NHS Staff Survey directorate report
Equality and Diversity Impact	Data relating to equality, diversity and inclusion is provided within the staff survey results. Responses provided to questions indicate the experience of staff in terms of inclusion and equality of opportunity. Full benchmark information includes Workforce Race and Workforce Disability Equality Standards data.
NHS Constitution:	In determining this matter, the OWG should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

2022 NHS National Staff Survey Results for RWT

1 Introduction

The 2022 NHS Staff Survey ran from the 3 October to the 25 November 2022. The results were published on 9th March 2023.

A total of 117 questions were asked in the 2022 survey aligning to the NHS People Promise of which 112 can be directly compared to 2021. The People Promise sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In addition, there are two themes reported in previous years (Staff Engagement and Morale). The reporting also includes new sub-scores, which feed into the People Promise elements and themes.

RWT also included Bank staff for the first time, and this will become a mandatory requirement from 2023.

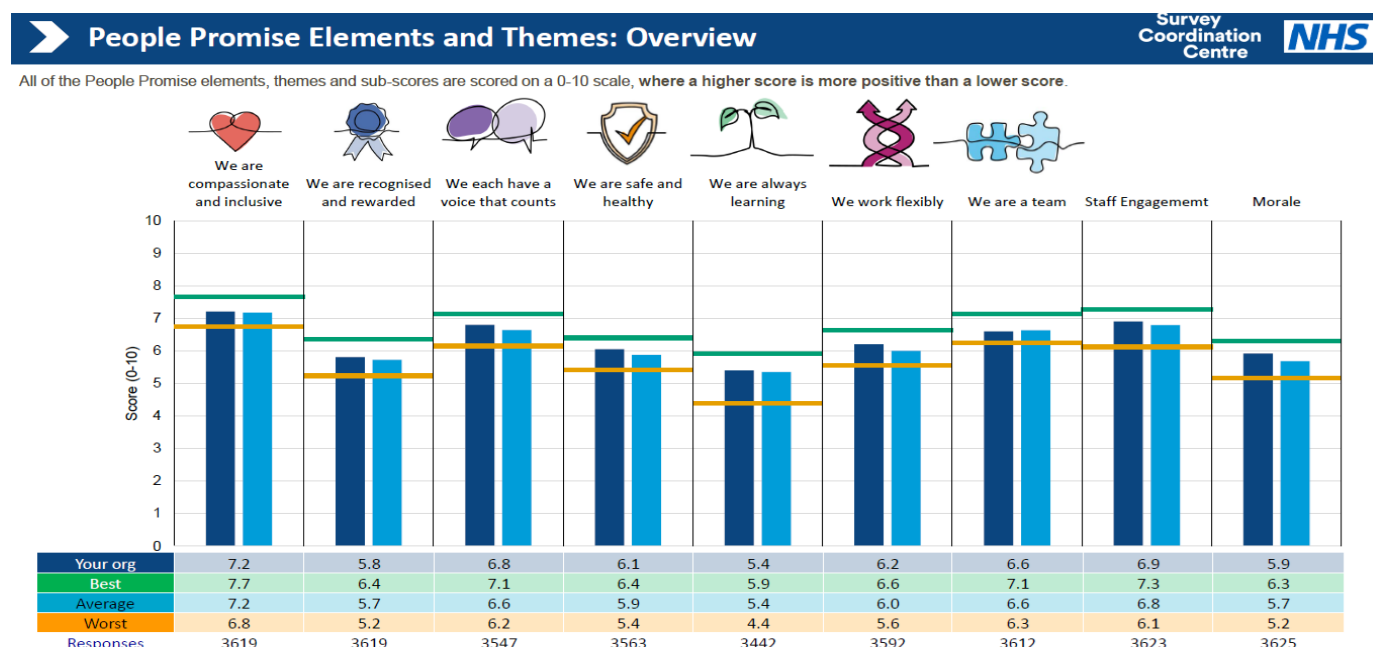
2. Results

The survey is operated independently and confidentially by an external provider IQVIA with the contract due for renewal in 2023.

The Trust response rate was 34% (3,642 out of 10,652), which although lower than the 39% achieved in the 2021 NSS, is proportionate given the increase in the workforce establishment (from 10,241 in 2021). The median response rate across the 2022 national benchmarking group (Acute and Acute & Community Trusts) was 44%. The survey was run full census, with all eligible staff employed as of 31 August 2021 invited to participate in the survey via a mixed mode of paper and online (1,104 responses via paper and 2,537 online).

For the first time bank workers were also invited to participate in the national survey, that yielded a response rate of 12% (138) online only.

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



3. Staff Engagement

Staff Engagement scores (measured over three sub-score questions) saw a decline in 2021 to 7.04 having in previous years stayed consistent. In 2022 we see a further decline to 6.91, although it is reassuring to note RWT fair better than the sector average score of 6.76 and should be an that should have remain a continued focus.

	2022 Score	2021 Score	Diff	Sector score	Diff
Motivation	6.95	7.05	-0.10 (Not sig.)	6.90	+0.04 (Not sig.)
Involvement	6.84	6.84	+0.01 (Not sig.)	6.74	+0.10 (Not sig.)
Advocacy	6.96	7.23	-0.27 (Sig.)	6.65	+0.31 (Sig.)
Overall Staff Engagement	6.91	7.04	-0.13 (Not sig.)	6.76	+0.15 (Not sig.)

Results from the bank survey are shown below

	Bank Score	Sub. Score	Diff
Motivation	7.36	6.91	+0.45 (Not sig.)
Involvement	6.62	6.80	-0.18 (Not sig.)
Advocacy	7.38	6.93	+0.44 (Not sig.)
Overall Staff Engagement	7.11	6.88	+0.23 (Not sig.)

4. Staff Morale

Staff morale is measured over three sub-scored questions and despite being better than the sector average of 5.69 results for RWT have fallen from 6.12 to 5.93

	2022 Score	2021 Score	Diff	Sector score	Diff
Thinking about leaving	6.12	6.35	-0.23 (Sig.)	5.86	+0.27 (Sig.)
Work pressure	5.32	5.60	-0.28 (Sig.)	4.94	+0.39 (Sig.)
Stressors (HSE index)	6.34	6.40	-0.05 (Not sig.)	6.28	+0.06 (Not sig.)
Morale	5.93	6.12	-0.19 (Not sig.)	5.69	+0.24 (Sig.)

Bank workers results also show higher level of morale compared with substantive staff at 6.59.

	Bank Score	Sub. Score	Diff
Thinking about leaving	-	6.14	-
Work pressure	6.43	5.40	+1.03 (Sig.)
Stressors (HSE index)	6.75	6.35	+0.39 (Not sig.)
Morale	6.59	5.96	+0.62 (Not sig.)

5. People Promise(s)/Theme(s) score comparison 2021 v 2022

All elements have decreased slightly from 2021 except 'we work flexibly'

People Promise Element	2021	2021 Averages	2022	2022 Averages
We are compassionate and inclusive	7.3	7.2	7.2	7.2
We are recognised and rewarded	6.0	5.8	5.8	5.7
We each have a voice that counts	6.9	6.7	6.8	5.9
We are safe and healthy	6.2	5.9	6.1	5.9
We are always learning	5.5	5.2	5.4	5.4
We work flexibly	6.2	5.9	6.2	6.0
We are a team	6.7	6.6	6.6	6.6
Theme	2021	2021 Averages	2022	2022 Averages
Staff Engagement	7.0	6.8	6.9	6.8
Morale	6.1	5.7	5.9	5.7

6. Areas of focus

- The Trust advocacy score has declined, with Staff not recommending organisation as a place to work and receive care, and this is likely linked to work pressures

People Promise/Theme/Question	2021 Score	Significance	2022 Score	Significance	Sector Score
Subscore 3 - Advocacy	7.23	Significantly Declined	6.96	Significantly Better	6.65
23a. Care of patients / service users is my organisation's top priority.	80.0%	Significantly Declined	75.6%	Significantly Better	73.9%
23c. I would recommend my organisation as a place to work	67.8%	Significantly Declined	65.1%	Significantly Better	56.9%
23d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	73.1%	Significantly Declined	67.7%	Significantly Better	62.9%

- Discrimination as a result of ethnicity.** This was highlighted as an area of concern last year and it is pleasing to see an improvement has been made, down from 61% in 2021 to 56%. However, more work to be continued as this score is less than the sector average at 52.2% which highlights the importance of work progressed in 2022, e.g., anti-racism campaign; introduction of the Race Code; the support from FTSU guardians; civility and respect campaign. Sadly, the largest proportion of discrimination is reported to come from managers, team leader and colleagues which has increased significantly **from 2021 (7.8%) to 2022 (9.3%)**.

People Promise/Theme/Question	2021 Score	Significance	2022 Score	Significance	Sector Score
People Promise 1, Subscore 3 - Diversity and equality	8.22	Not Significant	8.16	Significantly Better	8.02
15. Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	58.2%	Not Significant	58.8%	Significantly Better	54.9%
16a. In the last 12 months, have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	7.9%	Not Significant	7.6%	Significantly Better	8.9%
16b. In the last 12 months, have you personally experienced discrimination at work from a manager / team leader or other colleagues?	7.8%	Significantly Declined	9.3%	Not Significant	9.6%
20. I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	71.2%	Not Significant	69.5%	Significantly Better	67.8%

- We are compassionate and inclusive,** was one of RWT's lowest scoring people promise themes. Questions in this area have declined since last year and despite still being above the sector averages it is important for RWT to become aware of why this decline is happening and get back on track. There are many resources and training which should help develop this including compassionate leadership training, civility and respect and a new appraisal system coming into place soon.

People Promise/Theme/Question	2021 Score	Significance	2022 Score	Significance	Sector Score
7c. I receive the respect I deserve from my colleagues at work	70.4%	Not Significant	68.8%	Significantly Worse	70.7%
8d. The people I work with show appreciation to one another.	65.3%	Not Significant	63.2%	Significantly Worse	66.5%
11e. Have you felt pressure from your manager to come to work?	27.3%	Not Significant	26.0%	Significantly Worse	23.6%
21c. It helped me agree clear objectives for my work.	30.4%	Not Significant	30.2%	Significantly Worse	32.3%
7c. I receive the respect I deserve from my colleagues at work.	70.4%	Not Significant	68.8%	Significantly Worse	70.7%

- These all aim to ensure leaders are well equipped to help and guide their teams to ensure staff have the best experience at work.
- **We are safe and healthy**, despite a number of positive actions to prevent staff being subject bullying and harassment and physical violence from staff to staff, there has been an increase of staff reporting experiencing physical violence from their managers which was 0.5% in 2021 and 1% in 2022. The Trust will be taking appropriate action to identify any spikes in violence, harassment, bullying and aggression (HBA) in order to reduce the number of incidents, and will be setting up more speaking up sessions, and safe spaces for staff to raise concerns. The development of joint Trust behavioural framework to outline expected behaviours will be commencing in April.

7. Monitoring mitigating measures

- 7.1 A new working group **Creating a great employee experience** was established in December 2022, with areas to focus including a just and learning culture - civility and respect; staff engagement and involvement; flexible working practices; and rewards and recognition; to help understand and discuss new ways of working. Part of the outcome will be to explore further options around embedding RWT values of Kindness and Caring to understand why staff do not think their colleagues show appreciation to one another. Other ideas include sharing OD tools, such as **Appreciative inquiry** and **Compassion Circles**.
- 7.2 The Trust oversight committee, chaired by the Chief People Officer, meets monthly to discuss survey results, and to oversee and develop communication and engagement plans.

8. Divisional / Directorate Results

The excel spreadsheets included in **Appendix 1 and 2** have been updated to show where divisional and directorate group results are against the people promise elements.

It is noted that although Black Country Pathology Service is the area still showing the most red indicators against these aligned scores; the Organisational Development plans continue to be implemented to support the ongoing direction of travel to attain a positive cultural transformation.

9. Conclusion/Next Steps

The staff survey results should be shared with all staff both organisationally and locally. Engaging staff in the importance of the results will demonstrate how important the results are, and that they are taken seriously and with relevant actions to support a better staff experience and ultimately equates to happy staff; happy patients. Building in time to have conversations about employee's satisfaction, morale, motivation and advocacy, as longer term and continuous employee improvement plan.

- *Trust Board members are asked to note the contents of this report and share the results with staff*
- *Overall Trust communication of the survey results will be shared with all staff as part of the wider Trust communication plans.*
- *Establish violence and aggression forum to ensure alignment with the violence prevention and reduction standards.*
- *The wellbeing, equality, inclusion and diversity and attract and retain groups will continue to support improvement plans.*



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- *The Freedom to speak Guardians will continue working with OD colleagues to implement the civility respect programme.*
- *Share good practice around appreciative inquiry work that will support a workplace of shared respect and appreciation of each other.*

Appendix 1: Excel Spreadsheet for Division - 2021 v 2022

Themes 2021 Onward	National Avg	Lowest score	Highest score	RWT 2022	RWT 2021	RWT 2020	RWT 2019	RWHT 2018	RWHT 2017	BCPS 2021	BCPS 2022	Corporate 2021	Corporate 2022	Estates & Facilities 2021	Estates & Facilities 2022	Division 1 2021	Division 1 2022	Division 2 2021	Division 2 2022	Division 3 2021	Division 3 2022	Division 4 2021	Division 4 2022	No. of red areas per Theme 2022
Responses	45%	26%	69%	3642 (34%)	3,945 (39%)	3,291 (34%)	3381 (37%)	3141 (38%)	3275 (40%)	68%	48%	54%	54%	49%	41%	28%	26%	34%	29%	34%	32%	47%	43%	
We are compassionate and inclusive	7.2	6.8	7.7	7.2	7.3	9.1	9.2	9.1	9.1	6.8	6.8	7.6	7.6	7.1	7.2	7.2	7.1	7.2	7	7.4	7.4	7.3	7.6	3
We are recognised and rewarded	5.7	5.2	6.4	5.8	6	6.4	6.2	6.1	6.1	5.3	5.3	6.5	6.4	6	6	5.8	5.5	5.9	5.6	6.1	5.9	5.9	6.4	3
We each have a voice that counts	6.6	6.2	7.1	6.8	6.9	7	7	6.9	6.8	6.5	6.3	7.3	7.1	6.8	6.8	6.9	6.7	6.9	6.7	6.8	6.8	6.8	7.1	1
Morale	5.7	5.2	6.3	5.9	6.1	6.5	6.4	6.3	N/A	5.5	5.3	6.5	6.3	6.6	6.6	6.1	5.8	6	5.8	5.9	5.9	6.4	6.7	1
We are safe and healthy	5.9	5.4	6.4	6.1	6.2	7.8	7.8	7.6	7.7	6	5.9	6.8	6.6	7	7	6.1	5.8	5.7	5.7	6	6.1	6.4	6.8	2
We are always learning	5.4	4.4	5.9	5.4	5.5	8.2	8.3	8.2	8.2	4.9	4.8	5.9	5.7	5.2	5.3	5.4	5.2	5.6	5.5	5.3	5.4	4.8	5.1	4
We work flexibly	6	5.6	6.6	6.2	6.2	9.6	9.6	9.5	9.5	5.3	5.2	7.1	7.1	6.4	6.5	6	5.9	6	5.9	6.1	6.3	5.8	6.6	3
We are a team	6.6	6.3	7.1	6.6	6.7	6.9	6.9	6.8	6.6	6.2	6	7.1	7.1	6.3	6.5	6.5	6.4	6.6	6.5	6.7	6.7	6.3	7	4
Staff Engagement	6.8	6.1	7.3	6.9	7	7.2	7.2	7.2	7.1	6.5	6.3	7.4	7.2	7	6.9	7	6.9	7.1	6.8	6.9	6.9	7	7.3	1
No. of Themes worse than the national average & worse than RWT										8	8	0	0	2	2	1	6	1	5	0	0	3	1	

Worse than national and worse than RWT
Worse than national and better / same as than RWT
Better than / same as national and worse than RWT
Better than / same as national and RWT

Appendix 2: Excel Spreadsheet for Directorate - 2022

Themes 2021 Onward	National Average			RWT 2022	Directorate																				No. of red areas per Theme					
	Lowest score attained	Highest score attained			Bank	Acute and Community AHPs	Adult Community Services & Primary Care	All Other Specialities	Ambulatory Care Group	Cancer Services	Cardiology and Cardiothoracic Surgery Group	Catering	Childrens Services Group	Critical Care and Critical Care Group	Domestics	Emergency Services Group	Estates	General Surgery, Patient Services, and Urology	Medical Physics & Clinical Engineering	Older People and Rehabilitation Group	Ophthalmology Group	Orthopaedics and Head & Neck	Pharmacy Group	Portering, Transport, Waste, & Site Services		Radiology Group	Renal and Diabetes Group	Respiratory and Gastroenterology Group	Stroke, Neurology and Capacity Group	Womens & Neonatal Services Group
Responses	45%	26%	69%	3,642 (34.2%)	138 (11.6%)	39%	25%	51%	33%	28%	28%	49%	30%	23%	40%	23%	49%	25%	48%	37%	32%	29%	41%	32%	30%	30%	22%	37%	23%	
We are compassionate and inclusive	7.2	6.8	7.7	7.2	7.5	7.4	7.1	7.3	7.7	7.2	7	7	7.8	6.7	7.3	6.5	6.1	7.2	7.1	7.2	7.5	7.1	7.3	7.7	6.8	7.1	7.4	6.7	7	12
We are recognised and rewarded	5.7	5.2	6.4	5.8	6.4	5.9	5.6	6.1	6.5	5.8	5.5	5.9	6.6	5	6.3	5.1	4.8	5.7	5.8	5.9	6.2	5.6	5.8	6.5	5	5.5	6.1	5.4	5.4	10
We each have a voice that counts	6.6	6.2	7.1	6.8	6.9	6.9	6.4	6.9	7.4	7	6.7	6.5	7.4	6.4	6.9	6.1	5.8	6.6	6.8	7	6.6	6.7	6.8	7.4	6.3	6.8	6.8	6.4	6.7	7
We are safe and healthy	5.9	5.4	6.4	6.1	6.8	5.9	5.8	6.4	6.9	5.9	5.7	6.9	6.5	5.7	7.2	4.9	6.4	5.7	6.5	6	6.4	6.1	6.2	7.4	5.6	5.6	6.1	5.9	5.4	8
We are always learning	5.4	4.4	5.9	5.4	6.4	5.6	5.2	5.4	5.8	5.8	5.5	5.1	6	5	5.6	5.1	3.8	5.5	5.5	5.7	5.4	5.2	5	5.7	4.4	5.5	5.8	5.2	5	10
We work flexibly	6	5.6	6.6	6.2	6.8	6	6.1	6.4	7	6	5.8	6	6.8	5.7	6.6	5.5	6.4	6.1	6.4	6.3	6	6	6.4	7.1	6	5.6	6.5	5.7	5.6	6
We are a team	6.6	6.3	7.1	6.6	7.1	6.9	6.3	6.8	7	6.7	6.3	6.4	7.2	6	6.5	5.9	5.3	6.6	6.7	6.6	6.8	6.3	6.6	7.1	5.9	6.7	7	6.1	6.3	11
Staff Engagement	6.8	6.1	7.3	6.9	7.1	6.9	6.5	7	7.5	7.1	7	6.6	7.5	6.7	6.9	6.2	5.8	6.8	6.9	7	7.1	6.8	6.9	7.6	6.4	6.9	6.9	6.6	6.8	7
Morale	5.7	5.2	6.3	5.9	6.6	5.7	5.6	6	6.8	6	5.9	6.5	6.5	5.4	6.8	5	5.4	5.9	6.1	6.1	6.3	6	5.6	7.2	5.5	5.9	6.3	5.8	5.5	7
No. of Themes worse than the national average & worse than RWT					0	0	8	0	0	0	5	5	0	9	1	9	7	1	1	0	0	4	2	0	8	4	0	7	7	

Worse than national and worse than RWT
Worse than national and better / same as than RWT
Better than / same as national and worse than RWT
Better than / same as national and RWT

Trust Board

Meeting Date:	4 th April 2023
Title of Report	Patient Experience - Bimonthly Update Report December 2022 and January 2023
Action Requested:	To update on patient experience activity

For the attention of the Board

Assure	<ul style="list-style-type: none"> Hospital visiting hub is operational and we continue to manage visiting in a controlled manner although this is currently under review to comply with national steer. Adherence to the Parliamentary and Health Service Ombudsman (PHSO) principles on effective complaint handling 	
Advise	<ul style="list-style-type: none"> 69 formal complaints were received into the trust. Overall response rate is 95% in January 2023. Friends and Family Test (FFT) – There has been positive improvement in both response rate and recommendation rate from December to January. FFT - higher scores in comparison to the score of the Black Country Integrated Care Board (ICB) for Inpatients, Outpatients, Birth, Postnatal Ward and Postnatal Community. But scores are lower in comparison for Emergency Department (ED), Community and Antenatal touchpoints. FFT - National comparisons have shown some positive improvements. Notably improvement in scores for both Outpatients and Birth. PHSO – No cases accepted or closed for/following full investigation. PHSO – two cases closed with no further action following initial assessment. Positive workstreams relating to co-design – in particular children and young people and Learning Disabilities patients. Re-branding of the Council of Members to the Patient Involvement Partners. 	
Alert	<ul style="list-style-type: none"> None 	
Author and Responsible Director Contact Details:	Debra Hickman, Director of Nursing Alison Dowling, Head of Patient Experience and Public Involvement alison.dowling1@nhs.net	
Links to Trust Strategic Objectives	Strategic Aim (SA)	Associated Strategic Objectives (SO)
	Excel in the delivery of Care	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations

	Support our Colleagues	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
	Improve the Healthcare of our Communities	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
	Effective Collaboration	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	None	
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.	
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:	
Equality and Diversity Impact		
Risks: BAF/ TRR		
Risk: Appetite		
Public or Private:	Public	
Other formal bodies involved:	Senior Nurse and AHP Leaders Group	
References	Not applicable	
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny 	

Brief/Executive Report Details

Brief/Exec Summary Title:	Patient Experience - Bimonthly Update Report December and January 2022
Item/para. 1.0	<p>Complaints (December 2022 and January 2023, November's is shown for comparison purposes)</p> <p>There was a total of 69 complaints received for this period compared to 74 for preceding two months.</p> <p>Divisional comparison for complaints received is as follows:</p>

	October	November	December	January
Division 1	19	17	13	18
Division 2	11	15	15	15
Division 3	6	6	3	4
Division 4	0	0	0	0
Estates and Facilities	0	0	0	0
Corporate	0	0	0	1
Total	36	38	31	38

The top 3 themes for this reporting period only and for formal complaints received are shown in the table below:

	December	January
General care of patient	9	5
Wound/skin Management	0	1
Mobility	0	0
General lack of care	7	2
Co-ordination of care	1	0
General nursing care	0	1
Competence	0	0
Pain and discomfort assessment	0	0
Safe or conducive environment	0	0
Privacy and Dignity	1	0
Care of dying patient	0	1
Communication	0	5
Communication with patient	0	4
Communication with relatives	0	0
Communication between staff	0	1
Clinical Treatment	10	14
Appropriateness of treatment	7	10
Choice of treatment	2	2
Complication of treatment	1	2

For this reporting period, the category Clinical Treatment has the highest volume of complaints aligned to it (24 cases) in comparison to the previous reporting period of October and November where the majority of the complaints were attributed to General Care of Patient (30 cases). The category of Communication also featured in the top 3 (with 5 cases for the month of January).

Information and Patient Discharge, whilst not featuring in January had 3 cases respectively aligned to them in December.

The Directorates receiving the highest volume of complaints for December were:

- Obstetrics and Gynaecology (8), (*Maternity 5, Gynae 3*)
- ED (6) and
- Gastroenterology (3)

and for January

- ED (8)
- Obstetrics and Gynaecology (5) (*Maternity 3, Gynae 2*)
- Trauma and Orthopaedics (7).

Upon a deep dive of the sub-categories for those cases received in December and January it is noted that Appropriateness of Treatment (Clinical Treatment) was seen to be the highest area of dissatisfaction with 17 cases aligned to it. ED and Obstetrics and Gynaecology were the most featured Directorates. Such examples include:

ED - Concerns raised by the patient and family regarding the care and treatment received including the delay in receiving a blood patch procedure.

Patient attended ED presenting with severe abdominal pain, bloating and continuous vomiting. The patient's symptoms worsened and now had a fever which was not reducing with medication. Parents were concerned that the patient was discharged after being seen knowing that patient still had a high fever, was still vomiting numerous times and had severe stomach bloating and severe abdominal pain, low oxygen and high heart rate and was making grunting noises which indicated breathing difficulties. It wasn't until the patient was seen again the next morning in the Children's ED that the patient was misdiagnosed as having viral symptoms and was then transferred to Birmingham Children's hospital where it was established that he had lost complete function of the left lung as the cavity was full of Strep A infection along with a really bad case of pneumonia.

Maternity - Patient taken to the Trust due to his ribs sucking in. Patient left on the Continuous positive airway pressure (CPAP) machine and given milk in a syringe however the consultant advised that the patient should never have been fed on CPAP as it can cause choking and vomiting. Parents noticed the patients swelling to the legs, arms, head and hands. When mentioned to the doctor the response was that it's normal for someone who is on and off CPAP and the level of fluid intake. It later noticed that the patient had been given way over the amount of sodium in his fluid bag. Patient underwent emergency caesarean-section and has since had to undergo a further major surgery.

Gynaecology - Patient raised why they were kept on several medications for an extended time, contrary to guidelines.

Patient attended Emergency Paediatric Assessment Unit (EPAU) and was seen by a registrar and consultant who both agreed that based on the sonographer's scan, there was a 5cm 'well defined mass' in the left fallopian tube which the sonographer and registrar believed was a ruptured ectopic pregnancy. Patient unhappy with the

conflicting clinical decisions which culminated in them having a ruptured fallopian tube which was removed.

Cumulatively over the financial year, the subcategory of General Lack of Care features consistently, however, it is noted that there is a notable decrease in the volume attributed to this category between December (7) and January 2023 (2).

It is noted that Trauma and Orthopaedics had 9 in total for December and January 2023, which represents a decrease of 31% when compared to 13 in the preceding two months, however, there is an upward trend of increase from 2 cases in December to 7 in January 2023.

Throughout this reporting period, Patient Experience has worked closely with the Quality team and has produced a series of themed reports. This was following a declining performance in a particular quality and safety metrics, resulting in the need to undertake a deeper analysis and triangulate against other metrics. Subjects of concern were noted as general lack of care and patient discharge. This has been shared with senior management for improvements to be considered.

Outcome of closed complaints:

	Nov	Dec	Jan
Not Upheld	31	22	16
Partially Upheld	18	10	8
Upheld	5	1	3
Total	54	33	27

The overall Trust response rate for cases closed in December 97% and January 2023 is 95% which compares with 96 % in November 2022.

	Total of closed complaints	Within 30 working days or consent to breach gained	Exceeding 30 working days without consent to breach	Performance against policy	Directorates where breach occurred
December	33	32	1	97%	Div 1 - Oncology and Haematology
January	22	21	1	95%	Div 1 - Pathology

Performance of complaint handling shows slight variation for December and January 2023.

Patient Advice and Liaison Service (PALS) Concerns

The total number of PALS concerns which needed to be assessed and allocated to operational teams to respond totalled 27 in December and 35 in January 2023. Top themes emerging relate to communication, delay and attitude.

The category of attitude had the most cases aligned to it (11 cases) with the sub subject of Insensitive (7 cases). Both communication and delay received 10 cases respectively. Communication specifically related to communication with patients and to delay to receiving outpatient appointments, which featured in November 2022.

Attitude continues to be a theme throughout the Trust and the Patient Experience team has been delivering some specific training regarding attitude and dissatisfaction throughout ED for receptionists in particular and a few other staff. This has been hugely successful and there has been reduction of complaints in this area. Arrangements have been made to deliver this training within maternity services and the Directorate are fully supportive of this initiative.

The Patient Experience Team has adopted an early intervention approach to some of the concerns received. This has resulted in 70 cases during October and November 2022 achieving local resolution, negating the need for consideration of a PALS Concern or furthermore, escalation to a formal complaint. The theme of most of these cases relate to communication with relatives and patients, request for clinical information and appointments.

Parliamentary and Health Service Ombudsman (PHSO)

- No complaints accepted for formal investigation during December and January 2023. One other case was accepted to be subject the mediation process with the PHSO, the Trust and the complainant as a way of achieving early resolution.
- No cases accepted for full investigation were completed during this period.
- Following preliminary assessment and no full investigation, two cases were closed in January 2023. One case was aligned to Pain Management and the other to Respiratory. The outcome for both these cases was that following a preliminary assessment no further action would be taken.

The team in future will be sharing case examples which have been subject to PHSO investigation to raise awareness of learning and monitor actions.

2.0 Family and Friends Test (FFT)

The overall Trust wide response rate for December 2022 was 16% with 3666 (77%) recommending the Trust and 792 or 17% not recommending the Trust. The overall Trust wide response rate for January 2023 is 18% with 4103 (85%) recommending the Trust and 475 or 10% not recommending the Trust.

There has been positive improvement in both response rate and recommendation rate from December to January 2023.

Friends and Family Test 2021/22 & 2022/23	Inpatients			Outpatients			ED			Community		
	Nov	Dec	Jan	Nov	Dec	Jan	Nov	Dec	Jan	Nov	Dec	Jan
Recommendation Rate	91%	90%	92%	94%	94%	94%	68%	59%	71%	90%	90%	92%

Friends and Family Test	Antenatal			Birth			Postnatal Ward			Postnatal Community		
	Nov	Dec	Jan	Nov	Dec	Jan	Nov	Dec	Jan	Nov	Dec	Jan
Recommendation Rate	80%	71%	81%	92%	92%	94%	88%	82%	82%	86%	78%	83%

December scores were particularly low however all national touch points measured for January 2023 have either shown improvement in score or remained consistent.

The Trust has seen higher scores for January 2023 when compared to December for 6 of the 8 categories (Inpatients, ED, Community, Antenatal, Birth and Postnatal Community). The remaining two touchpoints (Outpatients and Postnatal Ward) have remained consistent.

The below table illustrates the percentage difference between the Trust's recommendation score for each touchpoint and the local ICB and National results¹ for the month of January 2023 only.

	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
Trust overall	92%	94%	71%	92%	81%	94%	82%	83%
Compared to ICB*	+4%	+3%	-2%	-1%	-3%	+13%	+13%	+5%
Compared to National*	-3%	Level	-12%	-2%	-9%	Level	-11%	-7%

The Trust has seen higher scores in comparison to the score of the Black Country ICB for Inpatients, Outpatients, Birth, Postnatal Ward and Postnatal Community. But scores are lower in comparison for ED, Community and Antenatal.

National comparisons have shown some positive improvements. For the month of November, the Trust scores were lower than all 8 touchpoints against national scores however for the month of January 2023, this has reduced to 6 with positive improvement in scores for both Outpatients and Birth.

¹ The Black Country and West Birmingham STP and National scores as at January 2023 data and taken from <https://www.england.nhs.uk/publication/fft-test-data-august-2022/> on 15th March 2023.
RWT TB/Committee Front Sheet 290123 v1

3.0 Volunteering

Clinical Volunteers

December 2022 - Staff wellbeing hub established in New Cross Hospital, from launch date 1-2 volunteers attend most days to provide afternoon shift cover, 5 days per week. Volunteers have supported new roles including Discharge Lounge and Emergency Department including Ambulance Receiving Centre, in this reporting period.

Trust Recruitment event 21st January - 38 new volunteers recruited/ interviewed on the day.

66 - Volunteers joined between 1st December 2022 – 31st January 2023.

786 – Volunteer hours logged between 1st December 2022 – 31st January 2023.

There were 41 different service areas covered by volunteer support in this reporting period across 3 hospital sites.

Number of volunteer hours provided during this reporting period was 783 hours. (650 New Cross Hospital, 53 West Park, 50 Cannock Chase Hospital, 30 Other).



Holistic Opportunities Preventing Exclusion (H.O.P.E)

Funding was awarded through NHS Charities Together to RWT and Wolverhampton Voluntary and Community Action (WVCA) to run a joint 2 year project around social isolation and positive mental wellbeing for our communities.

In this reporting period recruitment commenced in RWT Patient Experience for 2 staff to run the programme around volunteer recruitment, and an initial steering group meeting was held in January 2023 between RWT and WVCA to agree forward planning and terms of reference.

4.0 Visiting Hub

Up to and including January 2023, RWT has facilitated 82,720 bookings with a daily average of 262 bookings with 2 visitors allowed per booking. Most bookings continue to facilitate two visitors in line with national guidance. For this reporting period over 16,000 bookings have been taken.

Appendix 2 shows the detail of the visiting bookings for this reporting period, including volume by ward and time slots.

The Trust reintroduced visiting for the surgical pathways Acute Medical Unit (AMU) and Surgical Emergency Unit (SEU) in January 2023, and for visits to be booked via

the centralised visiting booking system. The criterion allows for one visitor per patient. Previously visiting was restricted for these areas.

There is a national steer to cease the restrictions now post covid and therefore the Trust is currently reviewing other options regarding the management of bookings. Some wards are trialling alternative options. The agreed approach for the organisation will be reported in the next reporting period.

5.0 Patient Involvement and Learning from complaints

- Established the need for refresher communication training for clinical teams in sexual health.
- Dissemination of learning to team at ward meeting and discussion at Orthopaedic Directorate Governance meetings to become custom and practice.
- The need for improved communication, Diabetes Practice Education Facilitator (PEF) to provide communication training for staff on Ward C15.
- The need to ensure awareness of the correct reporting and escalation procedure in the prevention of pressure injuries with regular auditing of the nursing documentation.
- The need for a comprehensive list of medications for patients admitted within the Elderly Medicine Directorate. Implementation of strategies for ensuring that all medication information is collated.

6.0 Equality, Diversity and Inclusion

As part into our review of how interpreters are accessed Trust wide, we visited the Radiology department in this reporting period to understand usage, volume of requests and accessibility for patients and visiting interpreters.

7.1 NHSe/I Funding – Aggression towards staff in ED training

There is no update for December and January 2023 as the final training sessions took place in February 2023 and the submission date for the report is end of March 2023. Patient Experience has, however, agreed to extend this training for Maternity Services and this will commence during the next reporting period.

8.0 Engagement

8.1 Mystery Patients/ Feedback Friend

Since January 2023, the team has trialled a feedback initiative called Mystery Patients, in our Paediatric areas. The model uses QR codes from posters displayed in clinical areas to give anonymous feedback of the services accessed.

One feedback is placed through the online form, it is sent to Matron of the area for their consideration/action. Within this reporting period we have received 2 pieces of feedback, both for A23 (PAU). We will continue to trial the initiative on Paediatrics before wider Trust roll out.

In January 2023, our Patient Involvement Partners (PIPs) helped co-design the RWT model of the initiative to prepare us for wider roll out.

The PIPs group chose to call the RWT model '**Feedback Friend**' and discussed logo and what information needs to go onto the poster and be on the online form which is accessed by the patient. The end co-designed result should be rolled out in a phased approach across further clinical areas in RWT from April 2023.

8.2 Ward Welcome Boards Co-Production

RWT has been working on co-design for the ward welcome information boards within this reporting period with final designs ready to go live in April 2023. We have worked with the following groups to identify what information patients and carers would like to see on the welcome boards:

- Patient Involvement Partners (for adult wards)
- Service users with Learning Disability in a specific focus group for both adult and paediatric wards
- A local primary school for paediatric ward

The Patient Experience team has met with one of the LD nursing team to begin scoping methods of feedback for patients with a learning disability. A video will be put together in the new financial year.

8.3 Patient Involvement in Quality Improvement

The first task and finish group meeting was held in this reporting period, to develop a framework within RWT and Walsall Healthcare NHS Trust (WHT), of involving patients and carers within all Quality Improvement workstreams

8.4 15 Steps Patient Observation Initiative

During this reporting period Patient Involvement Partners (PIPs) have been involved with supporting 15 Steps assessments in various clinical locations.

8.5 Council of Members/Patient Involvement Partners

At our December 2022 meeting with Council of Members, it was agreed by the group that they would officially be known as 'Patient Involvement Partners' (PIPs) from now on, which gives more clarity to the role. The Terms of Reference was also agreed, plus rebranding which will be going live in early 2023. 1 new member was also recruited in this reporting period.

9.0 Strategy and reporting groups

The Trust has had, during this reporting period meetings for both the Patient Experience Group (PEG) and the Patient Experience Feedback Operational Group (PFOG). Reports from PEG will be shared through QGAC. Complaint performance is a regular agenda item with direct support given to those areas where needed.

10.0 Chaplaincy Spiritual Care Update

The Chaplaincy – Spiritual, Pastoral and Religious Care (SPARC) team has continued to provide support across most areas of the hospital and healthcare communities. The team are working to engage, inspire and empower patients, staff and visitors to grow in character, overcome challenges and develop holistically through spiritual, pastoral and religious care.

The Trust has now successfully recruited and onboarded to the five vacant positions (administrator, ecumenical chaplain, assistant Roman Catholic, assistant Anglican and Team Leader).

Updated activity:

Pastoral Encounters – Engaging:

Analysis of the data captured by our SPARC tool, indicates we have had at least 2,424 separate pastoral encounters between staff and volunteer teams. These encounters have included extensive pastoral and spiritual support for staff.

The highest number of referrals by percentage came from staff members, this demonstrates that staff recognise the service offered and are confident to recommend the services. The breakdown of types of encounters were 81% had a Pastoral element, 85% a Spiritual element, and Religious (Faith Specific) care has been present in 75% of encounters. The team visited 62 out of 69 listed hospital areas, which means they visited and provided support to 90% of the Trust work areas.

Training and Staff support – Empowering:

- Provision of education and training on matters of faith, belief and culture. This included international nurse orientation and T level induction training.
- Training for new/prospective volunteers as part of the Birmingham & Black Country Chaplains training programme.
- Facilitating bereavement study days for the maternity departments at both RWT and WHT early in 2023.

End-of-Life (EOL) / Bereavement care – Inspiring:

- A series of baby and adult funerals were arranged.
- The delivery of Naming and Blessing services following pregnancy loss for parents.
- A focus during baby loss awareness week facilitating the ‘wave of light’ event (supported by maternity bereavement midwives, neonatal support team, LAPS (looking after parents & siblings – local charity) and SANDS (Stillbirth and Neonatal death society))
- The Christmas memorial service for Wolverhampton and the Trusts annual Baby memorial service
- Families are now offered chaplaincy support during mortuary viewings.

The Trust had the sad passing of one of its staff members, and as well as providing initial support to the departments most closely affected, the team facilitated a time of remembrance which was very well supported by the wider Trust.

Celebrations and Special Events

- A series of various celebration religious festivals including Diwali and Bandhi Chhor.
- The hosting of the Christmas Light switch on ceremonies.
- The facilitation of a carol service which featured the RWT choir.

End of report

Appendices

Appendix 1 – Divisional Dashboards

Appendix 2 – Visiting Hub data

Patient Experience Activity Summary – Division 1

Reporting Period 1/12/2022 – 28/2/2023

Summary/Trends

Top 3 directorate volume of complaints:
Obs and Gynae (13)
T&O (9)
Gen Surgery (4)

Positive Quote

“Came in for surgery on my left elbow, cannot fault my treatment or day. Was made to feel very welcome and comfortable the nurses, doctor and everyone else were excellent!”

Complaint Themes

Clinical Treatment (14)
General Care of Patient (3)
Patient Discharge (3)
Delay (3)

Parliamentary Health Service Ombudsman

No cases closed
No new cases accepted for investigation

Complaint Summary

- 31 new complaints received
- 28 complaint cases closed
- 0 complaints re-opened for further resolution
- 96% compliant with policy
- 1 breached complaint aligned to Pathology

Complaint Outcomes

- 23 not upheld
- 5 partially upheld.
- No complaints fully upheld.

SPARC Summary

Types of encounters:

- 81% - Pastoral
- 85% - Spiritual
- 75% - Religious (Faith Specific)

The team visited 62 out of 69 listed hospital areas

Compliments

76 compliments logged in December 2022
91 logged in January 2023

Volunteering Update

66 Volunteers joined
786 – Volunteer hours logged
41 different service areas covered by volunteer support across 3 sites.



Friends and Family Test Results (as at Jan 2023)

Divisional Overview

Inpatients Only	Total Surveys	Recommends	Positive This month	% Recommends Previous month	Non Recommends	% Non Recommends
Division 1	244	220	90%	89%	14	6%

Trust Overview: 18% Response Rate, 85% Recommendation Rate, 10% Non-recommendation Rate

Learning & Actions

- Established the need for refresher communication training for clinical teams in sexual health.
- Dissemination of learning to team at ward meeting and discussion at Orthopaedic Directorate Governance meetings to become custom and practice.
- The need to ensure awareness of the correct reporting and escalation procedure in the prevention of pressure injuries with regular auditing of the nursing documentation.

Visiting Summary (Trust wide Data)

Up to and including January 2023, RWT facilitated 82,720 bookings with a daily average of 262 bookings with 2 visitors allowed per booking.

Patient Experience Activity Summary – Division 2

Reporting Period 1/12/2022 – 31/01/2023

Summary and Trends

Top 4 directorate volume of complaints:
ED (14), Oncology & Haematology (3), Diabetes (3), Gastroenterology (3)

Positive Quote

“Excellent Care. All members of staff, receptionists, nurses, radiographers Doctors, all made sure I arrived at the correct department. I was informed of any delays.
The NHS. at its best.

Complaint Themes

Clinical Treatment (9)
General Care of Patient (9)
Patient Discharge (3)
Delay (3)

Parliamentary Health Service Ombudsman

No cases closed
No new cases accepted for investigation

Summary

Complaints outcome:
15 not upheld
7 partially upheld.
No complaints fully upheld

SPARC Summary

Types of encounters:

- 81% - Pastoral
- 85% - Spiritual
- 75% - Religious (Faith Specific)

The team visited 62 out of 69 listed hospital areas

Compliments

169 compliments logged in December 2022
180 logged in January 2023



Volunteering Update

66 Volunteers joined
786 – Volunteer hours logged
41 different service areas covered by volunteer support across 3 sites.

Friends and Family Test Results as at Jan 2023

Inpatients	Total Surveys	Recommends	Positive this month	% Recommends previous month	Non Recommends	% Non Recommends
ED	1545	1072	69%	69%	339	22%
Division 2	325	295	91%	89%	12	4%

Trust Overview: 18% Response Rate, 85% Recommendation Rate, 10% Non-recommendation Rate

Learning & Actions

- Established the need for refresher communication training for clinical teams in sexual health.
- The need for improved communication, Diabetes Practice Education Facilitator (PEF) to provide communication training for staff on Ward C15.
- The need for a comprehensive list of medications for patients admitted within the Elderly Medicine Directorate. Implementation of strategies for ensuring that all medication information is collated.

Visiting Summary

Up to and including January 2023, RWT facilitated 82,720 bookings with a daily average of 262 bookings with 2 visitors allowed per booking.

Patient Experience Activity Summary – Division 3

Reporting Period 1/12/2022 – 31/01/2023

Summary/Trends

Top 2 directorate volume of complaints:
Adult Community (2)
Children's Services (2)

Positive Quote

“Grateful for clinical skill, a wonderful service excellent help, otherwise it would mean going to hospital. ”

Complaint Themes

Communication (2)
General Care of Patient (2)
Medication/Clinical Treatment/Information (3)

Parliamentary Health Service Ombudsman

No cases closed
No new cases accepted for investigation

Complaint Summary

7 new complaints received
7 complaint cases closed
1 complaint re-opened for further resolution
100% compliant with policy

Complaint Outcomes

1 not upheld
5 partially upheld.
1 complaint fully upheld.

Volunteering Update

66 Volunteers joined
786 – Volunteer hours logged
41 different service areas covered by volunteer support across 3 sites

Compliments

36 compliments logged in December 2022
41 logged in January 2023

SPARC Summary

Types of encounters:

- 81% - Pastoral
- 85% - Spiritual
- 75% - Religious (Faith Specific)

The team visited 62 out of 69 listed hospital areas



Friends and Family Test Results as at Jan 23

Divisional Overview

Inpatients	Total Surveys	Recommends	Positive this month	% Recommends previous month	Non Recommends	% Non Recommends
Division3	61	47	77%	75%	9	15%

Trust Overview: 18% Response Rate, 85% Recommendation Rate, 10% Non-recommendation Rate

Learning & Actions

- GPs' to ensure all AccuRx messages for children are correctly addressed to the parent or guardian
- The need senior nursing staff to ensure appropriate allocation of call out calls
- Training need identified for refresher communication training for clinical teams in sexual health

Visiting Summary

(Trust wide Data)

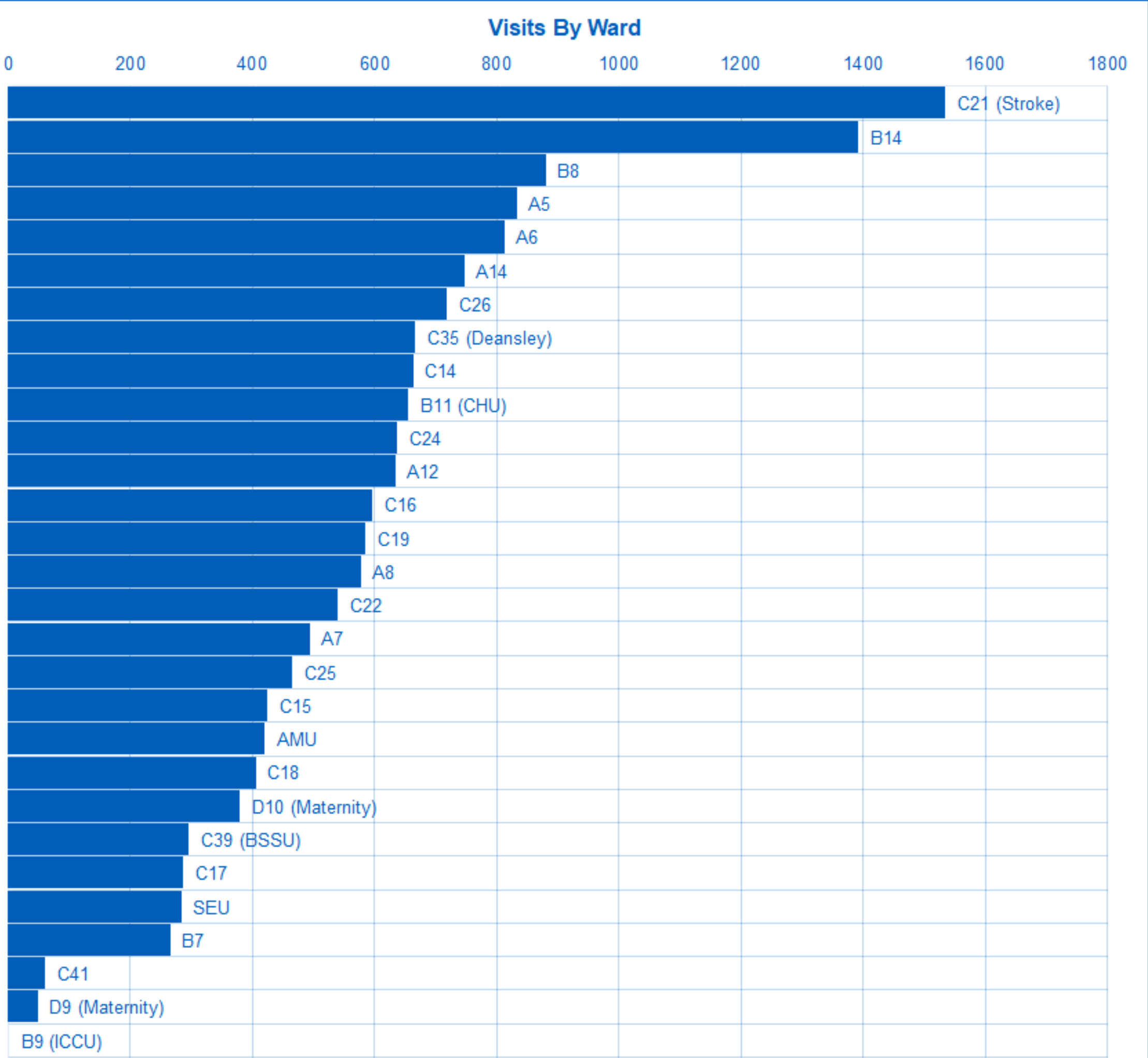
Up to and including January 2023, RWT facilitated 82,720 bookings with a daily average of 262 bookings with 2 visitors allowed per booking.

Bookings	Qty
Number of Bookings	16314
Average Daily Bookings	268
Daily Capacity Fulfilled	19%

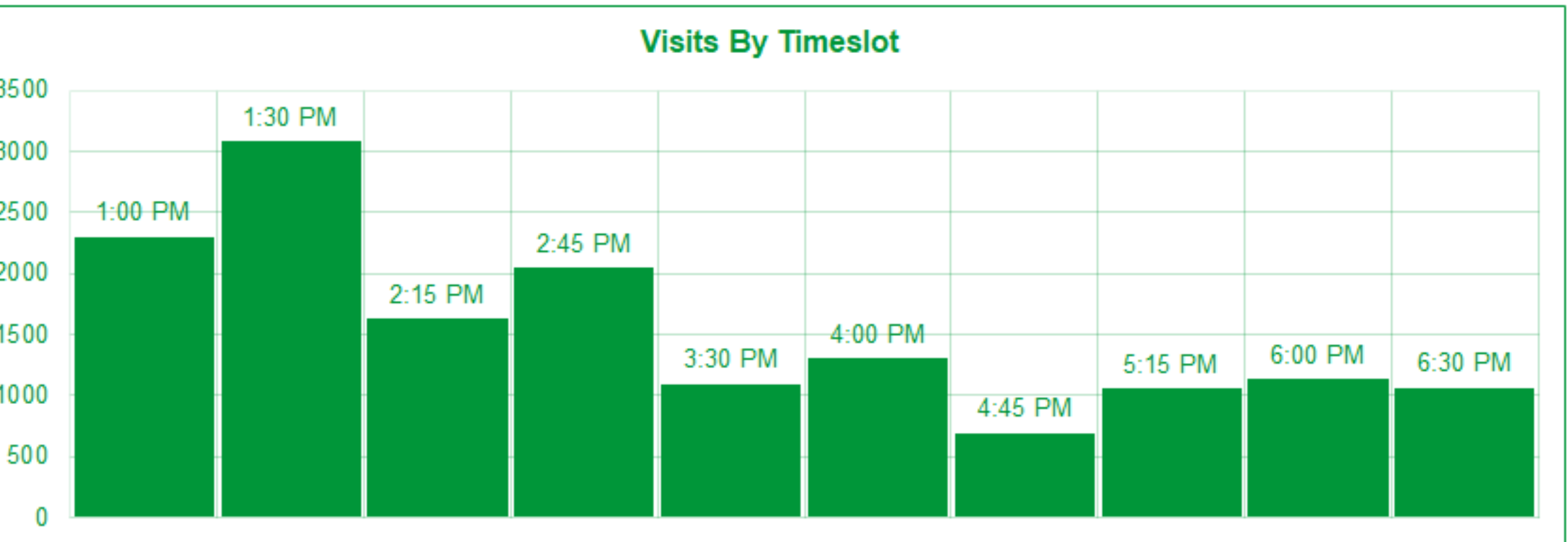
Visiting Dashboard
01/12/2022 - 31/01/2023



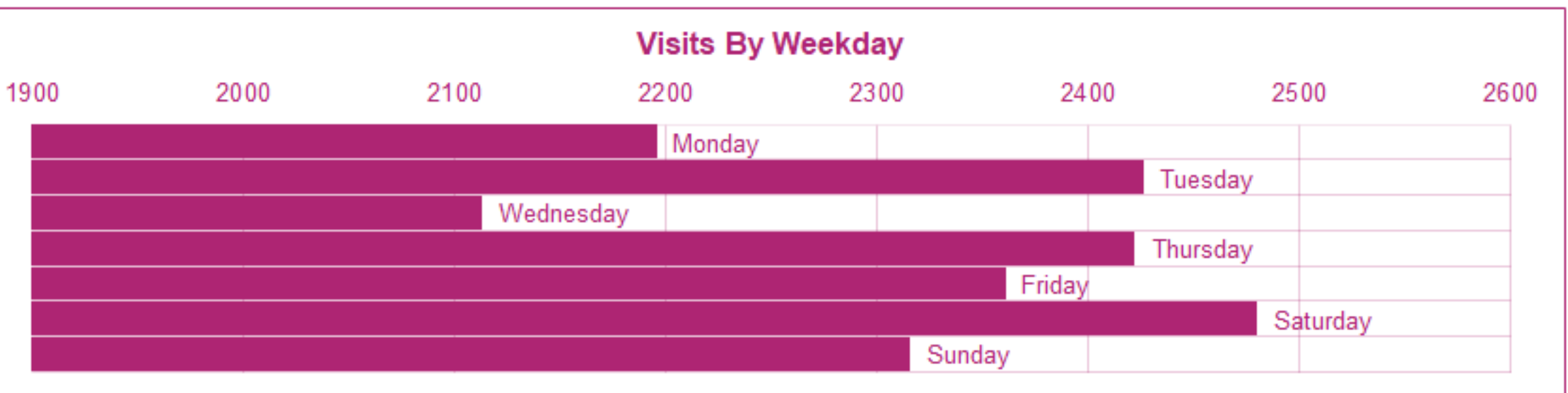
Visits by Ward	Qty	Qty %
C21 (Stroke)	1535	9%
B14	1392	9%
B8	881	5%
A5	834	5%
A6	814	5%
A14	747	5%
C26	719	4%
C35 (Deansley)	666	4%
C14	663	4%
B11 (CHU)	654	4%
C24	637	4%
A12	634	4%
C16	597	4%
C19	585	4%
A8	579	4%
C22	540	3%
A7	495	3%
C25	466	3%
C15	425	3%
AMU	420	3%
C18	405	2%
D10 (Maternity)	379	2%
C39 (BSSU)	296	2%
C17	287	2%
SEU	283	2%
B7	267	2%
C41	60	0%
D9 (Maternity)	48	0%
B9 (ICCU)	0	0%



Timeslot	LW	LW %
1:00 PM	2302	14%
1:30 PM	3079	19%
2:15 PM	1622	10%
2:45 PM	2046	13%
3:30 PM	1095	7%
4:00 PM	1299	8%
4:45 PM	693	4%
5:15 PM	1053	6%
6:00 PM	1136	7%
6:30 PM	1062	7%



Weekday	LW	LW %
Monday	2196	13%
Tuesday	2426	15%
Wednesday	2113	13%
Thursday	2422	15%
Friday	2361	14%
Saturday	2480	15%
Sunday	2316	14%



Trust Board/Committee/Group Chairs Assurance Report

Name of Committee/Group:	Quality Governance Assurance Committee
Date(s) of Committee/Group Meetings since last Board	22 nd February 2023
Chair of Committee/Group:	Louise Toner
Date of Report:	3 rd March 2023

<p>ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee</p>	<p>Cancer Improvement Plan</p> <p>Cancer metrics whilst showing some improvement, there remains overall challenges in achieving the 62 day waits in particular. The increasing numbers of referrals are further exacerbating wait times especially in respect of gynecology, dermatology, colorectal and urology metrics all of which are of particular concern with renal tumours particularly problematic given that there is no mutual aid possible due to the lack of expertise in this area on a national level.</p> <p>MRI and CT some improvement however, ultrasound scanning remains a challenge. This together with the continuing delays, in histopathology reporting, despite ongoing discussions with other NHS Trusts regarding prioritising specimens are all impacting on cancer and other metrics.</p> <p>Ambulance Waits and ED Breaches</p> <p>Whilst these remain a concern, the situation is beginning to show signs of improvement against all wait times especially 30 minute waits with approximately 83% of patients managed within 30 minutes. The Winter Plan, the increase in social care funding and continuing emphasis on discharge through the discharge lounge has improved the number of medically fit for discharge inpatients/Criteria to reside from in the region of 100 plus to 60. This together with the continuing use of the “Push Model” and the continuing expansion of community-based services impacting admission avoidance are all improving the flow of patients throughout the system.</p> <p>Staffing</p> <p>Whilst vacancy rates are improving across the trust, concerns have been expressed regarding the need to provide a greater level of education and training for overseas recruits. It is felt across the divisions that more input regarding cultural awareness would benefit the overseas recruits and impact positively on the quality of patient care. Sickness levels and retention rates continue to impact on staff availability. There were 18 Red Flag incidents in maternity, however, these did not lead to any patient safety issues.</p>
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ADVISE

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

C Difficile cases remain above trajectory but within the internally set target, this is reflective of the national picture and deep cleaning of equipment out with the ward environment has been problematic due to the use of all available clinical areas to meet the winter pressures. However, this is undertaken within clinical areas and will revert to deep cleaning out with when space becomes available. The report from an external review undertaken by the Regional Infection Prevention and Control Lead is awaited.

Sepsis compliance particularly in ED has shown a 12% dip in performance this month.

Pressure Ulcers have increased slightly in both quantity and category – there are more patients presenting later for treatment and increase in patients requiring End of Life care and this together with equipment challenges is impacting on numbers. However, a Pressure Ulcer Summit has been held and there is an improvement plan across RWT and WHT with the Tissue Viability Lead providing a service across both Trusts.

Observations on time remain below the set metric, however, this is improving with some areas on target and those who are not receiving additional support as required.

The targets of no patients waiting over 78 weeks for treatment by the end of March 2023 is very unlikely to be met as a result of third party providers not being able to undertake the required activity. At present there are approximately 50 patients in this category, however, work is ongoing to get these patients booked and treated as soon as is possible.

Induction of labour and smoking at the time of delivery are both improving but not, as yet on target. Induction of Labour is part of a QI project and funding is now available to support smoking cessation.

Audit completion rates are variable across the divisions, however, it is felt that given the timing in the calendar a number of these will achieve completion within the required timeframes with some expected not to be achieved.

Blood culture process was discussed given suggested changes; ever, these would have a significant impact on workforce levels and as a result it is felt that the risk of keeping to the existing process is manageable.

<p>ASSURE Positive assurances & highlights of note for the Board/Committee</p>	<p>Despite some staffing challenges with sickness and maternity leave, 1:1 care has been maintained during labour.</p> <p>Stroke Metrics are being maintained.</p> <p>The 104-day harm report has not identified any physical or psychological harm to patients and it is anticipated that now all members of the cancer team are in post there will be improvements in the process to reduce the number of patients in this situation.</p> <p>The Trust is compliant all the ten Criteria in the Health and Social Care Act (2002) Code of Practice in respect of infection prevention and control.</p>	
<p>Links to Trust Strategic Objectives</p>	<p>Please delete the Strategic Aim and Objective which is not appropriate to your report</p>	
<p>Links to Strategic Objectives</p>	<p>Excel in the delivery of Care</p>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
	<p>Support our Colleagues</p>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
	<p>Improve the Healthcare of our Communities</p>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
	<p>Effective Collaboration</p>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care

Recommendation(s) to the Board/Committee	<p>There were none.</p>
Changes to BAF Risk(s) & TRR Risk(s) agreed	<p>There were 4 new risks this month with no risks removed from the Trusts Risk Register.</p> <p>4 New Risks</p> <p>ID: 4913 – Capacity for Emergency Gynaecological Services ID: 5619 – Ventilation System in delivery suite is inadequate ID: 5479 – Cath Lab Capacity ID: 5984 – Urology Surgeon Capacity</p>
ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)	<p>Discussion led to suggested modifications to some of the reports for future meetings. There are not major changes, just simple ones to provide clarity re content.</p>
ACTIVITY SUMMARY Presentations/Reports of note received including those Approved	<p>Draft QGAC Terms of Reference Cancer Improvement Plan Trust Risk Register Highlights Integrated Quality and Performance Report Quality and Safety Advisory Group Report Infection Prevention and Control Board Assurance Framework Joint Quality and Safety Strategy (JQSS)</p> <p>In respect of the JQSS – this was approved as a well written, easy to understand strategy with, in the main, identified measurable outcomes.</p>
ACTIVITY SUMMARY Major agenda items discussed including those Approved	<p>A range of discussion took place as identified in the sections above.</p>
Matters presented for information or noting	<p>There were none.</p>

Self-evaluation/ Terms of Reference/ Future Work Plan	Draft Terms of Reference were reviewed, and it was agreed that These were now the final version to be forwarded to Trust Board.
Items for Reference Pack	

Trust Board/Committee/Group Chairs Assurance Report

Name of Committee/Group:	Quality Governance Assurance Report
Date(s) of Committee/Group Meetings since last Board meeting:	24 th March 2023
Chair of Committee/Group:	Louise Toner
Date of Report:	25 th March 2023

<p>ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee</p>	<p>Cancer Improvement Plan Cancer metrics remaining challenging given the increase in Referral rates impacting on the 62 day waits in particular. It was reported that the national target set for no more than 140 patients waiting for 62 days by the end of March 2023 has been increased and extended to no more than 195 patients waiting for 62 days by the end of March 2024. At present there are 260 patients in this category. The management of patients with Renal Tumours has been particularly challenging given the lack of expertise in this area nationally. However, mutual aid has now been offered from Leeds and two hospitals in London. All patients waiting for Renal surgery – circa 65 are being contacted to ask re travel to Leeds or London for their surgery with an expected inpatient stay of 3-4 days. Furthermore, there has been an increase in renal surgery taking place at the Trust and there is further uptake of surgery from the private sector. Clearing the backlog is imperative to enable patients to be managed within the Trust/through wider Black Country initiatives – Dudley has Robot that is used for renal surgery so they may be in a position to provide this service. Delays with Histopathology reporting continues and this together With diagnostic delays all continue to impact of the cancer metrics.</p> <p>Ambulance waits and ED Breaches These continue to improve overall although the trust is still not achieving the set targets. The ARC is proving to be successful as is the approach to patient discharge. This activity continues to be impacted by the number of patients who are Medically Fit for Discharge/ do not meet the Criteria to Reside and whilst an improving picture is the equivalent of 3 in patient wards. The allocation of National Monies for Urgent and Emergency Care has been disappointing with the Trust given 600,000 only and with a requirement on how the money has to be spent as opposed to what the Trust would see as the priority spend. It is anticipated that the funding available through Service Development Funding will assist in facilitating patient discharge</p>
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Staffing

Whilst staffing continues to improve, the focus is on around the cultural support for our International recruits and embedding of all new junior staff to strengthen skill mix given the volume of new nurses recruited. There are education and training programmes in place to improve this situation. In addition, skill mix concern have been expressed given the high numbers if new nurses.

The recent junior doctors strike will impact on the overall restoration and recovery plan.

C Difficile Cases remain above trajectory, a national picture. There is now the space available to facilitate deep cleaning of equipment. The report from the external review undertaken by the Regional Infection Prevention and Control Lead is still awaited, however, recommendations made at the time of the visit are being actioned.

Sepsis compliance has been below target for 3 months. NEWS2 Scale 2 audit has shown low compliance – improvement plan in progress.

Observations on time whilst still below the set target continue to improve – support and guidance is ongoing particularly where the target is not being met.

Audit completion rates continue to be variable across the divisions, however, there have been staffing changes and as a result work is ongoing to identify the extent of non-completion more clearly.

Pressure Ulcers whilst not increasing continue to identify category 3 and 4 ulcers. However, this is being carefully monitored across the Trust by the Tissue Viability Lead Nurse. A Wound Prevention and Healing Plan has been developed.

Induction of Labour remains higher than the set metric with the QI Project ongoing.

Smoking at the time of delivery has increased and funding is now available to provide additional staffing to support smoking cessation.

The target set for the end of March 2023 for no patients waiting over 78 weeks for treatment will not, as anticipated, be met. The impact of the junior doctor's strike and the associated cancellation of elective surgery and outpatient appointments will further increase the numbers waiting for treatment.

There were 51 104-day breaches during January 2023, however, there was no associated harm identified.

There are an increasing number of patients with mental Health issues attending ED, particularly from out of area increasing waiting times

ADVISE

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

<p>ASSURE Positive assurances & highlights of note for the Board/Committee</p>	<p>The Cannock Chase Hospital Surgical Hub was approved with no conditions.</p> <p>The Trust now has a full leadership Team for Cancer Services following the appointment of the Medical Lead for Cancer Services.</p> <p>The Trust will now be providing a Dermatology MOHS (Micrographic Surgery - Skin Cancer Expert Clinic) service for the Black Country sited in Dermatology Outpatients.</p>	
<p>Links to Trust Strategic Objectives</p>	<p>Given that this is a quality and patient safety report all of the strategic objectives are applicable</p>	
<p>Links to Strategic Objectives</p>	<p>Excel in the delivery of Care</p>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
	<p>Support our Colleagues</p>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
	<p>Improve the Healthcare of our Communities</p>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
	<p>Effective Collaboration</p>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
<p>Recommendation(s) to the Board/Committee</p>	<p>There were none.</p>	

<p>Changes to BAF Risk(s) & TRR Risk(s) agreed</p>	<p>The BAF was deferred to another meeting. There were 5 New Risks – 4 of which had been identified at the Last meeting but had not at that time been populated.</p> <p>ID: 4913 – Capacity for Emergency Gynaecological Services ID: 5619 – Ventilation System in delivery suite is inadequate ID: 5479 – Cath Lab Capacity ID: 5984 – Urology Surgeon Capacity ID: 5980 – Backlog of ne Gynae Patient - Capacity does not meet demand.</p> <p>There are 7 Red Risks on the Register all of which had been Updated</p> <p>ID: 5849 – Reduced Scan capacity in the Fetal Medicine Department ID: 5802 – Division 2 MFFD patient numbers ID: 5246 – Lack of Consultant cover within Cancer Services ID: 5610 – Increase in Haemodialysis (HD) numbers ID: 4900 – Histology Cases Breaching Turnaround Time Target ID: 5667 – Cancer Backlog ID: 5388 – Mental Capacity Assessment</p> <p>There were 4 Risks that had not been updated and these are being followed up to ensure the currency and accuracy of the risk. ID: 5536 – Provision of Mental Health Beds – it has to be acknowledged that this is a national challenge that is impacting on the Trust and as a result challenging to resolved.</p> <p>ID: 5388 - Mental Capacity Assessment – it was reported that there has been visits to other Trusts with the intention of implementing best practice.</p> <p>ID: 5488 – Safe Medicines Management – it was identified that there are a range of actions taking place that includes estates activities and the purchase of new equipment.</p> <p>ID: Increase in Haemodialysis (HD) numbers.</p>
<p>ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)</p>	<p>It was agreed that Louise Toner and Alison Heseltine would attend the next meeting of Executive and other colleagues to review in detail all the risks on the Trust Risk Register.</p>

ACTIVITY SUMMARY Presentations/Reports of note received including those Approved	Cancer Improvement Plan Trust Risk Register Integrated Quality and Performance Report Quality and Safety Advisory Group Report Maternity Safety Governance Reports MEBRRACE-UK Perinatal Mortality Report: 2020 births
ACTIVITY SUMMARY Major agenda items discussed including those Approved	<p>The EMBRRACE Report was discussed in detail and the challenges facing the Trust given the nature of the population we serve and in particular the high incidence of deprivation and the fact that we have a Level 3 Neonatal Unit. The need to improve the overall health of our population with reduced smoking and other lifestyle choices is essential if we are to improve our performance.</p> <p>Gynaecological services were discussed in detail given some ongoing issues and the risks on the Trust Risk Register. There has been a significant increase in referrals so more demand for the capacity available and very little mutual aid available. Activity now being delivered on Saturdays and Sundays to reduce the backlog. The changes to the patient pathway has caused concerns for the staff involved, and discussions are ongoing with regards to this.</p> <p>Clarification was sought re staff morale given some of information contained within the identified risks. As a result of the discussions the committee was assured that there were no patient safety issues and that the risks continue to be managed.</p>
Matters presented for information or noting	There were none
Self-evaluation/ Terms of Reference/ Future Work Plan	Productive meeting with some very good discussion.
Items for Reference Pack	There were none

QUALITY GOVERNANCE ASSURANCE COMMITTEE

TERMS OF REFERENCE

Trust Strategic Aims	Strategic Aim	Associated Strategic Objectives
	<p>1. Excel in the delivery of Care <i>We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.</i></p>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations
	<p>2. Support our Colleagues <i>We will be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations.</i></p>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standard
	<p>3. Improve the health of our Communities <i>We will positively contribute to the health and wellbeing of the communities we serve.</i></p>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1st April 2025 c) Deliver improvements at PLACE (Patient-Led Assessment of the Care Environment) in the health of our communities
	<p>4. Effective Collaboration <i>We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.</i></p>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
BAF Risks		
Meeting Purpose/Remit	To provide assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements. To provide assurance of proactive management and early detection of risks across the Trust.	

<p>Responsibilities</p>	<ol style="list-style-type: none"> 1. To review all relevant indicators of patient experience/satisfaction, patient care and patient safety and to assure itself that good practice is being disseminated and that any deficiencies are addressed. 2. Promote continuous quality improvement through a culture which encourages open and honest reporting and an educative and supportive approach to the management of risk. 3. To approve the Terms of Reference and membership of its reporting subgroups (and oversee the work of the sub-groups, receiving reports for consideration and action as necessary. 4. Co-ordinate the monitoring of risks utilising the Board Assurance Framework (BAF)/Trust Risk register framework (TRR) to assess the effectiveness of controls, assurances/gaps in assurance and further action. 5. To manage specific BAF risks delegated to the committee, providing assurance updates to Trust Board. 6. Utilise the assurance reporting processes to inform the Audit Committee and Trust Board on the management of risk and proposed internal audit work. 7. To review for Board approval and oversee delivery of key enabling Strategies including the Quality and Safety Enabling Strategy, Patient Experience Enabling Strategy. 8. To oversee delivery of the Governance and Risk Management Assurance Framework across the Trust (supported by Risk management policy (Operational Policy 10). 9. To review the Annual Governance Statement together with any accompanying Head of Internal audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board. 10. To receive the Clinical Audit annual report and annual Clinical Audit plan ensuring it is consistent with the audit priorities of the Trust. 11. To examine any relevant matters referred to it by the Board of Directors or Audit Committee. 12. To monitor and report on quality and safety performance to the Trust Board. 13. To review reports on themes from incidents, claims, complaints and related areas, to inform risk management or improvement actions. 14. To receive items for escalation from its subgroups and/or other sub-committees.
<p>Authority & Accountabilities</p>	<p>The Quality Governance Assurance Committee is established to evaluate and report on quality and safety performance and the operation of risk management systems and controls to the Trust Board. The Committee is authorised by the Trust Board to investigate any activity within its terms of reference obtaining independent advice if necessary. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (General Policy 01)</p>

Reporting Arrangements	<p>The Committee will function in line with the Board Assurance and Escalation framework detailed in the Governance and Risk Management Assurance Framework.</p> <p>The Minutes of each Committee meetings shall be provided to the Board. The Chairman of the Committee shall provide a report of each meeting drawing to the attention of the Board any issues that require disclosure to the full Board or require executive action.</p>
Membership	<p>Non-Executive Director members x 4 (including the Chair) Group Chief Nursing Officer Director of Nursing – The Royal Wolverhampton NHS Trust Director of Midwifery – The Royal Wolverhampton NHS Trust comment received to move from attendee to member Group Chief Medical Officer Chief Medical Officer – The Royal Wolverhampton NHS Trust Chief Operating Officer – The Royal Wolverhampton NHS Trust Chief Executive Officer Group Director of Assurance Company Secretary</p>
Attendance	<p>Deputy Directors of Nursing Group Deputy Directors of Assurance Deputy Chief Medical Officer Medical Lead – Clinical Audit Head of Safeguarding Legal Service Manager Deputy Chief Strategy Officer Associate Medical Director for Quality Improvement Internal Audit (as required) Specialist/Management member (as required)</p>
Chair	<p>Non-Executive Director</p>
Quorum	<p>4 members must be present consisting of 2 Executive Directors and 2 Non-Executive Director members. No tabled papers except with chairman approval.</p>
Frequency of meetings	<p>10 times a year (excluding August and December)</p>
Administrative support	<p>The Governance Department will provide administrative support. Agenda and papers will be circulated one week prior to the meeting.</p>
Standards	<ul style="list-style-type: none"> • NHS Oversight Framework – June 2022 (NHS England) • Health & Social Care Act Fundamental Standards of Care • Care Quality Commission Provider guidance on meeting the Fundamental Standards • NHS Resolution (NHSR) Litigation triggers • Annual Governance Statement • Care Quality Commission Well Led Inspection Framework

Standard Agenda	<ul style="list-style-type: none"> • BAF and TRR • Subgroup reports • Compliance/Performance (via Integrated Quality and Performance report, Compliance reports) • Themed review items • Committee action log
Subgroups	<p>Quality Safety Assurance Group (QSAG) Subgroups reporting to QSAG:</p> <ul style="list-style-type: none"> • Medicines Management Group • Infection Prevention & Control Group • Nutrition • Organ Donation • Venous Thrombo-embolism (VTE) • Hospital Transfusion • Resus • Falls • National Institute for Clinical Excellence (NICE) • Health & Safety Steering Group • Consent • Clinical Audit • Information Governance • Safeguarding Steering group • Radiation Protection • Trauma Governance Committee • End of Life steering group • Equality Diversity and Inclusion Steering group • Tissue Viability Steering Group • Medical Devices group (inc Point of Care Testing) • Clinical Product Evaluation group • Learning from Experience (LEG) – paused pending review • Mortality Review Group • Critically Ill Child Steering Group • Mental Health Oversight Group • Deteriorating Patient Group (DPG) • 104day Harm Review Group
Date Approved	February 2023
Date Review	February 2024

Trust Board Report

Meeting Date:	4 th April 2023
Title of Report:	Chief Nursing Officer and Director of Nursing Report
Action Requested:	Receive for assurance

For the attention of the Board

Assure	<ul style="list-style-type: none"> In February 2023, the total number of Registered Nurse/Midwife vacancies increased marginally to 22.6 whole time equivalent (WTE), which equates to 2.1%, for the clinical areas included in the Nursing and Midwifery dashboard. In January 2023, it was 20.30 WTE. This is due to a 6.85 WTE budget increase. The total number of unregistered Nursing and Midwifery staff vacancies has reduced in month to an over established position of -49.44 WTE for the clinical areas included in the Nursing and Midwifery dashboard. This may be a reflection of new registered staff, from both the newly qualified and international nurse pipelines who are in a support worker role whilst they are awaiting NMC PIN numbers. There are ongoing staff retention initiatives in place to ensure we retain our staff and provide them with a positive experience of working in the organisation. The National Education and Training Survey (NETS survey) results have now been published and we have seen sustained improvements in the experience of both the Midwifery and Operating Department Practitioner (ODP) student workforce placements.
Advise	<ul style="list-style-type: none"> The WTE budget increase and subsequent increased vacancies have contributed to Care Hours Per Patient Day (CHPPD) decreasing in February 2023 to 7.6, in comparison to 7.9 reported in January 2023. The model hospital dashboard shows a current national median to be 8.0. Education activities will continue to improve rostering performance to reduce the recorded staff unavailability's which impact on this metric. Currently there are 124.63 WTE Registered Nurses and Midwives in the local recruitment pipeline. In total, 107 falls were reported in February 2023, with 96 pertaining to inpatients. In January, the total number of falls was 98. The falls per 1000 bed days indicator was 3.64% in February 2023 compared to 3.24% in January 2023. There has been a further improvement on the overall compliance score in relation to patient observations completed on time with the overall score of 79.1% for February 2023, in comparison to 75.6% reported in January 2023. There are ongoing intensive efforts in place to drive further improvements. In total, 52 pressure ulcer incidents were reported in February 2023, in comparison to 59 reported in January 2023. Focussed improvement work continues. There were 61 incidents of Moisture Associated Skin Damage (MASD) reported in February 2023 in comparison to 90 reported in January 2023. The MASD rate per inpatient 1000 occupied bed days for February 2023 was 1.82% and the community rate per 10,000 population was 0.49%. The compliance for Initial Health Assessments (IHAs) (assessment completed within 20 working days of the child entering care) had

	<p>reduced to 0% in January from 67%. This 0% was 2 patients. In February 2023 it has returned to 60%. The reason for the low compliance is outside of provider control as it is due to delays in receiving the initial referral from the Local Authority. Ongoing improvement work continues with our Integrated Care Board colleagues.</p>	
<p>Alert</p>	<ul style="list-style-type: none"> • The National Education and Training Survey (NETS survey) results have now been published. Of our 573 Non-Medical students, there were 76 that responded. An action plan is being developed to address the 'Low Outliers' across Adult and Child Student Nursing for Bullying and undermining (5/76 respondents), Facilities, Induction, Overall experience and Supervision. • Reporting of audit result via the Health Assure element of the My Assurance audit system continues to be unavailable, and this has been escalated the Trust's Governance Department and Company for resolution. 	
<p>Author and Responsible Director Contact Details:</p>	<p>Authors: Martina Morris – Deputy Director of Nursing (interim) Email – m.morris16@nhs.net</p> <p>Catherine Wilson – Deputy Director of Nursing Email – C.wilson12@nhs.net</p> <p>Responsible Directors: Professor Ann-Marie Cannaby – Group Chief Nurse/Deputy Chief Executive Email – ann-marie.cannaby@nhs.net</p> <p>Debra Hickman – Director of Nursing Email – debra.hickman@nhs.net</p>	
<p>Links to Trust Strategic Objectives</p>	<p>Strategic Aim (SA)</p>	<p>Associated Strategic Objectives (SO)</p>
	<p>Excel in the delivery of Care</p>	<ol style="list-style-type: none"> Embed a culture of learning and continuous improvement Prioritise the treatment of cancer patients Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
	<p>Support our Colleagues</p>	<ol style="list-style-type: none"> Be in the top quartile for vacancy levels Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing Improve overall staff engagement Deliver improvement against the Workforce Equality Standards
	<p>Improve the Healthcare of our Communities</p>	<ol style="list-style-type: none"> Develop a health inequalities strategy Reduction in the carbon footprint of clinical services by 1 April 2025 Deliver improvements at PLACE in the health of our communities
	<p>Effective Collaboration</p>	<ol style="list-style-type: none"> Improve population health outcomes through provider collaborative Improve clinical service sustainability

		<ul style="list-style-type: none"> c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	None	
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.	
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>	
Equality and Diversity Impact	No negative impact.	
Risks: BAF/ TRR	Corporate Risk Register: Mental Capacity, Deprivation of Liberty Safeguards (DoLs) Assessments (Risk reference: 5338).	
Risk: Appetite		
Public or Private:	Public	
Other formal bodies involved:	<p>Quality Safety Assurance Group Policy Group Workforce Group Matrons, Senior Nurses, Midwives and Health Visitors Group Subject matter specialist groups</p> <p>A variety of national policies and guidance apply to the matters outlined in this report.</p>	
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny 	

Brief/Executive Report Details

Brief/Executive Summary Title:	Chief Nursing Officer and Director of Nursing Report
Item/paragraph 1.0	<p>Key points from the report include:</p> <ul style="list-style-type: none"> • In February 2023, the total number of Registered Nurse/Midwife vacancies increased marginally to 22.6 whole time equivalent (WTE), which equates to a vacancy percentage of 2.1% for the clinical areas included in the Nursing and Midwifery dashboard. In January 2023, it was 20.30 WTE. This is due to a 6.85 WTE budget increase. • This data is sourced from the monthly establishment data report and is inclusive of the recent establishment budgetary increase that remains in place until the pipeline staff have commenced in post.

- The latest Nursing & Midwifery staff on maternity leave position has decreased by a small amount to 2.51%, in comparison to 2.57% reported in January 2023.
- Currently there are 124.63 WTE Registered Nurses and Midwives in the local recruitment pipeline. Of those, 38.02 WTE have start dates and 9.37 WTE have passed through the Human Resources checks such as references, Disclosure and Barring Service and Occupational Health. 77.24 WTE are awaiting the above checks to be completed. 39 Clinical Fellows arrived in January and another 1 in February 2023 all with Objective Structured Clinical Examinations (OSCE) booked for March 2023. This has finalised our international recruitment for the financial year 2022/23.
- The total number of unregistered Nursing and Midwifery staff vacancies reduced in February to an over established position of - 49.44 WTE for the clinical areas included in the Nursing and Midwifery dashboard. This may be a reflection of new registered staff, from both the newly qualified and international nurse pipelines who are in a support worker role whilst they are awaiting NMC PIN numbers.
- The February 2023 vacancy rate was -47.20% and remains rated as 'green' for unregistered staff.
- Active recruitment continues for unregistered Nursing and Midwifery staff, including The Princes Trust initiative, inclusive of a monthly rolling advert for the temporary staffing (Bank).
- Currently there are 29.26 WTE Unregistered Health Care Support Workers (HCSW) in the recruitment pipeline. Of those, 7.33 WTE have start dates and 5.92 WTE have passed through the Human Resources checks. 16.01 WTE are awaiting the above checks. Recruitment activities continue to recruit new to care HCSW's into the organisation.
- The WTE budget increase and subsequent increased vacancies have contributed to Care Hours Per Patient Day (CHPPD) decreasing in February 2023 to 7.6, in comparison to 7.9 reported in January 2023. The model hospital dashboard shows a current national median to be 8.0. This month's decrease is also a combination of rostering staff unavailability such as end of year annual leave being taken in the upper limits of the tolerated percentage at 16.23%, a small reduction in bank fill rates and education required regarding the use of 'supernumerary status' as a recording option for those within a band 3 role whilst awaiting OSCE. Education activities will continue to improve rostering performance to reduce the recorded staffing unavailability's which impact on this metric. Endorsement of study leave for staff development has also increased in this part of the year as the second semester university modules commence. A robust plan remains in place to continually monitor individual clinical areas and ensure those with lower CHPPD are prioritised to receive newly recruited staff members.
- The combined sickness was 5.28%, which represents a reduction on the 5.58% reported in January 2023.
- The revisit of scheduled rostering confirm and challenge meetings are underway to ensure best rostering practice and these are scheduled for every clinical area across the year. These meetings include Safe Care compliance and quality of data, along with compliance metric that reviews the position against the previous review (See Appendix 2 for example).

- In total, 52 pressure ulcer incidents were reported in February 2023, in comparison to 59 reported in January 2023. From this number, 24 were reported as category 1-2, 11 as category 3, 4 as category 4 and 13 were unstageable pressure ulcers. In terms of the rate, the pressure ulcers for inpatient per 1000 bed occupied days indicator was 1.25% in February 2023 which is an improvement compared to 1.78% in January 2023 and for community occupied days the indicator also improved to 0.61% from 0.64%. There were 61 incidents of Moisture Associated Skin Damage (MASD) reported in February 2023 in comparison to 90 reported in January 2023. The MASD rate per inpatient 1000 occupied bed days for February 2023 was 1.82% and the community rate per 10,000 population was 0.49%. An internal Pressure Ulcer Summit was held on Friday 10th February 2023, launched by the Director of Nursing, Deputy Director of Nursing and our Lead Tissue Viability Nurse, to increase awareness and focus on Pressure Ulcer Prevention with good attendance from our clinical leaders. The summit promoted key quality messages. Weekly assessment training on using Purpose T is available and E-Learning modules on the prevention, recognition and wound assessment will be introduced in April 2023. A wound prevention and healing improvement plan has been developed, which will be overseen by the joint Tissue Viability Steering Group. An intervention chart for repositioning patients is going through the Trust approval process in March 2023.
- In total, 107 falls were reported in February 2023, with 96 pertaining to inpatients. In January, the total number of falls was 98. The falls per 1000 bed days indicator was 3.64% in February 2023 compared to 3.24% in January 2023. A monthly joint Falls Prevention Group has been established and the emerging themes are falls being related to patients with poor cognition and improvements to be made in the quality of the falls risk assessment completions, including enhanced care scores. A Falls Quality Improvement plan for 2023/24 has been drafted and will be approved and then monitored at the joint Falls Steering Group. There has been a further improvement on the overall compliance score in relation to patient observations completed on time with the overall score of 79.1% for February 2023, in comparison to 75.6% reported in January 2023. There are ongoing intensive efforts in place to drive further improvements. The Quality Team continue to work closely with clinical areas across the Trust to support this initiative.
- The compliance for Initial Health Assessments (IHAs) (assessment completed within 20 working days of the child entering care) had reduced to 0% in January from 67%. This 0% was 2 patients. In February 2023 it has returned to 60%. The reason for the low compliance is outside of provider control as it is due to delays in receiving the initial referral from the Local Authority which should arrive within 5 days of a child entering care. This has been escalated with the Local Authority and regular discussions are taking place with the Designated Nurse for Children and Young People in Care (CYPiC) at the Black Country Integrated Care Board to drive continuous improvement. Additional actions taken at the Trust to expedite the processing of referrals include recruitment of a band 3 Administrator, a band 3 Administrator returning to the team from secondment and additional temporary bank support for the interim period. Furthermore, we have increased the capacity of clinic

availability to bring forward these assessments. Meetings are currently being held within Division 3 with Finance to understand the payment for Medical staff completing these assessments to understand if further medical input could be provided. The risk register has been updated.

- The results for the National Education and Training Survey (NETS) 2022 for all healthcare student placements have been published. Of our 573 Non-Medical students, there were 76 that responded. The categories for review are Bullying and undermining, Facilities, Induction, Overall experience, Quality of care, Supervision, Teaching and Learning, Teamwork and Workload. This year we have seen improvements in the experience of both the Midwifery and Operating Department Practitioner (ODP) workforce. Across Adult and Child Student Nursing we are a low outlier for Bullying and undermining (5/76 respondents), Facilities, Induction, Overall experience and Supervision. An action plan has been developed which will be monitored through the Academic Steering Group and a series of communication events have been planned. A Trust wide response regarding Medical and Non-Medical students on how the findings will be addressed will be submitted to Health Education England by 24th March 2023.
- The band 6 Quality Away Days are underway. These have been launched by our Directors of Nursing, commencing each session with exploring 'what good quality care looks like' and including a range of topics throughout the day, for example, Quality Framework overview, Clinical Accreditation and standards, Governance, focusing on The Patient Safety Incident Response Framework (PSIRF) implementation. The days have been well attended and positively evaluated.
- The Quality Framework content engagement exercises with all levels of staff have been completed and signed off ahead of launch in April 2023. This new iteration includes Nurses, Midwives, Health Visitors and Allied Health Professionals.
- The British Journal of Nursing has shortlisted an RWT Nurse for vascular access Nurse of the year award and a second RWT Nurse has been shortlisted for Mental Health Nurse of the Year award with the awards ceremony due at the end of March 2023. Furthermore, RWTs Neonatal and Family Support Nurse has been named Neonatal Nurse of the Year by the Neonatal Nurses Association (NNA).

NURSING QUALITY DATA

- The Nursing Quality Dashboard (Appendix 1) provides an ‘at a glance’ view of ward/department/service performance with regards to structure, process and outcomes and it is provided for information.
- Other nursing quality data can be viewed on the Integrated Quality and Performance Report.
- Trust level quality metrics are provided as trend charts with key actions and mitigations outlined by the subject matter experts. Key points from this month’s Trust level nursing quality metrics are highlighted below.

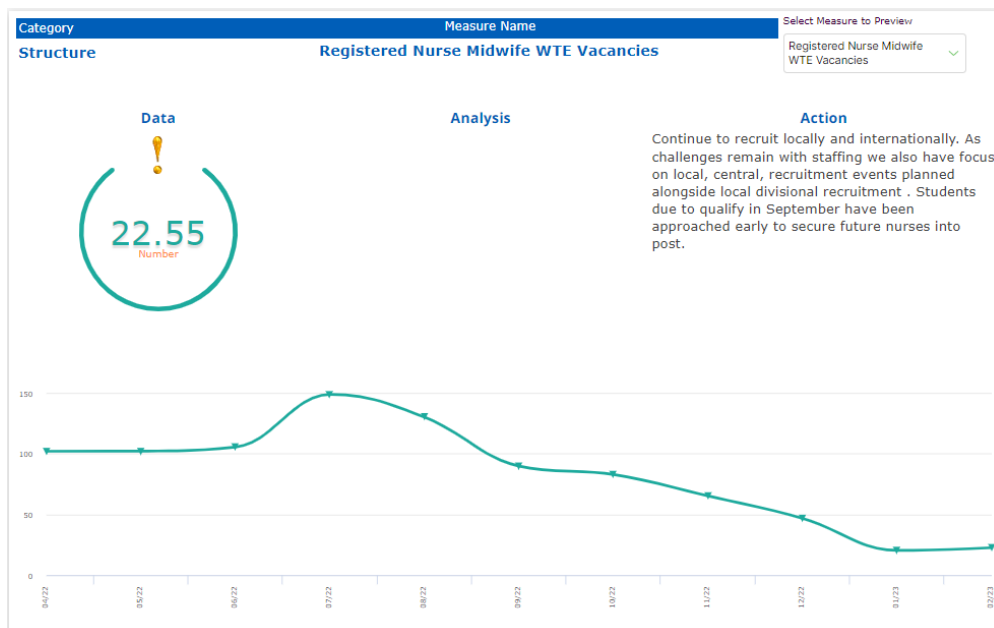


Right workforce

Vacancies and Recruitment

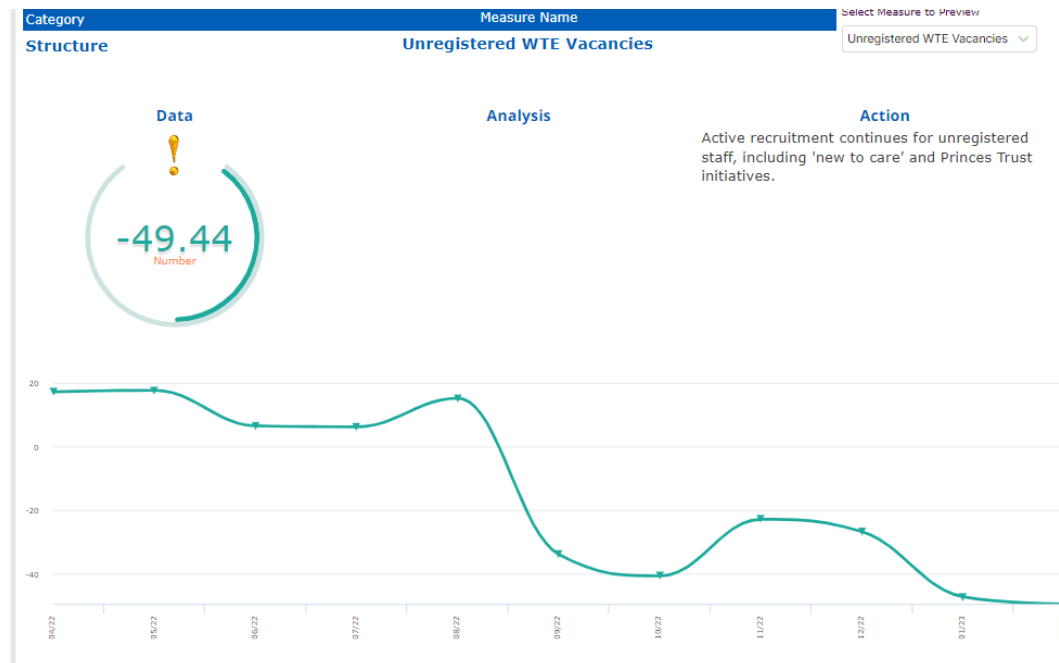
Registered Nursing and Midwifery staff

- In February 2023, the total number of Registered Nurse/Midwife vacancies increased marginally to 22.6 whole time equivalent (WTE), which equates to a vacancy percentage of 2.1% for the clinical areas included in the Nursing and Midwifery dashboard. In January 2023, it was 20.30 WTE. This is due to a 6.85 WTE budget increase. This data is sourced from the monthly establishment data report and is inclusive of the recent establishment budgetary increase that remains in place until the pipeline staff have commenced in post.
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- Currently there are 124.63 WTE Registered Nurses and Midwives in the local recruitment pipeline. Of those, 38.02 WTE have start dates and 9.37 WTE have passed through the Human Resources checks such as references, Disclosure and Barring Service and Occupational Health. 77.24 WTE are awaiting the above checks to be completed. 39 Clinical Fellows arrived in January and another 1 in February 2023 all with Objective Structured Clinical Examinations (OSCE) examinations booked for March 2023. This has finalised our international recruitment for the financial year 2022/23.
- Close collaboration between corporate Nursing and Midwifery teams, Recruitment and Divisional workforce leads remains in place to ensure onboarding time is minimised where possible. As not all the new staff are in post yet, and with the combined staff absence and sickness and maternity leave, meeting agreed daily safe staffing numbers remains challenging and requires ongoing management and mitigations on a shift-by shift basis.



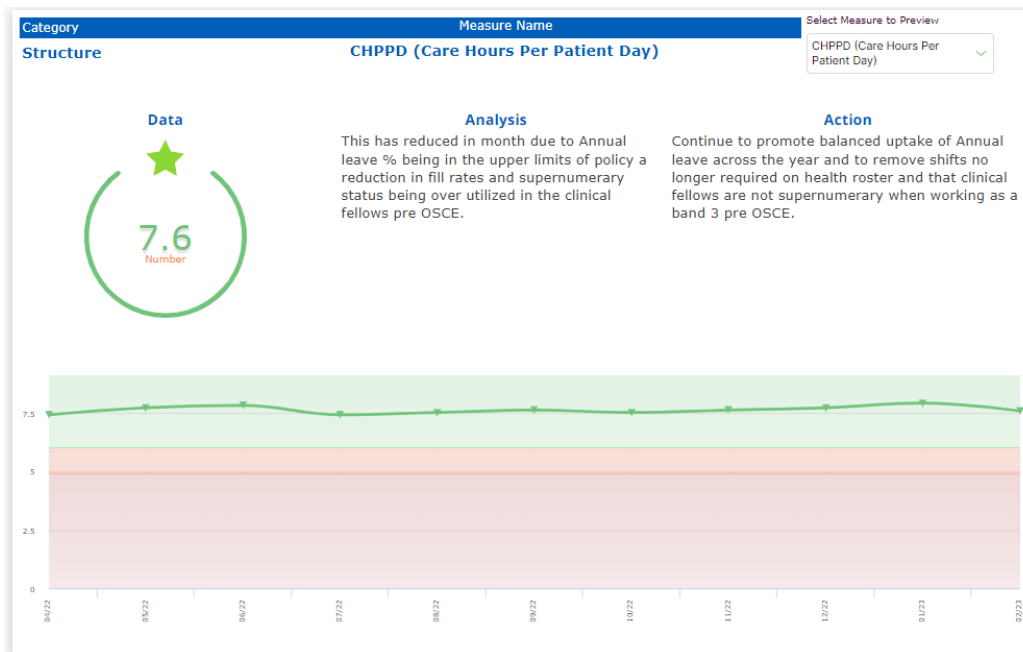
Unregistered Nursing and Midwifery staff

- The total number of unregistered Nursing and Midwifery staff vacancies reduced in February to an over established position of -49.44 WTE for the clinical areas included in the Nursing and Midwifery dashboard. This may be a reflection of new registered staff, from both the newly qualified and international nurse pipelines who are in a support worker role whilst they are awaiting NMC PIN numbers.
- The February 2023 vacancy rate was -47.20% and remains rated as 'green'.
- Active recruitment continues for unregistered Nursing and Midwifery staff, including The Princes Trust initiative, inclusive of a monthly rolling advert for the temporary staffing (Bank).
- Currently there are 29.26 WTE Unregistered Health Care Support Workers (HCSW) in the recruitment pipeline. Of those, 7.33 WTE have start dates and 5.92 WTE have passed through the Human Resources checks. 16.01 WTE are awaiting the above checks. Recruitment activities continue to recruit new to care HCSW's into the organisation.



Care Hours Per Patient Day (CHPPD)

- The WTE budget increase and subsequent increased vacancies have contributed to Care Hours Per Patient Day (CHPPD) decreasing in February 2023 to 7.6, in comparison to 7.9 reported in January 2023. The model hospital dashboard shows a current national median to be 8.0. This month's decrease is also a combination of rostering staff unavailability such as end of year annual leave being taken in the upper limits of the tolerated percentage at 16.23%, a small reduction in bank fill rates and education required regarding the use of 'supernumerary status' as a recording option for those within a band 3 role whilst awaiting OSCE. Education activities will continue to improve rostering performance to reduce the recorded staffing unavailability's which impact on this metric. Endorsement of study leave for staff development has also increased in this part of the year as the second semester university modules commence. A robust plan remains in place to continually monitor individual clinical areas and ensure those with lower CHPPD are prioritised to receive newly recruited staff members.
- The combined sickness was 5.28%, which represents a reduction on the 5.58% reported in January 2023.
- The revisit of scheduled rostering confirm and challenge meetings are underway to ensure best rostering practice and these are scheduled for every clinical area across the year. These meetings include Safe Care compliance and quality of data, along with compliance metric that reviews the position against the previous review (See Appendix 2 for example).
- To ensure data capture accuracy on the Allocate Safe-Care system, continued additional training and daily supportive challenge are in place.



Retention – Registered and non-registered staff

There are ongoing staff retention initiatives in place to ensure we retain our staff and provide them with a positive experience of working in the organisation. At the end of last year, the newly launched internal transfer scheme saw 12 members of staff moving swiftly to a preferable place of work and this continues to grow, which should support the retention of skills and knowledge and a reduction in the cost of recruitment and the time filling vacancies. The Supervision Together all Year (STaY) event is a targeted retention intervention for staff who have worked at the Trust for 12 months or less, providing opportunities for a two-way conversation with senior colleagues and this has been extended from Nursing to now include Midwifery and Allied Health Professional colleagues. The next event is planned for April 2023. The Legacy Mentor 12-month pilot, aimed at supporting our newly qualified staff, is currently in the recruitment stage and uptake of the role is slow as the target audience of retired Nurses report that they wish to remain retired. We have organised a ‘Question and Answer’ session at both, The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT), for any interested staff and we are aiming to recruit 9 Legacy Mentors across both organisations to test the concept and this will be evaluated after 12 months.



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

- The band 6 Quality Away Days are underway. These have been launched by our Directors of Nursing, commencing each session with exploring ‘what good quality care looks like’ and including a range of topics throughout the day, for example, Quality Framework overview, Clinical Accreditation and standards, Governance, focusing on The Patient Safety Incident Response Framework (PSIRF) implementation. The days have been well attended and positively evaluated.
- The results for the National Education and Training Survey (NETS) 2022 for all healthcare students placements have been published. Of our 573 Non-Medical students, there were 76 that responded. The categories for review are Bullying and undermining, Facilities, Induction, Overall experience, Quality of care, Supervision, Teaching and Learning, Teamwork and Workload. This year we have seen improvements in the experience of both the Midwifery and Operating Department Practitioner (ODP) workforce. Across Adult and Child Student Nursing, we are a low

outlier for Bullying and undermining (5/76 respondents), Facilities, Induction, Overall experience and Supervision. An action plan has been developed which will be monitored through the Academic Steering Group and a series of communication events have been planned. A Trust wide response regarding Medical and Non-Medical students on how the findings will be addressed will be submitted to Health Education England by 24th March 2023.

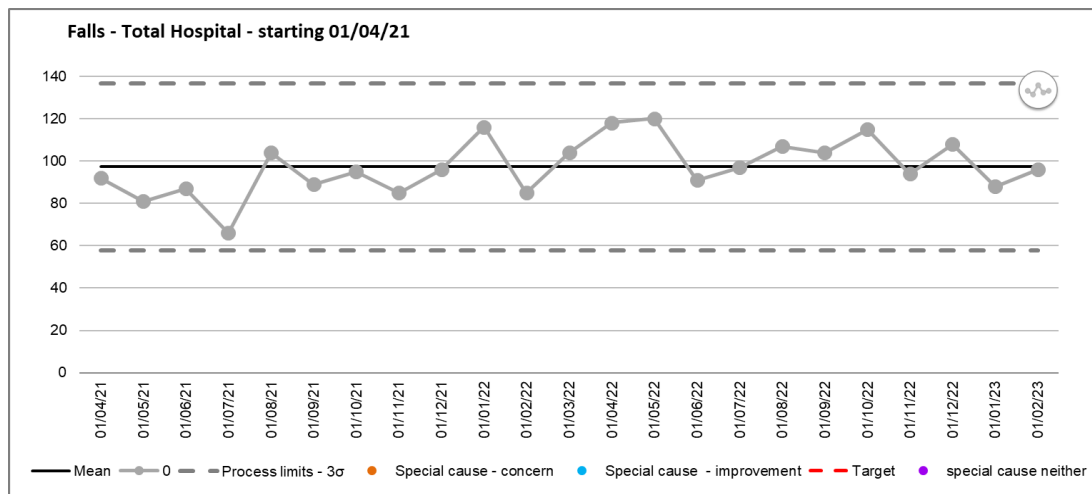
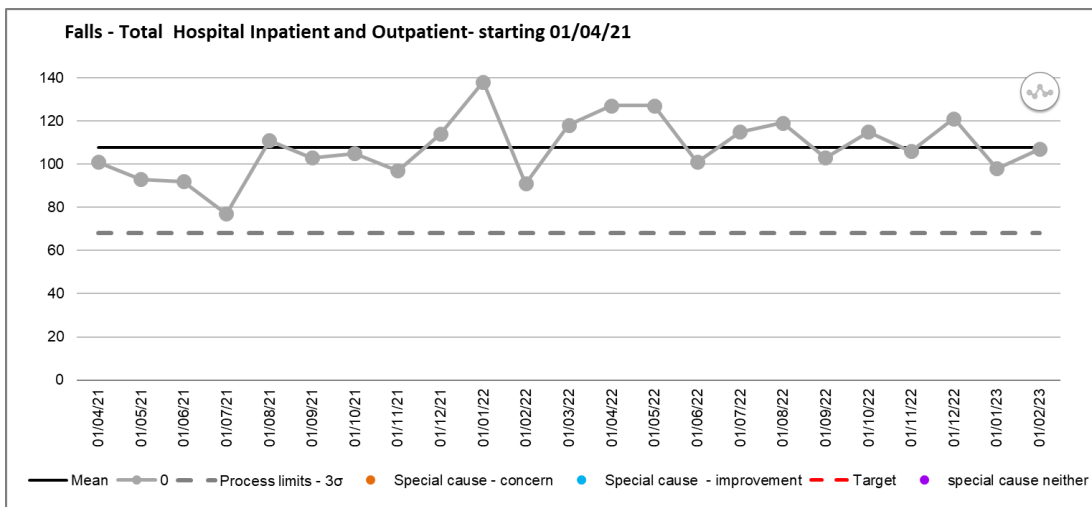
- An E-learning package is in development with our Digital Learning Team to support the compliance of the Nursing and Midwifery Council Standards to Support Supervision and Assessment (SSSA) training required for our Supervisors and Assessors to support our students.

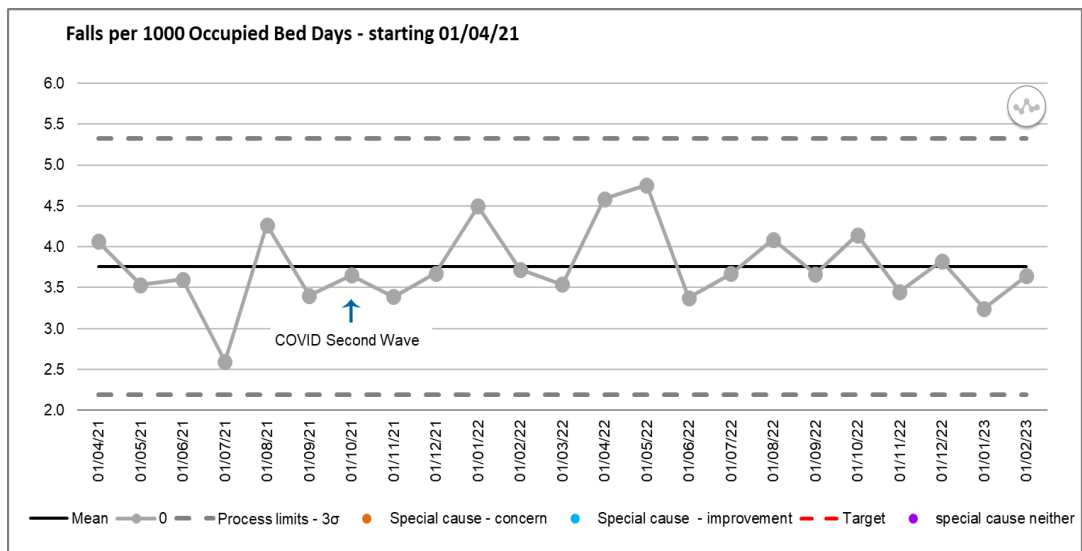


Quality

Falls

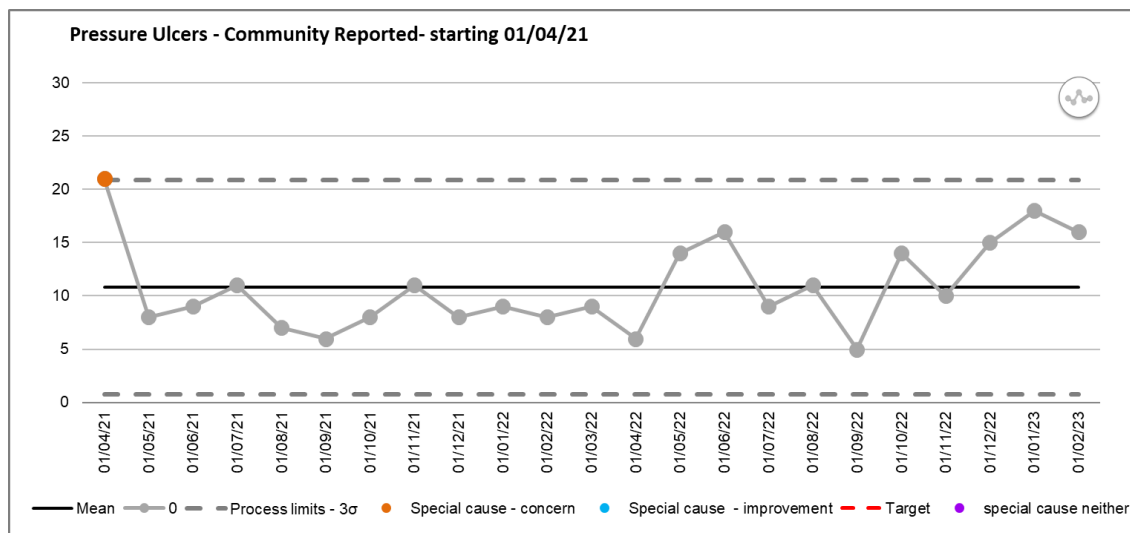
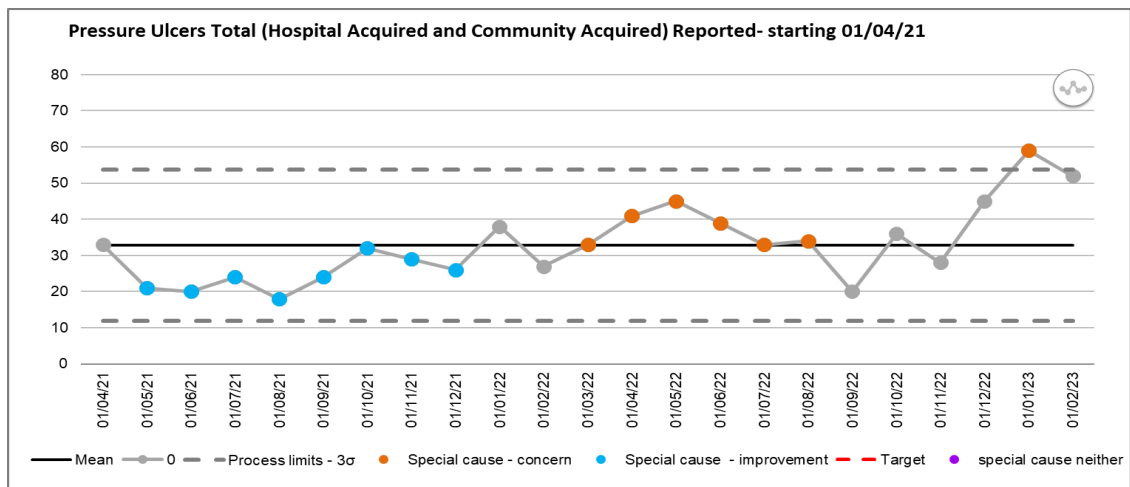
In total, 107 falls were reported in February 2023, with 96 pertaining to inpatients. In January, the total number of falls was 98. The falls per 1000 bed days indicator was 3.64% in February 2023 compared to 3.24% in January 2023. A monthly joint Falls Prevention Group has been established and the emerging themes include, falls being related to patients with poor cognition and improvements required in the quality of the falls risk assessment completions, including enhanced care scores. A Falls Quality Improvement plan for 2023/24 has been drafted and will be approved and then monitored at the joint Falls Steering Group. Plans are underway to introduce a revised Bedrails Policy. Please see the graphs below for an overall position and trends over time.

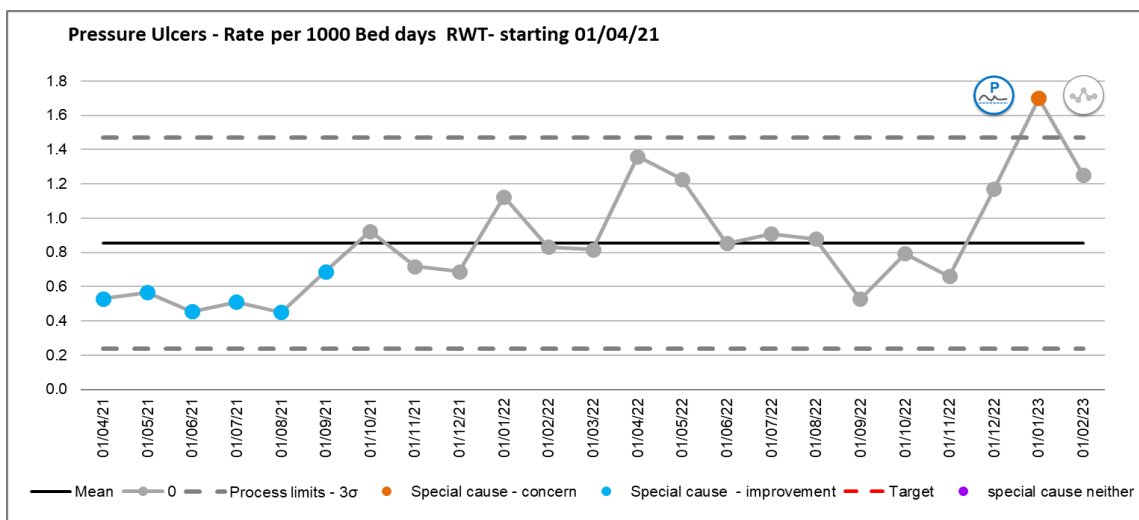
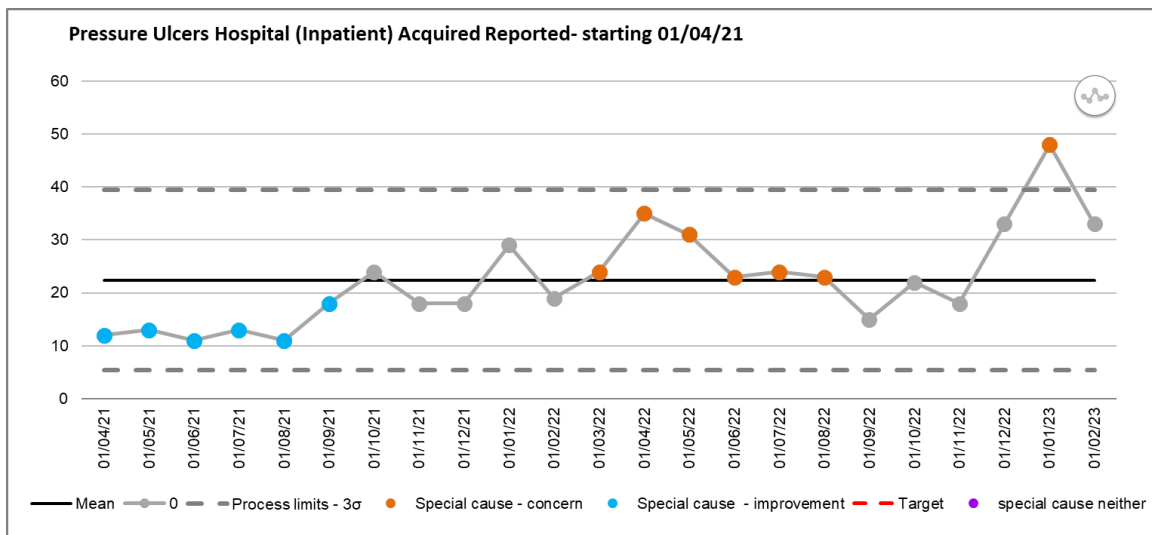




Pressure ulcers and moisture associated skin damage

In total, 52 pressure ulcer incidents were reported in February 2023, in comparison to 59 reported in January 2023. From this number, 24 were reported as category 1-2, 11 as category 3, 4 as category 4 and 13 were unstageable pressure ulcers. In terms of the rate, the pressure ulcers for inpatient per 1000 bed occupied days indicator was 1.25% in February 2023 which is an improvement compared to 1.78% in January 2023 and for community occupied days the indicator also improved to 0.61% from 0.64%. Please see the graphs below for an overall position and trends over time.

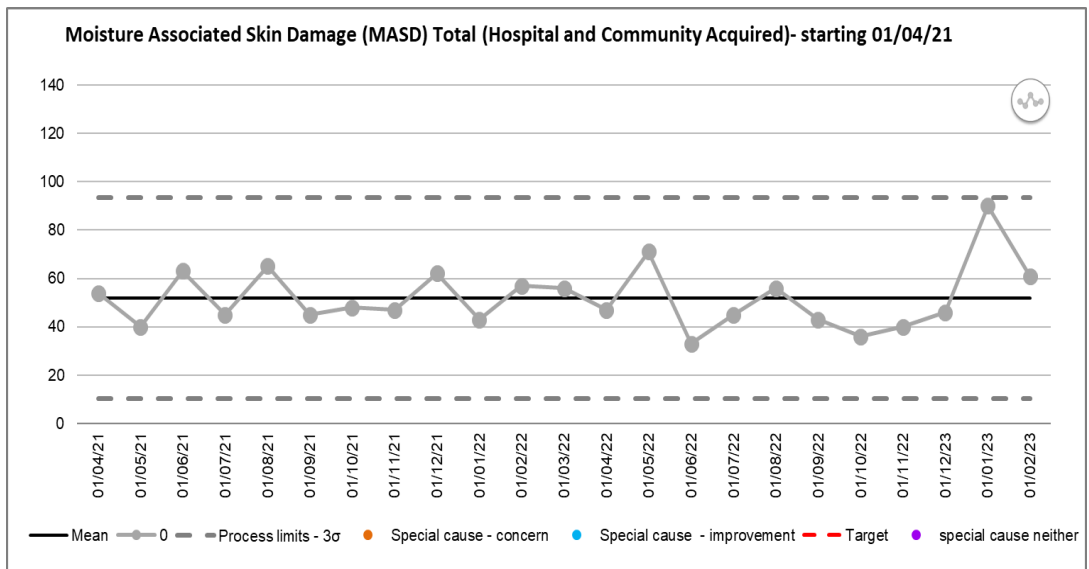




An internal Pressure Ulcer Summit was held on Friday 10th February 2023, launched by the Director of Nursing, Deputy Director of Nursing and our Lead Tissue Viability Nurse to increase awareness and focus on Pressure Ulcer prevention with good attendance from our clinical leaders. The summit promoted the use of safety crosses to 'know how you are doing' with pressure ulcer prevention. It also encouraged the reporting of faulty mattresses and advised contemporaneous documentation on 'Intervention Chart' completion, repositioning to offload pressure and early intervention for patients with a low body mass index. Weekly assessment training on using Purpose T is available and E-Learning modules on the prevention, recognition and wound assessment will be introduced in April 2023. A wound prevention and healing improvement plan has been developed, which will be overseen by the joint Tissue Viability Steering Group. An intervention chart for repositioning patients is going through the Trust approval process in March 2023.

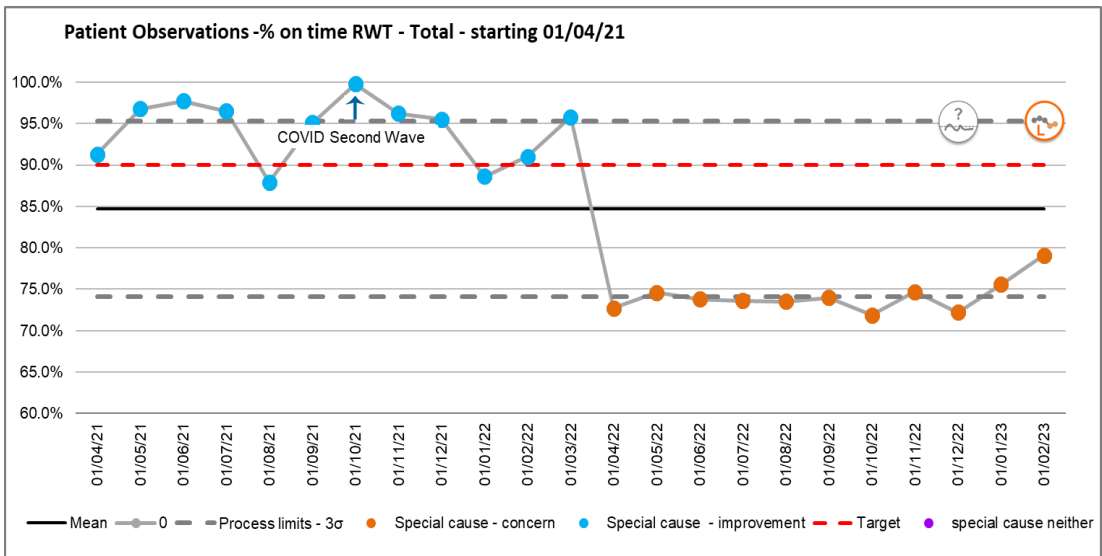
Moisture Associated Skin Damage (MASD)

There were 61 incidents of MASD reported in February 2023 in comparison to 90 reported in January 2023. The MASD rate per inpatient 1000 occupied bed days for February 2023 was 1.82% and the community rate per 10,000 population was 0.49%. Please see the graph below for an overall position and trends over time.



Observations on time

There has been a further improvement on the overall compliance score in relation to patient observations completed on time with the overall score of 79.1% for February 2023, in comparison to 75.6% reported in January 2023. There are ongoing intensive efforts in place to drive further improvements. The Quality Team continue to work closely with clinical areas across the Trust to support this initiative. Please see the graph below for an overall position and trends over time.



Wider quality activities

- The Clinical Accreditation Scheme implementation remains in the pilot phase and is on track to be formally launched in April 2023. A Clinical Accreditation Board has been established and will meet on 21st March 2023. The inaugural Shared Professional Decision-Making council for Clinical Accreditation met in February 2023. A survey has been developed to canvas staff opinion regarding clinical accreditation and a communication campaign is in the planning stage with our Communication colleagues.
- Other Shared Professional Decision-Making councils continue to be developed to explore quality improvement opportunities through shared learning. There are now 7 such councils in place, which include focus on the following aspects: medication safety, documentation/digitalisation, falls, observations, nutrition and hydration, community audit council and clinical accreditation.

- Meal service audits are planned for March 2023. The Nutrition and Hydration week is taking place during the week of 13th of March 2023, with joint activities to promote availability of food, snacks and drinks for patients within both organisations.
- Reporting of audit results via the Health Assure element of the My Assurance audit system continues to be unavailable, and this has been escalated to the Trust's Governance Department and Company for resolution.

Shortlisting and Awards

The British Journal of Nursing has shortlisted an RWT Nurse for vascular access Nurse of the year award and a second RWT Nurse has been shortlisted for Mental Health Nurse of the Year award with the awards ceremony due at the end of March 2023. Furthermore, RWT's Neonatal and Family Support Nurse has been named Neonatal Nurse of the Year by the Neonatal Nurses Association (NNA).

Patient Experience

Please see the separate report being presented to the Trust Management Committee (TMC) in March 2023 and subsequently to Trust Board in April 2023.

Maternity

Please see the separate report being presented to the Trust Management Committee (TMC) in March 2023 and subsequently to Trust Board in April 2023.

Adult and Children Safeguarding

- The number of Deprivation of Liberty Safeguards (DoLS) assessments submitted in February 2023 increased to 42, from 35 in January 2023. This is the highest number submitted since July 2022. A Trust wide audit of Mental Capacity Act compliance will be completed in March 2023.
- A review of the safeguarding training is underway, with a task and finish group reviewing the level that staff are mapped to and the content and methodology of training.
- The compliance for Initial Health Assessments (IHAs) (assessment completed within 20 working days of the child entering care) had reduced to 0% in January from 67%. This 0% was 2 patients. In February 2023 it has returned to 60%. The reason for the low compliance is outside of provider control as it is due to delays in receiving the initial referral from the Local Authority which should arrive within 5 days of a child entering care. This has been escalated with the Local Authority and regular discussions are taking place with the Designated Nurse for Children and Young People in Care (CYPiC) at the Black Country Integrated Care Board to drive continuous improvement. Additional actions taken at the Trust to expedite the processing of referrals include recruitment of a band 3 Administrator, a band 3 Administrator returning to the team from secondment and additional temporary bank support for the interim period. Furthermore, we have increased the capacity of clinic availability to bring forward these assessments. Meetings are currently being held within Division 3 with Finance to understand the payment for Medical staff completing these assessments to understand if further medical input could be provided. The risk register has been updated.
- An action plan has been developed in response to the Changing Our Lives report (review of Trust wide Learning Disability services across the Black Country). This will be presented at the next Trust Safeguarding Group.
- A Wolverhampton Safeguarding Together Joint Targeted Area Inspection (JTAI) has been completed. We are awaiting the report and formal feedback. No initial actions were identified within the visit.
- Maternity safeguarding supervision compliance has improved significantly from 25% in February 2023 to 90% in March 2023. Further supervision sessions are planned to further improve compliance.

The Quality Framework (previously known as The Clinical System Framework)

The Quality Framework content engagement exercises with all levels of staff have been completed and signed off ahead of launch in April 2023. This new iteration includes Nurses, Midwives, Health Visitors and Allied Health Professionals.

Infection Prevention and Control (IPC)

Please see the separate report being presented to the Trust Management Committee (TMC) in March 2023 and subsequently to Trust Board in April 2023.

Research and Innovation

There are no new updates this month.

Digital

Digital innovation, infrastructure & it platforms (DIP) group

The first action from the group was to authorise and request a report providing detail around baseline systems at both Trusts and identify areas for improvement, collaboration, and quick wins, with an ongoing phase of works along a roadmap of identified and designed projects for both Trusts.

Handovers/Safety Briefings

We are working within Shared Governance Councils to develop further the current and initial shared handover template for both Trusts. This was work identified whilst implementing Connect at both Trusts.

Badgernet

Shared Patient Record (SPR) – the new deadline for implementation is set for 22nd March 2023. Digital Midwives are working to deliver to this new deadline, and user testing and acceptance are underway. Testing and training are ongoing, with approximately 900 users at the Trust to ensure are updated correctly.

Careflow connect

Careflow Connect, which is a clinical communication platform for health and social care teams, continues to be implemented across the organisation. Implementation within Medicine is complete. Surgery is expected to be completed by the 20th of March 2023 and the next phase will include Paediatrics, Cardiothoracics, and the Intensive Care Unit. Work continues across the Trust and Walsall Healthcare NHS Trust on standardising handovers and safety briefings.

Vitals

We are in discussion with our Emergency Department colleagues regarding implementing Vitals Clinical System and the next meeting is on 24th March 2023. This will require a business case to proceed.

Digital Nurses

We have appointed 1 Digital Nurse for Ophthalmology Electronic Patient Record (EPR) and 5 Digital Nurses are aimed to be appointed on 15th March also for EPR. In addition, an additional Digital Nurse has been appointed to support the final months of Careflow Connect and Phase 2.

Executive Level Nursing Quality Dashboard

The Trust and Division lines contains all totals across the areas (this may also be outpatient areas) whereas the breakdown under each division show the totals for each of the individual areas.

		Nursing Workforce											Patient Voice		Pressure Ulcer		Falls	Deteriorating Patient	Infection Prevention	Medication
		Annual Leave 11-17%	Budget WTE	CHPPD (Care Hours Per Patient Day)	Combined sickness %	Mandatory Training % - trend from last month	Maternity leave %	Registered Nurse Midwife WTE Vacancies	Registered Nurse Midwife WTE Vacancies %	Unregistered WTE Vacancies	Unregistered WTE Vacancies %	Number of Formal Complaints	Would Recommend	Number of Moisture Associated Skin Damage (approved by line manager)	Number of Pressure Ulcers (Datix reported)	Number of patient falls	% of observations achieved	Number of C-Diff	Number of Medication Errors (reported) Exc. OPD.	
Royal Wolverhampton NHS Trust	This Period	16.23	2,501.56	7.6	5.28	91.8	2.51	22.55	2.09	-49.44	-4.34	44	86	61	52	107	79.1%	5	50	
	Previous Period	13.61	2,494.71	7.9	5.58	91.6	2.57	20.30	2.41	-47.20	-5.69	38	85	90	59	101	75.6%	9	65	
		Nursing Workforce											Patient Voice		Pressure Ulcer		Falls	Deteriorating Patient	Infection Prevention	Medication
		Annual Leave 11-17%	Budget WTE	CHPPD (Care Hours Per Patient Day)	Combined sickness %	Mandatory Training % - trend from last month	Maternity leave %	Registered Nurse Midwife WTE Vacancies	Registered Nurse Midwife WTE Vacancies %	Unregistered WTE Vacancies	Unregistered WTE Vacancies %	Number of Formal Complaints	Would Recommend	Number of Moisture Associated Skin Damage (approved by line manager)	Number of Pressure Ulcers (Datix reported)	Number of patient falls	% of observations achieved	Number of C-Diff	Number of Medication Errors (reported) Exc. OPD.	
Division 1 (Surgical)	This Period	15.26	1,271.81	9.7	7.57	91.0	3.89	22.38	6.36	-2.33	-0.03	19	95	18	9	17	81.6%	0	21	
B14 Cardiology ward	This Period	16.93	69.62	6.8	9.72	90.3	3.52	-1.68	-3.21	4.42	25.60	0	98	2	0	2	87.8%	0	0	
B15 Cath Labs and Day Ward	This Period	13.60	30.24	~	7.71	93.7	5.11	3.14	12.88	0.19	3.30	0	100	0	0	0		0	0	
B8 Cardiothoracic ward	This Period	15.56	43.34	7.1	12.03	89.2	1.99	0.02	0.06	-0.04	-0.48	0	100	1	0	2	71.5%	0	0	
ICCU	This Period	17.14	204.01	25.1	5.86	95.1	3.42	3.58	1.98	1.21	5.23	0	~	7	1	0	~	0	4	
A12 General Surgery	This Period	13.00	35.23	6.0	11.63	87.8	2.97	0.73	3.29	1.84	14.28	0	95	0	0	1	88.1%	0	2	
A14 General Surgery	This Period	16.91	35.23	6.3	5.79	88.6	1.86	-2.82	-12.63	1.30	10.04	2	96	1	2	2	78.4%	0	0	
SEU	This Period	15.91	78.50	8.8	1.50	91.5	2.64	-2.38	-4.90	4.27	14.29	1	77	0	0	0	86.8%	0	1	
D7 Gynae ward	This Period	12.13	40.62	5.5	10.77	95.3	7.51	-4.66	-17.42	-1.84	-13.27	0	97	0	0	0	77.6%	0	0	
Neonatal Unit	This Period	19.27	130.29	26.3	9.02	87.6	0.00	3.87	39.70	-4.95	-15.20	0	100	0	0	0	~	0	4	
Transitional Care	This Period	18.30	20.49	~	4.25	89.7	7.76	7.90	54.10	0.40	6.80	0		0	0	0	~	0	0	
D10 Maternity Ward	This Period	12.55	45.15	9.1	15.34	85.2	4.77	-4.17	-13.76	-5.71	-38.45	3	88	0	0	0	~	0	0	
Delivery Suite	This Period	15.26	87.78	~	6.35	91.4	4.89	-7.18	-10.30	0.51	2.85	0	93	0	0	0	~	0	1	
Hilton main CCH	This Period	13.04	46.70	4.8	8.88	94.9	0.00	12.59	40.01	-0.64	-4.18	0	96	1	2	4	79.8%	0	1	
A5 T & O ward	This Period	15.80	43.11	5.9	7.68	89.3	7.11	4.82	19.18	-0.87	-4.81	0	88	0	1	3	78.7%	0	1	
A6 T & O ward	This Period	14.99	43.73	6.7	7.71	87.1	5.08	5.17	20.09	-0.86	-4.78	3	88	4	1	0	77.7%	0	2	
Theatres	This Period	12.96	274.50	~	8.14	92.0	4.03	-1.70	-1.14	-0.95	-0.76	0	~	0	0	0	~	0	0	

		Nursing Workforce										Patient Voice		Pressure Ulcer		Falls	Deteriorating Patient	Infection Prevention	Medication
		Annual Leave 11-17%	Budget WTE	CHPPD (Care Hours Per Patient Day)	Combined sickness %	Mandatory Training % - trend from last month	Maternity leave %	Registered Nurse Midwife WTE Vacancies	Registered Nurse Midwife WTE Vacancies %	Unregistered WTE Vacancies	Unregistered WTE Vacancies %	Number of Formal Complaints	Would Recommend	Number of Moisture Associated Skin Damage (approved by line manager)	Number of Pressure Ulcers (Datix reported)	Number of patient falls	% of observations achieved	Number of C-Diff	Number of Medication Errors (reported) Exc. OPD.
Division 2 (EMS)	This Period	17.63	709.70	6.1	5.33	90.1	3.44	-25.22	-3.18	-7.47	-1.77	20	92	31	26	89	77.6%	4	23
AMU	This Period	17.41	89.37	7.7	2.96		6.18	-4.56	-8.07	3.68	11.21	1	83	0	1	6	84.4%	0	2
C15 Diabetes	This Period	20.47	26.90	5.4	2.96	91.3	14.73	-4.79	-24.93	-3.07	-39.91	0	0	1	2	1	73.6%	0	0
C16 Diabetes	This Period	25.05	33.53	5.9	4.07	93.0	2.61	-3.65	-16.76	-0.30	-2.53	2	100	3	2	3	78.5%	0	3
C17	This Period	20.53	30.50	6.2	1.84	93.0	3.18	1.73		5.26		1	86	0	0	1	87.7%	0	0
ED	This Period	16.56	177.89	~	5.38	88.7	4.29	2.11	1.64	3.51	7.17	7	73	0	0	5	~	0	4
A7 Gastroenterology	This Period	14.04	33.00	5.6	4.69	91.2	5.00	-2.19	-10.83	-4.57	-35.68	0	100	0	0	4	67.0%	0	0
A8 Gastroenterology	This Period	17.79	33.00	4.8	10.33	94.7	0.00	-0.49	-2.44	4.35	33.96	0	78	0	1	4	67.7%	0	1
Clinical Haematology Unit	This Period	15.37	41.70	6.8	5.69	86.8	4.76	0.60	2.07	2.53	19.90	2	71	0	1	2	78.1%	0	3
C39 ward	This Period	21.90	0.00	7.3	8.34	93.5	0.37	-11.79		-12.73		0	88	0	0	1	83.8%	0	1
Fairoak	This Period	18.52	32.00	4.2	5.42	83.9	6.31	0.76	4.58	1.61	10.48	1	100	0	1	9	78.6%	0	0
C18 Elderly Care	This Period	15.12	37.80	6.0	3.77		2.80	2.47	11.01	0.61	3.98	0	100	4	1	2	90.8%	2	1
C19 Elderly Care	This Period	18.06	37.80	6.8	5.13	85.8	3.45	0.64	2.86	-1.29	-8.35	1	100	3	3	5	90.3%	0	1
C35 Deansley Ward	This Period	10.00	29.00	7.0	6.99	77.0	2.61	0.75	3.89	-2.32	-23.67	0	90	0	0	0	75.9%	0	0
Durnall	This Period	11.99	19.81	~	3.87	93.9	1.35	-2.14	-13.51	-1.43	-35.67	0	97	0	0	0	95.0%	0	0
NRU West Park	This Period	19.28	21.80	8.1	10.24	95.0	0.00	-1.26	-10.96	0.30	2.91	0		1	0	1	87.4%	0	0
Ward 1 West Park	This Period	18.37	29.60	5.7	6.60	97.8	6.75	-2.85	-17.15	-1.41	-10.85	0	100	4	0	2	90.2%	0	0
Ward 2 West Park	This Period	17.78	31.20	5.6	13.02	96.5	0.00	1.08	7.66	0.37	2.14	1	100	1	1	6	77.1%	0	2
C22 Renal	This Period	20.63	27.10	5.8	4.42	88.5	0.00	-3.16	-19.75	-1.30	-11.71	2	89	1	5	3	71.3%	0	0
C24 Renal Ward	This Period	20.77	34.54	5.3	1.79	94.1	2.09	1.66	7.28	-1.33	-11.30	2	100	2	2	2	82.6%	0	0
C25 Renal Ward	This Period	19.02	34.54	4.7	5.39	90.5	7.03	-0.22	-0.96	-0.95	-8.12	0	91	1	1	9	65.0%	0	0
C14 Respiratory	This Period	16.64	40.10	6.1	6.65	80.3	1.57	-0.37	-1.62	0.81	4.72	0	100	4	2	4	75.5%	0	0
C26 Respiratory	This Period	17.51	46.41	7.7	6.40	92.4	3.52	-7.84	-26.74	-0.77	-4.49	0	100	6	1	6	75.9%	1	2
C21 Acute Stroke Unit	This Period	12.68	62.69	7.1	5.21	90.6	0.00	8.28	21.03	0.97	4.15	0	93	0	2	6	67.5%	0	2

		Nursing Workforce										Patient Voice		Pressure Ulcer		Falls	Infection Prevention	Medication	
		Annual Leave 11-17%	Budget WTE	CHPPD (Care Hours Per Patient Day)	Combined sickness %	Mandatory Training % - trend from last month	Maternity leave %	Registered Nurse Midwife WTE Vacancies	Registered Nurse Midwife WTE Vacancies %	Unregistered WTE Vacancies	Unregistered WTE Vacancies %	Number of Formal Complaints	Would Recommend	Number of Moisture Associated Skin Damage (approved by line manager)	Number of Pressure Ulcers (Datix reported)	Number of patient falls	Number of C-Diff	Number of Medication Errors (reported) Exc. OPD.	
Division 3 (CCSS)	This Period	14.68	520.05	6.3	6.63	96.4	1.83	25.38	3.07	-39.65	-6.71	5	83	12	17	0	0	0	6
Planned Care	This Period	18.96	100.90	~	6.47	92.2	2.78	15.10	19.94	-1.86	-7.40	1		12	17	0	0	0	2
Urgent Care	This Period	10.14	71.34	~	7.26	97.4	2.37	-2.23	-4.63	-9.35	-40.18			0	0	0	0	0	0
Intermediate Care	This Period	13.02	0.00	~	8.85	96.5	0.00	0.00	0.00	-11.60				0	0	0	0	0	0
Dermatology	This Period	14.74	12.77	~	6.70	99.2	0.00	0.18	2.19	0.55	12.09	0	100	0	0	0	0	0	0
Physio & OT	This Period	~		~	~	~	~	~	~	~	~	0	~	0	0	0	~	~	0
Primary Care Services	This Period		25.91	~	10.22	94.0	2.39	-1.03	-5.33	-0.61	-9.20	1		0	0	0	~	~	0
Radiology	This Period	12.62	8.40	~	1.83	97.8	0.00	0.60	9.38	0.00	0.00	0	98	0	0	0	0	0	0
Rheumatology	This Period	16.66	14.41	~	2.64	94.6	4.66	0.57	7.12	-1.55	-24.03	0	93	0	0	0	0	0	0
Sexual Health	This Period	13.80	4.29	~	9.81	97.5	2.45	-8.25	0.00	-6.80	0.00	3		0	0	0	0	0	0
Ambulatory Care	This Period	15.68	20.70	~	9.26	98.2	2.41	-2.54	-14.68	-0.20	-5.88			0	0	0	~	~	0

KEY

				Green	Amber	Red
KEY	Budget	Total nursing and HCSW funded establishment for clinical location - Band 2-7		Not applicable		
	Total Vacancies	The total vacancies at the time of report = number recruited added with open vacancies	wte = whole time equivalents	vacancies: trend arrow v. previous month: bar graph % over v. under recr		
	Number in recruitment	All known appointments made through recruitment - these staff are not yet in post		0-3 wte	3-5 wte	>5 wte
	Combined Absence	Combined absence average per ward area		<3.85%	3.86 - 4.23%	>4.24%
	CHHD	An equation for the cost of patient care per (total hours of care delivery/bed occupied)		>6	5-6	<5
	Mandatory Training	Percentage of all training mandatory requirements completed for each clinical location		>95%	90% - 95%	<90%
	FFT - Recommendations	Friends and Family Test - from the patient response rates, how many would recommend care at RWT		>90%	80% - 90%	<80%
	Complaints	Total number of complaint received for the clinical location/ward (Formal & Pals)		0	Not applicable	≥1
	Pressure Ulcers	Number of pressure injuries as reported on Datix (sample date - circa 10th day of new month)		0	Not applicable	≥1
	Falls	Number of falls as reported on Datix (sample date - circa 10th day of new month)		0 - 1	2	≥3
	Medication Administration Errors	Number of Administration errors reported on Datix (sample data - circa 10th of new month)		0	Not applicable	>1
	Missed dose % of all medications given	% of missed doses during a month		<5%	Not applicable	>5%
	Late Observations	% of observations completed from Care Flow Vitals		<5%	Not applicable	>5%
	Cardiac Arrests	Total number of cardiac arrest calls to clinical location: not including other 2222 calls for non-cardiac arrest		0	Not applicable	≥1
	C-diff	Number of clostridium difficile incidences (as reported by Infection Prevention)		0	Not applicable	≥1
MRSA	Number of MRSA acquisitions per month (as reported by Infection Prevention)		0	Not applicable	≥1	

Appendix 2

Confirm and Challenge | Metric compliance and rationale

Please find below metric compliance and indicative position of rosters based on the current, previous and future roster period. Please review. Rationale will be required for areas outside of Trust thresholds and confirmation of the plan to address going forward, ultimately providing assurances

Unit: Fairoak
Meeting Date: 09-Mar-23

Date: 23-Sept-22

Key

P	Previous roster period
C	Current roster period
+1	Future roster period (+1)

			Roster Period		
			P	C	+1
			9 Jan-5 Feb 23	6 Feb-5 Mar 23	6 Mar-2 Apr 23
Key Metric	Metric	Trust threshold	Figure		
Safety	Unfilled Roster %	<15%	3.7%	6.2%	6.7%
	Shifts Missing Skills	≤1	0	0	0
	Shifts Without Charge Cover	≤1	0	0	0
Fairness	Partial Approval Lead Time Days	≥49 days	55	52	52
	Full Approval Lead Time Days	≥42 days	44	52	48
	% Auto rostered	≥80%	15.9%	14.5%	12.2%
	Duties With Warnings %	<5%	1.9%	1.4%	0.7%
	% Changes Since Approval	<33.3%	37.7%	34.1%	30.3%
Effectiveness	Wrong Grade Type	<5	11	16	6
	Additional Duties	<10	6	2	1
	Additional Duties included in unfilled duty total?	No	No	Yes	Yes
	Net Hours Balance %	≤2% total contracted hours	-1.3%	-2.4%	-2.1%
	Net Hours Balance (Hours)	-	-62.45	-116.7	-99.7
	Bank / Agency Use %	-	20.1%	18.6%	15.6%
Unavailability	Total Unavailability %	≤20%	39.8%	38.3%	36.7%
	Annual Leave %	15%	14.7%	19.7%	18.8%

			First meeting		
			P	C	+1
			22 Aug-18 Sept 22	19 Sept-16 Oct 22	17 Oct-13 Nov 22
			Figure		
			10.4%	5.3%	11.7%
			0	0	0
			0	0	0
			35	52	41
			34	47	38
			0.0%	0.0%	0.0%
			13.4%	10.9%	12.6%
			51.1%	35.8%	8.5%
			41	33	27
			2	0	0
			Yes	No	No
			33.7%	36.6%	39.3%
			1389.73	1502.23	1614.23
			21.2%	18.0%	5.8%
			33.5%	25.1%	25.5%
			13.5%	8.0%	10.4%

Division 2		12th - 18th Dec	19th - 25th Dec	26th Dec - 1st Jan	2nd - 8th Jan	9th - 15th Jan	16th - 22nd Jan	23rd - 29th Jan	30th Jan - 5th Feb	6th - 12th Feb	13th - 19th Feb	20th - 26th Feb	27th Feb - 5th Mar
Rehab Directorate	Fairoak CCH	93%	100%	86%	100%	100%	93%	100%	93%	93%	100%	93%	100%

Trust Board Report

Meeting Date:	4 th April 2023
Title:	Integrated Quality and Performance Report – February 2023
Action Requested:	Receive and Note: Current Progress
For the attention of the Board	
Assure	<ul style="list-style-type: none"> All data reported with thorough validation checks and relevant departments are aware of any underperformance
Advise	<ul style="list-style-type: none"> None in this report
Alert	<ul style="list-style-type: none"> None in this report
Author + Contact Details:	Performance Manager ext 86746 Email: Lesley.burrows2@nhs.net Deputy Chief Nurse ext 85892 Email: c.wilson12@nhs.net Deputy Chief Nurse ext 85859 Email: m.morris16@nhs.net Director of Nursing ext 85889 Email: debra.hickman@nhs.net Director Strategic Planning and Performance ext 85914 Email: timothy.shayes@nhs.net
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> To have an effective and well integrated health and care system that operates efficiently Deliver a safe and high quality service Operationally manage the recovery from Coronavirus to achieve national standards
Resource Implications:	None
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	None
Risks: BAF/ TRR	None
Risk: Appetite	None
Public or Private:	Public Session
Other formal bodies involved:	Trust Management Committee, Finance & Performance Committee and QGAC
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> Equality of treatment and access to services High standards of excellence and professionalism Service user preferences Cross community working Best Value Accountability through local influence and scrutiny


Integrated Quality and Performance Report February 2023

A Teaching Trust of the University of Birmingham
Safe & Effective | Kind & Caring | Exceeding Expectation



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Key to KPI Variation and Assurance Icons

Variation					Assurance		
							
Special Cause of concerning nature or higher pressure due to (H)igher or (L)ower values		Special Cause of improving nature or higher pressure due to (H)igher or (L)ower values		Common Cause - no significant change	Pass variation indicates consistently - (P)assing of the target	Hit and Miss variation indicates inconsistently - passing and failing the target	Fail variation indicates consistently - (F)ailing of the target

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT performance. (H) is where the variation is upwards for a metric that requires performance to be below a target or threshold e.g. pressure ulcers or falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. pressure ulcers or falls.

Executive Summary

Obs on time: improvement seen during February 23. Monitoring continues as part of corporate teams working with wards using Quality Improvement methodologies.

C.diff: 5 cases in month, an action plan is in place for Clostridioides difficile, which includes increased audits and education for staff.

MRSA: one case during February 23.

Induction of labour: improvement seen in month, taking the Trust just above the target. A QI project is due to commence to determine appropriateness of IOL.

Smoking at delivery: deterioration seen in month, remains above target. This is currently been monitored closely.

RTT incomplete pathway: slight deterioration seen in month. The Trust has recently contacted patients via text message to see if they still require treatment. A number of patients have contacted us to say they no longer wish to be seen, these are currently going through clinical review before removing these patients from the waiting list.

RTT 78+ week wait: this indicator has seen some improvement during February 23, however, this is unlikely to hit trajectory at the end of 22/23 financial year due to Junior Doctor Industrial Action in March 23 and subsequent cancellations of both elective surgery and outpatient appointments.

Diagnostics: improvement seen during February 23, this remains high as a result of the Trust now including overdue planned patients, this has largely impacted Endoscopy performance. Ultrasound scans remain an issue due to the large backlog.

ED 4 hour: performance was static when compared with the previous month. There is a Streaming/Navigation pilot to be trialled for two weeks in March 2023 to signpost patients away from emergency portals. We continue to benchmark well both locally and nationally.

Cancer 2ww: referral numbers remain high and were 28% above pre-covid numbers during February 23. RWT is currently offering mutual aid support to Walsall within the Skin specialty.

Cancer 62 day: monthly performance remains fragile due to the backlog numbers, lengthy diagnostic process and high referral rates.

RIT referrals/patients accepted and seen: the Trust saw a reduction in referrals during February 23, however, within these referrals there continues to be high acuity of patients.

Virtual ward: is currently performing and managing its referrals within the current pathways.

Trust vacancy rate: very slight deterioration seen during February 23, however, this indicator remains above target.

Turnover (normalised): this target has remained static when compared with the previous month, however, this continues to exceed the target. Recruitment continues to outpace turnover.

Retention (24 months): this remains below target.

Appraisals: improvement seen in month, however, this remains below target. This performance has been discussed at Operational Workforce Group in some detail with commitment from Divisions offered to deliver improvements in appraisal compliance.

Sickness (monthly): improvement seen in month, however, remains above target. Levels of absence as a result of COVID-19 will continue to impact performance in relation to the 12 month rolling absence rate for some time.

Corporate Scorecard Summary

Quality				
Key Performance Indicators	Plan	Actual	Variation	Assurance
Observations on time	>90%	79.10%		
Clostridioides difficile	5	5		
MRSA Bacteraemia	0	1		
Induction of labour	<33%	35.2%		
Smoking at delivery	<7%	10.8%		

Performance				
Key Performance Indicators	Plan	Actual	Variation	Assurance
RTT - Incomplete Pathway	92%	56.65%		
RTT - 78+ Weeks	0	164		
Diagnostic 6 week wait	<1%	47.12%		
ED - 4 hour wait	95%	75.92%		
Cancer 2 week wait	93%	86.86%		
Cancer 62 day traditional	85%	35.97%		

Integrated Care				
Key Performance Indicators	Plan	Actual	Variation	Assurance
RIT referrals received		882		
Patients accepted and seen		864		
Virtual Ward		94		
Rapid access social care discharge (initial)		0		

Human Resources				
Key Performance Indicators	Plan	Actual	Variation	Assurance
Trust Vacancy Rate	6%	2.68%		
Turnover (normalised)	9%	11.34%		
Retention (24 months)	85%	80.36%		
Appraisals	90%	83.00%		
Sickness (monthly)	4.25%	5.41%		

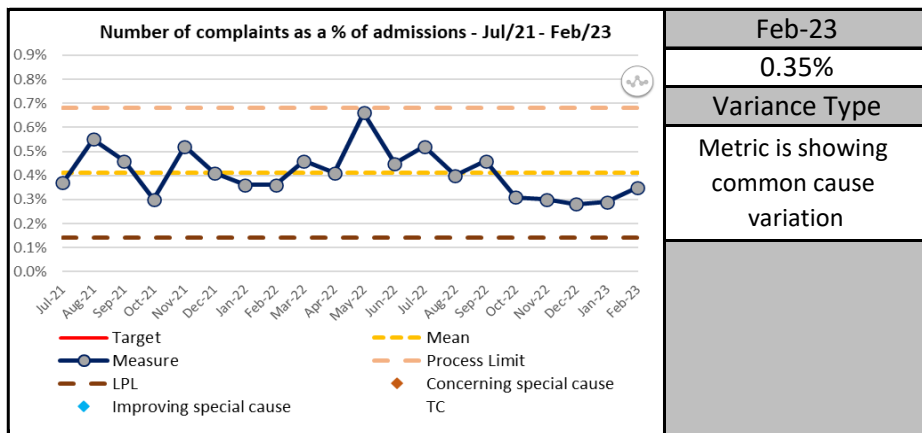
Indicator Summary

Consistently Passing	Hit and Miss	Consistently Failing
<div style="text-align: center;"> <p>Passing</p> </div> <p>Quality - Duty of candour elements 1&2, Serious incidents reported within 48 hours & Midwife to birth ratio.</p> <p>Performance - Urgent cancelled ops for 2nd time & E-discharge summary</p> <p>Integrated Care - Patients offered HIV test & Crisis response</p> <p>Human Resources: mandatory training (generic)</p>	<div style="text-align: center;"> <p>Hit and Miss</p> </div> <p>Quality - Complaints against policy, obs on time, patient falls rate, C.diff, MRSA, medication incidents causing harm, never events, Care hours per patient day total & registered nurses, sepsis ED/inpatient, induction of labour & smoking at time of delivery.</p> <p>Performance - Cancelled ops as % of electives, cancelled ops not rebooked within 28 days, RTT 104+ waits, patient stay on Stroke Unit, stroke patients within 24 hours, Cancer 2ww, Cancer 2ww breast, anti cancer drug, radiotherapy & 28 day FDS.</p> <p>Human Resources: vacancy rate & sickness rate monthly</p>	<div style="text-align: center;"> <p>Failing</p> </div> <p>Performance - RTT incomplete %, diagnostic waits, ED 4 hour wait, ED attend >12 hours, ambulance handover <15, <30 & >60 minutes, 31 day to treatment, 31 day sub-surgery, 62 day to treatment, screening & consultant upgrade.</p> <p>Integrated Care - Sexual health appointments offered</p> <p>Human Resources: turnover, retention, appraisals & sickness rate (rolling 12 months)</p>

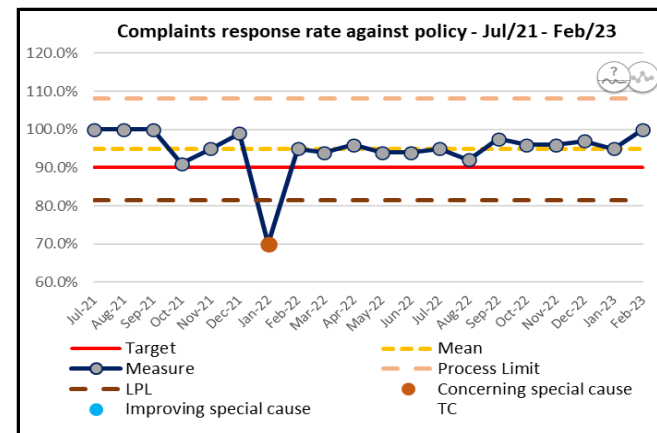
Quality

Metric - Patient Experience	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of complaints as a % of admissions	Surveillance			0.46%	0.31%	0.30%	0.28%	0.29%	0.35%
Complaints response rate against policy	90%			97.5%	96.0%	96.0%	97.0%	95.0%	100.0%
FFT response rates - Trust wide	Surveillance			16.3%	20.0%	18.0%	16.0%	18.0%	18.0%
FFT recommendation rates - Trust wide				85.0%	82.0%	82.0%	77.0%	85.0%	86.0%
Observations on time (Trust wide)	>90%			73.98%	71.91%	74.71%	72.20%	75.60%	79.10%
Duty of Candour - Element 1: notifying patients and families of the incident and investigation taking place. Due 10 working days after incident is reported to STEIS	0			0	0	0	0	0	0
Duty of Candour - Element 2: sharing outcome of investigation with patients/relatives. Due 10 working days after final RCA report is submitted to CCG	0			0	0	0	0	0	0
Metric - Patient Outcomes	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Pressure ulcers - STEIS reportable cases	Surveillance			0	0	0	0	0	0
Pressure ulcers per 1,000 occupied bed days				0.70	1.30	1.06	1.59	2.17	1.25
Falls rate with harm per 1,000 occupied bed days				0.04	0.04	0.00	0.04	0.11	0.00
Patient falls - rate per 1,000 occupied bed days	<5.6			3.98	4.14	3.89	4.29	3.80	3.64
Crude mortality rate	Surveillance			1.68%	1.79%	1.71%	2.00%	2.16%	2.06%
RWT SHMI				0.935	0.9278				

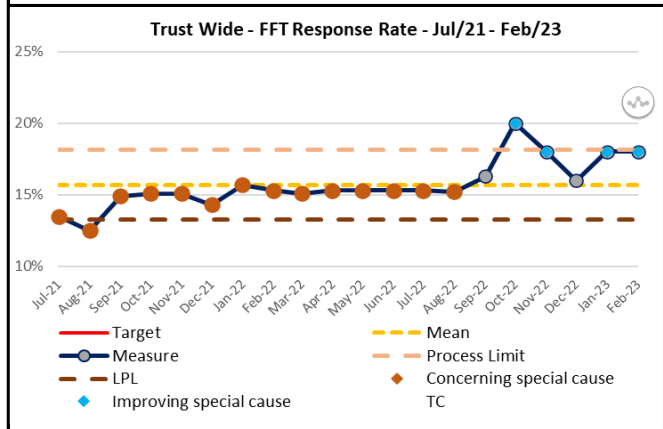
Metric - Patient Safety	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Clostridioides difficile	5			2	9	3	8	9	5
MRSA Bacteraemia	0			0	0	0	0	0	1
E.Coli	Surveillance			25	18	21	18	19	17
Covid outbreaks				10	8	9	3	9	7
Medication error - incidents causing harm	0			0	0	0	0	0	0
Serious incident reporting - report incidences within 48 hours	0			0	0	0	0	0	0
Never events	0			0	0	0	0	0	0
Metric - Patient Safety (continued)	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Care hours per patient - total nursing & midwifery staff actual	>/= 7.6			7.6	7.5	7.6	7.7	7.9	7.6
Care hours per patient - registered nursing & midwifery staff actual	>/= 4.5			4.5	4.4	4.5	4.6	4.7	4.8
Midwife to birth ratio	</=30			30.0	30.0	30.0	30.0	29.0	29.0
Sepsis screening - ED	>/= 90%			98.0%	92.0%	88.0%	98.0%	86.0%	N/A
Sepsis screening - Inpatients (reported quarterly)	>/= 90%			91.67%	90.00%				
Metric - Maternity	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Induction of labour rate	<33%			33.5%	34.6%	33.3%	36.3%	32.6%	35.2%
Smoking at delivery	<7%			7.4%	10.1%	11.9%	13.3%	9.5%	10.8%
Babies being cooled (born here)	Surveillance			2	0	1	1	0	2



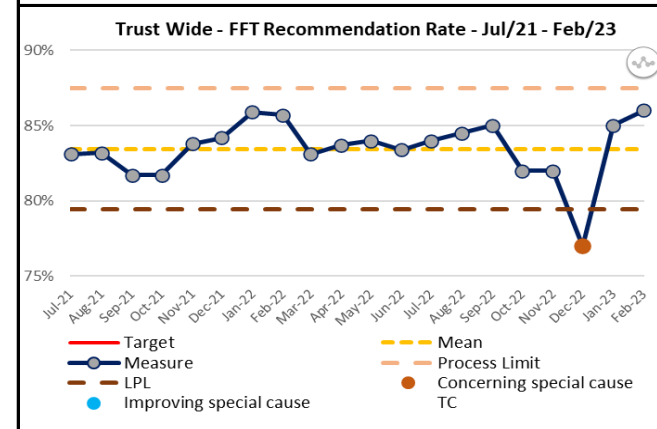
Feb-23
0.35%
Variance Type
Metric is showing common cause variation



Feb-23
100.0%
Variance Type
Metric is showing common cause variation
Target
90.0%
Achievement
Metric is currently passing the target



Feb-23
18.0%
Variance Type
Metric is showing common cause variation



Feb-23
86.0%
Variance Type
Metric is showing common cause variation

Summary

Complaints: There were 40 formal complaints received. This represents a 18% increase when compared to the previous month. However, it is noted that when compared to the same reporting period in 2022, there were 38 received. This volume represents an increase of 5%.

Complaints Response: There were 17 complaints which took longer than 30 days to complete, all of which gained consent to breach from the complainant.

FFT: The overall Trust wide response rate for February 2023 was 18% with 4,092 (86%) recommending the Trust and 455 (10%) not recommending the Trust.

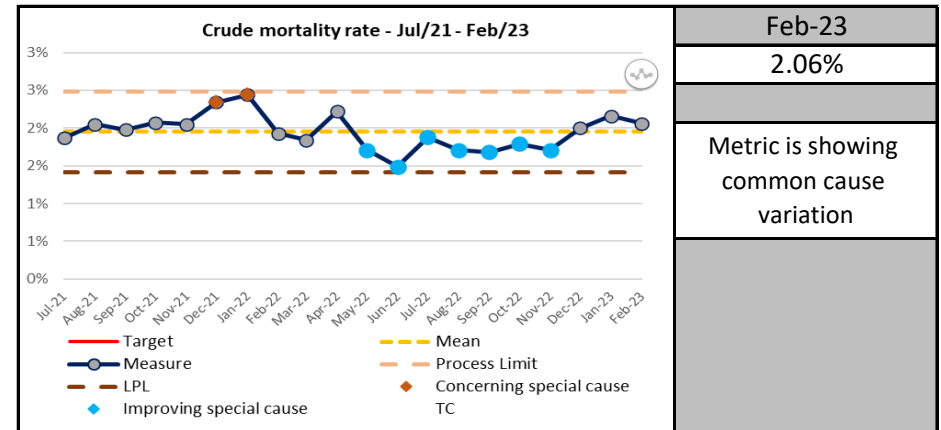
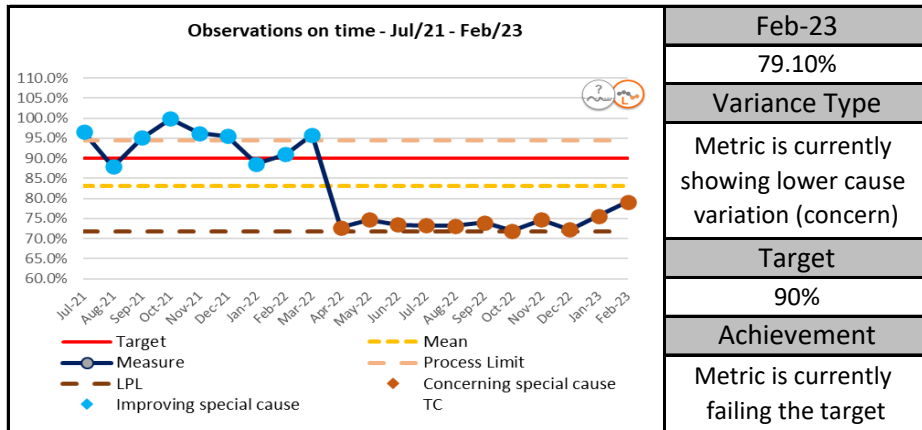
Actions

Complaints final responses now contain QR codes to enable the Trust to seek the views from the complainant specifically about how they felt their complaint was handled and also to capture the demographics for inclusivity monitoring.

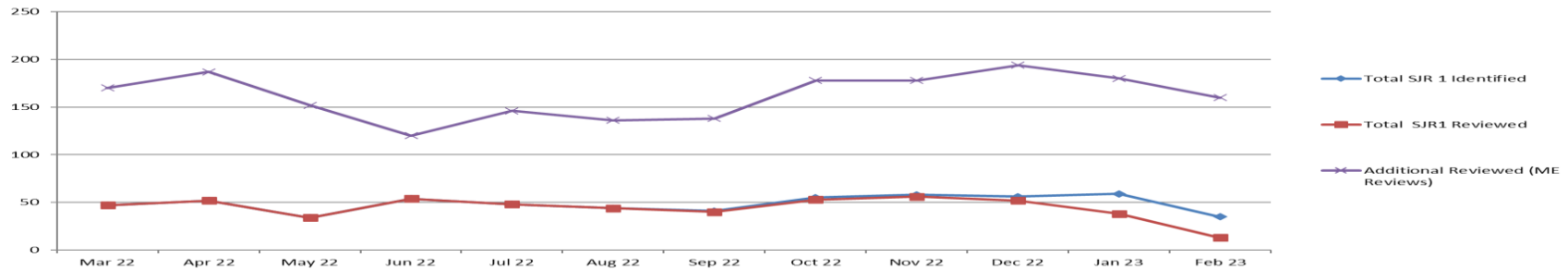
All divisional totals for inpatient areas have shown a positive improvement from the previous month's performance. Some wards have been highlighted as outliers for improvement. These areas will be required to complete the FFT action plan improvement toolkit form in order to address slippage in performance and agree actions for improvement.

Assurance

There appears to be no triangulation between complaints increasing and FFT recommendation rates increasing. FFT, inpatients touchpoints have been very positive with not only a 3% increase in 'would recommend' but a 2% reduction in 'would not recommend'. The complaints received trend is more historic. People take time to make a formal complaint, however, FFT scores are in real time.

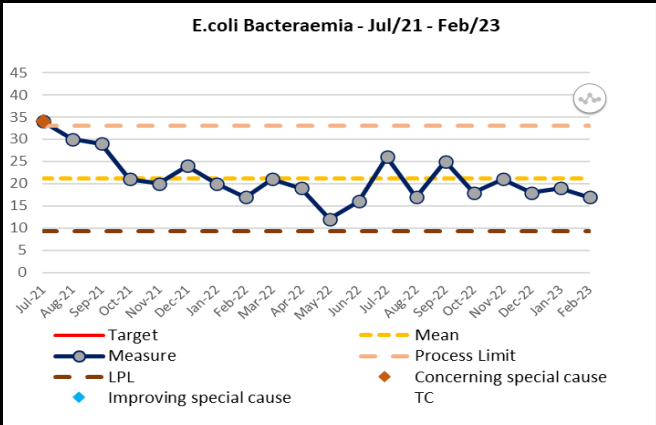
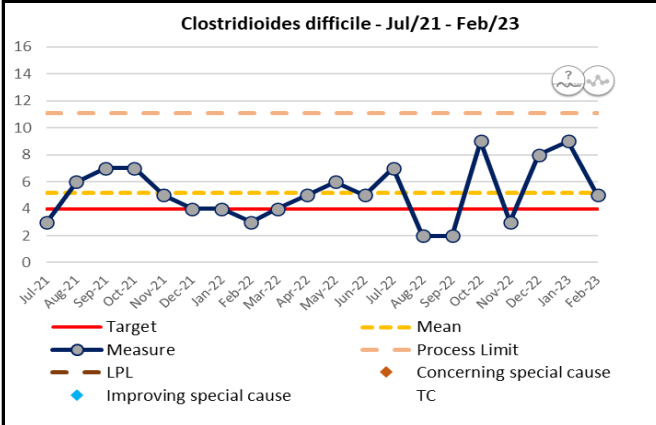


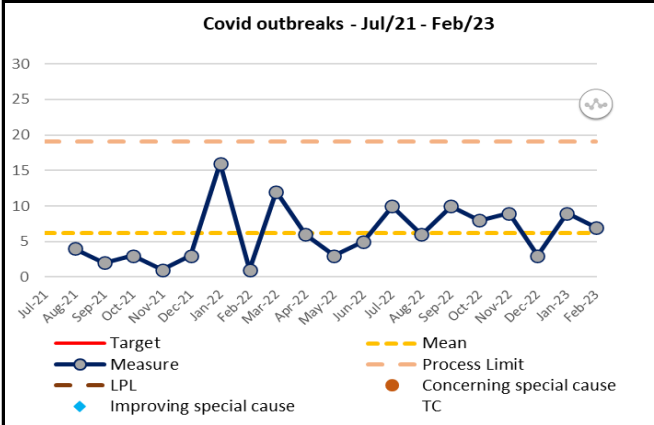
Scrutiny of Deaths - Period Mar 22 to Feb 23 (as at 1st March 2023)



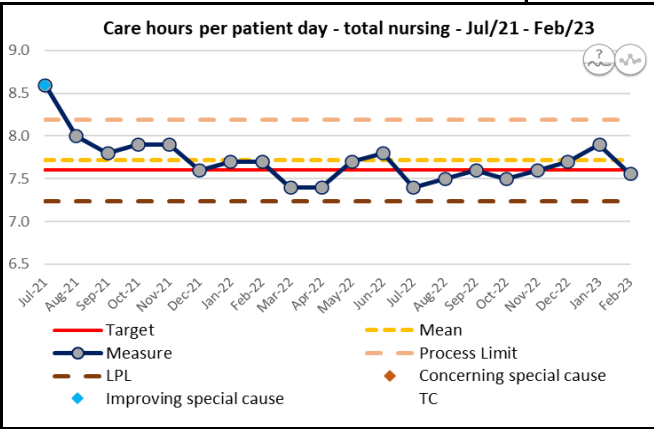
Summary	Actions	Assurance
<p>Observations on time: Performance was 79.1% in February 2023 and this represents an increase of 3.5% on the previous month.</p>	<p>There are several quality improvement initiatives that are ongoing. The Quality Team are undertaking individual meetings with ward managers and their teams to re-iterate best practice and shared learning from the areas that have seen more significant improvements. In addition, a Shared Decision-making Council remains in place to discuss ideas and drive improvements. A report for Deteriorating Patient Group is being developed to triangulate percentage of observations on time with other key indicators.</p>	<p>Monitoring continues as part of corporate teams working with wards using Quality Improvement methodologies. Progress and additional interventions are discussed at the Deteriorating Patient Group and other relevant forums.</p>
<p>Mortality: The SHMI is 0.9278 and is within the expected range. At last reported position to MRG Chair as at 1st March 23, there were 53 outstanding SJRs awaiting review. 43 of these are deaths from January & February 2023.</p>	<p>Of the SJRs completed during quarter 4 reported to MRG Chair on 9th March 2023, 5 cases in total were assessed where an element of poor care has been identified at the overall phase of care.</p>	<p>SHMI remains within expected range.</p> <p>There have been two additional mortality reviewers recruited, one of whom began undertaking reviews in January 2023 and the second will be undertaking reviews commencing March 2023.</p>

Patient falls rate per 1,000 occupied bed days - Jul/21 - Feb/23		Pressure ulcers rate per 1,000 occupied bed days - Jul/21 - Feb/23	
Feb-23		Feb-23	
3.64		1.25	
Variance Type		Variance Type	
Metric is showing common cause variation		Metric is showing common cause variation	
Target		Target	
<5.6		<2.3	
Achievement		Achievement	
Metric is currently passing the target		Metric is currently passing the target	
Summary	Actions	Assurance	
<p>Pressure Ulcers: In total, 52 pressure ulcer incidents were reported in February 2023, in comparison to 59 reported in January 2023.</p> <p>From this number, 24 were reported as category 1-2, 11 as category 3, 4 as category 4 and 13 were unstageable pressure ulcers. In terms of the rate, the pressure ulcers for inpatient per 1,000 occupied bed days indicator was 1.25% and for community occupied bed days the indicator was 0.61%.</p> <p>From a moisture associated skin damage (MASD) perspective, 61 MASDs were reported in February 2023, in comparison to 90 reported in January 23. The MASD rate per inpatient 1,000 occupied bed days was 1.82% and the community rate per 10,000 population was 0.49%.</p>	<p>A variety of improvement actions are in progress and a Pressure Ulcer Summit was held on Friday 10th February 23 to discuss the current position, key themes, perceptions of contributing factors and to agree what improvement actions are required.</p>	<p>An overarching wound prevention and healing improvement plan has been developed and will be overseen by the joint Tissue Viability Steering Group.</p>	

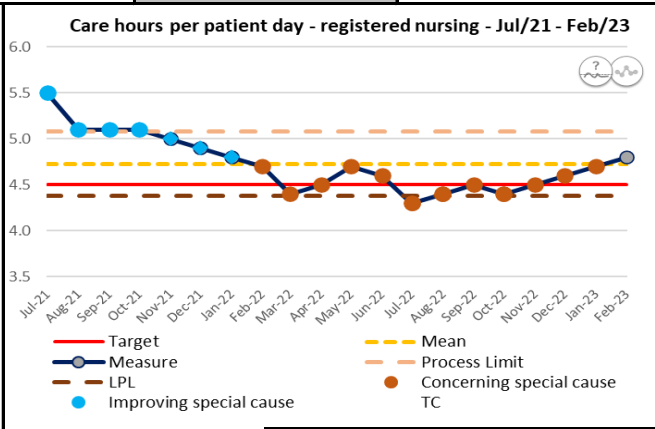
 <p>E.coli Bacteraemia - Jul/21 - Feb/23</p>	<p>Feb-23</p> <p>17</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p>		 <p>Clostridioides difficile - Jul/21 - Feb/23</p>	<p>Feb-23</p> <p>5</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>4</p> <p>Achievement</p> <p>Metric is currently failing the target</p>	
Summary	Actions		Assurance		
<p>HCAI: C.difficile saw 5 cases in month against the target of 5 during February 2023. We are now 8 cases above the external trajectory at the end of month 11.</p> <p>There was 1 case of MRSA Bacteraemia cases during February 2023.</p>	<p>C. difficile task and finish group met in February 2023 to review the Trust C. difficile action plan and identify any further actions required. NHSE conducted a site visit in January 2023. Interim actions following NHSE site visit (Jan 23) include: In ED all the locks on the IPS panel locks will be changed and keys issued to the Housekeeping team so they can be opened and wiped clean weekly. Trial wall coverings (to prevent damage to walls).</p> <p>Weekly hydrogen peroxide decontamination of side-rooms with C. difficile patients often not achieved due to bed pressures.</p> <p>Discharge Lounge had been temporarily relocated to C41, the vacated area has been used as a Patient Equipment Cleaning Centre and are currently supporting wards with the decontamination of beds, hoists and other items of patient equipment.</p>		<p>An action plan is in place for Clostridioides difficile which includes, increased education for staff, increased audits including commodes, antimicrobial ward round is informed by the regional c.difficile collaboration work.</p>		



Feb-23
7
Variance Type
Metric is showing common cause variation



Feb-23
7.6
Variance Type
Metric is showing common cause variation
Target
>7.6
Achievement
Metric is currently passing the target



Feb-23
4.8
Variance Type
Metric is showing common cause variation
Target
>4.5
Achievement
Metric is currently passing the target

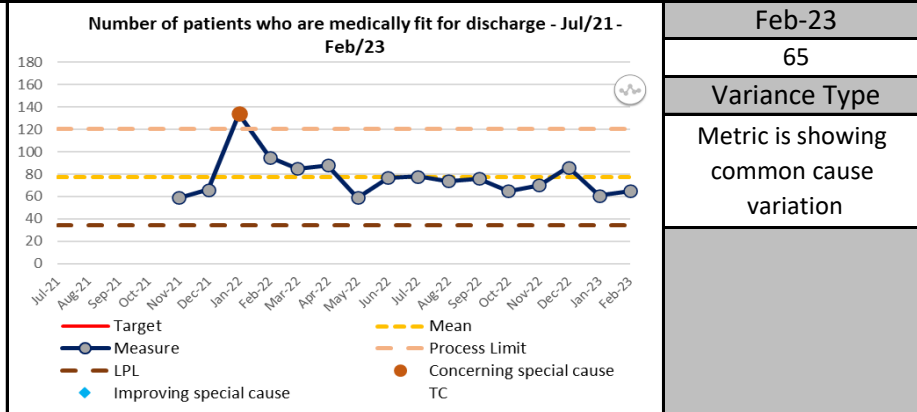
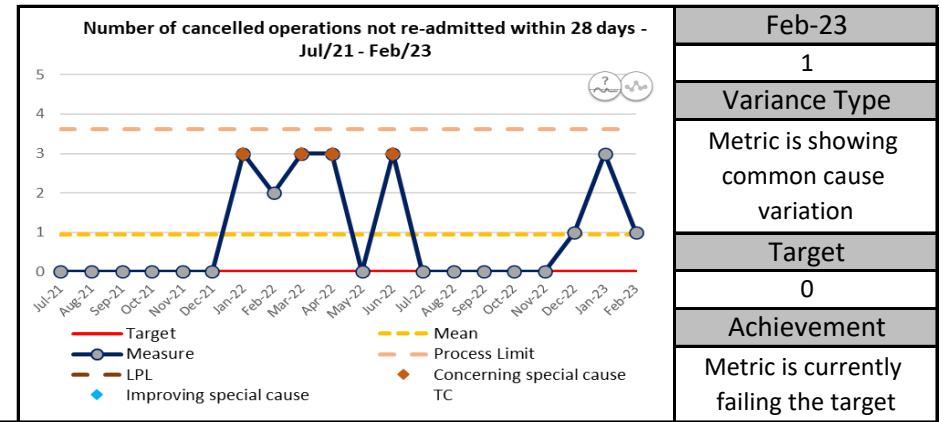
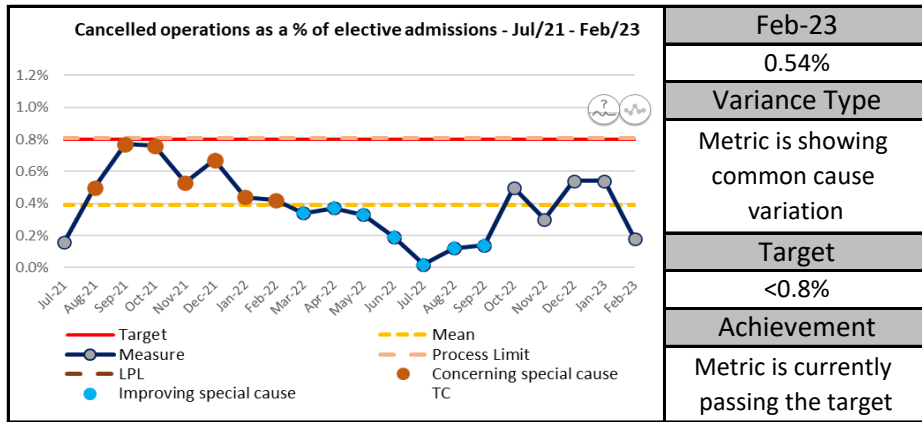
Summary	Actions	Assurance
<p>Covid Outbreaks: There were 7 COVID outbreaks in February 2023. 49 HCAs were linked to outbreaks in February 2023, with 7 not being linked to an outbreak.</p> <p>Care Hours per Patient Day (CHPPD): The Trust's average for February 2023 was 7.56, which is a decrease from the previous month. The model hospital dashboard shows a national median to be 8.0 (December 2022). Adult inpatient range was between 4.2 - 10.2 (Mean 6.3) Critical care/Neonatal range was between 25.1 - 26.3 (Mean 25.7) Emergency portal range was between 7.7 - 8.8 (Mean 8.3)</p>	<p>RWT are following the ICB local outbreak procedure reporting process.</p> <p>All the incidents and outbreaks have been reviewed at Grand Outbreak meetings which take place weekly on Tuesdays and Thursdays.</p> <p>Clinical Fellows have been added to ward e-roster systems, review is underway by the Nursing workforce team to ensure data has been transposed correctly, there is consistency of recording so as to ensure accurate capture within the CHPPD.</p>	<p>IP team continue to closely monitor all areas for COVID-19 outbreaks and cases and provide advice.</p> <p>Outbreak management processes are in place as per Trust policy.</p> <p>124.63 WTE Registered Nurses & Midwives are in the local recruitment pipeline. 39 Clinical Fellows arrived in January 2023 with a further 1 in February 2023, this then completes planned International recruitment for the Financial year 2022/23.</p>

<p>Sepsis screening - ED - Jun/21 - Jan/23</p> <p>Target: 90% Mean: ~95% LPL: 80% Process Limit: 105%</p>	<p>Jan-23</p> <p>86.0%</p> <p>Variance Type</p> <p>Metric is currently showing common cause variation</p> <p>Target</p> <p>90%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>	<p>Induction of labour - Jul/21 - Feb/23</p> <p>Target: 33% Mean: ~35% LPL: 29% Process Limit: 43%</p>	<p>Feb-23</p> <p>35.2%</p> <p>Variance Type</p> <p>Metric is currently showing common cause variation</p> <p>Target</p> <p><33%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>
<p>Smoking at delivery - Jul/21 - Feb/23</p> <p>Target: 7% Mean: ~10% LPL: 6% Process Limit: 16%</p>	<p>Feb-23</p> <p>10.8%</p> <p>Variance Type</p> <p>Metric is currently showing common cause variation</p> <p>Target</p> <p><7%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>	<p>Babies being cooled (born here) - Jul/21 - Feb/23</p> <p>Target: 1 Mean: ~1 LPL: 0.8 Process Limit: 3.2</p>	<p>Feb-23</p> <p>2</p> <p>Variance Type</p> <p>Metric is currently showing common cause variation</p>
<p>Summary</p>	<p>Actions</p>		<p>Assurance</p>
<p>Sepsis screening in ED: Not available at the time of reporting.</p>			
<p>Maternity: Induction of labour saw an increase during February 2023, taking the Trust just above the target.</p>	<p>Work is ongoing to monitor induction of labour (IOL) rates and a Quality Improvement project is due to commence to determine appropriateness of IOL.</p>		<p>Bookings are being monitored closely to ensure birth rate trajectories are manageable in line with Birth to Midwife ratios and capacity.</p>
<p>Maternity: Smoking times at delivery (SATOD) - the service has seen a slight increase smoking time at delivery in February 2023 following a slight upward trend in Q3. This continues to be monitored by the Black Country Tobacco Treatment Steering Group.</p>	<p>Smoking at time of delivery rates are being monitored closely to ensure sustained reduction.</p>		<p>Birth to Midwife ratio is 1:29 presently – on-going recruitment is taking place to bring it in line with BR+ ratio of 1:27.</p>

Performance

Metric - Patient Experience	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of cancelled operations on the day of surgery for non-medical reasons				7	25	17	24	28	9
Cancelled operations as a % of elective admissions	<0.8%			0.14%	0.50%	0.30%	0.54%	0.54%	0.18%
Number of cancelled operations not re-admitted within 28 days	0			0	0	0	1	3	1
Number of urgent cancelled operations cancelled for a 2nd time	0			0	0	0	0	0	0
Number of patients who are medically fit for discharge				76	65	70	86	61	65
Metric - Waiting Times	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
RTT - % of patients on an incomplete pathway	92%			59.89%	59.88%	58.73%	55.03%	57.05%	56.65%
RTT - number of patients waiting 104+ weeks	0			0	0	0	0	0	0
RTT - number of patients waiting 78+ weeks				251	242	284	310	258	164
Total Incomplete Number				71,377	72,561	73,071	73,634	73,135	73,213
Diagnostic Test - % of patients waiting 6 weeks or more	<1%			45.40%	44.69%	42.95%	52.18%	51.57%	47.12%
Metric - Urgent Care	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Total time spent in ED (4 hours) - New Cross Hospital	95%			70.46%	70.82%	66.39%	58.29%	66.96%	66.63%
Total time spent in ED (4 hours) - Combined				79.06%	79.07%	73.29%	64.03%	75.79%	75.92%
% of ED attendances >12 hours	0			11.04%	10.38%	10.38%	12.76%	7.23%	7.24%
Ambulance handover within 15 minutes	65%			37.84%	29.57%	32.20%	24.96%	46.88%	61.25%
Ambulance handover within 30 minutes	95%			74.04%	68.07%	69.60%	58.98%	83.39%	91.51%
Ambulance handover >60 minutes	0%			11.45%	14.62%	14.47%	22.81%	6.71%	2.07%
% of emergency admissions via Emergency Department				39.82%	39.56%	38.89%	36.96%	42.39%	42.09%

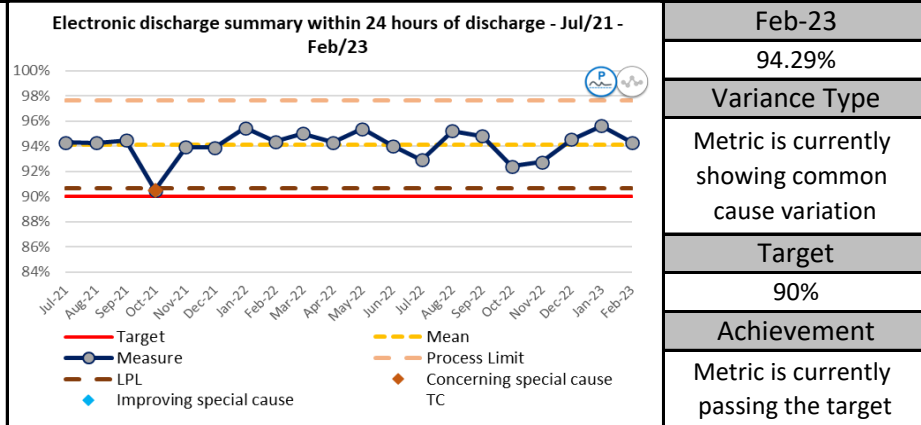
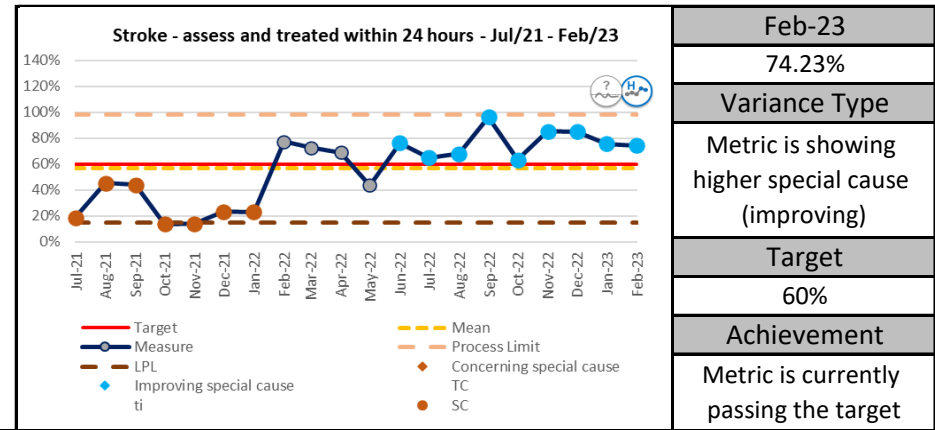
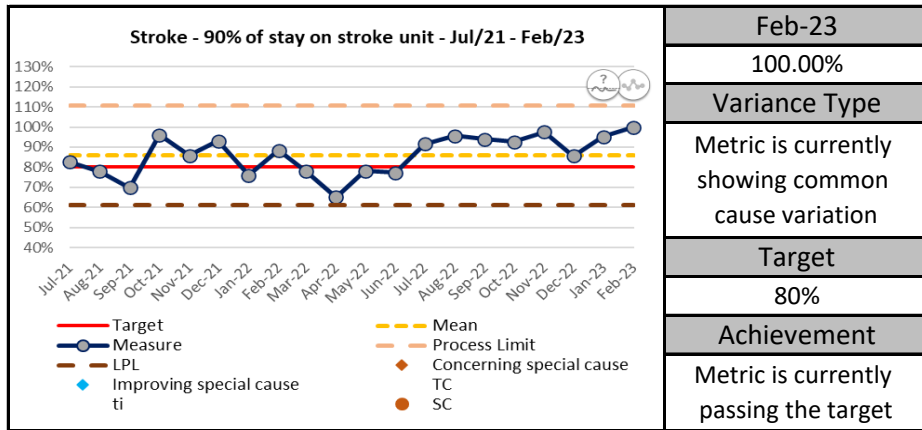
Metric - Stroke	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Patients admitted with primary diagnosis of stroke should spend greater than 90% of their hospital stay on a dedicated stroke unit	80%			93.83%	92.59%	97.59%	85.53%	95.12%	100.00%
Stroke patients will be assessed and treated within 24 hours	60%			96.30%	63.23%	85.14%	84.93%	75.74%	74.23%
Metric - Organisational Efficiency	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Electronic discharge summary within 24 hours of patient discharge	>/= 90%			94.79%	92.39%	92.74%	94.54%	95.60%	94.29%
Metric - Cancer Waiting Times	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
2 Week Wait - Cancer Referrals	93%			57.81%	75.00%	82.01%	83.59%	83.87%	86.86%
2 Week Wait - Breast Symptomatic Referrals	93%			51.46%	76.09%	90.00%	96.04%	96.34%	97.65%
31 Day to First Treatment	96%			70.07%	84.45%	77.33%	73.89%	76.37%	84.48%
31 Day Sub Treatment - Anti Cancer Drug	98%			79.80%	100.00%	90.16%	93.06%	75.78%	82.11%
31 Day Sub Treatment - Surgery	94%			63.27%	54.55%	44.44%	66.67%	47.27%	62.16%
31 Day Sub Treatment - Radiotherapy	94%			79.41%	85.79%	81.17%	93.70%	88.89%	87.59%
62 Day Wait for First Treatment	85%			40.23%	35.16%	32.48%	29.44%	27.92%	35.97%
62 Day Wait - Screening	90%			33.33%	36.36%	47.37%	35.29%	45.16%	37.84%
62 Day Wait - Consultant Upgrade (local target)	88%			53.11%	58.17%	51.70%	51.59%	50.93%	50.00%
28 Day Faster Diagnosis Standard	75%			68.00%	69.07%	68.52%	68.10%	65.92%	74.24%



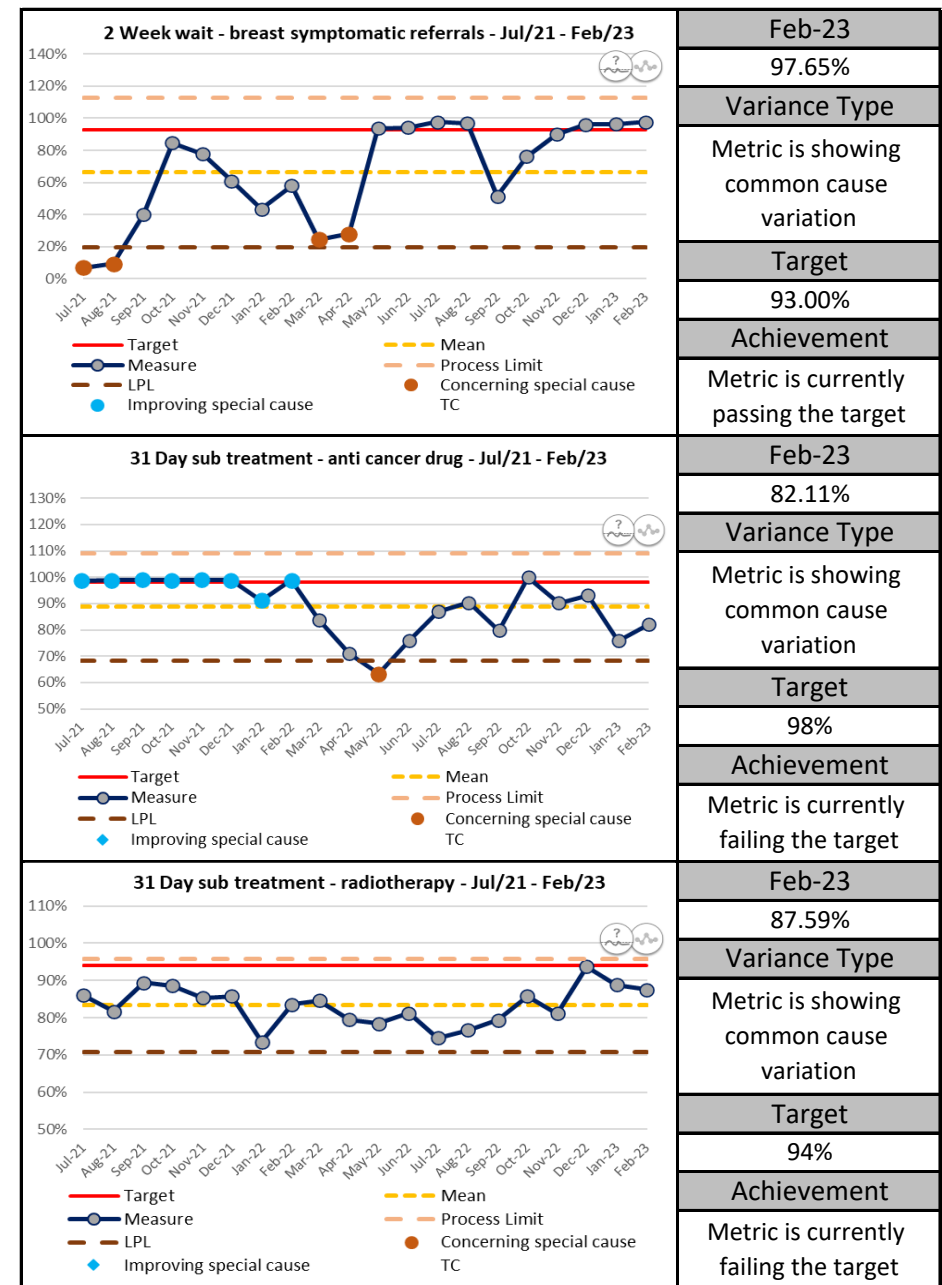
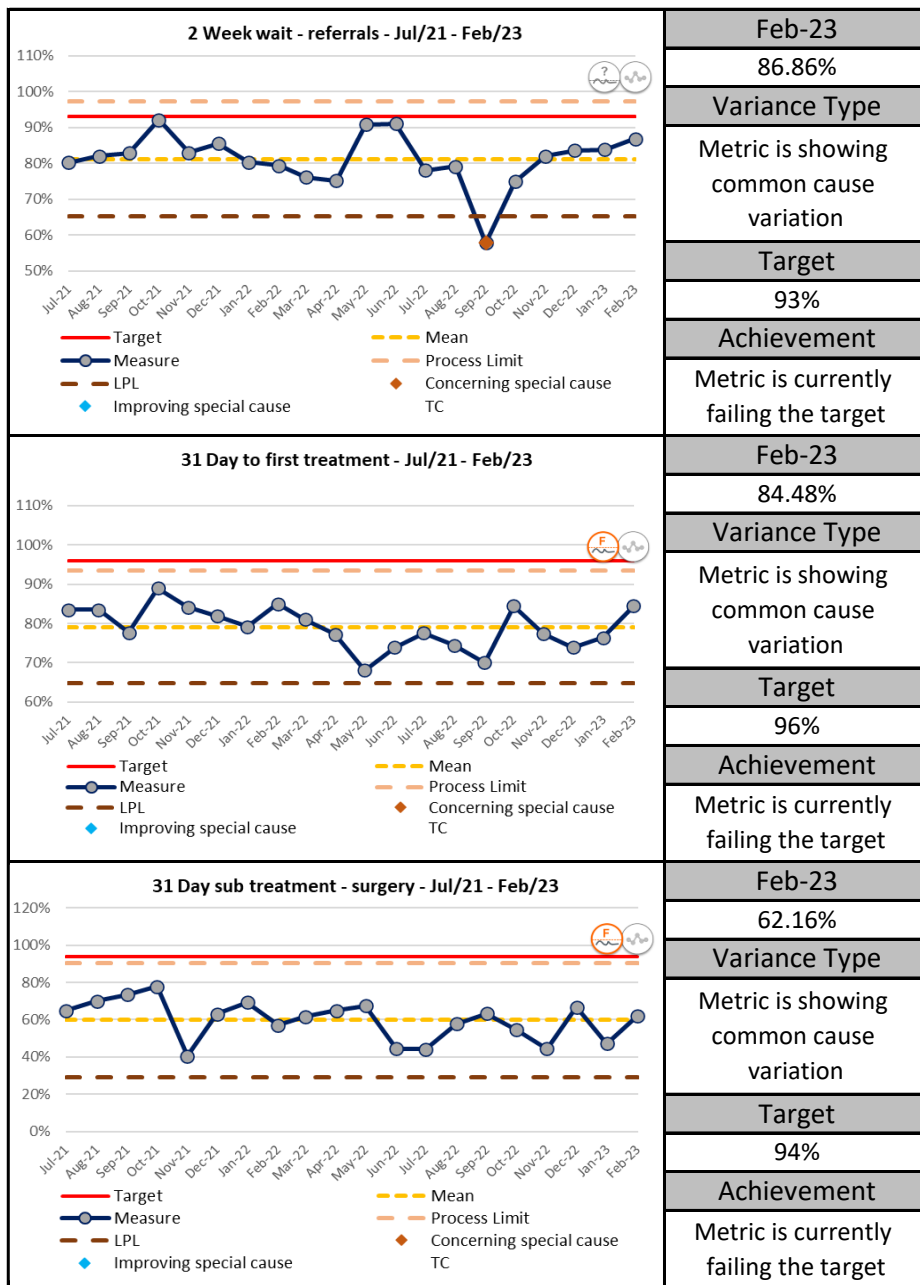
Summary	Actions	Assurance
<p>Cancelled Operations: February 23 position saw improvement when compared with the previous month, we remain below target. There was 1 patient who had been cancelled that was not rebooked within 28 days this was due to the patient being covid +.</p>	<p>All cancelled operations on the day of surgery are reported daily and root cause analysis (RCA) is completed</p>	<p>RCA's are circulated to Deputy COO's on a weekly basis as part of the weekly performance meeting.</p>
<p>Patients who are Medically Fit for Discharge (MFFD): at the end of February 23 we had 65 patients in a hospital bed that were medically fit for discharge, this is a increase of 4 patients when compared with the previous month.</p>	<p>Daily medically fit for discharge meetings where every patient is reviewed. Daily escalation telephone calls to local authority and community teams.</p>	<p>The huddle tool is used internally to communicate between all departments.</p>

<p>RTT - % of patients on an incomplete pathway - Jul/21 - Feb/23</p> <p>95% 90% 85% 80% 75% 70% 65% 60% 55% 50%</p> <p>Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23</p> <p>Target Measure LPL Improving special cause Mean Process Limit Concerning special cause TC</p>	<p>Feb-23</p> <p>56.65%</p> <p>Variance Type</p> <p>Metric is showing lower special cause variation (concern)</p> <p>Target</p> <p>92%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>	<p>Diagnostic Test - % of patients waiting 6 weeks or more - Jul/21 - Feb/23</p> <p>60% 40% 20% 0%</p> <p>Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23</p> <p>Target Measure LPL Improving special cause Mean Process Limit Concerning special cause TC SC</p>	<p>Feb-23</p> <p>47.12%</p> <p>Variance Type</p> <p>Metric is showing higher special cause variation (concern)</p> <p>Target</p> <p><1%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>
<p>Total time spent in ED (4 hours) combined - Jul/21 - Feb/23</p> <p>100% 95% 90% 85% 80% 75% 70% 65% 60%</p> <p>Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23</p> <p>Target Measure LPL Improving special cause Mean Process Limit Concerning special cause TC</p>	<p>Feb-23</p> <p>75.92%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>95%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>	<p>% of ED attendances >12 hours - Jul/21 - Feb/23</p> <p>16% 14% 12% 10% 8% 6% 4% 2% 0%</p> <p>Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23</p> <p>Target Measure LPL Improving special cause Mean Process Limit Concerning special cause TC</p>	<p>Feb-23</p> <p>7.24%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p><2%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>
<p>Summary</p>		<p>Assurance</p>	
<p>RTT: 164 patients were reported as waiting 78+ weeks at month end. This is unlikely to hit trajectory at the end of 22/23 financial year due to Junior Doctor Industrial Action in March 23 and subsequent cancellations.</p>	<p>Actions</p> <p>The Trust has recently contacted patients via text message to see if they still require treatment. A number of patients have contacted us to say they no longer wish to be seen, these are currently going through clinical review before removing these patients from the waiting list.</p>		<p>These patients are monitored on a weekly basis. The Trust is continuing to manage long waiting patients and utilise mutual aid where possible.</p>
<p>Diagnostics: February 23 performance showed further improvement in performance, however, this remains high as a result of us now including overdue planned tests.</p>	<p>U/S scans remain the biggest issue due to large backlog (overall performance excluding U/S is 36.79%). Endoscopy continue to have high numbers due to the addition of the planned patients.</p>		<p>All modalities have an individual trajectory to work towards. This is monitored at the weekly performance meeting.</p>
<p>ED: Nationally RWT ranked 13th out of 110 Trusts for the month (compared with 16th in the previous month). Locally RWT we ranked 3rd out of 14 Trusts (static position when compared with the previous month).</p>	<p>Streaming/Navigation pilot to be trialled for two weeks w/c 20th & 27th March 2023 to signpost patients away from emergency portals. Additional management support is in place at the weekends to facilitate and support discharges in Division 2.</p>		<p>The Trust has maintained a strong position regionally and nationally. This indicator is monitored closely and discussed weekly at the Trust level performance meeting.</p>

	<table border="1"> <tr><td>Feb-23</td></tr> <tr><td>61.25%</td></tr> <tr><td>Variance Type</td></tr> <tr><td>Metric is showing higher special cause (improving)</td></tr> <tr><td>Target</td></tr> <tr><td>65%</td></tr> <tr><td>Achievement</td></tr> <tr><td>Metric is currently failing the target</td></tr> </table>	Feb-23	61.25%	Variance Type	Metric is showing higher special cause (improving)	Target	65%	Achievement	Metric is currently failing the target		<table border="1"> <tr><td>Feb-23</td></tr> <tr><td>91.51%</td></tr> <tr><td>Variance Type</td></tr> <tr><td>Metric is showing higher special cause (improving)</td></tr> <tr><td>Target</td></tr> <tr><td>95%</td></tr> <tr><td>Achievement</td></tr> <tr><td>Metric is currently failing the target</td></tr> </table>	Feb-23	91.51%	Variance Type	Metric is showing higher special cause (improving)	Target	95%	Achievement	Metric is currently failing the target
Feb-23																			
61.25%																			
Variance Type																			
Metric is showing higher special cause (improving)																			
Target																			
65%																			
Achievement																			
Metric is currently failing the target																			
Feb-23																			
91.51%																			
Variance Type																			
Metric is showing higher special cause (improving)																			
Target																			
95%																			
Achievement																			
Metric is currently failing the target																			
	<table border="1"> <tr><td>Feb-23</td></tr> <tr><td>2.07%</td></tr> <tr><td>Variance Type</td></tr> <tr><td>Metric is showing common cause variation</td></tr> <tr><td>Target</td></tr> <tr><td>0%</td></tr> <tr><td>Achievement</td></tr> <tr><td>Metric is currently failing the target</td></tr> </table>	Feb-23	2.07%	Variance Type	Metric is showing common cause variation	Target	0%	Achievement	Metric is currently failing the target		<table border="1"> <tr><td>Feb-23</td></tr> <tr><td>42.09%</td></tr> <tr><td>Variance Type</td></tr> <tr><td>Metric is showing common cause variation</td></tr> <tr><td>Target</td></tr> <tr><td>42.09%</td></tr> <tr><td>Achievement</td></tr> <tr><td>Metric is currently failing the target</td></tr> </table>	Feb-23	42.09%	Variance Type	Metric is showing common cause variation	Target	42.09%	Achievement	Metric is currently failing the target
Feb-23																			
2.07%																			
Variance Type																			
Metric is showing common cause variation																			
Target																			
0%																			
Achievement																			
Metric is currently failing the target																			
Feb-23																			
42.09%																			
Variance Type																			
Metric is showing common cause variation																			
Target																			
42.09%																			
Achievement																			
Metric is currently failing the target																			
<p style="text-align: center;">Summary</p>	<p style="text-align: center;">Actions</p>		<p style="text-align: center;">Assurance</p>																
<p>Ambulance Handover: Improvement was seen in all of the handover performance during February 23. The improved position has been seen since the 5th January and has been maintained to date.</p>	<p>Criteria Led Handover continues in Divisions 1 & 2 to expedite timely transfers.</p>		<p>The new ambulance receiving centre which has 17 additional offload spaces is fully open and working well.</p>																
<p>Emergency Admissions via ED: We saw a slight decrease in the emergency admission rate during February 23, the decrease has only been seen in direct admissions to base wards. 59.3% of admissions are discharged home directly from SDEC, 6.8% are admitted to base ward via SDEC and the remaining 33.9% are admitted directly to a base ward.</p>	<p>Push Pilot continues and is now extended where patients are pushed to every medical ward at 9:30 and 11:30 irrelevant of confirmed discharge.</p> <p>ARC is open and remains operational – AOA1 & 2 flexed as required to ensure timely offload of ambulances.</p>		<p>Discussed in detail at the weekly performance meeting.</p>																




















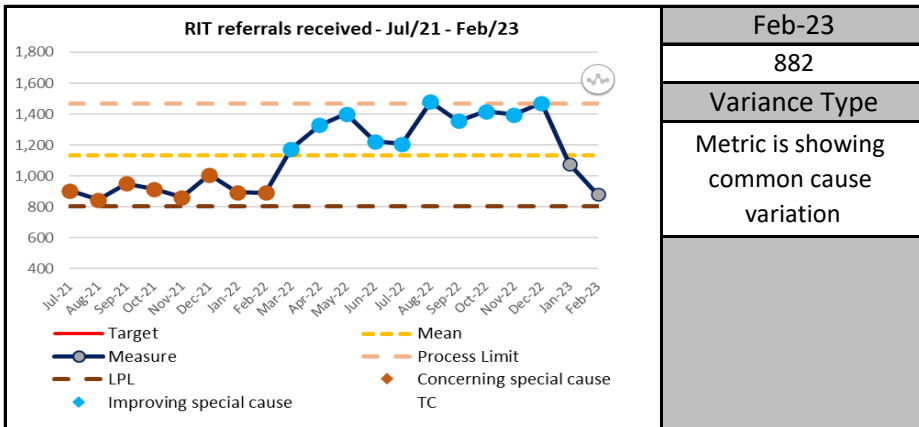
Summary	Actions	Assurance
Stroke: Patients spending 90% of time on a stroke ward has seen some improvement during February 23 and remains above target.	Reasons for patients breaching the percentage of time on the stroke ward continue to be reviewed and recorded. This will be used as part of the SSNAP report.	Continue to monitor outliers within the pathway, link discussion to pre-alert pathway and out flow model for stroke.
Stroke: Performance dipped slightly during February 23 for patients being assessed and treated within 24 hours, however, this remains above target.	Weekly performance review of breach reasons by senior management team continues.	The service are undergoing demand and capacity modelling as a part of a wider action plan.
Electronic Discharge Summary: this remains above target.	Weekly ward level performance is circulated to all ward areas along with records that were not actioned on time for analysis and learning.	Continued weekly monitoring and reporting.



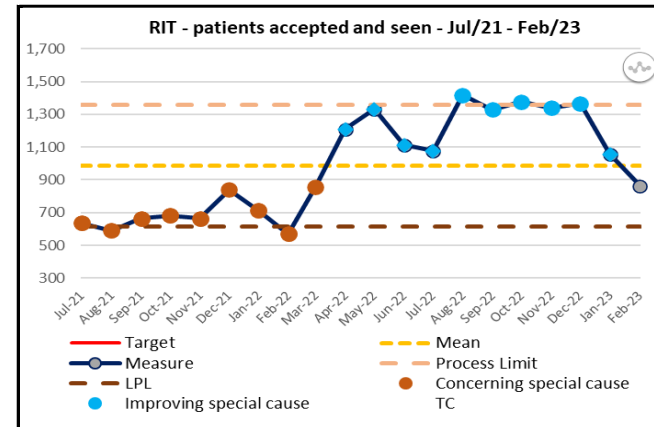
	<p>Feb-23</p> <p>35.97%</p> <p>Variance Type</p> <p>Metric is showing lower cause variation (concern)</p> <p>Target</p> <p>85%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>		<p>Feb-23</p> <p>37.84%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>90%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>
	<p>Feb-23</p> <p>50.00%</p> <p>Variance Type</p> <p>Metric is showing lower cause variation (concern)</p> <p>Target</p> <p>88%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>		<p>Feb-23</p> <p>74.24%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>75%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>
<p>Summary</p>	<p>Actions</p>		<p>Assurance</p>
<p>Cancer: Overall high volumes of 2ww referrals have continued throughout February 23 and these were reported at 28% higher than pre-covid numbers.</p> <p>Achievement of these standards continues to be highly challenging, with high numbers of referrals alongside the number of patients in the 62 day backlog.</p>	<p>2ww waiting times continue to be monitored and discussed across the Black Country Trust's.</p> <p>We have seen an increase in Colorectal, Gynaecology and Head & Neck referrals, these are being managed within the directorates by triaging, flexing capacity and straight to test for some patients. RWT are currently offering 10-15 skin slots per week to Walsall. Two new oncology consultants to start in March 2023, these will provide support for melanoma and urology.</p>		<p>All cancer indicators are monitored at the weekly Trust performance meeting along with a separate weekly PTL meeting focussing on individual pathways and patients.</p>

Integrated Care

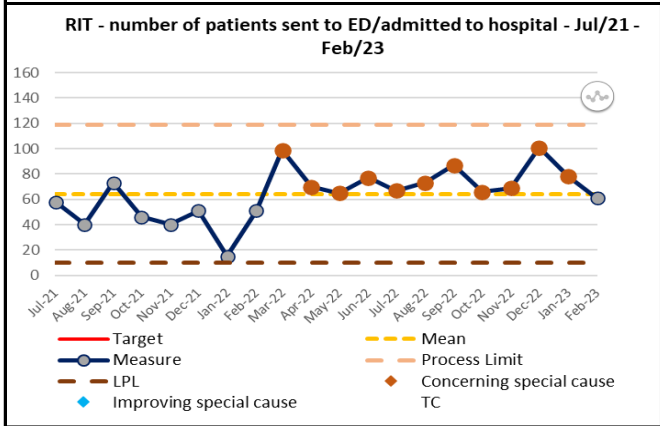
Metric - Sexual Health (a month in arrears)	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Total number of appointments against block contract	>/=4,500			3,666	3,455				
% appropriate patients offered HIV test	>/=95%			99.8%	99.9%				
Metric - Community Nursing (Rapid Intervention Team)	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Referrals received				1,355	1,417	1,397	1,471	1,079	882
Patients accepted and seen (actuals)				1,330	1,378	1,340	1,367	1,057	864
Number of patients sent to ED/admitted to hospital by RIT's				87	66	69	101	78	61
% of referred patients who are sent to ED/admitted				6.54%	4.75%	5.14%	6.86%	7.37%	7.06%
Number of referrals from West Midlands Ambulance Service				62	60	48	70	59	47
Night visiting service (initial)				212	214	243	271	236	217
Rapid response (initial)				958	935	928	1,017	854	703
Crisis response (within 2 hours)	>/=35%			64.3%	68.6%	69.7%	68.5%	75.6%	79.2%
Metric - Virtual Ward	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Oximetry at home (initial)				0	0	0	0	0	0
Virtual ward (initial)				91	145	132	153	119	94
Metric - Rapid Access Care (RASC & RASD)	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Rapid access social care (initial)				39	60	49	62	49	43
Rapid access social care discharge (initial)				0	1	2	1	0	0



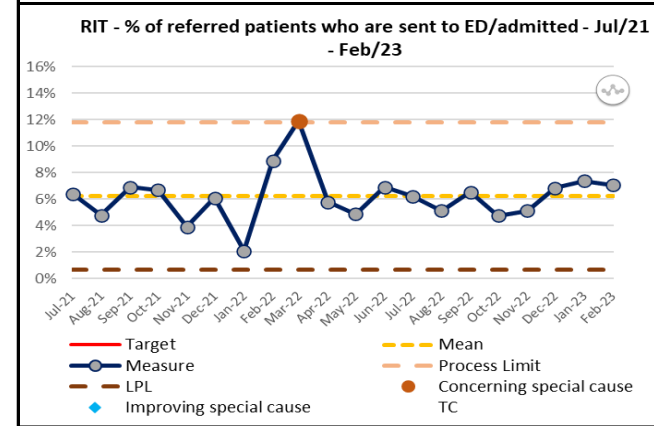
Feb-23
882
Variance Type
Metric is showing common cause variation



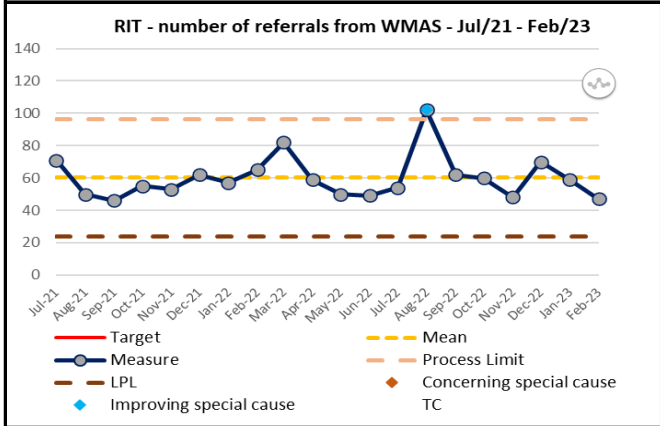
Feb-23
864
Variance Type
Metric is showing common cause variation



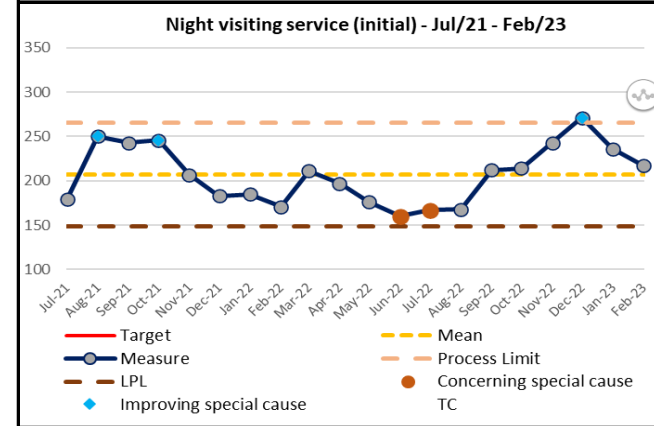
Feb-23
61
Variance Type
Metric is showing higher special cause variation (concern)



Feb-23
7.06%
Variance Type
Metric is showing common cause variation



Feb-23
47
Variance Type
Metric is showing common cause variation

















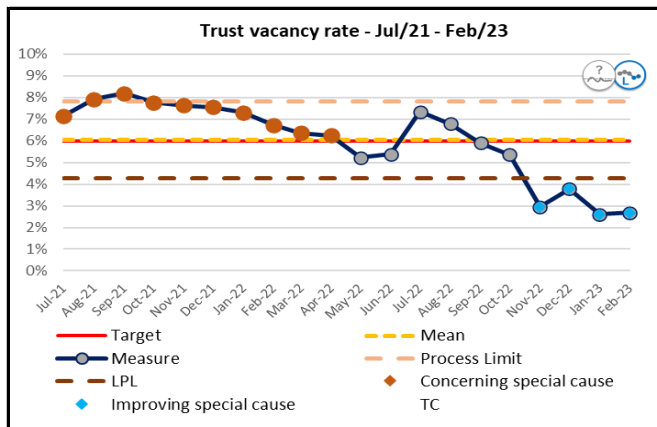
Feb-23
217
Variance Type
Metric is showing common cause variation

	<table border="1"> <tr><td>Feb-23</td></tr> <tr><td>703</td></tr> <tr><td>Variance Type</td></tr> <tr><td>Metric is showing common cause variation</td></tr> </table>		Feb-23	703	Variance Type	Metric is showing common cause variation		<table border="1"> <tr><td>Feb-23</td></tr> <tr><td>79.2%</td></tr> <tr><td>Variance Type</td></tr> <tr><td>Metric is showing higher special cause (improving)</td></tr> <tr><td>Target</td></tr> <tr><td>35.0%</td></tr> <tr><td>Achievement</td></tr> <tr><td>Metric is currently passing the target</td></tr> </table>		Feb-23	79.2%	Variance Type	Metric is showing higher special cause (improving)	Target	35.0%	Achievement	Metric is currently passing the target
Feb-23																	
703																	
Variance Type																	
Metric is showing common cause variation																	
Feb-23																	
79.2%																	
Variance Type																	
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Target																	
35.0%																	
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Metric is currently passing the target																	
Summary	Actions		Assurance														
<p>Community Nursing (Rapid Intervention Team): We saw a reduction in referrals during February 2023, however, within these referrals there continues to be a high acuity of patients. Although a lower number this month the hospital admissions are due to the high acuity of patient's and flu outbreaks within care home settings We continue work with WMAS and care homes.</p>	<p>Ongoing promotional work with WMAS to maintain use of community pathways.</p> <p>Care homes encouraged to use the service when possible and appropriate.</p>		<p>WMAS DOS lead aware and continues to promote service and alternate pathways to crews.</p> <p>The RIT team are now covering 24 hour working.</p>														
<p>Night Visiting Service: During February 2023 the numbers have remained stable in terms of referrals into the night visiting services, however, we have seen a reduction in admissions.</p>	<p>Working towards a more collaborative working with the Rapid Intervention Team.</p>																
<p>Crisis Response within 2 hours: This service provides support for patients in their own home. We are continuing to facilitate discharges from hospital and accommodate End of Life patients.</p>			<p>Performance has remained consistently high and remains above target.</p>														

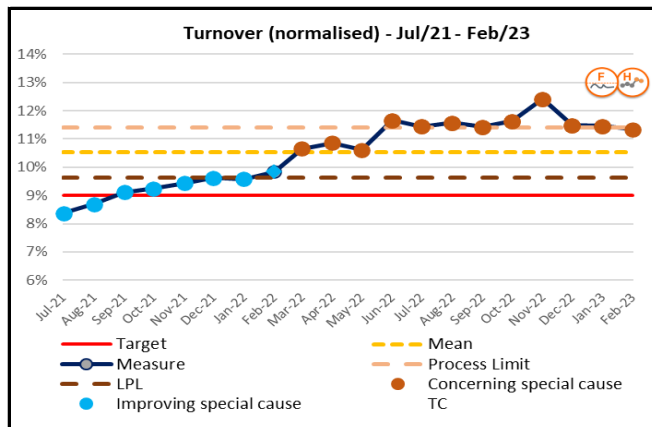
<p>Oximetry at home (initial) - Jul/21 - Feb/23</p> <p>Legend: Target (red line), Measure (blue line with circles), LPL (brown dashed line), Mean (yellow dashed line), Process Limit (orange dashed line), Concerning special cause TC (orange diamond), Improving special cause (blue diamond).</p>	<p>Feb-23</p> <p>0</p> <p>Variance Type</p> <p>Metric is showing lower special cause variation (concern)</p>	<p>Virtual ward (initial) - Jul/21 - Feb/23</p> <p>Legend: Target (red line), Measure (blue line with circles), LPL (brown dashed line), Mean (yellow dashed line), Process Limit (orange dashed line), Concerning special cause TC (orange diamond), Improving special cause (blue diamond).</p>	<p>Feb-23</p> <p>94</p> <p>Variance Type</p> <p>Metric is showing higher special cause (improving)</p>
<p>Rapid access social care (initial) - Jul/21 - Feb/23</p> <p>Legend: Target (red line), Measure (blue line with circles), LPL (brown dashed line), Mean (yellow dashed line), Process Limit (orange dashed line), Concerning special cause TC (orange diamond), Improving special cause (blue diamond).</p>	<p>Feb-23</p> <p>43</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p>	<p>Rapid access social care discharge (initial) - Jul/21 - Feb/23</p> <p>Legend: Target (red line), Measure (blue line with circles), LPL (brown dashed line), Mean (yellow dashed line), Process Limit (orange dashed line), Concerning special cause TC (orange diamond), Improving special cause (blue diamond).</p>	<p>Feb-23</p> <p>0</p> <p>Variance Type</p> <p>Metric is showing lower special cause variation (concern)</p>
<p>Summary</p>	<p>Actions</p>		<p>Assurance</p>
<p>Virtual Ward: is currently performing and managing its referrals within the current pathways. There is an expansion of pathways in line with nationally submitted plan.</p>	<p>Continual service developments and virtual bed expansion.</p>		<p>A dashboard is in development to monitor use against national submission, and evaluation of the impact, .</p>
<p>Rapid access to social care: Increased End Of Life patients on the caseload. Handoff to Social Care continues to be an on-going cause for concern</p>	<p>Winter funding has been agreed. An escalation processes is in place for handover delays.</p>		<p>Capacity issues are reported in the bed meetings and D2A daily Performance monitored by Directorate and Division.</p>

Human Resources

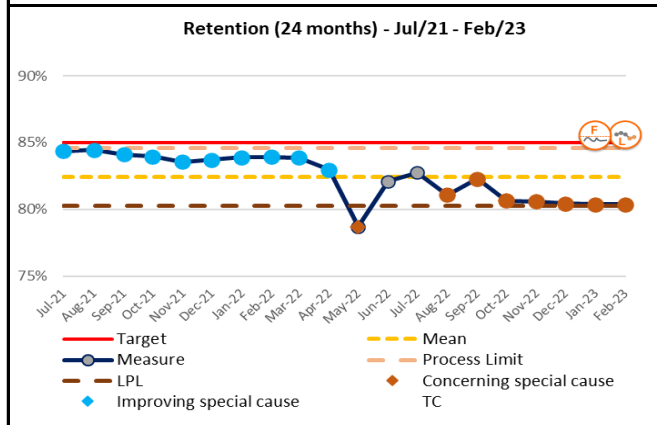
Metric	Target	Variation	Assurance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Trust Vacancy Rate	6%			5.90%	5.37%	2.95%	3.79%	2.61%	2.68%
Turnover (normalised)	9%			11.43%	11.63%	12.41%	11.49%	11.46%	11.34%
Retention (24 months)	85%			82.30%	80.64%	80.60%	80.45%	80.37%	80.36%
Appraisals	90%			79.00%	78.80%	80.10%	79.70%	81.30%	83.00%
Mandatory Training (generic)	85%			94.60%	94.60%	94.70%	94.50%	94.70%	94.90%
Sickness (in month)	4.25%			5.36%	5.81%	5.75%	6.54%	5.41%	
Sickness (rolling 12 months)	4.25%			5.64%	5.62%	5.56%	5.62%	5.45%	



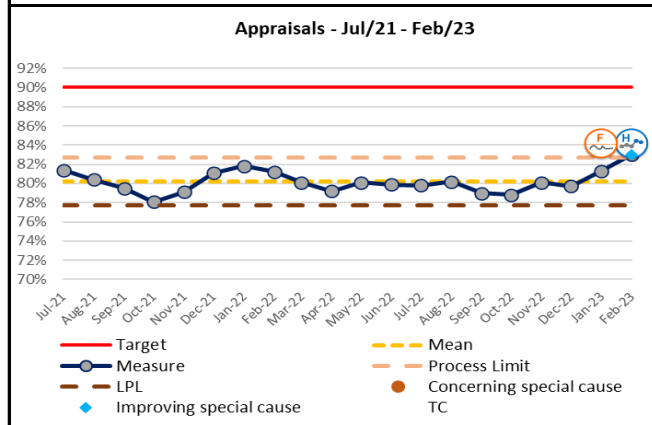
Feb-23
2.68%
Variance Type
Metric is showing lower special cause (improving)
Target
<6%
Achievement
Metric is currently passing the target



Feb-23
11.34%
Variance Type
Metric is showing higher special cause (concern)
Target
<9%
Achievement
Metric is currently failing the target

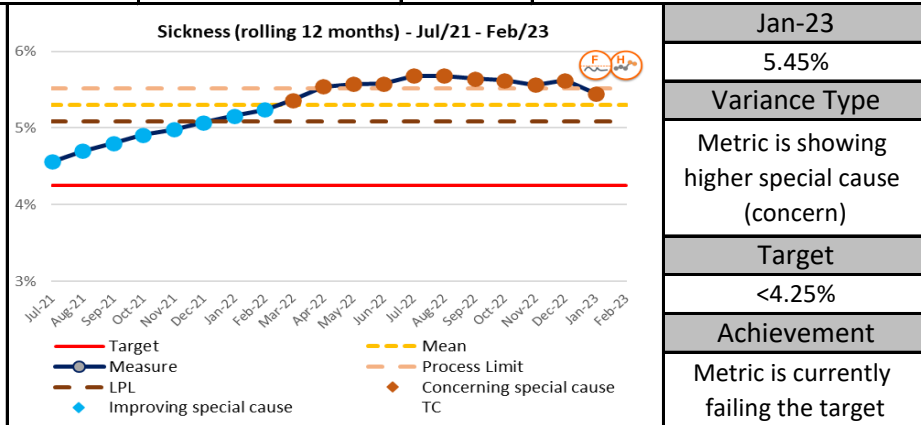
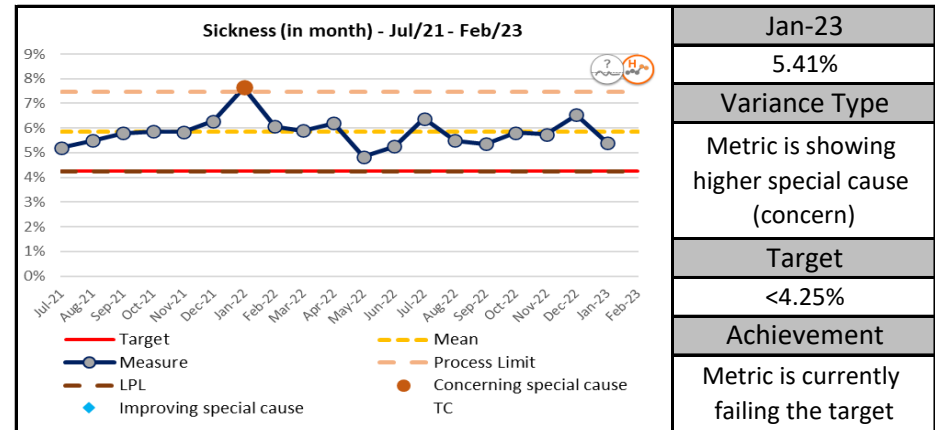
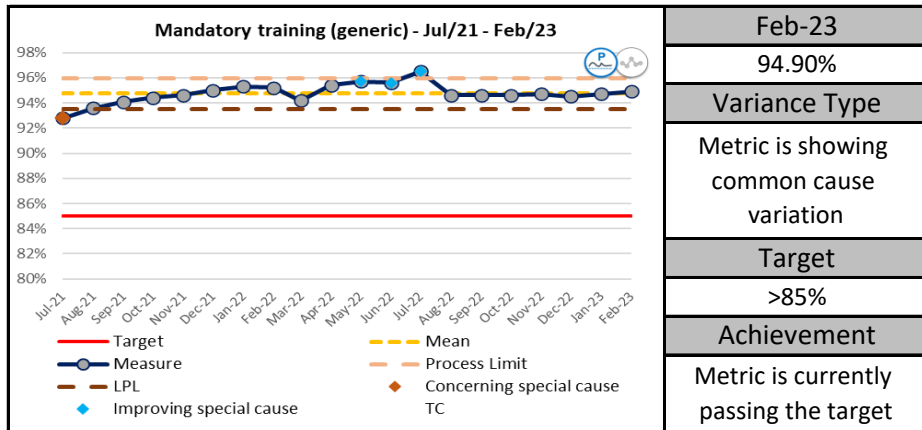


Feb-23
80.36%
Variance Type
Metric is showing lower special cause (concern)
Target
>85%
Achievement
Metric is currently failing the target



Feb-23
83.00%
Variance Type
Metric is showing higher special cause (improving)
Target
>90%
Achievement
Metric is currently failing the target

Summary	Actions	Assurance
<p>Trust Vacancy Rate: very slight deterioration since last month, however, this indicator remains within target.</p> <p>Retention/Turnover: Both indicators have remained fairly static when compared with the previous month. Turnover continues to exceed the target at 11.34%. The Retention Rate at 24 months remains below target at 80.36%.</p> <p>Appraisals: although we have seen a slight increase in month, compliance remains below target. Service pressures have had and continue to have a profound effect on the ability to undertake timely appraisals.</p>	<p>Whilst the vacancy levels continue to improve, there is a lead time, particularly in relation to international and newly qualified nurses where the recruitment will have reduced the vacancy level, but a period of consolidation is required before they can take on the full range of required duties as a registered healthcare professional.</p> <p>Particular focus is needed in BCPS, Division 1 and 2 where performance is most challenged. Service pressures have had and continue to have a profound effect on the ability to undertake timely appraisals</p>	<p>Recruitment continues to outpace turnover; with the number of staff growing by almost 410WTE since the start of the financial year with around 34% of this growth in registered nursing.</p> <p>This matter has been discussed at Operational Workforce Group in some detail with commitment from Divisions offered to deliver improvements in appraisal compliance.</p>



Summary	Actions	Assurance
<p>Mandatory Training (generic): compliance rates have risen slightly when compared with the previous month, and remain above target.</p>		
<p>Sickness: Both indicators have seen improvement in month, however, performance remains above target. Levels of absence as a result of COVID-19 will continue to impact performance in relation to the 12 month rolling absence rate for some time.</p>	<p>It is typical for around 60% of the threshold to be attributable to long-term sickness absence and the remaining 40% to short term absence. A detailed review has been undertaken by the Head of HR Advisory, which found the majority of cases were being appropriately managed in accordance with the policy.</p>	<p>Considerable work has been undertaken to develop the wellbeing support offer, including psychological and practical wellbeing support for staff.</p>

Trust Board

Meeting Date:	4 th April 2023
Title of Report	Maternity Services Report
Action Requested:	To note

For the attention of the Board

Assure	<ul style="list-style-type: none"> The National Patient Perspective survey results mean average score of 78.5% was higher in 2022 compared to 2021 of 74.9% The Royal Wolverhampton NHS Trust scored in the top 20% of Trusts for 13 questions. 7 questions demonstrated a 10% improvement. 0 questions scored worse by 10% or more. 1:1 Care rates in established labour were met in line with national recommendations for Q3. 	
Advise	<ul style="list-style-type: none"> The National Patient Perspective Survey results for The Royal Wolverhampton NHS Trust 2022 have been published. Maternity Services 15 Steps Assessment conducted in February 2023 Progress with the current Workforce Improvement plan for Maternity Services Progress with the current CQC improvement plan. 	
Alert	<ul style="list-style-type: none"> The National Patient Perspective demonstrated that The Royal Wolverhampton NHS Trust scored in the bottom 20% for 1 question. Midwifery staffing levels per shift based on Acuity of patient was not met for recommended levels of 85% in Q3. 	
Author and Responsible Director Contact Details:	Tracy Palmer – Director of Midwifery and Neonatal Services The Royal Wolverhampton NHS Trust. Tel 01902 307999 Ext. 85162 Email Tracypalmer@nhs.net	
Links to Trust Strategic Objectives	Strategic Aim (SA)	Associated Strategic Objectives (SO)
	Excel in the delivery of Care	a) Embed a culture of learning and continuous improvement.
	Support our Colleagues	a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement

		d) Deliver improvement against the Workforce Equality Standards
	Improve the Healthcare of our Communities	a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
	Effective Collaboration	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	Capital: Workforce:	
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.	
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:	
Equality and Diversity Impact		
Risks: BAF/ TRR		
Risk: Appetite		
Public or Private:	Public	
Other formal bodies involved:		
References and Appendices	Appendix 1: 2022 Maternity Survey: Early release of CQC benchmark results for The Royal Wolverhampton NHS Trust Appendix 2: Maternity Services Patient Perspective Improvement Plan. Appendix 3: 15 Steps for Maternity toolkit Appendix 4: CQC Improvement Plan Appendix 5: Workforce Action Plan	
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny 	

Brief/Executive Report Details	
Brief/Executive Summary Title:	Maternity Services Report
Item/paragraph 1.0	<p>The Royal Wolverhampton NHS Trust National Patient Perspective Survey Report 2022</p> <p>This report provides benchmark results for The Royal Wolverhampton NHS Trust (RWT), It contains the scoring and 'banding' of how RWT performed compared to other trusts across England.</p>

The National Maternity Survey is required by the CQC for all NHS Trusts providing maternity services (Appendix 1).

Summary for headline findings of the 2022 National Maternity Survey.

- All women receiving Maternity Services in February 2022 were selected for the survey.
- 378 women were included in the survey and 148 responded (39%). The Patient Perspective average response rate for all 31 Trusts it surveyed was 48%.
- The average Mean Rating Score was 78.5%, higher than in 2021.
- RWT scored in the top 20% of Trusts on 13 questions and in the bottom 20% of Trusts on 1 question out of a total of 59 questions.
- 7 questions showed at least 10% improvement on the 2021 score, and no questions got worse by 10% or more.

Following receipt of the report the Directorate Senior Midwifery Team have devised an improvement plan (Appendix 2) for all questions that demonstrated a rating of 5% or more deterioration in the scores in comparison to the 2021 survey report.

2.0

Maternity Services 15 Steps Assessment conducted by Maternity Voices Partnership (MVP) February 2023.

15 Steps is a Toolkit (Appendix 3) developed and published by NHS England to be used by Maternity Voice Partnerships to support them to elevate the voices of the service users and allow them to explore collaborative working to review, explore and design services within maternity units.

The RWT Maternity Service hosted The Wolverhampton MVP team for the Maternity Services 15 Steps Assessment in February 2023.

High level feedback at the end of the day was provided to the Directorate and Director of Midwifery.

General feedback was very positive with some minor improvements to consider which will be taken forward by Midwifery leaders.

RWT is awaiting the final report which will align with the Patient Perspective National Survey conducted in 2022.

3.0

Maternity Service CQC Improvement plan.

As reported at Trust Board in February 2023, The Royal Wolverhampton NHS Trust is now in receipt of the CQC final report. An overarching Improvement Plan has been devised (Appendix 4) to incorporate all 2 'Must do' and 7 'Should do' recommendations.

Work is in progress to comply with all recommendations and the Improvement Plan is being monitored through Directorate and Divisional governance processes.

<p>4.0</p>	<p>The report provides an update on the Workforce Improvement Plan (Appendix 5) to address Midwifery and Maternity support worker deficit.</p> <p>Midwifery Staffing and Acuity for Quarter 3 – Intrapartum areas.</p> <p>The report gives an update on Midwifery staffing levels in intrapartum areas based on acuity for Q3. The provides data is provided from the Birth Rate Plus Acuity tool (BR+AT) for October to December 2022.</p> <p>Assurance has been provided by data collected from the tool that 1:1 care rate in labour were 100% in Q3.</p> <p>The report also highlights that the Intrapartum areas were not staffed appropriately for the level of acuity for this quarter. Averages indicate that 39% of shifts were staffed appropriately, 43% of shifts required up to 2 Midwives extra and 17% of shifts required 2 or more Midwives per shift.</p> <p>The Birth Rate Plus Acuity Tool is mapped against the Birth Rate Plus recommended funded establishments should be for RWT. The workforce recommendations outlined in the Birth Rate Plus report are yet to be funded, however, recruitment is taking place to appoint into the deficit. A business case is in progress and recruitment continues as per improvement plan .</p>
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Trust Board

Detailed Report – Maternity Services Report 4th April 2023

Item 1.0

2022 Maternity Survey

The 2022 Maternity Survey involved 121 NHS Trusts in England. All NHS Trusts providing Maternity Services that had at least 300 live births were eligible to take part in the survey.

Women aged 16 years or over who had a live birth between 1st and 28th February 2022 were invited to take part in the survey. Almost 21,000 responses were received nationally, with an adjusted response rate of 47%.

Methodology

The survey results contained in this report include only those respondents who were identified as receiving their full maternity care at The Royal Wolverhampton NHS Trust (RWT).

Trusts that took part in the survey were tasked to carry out an 'attribution exercise' to identify individuals in their sample that were likely to have received their antenatal and postnatal care from another Trust. This was done using either electronic records or residential postcode information.

Scoring

For each question individual responses are converted into scores on a scale of 0 to 10. For each question, a score of 10 is assigned to the most positive response and a score of 0 to the least positive.

Trend data

Scores from the previous survey in 2021 are displayed in the column with the header 'Change from 2021' (Tables 1-3).

Where a result for 2021 is not shown, this is because the question was either new in 2022, or the question wording and/or response options have been changed.

The Royal Wolverhampton NHS Trust (RWT) Patient Perspective Survey Results 2023.

(Appendix 1)

Table 1 - Antenatal Care

The Royal Wolverhampton NHS Trust					
Question	Question Text	2021 Score	2022 Score	Change since 2021	National Comparisons
Antenatal Care					
B3_1	Were you offered a choice about where to have your baby: Yes – a choice of hospitals	56%	68%	10% or more better	Top 20%
B3_2	Were you offered a choice about where to have your baby: Yes - at home	6%	22%	10% or more better	Middle 60%
B3_4	Were you offered a choice about where to have your baby: No – I was not offered any choices	78%	88%	10% or more better	Middle 60%
B4	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	59%	72%	10% or more better	Top 20%
B5	At the start of your care in pregnancy, did you feel that you were given enough information about coronavirus restrictions and any implications for your maternity care?	52%	67%	10% or more better	Top 20%
B8	During your antenatal check-ups, did the midwives appear to be aware of your medical history?	61%	69%	<10% change	Middle 60%
B9	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	82%	89%	<10% change	Top 20%
B10	During your antenatal check-ups, did your midwives listen to you?	87%	87%	<10% change	Middle 60%
B11	During your antenatal check-ups, did your midwife ask you about your mental health?	84%	85%	<10% change	Middle 60%
B12	Were you given enough support for your mental health during your pregnancy?	85%	89%	<10% change	Middle 60%
B13	During your pregnancy, if you contacted a midwifery team, were you given the help you needed?	82%	79%	<10% change	Middle 60%
B14	Thinking about your antenatal care, were you spoken to in a way you could understand?	91%	95%	<10% change	Top 20%
B15	Thinking about your antenatal care, were you involved enough in decisions about your care?	84%	88%	<10% change	Middle 60%
B16	During your pregnancy did midwives provide relevant information about feeding your baby?	70%	73%	<10% change	Middle 60%
B17	Did you have confidence and trust in the staff caring for you during your antenatal care?	n/a	83%	n/a	Middle 60%
B18	Thinking about your antenatal care, were you treated with respect and dignity?	n/a	92%	n/a	Middle 60%

Out of the 16 questions pertaining to antenatal care at RWT 5 questions demonstrated an improvement of 10% or more, 3 of these questions were in the top 20% for RWT compared with national data.

9 of the questions demonstrated that there was a less than 10% change compared to 2021 survey results. 2 of the questions were new and therefore there was no comparison data available.

Table 2 – Labour and birth

Question	Question Text	2021 Score	2022 Score	Change since	National
Your labour and the birth of your baby					
C4	Were you given enough information on induction before you were induced?	71%	85%	10% or more better	Top 20%
C5	And before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?	n/a	81%	n/a	Top 20%
C6	Were you involved in the decision to be induced?	82%	89%	<10% change	Top 20%
C7	At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	78%	82%	<10% change	Middle 60%
C12	If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?	80%	90%	10% or more better	Middle 60%
C14	Did the staff treating and examining you introduce themselves?	88%	90%	<10% change	Middle 60%
C16_1	Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you: Yes, during early labour	91%	86%	<10% change	Middle 60%
C16_2	Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you: Yes, during the later stages of labour	90%	89%	<10% change	Bottom 20%
C16_3	Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you: Yes, during the birth	98%	99%	<10% change	Middle 60%
C16_4	Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you: Yes, shortly after the birth	93%	91%	<10% change	Middle 60%
C16_5	Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you: No, not at all	75%	75%	<10% change	Middle 60%
C17	If you raised a concern during labour and birth, did you feel that it was taken seriously?	76%	80%	<10% change	Middle 60%
C18	During labour and birth, were you able to get a member of staff to help you when you needed it?	85%	89%	<10% change	Middle 60%
C19	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	92%	93%	<10% change	Middle 60%
C20	Thinking about your care during labour and birth, were you involved in decisions about your care?	87%	87%	<10% change	Middle 60%
C21	Thinking about your care during labour and birth, were you treated with respect and dignity?	86%	90%	<10% change	Middle 60%
C22	Did you have confidence and trust in the staff caring for you during your labour and birth?	86%	89%	<10% change	Middle 60%
C23	After your baby was born, did you have the opportunity to ask questions about your labour and the birth?	67%	69%	<10% change	Top 20%
C24	During your labour and birth, did your midwives or doctor appear to be aware of your medical history?	n/a	78%	n/a	Middle 60%

Out of 19 questions pertaining to their labour and birth experience 2 questions demonstrated an improvement of 10% or more, 3 of these questions were in the top 20% for RWT compared with national data.

16 of the questions demonstrated that there was a 10% or less change compared to 2021 survey results.

1 question C16 2 remained in the bottom 20% for RWT compared with national data.

Table 3 – Post natal care in hospital, I feeding your baby, and care after birth at home by Community Midwives.

Question	Question Text	2021 Score	2022 Score	Change since 2021	National Comparisons
Postnatal care					
D2	On the day you left hospital, was your discharge delayed for any reason?	67%	61%	<10% change	Middle 60%
D4	If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?	73%	70%	<10% change	Middle 60%
D5	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	75%	77%	<10% change	Middle 60%
D6	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	84%	83%	<10% change	Middle 60%
D7_1	Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted: Yes	23%	26%	<10% change	Middle 60%
D7_2	Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted: No, as they were restricted to visiting hours	44%	39%	<10% change	Middle 60%
D7_3	Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted: No, as there was no accommodation for them in the hospital	95%	90%	<10% change	Top 20%
D8	Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	88%	89%	<10% change	Middle 60%
Feeding your baby					
E2	Were your decisions about how you wanted to feed your baby respected by midwives?	87%	88%	<10% change	Middle 60%
E3	Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?	73%	74%	<10% change	Middle 60%
Care after birth					
F1	Thinking about your postnatal care, were you involved in decisions about your care?	n/a	83%	n/a	Top 20%
F2	If you contacted a midwifery or health visiting team were you given the help you needed?	84%	81%	<10% change	Middle 60%
F5	Would you have liked to have seen a midwife...	51%	56%	<10% change	Middle 60%
F6	Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?	69%	71%	<10% change	Middle 60%
F7	Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?	83%	87%	<10% change	Middle 60%
F8	Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?	81%	84%	<10% change	Middle 60%
F9	Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?	82%	84%	<10% change	Middle 60%
F11	Did a midwife or health visitor ask you about your mental health?	93%	97%	<10% change	Middle 60%
F12	Were you given information about any changes you might experience to your mental health after having your baby?	70%	72%	<10% change	Middle 60%
F13	Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?	80%	83%	<10% change	Middle 60%
F14	Were you given enough information about your own physical recovery after the birth?	66%	73%	<10% change	Top 20%
F15	In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?	64%	71%	<10% change	Middle 60%
F16	If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?	60%	59%	<10% change	Middle 60%
F17	In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress?	74%	81%	<10% change	Top 20%

Out of the 8 questions pertaining to postnatal care in hospital 8 of the questions demonstrated that there was a 10% or less change compared to 2021 survey results with 1 question rated as in the top 20% for Trusts national comparative data.

Out of 2 questions pertaining to infant feeding both questions demonstrated that there was a 10% or less change compared to 2021 survey results.

Out of 14 questions pertaining to Care after birth in the home setting provided by Community Midwives, all 14 of the questions demonstrated that there was a 10% or less change compared to 2021 survey results, 3 of the questions were in the top 20% for RWT compared with national data.

<p>2.0</p>	<p>The survey reports an overall much improved position for RWT 2022 Patient Perspective report. Senior Midwifery leaders within the Directorate have devised an Improvement Plan (Appendix 2) to address any questions that demonstrated a 5% or more deterioration in results from 2021 survey. The improvement plan will be monitored locally at the Directorate Governance Group and the Trusts Patient Experience Group.</p> <p>The Improvement Plan will be shared with members of Maternity Voices Partnership (MVP) which includes service users, and with The Black Country Local Maternity and Neonatal System (BCLMNS) Patient Engagement workstream.</p> <p>Maternity Voices Partnership (MVP) 15 Steps Assessment at The Royal Wolverhampton NHS Trust</p> <p>The 15 Steps Assessments are a way for women and their families to improve the quality of care in Maternity Services. The assessments are led by MVP'S. The ethos for 15 Steps is a method which looks at Maternity Services from the perspective of those who use them. It explores their first impressions of care, their surroundings, and the overall experience across their maternity journey.</p> <p>A 15 Steps Toolkit (Appendix 3) has been designed for Maternity Voices Partnerships (MVP) to use during the assessment.</p> <p>A Maternity Service 15 Steps Assessment was conducted in February 2023 at The Royal Wolverhampton NHS Trust. The assessment team comprised of a combination of MVP members and service users, Midwifery leaders and the Executive Board Level Maternity Safety Champions.</p> <p>The assessment team split into small groups and spent time on Maternity Triage, Induction suite, Midwifery Led Unit, and the Post-natal ward. The team assessed whether areas were:</p> <ul style="list-style-type: none"> • Welcoming and informative. • Safe and clean. • Friendly and personal. • Organised and calm. <p>Team members spent time talking to women and getting their feedback about the service and their experiences so far.</p> <p>High level feedback at the end of the assessment was provided to the Directorate and Director of Midwifery. Initial feedback was very positive with teams observing a friendly and welcoming workforce, clean and tidy ward areas, organised and calm environments.</p> <p>Improvements for consideration which were highlighted during the assessment by the team and from feedback from women were clearer more informative signage throughout the maternity block, provision of patient information in differing languages and information for mealtimes clearly displayed on the ward.</p> <p>MVP leads will be providing the Trust with their formal report in due course.</p> <p>The final report will be aligned with the 2022 Patient Perspective Survey report and monitoring of the recommendations will follow the same process as the Patient Perspective Survey.</p>
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A further 15 Steps Assessment will be conducted biannually.

3.0

Maternity Service CQC Improvement plan.

As reported at Trust Board in February 2023, The Royal Wolverhampton NHS Trust is now in receipt of the CQC final report. An overarching Improvement Plan has been devised (Appendix 4) to incorporate all 2 'Must do' and 7 'Should do' recommendations.

There were 2 'must do' recommendations:

Local actions are being undertaken at RWT to ensure that there are two Midwives per shift on Maternity Triage and that training in line with the Birmingham Symptom Specific Obstetric Triage Surveillance (BSOTS) has commenced and underway for Midwives, Doctors, and Maternity Support Workers. This is a rolling training programme that commenced on the 6th of March 2023 and will continue throughout the year; it will be available to all staff working within Maternity Triage Unit and new starters commencing into post. The aim is to train all core Midwives and Maternity Support Workers within the next 6 months, a rolling programme of training will continue over the next year as rotation of staff occurs and will be included within the induction programme for new starters to the Trust.

Ongoing recruitment is taking place and will continue throughout the year. The Maternity Workforce Improvement Plan (Appendix 5) indicates the long-term strategy for recruitment. The RWT Maternity Service continues to work collaboratively with University of Wolverhampton, Stafford University and Birmingham City University, work is underway to increase student numbers with immediate effect.

Ongoing recruitment is taking place to address the Midwifery deficit and recruit to Birth Rate Plus (BR+) recommendations, there are several recruitment events that are taking place during the Spring to address the deficit in table 4 below.

RWT have recruited a further 7 International Midwives. In total the service is supporting 10 International Midwives.

The Black Country Local Maternity and Neonatal System (BCLMNS) is hosting a recruitment event in May 2023 and RWT lead Midwife for Workforce is part of the collaborative for this event.

The Maternity Service continues to deliver on the strategy to review workforce models based on the recommendations from The Maternity Support Worker Transformation Programme and in line with Health Education England (HEE) Framework for Maternity Support Workers.

RWT's implementation of HEE Maternity Support Worker Framework supports career progression pathways for Midwife Apprenticeship BSc courses. The lead Midwife for Workforce continues to work in partnership with the University of Wolverhampton placement lead for the apprenticeship programme. RWT have 5 Apprentice Midwives on the programme at present.

Table 4: Indicates total breakdown of Registered Midwifery and Maternity Support worker deficit per area (Feb 23).

Table 4:

Area	RM Vacancy	MSW Vacancy	RM Mat leave	MSW Mat leave	RM LTS	MSW LTS
ANC/FAU	0	0.53	1	0.8	1	0
Delivery Suite	0.44	0.92	3.52	1	1.33	0.64
MLU	3.87	0	0.64	0	0	0
Community	5.59	0	2.6	0	1	0
Mat wards	2.71	0	0.64	1.23	2.72	0
Sonography	2.2	0	0	0	0	0
Total	14.81	1.45	8.4	3.03	6.05	0.64

Midwifery Staffing based on Acuity levels for Quarter 3 – Intrapartum areas.

The Birth Rate Plus Acuity Tool (BR+AT) provides the intrapartum areas with data which demonstrates birth to midwifery ratios and acuity levels every 4 hours on the Delivery Suite.

The national ambition and recommendation in NHSR CNST Maternity Incentive Scheme (MIS) safety action 5: *Can you demonstrate an effective system of midwifery workforce planning to the required standard?* Recommends that 100% of women receive 1:1 care in labour.

Table 5 demonstrates 1:1 care rate for women in established labour for Q3.

The national required standard for 1:1 care in labour is 100%.

Table 5:

Activity	Previous year average	Oct 22	Nov 22	Dec 22
1: care rates in established labour	99.5%	100%	100%	100%

1:1 Care rates for women in established labour in Q3 met the national standard of 100%.

Table 6: indicates Birth to Midwife / Acuity compliance Q3.

Guidance from the Royal College of Midwives suggests that services should aim to achieve positive acuity 85% of the time.

Table 6: WTE Midwife deficit per shift based on Acuity of patient.

Month	Met Acuity	Up to 2 Midwives deficit per shift	2 or more Midwives deficit per shift
Oct 22	38%	43%	19%
Nov 22	34%	44%	22%
Dec 22	47%	42%	11%

Table 6 demonstrates that Midwife numbers per shift based on acuity of patient was not met in Q3 for the recommended 85% of the time.

The Birth Rate Plus (BR+) Acuity Tool is mapped against BR+ recommendations in the latest report 2022 and therefore set against BR+ funded establishments.

4.0

Recruitment is in progress to appoint into this deficit. A Business case is in progress. In the meantime, the Midwifery Service is utilising Midwifery bank to improve workforce staffing levels per shift.

Challenges with recruitment for Midwifery workforce continue, the Directorate has made some successful appointments over the last few months, however, there is a constant added pressure to 'catch up' as the turnover in the registrant workforce has increased as staff leave the Trust or are on Maternity Leave.



2022 Maternity Survey: Early release of CQC benchmark results for The Royal Wolverhampton NHS Trust

This report provides benchmark results for The Royal Wolverhampton NHS Trust, in advance of publication of the 2022 maternity survey. It contains the scoring and 'banding' (how your trust performed compared to other trusts across England), but does not include the lowest & highest scores for England. These results can only be shared at official publication of the survey results.

By sharing results now, you will be able to see how your trust performed on individual questions in advance of the publication.

If you require any assistance, have any queries, or would like to provide feedback on the format of this report, please contact the CQC Surveys Team at: patient.survey@cqc.org.uk.

2022 Maternity Survey

The 2022 maternity survey involved 121 NHS trusts in England. All NHS trusts providing maternity services that had at least 300 live births were eligible to take part in the survey. Women aged 16 years or over who had a live birth between 1st and 28th February 2022 (and January if a trust did not have a minimum of 300 eligible births in February) were invited to take part in the survey. Fieldwork took place between April and August 2022. Almost 21,000 responses were received, an adjusted response rate of 47%¹.

The maternity survey first ran in 2007 with other surveys being carried out in 2010, 2013, 2015, 2017, 2018, 2019 and 2021. The questionnaire underwent a major redevelopment ahead of the 2013 survey so results for 2022 are **only comparable** with 2013, 2015, 2017, 2018, 2019 and 2021.

CQC will use the results from the survey to build an understanding of the risk and quality of services and those who organise care across an area. Where survey findings provide evidence of a change to the level of risk or quality in a service, provider or system, CQC will use the results alongside other sources of people's experience data to inform targeted assessment activities

¹The 'adjusted' response rate is reported. The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable, or if someone had died, from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

Antenatal and postnatal care

Some respondents may have experienced antenatal and postnatal care in different trusts. This may be for many reasons such as having to travel for more specialist care or due to variation in service provision across the country.

Trusts were therefore asked to carry out an 'attribution exercise' to identify individuals in their sample that were likely to have received their antenatal and postnatal care from the trust. This was done using either electronic records or residential postcode information.

The survey results contained in this report include only those respondents who were identified as receiving care at this trust. Trusts that did not provide attribution data do not receive results on the antenatal and postnatal sections of the survey.

Data is provided voluntarily, and not all trusts provided this data. The antenatal and postnatal care questions are therefore benchmarked against those other trusts that also provided this information.

Making fair comparisons between trusts

People's characteristics, such as age and number of previous births can influence their experience of care and the way they report it. For example, older people tend to report more positive experiences than younger people. Since trusts have differing profiles of people who use their services, this could potentially affect their results and make trust comparisons difficult. A trust's results could appear better or worse than if they had a slightly different profile of people.

To account for this, we 'standardise' respondent data to ensure that a trust does not appear better or worse than another due to its respondent profile. For maternity surveys, we standardise by age and parity (whether or not a mother has given birth previously).

Scoring

For each question in the survey that can be scored, individual responses are converted into scores on a scale of 0 to 10. For each question, a score of 10 is assigned to the most positive response and a score of 0 to the least positive. The higher the score, the better the trust's results.

It is not appropriate to score all questions because some of them do not assess a trust's performance.

Interpreting your data

The better and worse categories, displayed in the column with the header '2022 Band' in the tables below, are based on an analysis technique called the 'expected range'. It determines the range within which your trust's score could fall without differing significantly from the average score of all trusts taking part in the survey. If the trust's performance is outside of this range, its performance is significantly above or below what would be expected. If it is within this range, we say that its performance is 'about the same'.

Where a trust's survey results have been identified as better or worse than the majority of trusts, it is very unlikely that these results have occurred by chance. If your trust's results are 'about the same', this column will be empty.

If fewer than 30 respondents have answered a question, a score will not be displayed for this question. This is because the uncertainty around the result is too great.

Trend data

Scores from the previous survey are displayed where available. In the column with the header 'Change from 2021' arrows indicate whether the score for the 2022 survey has increased significantly (up arrow), decreased significantly (down arrow) or has not significantly changed from 2021 (no arrow). A statistically significant difference means that the change in the result is unlikely to be due to chance.

Significance is tested using a two-sample t-test. Please note that historical comparisons are not provided for section scores as the questions contained in each section can change.

Where a result for 2021 is not shown, this is because the question was either new in 2022, or the question wording and/or response options have been changed. Comparisons are also not shown if a trust has merged with another trust(s) since the 2021 survey, or if a trust committed a sampling error in 2021.

Further information

The full national results will be available on the CQC website later this year, together with the technical document which outlines the survey methodology and the scoring applied to each question: www.cqc.org.uk/maternitysurvey

Results for The Royal Wolverhampton NHS Trust: Executive Summary

Respondents and response rate

- 148 The Royal Wolverhampton NHS Trust patients responded to the survey
- The response rate for The Royal Wolverhampton NHS Trust was 39.36%

Banding

Better

Your trust's results were much better than most trusts for **1** questions.

Your trust's results were better than most trusts for **2** questions.

Your trust's results were somewhat better than most trusts for **1** questions.

Worse

Your trust's results were much worse than most trusts for **0** questions.

Your trust's results were worse than most trusts for **0** questions.

Your trust's results were somewhat worse than most trusts for **0** questions.

Same

Your trust's results were about the same as other trusts for **47** questions.

Tables of Results

Table 1: The start of your care in pregnancy

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
B3. Were you offered a choice about where to have your baby?	106	3.7		2.6	↑
B4. Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	116	7.6	Somewhat better	6.1	↑
B5. At the start of your care in pregnancy, did you feel that you were given enough information about coronavirus restrictions and any implications for your maternity care?	121	7.0	Better	5.3	↑

Table 2: Antenatal check-ups

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
B8. During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?	118	7.2		6.1	↑
B9. During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	121	9.1		8.1	↑
B10. During your antenatal check-ups, did your midwives listen to you?	120	8.9		8.6	
B11. During your antenatal check-ups, did your midwives ask you about your mental health?	121	8.8		8.6	

Table 3: During your pregnancy

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
B12. Were you given enough support for your mental health during your pregnancy?	66	8.8		8.7	
B13. During your pregnancy, if you contacted a midwifery team, were you given the help you needed?	105	8.0		8.1	
B14. Thinking about your antenatal care, were you spoken to in a way you could understand?	119	9.5		9.1	
B15. Thinking about your antenatal care, were you involved in decisions about your care?	118	8.8		8.4	
B16. During your pregnancy did midwives provide relevant information about feeding your baby?	119	7.6		7.1	
B17. Did you have confidence and trust in the staff caring for you during your antenatal care?	120	8.5			
B18. Thinking about your antenatal care, were you treated with respect and dignity?	119	9.4			

Table 4: Your labour and birth

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
C4. Were you given enough information on induction before you were induced?	44	8.5	Much better	7.0	↑
C5. And before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?	40	7.9	Better		
C6. Were you involved in the decision to be induced?	43	8.7		8.4	
C7. At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	98	8.5		7.8	
C12. If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?	136	9.1		8.0	↑

Table 5: Staff caring for you

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
C14. Did the staff treating and examining you introduce themselves?	142	9.0		8.8	
C16. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?	143	7.5		7.8	
C17. If you raised a concern during labour and birth, did you feel that it was taken seriously?	91	8.0		7.4	
C18. During labour and birth, were you able to get a member of staff to help you when you needed it?	136	9.0		8.5	
C19. Thinking about your care during labour and birth, were you spoken to in a way you could understand?	141	9.3		9.2	
C20. Thinking about your care during labour and birth, were you involved in decisions about your care?	138	8.6		8.7	
C21. Thinking about your care during labour and birth, were you treated with respect and dignity?	142	9.1		8.7	
C22. Did you have confidence and trust in the staff caring for you during your labour and birth?	143	8.9		8.7	
C23. After your baby was born, did you have the opportunity to ask questions about your labour and the birth?	126	7.0		6.5	

Table 5: Staff caring for you (*continued*)

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
C24. During your labour and birth, did your midwives or doctor appear to be aware of your medical history?	126	7.9			

Table 6: Care in hospital after birth

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
D2. On the day you left hospital, was your discharge delayed for any reason?	142	6.3		6.6	
D4. If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?	130	7.0		7.3	
D5. Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	142	7.6		7.4	
D6. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	141	8.3		8.4	
D7. Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?	125	2.9		2.8	
D8. Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	140	8.9		8.9	

Table 7: Feeding your baby

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
E2. Were your decisions about how you wanted to feed your baby respected by midwives?	119	8.8		8.6	
E3. Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?	110	7.4		7.4	

Table 8: Care at home after the birth

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
F1. Thinking about your postnatal care, were you involved in decisions about your care?	115	8.5			
F2. If you contacted a midwifery or health visiting team, were you given the help you needed?	105	8.2		8.6	
F5. Would you have liked to have seen or spoken to a midwife...	118	5.7		5.3	
F6. Did the midwife or midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?	105	7.6		7.1	
F7. Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?	117	8.8		8.3	
F8. Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?	109	8.6		7.9	
F9. Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?	116	8.5		8.3	
F11. Did a midwife or health visitor ask you about your mental health?	117	9.6		9.4	

Table 8: Care at home after the birth (*continued*)

Question	Respondents	2022 Score	2022 Band	2021 Score	Change from 2021
F12. Were you given information about any changes you might experience to your mental health after having your baby?	115	7.2		7.2	
F13. Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?	107	8.6		8.2	
F14. Were you given information about your own physical recovery after the birth?	116	7.4		6.9	
F15. In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?	102	7.2		6.7	
F16. If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?	44	6.4		5.6	
F17. In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress?	105	8.3		7.6	

Table 9: Section Scores

Section	2022 Score	Band
1. The start of your care in your pregnancy	6.1	Somewhat better
2. Antenatal check-ups	8.5	
3. During your pregnancy	8.7	
4. Your labour and birth	8.6	Better
5. Staff caring for you	8.4	
6. Care in hospital after the birth	6.8	
7. Feeding your baby	8.1	
8. Care at home after birth	7.9	

Table 10: Demographic information

Characteristic	Percent
Total respondents	148
Response rate	39.4
Parity	
Primiparous	41.3
Multiparous	58.7
Age	
16-18	0.0
19-24	7.0
25-29	21.7
30-34	38.5
35+	32.9
Ethnicity	
White	67.1
Multiple ethnic groups	3.5
Asian or Asian British	20.3
Black or Black British	7.0
Arab or other ethnic group	1.4
Not known	0.7

Table 11: Demographic information

Characteristic	Percent
Religion	
No religion	40.6
Buddhist	0.0
Christian	37.1
Hindu	2.8
Jewish	0.0
Muslim	5.6
Sikh	10.5
Other religion	2.1
Prefer not to say	1.4
Sexuality	
Heterosexual/straight	91.5
Gay/lesbian	0.0
Bisexual	4.2
Other	0.0
Prefer not to say	4.2
Gender	
Gender same as sex at birth	99.3
Gender not the same as sex at birth	0.0
Prefer not to say gender	0.7

Patient Perspective (PP) Maternity Survey 2022

Improvement Plan

Introduction

Headline

The patient Perspective Patient Experience survey headline report 2022 is an annual survey conducted in February each year.

2022 data results

- The National Maternity Survey is required by the CQC for all NHS Trusts providing maternity services
- All women receiving maternity services in February 2022 were selected for the survey
- 378 women were included in the survey
- 148 responded (39%)
- RWT scored in the top 20% of Trusts on 13 questions and in the bottom 20% of Trusts on 1 question out of a total of 59 questions
- 7 questions showed at least 10% improvement on the 2021 score, and no questions got worse by 10% or more
- The improvement plan has been devised to address the questions that have deteriorated by 5% in comparison to 2021 score for RWT.

The following improvement plan has been devised to address the response rates that indicated the worsening scores in the 2022 report.

TR = Trust response

AI = Actions to improve

February 2022

Author: Senior Midwifery team

Monitoring: Directorate Governance

	Question Group	Question	Trust response (TR) and Action to Improve (AI)	Progress and date	Time Scale & Identified Lead	RAG – Evidence to support						
C16_1	Your Labour and the birth of your baby <table border="1"> <tr> <td>RWT 2021</td> <td>RWT 2022</td> <td>Comp. PP AVE</td> </tr> <tr> <td>91%</td> <td>86%</td> <td>Middle 60%</td> </tr> </table>	RWT 2021	RWT 2022	Comp. PP AVE	91%	86%	Middle 60%	Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you: Yes, early labour	TR: Maternity Triage Action plan details workforce improvement plan for Triage services.	Workforce plan in place. Recruitment in progress	MTU lead Midwife End July 2023 Matron	
		RWT 2021	RWT 2022	Comp. PP AVE								
91%	86%	Middle 60%										
AI: Re-introduce comfort rounds on Maternity Triage so that women in early labour are getting regular checks by a midwife or MSW.	completed											
D2	Postnatal Care <table border="1"> <tr> <td>RWT 2021</td> <td>RWT 2022</td> <td>Comp. PP AVE</td> </tr> <tr> <td>67%</td> <td>61%</td> <td>Middle 60%</td> </tr> </table>	RWT 2021	RWT 2022	Comp. PP AVE	67%	61%	Middle 60%	On the day you left hospital, was your discharge delayed for any reason?	TR: Discharge planning to involve pharmacy is in progress	Discussions taking place with Pharmacy Lead for ward area Workforce plan in place. Recruitment in progress	End July 2023 Matron	
		RWT 2021	RWT 2022	Comp. PP AVE								
67%	61%	Middle 60%										
AI: Identify a midwifery discharge role each shift and pilot model to ensure timely discharge process.												
D7_2	Postnatal Care <table border="1"> <tr> <td>RWT 2021</td> <td>RWT 2022</td> <td>Comp. PP AVE</td> </tr> </table>	RWT 2021	RWT 2022	Comp. PP AVE	Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to	TR – Visiting times were disrupted during the Covid pandemic		End July 2023 Matron	Normal visiting times have resumed			
RWT 2021	RWT 2022	Comp. PP AVE										

	<table border="1"> <tr> <td>44%</td> <td>39%</td> <td>Middle 60%</td> </tr> </table>	44%	39%	Middle 60%	<p>stay with you as much as you wanted: No as there was restricted visiting hours</p>	<p>AI – Normal visiting times have been resumed post Covid pandemic. Monitor satisfaction via the comfort rounds on the ward.</p>						
44%	39%	Middle 60%										
D7_3	<p>Postnatal Care</p> <table border="1"> <tr> <td>RWT 2021</td> <td>RWT</td> <td>Comp. PP AVE</td> </tr> <tr> <td>95%</td> <td>90%</td> <td><10% change</td> </tr> </table>	RWT 2021	RWT	Comp. PP AVE	95%	90%	<10% change	<p>Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted: No, as there was no accommodation for them in the hospital</p>	<p>TR – The maternity unit infrastructure does not support overnight stay for partners.</p> <p>AI: Ensure that women requiring extra support that have specific needs are given choice for partner to stay if possible. (Twins, teenage pregnancy disability)</p>		<p>End March 2023 Matron</p>	
RWT 2021	RWT	Comp. PP AVE										
95%	90%	<10% change										

THE ROYAL WOLVERHAMPTON NHS TRUST
Action Plan in response to the CQC Maternity Unit ‘Well Led Inspection’ – October 2022

Overall responsibility for improvement plan sits with the Director of Midwifery and Quadrumvirate team

Outcome Required	Action	Lead Professional	Timescale	Progress RAG	Evidence / Comment
1. The maternity service must: <ul style="list-style-type: none"> The service must ensure women telephoning the triage service have rapid access to an initial assessment by suitably trained and qualified staff. (Regulation 12 (2)). 	1.1 See Maternity triage action plan Audit telephone wait times	Intrapartum Matron	30 th April 2023		Local level actions to ensure Midwifery staffing does not fall below 2 Midwives per shift. Regional project to have centralised triage centre is being explored – scoping work has commenced timeframes to be agreed. Audit of telephone wait times
	Commence BSOTS Training For Midwives				Training commenced for completion July 2023 for core members
	Commence BSOTS Training For MSW's				Training commenced July 2023 for core members
2. <ul style="list-style-type: none"> The service must ensure they maintain safe staffing numbers in all areas of the maternity service. (Regulation 18 (1)). 	2.2 Business Case in progress re; Birth-rate plus workforce assessment	Director of Midwifery Quadrumvirate	Ongoing recruitment throughout 2023 with aim to be fully established by September 2023	In progress	Business case
	2.3 Regular review of Ockenden IEAs			In sight visit complete	Progress plan reviewed and with LMNS

THE ROYAL WOLVERHAMPTON NHS TRUST
Action Plan in response to the CQC Maternity Unit ‘Well Led Inspection’ – October 2022

Overall responsibility for improvement plan sits with the Director of Midwifery and Quadrumvirate team

	<p>2.4 review of Maternity triage staffing via daily staffing huddles</p> <p>2.5 Regular review of Obstetric medical cover deficits and ongoing recruitment</p> <p>2.6 Regular review of Workforce plans Engagement with International recruitment campaign for Midwifery workforce .</p>		30 th May 2023	<p>Completed</p> <p>In progress</p>	<p>Daily staffing huddles / OPEL framework for escalation Acuity data</p> <p>Dr’s Rota’s / off duties</p> <p>Midwifery and Maternity support workers Workforce action Plan</p>
<p>3. The maternity service should:</p> <ul style="list-style-type: none"> The trust should ensure that all staff complete mandatory training and role specific training in a timely way. 	<p>3.1 CNST MIS >90% MDT achieved</p> <p>Other areas of mandatory training for all areas and staff groups – need exception reports from all areas / services</p>	<p>Workforce lead Midwife / College tutor</p> <p>Ward leaders</p>	30 th April 2023	<p>Achieved CNST 90% mandatory specific training</p> <p>In progress</p>	<p>Gap Analysis of mandatory training gaps / exception reports from all areas & staff groups</p> <p>Trust level mandatory training data</p>
<p>4.</p> <ul style="list-style-type: none"> The trust should ensure all emergency equipment checks are carried out in line with trust policy. 	<p>4.1 Audit of - Adult and Neonatal emergency equipment</p>	<p>Matrons</p>	Immediate	<p>Complete</p>	<p>Excellence in care – peer audits in progress.</p> <p>Monthly emergency equipment audits – all areas</p>

THE ROYAL WOLVERHAMPTON NHS TRUST
Action Plan in response to the CQC Maternity Unit 'Well Led Inspection' – October 2022

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5.0 • The service should ensure the emergency buzzer is audible in every area.	5.1 Complete	Group Manager / Director & Head of Midwifery	January 2023	Compliant	Work completed
6.0 The service should ensure the ventilation system in the consultant led delivery suite complies with the standards set out in the Healthcare Technical Memorandum and that all risks from waste aesthetic gasses are adequately mitigated.	6.1 Risk register re; ventilation risk. Conduct annual Entonox workplace exposure monitoring in all areas where Entonox is used Completed 3/1/23 Share results of monitoring with all staff Consider mitigations after results are known and update risk	Intrapartum Matron to lead Corporate action to find resolution to inadequate ventilation system on Delivery suite	31 st May 2023		Results of inaugural Entonox workplace exposure monitoring have been received. Initial discussions at divisional level have commenced in terms of plan moving forwards in line with new national guidance.
7.0 The service should ensure all medicines are always stored safely.	7.1 Medicines management peer audits Develop a joint Action plan with pharmacy re out-of-date drugs Pharmacy Audits- TBC Discussion with estates around air con in storage rooms Perform Excellence in care – peer audit / leadership questions in development	In-patient Matron Corporate action to find resolution to inadequate air conditioning systems to keep medicines at the correct temperature.	30 th April 2023		Peer audits for medicines management have commenced.

THE ROYAL WOLVERHAMPTON NHS TRUST
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8.0 The service should ensure there is a continued improvement in the system of review for all cardiotocography fetal monitoring, including appropriate documentation of Fresh Eyes checks.	8.1 FM lead – Midwife and Obstetrician in place as per SBLCB and Ockenden IEA. achieved	In-patient Matron	December 2022	FM lead – Midwife and Obstetrician in place	Peer audits for fresh eyes Action plans for non-compliance in progress – improving 95% compliance in March.
	8.2 FM study day – 2 ND Year about to launch – MDT training for all staff Review new NICE FM guidelines (14 th Dec 22)			30 th April 2023	In progress
	8.3 Re- launch of Fresh Eyes Audit	Quadrumvirate and Care Groups	April 2023	In progress	Excellence in care peer audits.
	8.4 Appointment of a band 7 audit and guidelines midwife			In progress	JD under review and waiting for the single delivery plan for maternity services to be published re: steer on mandated specialist roles within service
	8.5 Appointment of governance lead midwife			In progress	
	8.6 Establishment of the newly formed MAGIC group			Completed	

THE ROYAL WOLVERHAMPTON NHS TRUST
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<p>9.0</p> <p>The service should ensure policies and guidelines are updated and available to staff within agreed timescales. Local guidelines differing from national guidelines should have been risk assessed.</p>					
	<p>8.7</p> <p>Standardise monthly audit questions / Excellence in care – peer audits – in progress</p>			In progress	<p>Central Governance oversight for Guidelines established</p>
	<p>9.1</p> <p>Centralised governance oversight of guidance</p>			In progress	<p>Audit trail of risk assessments for any NICE or national guidance that has been opted out of by the service.</p>

Key

Not Compliant
In progress / Partial compliance
Fully Compliant

THE ROYAL WOLVERHAMPTON NHS TRUST
Action Plan in response to the CQC Maternity Unit 'Well Led Inspection' – October 2022

Overall responsibility for improvement plan sits with the Director of Midwifery and Quadrumvirate team

THE ROYAL WOLVERHAMPTON NHS TRUST
Workforce Action Plan

Workforce Action plan - To provide assurance that RWT are continuously working through strategies to future proof the workforce and improve current staffing levels within the maternity unit.

The workforce plan is reviewed by the Workforce Lead Midwife monthly with maternity matrons and/or line managers to acknowledge any current workforce deficit and any upcoming vacancies so that we have a robust recruitment strategy. A monthly workforce report will be submitted to the Head of Midwifery / Director of Midwifery. Regular contact is maintained with the Local Maternity and Neonatal System (LMNS) Workforce Lead to keep abreast of the regional recruitment and retention issues with an aim to formalise a regional recruitment strategy. Monthly meetings with the Trust Head of Workforce – Nursing, to update on Maternity staffing issues.

Outcome Required	Action	Lead (Job Title)	Timescale	Progress RAG	Evidence / Comment
1. Utilise international recruitment opportunities to fill Midwifery vacancies	<p>Review the international workforce – which countries provide midwifery care and which countries employ practicing midwives.</p> <p>Once identified, ensure that midwives are supported to undertake Objective Structured Clinical Examination (OSCE’s), English Language Test for Study (ILETS) and CBT exams and support with migrating to the UK</p>	International Recruitment Lead	Review 31 st April 2023		<p>4 International Midwives already in post, commenced April – July 2022.</p> <p>Second cohort of 7 International Midwives as per Go Further Funding bid – 4 have already commenced the programme (February 2023), 3 Midwives to commence 6th March 2023.</p>

THE ROYAL WOLVERHAMPTON NHS TRUST
Workforce Action Plan

	Utilise Go Further Funding bid to secure International Recruitment funding prior to 31 st March 2023.				
2. Midwifery Apprenticeship recruitment	<p>Three apprentice midwives commenced the BSc Midwifery course in September 2021 and a further two apprentice midwives commenced in September 2022. Apprenticeship applications for 2023 are currently in progress.</p> <p>RWT's implementation of HEE Maternity Support Worker Framework supports career progression pathways. Continued joint partnership working with the University of Wolverhampton lead for the apprenticeship programme.</p>	Workforce and Education lead Midwife	Review 31 st April 2023		<p>Midwifery apprenticeship currently open on TRAC (closes 16th February 2023).</p> <p>Joint recruitment in collaboration with the University of Wolverhampton to be completed before 31st March 2023.</p>
3. Improve community midwifery staffing by showcasing service – recruitment video	<p>Rolling adverts – adverts live for 2 weeks, shortlisting within 2 days and those suitable to interview are interviewed within 2 weeks.</p> <p>Regional recruitment event with the</p>	Matron for Community services	July 2023		LMNS recruitment event used to showcase Community Midwifery – 1 Midwife successfully recruited for the Community.

THE ROYAL WOLVERHAMPTON NHS TRUST
Workforce Action Plan

<p>filmed incorporating bespoke homebirth study day. Department focused on staff wellbeing – access to a psychologist and immersive wellbeing sessions bimonthly. In addition, good development programme for those wishing to enter management roles.</p>	<p>Local Maternity and Neonatal System utilised to showcase Community Midwifery at RWT and on the day interviews and appointments.</p>				<p>5 further Midwives successfully recruited for Community on the rolling Community Midwife adverts. Continued work through rotation to highlight Community Midwifery role.</p>
<p>4. Maternity Support Worker Transformation Programme – RWT are aware of the difficulties in recruitment of midwives, therefore, each healthcare</p>	<p>Management of change process began in January 2022 and was completed in June 2022. All staff were interviewed, and successful candidates have been mapped against the framework set out by Health Education England.</p>	<p>Maternity support worker transformation programme lead Midwife Workforce and Education lead Midwife</p>	<p>July 2023</p>		<p>MSW's offered a specific training programme to enable them to complete the regional MSW competency document. Rotation within the Maternity Unit is also used to support the</p>

THE ROYAL WOLVERHAMPTON NHS TRUST
Workforce Action Plan

<p>support worker was given the opportunity to be upskilled from a band 2 Healthcare Assistant to a band 3 Maternity Support Worker – this transformation has given maternity tasks to the MSWs, releasing midwives to undertake specific midwifery clinical elements.</p>	<p>All further recruitment must ensure that MSW's are mapped to the framework at point of successful recruitment.</p> <p>To ensure 100% Care Certificate compliance within Maternity.</p>				<p>completion of the competency document.</p> <p>MSW transformation lead Midwife working with individuals and HEI providers to ensure that those who require further education – functional skills, Level 3 apprenticeships, are supported.</p> <p>100% Care Certificate compliance achieved.</p>
<p>5. Recruitment of band five and band six midwives to work within acute services</p>	<p>Workforce service leads have increased contact with all new recruits during the onboarding process. In addition, career discussions have been introduced to all Midwives particularly those that are considering leaving the organisation or profession to establish reasons for leaving. The discussions will include exploring desired career pathways and signpost staff to further career</p>	<p>Workforce and Education lead Midwife</p>	<p>September 2023</p>		<p>Twenty midwives joined the Trust in between September and December 2022. Fifteen were newly qualified midwives. A further four midwives are expected to commence in post between January and March 2023.</p> <p>Enhanced support packages in place including robust local induction plans and psychological</p>

THE ROYAL WOLVERHAMPTON NHS TRUST
Workforce Action Plan

	<p>development and educational opportunities.</p> <p>Exit interview information to be utilised to recognise any retention issues and themes.</p>				<p>support. Two full time Practice Education Facilitators have been recruited to provide local induction and supernumerary support in the clinical areas to increase staff retention.</p> <p>Ongoing recruitment for Band 5 and Band 6</p>
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Trust Board Report

Meeting Date:	4 April 2023
Title of Report:	A Quality Framework (QF) – For Nurses Midwives Health Visitors Allied Health Professionals Pharmacists
Action Requested:	To inform.
For the attention of the Board	
Assure	For the Trust Board to be informed and note the new Nursing, Midwifery and AHP Quality Framework plan for the next 2 years to be launched April 2023.
Advise	To understand the achievements of the previous Clinical Systems Framework plan and the re-naming of the new framework. To recognise the level of engagement undertaken over the last 6 months to create the plan.
Alert	None.
Author and Contact Details:	Professor Ann-Marie Cannaby, Vanda Carter, Liz Thiebe. Tel 01922 721172 ext. 3355 Email annmarie.cannaby@nhs.net
Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care
Resource Implications:	None.
Report Data Caveats	
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	Trust wide - Nurses Midwives Health Visitors Allied Health Professionals Pharmacists
Risks: BAF/ TRR	N/A
Risk: Appetite	N/A
Public or Private:	Public
Other formal bodies involved:	N/A
References	Cannaby, A, Carter, V, Warren, K., et al. (2022) Evaluation of the effect of a Nursing System Framework on Nurse Sensitive Indicators, mortality, and readmission in an NHS Trust. Nursing Open. DOI: 10.1002/nop2.1362.

NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services. • High standards of excellence and professionalism. • Service user preferences. • Cross community working. • Best Value. • Accountability through local influence and scrutiny.
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Brief/Executive Report Details	
Brief/Executive Summary Title:	A Quality Framework – For Nurses Midwives Health Visitors Allied Health Professionals.
Item/paragraph 1.0	Progress update for the Board, relating to the framework and its latest iteration, roll out and research plans.

A Quality Framework – For Nurses | Midwives | Health Visitors | Allied Health Professionals

Background 2018-2022

The NSF was developed from a vision of implementing a Nursing Systems Framework initially conceptualized outside of the United Kingdom (UK) (Cannaby et al. 2017). It was adapted by the nursing, midwifery, and health visitor teams at the Royal Wolverhampton NHS Trust in 2018 as a local initiative to improve the outcomes of patient care. Through a methodical process, a framework was created which focussed on 6 pillars; organisational culture, excellence in care, education, research/innovation, and communication. This framework helped staff at every level in the organisation to understand how they connect to the improvement of care. Furthermore, it helped our staff to understand how they could develop their skills in the context of what is important for patients (Cannaby et al. 2022).



Figure 1.0 The QF contains 6 foundation blocks

A subsequent iteration of the framework was further developed with the addition of Allied Health Professional colleagues in a new two-year strategy. It was launched in March 2020. This version was called the “Clinical System Framework”. An evaluation of this CSF is planned for early 2023 and will be disseminated locally and hopefully published in a reputable peer reviewed journal.

Highlights of the Realised Benefits for RWT 2020-2022

Workforce

- Compliance with 30, 60 and 90 day conversation for new hires monitored via Divisional reporting of the 85 International Nurses recruited during 2020, 85% remain within Trust.
- The Advanced Extended Practice Roles (AEPR) governance group is well established and meets monthly. The WHT process is currently being aligned to RWT process so that both organisations comply to a shared, governance framework and work collaboratively.
- More streamlined, efficient internal transfer process in place at RWT and is being implemented in WHT.

Excellence in Care

- All pertinent data for patient observations completed on time has been included in the reported data set, which has resulted in more accurate reporting and oversight and focus on driving continuous improvements across all clinical areas recording patient observations on Vitals Clinical. Ongoing improvement work continues and the latest performance for patient observations completed on time is 80.4%.
- A Shared Decision-Making Council has been established to review Nursing Documentation in readiness for its digitalisation. This piece of work has been delayed due to the pressures of the Covid-19 pandemic but has now been re-instated and is being progressed.
- A joint Steering Groups between RWT and WHT have been established in Q3 and Q4 of 2022/23, to focus on pressure ulcer and falls prevention and enable shared learning. A joint Wound Prevention and Healing Ambition plan has been developed, which will enable focus on improvement with regards to wound prevention, and a joint Falls improvement plan is being developed.

There were some areas in the 2020-2022 plan that due to the pandemic pressure were not progressed and completed as per plan, including the digital nursing plan and review of nursing communication strategy.

Our New Quality Framework Milestone Plan across both Trusts 2023-2025 (Appendix 1)

The 2023 iteration of the framework sets out an ambitious, new 2-year strategy. Now developed as A Quality Framework (QF) For Nurses | Midwives | Health Visitors | Allied Health Professionals. The QF has been developed with input from front line staff, managers, and senior leaders in the AHP, Midwifery and Nursing services.

We implemented a comprehensive engagement strategy with our staff. From August – October 2022, we generated interest and ideas for our next QF plan.

The engagement activities included;

- A survey monkey tool to reach all staff
- Open, facilitated idea generating meetings at the ward/department level including community services, paediatric services, and maternity services.
- Band 7 Quality Away days
- Matron and Sr Matron development days
- HON Development days
- AHP Lead Sessions; 2 on each site

As a result, we directly received feedback from over 700 staff members across both Trusts. Plus there were additional forums where this was discussed and debated. The ideas generated have influenced the priorities in the new QF plan.

The engagement highlighted the need to have a greater alignment to the target audience. In the past we have had one overall plan with an emphasis on adult acute services in the main.

We have now developed individual service milestone plans based on the same framework pillars for 5 services. Maternity, Paediatrics, Community, AHP and Adult Services have their own specific milestone plans. These 5 plans combine strategies for each service for WHT and RWT together. Whilst much of content is the same in all 5 plans, there are some key differences in the Excellence in Care pillar. This approach has already improved the 'ownership' of the plans by the individual services. It has also provided an additional opportunity for like departments/services across both organisations to come together and set their aspirations for the next 2 years. And, we have an amalgamated plan, combining all 5

services. The milestone plans have clear deliverable objectives for each quarter over the next 2 fiscal years.

The launch date is 3 April. Supported by the communication department on both sites, we will raise staff awareness through many activities. We will distribute the 2023-25 QF plan (hard and soft copies) along with the 5 specific milestone charts for display in each area.

In April, we are also launching a funded research study with Staffordshire University evaluating the impact of the framework across 4 additional trusts.

Appendix 1 QF Brochure

References:

Cannaby, A, Carter, V, Warren, K., et al. (2022) Evaluation of the effect of a Nursing System Framework on Nurse Sensitive Indicators, mortality, and readmission in an NHS Trust. *Nursing Open*. DOI: 10.1002/nop2.1362

Cannaby, AM., Gkantaras, I., Finn, A., Foreman, B., Butler, G., Topping, A., and Gray, R. (2017). Implementing a nursing systems framework in a developing country. *International Nursing Review*. Vol. 64, pp. 345-352

Griffiths, P., Dall'Ora, C. (2022) Nurse staffing and patient safety in acute hospitals: Casandra calls again? *BMJ Qual. Saf.*2022:0 1-3. doi:10.1136/bmjqs-2022-015578

Kelly, D.M., Kutley-Lee, A., McHugh, M.D., Sloane, D.M., and Aiken, L.H. (2014). Impact on critical care nursing on 30-day mortality of mechanically ventilated older adults. *Critical Care Medicine*. Vol 42, No 5, pp.1089-1095

McHugh, M.D., Kelly, L.A., Smith, H.L., Wu, E.S., Vanak, J.M., and Aiken, L.H. (2013). Lower mortality in magnet hospitals. *Medical Care*. Vol. 51, No.1 pp.52-59.

Recio-Saucedo, A., Dall'Ora, C., Antonello Maruotti, A., Ball, J., Jim Briggs, J., Meredith, P., Redfern, O.C., Kovacs, C., Prytherch, D., Smith, G.B., Griffiths, P. (2018) What impact does nursing care left undone have on patient outcomes? Review of the literature *J Clin Nurs*. 2018;27:2248–2259.

QF

Our shared vision for continuous improvement, providing safe, effective and high-quality care for all our service users.



Excellence in care



Workforce



Culture and organisation structure



Education



Communication



Research and innovation







A message from Professor David Loughton CBE Group Chief Executive

Nursing, Midwifery, Allied Health Professional (AHP) and Health Visitor participation and leadership is fundamental to the success of our new and collaborative Integrated Care Services (ICS). This new two-year plan, combined for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust, demonstrates what good planning looks like...

Clear measurable goals with the focus on quality and the patient experience.

I look forward to seeing the outputs each quarter.



Professor Ann-Marie Cannaby

Group Chief Nurse

Each iteration of the framework gets better. With this version, we have changed the name to Quality Framework (QF). It includes an overall milestone plan and five individual plans reflecting the goals of each service area. We have built this plan with input from all levels of the organisation through a series of listening events, surveys and development days. Nurses, Midwives, Health Visitors, and AHPs contributed. I am impressed with the quality of the ideas and aspirations that this plan represents. I am looking forward to seeing the impact on patient care.



Lisa Carroll

Director of Nursing (Walsall Healthcare)

The process of developing this plan included bringing ideas from both organisations together. We can see the common aspirations and some divergence reflecting local priorities for improvement. This is an important step forward as we are finding ways to identify and share best practice across our patch.



Debra Hickman

Director of Nursing (RWT)

Like many large hospital systems, we have regular external reviews, and opportunities for peer review. It is good to see the learning from these reviews reflected in the milestone plan. The plan reflects a commitment to professionalism and a commitment to quality from our Nurses, Midwives, Health Visitors and AHPs.



Tracy Palmer

Director of Midwifery (RWT)

For the midwifery teams, this new format with a midwifery specific milestone plan is just what we require to ensure our focus remains on the priorities for our service. It pulls together important work streams over the next two years, as together we strive to achieve these milestones and measure our progress.



Dr. Rosalind Leslie

Chief Allied Health Professional (RWT)

We have developed an AHPs milestone plan with this version of the Quality Framework, to reflect local and national drivers. And we have focused on stronger integration with our Nursing and Midwifery colleagues as we look for ways to improve our collective research capabilities across the organisations. We are seeing growth in research priorities with each new milestone plan.



Jo Wright

Head of Midwifery, Gynaecology and Sexual Health (Walsall Healthcare)

The Quality Framework sets out clear goals specifically aligned to national maternity strategy that sits within the local context for the community we serve.



Excellence in care

Our vision is to deliver exceptional care together to improve the health and wellbeing of our communities. Excelling in the delivery of care is central to everything we do within our organisations. The quality of care we provide continues to be underpinned by best practice that is evidence based and innovative with measurable outcomes.

The QF will continue to:

- Demonstrate the patient/child and family is at the heart of all we do. Our services are developed and improved through their involvement and co-production of services.
- Learn from the population we serve and our staff, through listening to their experiences of using and providing services across our organisations.
- Prioritise areas of practice we want to improve that are aligned with evidence from research and quality improvement methodologies.
- Utilise results of external reviews of our services or national reports to drive continuous learning and improvement.
- Encourage a culture of 'knowing how we are doing' in relation to key performance indicators with data being easily accessible.

We will also:

- Introduce a clinical accreditation programme using a framework for comprehensive assessment for inpatient adult and paediatric wards and at the same time, driving excellence by going back to basics.
- Promote innovation through digitalisation where possible. Reduce duplication of documentation.
- Promote standardisation of practice between community and acute services, to improve care and reduce waste.
- Promote self-care in the community and acute setting.
- Promote excellence in maternity/neonatal care by implementing the Ockenden, Saving Babies Lives and other external best practice recommendations.

Excellence in care pillar

Nursing documentation	<ul style="list-style-type: none"> • Launch a Shared Decision-Making Council
Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • Develop a clinical accreditation model • Launch a Shared Decision-Making Council • Establish a Clinical Accreditation Board
Medication safety	<ul style="list-style-type: none"> • Launch a Shared Decision-Making Council
(A,P,M) Deteriorating patients (DP)	<ul style="list-style-type: none"> • Improve data validation for patient observations and sepsis • Joint Trust Quality Safety Enabling Strategy (JTQSES) launched
(A,C, AHP) Eat, Drink, Dress, Move to Improve	<ul style="list-style-type: none"> • Launch a Shared Decision-Making Council with patient members across acute and community services • Agree metrics for patient de-conditioning avoidance
Standardisation of protocols and devices	<ul style="list-style-type: none"> • Launch a Shared Decision-Making Council across acute and community with patient membership
Tissue viability	<ul style="list-style-type: none"> • Launch a Tissue Viability Shared Decision-Making Council • Launch the Wound Prevention and Healing Ambition Plan • Wound Care Policy and treatment guidance approved
(A) Emergency Department (ED) and wider urgent and emergency care (UEC) and patient flow	<ul style="list-style-type: none"> • New ED opened (Walsall Healthcare) • UEC and Patient Flow component of Joint Trust Quality Safety Enabling Strategy (JTQSES) actions and success measures launched
Electronic Medical Record (EMR) (RWT)	<ul style="list-style-type: none"> • Project scope defined with Nursing/AHPs local requirements • Recruit Testing Experts within Nursing and AHP staff
EMR (Walsall Healthcare)	<ul style="list-style-type: none"> • Clinical narrative planning commenced Documentation Shared Decision Making Council prioritise 'Digital ready' documents and pathways
(M) Baby Friendly Initiative	<ul style="list-style-type: none"> • Review baseline data for three areas; skin to skin contact, breast feeding, bottle feeding
(M) Fetal monitoring	<ul style="list-style-type: none"> • Improve compliance with hourly Fresh Eyes assessments for antenatal and intrapartum CTGs
(M) Saving Babies Lives Care Bundles	<ul style="list-style-type: none"> • Audit and create improvement plan for six elements of care (RWT)
(M) Implementation of Badgernet - England wide Single Pregnancy Record (SPR)	<ul style="list-style-type: none"> • Badgernet Single Pregnancy Record implemented
(P) Patient flow	<ul style="list-style-type: none"> • Publish a patient flow map to help families understand patient journey
(C) Self management for patients	<ul style="list-style-type: none"> • Launch a Shared Decision Making Council with patient membership established
(C) Escalation protocols	<ul style="list-style-type: none"> • Review and update pathway following assessment of developmentally delayed children

Q1

Q2

Nursing documentation	<ul style="list-style-type: none"> • Integrated Care Pathways (ICP) and same day care documentation revision
Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • Accreditation model approved and communicated
Medication safety	<ul style="list-style-type: none"> • Nursing and midwifery medication audits and competencies reviewed and relaunched
(A,P,M) Deteriorating patients (DP)	<ul style="list-style-type: none"> • Share the (DP) dashboard across both Trusts with the view of adopting at Walsall Healthcare
(A,C, AHP) Eat, Drink, Dress, Move to improve	<ul style="list-style-type: none"> • Pilot community team (RWT) Pilot one ward and community team (Walsall Healthcare)
Tissue viability	<ul style="list-style-type: none"> • Launch formulary for wound care products and Wound Buddy App
Electronic Medical Record (EMR) (RWT)	<ul style="list-style-type: none"> • Recruit digital nurses and AHPs
EMR (Walsall Healthcare)	<ul style="list-style-type: none"> • Review patient status at a glance boards • Develop clinical communication plan for new software rollout
(M) Baby Friendly Initiative	<ul style="list-style-type: none"> • Action plan developed and implemented • 20% improvement rate until 80% national target is reached
(M) Fetal monitoring	<ul style="list-style-type: none"> • 95% compliance reached
(P) Patient flow	<ul style="list-style-type: none"> • Implement "what's important to me" boards at each bedside
(P) Mental health	<ul style="list-style-type: none"> • Engagement with stakeholders for the development of Joint Children and Young People (CYP) and mental health strategy
(C) Self management for patients	<ul style="list-style-type: none"> • Develop Standard Operating Procedure (SOP) for anticoagulation therapy. Develop staff and patient education plan for rollout
(C) Use digital platform to drive improvements	<ul style="list-style-type: none"> • Revise digital referral form
(C) Escalation protocols	<ul style="list-style-type: none"> • Monitor compliance to pathway and make improvements as needed

Nursing documentation	<ul style="list-style-type: none"> • Emergency care pathway documentation revision
Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • Commence clinical accreditation visits – two wards per week (one at each Trust) • Commence planning for implementing clinical accreditation in emergency portal areas"
Medication safety	<ul style="list-style-type: none"> • 50% improvement in medication standards compliance within Nursing and Midwifery
(A,C, AHP) Eat, Drink, Dress, Move to Improve	<ul style="list-style-type: none"> • Roll out to 50% of inpatient wards at both Trusts
Standardisation of protocols and devices	<ul style="list-style-type: none"> • Define integrated protocols, devices and procedures across community and acute services, with inclusion of IPC standards
Tissue Viability	<ul style="list-style-type: none"> • Pilot and implement electronic wound care product prescription ordering system for the acute setting
EMR (Walsall Healthcare)	<ul style="list-style-type: none"> • Set up working groups to support the rollout
(P) Patient flow	<ul style="list-style-type: none"> • Evaluate need for flow coordinators
(C) Use digital platform to drive improvements	<ul style="list-style-type: none"> • Develop patient digital literacy assessment as part of initial assessment

Q3

Q4

Nursing Documentation	<ul style="list-style-type: none"> • Elective care pathway documentation revision
Ward accreditation Back to Basics	<ul style="list-style-type: none"> • Roll out to all inpatient wards and Emergency Portals at both Trusts (approx. 51 in total) • Commence planning for implementing clinical accreditation in specialist areas
(A,P,M) Deteriorating patients (DP)	<ul style="list-style-type: none"> • Achieve patient observations on time target of 80% • DP milestones within the joint Trust Quality and Safety Enabling Strategy achieved
Standardisation of protocols and devices	<ul style="list-style-type: none"> • Standardise urinary catheters
Tissue viability	<ul style="list-style-type: none"> • Shared Decision Making Council (SDMC) reviewed and education resources updated • Milestones within the Wound Prevention and Healing Ambition plan achieved
(A) Emergency Department (ED) and wider urgent and emergency care (UEC) and patient flow	<ul style="list-style-type: none"> • Achieve upper quartile against PLACE audit standards • UEC and Patient Flow milestones from Joint Trust Quality Safety Enabling Strategy (JTQSES) achieved • 4% increase in nursing staff satisfaction • 30% reduction of negative comments from national patient experience survey for emergency care
EMR (Walsall Healthcare)	<ul style="list-style-type: none"> • Go Live with clinical narrative software
(M) Fetal monitoring	<ul style="list-style-type: none"> • Maintain 95% compliance
(M) Saving Babies Lives Care Bundles	<ul style="list-style-type: none"> • 95% compliance with CO2 monitoring at 36 weeks
(P) Mental health	<ul style="list-style-type: none"> • Joint CYP and mental health strategy launched
(C) Self management for patients	<ul style="list-style-type: none"> • Develop SOP for self management of diabetes • Develop staff and patient education plan for rollout
(C) Escalation protocols	<ul style="list-style-type: none"> • Identify second escalation pathway to review and update

Excellence in care pillar

Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • Accreditation completed for 15 inpatients wards/emergency portals
(A,P,M) Deteriorating patients (DP)	<ul style="list-style-type: none"> • Evidence of DP dashboard utilised by both Trusts
(A,C, AHP) Eat, Drink, Dress, Move to Improve	<ul style="list-style-type: none"> • Roll out to the remaining 50% of inpatient wards at both Trusts
Tissue viability	<ul style="list-style-type: none"> • Collaborative review of foot health process completed – AHP to lead
Electronic Medical Record (EMR) (RWT)	<ul style="list-style-type: none"> • Nurses and AHP super users complete training
EMR (Walsall Healthcare)	<ul style="list-style-type: none"> • Review and evaluate priorities of Shared Decision Making Council from quarter one • Address any gaps with revised plan

Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • 10 more inpatient wards/emergency portals accredited • Five specialist areas accredited
Electronic Medical Record (EMR) (RWT)	<ul style="list-style-type: none"> • Documentation Shared Decision-Making Council to prioritise documents and pathways for digitalisation • Implement clinical narrative module (digitalisation of documents)



Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • 15 more inpatient wards/ Emergency Portals accredited • Launch clinical accreditation in specialist areas
Medication safety	<ul style="list-style-type: none"> • 50% improvement in medication standards compliance within nursing and midwifery
Standardisation of protocols and devices	<ul style="list-style-type: none"> • Standardise additional devices
Electronic Medical Record (EMR) (RWT)	<ul style="list-style-type: none"> • Go Live for Careflow PAS in Acute and community services supported by super users, floor walkers and trainers
(C) Self management for patients	<ul style="list-style-type: none"> • Evaluate impact of self management protocols
(C) Escalation protocols	<ul style="list-style-type: none"> • Identify third escalation pathway to review and update

Ward accreditation 'Back to Basics'	<ul style="list-style-type: none"> • 11 more inpatient wards/emergency portals accredited • Five specialist areas accredited
(A,P,M) Deteriorating patients (DP)	<ul style="list-style-type: none"> • Achieve patient observations on time target of 95% • DP milestones within the joint Trust Quality and Safety Enabling Strategy achieved
Tissue viability	<ul style="list-style-type: none"> • Milestones within the Wound Prevention and Healing Ambition plan achieved
(A) Emergency Department (ED) and wider urgent and emergency care (UEC) and patient flow	<ul style="list-style-type: none"> • ED metrics: • Evidence of Q4 2023/24 position having been sustained or further improvements made • Milestones from Joint Trust Quality Safety Enabling Strategy (JTQSES) focusing on UEC and patient flow achieved
Electronic Medical Record (EMR) (RWT)	<ul style="list-style-type: none"> • Evaluate completed EMR programme
EMR (Walsall Healthcare)	<ul style="list-style-type: none"> • Evaluate completed EMR
(M) Fetal monitoring	<ul style="list-style-type: none"> • Maintain 95% compliance
(M) Saving Babies Lives Care Bundles	<ul style="list-style-type: none"> • Reduce smoking rates by 6% • 95% compliance with CO2 monitoring at 36 weeks



Culture and organisation structure

Nurses, Midwives, Health Visitors and Allied Health Professionals are an integral part of multidisciplinary teams and leadership structures within the organisations. Teamwork, shared visions and goals are essential to deliver good quality and excellent care.

The QF will continue to:

- Set our organisational goals and aspirations high and align them with national and international benchmarks and standards.
- Expand the use of shared decision making structures (councils) at local levels.
- Build strategies, improvement initiatives and pathways with input from our patients and staff at all levels of the organisations.
- Ensure that the voice of the Nurse/ Midwife/AHP/Health Visitor is well represented on organisation-wide committees and groups.

We will also:

- Promote opportunities to share our learning and successes across both Trusts.
- Foster opportunities to promote multidisciplinary teamwork.
- Strengthen the leadership and management capabilities for each level of leaders.



Culture and organisation structure pillar

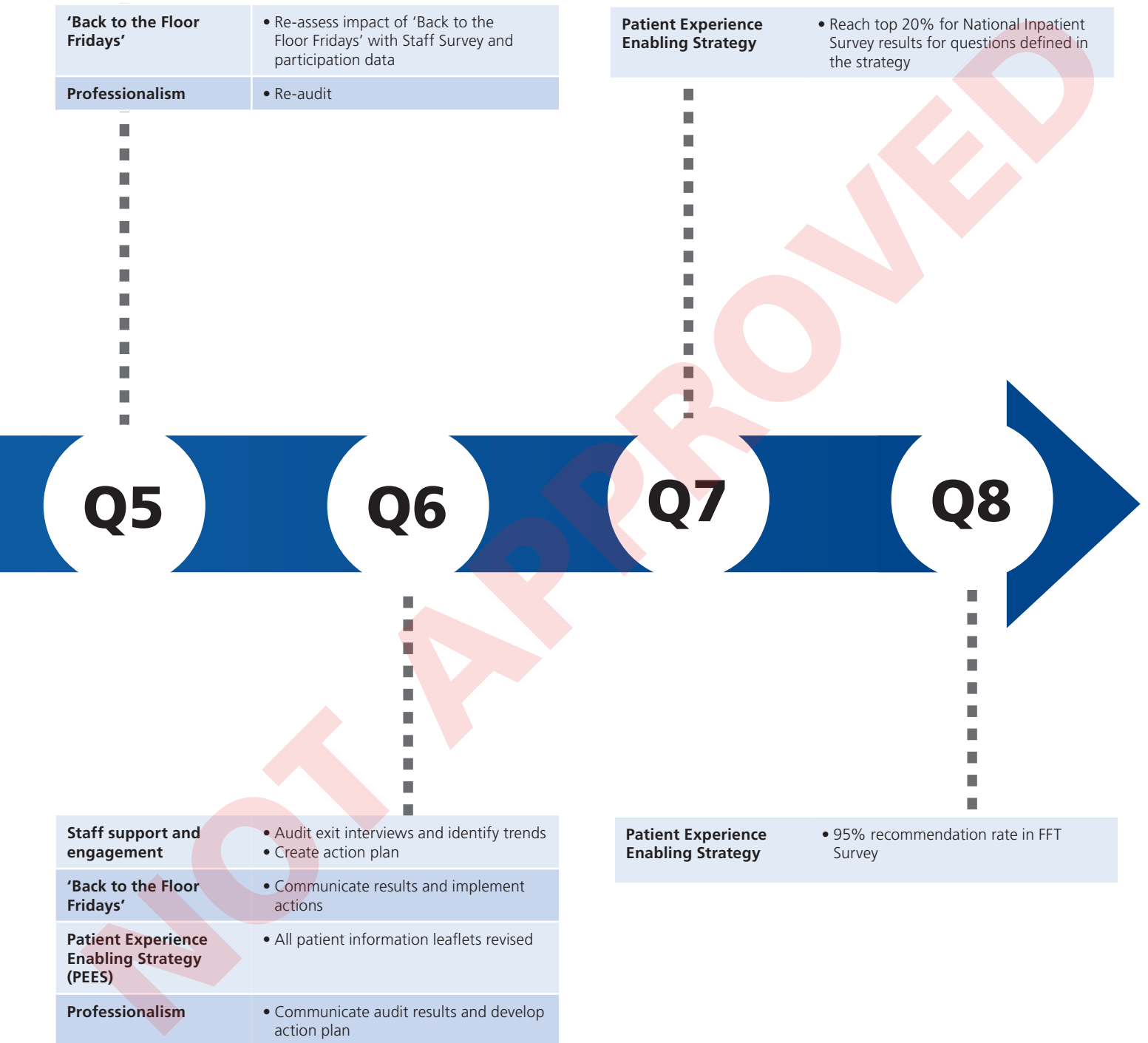
Staff support and engagement	<ul style="list-style-type: none"> Audit line manager/newly recruited staff one-one meetings with initial objective setting taking place (IPR) Review feedback from Supervision Together All Year Event (STAY)
Voice in Digital Technology Committees for Nurses /Health Visitors/AHPs/ Midwives	<ul style="list-style-type: none"> Identify key stakeholders and groups that need additional representation (Baseline)
Back to the Floor Fridays	<ul style="list-style-type: none"> Assess impact of 'Back to the Floor Fridays' with Staff Survey and participation data
Patient Experience Enabling Strategy (PEES)	<ul style="list-style-type: none"> Develop Divisional based plans to implement the strategy
Professionalism	<ul style="list-style-type: none"> Audit of culture and respect using NHS England civility and respect framework

Staff support and engagement	<ul style="list-style-type: none"> Audit exit interviews and identify trends
Patient Experience Enabling Strategy	<ul style="list-style-type: none"> Open Interactive patient/carer hub (Walsall Healthcare)
Professionalism	<ul style="list-style-type: none"> Launch staff civility and respect charter



Staff support and engagement	<ul style="list-style-type: none"> Audit of newly qualified staff 30,60,90 day meetings with line manager
Voice in Digital Technology Committees for Nurses /Health Visitors/AHPs/ Midwives	<ul style="list-style-type: none"> Identify and mitigate barriers to broader representation Identify enabling methodologies to encourage participation
'Back to the Floor Fridays'	<ul style="list-style-type: none"> Communicate results and implement actions
Patient Experience Enabling Strategy	<ul style="list-style-type: none"> Implement local system to track actions taken from results of national patient survey
Professionalism	<ul style="list-style-type: none"> Communicate audit results and develop action plan

Staff support and engagement	<ul style="list-style-type: none"> 100% of NQ staff have 30,60,90 day meeting with line manager
Voice in Digital Technology Committees for Nurses /Health Visitors/AHPs/ Midwives	<ul style="list-style-type: none"> Review committee representation and adjust as needed
Patient Experience Enabling Strategy	<ul style="list-style-type: none"> 92% recommendation rate in FFT Survey





Communication

The QF will continue to be a tool to plan and measure our performance as a team through agreed objectives and milestones. Communication is key to ensure the ongoing success of the QF and to share its progress. Engagement, ownership and knowing where we are going is critical to our success.

The QF will continue to:

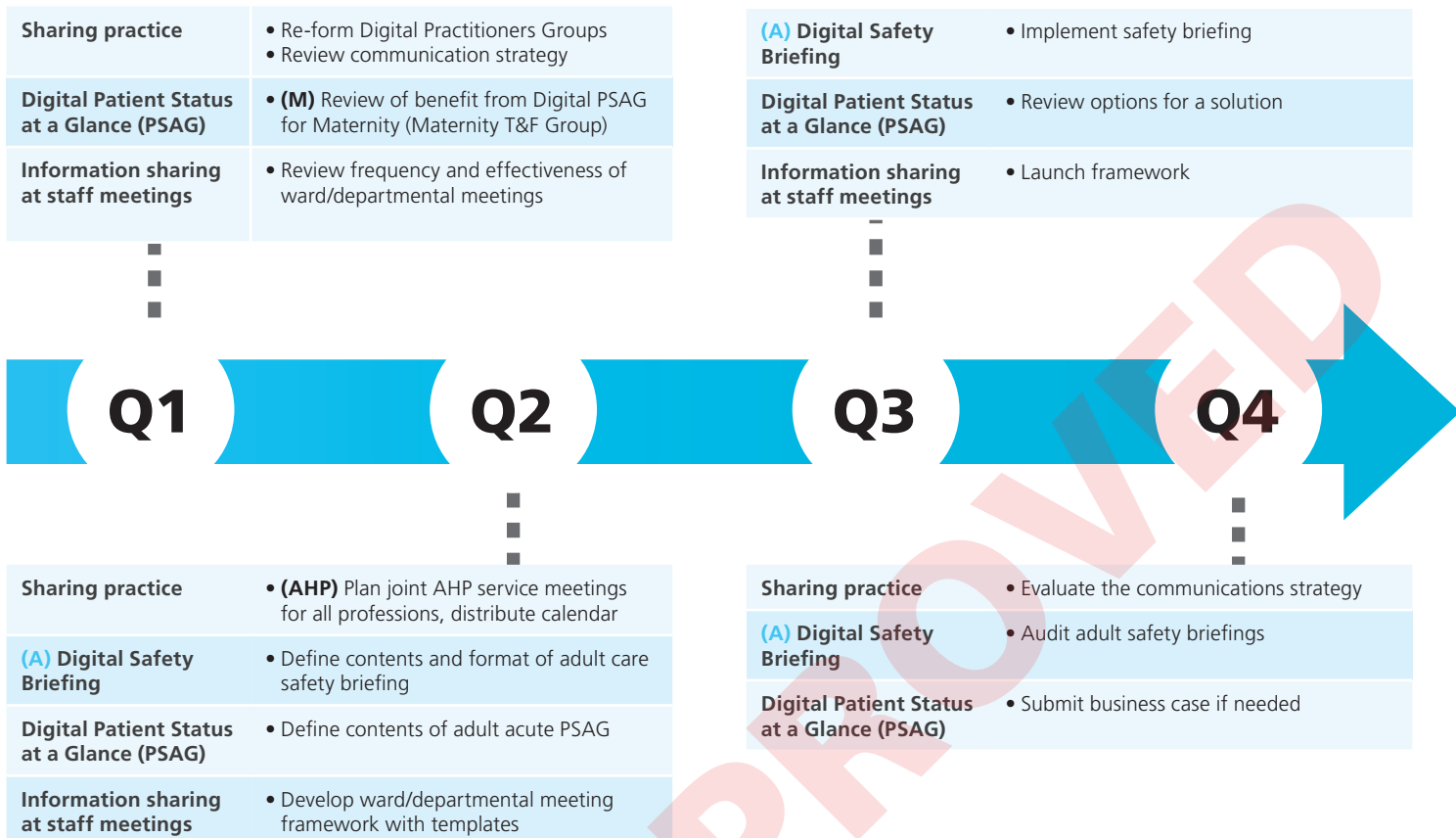
- Further develop the collaborative ways of communicating for both of our Trusts.
- Use social media, intranet web pages, global communication emails, newsletters and blogs.
- Utilise blended methods of delivery: forums, digital bite-size recordings, podcasts, debates and talks.

We will also:

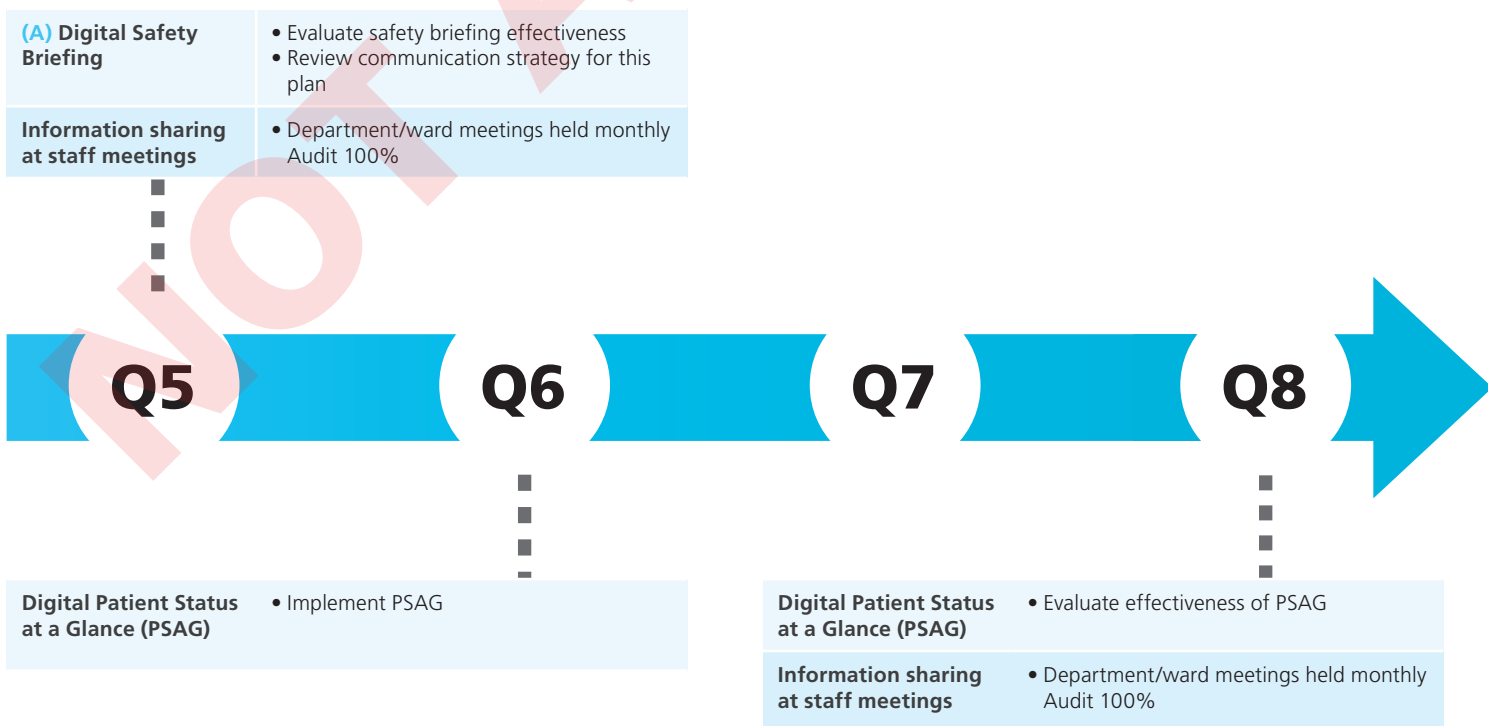
- Create and revitalise forums to share practice and solve problems (ex Digital Practitioners Groups).
- Improve internal department communication with the development of a service specific standardised digital patient safety briefing and a digital patient status at a glance.



Communication pillar



Year 2





Workforce

One of the core components of a good quality service is ensuring that the right staff are in the right place at the right time. This requires constant oversight, planning and resource for development.

The QF will continue to:

- Implement and deliver an evidenced based workforce plan which focuses on the recruitment and retention of Nursing, Midwifery, Health Visitors and AHP staff groups.
- Explore advancement opportunities for staff to benefit our evolving patient care needs.
- Encourage the culture of learning, evolving and learning from each other.

We will also:

- Deliver a plan to improve recruitment, retention and promotion of those in under-represented groups.
- Focus on succession planning of our workforce.
- Make it easier for staff to work, and transfer between organisations and between departments by joining bank functions across the two Trusts.



Workforce pillar

Recruitment and retention	<ul style="list-style-type: none"> Align Walsall Healthcare and RWT Career Framework Develop new manager induction re: the Walsall Healthcare/RWT ways of working Need to add establish baseline data for interview to start date time.
Workforce plan	<ul style="list-style-type: none"> (C) Develop Community Health Visitor and Advance Practice Plan (M) Workforce plan revised to meet Ockenden and BAPM requirements Submit and Implement business case related recruitment
(AHP) Data Driven AHP Workforce Standards	<ul style="list-style-type: none"> Develop Speech and Language Therapy (SLT) job planning. Partner with national groups to test methodology. Use job planning to inform business cases.
Promote flexible working	<ul style="list-style-type: none"> Scope best practice metrics; develop metrics with HR team
New Roles/ Advancing Clinical Practice (ACP)	<ul style="list-style-type: none"> Launch the ACP and Advanced/extended Practice Roles governance framework across both sites

Recruitment and retention	<ul style="list-style-type: none"> Monitor retention rate monthly (AHP) Assess work place locations for adequate work space for staff. Create action plan to correct
Workforce plan	<ul style="list-style-type: none"> Submit business case for new posts if needed (M) Recruit three maternity Support workers Secure four return to practice midwives per annum
(AHP) Data Driven AHP Workforce Standards	<ul style="list-style-type: none"> Develop Speech and Language Therapy (SLT) job planning. Partner with national groups to test methodology. Use job planning to inform business cases.



Recruitment and retention	<ul style="list-style-type: none"> Develop lead AHP support worker role Streamline new hire process for all including bank staff to reduce the time from interview to start date by 50% Six AHP apprentices start level 6 education
Workforce plan	<ul style="list-style-type: none"> Apply National Staffing Standards to all areas Identify gaps
Promote flexible working	<ul style="list-style-type: none"> Collect baseline data and develop action plan with improvement targets

Recruitment and retention	<ul style="list-style-type: none"> (AHP) Submit capital request if needed to address work place needs. (P) Secure 2 Return to practice nurses per annum
Workforce plan	<ul style="list-style-type: none"> (M) Recruit 10 (Walsall Healthcare) and seven (RWT) international Midwives Increase student midwives and nurses (Walsall Healthcare) by 10% and (RWT) to 40
Promote flexible working	<ul style="list-style-type: none"> Improvement over baseline
New Roles/ Advancing Clinical Practice (ACP)	<ul style="list-style-type: none"> ACP Steering group to Evaluate ACP framework

Year 2

(AHP) Data Driven AHP Workforce Standards	<ul style="list-style-type: none"> 5% increase in international recruitment Develop work standard for third specialist Partner with national groups to test these standards Use standards to inform business cases
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Workforce plan	<ul style="list-style-type: none"> (M) Recruit three Maternity Support Workers Secure four return to practice midwives per annum
(AHP) Data Driven AHP Workforce Standards	<ul style="list-style-type: none"> Develop work standard for fourth speciality. Partner with national groups to test these standards Use standards to inform business cases



Recruitment and retention	<ul style="list-style-type: none"> Two AHPs recruited through return to practice process
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Recruitment and retention	<ul style="list-style-type: none"> (P) Secure two Return to practice Nurses per annum
Promote flexible working	<ul style="list-style-type: none"> Improvement over baseline



Education

Another core component of care is the need for education. The QF supports the continual drive to improve skill sets, develop our teams and prepare our workforce based on patient needs and requirements.

The QF will continue to:

- Work with our partners to increase our student numbers to invest in our future workforce and their professional development.
- Provide and tailor the staff induction package to reflect our diverse services.
- Seek, offer, develop and innovate educator roles at all levels. We will continue to embrace appropriate technologies and innovations to support our activities.
- Develop blended learning approaches to enable wider access.
- Standardise the Practice Education Facilitator (PEF) role across both Trusts.

We will also:

- Further develop the Professional Nurse Advocate and Preceptorship roles and competencies.
- Support the need for protected education time for all levels of staff.
- Digitalise resources for students and staff.
- Develop shared paediatric competencies across both Trusts.
- Develop apprenticeship pathway with educational support for the Health Care Support Worker roles.



Education pillar

Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Publish annual education offering calendar Rollout generic AHP Support worker job descriptions Scope need for AHP dementia care modules
Pre-Registration support	<ul style="list-style-type: none"> Establish baseline of numbers of qualified Supervisor and Assessors for Students (S&A) Launch TouchPoint Process for students
Post reg education support	<ul style="list-style-type: none"> Publish annual educational offers for registered staff Evaluate Preceptorship pathway against national framework Contribute to Black Country AHP preceptorship programme
Professional Nurse Advocate (PNA) role	<ul style="list-style-type: none"> Scope current position in relation to national standards and expected ratio and plan recruitment to comply Baseline restorative clinical supervision
Digitalisation of resources	<ul style="list-style-type: none"> Scope current education digital provision for e-pad, e-portfolio, interactive CPD offer and student data collection tool
(P, M) Prep for Practice Competencies	<ul style="list-style-type: none"> Develop competencies for experienced adult nurses to work in paediatric wards and maternity transitional care
(P, C) Induction	<ul style="list-style-type: none"> Tailor hospital induction programme for community and paediatric staff
(M) Maternity triage competencies	<ul style="list-style-type: none"> Embed competencies based on Birmingham Symptom-specific Obstetric Triage system (BSOTS)

Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Launch dementia care modules
Pre-Registration support	<ul style="list-style-type: none"> Launch Student Shared decision making council 95% of AHP students attend Trust induction
Post reg education support	<ul style="list-style-type: none"> 100% of newly qualified practitioners access preceptorship and clinical skills training within first year (in line with professional requirements).
Professional Nurse Advocate (PNA) role	<ul style="list-style-type: none"> Achieved 75% of national ratio of PNA registrants
Digitalisation of resources	<ul style="list-style-type: none"> Develop e-portfolio Pilot the preceptorship e-pad
(P, M) Prep for Practice Competencies	<ul style="list-style-type: none"> Evaluation of Prep for practice competency programme (P) (M Transitional care) Develop competencies for Enhanced Maternity care (M)
(P, C) Induction	<ul style="list-style-type: none"> Launch new induction programmes



Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Report baseline attainment for numeracy and literacy NVQ and those accessing apprenticeship development pathway Padlet launch for AHP support workers.
Pre-Registration support	<ul style="list-style-type: none"> Audit Collaborative Learning in Practice (CLiP) data
Post reg education support	<ul style="list-style-type: none"> Standardise PEF role (AHP) Address gaps in AHP PEF support with business case PEF priorities agreed and output shared
Professional Nurse Advocate (PNA) role	<ul style="list-style-type: none"> Launch Communications strategy to increase awareness of role Recruit new PNAs Host local PNA conference
Digitalisation of resources	<ul style="list-style-type: none"> Develop preceptorship e-pad
(P, M) Prep for Practice Competencies	<ul style="list-style-type: none"> Launch competencies
(M) Maternity triage competencies	<ul style="list-style-type: none"> 50% of Delivery suite and triage staff complete competencies

Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Apprenticeship development pathway completed
Pre-Registration support	<ul style="list-style-type: none"> Develop (CLiP) into 10% of student placement areas S&A assessors/supervisors increased by 75%.
Professional Nurse Advocate (PNA) role	<ul style="list-style-type: none"> 10% increase in Restorative Clinical Supervision uptake in available sessions (from baseline)
Digitalisation of resources	<ul style="list-style-type: none"> Develop interactive infographic for CPD offer
(P, M) Prep for Practice Competencies	<ul style="list-style-type: none"> Launch enhanced maternity care competencies (M)
(M) Maternity triage competencies	<ul style="list-style-type: none"> 95% Delivery suite and triage staff complete competencies

Education pillar

Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Publish Annual Education offering calendar 10% of support staff access apprenticeship development pathway
Pre-Registration support	<ul style="list-style-type: none"> Begin research project to evaluate the benefits of CLiP model for students in preparation for registration
Post reg education support	<ul style="list-style-type: none"> Publish annual educational offers for registered staff Apply for preceptorship interim quality mark scheme
Digitalisation of resources	<ul style="list-style-type: none"> Evaluate the preceptorship e-pad
(P, M) Prep for Practice Competencies	<ul style="list-style-type: none"> Evaluation of Prep for practice competency programme (M enhance maternity care)
(P, C) Induction	<ul style="list-style-type: none"> Evaluate new induction programmes

Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Dementia module completed by 100 staff
Pre-Registration support	<ul style="list-style-type: none"> CLiP into 20% of student areas Collect data from newly qualified Nurses who have interacted with CLiP model
Post reg education support	<ul style="list-style-type: none"> Develop online placement directories and add to website
Professional Nurse Advocate (PNA) role	<ul style="list-style-type: none"> Achieved over 95% of national PNA: Registrant ratio
Digitalisation of resources	<ul style="list-style-type: none"> Launch e-portfolio
(P, C) Induction	<ul style="list-style-type: none"> Share findings



Pre-Registration support	<ul style="list-style-type: none"> Collect data for ongoing research from students in CLiP areas Evaluate touch point events in relation to attrition and recruitment S&A to 85%
Post reg education support	<ul style="list-style-type: none"> 100% of Newly qualified Practitioners access preceptorship and clinical skills training within first year (in line with professional standards).
Digitalisation of resources	<ul style="list-style-type: none"> Develop student data collection tool

Health Care Support Worker (CSW) development	<ul style="list-style-type: none"> Staff progression to higher apprenticeship level increased by five %
Pre-Registration support	<ul style="list-style-type: none"> Publish/share research findings 95% compliance with S&A 100% AHP students attend Trust induction
Professional Nurse Advocate (PNA) role	<ul style="list-style-type: none"> 15% increase in restorative clinical supervision sessions (from baseline)
Digitalisation of resources	<ul style="list-style-type: none"> Evaluation of e-pad, e-portfolio, interactive CPD offer and student data collection tool
(P, M) Prep for Practice Competencies	<ul style="list-style-type: none"> Evaluate programmes and publish



Research and Innovation

Continual improvement requires that our care is underpinned by evidence, trustworthy research and validated best practices.

The QF will continue to:

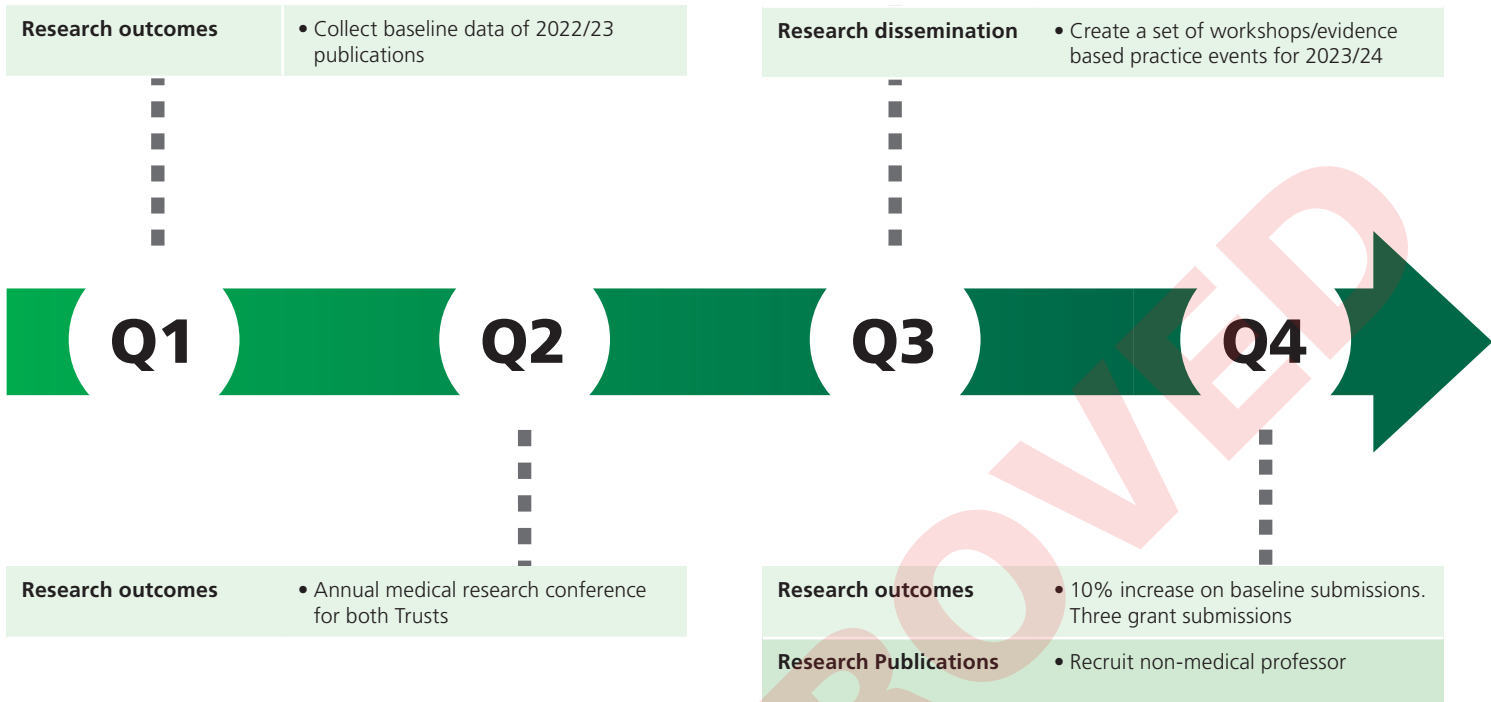
- Enable further development of a research culture across both Trusts which is embedded within clinical practice and teams.
- Encourage, enable and communicate about research outputs and achievements.
- Invest in the latest technologies to collate, store and report activities in the form of publications, abstracts, posters presentations and seminars.
- Explore, adopt, invest, plan and communicate about digital innovation and technologies. Use evidence to support business planning and changes in practice.
- Communicate, disseminate, evaluate and change based on evidence and a clear rationale.

We will also:

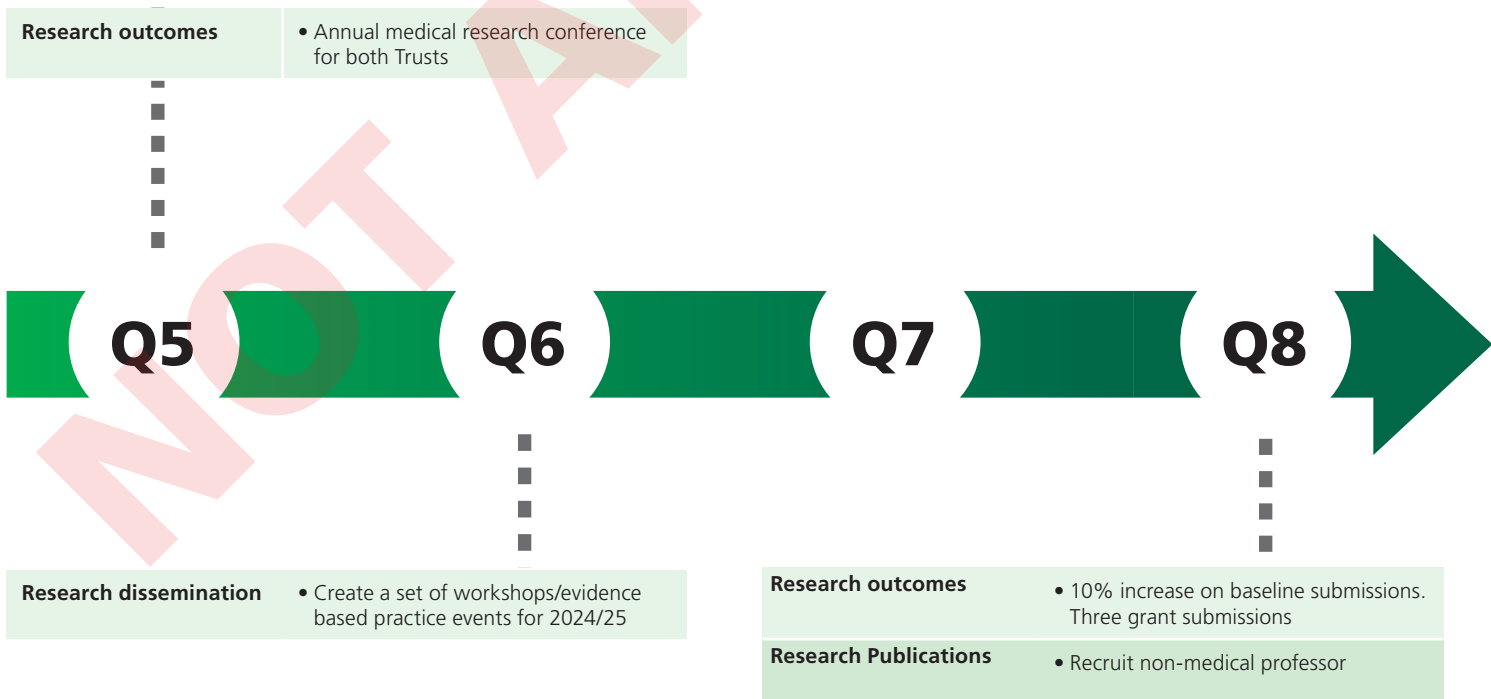
- Actively participate in the development, planning and implementation of the new Electronic Medical Record across both Trusts.



Research and Innovation pillar



Year 2



NOT APPROVED



NOT APPROVED

Trust Board Report

Meeting Date:	4 th April 2023	
Title of Report	Infection Prevention and Control Report	
Action Requested:	Receive for assurance	
For the attention of the Board		
Assure	Below or at external targets for <i>E. coli</i> and Klebsiella bacteraemia. CPE screening continues to pick up patients and reduce the risk of spread – total of 53 new patients identified from April 2022 to date	
Advise	COVID-19 activity requires ongoing monitoring of patients and outbreaks and increases pressure on side-rooms. Above external target for <i>Pseudomonas aeruginosa</i> bacteraemia. Above internal targets for MSSA bacteraemia, MRSA acquisition and DRHABs. Compliance with infection prevention-related mandatory training below 95% at end February 2023 (94% for IP mandatory training, 89% for Hand Hygiene).	
Alert	Above external <i>C difficile</i> target with 61 to date (annual target to end April is 58)	
Author and Responsible Director Contact Details:	Dr Joanna Macve, Consultant Microbiologist Tel 01902 698259 joanna.macve@nhs.net Debra Hickman, Director of Nursing Debra.hickman@nhs.net	
Links to Trust Strategic Objectives	Strategic Aim (SA)	Associated Strategic Objectives (SO)
	Excel in the delivery of Care	<ul style="list-style-type: none"> Embed a culture of learning and continuous improvement Safe and responsive urgent and emergency care
	Support our Colleagues	<ul style="list-style-type: none"> Improve overall staff engagement
	Improve the Healthcare of our Communities	<ul style="list-style-type: none"> Deliver improvements at PLACE in the health of our communities
	Effective Collaboration	<ul style="list-style-type: none"> Improve population health outcomes through provider collaborative Progress joint working across Wolverhampton and Walsall Facilitate research that improves the quality of care
Resource Implications:	Capital: Investment is needed to improve the healthcare estate to reduce the risk from current and future infections.	
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.	
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:	
Equality and Diversity Impact	None	
Risks: BAF/ TRR	Trust reputational risk if infections increase	
Risk: Appetite		
Public or Private:	Public	
Other formal bodies	CCG, Public Health contract IP services from RWT	

involved:	
References	The Health and Social Care Act 2008 Code of Practice on the prevention and control of infection and related guidance (2015)
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details

Brief/Executive Summary Title: Infection Prevention and Control Report

1.0 *Clostridium difficile* Infection (CDI)

The annual objective for *Clostridium difficile* toxin positive cases has been set as 58 cases for the year, based on case numbers in the year to November 2021. At the end of February 2023 there were 61 cases, breaching the external trajectory for the year to end March 2023 (58 cases). PCR (non-toxin) cases are also monitored as patient outcomes can be just as harmful to patient safety. To the end February 2023 there were 93 PCR positive cases against our internal trajectory of 99 (see Appendix 1). For the periods January to January (2020/21 – 2022/23), there has been an increase in cases observed nationally of almost 20%.

Meticillin resistant *Staphylococcus aureus* (MRSA) Bacteraemia

The national objective for MRSA bacteraemia is zero for all NHS organisations. To the end of February 2023 there have been two RWT-attributable MRSA bacteraemias (in May 22 and February 2023); the recent bacteraemia in February was likely due to a urinary catheter associated infection.

Monthly totals and number externally attributable to RWT

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
21-22	1	0	0	1	1	0	0	0	2	0	0	0
(RWT)	(1)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
22-23	0	1	0	0	1	0	1	0	1	1	1	
(RWT)	(0)	(1)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(1)	

Meticillin sensitive *Staphylococcus aureus* (MSSA) bacteraemia

MSSA is externally monitored by Public Health England (PHE) but targets are set internally. MSSA bacteraemia is a good proxy for MRSA bacteraemia and may be avoidable therefore a local target is applied and cases investigated. To end February 2023 there have been 29 internally attributable cases, against a trajectory of 22 (see Appendix 1).

Monthly totals and number internally attributable to RWT

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
20-21	3	6	4	8	7	7	7	8	1	7	4	4
(RWT)	(0)	(2)	(1)	(2)	(4)	(3)	(4)	(4)	(0)	(1)	(3)	(2)
21-22	9	17	3	3	4	4	6	8	4	8	8	7
(RWT)	(4)	(7)	(2)	(1)	(1)	(1)	(3)	(0)	(0)	(1)	(4)	(4)
22-23	8	1	5	3	6	9	10	8	8	10	5	
(RWT)	(2)	(1)	(2)	(2)	(2)	(3)	(7)	(2)	(4)	(3)	(1)	

MRSA Acquisitions

There were 46 MRSA acquisitions to end February 2023, against our internal trajectory of 33 (see Appendix 1).

Device related hospital acquired bacteraemia (DRHABS)

Bacteraemia (any organism) related to a medical device is surveyed and acted upon, within an internal target of 48 per year. To end February there were 52 DRHABS against a trajectory of 44 (see Appendix 1).

Gram negative bacteraemias

Gram negative bacteraemias include but are not limited to bacteraemias caused by *Escherichia coli*, Klebsiella species and *Pseudomonas aeruginosa*. Externally attributable bacteraemias include those that occur on day 2 or more of admission, or within 28 days of discharge. Trajectories for 2022-23 are 103 for *E. coli*, 35 for Klebsiella spp. and 18 for *P. aeruginosa*. To end February 2023 there were 92 *E. coli* bacteraemias against a trajectory of 93, 32 Klebsiella bacteraemias against a trajectory of 32, and 17 *P. aeruginosa* bacteraemias against a trajectory of 16.

Carbapenemase producing Enterobacteriaceae (CPE)

These multi-antibiotic resistant organisms have caused large outbreaks in UK Trusts, putting patients at risk and causing organisational disruption. To end of February, 53 new patients were found to be carrying a CPE (see Appendix 1), 44 of these were by rectal screening. To end February 2023 four of the new positive patients were inpatients who were identified on a clinical sample.

It is likely that we will continue to see rising numbers of patients with these multi-resistant organisms that are often resistant to all available antibiotics. In addition to increasing screening in line with current national guidelines, which has not been possible to progress due to the need for ICB agreement, reducing spread from positive patients requires en-suite side-rooms, meaning that more of these will be needed going forward.

Blood culture contaminants

The blood culture contamination rate April to end February 2023 had an average of 1.99%, which is below the nationally recommended maximum of 3%.

Outbreaks and Incidents – January-February 2023

C. difficile Periods of Increased Incidence (PIIs), Serious incidents (SIs) and Outbreaks

There have been two *C. difficile* incidents since the previous report in January 2023. There was an SI on C18 for two toxin positive cases in 28 days; typing demonstrated that there had been no transmission between patients. There was a PII on C21 involving two patients, typing demonstrated that there had been potential transmission between patients, and this was escalated to SI.

COVID-19

There were multiple COVID-19 outbreaks since the previous report in January. In the period of January to February 2023 there were 140 probable or definite cases of hospital acquired COVID-19. Almost all asymptomatic screening, apart from for clinically vulnerable patients and for patients being discharged to care homes, has ceased in line with national guidance. There have also been outbreaks and cases in local care homes and RWT infection prevention are providing support and advice. Aligned with national guidance asymptomatic testing of staff, and asymptomatic testing of patients (other than for certain at-risk groups) has ceased and hospital visiting continues. Office for National Statistics (ONS) report (for week ending 7.3.23) that the estimated percentage of people living in private households (those not in care homes or other communal establishments) testing positive for COVID-19 in England was 2.36% (1 in 40 people).

CPE incident

A patient who had been in the Trust for several weeks was found to have CPE in a urine sample. Patient contacts on two wards were screened; no further cases were found. Environmental and hand hygiene audits were carried out on each ward, with enhanced cleaning where indicated.

Influenza A

One ward had an influenza outbreak in January. Some positive cases identified from fast swabs undertaken for routine testing prior to discharge to a care home.

MRSA PII

There was a PII for MRSA in February on ward C14, where 3 patients were found to have acquired MRSA within 28 days of each other.

Norovirus

One ward was closed due to a Norovirus outbreak in January. Issues included the absence of any side-rooms on the ward and difficulties in decontamination of toilets due to lack of space.

COVID-19

Universal mask wearing in the Trust has been stepped down, as has asymptomatic testing of staff, and asymptomatic testing of patients, other than for certain at-risk groups.

Influenza

Following the influenza wave in December/early January 2023, numbers have remained low.

Objectives for 2022/23

CDI – 58 cases

MRSA bacteraemia - 0

Flu vaccination – CQUIN with 70% requirement for minimum payment and 90% requirement for maximum payment.

E. coli bacteraemia – 103

Klebsiella bacteraemia – 35

Pseudomonas aeruginosa bacteraemia – 18

Infection Prevention Board Assurance Framework

The Framework is intended to provide internal assurance against the guidance that quality standards are being maintained in relation to IP practice.

Version 1.11 (Appendix 2) was published September 2022. The number of Key Lines of Enquiry (KLOE) has reduced from 124 to 97. RWT has submitted comments to NHSE regarding a revised BAF document consultation.

A national working group have developed a “business as usual” Infection Prevention BAF which incorporates a gap analysis with the Hygiene Code. It has now reached local testing stage, both RWT and Walsall Healthcare NHS Trust will trial it and generate any comments prior to final publication.

All KLOEs assessed as green with exception of 3 ambers (below):

Key lines of enquiry (Amber)

- A multidisciplinary team approach is adopted with hospital leadership, operational teams, estates & facilities, IPC teams and clinical and non- clinical staff to assess and plan for creation of adequate isolation rooms/cohort units as part of the plan.

Action – Single room capacity to be considered for all future new builds/refurbishments.

- Ventilation systems, should comply with HBN 03:01 and meet national recommendations for minimum air changes

Alert – Partial assurance available regarding meeting the recommendations in all clinical areas.

Action: Estates have commissioned a ventilation site survey with a report expected by Oct 2023.

Explore alternative support mechanisms for ventilation improvements through the Ventilation Group.

- Patients at risk of severe outcomes of infection receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare e.g., priority for single room protective isolation.

Alert – known risk (risk 5682 – Limited single rooms across the organisation).

Advise - Clinically extremely vulnerable (CEV) patients are nursed away from positive patients and in a single room if available.

Resource/legal/financial/reputation implications

Reputation of the organisation if BAF is not achieved and if infections increase.

Link to BAF/Key risks

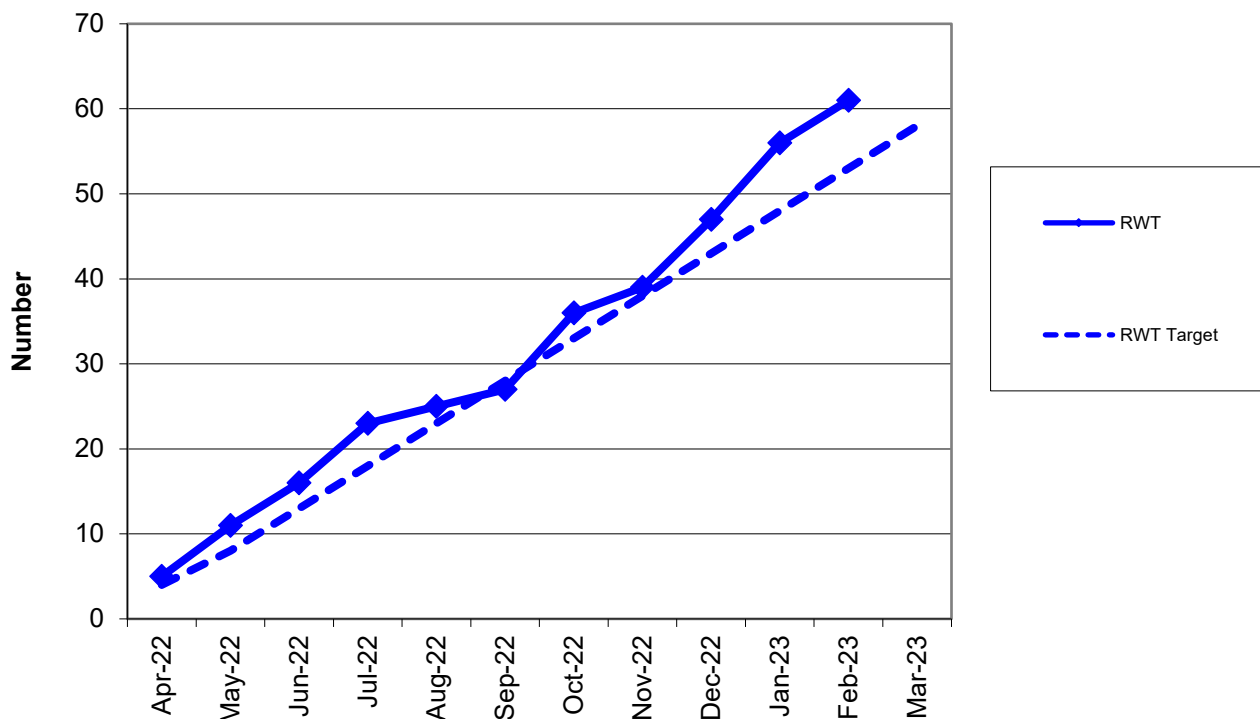
IP Risk Register

Proposals

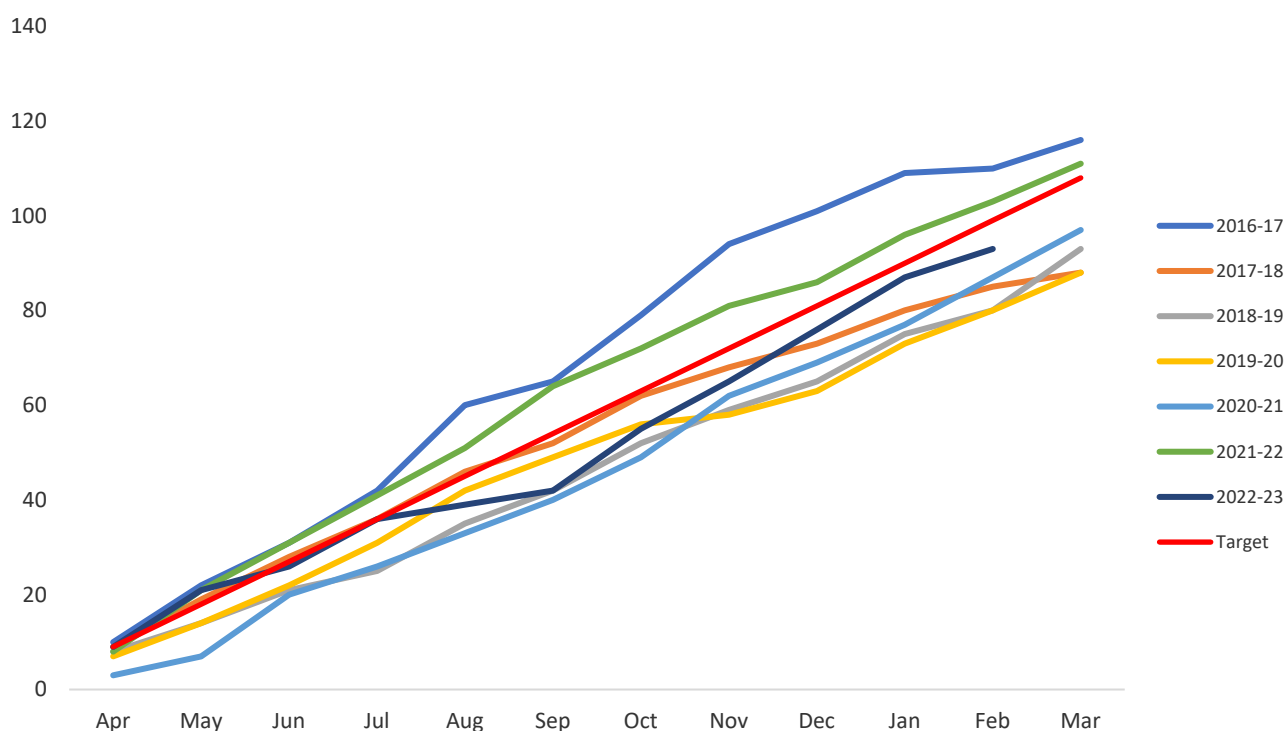
IP BAF agreed

Appendix 1 – Illustrative Charts of Infection Data

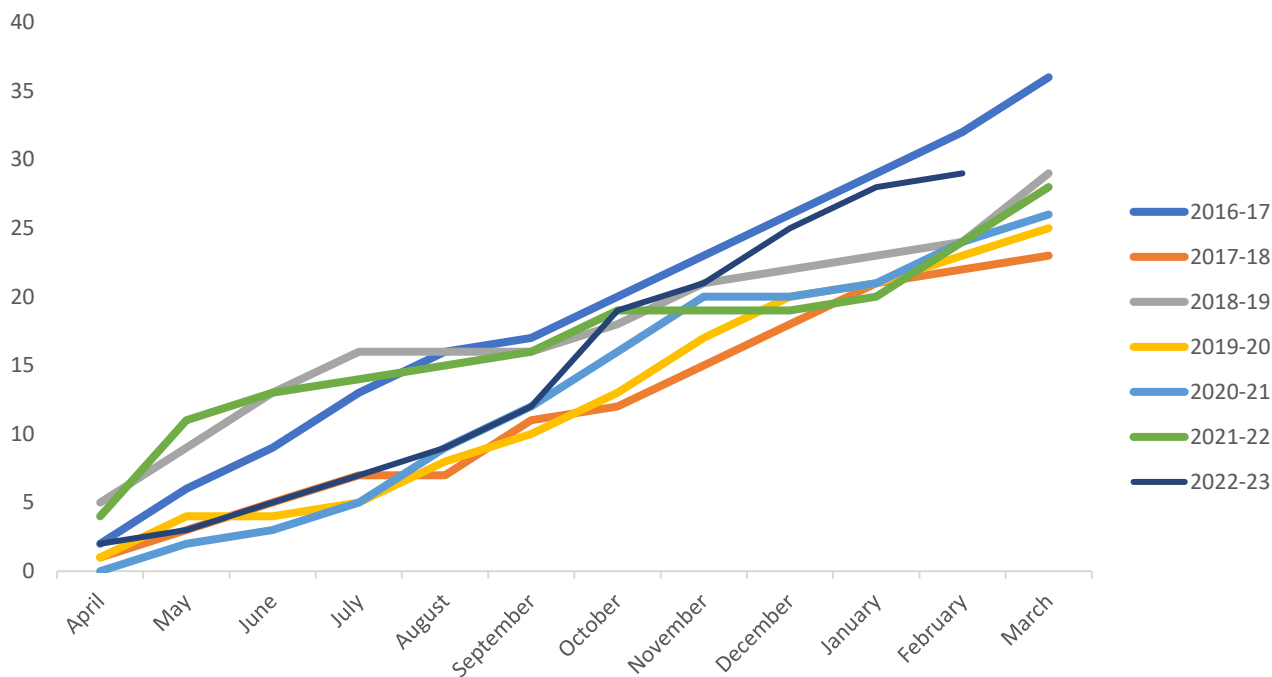
C. difficile Toxin Positives and External Target 2022 - 23



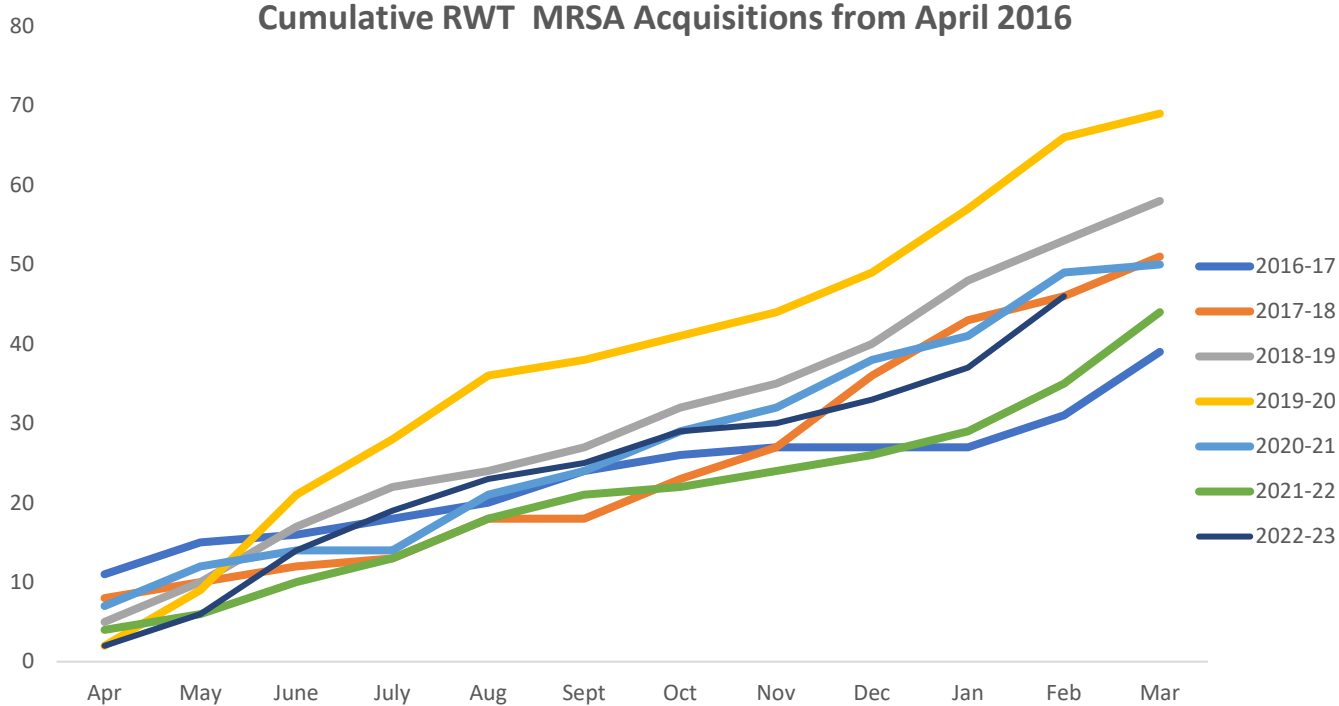
Cumulative C. difficile Positives All Methods RWT Internal Definition of Attribution from April 2016

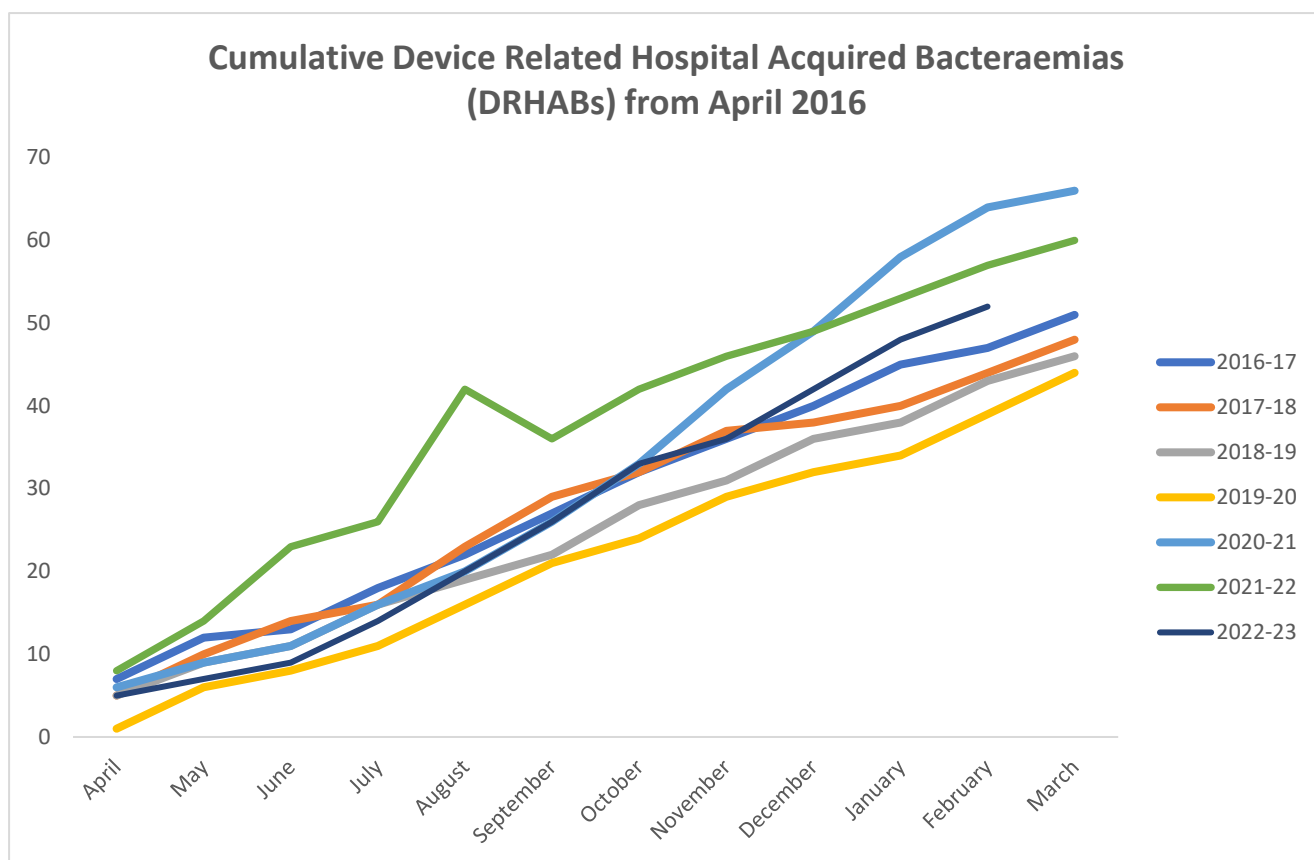


Cumulative RWT-Attributable MSSA Bacteraemias from April 2016



Cumulative RWT MRSA Acquisitions from April 2016





Carbapenemase producing Enterobacteriaceae (CPE)

	NDM	OXA-48	KPC	Others	Total
2015-16	4	1	7	0	12
2016-17	6	2	9	1	18
2017-18	19	6	9	2	34
2018-19	15	3	2	0	20
2019-20	26	34	5	2	56
2020-21	6	11	4	0	18
2021-22	10	14	4	0	27
2022-23	22	32	7	0	53

Healthcare associated COVID summary tables – January to February 2023

Table 1. Summary of Healthcare acquired cases of COVID 19 April 2022 to February 2023. Includes probable healthcare acquired (>8 days from admission) and definite healthcare acquired (>14 days)

Month	Number of HCAI COVID
April	99
May	13
June	25
July	62
August	31
September	58
October	83
November	46
December	54
January	85
February	55

Table 2. Summary of outbreaks (externally reported) in January to February 2023

Date of Outbreak	Ward/Department
04/01/2023	C15
04/01/2023	WPH2
04/01/2023	C19
05/01/2023	BSSU/C39
06/01/2023	Fairoak
06/01/2023	A6
09/01/2023	C24
15/01/2023	CHU/B11
17/01/2023	C25
27/01/2023	A8
30/01/2023	C24
31/01/2023	A12
06/02/2023	B14
12/02/2023	A7
14/02/2023	A6
14/02/2023	Fairoak
22/02/2023	C16
23/02/2023	Deanesly

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1.Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks their environment and other users may pose to them							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Systems and processes are in place to ensure:							
A respiratory plan incorporating respiratory seasonal viruses that includes:							
Point of care testing (POCT) methods for infectious patients known or suspected to have a respiratory infection to support patient triage/placement according to local needs, prevalence, and care services	Point of care testing (POCT) is available in ED for COVID screening and is used for all symptomatic patients POCT for FLU/RSV commenced from 21/11/22			Division 2/POCT Team	30/11/2022	09/03/2023	Green
Segregation of patients depending on the infectious agent taking into account those most vulnerable to infection e.g clinically immunocompromised.	Flowcharts are in place to enable staff to segregate and move patients to the most appropriate bed. Infection Prevention and Capacity teams work together to ensure patients are placed appropriately Elective surgery is housed in separate buildings Joint RWT/WHT Respiratory virus risk assessment document		Red/Green areas SafeHands system for tagging positive and contact COVID patients and other respiratory infections Joint RWT/WHT Respiratory virus risk assessment document	Deputy COOs/Heads of Nursing/Infection Prevention/Capacity Team	14/10/2022	09/03/2023	Green
A surge/escalation plan to manage increasing patient/staff infections.	A Winter Plan has been written and agreed by Trust Board with an escalation plan included			Deputy COOs/Heads of Nursing/Infection Prevention/Capacity Team	14/10/2022	09/03/2023	Green
A multidisciplinary team approach is adopted with hospital leadership, operational teams, estates & facilities, IPC teams and clinical and non-clinical staff to assess and plan for creation of adequate isolation rooms/cohort units as part of the plan.	Work completed to increase single room capacity within the Respiratory Directorate (x2 en-suite single rooms in wards C14 and C26. For future new builds/refurbishments isolation rooms is on the Agenda		Risk 5682 (Limited side rooms across the Organisation)	Deputy COOs/Heads of Nursing/Infection Prevention	30/11/2022	09/03/2023	Yellow
Organisational /employers risk assessments in the context of managing infectious agents are:							
Based on the measures as prioritised in the hierarchy of controls.	A joint RWT/WMH risk assessment is in place and updated accordingly following national guidance updates All IP risks are present on the Risk Register, escalated and discussed at Infection Prevention and Control Group (IPCG) monthly Departmental/Ward and individual staff risk assessments are in place and updated accordingly Updates provided to all RWT staff via Communications Team using e mail and social media Ventilation Group established and meet quarterly Emergency Preparedness Team update Executives and forward any communications		Compliance is monitored through Trust audits monthly e.g. Environment, Fresh Eyes	Head of Nursing Corporate Support Services/ Human Resources/Matrons/Infection Prevention Team	14/10/2022	09/03/2023	Green
Applied in order and include elimination; substitution, engineering, administration and PPE/RPE							
Further reassessed where there is a change or new risk identified eg. changes to local prevalence							

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
The completion of risk assessments have been approved through local governance procedures, for example Integrated Care Systems.	All risk assessments are reviewed at Governance meetings and updated accordingly The joint RWT/WMH risk assessment is reviewed at Executive lead COVID-19 Restrictions group and at Infection Prevention and Control Group			Head of Nursing Corporate Support Services/ Human Resources/Matrons	14/10/2022	09/03/2023	
Risk assessments are carried out in all areas by a competent person with the skills, knowledge, and experience to be able to recognise the hazards associated with the infectious agents.	Risk assessments are completed by a multi-disciplinary team			Directorate Teams/Health and Safety/Human Resources/Infection Prevention Team/Capacity Team	14/10/2022	09/03/2023	
Ensure that transfers of infectious patients between care areas are minimised and made only when necessary for clinical reasons.	Patients are transferred to different areas if their condition dictates. CEV patients are screened for COVID prior to transfer to reduce the risk of transmission			Directorate Teams/Infection Prevention Team/Capacity Team	14/10/2022	09/03/2023	
Resources are in place to monitor and measure adherence to the NIPCM. This must include all care areas and all staff (permanent, flexible, agency and external contractors).	Audits are completed at least monthly for Hand Hygiene, Environment, PPE, Fresh Eyes to include all staff and all areas		Audit results are all collated in MyAssure	Directorate Teams/Infection Prevention Team	14/10/2022	09/03/2023	
The application of IPC practices within the NIPCM is monitored e.g. 10 elements of SICPs	Policies are in place and audited at least 2 yearly Audits are completed at least monthly for Hand Hygiene, Environment, PPE, Fresh Eyes to include all staff and all areas Waste audits are completed annually by the Waste Management team		Environment and Waste audit results are discussed at the Environment Group monthly All other audits are presented at IPCG as they have been completed	Directorate Teams/Infection Prevention Team/Waste Management Team	14/10/2022	09/03/2023	
The IPC Board Assurance Framework (BAF) is reviewed, and evidence of assessments are made available and discussed at Trust board level.	Presented at IPCG monthly, Trust Management Committee and Trust Board bi-monthly			Head of Nursing Corporate Support Services/Senior Matron IP	14/10/2022	09/03/2023	
The Trust Board has oversight of incidents/outbreaks and associated action plans.	All incidents/outbreaks and action plans are included in the Chief Nurse Report and the Intergrated Quality Performance Report monthly which are presented at Trust Board			Senior Matron Infection Prevention	14/10/2022	09/03/2023	
The Trust is not reliant on a single respirator mask type and ensures that a range of predominantly UK made FFP3 masks are available to users as required.	More than one mask type is available and all appropriate staff are fit tested on at least 2 with hoods being a 3rd choice Compliance data is available on the Mandatory training reports	Jan 23 - In response to FFP3 Resilience in Acute Trusts - proportionate response to focus on high risk areas. Compliance mapping process commenced.		Clinical Skills/Procurement/FFP3 fit testers/EPRR	14/10/2022	09/03/2023	

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2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Systems and processes are in place to ensure:							
The Trust has a plan in place for the implementation of the National Standards of Healthcare Cleanliness and this plan is monitored at Board level	RWT has implemented the National Standards of Healthcare Cleanliness following agreement at Trust Board. Monitored through the Trust Environment Group which reports to IPCG			Head of Hotel Services	14/10/2022	09/03/2023	
The organisation has systems and processes in place to identify and communicate changes in the functionality of areas/room	The Trust has some methods in place to identify and communicate changes in relation to the functionality of areas/rooms: Comms information via the Intranet, Trust groups disseminating information, IP team providing advice on a 7 day basis	Lacks robust process for informing Estates, requires a systematic process to be developed	SOP developed by Estates team	Head of Estates/Head of Estates Development	30/11/2022	09/03/2023	
Cleaning standards and frequencies are monitored in clinical and non-clinical areas with actions in place to resolve issues in maintaining a clean environment.	Non-clinical areas cleaned at least daily. Posters are in place ensuring that staff are cleaning their work surfaces and equipment at the start and end of their shift. Cleaning standards are audited through Hotel Services and reported to Environment Group and IPCG monthly		Regular communications Trustwide regarding maintaining cleaning standards	Head of Hotel Services/Communication Team	14/10/2022	09/03/2023	
Enhanced/increased frequency of cleaning should be incorporated into environmental decontamination protocols for patients with suspected/known infections as per the NIPCM (Section 2.3) or local policy and staff are appropriately trained.	All areas continue to have a chlorine based clean daily and any outbreak areas/cohort wards have enhanced cleaning including touchpoints			Head of Hotel Services	14/10/2022	09/03/2023	
Manufacturers' guidance and recommended product 'contact time' is followed for all cleaning/disinfectant solutions/products.	Initial and refresher training logs/documents	External contractors in some GP practices	Environment audits are completed in all RWT areas monthly	Head of Hotel Services/IP Team/GP Managers	14/10/2022	09/03/2023	
For patients with a suspected/known infectious agent the frequency of cleaning should be increased particularly in: - patient isolation rooms - cohort areas - donning & doffing areas – if applicable - Frequently touched' surfaces e.g., door/toilet handles, chair handles, patient call bells, over bed tables and bed/trolley rails. - where there may be higher environmental contamination rates, including: toilet toilets/commodos particularly if patients have diarrhoea and/or vomiting.	Housekeeping is following the national specification document on frequency of toilet/bathroom cleaning. Specifically, 2 x full clean and 1 x spot clean daily for high risk (wards) and 1 x full clean and 1 x spot clean for significant risk (clinics) daily Daily Chlorine (Sochlor) clean on all positive wards/bays On the wards, "frequently touched" surfaces is part of the daily specification. In communal areas, our re-deployed staff were used to clean touchpoints throughout the day. This is now completed by ward staff. Electronic equipment decontamination is performed by individual staff in departments it is part of the cleaning strategy, assured through monthly environment audits. Areas are cleaned as per the national specification document. Dirty Utilities are cleaned twice daily. Assurance provided through technical cleaning audit. Environmental audits completed monthly by clinical teams and uploaded to Health Assure. Technical audits completed by Hotel Services		Environment and Technical cleaning audits completed monthly If scores are low then feedback to team is undertaken and any gaps in training/service provision discussed. Low scoring areas are discussed at Environment Group and any that require escalation are reported to IPCG.	Head of Hotel Services/IP Team/GP and Ward Managers	14/10/2022	09/03/2023	
The responsibility of staff groups for cleaning/decontamination are clearly defined and all staff are aware of these as outlined in the National Standards of Healthcare Cleanliness	Cleaning responsibilities are identified in the Cleaning Strategy http://intranet.xrwh.nhs.uk/pdf/policies/ST_Cleaning_Strategy.pdf			Head of Hotel Services/Ward Managers	14/10/2022	09/03/2023	

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
A terminal clean of inpatient rooms is carried out: - when the patient is no longer considered infectious - when vacated following discharge or transfer (this includes removal and disposal/or laundering of all curtains and bed screens). - following an AGP if clinical area/room is vacated (clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room).	Chlorine based solutions are used for decontamination An electronic system - Teletracking - is in place at RWT and bed cleaning monitoring is recorded on this system Hotel Services supervisors are responsible for the terminal cleans following outbreaks RAG cleaning process and posters in place		In GP practices, clinicians decontaminate equipment between patients using appropriate wipes In the event of a symptomatic patient attending the room will be cleaned and ventilated as directed Environment audits are completed in all RWT areas	Head of Hotel Services/GP and Ward Managers/IP Team	14/10/2022	09/03/2023	
Reusable non-invasive care equipment is decontaminated: - between each use - after blood and/or body fluid contamination - at regular predefined intervals as part of an equipment cleaning protocol - before inspection, servicing, or repair equipment.	Trust Policy HS12 Decontamination of re-useable medical devices in in place and current Green (I am clean) stickers are available and in use		Included in Environment audit and Annual IPS audit	IP Team/Ward Staff	14/10/2022	09/03/2023	
Compliance with regular cleaning regimes is monitored including that of reusable patient care equipment.	All areas have a daily cleaning schedule and responsibilities used by patients		IP audits are completed monthly by ward staff and quarterly or following outbreaks by IP Team	IP Team/Ward Staff	14/10/2022	09/03/2023	
Ventilation systems, should comply with HBN 03:01 and meet national recommendations for minimum air changes https://www.england.nhs.uk/publication/specialised-ventilation-for-healthcare-buildings/	Ventilation systems currently in place comply Critical care and respiratory wards are compliant	Not all areas have mechanical ventilation available	Free standing ventilation units have been introduced in some areas Air purification units installed in ED in April 2022. A Trustwide ventilation assessment by an external source has been commissioned and completion and report is expected in October 2023.	Head of Estates/Head of Estates Development	31/12/2022	09/03/2023	
Ventilation assessment is carried out in conjunction with organisational estates teams and or specialist advice from the ventilation group and/ or the organisations, authorised engineer and plans are in place to improve/mitigate inadequate ventilation systems wherever possible.	A quarterly ventilation group has been established	A Trustwide ventilation assessment by an external source has been commissioned and completion and report is expected in October 2023		Head of Estates/Head of Estates Development	31/12/2022	09/03/2023	
Where possible air is diluted by natural ventilation by opening windows and doors where appropriate	Window posters available in all areas advising the importance that windows are opened for 10 minutes every hour			Ward/Department Managers	14/10/2022	09/03/2023	

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3.Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Systems and process are in place to ensure:							
Arrangements for antimicrobial stewardship (AMS) are maintained and a formal lead for AMS is nominated	Consultant Microbiologist is the AMS lead Group includes Antimicrobial Pharmacists and Infection Prevention Nurses Meetings held quarterly Quarterly Pharmacy reports presented at IPCG			Antimicrobial Pharmacist/Microbiologist/ IPN	14/10/2022	09/03/2023	
NICE Guideline NG15 https://www.nice.org.uk/guidance/ng15 IS implemented - Antimicrobial Stewardship: systems and processes for effective antimicrobial medicine use	Pharmacists are continuing to screen prescriptions to check that antimicrobial prescribing is appropriate, including COVID-19 positive patients Audits completed and presented routinely through IPCG Weekly antimicrobial ward rounds are completed			Antimicrobial Pharmacist/Microbiologist/ IPN	14/10/2022	09/03/2023	
The use of antimicrobials is managed and monitored: - to optimise patient outcomes - to minimise inappropriate prescribing - to ensure the principles of Start Smart, Then Focus https://www.gov.uk/government/publications/antimicrobial-stewardship-start-smart-then-focus are followed	Pharmacy audits completed and presented quarterly through IPCG. Weekly antimicrobial ward rounds are completed by Consultant Microbiologist, Antimicrobial Pharmacist and IPN			Antimicrobial Pharmacist/Microbiologist/ IPN	14/10/2022	09/03/2023	
Contractual reporting requirements are adhered to, and boards continue to maintain oversight of key performance indicators for prescribing including: - total antimicrobial prescribing; - broad-spectrum prescribing; - intravenous route prescribing; adherence to AMS clinical and organisational audit standards set by NICE: https://www.nice.org.uk/guidance/ng15/resources	Microbiology and Pharmacy work closely with ICCU AND AMU to ensure antimicrobial guidelines are appropriate and adhered to and the use of bacterial infection markers such as Procalcitonin are used to aid antimicrobial stewardship		Antimicrobial prescribing compliance is reported to IPCG Quarterly	Antimicrobial Pharmacist/Microbiologist/ IPN	14/10/2022	09/03/2023	

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4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Systems and processes are in place to ensure:							
IPC advice/resources/information is available to support visitors, carers, escorts, and patients with good practices e.g. hand hygiene, respiratory etiquette, appropriate PPE use	Posters are located throughout the Trust both inside and outside Information is available on the External Intranet and social media Information has been added to all correspondence to patients. Easy read information is available through Mencap e link and communicated via comms.			Communications Team/IP Team	14/10/2022	09/03/2023	
Visits from patient's relatives and/or carers (formal/informal) should be encouraged and supported whilst maintaining the safety and wellbeing of patients, staff and visitors	Visiting is in place Visiting Hub was set up March 2022 whereas visitors can now book a slot online or by telephone Upto 2 visitors for 1 hour per day			Patient Experience Lead/Heads of Nursing	14/10/2022	09/03/2023	
National principles on inpatient hospital visiting and maternity/neonatal services will remain in place as an absolute minimum standard National guidance on visiting patients in a care setting is implemented	SOP is available regarding face to face visiting and video calls			Patient Experience Lead/Heads of Nursing	14/10/2022	09/03/2023	
Patients being accompanied in urgent and emergency care (UEC), outpatients or primary care services, should not be alone during their episode of care or treatment unless this is their choice.	1 other person is allowed in these areas to support patients if they choose to			Patient Experience Lead/Heads of Nursing	14/10/2022	09/03/2023	
Restrictive visiting may be considered by the incident management team during outbreaks within inpatient areas This is an organisational decision following a risk assessment and should be communicated to patients and relatives.	Decision is made once an outbreak has been declared and the clinical area and Visiting Hub is informed			DIPC/Microbiologist/IP Team	14/10/2022	09/03/2023	
There is clearly displayed, written information available to prompt patients' visitors and staff to comply with handwashing, respiratory hygiene and cough etiquette. The use of facemasks/face coverings should be determined following a local risk assessment.	Risk assessments are in place for the use of face masks. Posters are in place around the Trust informing not to visit if suffering from respiratory illnesses and diarrhoea and vomiting.			Communications Team/IP Team	14/10/2022	09/03/2023	
If visitors are attending a care area to visit an infectious patient, they should be made aware of any infection risks and offered appropriate PPE.	Visitors are made aware if attending an infectious patient or a cohort area. Face masks are available at entrances to the Trust and also entrances to wards. Risk assessments are in place for essential/purposeful/compassionate visiting.			Senior Sisters/Charge Nurses/Heads of Nursing/Patient Experience Lead	14/10/2022	09/03/2023	
Visitors, carers, escorts who are feeling unwell and/or who have symptoms of an infectious illness should not visit. Where the visit is considered essential for compassionate (end of life) or other care reasons (e.g., parent/child) a risk assessment may be undertaken, and mitigations put in place to support visiting.	Discussions are held with relatives prior to visiting. Appropriate IP precautions are put in place to ensure that purposeful/compassionate visiting can take place if the visitor is feeling unwell/symptomatic. Risk assessments are in place for essential/purposeful/compassionate visiting.			Senior Sisters/Charge Nurses/Heads of Nursing/Patient Experience Lead	14/10/2022	09/03/2023	

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Visitors, carers, escorts should not be present during AGPs on infectious patients unless they are considered essential following a risk assessment e.g., carer/parent/guardian.	Hoods are available if the visitor is required to remain at the bedside but in most instances they will be asked to leave until after the procedure.			Senior Sisters/Charge Nurses	14/10/2022	09/03/2023	
Implementation of the supporting excellence in infection prevention and control behaviours implementation toolkit has been adopted where required https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/03/C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf	This document has been disseminated across the Trust.		Several resources are in use from this toolkit including key messages, posters etc	Communications Team/IP Team	14/10/2022	09/03/2023	

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5.Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Systems and processes are in place to ensure:							
All patients are risk assessed, if possible, for signs and symptoms of infection prior to treatment or as soon as possible after admission, to ensure appropriate placement and actions are taken to mitigate identified infection risks (to staff and other patients).	All patients are risk assessed in Emergency Portals and if they present with any of the identified symptoms then a point of care test (POCT) is taken followed by a PCR for COVID-19 and Influenza		Patients are isolated in side rooms if POCT or PCR positive	Emergency Portals/Matrons/Senior Sisters/Charge Nurses/Department Managers	14/10/2022	09/03/2023	
Signage is displayed prior to and on entry to all health and care settings instructing patients with symptoms of infection to inform receiving reception staff, immediately on their arrival (see NIPCM).	Posters and pull ups are in place across all sites			Communications Team	14/10/2022	09/03/2023	
The infection status of the patient is communicated prior to transfer to the receiving organisation, department or transferring services ensuring correct management /placement	Teletracking/SafeHands records the infection status of the patients for internal use. The transfer (SBART) document is completed between ward/hospital moves. Discharge summary is completed and sent to GP electronically. The D2A form includes infection status. Datix of non-compliances are encouraged.			Divisions/Capacity Team	14/10/2022	09/03/2023	
Triaging of patients for infectious illnesses is undertaken by clinical staff based on the patients' symptoms/clinical assessment and previous contact with infectious individuals, the patient is placed /isolated or cohorted accordingly whilst awaiting test results. This should be carried out as soon as possible following admission and a facemask worn by the patient where appropriate and tolerated.	All emergency portals are aware of the symptoms for respiratory illnesses and triage accordingly. All cubicles within ED have doors. Other departments isolate patients in side rooms until POCT/PCR results are available.			Emergency Portals/Matrons/Senior Sisters/Charge Nurses/Department Managers	14/10/2022	09/03/2023	
Patients in multiple occupancy rooms with suspected or confirmed respiratory infections are provided with a surgical facemask (Type II or Type IIR) if this can be tolerated.	Face masks are available on all wards and are encouraged.			Senior Sisters/Charge Nurses/Matrons	14/10/2022	09/03/2023	

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Patients with a suspected respiratory infection are assessed in a separate area, ideally a single room, and away from other patients pending their test result and a facemask worn by the patient where appropriate and tolerated (unless in a single room/isolation suite).	All cubicles within ED have doors. Other departments isolate patients in side rooms until POCT/PCR results are available. Face masks are encouraged.		Isolation matrix is available with IP policy to guide staff.	Emergency Portals/Matrons/Senior Sisters/Charge Nurses/Department Managers	14/10/2022	09/03/2023	
Patients with excessive cough and sputum production are prioritised for placement in single rooms whilst awaiting test results and a facemask worn by the patient where appropriate and tolerated only required if single room accommodation is not available.	All cubicles with ED have doors. Other departments isolate patients in side rooms until POCT/PCR results are available. Face masks are encouraged.	Limited number of side rooms available in the Trust which results in some patients with alert organisms nursed in bays with appropriate PPE (risk 5682)	Isolation matrix is available with IP policy to guide staff.	Matrons/Senior Sisters/Charge Nurses/Department Managers/Capacity Team/IP Team	31/01/2023	09/03/2023	
Patients at risk of severe outcomes of infection receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare e.g., priority for single room protective isolation	Clinical extremely vulnerable (CEV) patients are nursed away from positive patients and in a side room if available.	Difficult to identify all CEV patients as not tagged on Teletracking		Senior Sisters/Charge Nurses/Matrons	31/12/2022	09/03/2023	
If a patient presents with signs of infection where treatment is not urgent consider delaying this until resolution of symptoms providing this does not impact negatively on patient outcomes.	Patients are individually assessed for the need for treatment or admission.			Divisions/Medical Directors	14/10/2022	09/03/2023	
The use of facemasks/face coverings should be determined following a local risk assessment.	Local risk assessments are in place and stored on the Trust database. Joint RWT/WHT Respiratory virus risk assessment document in place and approved at Executive level.			Divisions	14/10/2022	09/03/2023	
Patients that attend for routine appointments who display symptoms of infection are managed appropriately, sensitively and according to local policy.	Guidance for outpatient areas is available. Patients are seen and discharged in a timely manner. Social distancing of 1 metre is maintained in waiting rooms. Outpatient areas have completed local risk assessments.			Heads of Nursing/Directorate Managers/Department Managers	14/10/2022	09/03/2023	
Staff and patients are encouraged to take up appropriate vaccinations to prevent developing infection	Staff vaccinations for COVID-19 and seasonal flu are available through Occupational Health. All staff are encouraged to take the vaccines at the earliest opportunity between September and February. COVID-19 and Flu Vaccination Operational and Oversight groups in place.			Occupational Health and Wellbeing	14/10/2022	09/03/2023	

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Two or more infection cases linked in time, place and person trigger an incident/outbreak investigation and are reported via reporting structures.	<p>Protocol in place.</p> <p>Datix completed and raised as a Serious Incident if appropriate (RWT follows approved Black Country System ICB COVID-19 Serious incident reporting process).</p> <p>Outbreak meetings take place on Tuesdays and Thursdays if required and is chaired by either the DIPC, Deputy Director of Nursing, Head of Nursing Corporate Support Services or Senior Matron Infection Prevention.</p> <p>External partners are invited to attend as well as the management team of the area affected.</p> <p>A Consultant Microbiologist, Hotel Services, Occupational Health, Health and Safety reps are invited.</p>			Matron Infection Prevention	14/10/2022	09/03/2023	

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6.Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Systems and processes are in place to ensure:							
IPC education is provided in line with national guidance/recommendations for all staff commensurate with their duties.	IP education is available through Trust Induction and Mandatory training. Additional education is available on the Intranet. Updates are provided on social media as required. Leaflets are available for patients and visitors. Specific section of intranet for COVID-19 information.	IP COVID-19 guidance on the Intranet is currently being reviewed and updated		Communications Team/IP Team	30/11/2022	09/03/2023	
Training in IPC measures is provided to all staff, including: the correct use of PPE	IP education is available through Trust Induction and Mandatory training. Videos are available regarding donning and doffing of PPE. Fit testing is provided by Clinical Skills or Fit testers in the clinical areas.			Clinical Skills/Nurse Education/IP Team	14/10/2022	09/03/2023	
All staff providing patient care and working within the clinical environment are trained in hand hygiene technique as per the NIPCM and the selection and use of PPE appropriate for the clinical situation and on how to safely put it on and remove it (NIPCM);	Trust Induction, IP Level 1 and Level 2 Mandatory training, Hand Hygiene competency assessed Posters and Videos available for PPE selection, donning and doffing.			Clinical Skills/Nurse Education/IP Team	14/10/2022	09/03/2023	
Adherence to NIPCM, on the use of PPE is regularly monitored with actions in place to mitigate any identified risk	PPE audits are completed monthly by ward staff or ad hoc by IP Team if ward involved in outbreaks and recorded on HealthAssure.			Matrons/Senior Sisters/Charge Nurses/Department Managers/IP team	14/10/2022	09/03/2023	
Gloves and aprons are worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or in line with SICP's and TBP's.	Standard Precautions Policy and Glove Policy are available on the Intranet. PPE audits are completed monthly or ad hoc if required to ensure compliance.			Matrons/Senior Sisters/Charge Nurses/Department Managers/IP team	14/10/2022	09/03/2023	
Hand hygiene is performed: - before touching a patient. - before clean or aseptic procedures. - after body fluid exposure risk. - after touching a patient; and - after touching a patient's immediate surroundings.	Hand Hygiene audits are completed monthly by ward staff or ad hoc by IP Team if ward involved in outbreaks and recorded on HealthAssure.			Matrons/Senior Sisters/Charge Nurses/Department Managers/IP team	14/10/2022	09/03/2023	
The use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination (NIPCM)	All clinical rooms and patient WCs in clinical areas have paper hand towels in the Trust. Some public WCs and staff WCs have either hand dryers or paper towels.		Survey completed and no hand dryers in clinical areas	Head of Estates/Hotel Services	14/10/2022	09/03/2023	
Staff understand the requirements for uniform laundering where this is not provided for onsite.	Trust Dress Code policy is available on the Intranet. Re-iterated in communication e mails to all users	No formal evidence of staff comprehension	Nil planned	Communications Team/All staff	14/10/2022	09/03/2023	

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7. Provide or secure adequate isolation facilities							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Systems and processes are in place to ensure:							
That clear advice is provided; and the compliance of facemask wearing for patients with respiratory viruses is monitored (particularly when moving around the ward or healthcare facility) providing it can be tolerated and is not detrimental to their (physical or mental) care needs.	Patients are advised on admission to wear facemasks if tolerated. Wards monitor compliance locally.			Senior Sisters/Charge Nurses/Matrons	14/10/2022	09/03/2023	
Patients who are known or suspected to be positive with an infectious agent where their treatment cannot be deferred, care is provided following the NIPCM.	Symptomatic patients are seen in clinic rooms or side rooms. Patients are nursed in side rooms/cohort bays/cohort wards. There are Red and Green pathways in place as per RWT/WHT Joint Respiratory virus risk assessment.			Senior Sisters/Charge Nurses/Matrons/Capacity Team/IP Team	14/10/2022	09/03/2023	
Patients are appropriately placed i.e.; infectious patients are ideally placed in a single isolation room. If a single/isolation room is not available, cohort patients with confirmed respiratory infection with other patients confirmed to have the same infectious agent.	Positive patients are nursed in side rooms/cohort bays/cohort wards. AMU have a process to isolate in side rooms until a bed is available on the base wards. There are Red and Green pathways in place as per RWT/WHT Joint Respiratory virus risk assessment.			Senior Sisters/Charge Nurses/Matrons/Capacity Team/IP Team	14/10/2022	09/03/2023	
Standard infection control precautions (SIPC's) are applied for all, patients, at all times in all care settings	Standard Precautions and Glove Policies are available on the Intranet. PPE and Hand Hygiene audits are completed monthly by ward staff and ad hoc by IP for assurance.			Senior Sisters/Charge Nurses/Matrons/Capacity Team/IP Team	14/10/2022	09/03/2023	
Transmission Based Precautions (TBP) may be required when caring for patients with known / suspected infection or colonization	Policy available on the Intranet.			Senior Sisters/Charge Nurses/Matrons/Capacity Team/IP Team	14/10/2022	09/03/2023	

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8. Secure adequate access to laboratory support as appropriate							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
There are systems and processes in place to ensure:							
Laboratory testing for infectious illnesses is undertaken by competent and trained individuals.	Competency documents for all methods are available within the department. BMS staff are HCPC registered. The micro management team does not roster staff in an area where they have not been competency assessed and keep an up to date record of all assessments. The department is UKAS accredited, although COVID 19 testing is not currently within this scope as it is such a new test.			Pathology Service Manager	14/10/2022	09/03/2023	
Patient testing for infectious agents is undertaken promptly and in line with national guidance .	Time for in-house testing is 24 hours. An outstanding worklist is completed twice a day to ensure that there are no issues, any requests exceeding the 24hours are investigated and resolved. POCT is available for use in ED and is operational. A defined daily number of 'Fast' swabs are available (COVID-19, Flu and RSV combined) with c. 4 hour result.		Testing for symptomatic patientst in line with national guidance.	Pathology Service Manager	14/10/2022	09/03/2023	
Staff testing protocols are in place for the required health checks, immunisations and clearance	National and regional guidance changes for symptomatic staff COVID-19 testing. RWT aligned to this and documented and approved via combined RWT/WHT COVID-19 Risk Assessment (Sept 22). All OHWB information available on the Intranet.			Occupational Health and Wellbeing	14/10/2022	09/03/2023	
There is regular monitoring and reporting of the testing turnaround times, with focus on the time taken from the patient to time result is available.	Protocols in place in the Lab.			Pathology Service Manager	14/10/2022	09/03/2023	
Inpatients who go on to develop symptoms of infection after admission are tested/retested at the point symptoms arise. COVID-19 Specific	Patients are screened on development of COVID-19 symptoms.			Senior Sisters/Charge Nurses	14/10/2022	09/03/2023	
Patients discharged to a care home are tested for SARS-CoV-2, 48 hours prior to discharge (unless they have tested positive within the previous 90 days), and result is communicated to receiving organisation prior to discharge. Coronavirus (COVID-19) testing for adult social care services - GOV.UK (www.gov.uk)	All patients discharged to a care home have a COVID-19 PCR test. If patient has been COVID positive within 90 days an LFT can be requested. RWT have submitted comments on national testing document consultation.	No compliance data	Community IP Team get informed if a resident has been transferred without a recent swab result.	Senior Sisters/Charge Nurses/IP Team	14/10/2022	09/03/2023	
For testing protocols please refer to: COVID-19: testing during periods of low prevalence - GOV.UK (www.gov.uk) C1662_covid-testing-in-periods-of-low-prevalence.pdf (england.nhs.uk)	Testing protocols are transcribed onto a poster which is available in all clinical areas			Senior Sisters/Charge Nurses/IP Team	14/10/2022	09/03/2023	

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9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Systems and processes are in place to ensure that:							
Resources are in place to implement, measure and monitor adherence to good IPC and AMS practice. This must include all care areas and all staff (permanent, flexible, agency and external contractors).	There is an annual programme of work which includes reactive and proactive work and an audit programme. A progression report is presented at IPCG quarterly. All audit reports are also presented at IPCG as they are completed. Audit reports are also uploaded to the Trust Audit database. Quality peer reviews are completed in all clinical areas monthly.			Head of Nursing Corporate Support Services/Senior Matron Infection Prevention	14/10/2022	09/03/2023	
Staff are supported in adhering to all IPC and AMS policies.	IP Team are allocated to all areas to support and educate wards. IP Ambassadors/Link Staff identified locally.			Senior Sisters/Charge Nurses/Matrons/IP Team	14/10/2022	09/03/2023	
Policies and procedures are in place for the identification of and management of outbreaks of infection. This includes the documented recording of an outbreak.	Outbreak policy in place and accessible on Trust intranet. PII and SI meetings have associated documents (agenda, minutes/actions).			Head of Nursing Corporate Support Services/Senior Matron Infection Prevention	14/10/2022	09/03/2023	
All clinical waste and infectious linen/laundry used in the care of known or suspected infectious patients is handled, stored and managed in accordance with current national guidance as per NIPCM	Compliant Waste Manager responsible. Waste guidance posters around organisation.			Waste Manager/Senior Sisters/Charge Nurses/Matrons/IP Team	14/10/2022	09/03/2023	
PPE stock is appropriately stored and accessible to staff when required as per NIPCM	Stored appropriately and accessible. Regular Environmental audits.			Senior Sisters/Charge Nurses/Matrons	14/10/2022	09/03/2023	

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10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Appropriate systems and processes are in place to ensure:							
Staff seek advice when required from their occupational health department/IPCT/GP or employer as per their local policy.	All information is available on the Intranet.			Occupational Health and Wellbeing Manager	14/10/2022	09/03/2023	
Bank, flexible, agency, and locum staff follow the same deployment advice as permanent staff.	All RWT staff follow same advice and policies.			Workforce	14/10/2022	09/03/2023	
Staff understand and are adequately trained in safe systems of working commensurate with their duties.	Policies, Videos, clinical practices are in place to support staff.		Mandatory training records, My Academy	All staff	14/10/2022	09/03/2023	
A fit testing programme is in place for those who may need to wear respiratory protection.	Fit testing takes place on all FFP3 masks and respirators that are available in the Trust. Fit testers are available in most clinical areas (c 400 fit testers at RWT). Clinical Skills perform initial training for fit testers. Dedicated FFP3 information section on trust intranet.	Jan 23 - In response to FFP3 Resilience in Acute Trusts - proportionate response to focus on high risk areas. Compliance mapping process commenced.		Clinical Skills Department	14/10/2022	09/03/2023	
Where there has been a breach in infection control procedures staff are reviewed by occupational health. Who will: -- lead on the implementation of systems to monitor for illness and absence. - facilitate access of staff to treatment where necessary and implement a vaccination programme for the healthcare workforce as per public health advice. - lead on the implementation of systems to monitor staff illness, absence and vaccination. - encourage staff vaccine uptake.	Discussed at Grand Outbreak meetings if required. Vaccination programme (COVID-19 and Influenza) is in place.			Occupational Health and Wellbeing Manager/Matron Infection Prevention	14/10/2022	09/03/2023	
Staff who have had and recovered from or have received vaccination for a specific respiratory pathogen continue to follow the infection control precautions, including PPE, as outlined in NIPCM	All staff continue to follow all IPC precautions.			Senior Sisters/Charge Nurses/Matrons/IP Team	14/10/2022	09/03/2023	
A risk assessment is carried out for health and social care staff including pregnant and specific ethnic minority groups who may be at high risk of complications from respiratory infections such as influenza or severe illness from COVID-19. - A discussion is had with employees who are in the at-risk groups, including those who are pregnant and specific ethnic minority groups. - that advice is available to all health and social care staff, including specific advice to those at risk from complications. - Bank, agency, and locum staff who fall into these categories should follow the same deployment advice as permanent staff. - A risk assessment is required for health and social care staff at high risk of complications, including pregnant staff.	Covid risk assessment devised by OHWB in collaboration with public health. Risk Assessment tool in place across the organisation.	Compliance/ uptake of risk assessments not 100%.	Review of risk assessment tool through COVID Restrictions Review Group. Reports provided to Divisions on a weekly basis to ensure risk assessments in place for all staff.	Senior Sisters/Charge Nurses/Matrons/Workforce	14/10/2022	09/03/2023	
Testing policies are in place locally as advised by occupational health/public health.	All testing procedures are available on the Intranet.			Occupational Health and Wellbeing Manager/Matron Infection Prevention	14/10/2022	09/03/2023	

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
NHS staff should follow current guidance for testing protocols: C1662_covid-testing-in-periods-of-low-prevalence.pdf (england.nhs.uk)	All information is available on the Intranet for staff screening and isolation.			Occupational Health and Wellbeing Manager	14/10/2022	09/03/2023	
Staff required to wear fit tested FFP3 respirators undergo training that is compliant with HSE guidance and a record of this training is maintained by the staff member and held centrally/ESR records.	Video available on the intranet for each type of respirator. Compliance data stored on Sharepoint and through My Academy.	Jan 23 - In response to FFP3 Resilience in Acute Trusts - proportionate response to focus on high risk areas. Compliance mapping process commenced.	My Academy data is available	All staff	14/10/2022	09/03/2023	
Staff who carry out fit test training are trained and competent to do so	Clinical Skills Team and a group of staff across RWT are recognised Fit Testers.		My Academy data is available	Clinical Skills/Senior Sisters/Charge Nurses	14/10/2022	09/03/2023	
Fit testing is repeated each time a different FFP3 model is used.	Clinical Skills Team and a group of staff across RWT are recognised Fit Testers.		My Academy data is available	Clinical Skills	14/10/2022	09/03/2023	
All staff required to wear an FFP3 respirator should be fit tested to use at least two different masks	Clinical Skills Team and a group of staff across RWT are recognised Fit Testers	Jan 23 - In response to FFP3 Resilience in Acute Trusts - proportionate response to focus on high risk areas. Compliance mapping process commenced.	My Academy data is available	Clinical Skills	14/10/2022	09/03/2023	
Those who fail a fit test, there is a record given to and held by employee and centrally within the organisation of repeated testing on alternative respirators or an alternative is offered such as a powered hood.	A record is kept on the individuals My Academy and they will be offered a powered hood if required.		My Academy data is available	Clinical Skills/Recognised fit tester/Senior Sister/Charge Nurse	14/10/2022	09/03/2023	
That where fit testing fails, suitable alternative equipment is provided. Reusable respirators can be used by individuals if they comply with HSE recommendations and should be decontaminated and maintained according to the manufacturer's instructions	Hoods and reuseable respirators are available if fit testing fails.			Senior Sisters/Charge Nurses	14/10/2022	09/03/2023	
Members of staff who fail to be adequately fit tested: a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm.	Redeployment opportunities are available within RWT.			Senior Sisters/Charge Nurses/Matrons/HR	14/10/2022	09/03/2023	
A documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health.	These are held in personal files.			Senior Sisters/Charge Nurses/Matrons/HR	14/10/2022	09/03/2023	
Boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board.	The results are recorded on My Academy and a monthly report is generated.			Education and Training Department	14/10/2022	09/03/2023	
Staff who have symptoms of infection or test positive for an infectious agent should have adequate information and support to aid their recovery and return to work.	Staff absence is managed according to the Wellbeing Policy and supported by the individuals manager and HR.			Senior Sisters/Charge Nurses/Matrons/HR/Occupational Health and Wellbeing	14/10/2022	09/03/2023	

1.Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks their environment and other users may pose to them							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Systems and processes are in place to ensure:							
A respiratory plan incorporating respiratory seasonal viruses that includes:							
A multidisciplinary team approach is adopted with hospital leadership, operational teams, estates & facilities, IPC teams and clinical and non- clinical staff to assess and plan for creation of adequate isolation rooms/cohort units as part of the plan.	Work is in progress to increase single room capacity within the Respiratory Directorate For future new builds/refurbishments isolation rooms is on the Agenda	Known risk (Risk 5682).	Risk 5682 (Limited side rooms across the Organisation)	Deputy COOs/Heads of Nursing/Infection Prevention	30/11/2022	09/03/2023	
2.Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Action date	Review Date	RAG
Ventilation systems, should comply with HBN 03:01 and meet national recommendations for minimum air changes https://www.england.nhs.uk/publication/specialised-ventilation-for-healthcare-buildings/	Ventilation systems currently in place comply Critical care and respiratory wards are compliant	Not all areas have mechanical ventilation available	Free standing ventilation units have been introduced in some areas Air purification units installed in ED in April 2022. A Trustwide ventilation assessment by an external source has been commissioned and completion and report is expected in October 2023.	Head of Estates/Head of Estates Development	30/11/2023	09/03/2023	
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people							
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Completed by	Date	Review Date	RAG
Systems and processes are in place to ensure:							
Patients at risk of severe outcomes of infection receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare e.g., priority for single room protective isolation	Clinical extremely vulnerable (CEV) patients are nursed away from positive patients and in a side room if available	Difficult to identify all CEV patients as not tagged on Teletracking		Senior Sisters/Charge Nurses/Matrons	31/12/2022	09/03/2023	

Trust Board Committee Chairs Assurance Report

Name of Committee:	Audit Committee
Date(s) of Committee Meetings since last Board	9 February 2023
Chair of Committee:	Julie Jones
Date of Report:	28 March 2023

<p>ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board</p>	<ul style="list-style-type: none"> The Committee escalated to Trust Management Committee their concern that recommendations raised by internal audit were not being updated on iBabs to demonstrate that actions had been addressed in accordance with the agreed timescales. Out of 41 actions due, 26 were not updated and hence the audit committee was not assured that the actions had been implemented.
<p>ADVISE Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought</p>	<ul style="list-style-type: none"> Following feedback from the meetings of QGAC and P&FC, the committee noted the risks posed to the organisation from forecast system financial deficits in 2023/24. Notably, likely changes required to internal financial controls were highlighted. Members noted the Cyber Risk Management report and the outcome of a phishing exercise. 28% of users at RWT clicked on the malicious email and 17% entered usernames and passwords. A further exercise is being planned to ensure learning from the first exercise has been embedded. The external audit plan for the year ended 31 March 2023 was presented. In particular, the risk of expenditure recognition was noted given the significant system financial pressures. Members were informed of the change in the final accounts deadline to the end of June, and were reassured that plans were in place to ensure the deadline would be met.

<p>ASSURE Positive assurances & highlights of note for the Board</p>	<ul style="list-style-type: none"> • The committee reviewed the BAF and discussed emerging risks, particularly in respect of recruitment and retention. • The quarterly security report gave assurance that risks were being managed and the committee noted a decision was awaited regarding a bid for a Community Response Team. • The internal audit review of Key Financial Controls – Accounts Receivable gave ‘substantial assurance’, an excellent outcome. • The internal audit advisory review of Financial Sustainability was received. • One new counter fraud case referral had been received since the last meeting. The Committee noted the increased prevalence of mandate fraud in the wider public sector. • The Committee noted the detail of the draft Counter Fraud Workplan 2023/24. • An update on ICS and ICB governance was received and discussed. • The Committee received a report detailing Single Tender Actions and Suspension Breaches. • Members noted the review of GI02 Financial Management Policy and its earlier approval at Trust Board.
<p>Recommendation(s) to the Board</p>	<ul style="list-style-type: none"> • Losses and special payment proposed write offs of £56,870 were agreed for final approval by the Trust Board.
<p>Changes to BAF Risk(s) & TRR Risk(s) agreed</p>	<ul style="list-style-type: none"> • None.
<p>ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, changes to Work Plan)</p>	<ul style="list-style-type: none"> • The committee will take forward the actions relating to the recommendations previously made by external and internal auditors. • Members were tasked with completing a self-assessment of the committee’s effectiveness.
<p>ACTIVITY SUMMARY Presentations/Reports of note received including those Approved</p>	<ul style="list-style-type: none"> • Please refer to agenda on ibabs.
<p>ACTIVITY SUMMARY Major agenda items discussed including those Approved</p>	<ul style="list-style-type: none"> • Please refer to agenda on ibabs.
<p>Matters presented for information or noting</p>	<ul style="list-style-type: none"> • No interests were declared by members.
<p>Self-evaluation/ Terms of Reference/ Future Work Plan</p>	<ul style="list-style-type: none"> • Members were asked to consider what the committee had done well, what could have been done better, and whether the business of the meeting had made a difference to patients. • Members felt that the meeting had been focused, with relevant discussion, involvement, and challenges from members. The quality of the agenda items had been very good, and the meeting had flowed smoothly.
<p>Items for Reference Pack</p>	<ul style="list-style-type: none"> • None

RWT Trust Board Public Meeting	
Meeting Date:	04 April 2023
Title of Report:	Covid – 19 National Inquiry
Action Requested:	Update
For the attention of the Board	
Assure	<ul style="list-style-type: none"> Members of the Trust Board are asked to note the progress to date in participation in the National Inquiry into Covid-19 specifically Module 3 – ‘<i>The impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland</i>’.
Advise	<ul style="list-style-type: none"> The National Inquiry was established on 28 June 2022 to examine the UK’s response to, and the impact of, the Covid-19 pandemic, and to learn lessons for the future. Module 3 relates to the specific impact on healthcare systems and commenced on 8 November 2022.
Alert	<ul style="list-style-type: none"> That the Trust has complied with the Inquiry’s requirement to notify all staff of their legal duty in relation to record-keeping to support the Trust’s preparation for the Inquiry. This is called a ‘STOP Notice’ and the requirement is for colleagues to ensure that all records are saved, whether they are/were working directly on Covid-19 recovery, or as part of business-as-usual activities. That the Preliminary Hearing was held on 28th February 2023
Author and Responsible Director Contact Details:	Stephanie Poulter – Governance Team Support Kevin Bostock – Director of Assurance Tel 07989275283 Email stephanie.poulter@nhs.net
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement. b) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> a) Improve overall staff engagement.
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> a) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Implement technological solutions that improve patient experience c) Progress joint working across Wolverhampton and Walsall d) Facilitate research that improves the quality of care
Resource Implications:	Resources will be met from current staff and technology within teams.
Report Data Caveats	
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:
Equality and Diversity Impact	There are no equality & diversity implications associated with this paper.
Risks: BAF/ TRR	No
Risk: Appetite	Low
Public or Private:	Public

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

Brief/Executive Report Details	
Brief/Executive Summary Title:	Covid – 19 National Inquiry
Item/paragraph 1.0	The purpose of this report is to inform the Trust Board and its associated committees that all appropriate and necessary steps have been taken in preparation for Royal Wolverhampton NHS Trusts (RWT) involvement in the Covid-19 National Inquiry which opened in June 2022.

COVID-19 NATIONAL INQUIRY UPDATE

1. PURPOSE OF REPORT

The purpose of this report is to inform the Trust Board and its associated committees that all appropriate and necessary steps have been taken in preparation for Royal Wolverhampton NHS Trusts (RWT) involvement in the Covid-19 National Inquiry which opened in June 2022.

2. BACKGROUND

On 28th June 2022 the Rt. Hon Baroness Heather Hallet DBE PC, was appointed Chair of the Covid-19 National Inquiry, which was established to examine the UK's response to, and the impact of, the Covid-19 pandemic, and to learn lessons for the future.

In support of this a Terms of Reference for the Inquiry was published which set out the high level scope, aims, the overall response expected of the health and care sector, the economic response and impact and the overall lessons learned.

The approach Baroness Hallet has taken is modular and in October 2022 a preliminary hearing was held on 'Module 1- Government Planning and Preparedness'. The group is scheduled to meet again on 14 February 2023 with 'Module 2 – Political and Administrative Decision Making' meeting on 1 March 2023 and 'Module 3 - looking at the impact of the pandemic on healthcare' on Tuesday 28 February 2023.

3. NEW UPDATES

The Inquiry held its first preliminary hearing for its third investigation – Module 3 'looking at the impact of the pandemic on healthcare', on Tuesday 28 February 2023 and a precis of the meeting can be found at Appendix 1.

In preparation for each of the preliminary hearings information gathering exercises take place. For Module 3 this resulted in a letter from the appointed Lead Solicitor for Module 3 to Trusts, ICBs and other organisations across the health system to voluntarily answer a range of questions against the provisional outline of scope attached at appendix 2 with the questionnaire attached at appendix 3.

RWTs response is attached at appendix 4 and it is unclear at this stage whether RWT will be asked to submit anything further or be involved in detail with the Inquiry as it progresses. However, RWT needs to be prepared to respond to the Inquiry in any way considered appropriate.

RWT have set up a comprehensive Group-Wide Covid-19 National Enquiry Project Team for which Kevin Bostock - Group Director of Assurance is the Chair/Lead Executive and named Single Point of Contact for the Inquiry.

The Group continue to meet and ensure proportionate preparedness to respond to any information required by the Inquiry.

4. RECOMMENDATIONS

Trust Board members are requested to note the content of the report and its appendix: -

- Appendix 1 – Precis of the Preliminary Hearing
- Appendix 2 – Module 3 Provisional Outline of Scope
- Appendix 3 – Module 3 Letter Questionnaire
- Appendix 4 – RWT response to Questionnaire

Appendix 1 – Precis from the Module 3 – Preliminary Hearing Held on 28th February 2023

The agenda for the hearing was as follows:

- Introductory remarks from the Chair
- Update from Counsel to the Inquiry, including:
 - Designation of Core Participants
 - Provisional Outline of Scope for Module 3
 - Evidence gathering
 - Disclosure to Core Participants
 - The listening exercise/Every Story Matters
 - Future hearing dates
- Submissions from Core Participants

Lady Hallett Opening Remarks Key Highlights

- Acknowledged written submission from the 36 Core Participants these include bodies who represent the bereaved, those with long Covid, patient and relative representatives, representatives of the clinically vulnerable, disability charities, those representing pregnancy and parenting, those representing ethnic minorities and migrants, those representing mental health, social care, ambulance services, public health representatives, the Royal College of Nursing, Anaesthetists and intensive care, the BMA, NPA and TUC. (Full list is available).
- Acknowledged that Module 3 is at the heart of the enquiry into the Covid-19 pandemic. Her aim in conducting the Inquiry is to provide reports, interim reports, throughout the Inquiry and to make timely recommendations where possible in the hope of reducing the suffering that was witnessed during the pandemic.
- Acknowledged there will be overlap between the Modules. For instance there is to be a Module dedicated to the Care Sector, and one obvious overlap there with Module 3 will be discharges from hospital of patients into care homes.

Opening Statement by Ms Carey, KC (Counsel to the Inquiry)

- Confirmed that Module 3 is primarily concerned with the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Ireland.
- Confirmed the 36 Core Participants 27 of which were in attendance in the room for the preliminary enquiry.
- Confirmed that not being a designated Core Participant did not preclude anyone person or entity or group from applying to be so in a later Module or from providing evidence and information and, where appropriate and relevant, giving evidence at a hearing.
- Confirmed that the relevant period being examined during Module 3 is 1st March 2020 to 28th June 2022 as set out in the Terms of Reference.
- Confirmed key elements that are in scope for this Module:-
 - The impact of Covid-19 on people's experiences of healthcare
 - Core decision-making and leadership within healthcare systems

- Staffing levels and critical care capacity
- The establishment and use of Nightingale Hospitals and the use of private hospitals
- 111 and 999 and ambulance services
- GP surgeries and hospitals
- Cross-sectional co-operation between services
- Healthcare provision and treatment for patient with Covid-19 and the same for non-Covid patients
- The healthcare system's response to clinical trials and research
- Allocation of staff and resources
- Delays in treatment and waiting lists and the reasons for people not seeking or receiving treatment
- Palliative care and the discharge of patients from hospital
- Decision-making about the nature of healthcare provided for patients with Covid-19, its escalation, and the provision of cardiopulmonary resuscitation, including the use of DNACPRs.
- The impact of the pandemic on doctors, nurses and other healthcare staff, including those in training and specific groups of healthcare workers
- The availability of healthcare staff, the NHS surcharge for non-UK healthcare staff and the decision to remove the surcharge
- Preventing the spread of Covid-19 within healthcare settings, including IPC, adequacy of PPE and rules about those in hospital will be examined.
- Communication with patients and their loved ones
- Deaths caused by Covid-19 pandemic, in terms of the numbers, classification and recording, including the impact on specific groups of healthcare workers, e.g. reference to ethnic background or geographical location.

Pausing there the Ms Carey said that official statistics indicate that there were over 850 Covid-related deaths of healthcare workers throughout the UK over the time with which this Inquiry is concerned. Therefore Module 3 will also examine the following:-

- Shielding and the impact on the clinically vulnerable and the condition diagnosis and treatment of 'Long Covid'.
- The Inquiry considers it appropriate to include GPs and Community Pharmacy.
- The impact of Government decision-making on healthcare systems across the UK.
- How treatments available to those suffering from Covid-19 developed and changed over the course of the pandemic
- Protocols and policies related to patient discharge
- The affect of National Guidance on IPC
- Redeployment of healthcare staff
- Use of technology
- Cancellations of surgery and the creation of surgical hubs

Ms Carey then talked about the initial request for information questionnaire which was sent to over 550 recipients across the UK. Submissions from RWT and WHT have been shared previously. She went onto say that the purpose of those questionnaire's was to assist the Inquiry to gather information and to identify areas for investigation in advance of sending Rule 9 requests (requests

made pursuant to the Inquiry Rules 2006 and are formal requests for written statements) and identify who should receive them. To date the Inquiry has received 269 responses and an initial analysis of those has identified a number of common themes and topics including:-

- The authority and capacity of healthcare leaders to make decisions and deal with crisis management
- The consequences of cancelling or pausing routine and non-urgent care on patients
- The acceleration of Integrated Care Systems
- Co-ordination with the private sector and staffing, mental health and well-being of staff and patients
- The adoption of new ways of working
- The impact of access to and suitability of PPE and IPC measures

Ms Carey went on to provide information on evidence requests under Rule 9 of the Inquiry as they relate to Module 3. The Inquiry has already issued or is about to issue formal requests for evidence to the following Government organisations which appear to the Inquiry to have played a central or significant role in Module 3. These requests include questions relating to the structure of the healthcare system in each country, including roles and responsibilities and funding arrangements at the start of the relevant period and throughout the pandemic. These requests have gone to:-

- Department of Health and Social Care
- Welsh Government Health and Social Services Group
- Department of Health in Northern Ireland
- Health and Social Care in Scotland.
- 13 Ambulance Trusts in the UK
- Commissioner for Older People in NI
- Older People's Commissioner for Wales
- Age UK

Over the coming weeks and months the Inquiry intends to issue further Rule 9 requests to organisations including but not limited to the Chief Medical Officers, NHS bodies across the four nations. The Academy of Medical Royal Colleges and some specific Royal Colleges, the professional bodies representing those working within healthcare system, and to those Core Participant groups representing specific area of interest to Module 3.

Ms Carey identified the Listening Exercise – Every Story Matters, which is the process by which the public can contribute, via the website, to the Inquiry and is open to all whose lives have been affected in a way that enables the enquiry to capture the full breadth of human experiences across the UK.

In concluding Ms Carey notified the meeting that the Inquiry aims to announce the next phase of the Inquiry in early summer 2023. There will be a further preliminary hearing for Module 3 held later in 2023 in London on a date and venue to be confirmed.

Submissions from Core Participants

There followed 19 representations from Core Participant organisations outlining their suggestion for issues which they felt were not currently sufficiently in the scope of Module 3 and put forward their views on why they ought to be considered further.

Ms Carey Closing Remarks

In her closing statement Ms Carey said that Lady Hallett has heard helpful submissions covering a very wide range of topics and both the Inquiry Legal Team and herself know that she will want to consider those with great care.

Lady Hallett Closing Remarks

Lady Hallett confirmed that, as she has said previously, her mind is never closed and everything will be kept under review.



Module 3

November 2022

Module 3 Provisional Scope

This module will consider the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland. This will include consideration of the healthcare consequences of how the governments and the public responded to the pandemic. It will examine the capacity of healthcare systems to respond to a pandemic and how this evolved during the Covid-19 pandemic. It will consider the primary, secondary and tertiary healthcare sectors and services and people's experience of healthcare during the pandemic, including through illustrative accounts. It will also examine healthcare-related inequalities (such as in relation to death rates, PPE and oximeters), with further detailed consideration in a separate designated module.

In particular, this module will examine:

1. The impact of Covid-19 on people's experience of healthcare.
2. Core decision-making and leadership within healthcare systems during the pandemic.
3. Staffing levels and critical care capacity, the establishment and use of Nightingale hospitals and the use of private hospitals.
4. 111, 999 and ambulance services, GP surgeries and hospitals and cross-sectional co-operation between services.
5. Healthcare provision and treatment for patients with Covid-19, healthcare systems' response to clinical trials and research during the pandemic. The allocation of staff and resources. The impact on those requiring care for reasons other than Covid-19. Quality of treatment for Covid-19 and non-Covid-19 patients, delays in treatment, waiting lists and people not seeking

or receiving treatment. Palliative care. The discharge of patients from hospital.

6. Decision-making about the nature of healthcare to be provided for patients with Covid-19, its escalation and the provision of cardiopulmonary resuscitation, including the use of do not attempt cardiopulmonary resuscitation instructions (DNACPRs).
7. The impact of the pandemic on doctors, nurses and other healthcare staff, including on those in training and specific groups of healthcare workers (for example by reference to ethnic background). Availability of healthcare staff. The NHS surcharge for non-UK healthcare staff and the decision to remove the surcharge.
8. Preventing the spread of Covid-19 within healthcare settings, including infection control, the adequacy of PPE and rules about visiting those in hospital.
9. Communication with patients with Covid-19 and their loved ones about patients' condition and treatment, including discussions about DNACPRs.
10. Deaths caused by the Covid-19 pandemic, in terms of the numbers, classification and recording of deaths, including the impact on specific groups of healthcare workers, for example by reference to ethnic background and geographical location.
11. Shielding and the impact on the clinically vulnerable (including those referred to as "clinically extremely vulnerable").
12. Characterisation and identification of Post-Covid Condition (including the condition referred to as long Covid) and its diagnosis and treatment.



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FAO: Chief Executive

28 November 2022

Dear Madam or Sir

**Module 3 of the UK Covid-19 Public Inquiry (“the Inquiry”)
Request for initial information from your organisation**

I am writing on behalf of The Rt. Hon Baroness Heather Hallett DBE PC, the Chair of the Inquiry, in my capacity as the Module Lead Solicitor for Module 3.

As you may know, the [Inquiry](#) was established on 28 June 2022 to examine the UK’s response to, and the impact of, the Covid-19 pandemic, and to learn lessons for the future.

Module 3

Module 3 of the Inquiry will examine the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland. Further information about what the Inquiry will consider in Module 3 is set out in the provisional outline of scope, which can be found [here](#). Please do read this carefully and in full, but by way of summary, Module 3 will cover the following topics:

- The healthcare consequences of how the UK governments and the public responded to the pandemic.
- The capacity of healthcare systems to respond to a pandemic and how this evolved during the Covid-19 pandemic.
- Primary, secondary and tertiary healthcare sectors and services and people’s experience of healthcare during the Covid-19 pandemic, including through illustrative accounts.
- Healthcare-related inequalities (such as in relation to death rates, PPE and oximeters), with further detailed consideration in a separate designated module.

The Inquiry opened Module 3 on 8 November 2022. In relation to Module 3, [the Chair of the Inquiry has said](#):

“The pandemic had an unprecedented impact on health systems across the UK. The Inquiry will investigate and analyse the healthcare decisions made during the pandemic, the reasons for them and their impact, so that lessons can be learned and recommendations made for the future...”

How your organisation can help the Inquiry - information gathering

The Inquiry has identified around 450 organisations across the UK that are likely to have important healthcare-related information to share with it in relation to Module 3 specifically, including organisations such as yours. We are keen to hear from these organisations at an early stage of our work on this Module, so that we may consider issues they raise at this early stage while progressing the investigation. It is for this reason I am now writing to you.

I set out at **Annex A** some brief, high-level questions that will assist us with this task. To assist you in providing your answer to these questions, I enclose a Word form for you to complete.

This is not a formal request for information and we are not asking you or your organisation to provide evidence or a witness statement - it is simply an information-gathering exercise. I hope your organisation will feel able to respond, but if it does not wish to do so, please let me know so that we can update our records. If you or your organisation only feel able to answer some of the questions only, that is also fine. It may be that I contact your organisation again in due course to ask for further information in a more formal way.

Any response you do provide to this letter is intended to be for the Inquiry's information only. We are therefore unlikely to be able to address any substantive questions you raise about the scope of Module 3 or any other areas of the Inquiry's work. We are, however, very happy to help with any practical queries you may have about responding to the questions.

It is not the Inquiry's intention to share any response you provide to this letter outside of the Inquiry. If it does become necessary to share your response, we will contact you first.

Next Steps

Once your response to the questions in Annex A is ready, please return it to me by email to solicitors@coronavirus19.public-inquiry.uk. Please include the reference number in the heading of this letter in the email subject of any correspondence relating to this request. This is to ensure it is forwarded to me without delay.

If you would prefer to provide your response by secure email please let me know and I will provide details of how you can do this. Please identify any matters that you consider to be particularly sensitive when providing your response.

The Chair intends to conduct the Inquiry as quickly and efficiently as possible and welcomes the assistance of all individuals and organisations with her task. Therefore, if you wish to provide a response to the questionnaire, please ensure this is returned to the Inquiry **by 10am on Monday 19 December 2022**.

In summary

- 1. Please respond to the Annex A questionnaire by completing the form enclosed with this letter.**
- 2. Please make sure you include the name of your organisation in your response.**
- 3. Please send it to solicitors@covid19.public-inquiry-uk and include 'M3' in the subject line.**
- 4. Please acknowledge receipt of this correspondence and confirm the best email address for us to contact you at going forward.**

If you have any questions concerning the above, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Abigail Scholefield', written in a cursive style.

Abigail Scholefield

Module 3 Lead Solicitor

solicitors@covid19.public-inquiry.uk

Annex A

Questionnaire

UK COVID-19 Inquiry: Module 3 - Request for information

The Inquiry would encourage those responding to these questions to read the [provisional outline of scope](#) in full so that they may identify any relevant areas in which they can provide information.

*At this initial stage, please limit your response to all of the questions below to no more than **2000 words in total** - we are looking for an overview only at this stage to help us decide whether we need to make a supplementary request for more detailed information .*

Please note that the Inquiry is unable to consider individual cases of harm or death in detail. However, you may wish to provide anonymous examples in order to illustrate any wider systemic issues that you consider to be relevant.

In relation to the [provisional outline of scope for Module 3](#), please provide the following:

1. A brief overview of your organisation's function and role in relation to healthcare services and systems in the area in which you are based, and specifically in relation to the Covid-19 pandemic (for example if that function or role developed or changed).
2. Specifically in relation to your organisation's role or function delivering and/or arranging for healthcare services (point 1 above) in your area, what your organisation considers to be the key issues relevant to the matters set out in the [provisional outline of scope for Module 3](#). This could include, but is not limited to:
 - A. Responses to the pandemic - what went well and what did not go so well, and what you are most proud of;
 - B. Examples of how the particular healthcare systems your organisation operated in worked effectively and efficiently;
 - C. Examples of how the particular healthcare services your organisation delivered and/or arranged for were adversely affected; and
 - D. How particular groups of your organisation's local population, patients or staff were adversely affected.
3. Following on from the previous question, a brief summary of any key lessons learned that your organisation identified in relation to its responses to the Covid-19 pandemic, including the impact on healthcare services you operate and healthcare systems your organisation operated within, and how any lessons might apply in the future. Please tailor your response to the matters set out in the [provisional outline of scope for Module 3](#). *If the overall word limit of 2000 words is constraining for this question and being brief would not support our understanding, please use up to by no more than a*

further 2000 words on this particular question. Alternatively, you may wish to provide existing lessons learned reports/papers that your organisation has compiled.

4. A **list** of key documents or categories of documents that your organisation has produced which you consider to be most relevant to points 1-3 above and the [provisional outline of scope for Module 3](#). Please provide a brief description of the document/categories of documents and the reasons why you consider them to be particularly relevant. *For example, these could be Incident Team meeting action logs, Executive/Board minutes and reports, Serious Incident Reports, papers relating to key internal policy and/or procedure changes etc. We are not asking for day to day types of documentation relating to treatment of patients such as patient records, theatre lists or staff rotas as we know these will exist. We also do not need published guidance from public bodies such as PHE (now UKSHA) or NHS England.*
5. A **list** of any key articles or reports your organisation has published or contributed to, and/or evidence it has given in public regarding the matters set out in the [provisional outline of scope for Module 3](#).

*Please note that we are **not** requesting copies of the documents at points 4-5 at this stage. However, it would assist the Inquiry if you could provide hyperlinks for those documents that are publicly available.*

6. Any other points that you wish to raise in relation to the issues identified in the [provisional outline of scope for Module 3](#) that your organisation considers would assist the Inquiry to understand those issues more effectively.



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UK Covid-19 Public Inquiry

Form to be completed in response to Annex A questionnaire

UK COVID-19 Inquiry: Module 3 - Request for information

*Please provide your organisation's answers to the questions set out in Annex A, below.
Please limit the response to all questions to no more than 2000 words in total if possible.*

Name of organisation completing this questionnaire:

The Royal Wolverhampton NHS Trust.

Question 1

Royal Wolverhampton NHS Trust is one of the largest providers of healthcare in the West Midlands, covering acute, community and primary care services. The Trust's services cover the population of Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire, and Shropshire. The Trust acts as a specialist centre for a number of different services including, but not limited to, cancer, stroke and heart and lung services. In addition to this, it acts as a host for the Black Country Pathology Services (BCPS) – a single pathology service run by The Dudley Group NHS Foundation Trust, Sandwell & West Birmingham Hospitals NHS Trust, Walsall Healthcare NHS Trust, and The Royal Wolverhampton NHS Trust. We are the largest teaching hospital in the Black Country providing teaching and training to more than 130 medical students on rotation from the University of Birmingham Medical School. We also provide training for nurses, midwives, and Allied Health Professionals (AHPs) through well-established links with the University of Wolverhampton. During 2014 the Trust was established as the host for the Clinical Research Network West Midlands.

Question 2A

Responses to the Pandemic – what went well and what did not go so well, and what are you most proud of.

What Went Well

- Establishment of command and control processes early, at the start of COVID-19 being declared; establishment of Incident Control Centre, initially it was face to face, in line with the evolving pandemic it moved to being held virtual which helped to maintain the safety of staff along with having the opportunity to link in with external and wider partners and key Trust colleagues.
- Designation of key COVID-19 ward areas, to isolate the virus as much as possible thus maintaining the maximum amount of operational capacity, adopting a red and green system for bed capacity.
- The nature of community work changed with a switch from regular routine to greater support to care homes, end of life planning and a reduction in both routine

demand and activity. The intention was to support care homes with outbreak management, focusing on end-of-life care planning and to avoid the need to travel to hospital.

- Use of impact assessments in non clinical areas to prioritise workstreams and inform reallocation of resource.
- Establishment of a redeployment pool to support operational teams in caring for COVID-19 patients.
- Introduce ward orientation training programmes for non-clinical and clinical staff in back office/corporate services.
- Establishment of home working for back-office functions, which still continues today.
- To support the wellbeing of staff 'Wobble rooms/spaces' were established and continue to be in place, along with the establishment of a health wellbeing team providing regular support and updates along with an array of information, tools, and resources that aim to support staff health and wellbeing.
- Communications: frequent COVID-19 bulletin emails for all staff, information on staff intranet and external internet, along with regular social media posts and weekly MS teams updates from executive team with senior managers, to keep staff confident, informed, and safe.
- COVID-19 email inbox established for managing flow of information, monitored by Emergency Planning Team, which today is still in situ.
- Rapid deployment of IT technology with over 800 laptops to support agile / remote working for corporate non-clinical staff and over 70 webcams for Trust desktops to facilitate remote patient consultations.
- To support patients over 100 iPad devices were built and deployed to wards with free to use access for Skype, Zoom and FaceTime so that our patients could keep in touch with family during hospital admissions where visiting was not permitted.

Areas identified for Improvement

- At the start of the pandemic, testing patients and staff was a key issue; submission of COVID-19 examples were having to be sent to other labs outside of catchment area, as the Trust did not have the ability at that time to do this, this created tremendous delays in the system to identify and treat the COVID-19 patients. It is now possible with the development of the Black Country Pathology service; the Trust and other Trusts in the Black Country are now able to test the samples locally.
- In the early days of the pandemic availability of PPE was a real challenge and risk for staff and patients.

What we are most Proud of

- Development of the Trust data warehouse, which has been continuing to evolve at pace as a decision tool for managers. This was fundamental in the monitoring and management of performance; prior to this development lots of manual processes



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were in place.

- Establishment of internal team producing visors to assist with patient and staff safety.
- Early pandemic as supplies were limited in shops / supermarkets, the establishment of internal shop supplying staff with essentials of bread / milk etc was well received and appreciated by staff.

Question 2B**Examples of how the particular healthcare systems your organisation operated in worked effectively and efficiently****Command & Control in response to the pandemic**

At the start of the pandemic the Trust operated its usual preparedness and response to the different types of emergencies, using its existing command and control structure responding as part of the multi-agency group with the CCG, Local Authority, and local public health organisations. The Trust established a response structure which consisted of:

- Making key decisions on how to operationalise national guidance for local response
- Planning and advising on Trust business continuity arrangements including what happens in the event of mass admissions.
- Advising on PPE requirements for COVID-19, a separate specific PPE group was established and chaired by Medical Director, which met daily and then twice weekly.
- In conjunction with infection control considered and advised on steps needed to treat infected patients safely.
- Ensuring regular communications were sent out internally across the Trust and externally to keep staff and partners aware of what was happening.
- Consistently review the impact on staffing levels and welfare of staff.
- Monitored and maintained performance, daily 7/7 meetings to review capacity/demand on all services.
- Effectiveness of infection prevention measures.

Governance Framework adopted.

- Regular reporting to the CEO who had overall responsibility and accountability to the Board for ensuring that the Trust developed and implemented robust arrangements to meet its legal duties in responding to COVID-19.
- Strategic & Tactical leadership and direction to the Trust.
- Provided a forum for developing and implementing plans to enable the Trust to respond and recover from mass admissions/staffing shortages as a result of COVID-19.
- Provided a forum for raising concerns/risks which were escalated to Strategic command consistently and ensure plans reflected the most concerning risks and any emerging risks were put in place.
- Took part in multi-agency response.

The Trust Incident Command Group (Tactical) had accountability and delegated responsibility to various service areas through Task & Finish Groups in terms of responding to this type of incident, community services, inpatient operational management group, outpatient group (as required), paediatrics and communications department,



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occupational health / COVID-19 advice for staff.

The incident control groups met daily, which also involved multi-agency partners, LA, CCG, Public Health. There was a standard core agenda which all partners participated in, with minutes & actions being required.

The generic core Agenda was used:

Agenda

- Current Position (including international/national and local position)
- Patient status update & current numbers
- Changes in current national advice/guidance
- Workforce
- Current concerns
- Current risks/threats to Trust performance
- External feedback from Public Health and Social Care
- Communications
- Actions requiring escalation to Strategic Command

The Chair of the Tactical Group was a nominated director, strategic command was chaired by Chief Executive or an Exec Directors for discussion and agreement. The existing on call rota for Directors & Trust on call managers was updated to include nominated Tactical Commanders for the pandemic response identified during this period, this additional role was stood down in June 2022.

The Trust, in line with other organisations at the start of the pandemic established a COVID-19 email box, which is still monitored on a daily basis as the main communication link internally and externally. Lots of information/communications came through this box.

Mutual Aid Support

This was undertaken in line with requests made through the COVID-19 regional group – MIDSROC, being made through the Trust's designated COVID-19 email box, which the Trust discussed and shared if available. The Trust has since set up a mutual aid agreement process, working in partnership with Walsall Manor Hospital, and linking to the ICB.

Question 2C**Examples of how the particular healthcare services your organisation delivered and/or arranged for were adversely affected**

- The Trust instigated a 'lockdown process' at the start of the pandemic response, to keep patients fit and well at that time, above and beyond what would normally happen.
- This meant in line with IPC standards, inpatients were tested on admission and treated as positive until the results were received, they were isolated/placed in identified designated areas/wards. For patient safety the Trust adopted the principles of having red and green wards/areas in terms of keeping patients safe from COVID-19. There was also guidance issued for staff in high-risk areas where there were procedures being undertaken that were deemed aerosol generating.
- Visiting a patient was prohibited, a visiting system was implemented later during the pandemic, where family members were required to book a slot on the day if they wished to visit.
- Social distancing and mask wearing was instigated from the start of pandemic for all staff to follow, regardless of the area of work area whether it be clinical or non-clinical; for clinical areas, this practice is still in place.
- In order to meet IPC standards patients attending ED and inpatient services were tested on admission and treated as positive until the result was received to protect fellow patients and staff. This meant that until results were received, they were isolated in a single room or placed in a designated area or ward. This meant patients already feeling very unwell were not allowed to mix in a normal way which was found to be challenging for some of the service users. This is where the red and green bed capacity system was implemented.
- Personal Protective Equipment (PPE) – The Trust took steps to ensure staff were protected while caring for patients with suspected and / or confirmed cases of coronavirus, through masks, aprons etc.
- Strict rules were implemented for staff to follow in relation to hand hygiene, along with the wearing masks.
- Socially distancing rules were instigated across the Trust.
- Corporate non-clinical staff were encouraged to work from home where possible, Agile working was enabled through Digital enablement for our workforce where over 800 laptops were issued across the staffing base. Demand for remote connectivity saw the need to implement increased telephony bandwidth across the Trust. Disaster recovery Switchboard facilities were developed and the Trusts inbound / outbound telephony lines, along with mobile GSM Gateway was strengthened significantly.



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Question 2D

How particular groups of your organisation's local population, patients or staff were adversely affected

- The Trust instigated a risk assessment process for all staff including those at risk and for BAME staff, through their line managers. Adjustments / actions to minimise risk where relevant and appropriate to do so were undertaken, to ensure staff feel they are working in a safe environment to be able to confidently delivery care to patients and work with colleagues.
- The Trust has now established a Black, Asian, and Minority Ethnic (BAME) Employee Voice Group to help create an inclusive and supportive culture at RWT and shape a better place to work for BAME colleagues.

Question 3

Brief Summary of any key lessons learned

In line with the EPRR framework and the Civil Contingencies Act, which the Trust is governed by, the Trust operates a 24/7 on call Director & Trust on Call rota system, as part of its resilience to respond to the different types of incidents which may occur, a Major/Mass Casualty Incident, Critical or Business Continuity incident, along with having an alert cascade system which can easily be instigated in the event of future incidents.

Key lessons learned and changes as a result of COVID-19

- Surge in ICCU capacity
- Surge in community services
- Use of the independent sector
- Mortuary capacity
- Separation of elective and non-elective capacity to ensure can continue with treatments for patients with cancer / cardiac diagnosis.

Question 4 (Please note you are not limited to the number of rows set out below)

Categories of document or key document produced by your organisation including document title and date (with link if publicly available)	Brief description	Why it is particularly relevant
<i>Command Meeting Decision Logs</i>	<i>Logs of all actions, decisions made and rationale behind decisions</i>	<i>Provides a clear understanding of decisions made to provide effective healthcare arrangements during the pandemic</i>
Command & Control decision logs	Minutes of daily meetings were recorded, along with actions/decisions required to be undertaken.	To record the actions & decisions required to be undertaken.
OP04 COVID-19 Pandemic Support and Guidance v1.81 –policy is regularly updated.	This policy was produced to provide staff with collective guidance specifically in relation to the COVID-19 pandemic – ranging from several different topics.	To ensure staff looking for information related to COVID-19 can access the most recent guidance, instructions etc Providing: Advice, Arrangements, Guidance Instruction, and Procedures.
PPE required for when dealing with suspected or confirmed COVID-19.	Staff who were required to deliver clinical care to affected patients were given the guidance, NHS UK – How to Wash Your Hands , along with a helpful video reminding. PPE for the different scenarios for Hospital and primary care/community settings, Personal Protective Equipment (PPE) guidance for hospital clinical settings (PDF, 112Kb)	PPE required for when dealing with suspected or confirmed COVID-19, and the PPE for the different scenarios for Hospital and primary care/community settings,



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UK Covid-19 Public Inquiry

Question 5 (Please note you are not limited to the number of rows set out below)

Document title and date (with link if publicly available)	Brief description	Why it is particularly relevant
Key articles or reports published with a link	Trust Board minutes	To give the Board assurance that plans are in place to respond to the pandemic.
Silver and Gold Meetings – minutes available.	Summary available at trust Board	As above

Question 6

Any other points that you wish to raise in relation to the issues identified in the provisional outline of scope for Module 3 that your organisation considers would assist the Inquiry to understand those issues more effectively.

- Main concern was availability of PPE

Thank you for providing your response! The Inquiry is grateful for the information you have provided. Please ensure you include your organisation's name at the top of the response and send it to solicitors@COVID-19.public-inquiry.uk

Trust Committee Chairs Assurance Report

Name of Committee/Group:	Performance & Finance Committee Meeting
Date(s) of Committee/Group Meetings since last Board meeting:	22 nd February 2023
Chair of Committee/Group:	Lisa Cowley
Date of Report:	23 rd February 2023

<p>ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee</p>	<p>The meeting primarily focused on the 2023/4 finance and performance planning cycle.</p> <ul style="list-style-type: none"> The 2023/4 finance planning report was presented to the committee alongside further verbal updates on the position across the Black Country system and expectations. The current position for the Trust is an £82.8m deficit, this includes a 4% £28m CIP target. This is likely to lead to escalation process being enacted. YTD 2022/23 CIP achieved c.£12.5m 1.8%. Currently there is only £3-5m in CIP identified plus £4m in procurement savings for 2023/4 and the committee believe there is a high level of uncertainty regarding the achievement of the CIP target for 2023/4 without significant service redesign. Executive colleagues will undertake triangulation work across finance, performance and workforce to identify any areas of concern or adjustment. The committee agreed that executive colleagues should progress with the ICB timeline shared in the meeting and provide the committee and board with updates as required. <p>Elective Recovery</p> <ul style="list-style-type: none"> The achievement of the 78 week target for the end of March remains at risk with around 50 patients without a plan. The Trust will not achieve its target to reduce its 62 day backlog to 140. This is primarily as a result of increased referrals. This pattern is being replicated in other trusts and the team are working to develop plans for the 50 patients and to review trajectories for 2023/4.
<p>ADVISE Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought</p>	<p>Elective Recovery</p> <ul style="list-style-type: none"> There was discussion regarding the loss of some additional theatre sessions which were previously undertaken by Consultants via the Waiting List Initiative (WLI) Policy. Sessions had reduced since November following the introduction of the BMA rate card. The

	<p>Trust does not pay the rate recommended on the BMA rate card. This is a national issue and all 4 Acute Trusts within the local area had also refused the BMA rate card.</p> <p>2022/3 Financial Position</p> <ul style="list-style-type: none"> The Trust has enacted its recovery plan and is forecasting break-even but is reliant on system performance and support through the risk share arrangements. RWT will receive £5.8m of support from the Risk Share in 2022/23 and remains committed to achieving break-even. However, expenditure pressures within the M10 position mean this is becoming increasingly challenging. The System (in line with guidance) is not forecasting a loss of ERF resources even though performance is substantially below the planned level.
<p>ASSURE Positive assurances & highlights of note for the Board/Committee</p>	<p>Elective Recovery</p> <ul style="list-style-type: none"> The Trust achieved the ERF target (on a clock stop basis) in month, achieving 111.6%. The Trust's waiting list continues to grow although the rate of growth has slowed in the last four months. Positive improvements seen in UECC and verbal update reports this trajectory continues to improve in February 2023.
<p>Links to Strategic Objectives</p>	<p>Excel in the delivery of Care</p> <ol style="list-style-type: none"> Embed a culture of learning and continuous improvement. Prioritise the treatment of cancer patients. Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations.
<p>Recommendation(s) to the Board/Committee</p>	<ul style="list-style-type: none"> The board are recommended to note this report, further papers regarding the 2023/4 financial and operational plans will be submitted for approval.
<p>Changes to BAF Risk(s) & TRR Risk(s) agreed</p>	<ul style="list-style-type: none"> The BAF updates are now presented bi-monthly, nothing to highlight this month.
<p>ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)</p>	<ul style="list-style-type: none"> 2023/4 financial and operational plans will be further developed and presented to the committee and board for approval.
<p>ACTIVITY SUMMARY Major agenda items discussed including those Approved</p>	<ul style="list-style-type: none"> Elective Care Recovery Programme IQPR extract Monthly Financial Report 2023/4 Financial and operational planning Financial Recovery Group Report
<p>Matters presented for information or noting</p>	<ul style="list-style-type: none"> Capital Report High Value Contract Report

	<ul style="list-style-type: none"> • Supplementary Finance Report • Temporary Staffing Dashboard Report • NHSI Monthly Return
<p>Self-evaluation/ Terms of Reference/ Future Work Plan</p>	<ul style="list-style-type: none"> • The Work Plan is a live document that is updated and circulated monthly. • The Self-evaluation was completed January 2023 and is a biennial evaluation that is next due to be completed January 2025. • The Terms of Reference were updated 24th November 2022 and are due for review 20th December 2023.

Trust Committee Chairs Assurance Report

Name of Committee/Group:	Performance & Finance Committee Meeting
Date(s) of Committee/Group Meetings since last Board meeting:	22 nd March 2023
Chair of Committee/Group:	John Dunn
Date of Report:	22 nd March 2023

<p>ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee</p>	<p><u>Elective Recovery Programme</u></p> <ul style="list-style-type: none"> The Trust has had to cancel or rearrange 1,670 patients (230 admitted and 1,440 non-admitted) in March as a result of the industrial action taken by Junior Doctors. The activity is being re-arranged but to the detriment of other patients who would have otherwise utilised the capacity. The activity plan for next year, at 106.9% falls slightly short of the 108% Trust target. The opportunity to increase activity further is constrained both by staffing availability and funding. The Trust will not achieve the 78 week target for the end of March as a result of the impact of the junior doctor strike, combined with pre-existing challenges. The target has been revised to the end of April, however, this remains a risk given the size of the waiting list tail. The Trust will not achieve its target to reduce its 62 day backlog to 140. This is primarily as a result of increased referrals (beyond normal levels). A revised target of 195 has been set for next year which takes into account the increased referrals being seen. <p><u>Financial Report</u></p> <ul style="list-style-type: none"> The 2023/4 finance planning report was presented to the committee alongside further verbal updates on the position across the Black Country system and expectations. An extraordinary Trust Board has been arranged to discuss and agree the budget submission. Further work has been requested from the Committee to clarify the pre and post covid cost profile.
<p>ADVISE Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought</p>	<p><u>Overview of Financial</u></p> <ul style="list-style-type: none"> The Trust is reporting an in month adjusted surplus of £2.4m, this is £1.2m favourable to plan. The year to date deficit of £2.2m is £1.4m adverse to plan. The Trust has enacted its recovery plan and is forecasting break-even but is reliant on system performance and support through the risk share arrangements. The Trust have spent £55.6m of capital YTD to 28th February 23. Of this £55.6m, £16.6m relates to capital spend which the ICS is measured against. This is currently in line with the Plan, with the Trust anticipating meeting its agreed Full Year ICS CRL of £19.7m.

	<p><u>Winter Plan</u></p> <ul style="list-style-type: none"> • There will be a review of the Winter Plan at the April Committee Meeting. <p><u>Elective Recovery Programme</u></p> <ul style="list-style-type: none"> • The Trust achieved the ERF target (on a clock stop basis) in month, achieving 111.6%. • The waiting list has started to plateau. It remains to be seen whether this will continue. • The Trust’s draft planning trajectories for 2023/24 have been submitted and are included within the report to the Committee. Further discussions are ongoing within the ICB before they’re submitted to NHS England at the end of March. <p><u>National & Contractual Standards</u></p> <ul style="list-style-type: none"> • Hospital flow has improved due to the reduction in medically fit patients, the ARC is working well and focus is on cancer performance and specialities which have any major issues such as Urology, Renal Surgery, Gynaecology and General Surgery. The Trust is achieving good, solid consistent performance. <p><u>Public Sector Decarbonisation Scheme</u></p> <ul style="list-style-type: none"> • The Trust has received positive news on the outcome of our ‘system bid’ for further PSDS capital funding. We have received grant offer letters confirming c£31M allocation for 23/24. The conditioned funding is to be spent on replacement boilers, insulation, LED lighting, windows and other supporting plant and equipment and helps support with existing backlog challenges as well as limiting potential carbon taxation in the future. • RWT led on the bid, on behalf of the ICS/ICB, and have successfully attracted the funding for use across RWT (c£6M), WHT (c£12.5M), SWB (c£11M) and WMAS (c£1.5M). Discussions with the ICS/ICB and the other Trusts are taking place to consider the delivery of the programme of works. Part of the conditions of the capital grant require the respective organisations to contribute c£4.5M to which agreement has been received from each party.
<p>ASSURE Positive assurances & highlights of note for the Board/Committee</p>	<p><u>Elective Recovery Programme</u></p> <ul style="list-style-type: none"> • NHS England have tiered providers according to their perceived risk – Tier 1 being the highest risk and Tier 3 the lowest. RWT remains within Tier 3. <p><u>Financial Report</u></p> <ul style="list-style-type: none"> • The Trust will hit the forecast year-end break-even.
<p>Links to Strategic Objectives</p>	<p><u>Excel in the delivery of Care</u></p> <ol style="list-style-type: none"> Embed a culture of learning and continuous improvement. Prioritise the treatment of cancer patients. Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations.

Recommendation(s) to the Board/Committee	<ul style="list-style-type: none"> • EMR & PAS Implementation – FBC will be submitted to Board for endorsement. • Cannock Chase Hospital Theatres Programme – Business Case endorsed for Board approval. • Community Diagnostic Hub Contract Award – Received for information.
Changes to BAF Risk(s) & TRR Risk(s) agreed	<ul style="list-style-type: none"> • A report was not submitted this month.
ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)	<ul style="list-style-type: none"> •
ACTIVITY SUMMARY Major agenda items discussed including those Approved	<ul style="list-style-type: none"> • Elective Care Recovery Programme • IQPR extract – National and contractual standards • Monthly Financial Report • 2023/4 Financial and operational planning • Financial Recovery Group Report
Matters presented for information or noting	<ul style="list-style-type: none"> • Capital Report • High Value Contract Report • Contracting & Business Development Report • Supplementary Finance Report • Temporary Staffing Dashboard Report • NHSI Monthly Return
Self-evaluation/ Terms of Reference/ Future Work Plan	<ul style="list-style-type: none"> • The Work Plan is a live document that is updated and circulated monthly. • The Self-evaluation was completed January 2023 and is a biennial evaluation that is next due to be completed January 2025. • The Terms of Reference were updated 24th November 2022 and are due for review 20th December 2023.

Trust Board Report

Meeting Date:	No meeting
Title:	Report of the Chief Financial Officer - Month 10
Action Requested:	<input type="checkbox"/> Make a decision <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Receive for assurance <input type="checkbox"/> Received and noted <p>If the item has already been approved by a body with delegated powers of approval from the Board such as a Committee of the Board, then the item would be received and noted.</p>
For the attention of the Board	
Assure	N/A
Advise	N/A
Alert	N/A
Author + Contact Details:	Kevin Stringer, Chief Financial Officer - 01902 695954 kevin.stringer@nhs.net
Links to Trust Strategic Objectives	<p>Excel in the delivery of care</p> <p>We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations</p>
Resource Implications:	None
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	N/A
Risks: BAF/ TRR	N/A
Risk: Appetite	N/A
Public or Private:	Public
Other formal bodies involved:	Finance and Performance Committee
References	N/A
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> Equality of treatment and access to services High standards of excellence and professionalism Service user preferences Cross community working Best Value Accountability through local influence and scrutiny
Brief/Executive Report Details	
Brief/Executive Summary Title:	Report of the Chief Financial Officer - Month 10
Item/paragraph	1 This paper reports the in-month, year-to-date and the draft year end position for the Trust as at Month 10. The paper also reports on delivery against financial targets.

Reference Pack

Report of the Chief Financial Officer

Finance Report
January 2023 - Month 10



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Pay Expenditure	8
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Appendix A	Income & Expenditure Account 10
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Appendix C	Cash Flow 12

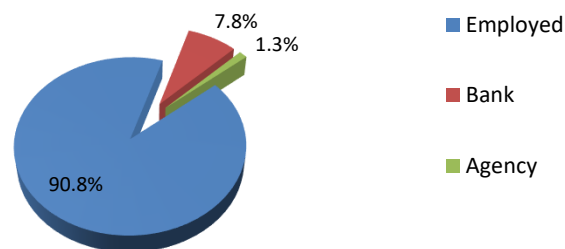
Income & Expenditure Position

(see page 5)

	In Mth Actual	YTD Actual
	£'m	£'m
Income		
1. Block payment	57.79	563.02
2. Other income	13.89	139.40
3. Top-up payment	0.50	3.87
Total	72.18	706.29
Expenditure	69.30	710.90
Surplus/ (deficit)	2.88	(4.61)
Planned surplus/(deficit)	1.63	(1.99)
Variance to plan	1.25	(2.62)

Workforce

(see page 8)



Patient Income

Greyed out sections will not currently be used for 22/23 reporting due to the nature of block funding.

Underlying Position

Cost Improvement Programme (CIP)

(see page 9)

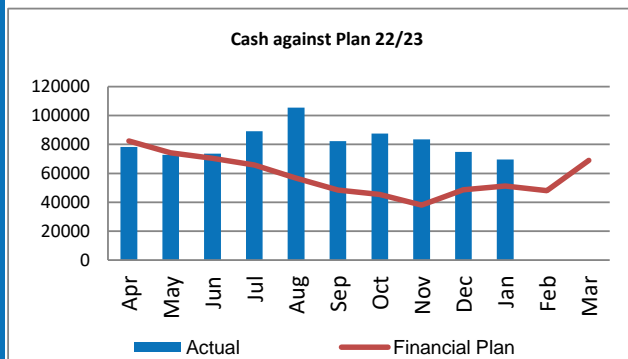
YTD CIP achievement is £12.59m against a target of £14.85m, with £5.78m of the year to date achievement related to cost avoidance schemes that do not reduce the expenditure run rates.

The Trust is forecasting CIP achievement of £15.91m, with £9.17m of this being achieved recurrently.

Cash in the Bank

(see page 7)

Plan £51.3m
Actual £69.7m



Covid-19 Expenditure

In month 10 there was a total of £632k expenditure relating to Covid-19.

Of this amount £587k is reimbursed for testing.

Reserves

(see page 9)

£10.3m of reserves are released into the position at month 10 of an annual value of £13.3m.

Actual Outturn

(see page 5)

£2.9m surplus in month
(£1.3m favourable to plan)

and £4.6m deficit year to date
(£2.6m adverse to plan)

Overview of Financial Performance

The Trust is reporting an in month adjusted surplus of £2.9m, this is £1.3m favourable to plan. The year to date deficit of £4.6m is £2.6m adverse to plan. The Trust has enacted its recovery plan and is forecasting break-even but is reliant on system performance and support through the risk share arrangements.

£8.0m of the year to date deficit relates to budget reduction CIP that was planned to be delivered by this point in the year, whereas much of the CIP achievement reported relates to cost avoidance schemes that do not impact on the run rates.

There is an overspend on pay of £5.9m year to date, and a £2.9m overspend on drugs due to activity and the application of block contract arrangements to costs previously passed through to CCGs. The overspends are offset by £10.3m of unspent reserves and releases of provisions and accruals no longer required, these total £16.4m year to date and were released across pay (£7m) and non-pay (£9.4m)

Significant run rate improvements and CIP delivery will be required in the remainder of the year in order to achieve the planned break-even position.

System Updates

Following the enactment of System Risk Share arrangements the ICB continues to forecast a break even position for 2022/23, although some organisations are experiencing substantial pressure to deliver this. RWT will receive £5.8m of support from the Risk Share in 2022/23 and we remain committed to achieving break-even. However, expenditure pressures within the M10 position mean this is becoming increasingly challenging.

The System (in line with guidance) is not forecasting a loss of ERF resources even though performance is substantially below the panned level.

Capital

The Trust have spent £48.1m of capital YTD to 31st January 23. Of this £48.1m, £15.2m relates to capital spend which the ICS is measured against, with the Trust anticipating meeting it's agreed Full Year ICS CRL of £19.7m. The balance of capital YTD £32.9m relates to capital spend on grant funded items of £24.0m, made up of £5.5m relating to PSDS Phase 2, £17.5m relating to PSDS Phase 3 and £1.0m relating to ERDF Grant; £0.3m on a new lease for BCPS which is capitalised under IFRS 16; £7.9m of PDC monies and £0.7m of donated assets.

The Trust anticipate meeting the current planned gross capital expenditure of £89.5m, which consists of £19.7m ICS CRL (internally generated funds), PDC £18.3m, Grant funding of £39.5m, IFRIC 12 related capital spend of £5.1m, IFRS 16 new leases £6.1m, and £0.7m of donated assets. The planned gross capital expenditure has moved from prior month forecast of £89.2m due to reduction in ICS CRL total (this is now fully agreed for 22/23) of £0.2m offset by additional PDC monies £0.8m.

£m	21/22			22/23										YTD Avg	Move-ment
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
Patient Income															
1 Plan	54.46	54.57	87.42	52.92	53.09	55.94	54.24	54.79	61.89	57.85	57.06	57.44	58.17	56.14	2.03
2 Actual	53.70	55.21	88.60	52.60	53.12	55.67	56.40	54.82	60.56	56.79	60.38	54.88	57.79	56.14	1.65
3 Variance	(0.75)	0.64	1.18	(0.32)	0.02	(0.27)	2.17	0.03	(1.33)	(1.06)	3.32	(2.56)	(0.38)	0.00	(0.38)
Non Patient Income															
4 Plan	13.70	14.41	12.38	11.60	17.19	15.53	11.30	11.67	17.01	13.26	12.41	21.15	13.07	14.57	(1.50)
5 Actual	11.86	11.60	22.72	10.72	17.70	15.61	11.60	11.80	11.49	19.22	13.75	16.99	14.40	14.32	0.08
6 Variance	(1.84)	(2.81)	10.34	(0.89)	0.51	0.08	0.30	0.13	(5.52)	5.97	1.34	(4.16)	1.33	(0.25)	1.58
Pay Expenditure															
7 Plan	39.54	39.68	59.97	39.52	39.50	42.73	41.29	41.49	46.92	42.71	42.54	43.20	40.83	42.21	1.38
8 Actual	39.77	40.30	69.33	41.08	41.96	41.42	42.23	42.75	48.28	43.60	42.16	40.52	42.64	42.67	0.03
9 Variance	(0.23)	(0.62)	(9.36)	(1.56)	(2.46)	1.31	(0.94)	(1.27)	(1.37)	(0.89)	0.38	2.69	(1.81)	(0.46)	1.35
Non Pay Expenditure															
10 Plan	18.06	18.36	17.89	17.14	16.02	17.80	16.48	16.35	16.60	17.14	17.10	18.15	17.43	16.98	(0.45)
11 Actual	17.23	16.68	25.99	16.55	16.25	16.52	15.94	16.24	16.32	17.23	17.78	15.75	15.85	16.51	0.66
12 Variance	0.83	1.68	(8.10)	0.59	(0.23)	1.28	0.54	0.12	0.28	(0.09)	(0.68)	2.40	1.58	0.47	(1.11)
Drugs Expenditure															
13 Plan	5.49	5.40	5.92	5.65	5.31	5.74	5.51	5.58	6.10	5.55	5.65	5.98	5.97	5.67	(0.29)
14 Actual	5.76	5.23	6.03	5.78	5.59	5.63	5.66	6.03	6.58	5.91	5.95	6.32	6.47	5.94	(0.53)
15 Variance	(0.28)	0.16	(0.10)	(0.12)	(0.28)	0.11	(0.15)	(0.45)	(0.48)	(0.36)	(0.30)	(0.34)	(0.50)	(0.26)	0.23
CIP over/ (under) achievement															
16 Variance	(0.17)	(0.13)	0.63	(0.42)	(0.13)	0.08	(0.79)	(0.76)	(0.41)	(1.19)	(1.83)	(1.86)	(0.74)	(0.81)	(0.07)
BCPS Savings over/ (under) achievement															
16 Variance				0.08	0.08	0.08	0.08	0.08	0.08	(0.01)	0.03	0.00	(0.14)	0.06	0.20
Reserves supporting position															
17 Actual	2.24	2.43	12.26	2.81	2.49	(1.70)	(0.71)	0.68	1.58	1.47	1.59	(0.48)	2.56	0.86	(1.70)
Other Non Operating Expenditure															
18 Plan	(3.18)	(3.18)	(3.19)	(2.98)	(4.37)	(3.27)	(3.61)	(3.61)	(3.27)	(3.78)	(3.78)	(3.78)	(3.80)	(3.61)	(0.19)
19 Actual	(3.10)	(3.06)	0.46	(3.17)	(3.72)	(3.79)	(3.58)	(3.54)	(3.53)	(3.75)	(3.57)	(3.54)	(3.54)	(3.58)	0.04
20 Variance	0.08	0.12	3.64	(0.19)	0.65	(0.53)	0.03	0.08	(0.26)	0.03	0.21	0.24	0.26	0.03	(0.23)
Total															
Plan	(0.18)	0.06	(0.06)	(3.24)	2.64	3.46	0.06	(0.58)	4.76	1.65	0.62	9.81	1.54		
Actual	(0.30)	1.54	10.43	(3.25)	3.30	3.91	0.60	(1.93)	(2.66)	5.52	4.68	5.74	3.69		
Variance	(0.12)	1.48	10.49	(0.01)	0.65	0.45	0.54	(1.35)	(7.42)	3.87	4.06	(4.07)	2.16		

Commentary on variances and trends:

Patient Income - There is still no assumed ERF clawback from underperformance to target but this also means we have been unable to achieve additional ERF stretch resulting in Patient Income below plan in month 10. Year to date there has also been an underperformance on Public Health activity.

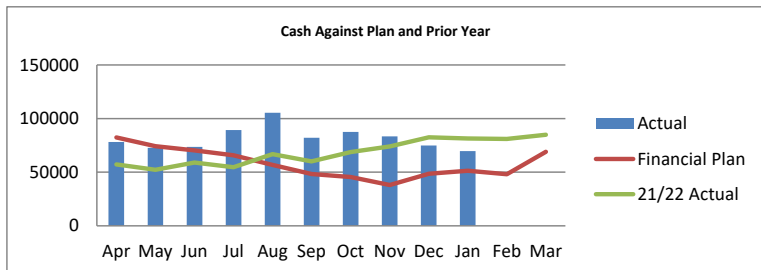
Non Patient Income - there is an overperformance of £1.33m in month. £870k of this relates to the phasing of grant income received to offset capital purchases. A further £300k is additional Education income, again due to the phasing of expenditure to which it matches, there is also smaller over achievements on SLA's in Corporate (£87k), Estates and Facilities (E&F) (£85k) and Division 3 (£56k). The movement in month is due to receiving additional grant income last month.

Pay - was £1.8m above plan in month. Clinical divisions were all overspent Div 1 £600k, Div 2 £1.1m and Div 3 £100k. these are again all due to temporary staffing costs covering vacancies, sickness and leave. (There was a release of accruals worth £2m in month but this was within the plan).

Non Pay - The in month underspend is a result of releasing accruals worth £4.1m, some of which were within the plan. Within the variance though there continues to be overspending areas. Division 1 is £342k overspent, this is due to devices used in Cardiology procedures due to the number of cases treated, the Division are looking at potential sources of income to offset this in future months. Division 2 are also overspent by £78k this is due to patient demand for insulin pumps. Division 3 are also overspent by £59k due to childrens insulin pumps overspending by £113k, Radiology consumables £66k due to activity both being offset by funding received for patient equipment and PREP.

Drugs - The in month expenditure and variances continues to follow the trend of the last two months, the largest overspending areas are Ophthalmology £136k due to increased injection activity, Women's and Neonatal due to seasonal respiratory drug usage £80k, Gastro, £141k caused by increased use of more expensive drugs due to clinical guidance and Diabetes £29k due to patient activity, Primary care £54k seasonal flu vaccinations.

Cash Position



The cash balance as at 31st January 2023 is £69.7m, an £5.2m decrease on the previous month but an increase of £18.4m on financial plan. Plan variances are due to pass through commissioner income (£24.3m) including pay award, timing of LVA Income (£1.7m), timing of HEE income (£9.7m), timing of capital spend (£37.0m), additional BCPS income (£9.7m) & higher than planned VAT income (£8.8m). Conversely there is an increase in pay costs (£24.9m), timing of Grant & PDC income (£4.9m) and increased non pay spend (£29.7m).

Better Payment Practice Code

The Better Payment Practice Code sets out a target for payment of 95%, in value and volume, to be paid within 30 days of receipt. The Trust's performance against this target is:

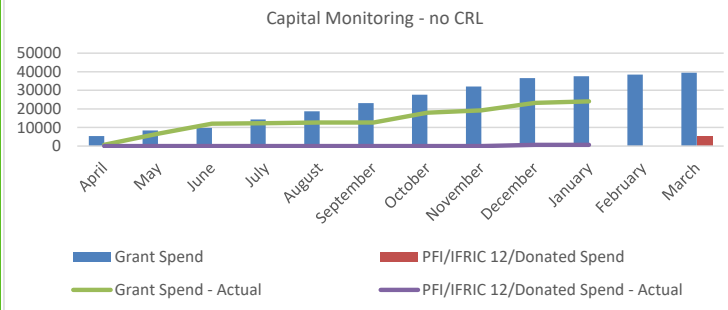
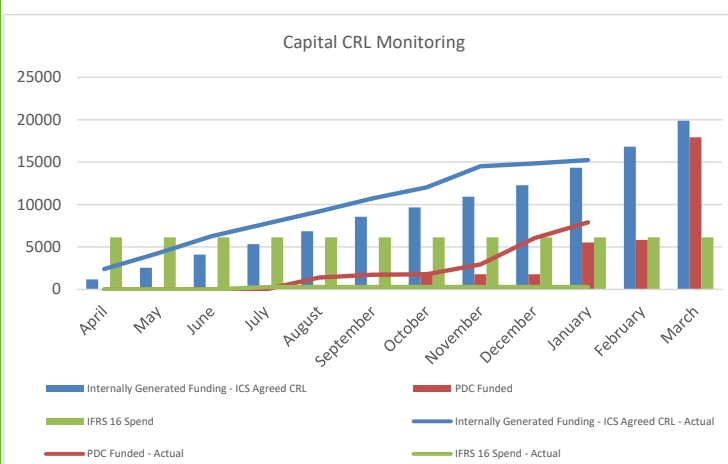
	M10 22/23	Cumulative	M9 22/23	Cumulative
Value	95%	93%	95%	92%
Volume	91%	89%	91%	89%

Debtor Days

Calculated Debtor Days for the year are:-

	M10 Actual	M9 Actual
Total	5.32	4.78
Being:-		
NHS	4.97	4.60
Non NHS	6.78	5.53

Capital



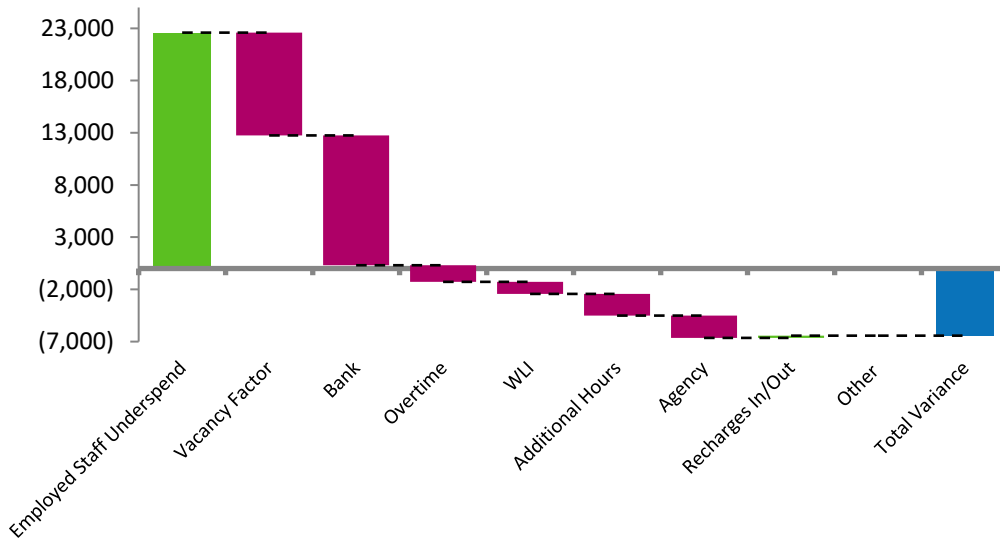
The Trust have spent £48.1m of capital YTD to 31st January 23.

Capital CRL Monitoring - Of this £48.1m, £15.2m relates to capital spend which the ICS is measured against. This is currently ahead of Plan due to timing of orders, with the Trust anticipating meeting its agreed Full Year ICS CRL of £19.7m. This has reduced from M9 however is now fully agreed by the ICS There has been £7.9m spend YTD on PDC for Western Power supply to Cannock Chase hospital £1.4m, £4.7m for Cannock Community Diagnostic Hub, £0.3m IT spend, £0.6m TIF and £0.9m for Black Country North Elective Hub.. There is £0.3m spend YTD on IFRS 16 which is below forecast due to leases (predominantly BCPS) still being required to be commercially agreed.

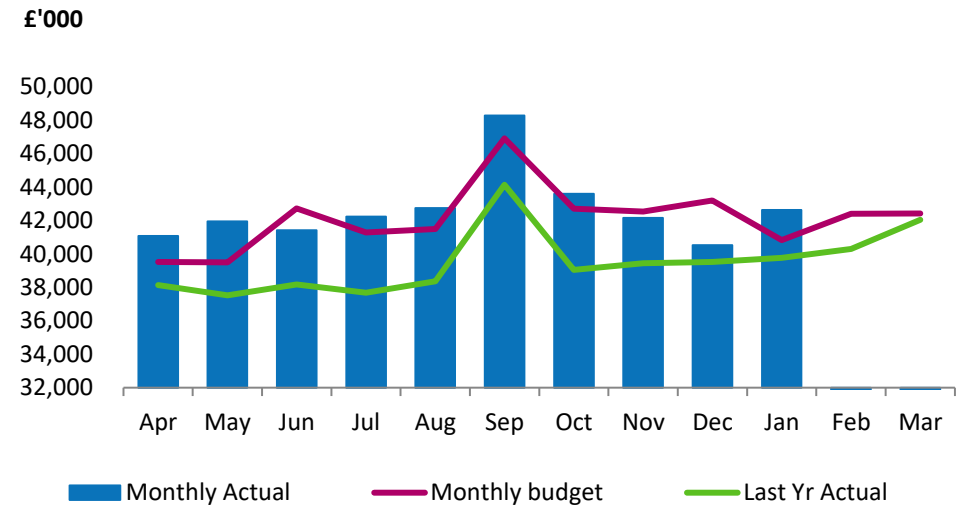
Capital Monitoring - non CRL - The balance of the capital YTD, £32.9m, relates to capital spend on grant funded items with £5.5m relating to PSDS Phase 2, £17.5m relating to PSDS Phase 3 and £1.0m relating to ERDF Grant. In addition there has been £0.7m of donated assets from RWT Charity.

The Trust anticipate meeting their current planned gross capital expenditure of £88.9m, which consists of £19.9m ICS CRL (internally generated funds); PDC £17.5m, Grant funding of £39.5m, IFRIC 12 related capital spend of £5.1m, IFRS 16 new leases £6.1m (still to be agreed nationally) and £0.7m donated assets. The planned gross capital expenditure has moved from prior month forecast of £89.2m due to reduction in ICS CRL total (this is now fully agreed for 22/23) of £0.2m offset by additional PDC monies £0.8m.

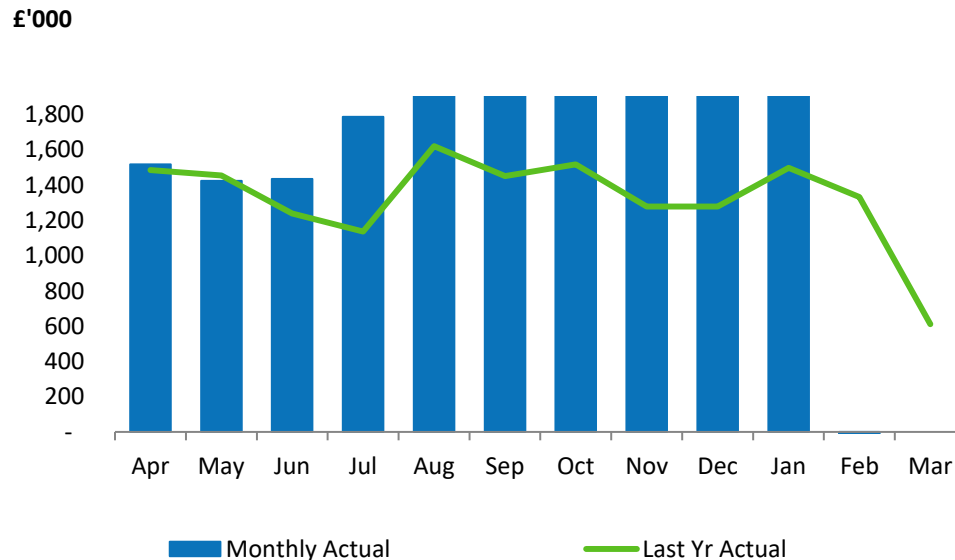
Year to Date Variance to plan



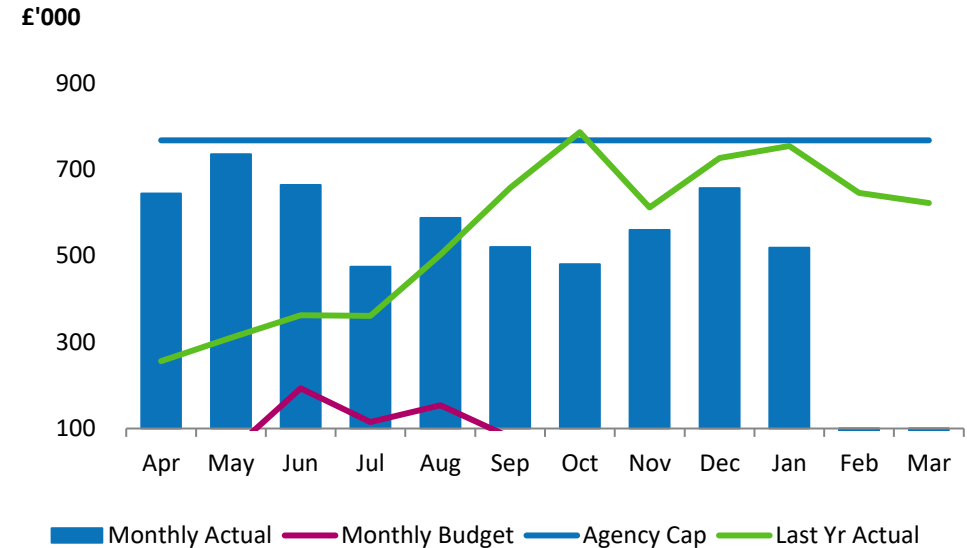
Total Pay Expenditure Trend



Bank Expenditure Trend



Agency Expenditure Trend



Agency Cap for 22/23 not yet confirmed, therefore using 21/22 currently

Cost Improvement

Division	Full Year Target	Year to Date			Full Year Forecast			Unmet CIP
		Non Recurrent Achieved	Recurrent Achieved	Total Achieved	Non Recurrent	Recurrent	Total Forecast	
Division 1	7,090,685	2,032,647	638,251	2,670,898	2,471,888	899,125	3,371,013	(3,719,672)
Division 2	4,451,811	800,179	839,403	1,639,583	911,718	953,716	1,865,433	(2,586,378)
Division 3	3,450,606	934,755	261,615	1,196,370	1,162,993	396,998	1,559,991	(1,890,615)
Division 4	195,706	333	71	404	415	71	486	(195,219)
Estates and Facilities	1,914,988	505,325	41,693	547,018	547,906	55,214	603,119	(1,311,868)
Corporate	1,853,809	1,554,831	134,657	1,689,488	1,593,417	161,905	1,755,322	(98,487)
Trustwide	129,395	26,861	4,814,563	4,841,424	56,126	6,699,106	6,755,232	6,625,837
	19,087,000	5,854,932	6,730,253	12,585,184	6,744,463	9,166,134	15,910,597	(3,176,403)
<i>Cash avoidance/ no budget reduction</i>		£ 26	£ 5,758	£ 5,784	£ 334	£ 7,338	£ 7,672	

Against an in month target of £2.12m, the Trust has achieved £2.26m. YTD £12.59m achieved against a target of £14.85m. £5.78m of the total achievement has been through cost avoidance and efficiency schemes rather than schemes reducing the overall expenditure run rates.

Total savings are forecast to be £15.91m, a shortfall against the target of £3.18m. Recurrent savings are forecast at £9.17m, of which £7.34m are cost avoidance schemes.

A number of schemes continue to be reviewed to identify savings in both this and the next financial year. These are a mix of cost out and efficiency and productivity schemes.

Reserves

Start point	34,789,751
Additional Income allocated to reserves	22,397,131
Full Year Effect of reserves 'drawn down' upto current month	(43,868,651)
Reserves phased into position	(10,306,594)

Reserves available for future months 3,011,637

Earmarked Reserves	Division 1	(379,254)
	Division 2	(1,046,851)
	Division 3	(2,079,759)
	Division 4	(17,000)
	Estates and Facilities	(38,176)
	Corporate & Other	(805,827)
	Less: Expected Slippage	612,500
		<hr/>
		(3,754,368)

Available Balance (742,731)

Balance made up of	Drugs	105,687
	Inflation	320,157
	Trustwide Education/LDA	126,606
	Contingency	(18,614)
Less:	Expected Balance Sheet Release	(1,276,566)

(742,731)

Last Year to Date £'000	Current Month				Annual Budget £'000	Year to Date		
	Plan £'000	Actual £'000	Variance £'000			Plan £'000	Actual £'000	Variance £'000
				Income				
522,418	58,165	57,788	(378)	Patient Activity Income	677,703	563,395	563,021	(374)
789	123	74	(49)	Other Patient Care Income	1,478	1,231	949	(282)
9,620	500	500	0	Top Up Income	3,891	3,891	3,865	(26)
40,474	4,604	4,913	308	Education, Training & Research Income	52,708	44,013	44,460	447
0	0	863	863	Non Patient Care Other Income	39,831	23,357	24,700	1,343
53	82	24	(58)	Private Patient Income	987	823	330	(493)
65,731	7,758	8,021	263	Income on Directorate Budgets	84,882	70,868	68,963	(1,905)
639,084	71,233	72,183	949	Total Income	861,480	707,579	706,288	(1,290)
				Expenditure				
391,821	40,828	42,637	(1,809)	Directorate Expenditure Budgets - Pay	505,559	420,719	426,637	(5,918)
161,697	17,429	15,847	1,582	Directorate Expenditure Budgets - Non Pay	203,522	170,207	164,409	5,798
54,472	5,967	6,465	(498)	Directorate Expenditure Budgets - Drugs	68,007	57,042	59,912	(2,870)
0	2,695	0	2,695	Activity Changes/Service Dev./Cost Pressures/Inflation Reserves	12,909	9,879	0	9,879
0	(135)	0	(135)	Contingency Reserves	409	428	0	428
(0)	(742)	0	(742)	Cost Improvement Savings	(11,686)	(8,047)	0	(8,047)
0	(140)	0	(140)	BCPS Savings	(107)	388	0	388
607,990	65,901	64,949	952	Total Expenditure	778,613	650,615	650,958	(343)
31,095	5,332	7,234	1,901	EBITDA Surplus/(Deficit)	82,867	56,964	55,331	(1,633)
19,323	2,579	2,502	77	Depreciation	29,609	24,420	24,444	(24)
1,817	201	(25)	226	Interest Receivable / (Payable)	2,066	1,663	764	900
9,653	1,016	1,064	(48)	Other Charges	12,194	10,162	10,529	(368)
30,794	3,796	3,541	255	Other non operating items	43,869	36,245	35,737	508
301	1,536	3,693	2,156	Net Surplus/(Deficit) before Adjustments	38,998	20,719	19,594	(1,125)
376	92	(811)	(902)	Adjustments as per NHSI reported position	(38,998)	(22,708)	(24,203)	(1,495)
676	1,628	2,882	1,254	Adjusted Financial Performance as NHSI	(0)	(1,989)	(4,609)	(2,620)
(13)	0	(0)	(0)	Adjustments as per ICS reported position	0	0	(22)	(22)
663	1,628	2,882	1,254	Adjusted Financial Performance as ICS	(0)	(1,989)	(4,631)	(2,642)

Note : Adverse Variances in Brackets

2022/23 Balance Sheet as at 31st January 2023

	<u>January 2023</u> <u>Plan</u>	<u>January 2023</u> <u>Actual</u>	<u>December 2022</u> <u>Actual</u>	<u>Movement</u> <u>in Month</u>	<u>March 2022</u> <u>Actual</u>
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
NON CURRENT ASSETS					
Property, Plant and Equipment - Tangible Assets	490,602	453,632	452,622	1,010	416,282
Intangible Assets	5,381	5,775	5,659	117	6,462
Other Investments/Financial Assets	161	161	161	0	161
Trade and Other Receivables Non Current	1,794	1,795	1,795	0	1,795
PFI Deferred Non Current Asset	4,877	4,634	4,877	(242)	4,877
TOTAL NON CURRENT ASSETS	502,815	465,998	465,113	884	429,576
CURRENT ASSETS					
Inventories	8,253	8,044	8,432	(388)	8,253
Trade and Other Receivables	33,130	47,474	46,427	1,047	33,801
Other Current Assets	0	0	0	0	0
Cash and cash equivalents	51,280	69,678	74,834	(5,157)	84,918
TOTAL CURRENT ASSETS	92,663	125,196	129,693	(4,497)	126,973
Non Current Assets Held for Sale	0	0	0	0	0
TOTAL ASSETS	595,478	591,194	594,807	(3,613)	556,548
CURRENT LIABILITIES					
Trade & Other Payables	(97,090)	(106,322)	(114,664)	8,342	(106,225)
Liabilities arising from PFIs / Finance Leases	(6,596)	(8,695)	(8,695)	0	(2,101)
Provisions for Liabilities and Charges	(7,428)	(4,162)	(4,416)	254	(7,427)
Other Financial Liabilities	(8,204)	(12,290)	(14,955)	2,665	(8,204)
TOTAL CURRENT LIABILITIES	(119,318)	(131,469)	(142,730)	11,261	(123,957)
NET CURRENT ASSETS / (LIABILITIES)	(26,655)	(6,273)	(13,037)	6,764	3,016
TOTAL ASSETS LESS CURRENT LIABILITIES	476,160	459,725	452,076	7,648	432,592
NON CURRENT LIABILITIES					
Trade & Other Payables	(86)	(56)	(60)	4	(86)
Other Liabilities	(13,921)	(7,021)	(7,297)	276	(5,475)
Provision for Liabilities and Charges	(2,308)	(2,308)	(2,308)	0	(2,308)
TOTAL NON CURRENT LIABILITIES	(16,314)	(9,385)	(9,665)	280	(7,869)
TOTAL ASSETS EMPLOYED	459,846	450,339	442,412	7,928	424,723
FINANCED BY TAXPAYERS EQUITY					
Public Dividend Capital	301,528	292,676	288,441	4,235	286,653
Retained Earnings	63,260	62,605	58,913	3,693	43,012
Revaluation Reserve	96,137	96,137	96,137	0	96,137
Donated Asset Reserve	0	0	0	0	0
Financial assets at FV through OCI reserve	(1,269)	(1,269)	(1,269)	0	0
Other Reserves	190	190	190	0	(1,079)
TOTAL TAXPAYERS EQUITY	459,846	450,339	442,412	7,928	424,723

2022/23 Cash Flow as at 31st January 2023

	Jan-23	Jan-23	Jan-23	Jan-23
	Plan £'000	Actual £'000	Variance £'000	In Month Movement £'000
OPERATING ACTIVITIES				
Total Operating Surplus/(Deficit)	33,083	30,886	(2,197)	4,732
Depreciation	25,028	24,444	(584)	2,504
Fixed Asset Impairments	0	0	0	0
Capital Donation Income	(22,815)	(24,700)	(1,885)	(863)
Interest Paid	(2,313)	(2,216)	97	(223)
Dividends Paid	(6,324)	(6,126)	198	0
Release of PFI /Deferred Credit	0	0	0	0
(Hncrease)/Decrease in Inventories	0	210	210	388
(Hncrease)/Decrease in Trade/Receivables	0	(13,873)	(13,873)	(1,048)
Increase/(Decrease) in Trade/Payables	(8,394)	3,541	11,935	(8,320)
Increase/(Decrease) in Trade/Payables Ann Leave Acc	0	(4,533)		(1,335)
Increase/(Decrease) in Other liabilities	0	4,086	4,086	(2,665)
Increase/(Decrease) in Provisions	0	(3,274)	(3,274)	(263)
Increase/(Decrease) in Provisions Unwind Discount		0		0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITES	18,265	8,445	(9,820)	(7,095)
CASH FLOWS FROM INVESTING ACTIVITIES				
Interest Received	20	1,453	1,433	248
Payment for Property, Plant and Equipment	(84,526)	(50,729)	33,797	(2,670)
Payment for Intangible Assets	0	(285)	(285)	(233)
Receipt of cash donations to purchase capital assets	23,346	24,700	1,354	863
Proceeds from sales of Tangible Assets	0	110	110	0
Proceeds from Disposals	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	(61,160)	(24,752)	36,408	(1,792)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(42,895)	(16,307)	26,588	(8,887)
FINANCING				
New Public Dividend Capital Received	15,043	6,023	(9,020)	4,235
Capital Element of Finance Lease and PFI	(5,786)	(4,957)	829	(504)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	9,257	1,066	(8,191)	3,731
INCREASE/(DECREASE) IN CASH	(33,638)	(15,240)	18,398	(5,156)
CASH BALANCES				
Opening Balance at 1st April 2022	84,918	84,918	0	
Opening Balance at 1st January 2023				74,834
Closing Balance at 31 January 2023	51,280	69,678	18,398	69,678

Trust Board Report

Meeting Date:	4th April 2023
Title:	Report of the Chief Financial Officer - Month 11
Action Requested:	<input type="checkbox"/> Make a decision <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Receive for assurance <input type="checkbox"/> Received and noted If the item has already been approved by a body with delegated powers of approval from the Board such as a Committee of the Board, then the item would be received and noted.
For the attention of the Board	
Assure	N/A
Advise	N/A
Alert	N/A
Author + Contact Details:	Kevin Stringer, Chief Financial Officer - 01902 695954 kevin.stringer@nhs.net
Links to Trust Strategic Objectives	Excel in the delivery of care We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Resource Implications:	None
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
CQC Domains	Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	N/A
Risks: BAF/ TRR	N/A
Risk: Appetite	N/A
Public or Private:	Public
Other formal bodies involved:	Finance and Performance Committee
References	N/A
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny
Brief/Executive Report Details	
Brief/Executive Summary Title:	Report of the Chief Financial Officer - Month 11
Item/paragraph	1 This paper reports the in-month, year-to-date and the draft year end position for the Trust as at Month 11. The paper also reports on delivery against financial targets.

Reference Pack

Report of the Chief Financial Officer

Finance Report

February 2023 - Month 11



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Capital and Cash	7
Pay Expenditure	8
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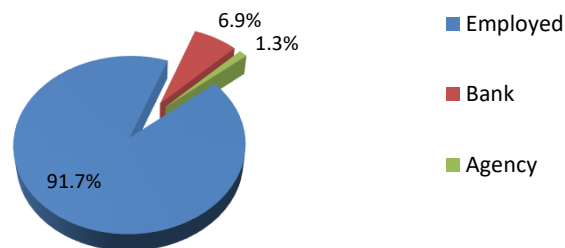
Income & Expenditure Position

(see page 5)

	In Mth Actual	YTD Actual
	£'m	£'m
Income		
1. Block payment	58.18	621.21
2. Other income	17.72	157.12
3. Top-up payment	0.43	4.30
Total	76.33	782.62
Expenditure	73.90	784.80
Surplus/ (deficit)	2.44	(2.17)
Planned surplus/(deficit)	1.19	(0.80)
Variance to plan	1.25	(1.37)

Workforce

(see page 8)



Patient Income

Greyed out sections will not currently be used for 22/23 reporting due to the nature of block funding.

Underlying Position

Cost Improvement Programme (CIP)

(see page 9)

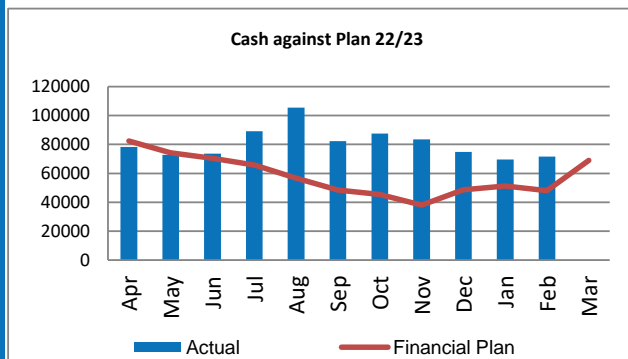
YTD CIP achievement is £14.71m against a target of £16.97m, with £7.23m of the year to date achievement related to cost avoidance schemes that do not reduce the expenditure run rates.

The Trust is forecasting CIP achievement of £16.63m, with £9.31m of this being achieved recurrently.

Cash in the Bank

(see page 7)

Plan £48.1m
Actual £71.6m



Covid-19 Expenditure

In month 11 there was a total of £664k expenditure relating to Covid-19.

Of this amount £632k is reimbursed for testing.

Reserves

(see page 9)

£11.2m of reserves are released into the position at month 11 of an annual value of £12.6m.

Actual Outturn

(see page 5)

£2.4m surplus in month
(£1.2m favourable to plan)

and £2.2m deficit year to date
(£1.4m adverse to plan)

Overview of Financial Performance

The Trust is reporting an in month adjusted surplus of £2.4m, this is £1.2m favourable to plan. The year to date deficit of £2.2m is £1.4m adverse to plan. The Trust has enacted its recovery plan and is forecasting break-even but is reliant on system performance and support through the risk share arrangements.

£9.5m of the year to date deficit relates to budget reduction CIP that was planned to be delivered by this point in the year, of which £2.3m is unidentified and £7.2m do not have budget or run rate related reductions as they relate to productivity and cost avoidance schemes.

The reported overspends on pay of £5.3m year to date, and a £3.0m overspend on drugs due to activity and the application of block contract arrangements to costs previously passed through to CCGs, and £7m underspend on non-pay; is after taking account of £10.8m of unspent reserves and releases of provisions and accruals no longer required, totalling £19.0m year to date, of which (£10.6m) is on pay and (£8.4m) on non-pay.

Further run rate improvements, CIP and further releases of provisions and accruals are required and planned to achieve the break even position at year end.

System Updates

Following the enactment of System Risk Share arrangements the ICB continues to forecast a break even position for 2022/23, although some organisations are experiencing substantial pressure to deliver this. RWT will receive £3.8m of support from the Risk Share in 2022/23 and we remain committed to achieving break-even.

The System (in line with guidance) is not forecasting a loss of ERF resources even though performance is substantially below the ERF target level.

Capital

The Trust have spent £55.6m of capital YTD to 28th February 23. Of this £55.6m, £16.6m relates to capital spend which the ICS is measured against. This is currently in line with the Plan, with the Trust anticipating meeting its agreed Full Year ICS CRL of £19.7m. The balance of capital YTD £32.9m relates to capital spend on grant funded items of £28.7m, made up of £5.5m relating to PSDS Phase 2, £21.5m relating to PSDS Phase 3 and £1.0m relating to ERDF Grant; £1.1m on a new lease for BCPS which is capitalised under IFRS 16; £9.2m of PDC monies and £0.7m of donated assets.

The Trust anticipate meeting their current planned gross capital expenditure of £89.4m, which consists of £19.7m ICS CRL (internally generated funds); PDC £18.3m, Grant funding of £39.5m, IFRIC 12 related capital spend of £5.1m, IFRS 16 new leases £6.1m (still to be agreed nationally) and £0.7m donated assets. The planned gross capital expenditure has moved from prior month forecast of £88.9m due to additional PDC monies £0.5m.

£m	21/22		22/23											YTD Avg	Movement
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		
Patient Income															
1 Plan	54.57	87.42	52.92	53.09	55.94	54.24	54.79	61.89	57.85	57.06	57.44	58.17	58.41	56.34	2.07
2 Actual	55.21	88.60	52.60	53.12	55.67	56.40	54.82	60.56	56.79	60.38	54.88	57.79	58.18	56.30	1.88
3 Variance	0.64	1.18	(0.32)	0.02	(0.27)	2.17	0.03	(1.33)	(1.06)	3.32	(2.56)	(0.38)	(0.23)	(0.04)	(0.19)
Non Patient Income															
4 Plan	14.41	12.38	11.60	17.19	15.53	11.30	11.67	17.01	13.26	12.41	21.15	13.07	14.23	14.42	(0.19)
5 Actual	11.60	22.72	10.72	17.70	15.61	11.60	11.80	11.49	19.22	13.75	16.99	14.40	18.15	14.33	3.82
6 Variance	(2.81)	10.34	(0.89)	0.51	0.08	0.30	0.13	(5.52)	5.97	1.34	(4.16)	1.33	3.92	(0.09)	4.01
Pay Expenditure															
7 Plan	39.68	59.97	39.52	39.50	42.73	41.29	41.49	46.92	42.71	42.54	43.20	40.89	43.28	42.08	(1.20)
8 Actual	40.30	69.33	41.08	41.96	41.42	42.23	42.75	48.28	43.60	42.16	40.52	42.64	42.71	42.66	(0.04)
9 Variance	(0.62)	(9.36)	(1.56)	(2.46)	1.31	(0.94)	(1.27)	(1.37)	(0.89)	0.38	2.69	(1.75)	0.57	(0.59)	(1.16)
Non Pay Expenditure															
10 Plan	18.36	17.89	17.14	16.02	17.80	16.48	16.35	16.60	17.14	17.10	18.15	17.43	19.29	17.02	(2.27)
11 Actual	16.68	25.99	16.55	16.25	16.52	15.94	16.24	16.32	17.23	17.78	15.75	15.85	17.87	16.44	(1.43)
12 Variance	1.68	(8.10)	0.59	(0.23)	1.28	0.54	0.12	0.28	(0.09)	(0.68)	2.40	1.59	1.42	0.58	(0.84)
Drugs Expenditure															
13 Plan	5.40	5.92	5.65	5.31	5.74	5.51	5.58	6.10	5.55	5.65	5.98	5.97	5.70	5.70	(0.00)
14 Actual	5.23	6.03	5.78	5.59	5.63	5.66	6.03	6.58	5.91	5.95	6.32	6.47	5.83	5.99	0.16
15 Variance	0.16	(0.10)	(0.12)	(0.28)	0.11	(0.15)	(0.45)	(0.48)	(0.36)	(0.30)	(0.34)	(0.50)	(0.12)	(0.29)	(0.16)
CIP over/ (under) achievement															
16 Variance	(0.13)	0.63	(0.42)	(0.13)	0.08	(0.79)	(0.76)	(0.41)	(1.19)	(1.83)	(1.86)	(0.74)	(1.44)	(0.80)	0.63
BCPS Savings over/ (under) achievement															
16 Variance			0.08	0.08	0.08	0.08	0.08	0.08	(0.01)	0.03	0.00	(0.14)	(0.10)	0.04	0.14
Reserves supporting position															
17 Actual	2.43	12.26	2.81	2.49	(1.70)	(0.71)	0.68	1.58	1.47	1.59	(0.48)	2.50	0.97	1.02	0.06
Other Non Operating Expenditure															
18 Plan	(3.18)	(3.19)	(2.98)	(4.37)	(3.27)	(3.61)	(3.61)	(3.27)	(3.78)	(3.78)	(3.78)	(3.80)	(3.84)	(3.62)	(0.21)
19 Actual	(3.06)	0.46	(3.17)	(3.72)	(3.79)	(3.58)	(3.54)	(3.53)	(3.75)	(3.57)	(3.54)	(3.54)	(3.52)	(3.57)	0.05
20 Variance	0.12	3.64	(0.19)	0.65	(0.53)	0.03	0.08	(0.26)	0.03	0.21	0.24	0.26	0.32	0.05	(0.27)
Total															
Plan	0.06	(0.06)	(3.24)	2.64	3.46	0.06	(0.58)	4.76	1.65	0.62	9.81	1.54	1.10		
Actual	1.54	10.43	(3.25)	3.30	3.91	0.60	(1.93)	(2.66)	5.52	4.68	5.74	3.69	6.41		
Variance	1.48	10.49	(0.01)	0.65	0.45	0.54	(1.35)	(7.42)	3.87	4.06	(4.07)	2.16	5.31		

Commentary on variances and trends:

Patient Income - There is still no assumed ERF clawback from underperformance to target but this also means we have been unable to achieve additional ERF stretch resulting in Patient Income below plan in month 11. However, after negotiations with NHSE Public Health, there is now no clawback on the contract, therefore benefiting the position in month resulting in a small under performance for Patient Income overall.

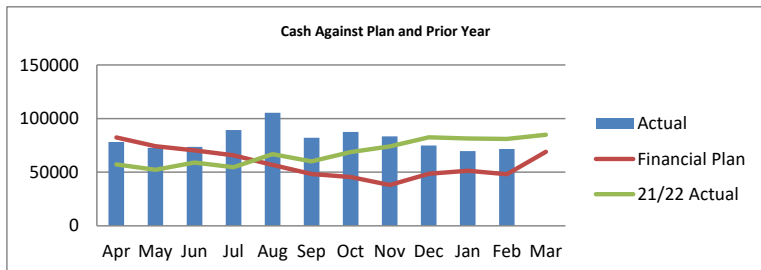
Non Patient Income - has overperformed in month by £3.92m. This includes receiving Grant Income of £4m, which also accounts for the change in income from last month. Private patient income continues to underperform (£56k in month) and education income is also under in month but this is due to the phasing of the learning agreement with Health Education England.

Pay - is showing an underspend of £570k in month. Within the pay expenditure there is a release of a previous accrual valued at £1.5m, therefore the net position is an overspend of £1m. Division 1 is overspent by £257k and Division 2 by £945k these are offset by underspends in other areas. Temporary staffing costs are the cause of the overspend in both Divisions where bank and agency staff are covering vacancies, sickness and maternity leave.

Non Pay - The in month underspend is a result of releasing accruals worth £1.1m. There was an overspend of £238k in Division 2 due to increased oncology tests referred out as well as insulin pump activity. Estates and Facilities also overspent in month by £221k due to increased utility costs caused by a water leak on the New Cross site. All other areas were underspent.

Drugs - The in month expenditure levels are in line with the year to date trend, but continue to be in excess of budget (£120k in month). The overspending areas continue to be Gastro (£90k), due to the increased use of more expensive drugs due to clinical guidance, Renal (£48k) due to patient activity levels and Womens and Neonatal due to seasonal respiratory drug usage (£42k).

Cash Position



The cash balance as at 28th February 2023 is £71.6m, a £1.9m increase on the previous month and an increase of £23.6m on financial plan. Plan variances are due to pass through commissioner income (£26.7m) including pay award, timing of LVA Income (£1.9m), timing of HEE income (£6.9m), timing of capital spend (£38.3m), additional BCPS income (£11.0m) & higher than planned VAT income (£9.9m). Conversely there is an increase in pay costs (£27.6m), reduction in PDC income from plan (£9.0m) and increased non pay spend (£31.7m).

Better Payment Practice Code

The Better Payment Practice Code sets out a target for payment of 95%, in value and volume, to be paid within 30 days of receipt. The Trust's performance against this target is:

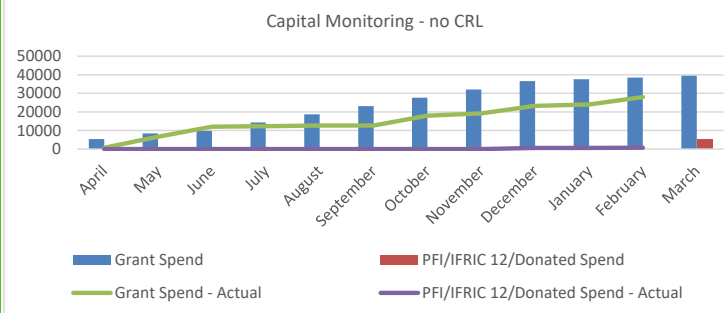
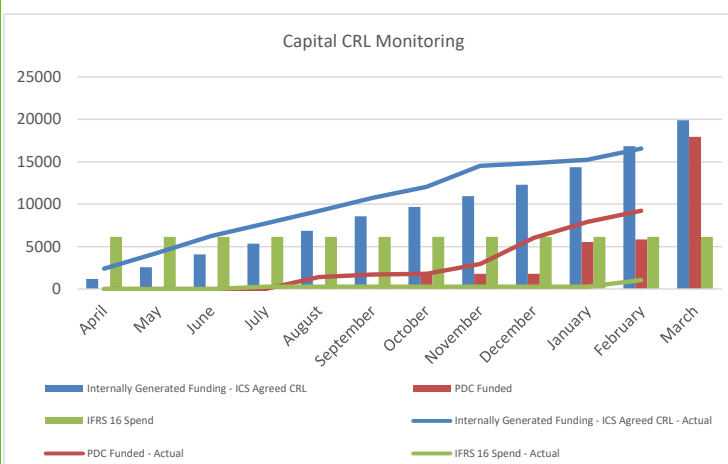
	M11 22/23	Cumulative	M10 22/23	Cumulative
Value	96%	93%	95%	93%
Volume	95%	90%	91%	89%

Debtor Days

Calculated Debtor Days for the year are:-

	M11 Actual	M10 Actual
Total	9.56	5.32
Being:-		
NHS	10.30	4.97
Non NHS	6.58	6.78

Capital



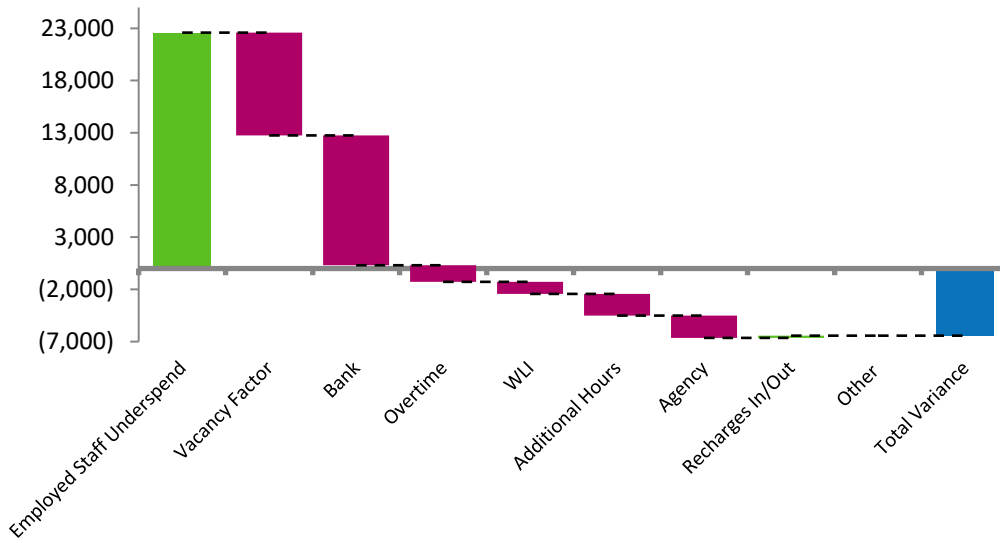
The Trust have spent £55.6m of capital YTD to 28th February 23.

Capital CRL Monitoring - Of this £55.6m, £16.6m relates to capital spend which the ICS is measured against. This is currently in line with the Plan, with the Trust anticipating meeting its agreed Full Year ICS CRL of £19.7m. There has been £9.2m spend YTD on PDC for Western Power supply to Cannock Chase hospital £1.4m, £5.9m for Cannock Community Diagnostic Hub, £0.3m IT spend, £0.7m TIF and £0.9m for Black Country North Elective Hub.. There is £1.1m spend YTD on IFRS 16 which is below forecast due to leases (predominantly BCPS), now due to go-live in March.

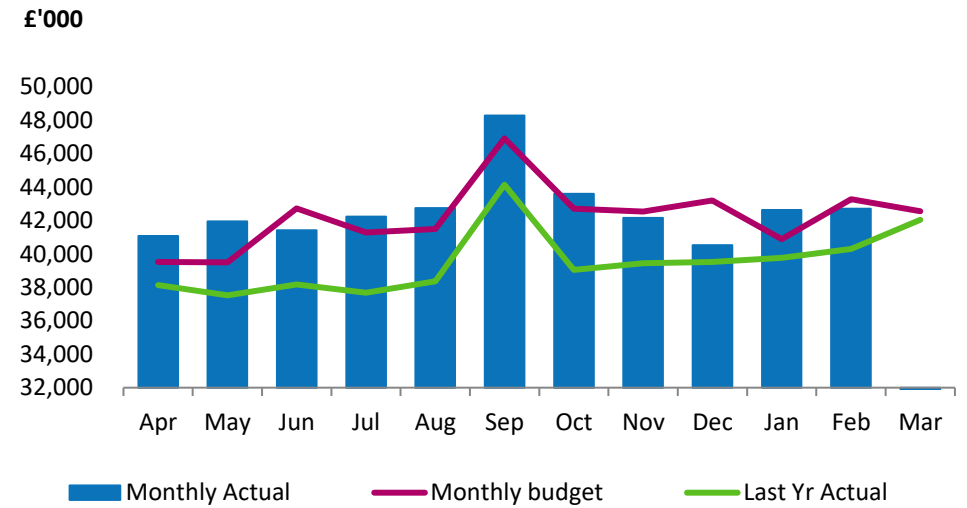
Capital Monitoring - non CRL - The balance of the capital YTD, £28.7m, relates to capital spend on grant funded items with £5.5m relating to PSDS Phase 2, £21.5m relating to PSDS Phase 3 and £1.0m relating to ERDF Grant. In addition there has been £0.7m of donated assets from RWT Charity.

The Trust anticipate meeting their current planned gross capital expenditure of £89.4m, which consists of £19.7m ICS CRL (internally generated funds); PDC £18.3m, Grant funding of £39.5m, IFRIC 12 related capital spend of £5.1m, IFRS 16 new leases £6.1m (still to be agreed nationally) and £0.7m donated assets. The planned gross capital expenditure has moved from prior month forecast of £88.9m due to additional PDC monies £0.5m.

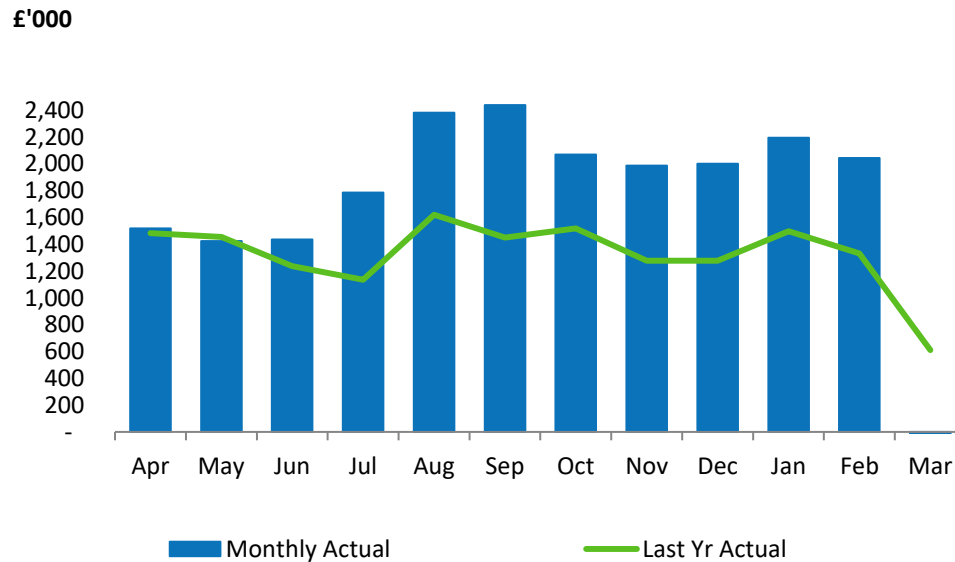
Year to Date Variance to plan



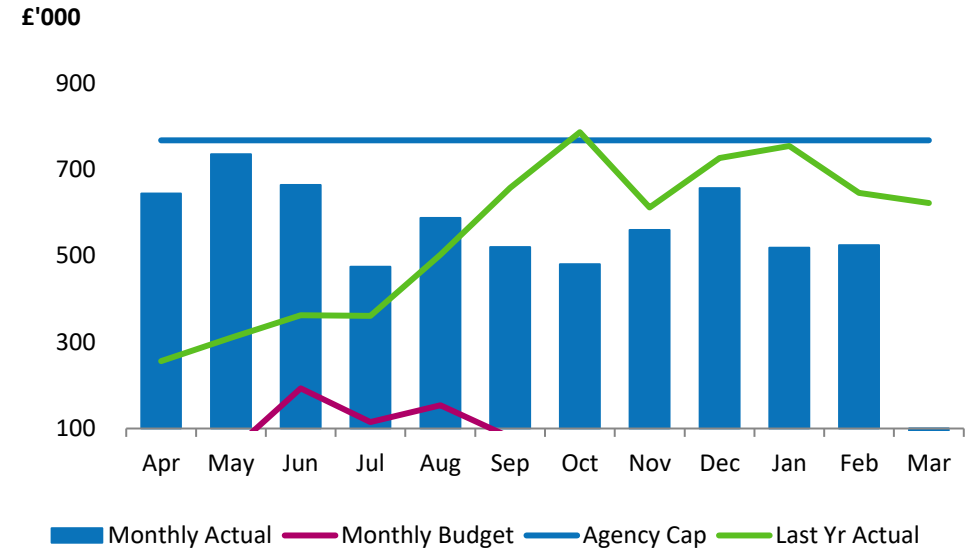
Total Pay Expenditure Trend



Bank Expenditure Trend



Agency Expenditure Trend



Cost Improvement

Division	Full Year Target	Year to Date			Full Year Forecast			
		Non Recurrent Achieved	Recurrent Achieved	Total Achieved	Non Recurrent	Recurrent	Total Forecast	Unmet CIP
Division 1	7,090,685	2,515,046	716,653	3,231,699	2,942,401	895,623	3,838,024	(3,252,661)
Division 2	4,451,811	853,635	896,205	1,749,840	922,282	962,286	1,884,568	(2,567,243)
Division 3	3,450,606	941,254	327,593	1,268,847	1,236,181	397,630	1,633,812	(1,816,794)
Division 4	195,706	333	71	404	809	71	880	(194,826)
Estates and Facilities	1,914,988	506,968	48,688	555,656	550,907	58,419	609,326	(1,305,662)
Corporate	1,853,809	1,570,109	148,088	1,718,197	1,635,585	161,798	1,797,384	(56,425)
Trustwide	129,395	26,861	6,156,370	6,183,231	33,578	6,833,591	6,867,169	6,737,774
	19,087,000	6,414,205	8,293,668	14,707,873	7,321,744	9,309,418	16,631,162	(2,455,838)
<i>Cash avoidance/ no budget reduction</i>		£ 26	£ 7,201	£ 7,227	£ 26	£ 7,945	£ 7,971	

Against an in month target of £2.12m, the Trust has achieved £1.62m. YTD £14.71m achieved against a target of £16.97m. £7.23m of title year to date achievement is through non-cash releasing productivity and cost avoidance schemes.

Recurrent savings are forecast at £9.31m, £7.95m of which are non-cash releasing savings, with total savings currently forecast at £16.63m.

A number of schemes continue to be reviewed to identify savings in both this and the next financial year. These are a mix of cost out and efficiency and productivity schemes. A significant increase in identified schemes will be required to achieve the target for 2023/24.

Reserves

Start point	34,789,751
Additional Income allocated to reserves	23,625,209
Full Year Effect of reserves 'drawn down' upto current month	(45,848,080)
Reserves phased into position	(11,209,215)

Reserves available for future months 1,357,666

Earmarked Reserves	
Division 1	(159,296)
Division 2	(517,108)
Division 3	(902,270)
Division 4	(17,000)
Estates and Facilities	(7,421)
Corporate & Other	(348,428)
Less: Expected Slippage	306,250
	<hr/>
	(1,645,274)

Available Balance (287,608)

Balance made up of	
Drugs	107,992
Inflation	157,487
Trustwide Education/LDA	78,704
Contingency	(10,324)
Less:	
Expected Balance Sheet Release	(621,466)

(287,608)

Last Year to Date £'000	Current Month				Annual Budget £'000	Year to Date		
	Plan £'000	Actual £'000	Variance £'000			Plan £'000	Actual £'000	Variance £'000
				Income				
577,626	58,412	58,185	(227)	Patient Activity Income	678,948	621,807	621,205	(601)
852	123	158	35	Other Patient Care Income	1,478	1,355	1,107	(248)
10,011	533	434	(99)	Top Up Income	4,424	4,424	4,299	(125)
45,181	5,188	5,094	(94)	Education, Training & Research Income	53,733	49,201	49,554	353
0	0	4,022	4,022	Non Patient Care Other Income	39,831	23,357	28,722	5,365
58	82	27	(56)	Private Patient Income	987	905	357	(548)
72,170	8,302	8,415	113	Income on Directorate Budgets	86,282	79,170	77,379	(1,791)
705,897	72,641	76,334	3,693	Total Income	865,684	780,219	782,623	2,404
				Expenditure				
432,119	43,279	42,706	573	Directorate Expenditure Budgets - Pay	506,606	464,056	469,343	(5,287)
178,377	19,293	17,873	1,420	Directorate Expenditure Budgets - Non Pay	206,623	189,505	182,283	7,222
59,703	5,705	5,828	(123)	Directorate Expenditure Budgets - Drugs	68,237	62,746	65,740	(2,993)
0	948	0	948	Activity Changes/Service Dev./Cost Pressures/Inflation Reserves	12,132	10,764	0	10,764
0	18	0	18	Contingency Reserves	435	446	0	446
0	(1,440)	0	(1,440)	Cost Improvement Savings	(11,300)	(9,487)	0	(9,487)
0	(98)	0	(98)	BCPS Savings	42	290	0	290
670,199	67,705	66,407	1,298	Total Expenditure	782,775	718,320	717,366	954
35,698	4,935	9,926	4,991	EBITDA Surplus/(Deficit)	82,910	61,899	65,257	3,358
21,282	2,591	2,517	74	Depreciation	29,621	27,011	26,961	50
1,955	231	(41)	273	(Interest Receivable) / Payable	2,096	1,895	722	1,172
10,620	1,016	1,044	(28)	Other Charges	12,194	11,178	11,573	(395)
33,856	3,839	3,520	319	Other non operating items	43,911	40,084	39,257	827
1,842	1,097	6,407	5,310	Net Surplus/(Deficit) before Adjustments	38,998	21,816	26,000	4,185
411	92	(3,970)	(4,061)	Adjustments as per NHSI reported position	(38,998)	(22,616)	(28,172)	(5,556)
2,252	1,188	2,437	1,249	Adjusted Financial Performance as NHSI	(0)	(800)	(2,172)	(1,372)
(13)	0	(10)	(10)	Adjustments as per ICS reported position	0	0	(31)	(31)
2,239	1,188	2,427	1,239	Adjusted Financial Performance as ICS	(0)	(800)	(2,204)	(1,403)

Note : Adverse Variances in Brackets

2022/23 Balance Sheet as at 28th February 2023

	<u>February 2023</u> <u>Plan</u>	<u>February 2023</u> <u>Actual</u>	<u>January 2023</u> <u>Actual</u>	<u>Movement</u> <u>in Month</u>	<u>March 2022</u> <u>Actual</u>
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
NON CURRENT ASSETS					
Property, Plant and Equipment - Tangible Assets	492,412	458,917	453,632	5,285	416,282
Intangible Assets	5,242	5,385	5,775	(390)	6,462
Other Investments/Financial Assets	161	161	161	0	161
Trade and Other Receivables Non Current	1,794	1,795	1,795	0	1,795
PFI Deferred Non Current Asset	4,877	4,634	4,634	0	4,877
TOTAL NON CURRENT ASSETS	504,486	470,892	465,998	4,895	429,576
CURRENT ASSETS					
Inventories	8,253	8,726	8,044	682	8,253
Trade and Other Receivables	33,149	48,734	47,474	1,259	33,801
Other Current Assets	0	0	0	0	0
Cash and cash equivalents	48,069	71,621	69,678	1,943	84,918
TOTAL CURRENT ASSETS	89,471	129,080	125,196	3,884	126,973
Non Current Assets Held for Sale	0	0	0	0	0
TOTAL ASSETS	593,957	599,972	591,194	8,779	556,548
CURRENT LIABILITIES					
Trade & Other Payables	(95,039)	(109,738)	(106,322)	(3,416)	(106,225)
Liabilities arising from PFIs / Finance Leases	(6,596)	(9,459)	(8,695)	(764)	(2,101)
Provisions for Liabilities and Charges	(7,428)	(3,388)	(4,162)	775	(7,427)
Other Financial Liabilities	(8,204)	(11,759)	(12,290)	531	(8,204)
TOTAL CURRENT LIABILITIES	(117,267)	(134,344)	(131,469)	(2,875)	(123,957)
NET CURRENT ASSETS / (LIABILITIES)	(27,796)	(5,264)	(6,273)	1,009	3,016
TOTAL ASSETS LESS CURRENT LIABILITIES	476,690	465,629	459,725	5,904	432,592
NON CURRENT LIABILITIES					
Trade & Other Payables	(86)	(52)	(56)	4	(86)
Other Liabilities	(13,341)	(6,522)	(7,021)	499	(5,475)
Provision for Liabilities and Charges	(2,308)	(2,308)	(2,308)	0	(2,308)
TOTAL NON CURRENT LIABILITIES	(15,734)	(8,883)	(9,385)	503	(7,869)
TOTAL ASSETS EMPLOYED	460,956	456,746	450,339	6,407	424,723
FINANCED BY TAXPAYERS EQUITY					
Public Dividend Capital	301,528	292,676	292,676	0	286,653
Retained Earnings	64,370	69,012	62,605	6,407	43,012
Revaluation Reserve	96,137	96,137	96,137	0	96,137
Donated Asset Reserve	0	0	0	0	0
Financial assets at FV through OCI reserve	(1,269)	(1,269)	(1,269)	0	0
Other Reserves	190	190	190	0	(1,079)
TOTAL TAXPAYERS EQUITY	460,956	456,746	450,339	6,407	424,723

2022/23 Cash Flow as at 28th February 2023

	Feb-23	Feb-23	Feb-23	Feb-23
	Plan £'000	Actual £'000	Variance £'000	In Month Movement £'000
OPERATING ACTIVITIES				
Total Operating Surplus/(Deficit)	35,482	38,296	2,814	7,409
Depreciation	27,790	26,961	(829)	2,517
Fixed Asset Impairments	0	0	0	0
Capital Donation Income	(22,815)	(28,722)	(5,907)	(4,022)
Interest Paid	(2,550)	(2,422)	128	(206)
Dividends Paid	(6,324)	(6,126)	198	0
Release of PFI /Deferred Credit	0	0	0	0
(Hncrease)/Decrease in Inventories	0	(472)	(472)	(682)
(Hncrease)/Decrease in Trade/Receivables	0	(15,132)	(15,132)	(1,259)
Increase/(Decrease) in Trade/Payables	(12,884)	2,502	15,386	(1,040)
Increase/(Decrease) in Trade/Payables Ann Leave Acc	0	(5,869)		(1,336)
Increase/(Decrease) in Other liabilities	0	3,555	3,555	(531)
Increase/(Decrease) in Provisions	0	(4,049)	(4,049)	(775)
Increase/(Decrease) in Provisions Unwind Discount		0		0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	18,699	8,522	(10,177)	77
CASH FLOWS FROM INVESTING ACTIVITIES				
Interest Received	22	1,700	1,678	247
Payment for Property, Plant and Equipment	(87,651)	(52,914)	34,737	(2,185)
Payment for Intangible Assets	0	(14)	(14)	271
Receipt of cash donations to purchase capital assets	23,346	28,722	5,376	4,022
Proceeds from sales of Tangible Assets	0	119	119	9
Proceeds from Disposals	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	(64,283)	(22,387)	41,896	2,365
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(45,584)	(13,865)	31,719	2,442
FINANCING				
New Public Dividend Capital Received	15,099	6,023	(9,076)	0
Capital Element of Finance Lease and PFI	(6,364)	(5,456)	908	(499)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	8,735	567	(8,168)	(499)
INCREASE/(DECREASE) IN CASH	(36,849)	(13,297)	23,552	1,943
CASH BALANCES				
Opening Balance at 1st April 2022	84,918	84,918	0	
Opening Balance at 1st February 2023				69,678
Closing Balance at 28 February 2023	48,069	71,621	23,552	71,621

Trust Boards – The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT)

Meeting Date:	RWT Trust Board – 04/04/2023 and WHT Trust Board – 05/04/2023
Title of Report:	Joint Quality and Safety Enabling Strategy Summary.
Action Requested:	Receive for approval.

For the attention of the Board

Assure	<ul style="list-style-type: none"> The priorities outlined in this Quality and Safety Enabling Strategy are based on key publications and national and local priorities. The strategy is informed by, and aligned to, the key local joint enabling strategies such as the Joint Trust Strategy (2022), the Patient Experience Enabling Strategy (2022), Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025), Quality Accounts (2021/22), National Patient Safety Strategy (2019) and the NHS Long Term Plan Priorities (2019). Suggestions on priorities from the staff, public and wider stakeholders have been considered through the detailed feedback received when the above listed local strategies and frameworks were being developed. The strategy has been socialised with various forums across both Trusts, including the Quality Governance Assurance Committee at RWT, Quality, Patient Experience and Safety Committee (WHT) and both Trust Management Committees for approval. 	
Advise	<ul style="list-style-type: none"> This is the first joint Quality and Safety Enabling Strategy and will replace the current RWT Patient Quality and Safety Strategy (2019). The designed strategy is attached as part 2 of this paper. 	
Alert	N/A	
Author and Responsible Director Contact Details:	Martina Morris – Deputy Director of Nursing (interim) Email – m.morris16@nhs.net	
Links to Trust Strategic Objectives	Strategic Aim (SA)	Associated Strategic Objectives (SO)
	Please delete the SA/SO which is not appropriate to your report	
	Excel in the delivery of Care	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Prioritise the treatment of cancer patients c) Safe and responsive urgent and emergency care d) Deliver the priorities within the National Elective Care Strategy e) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
	Support our Colleagues	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing c) Improve overall staff engagement d) Deliver improvement against the Workforce Equality Standards
	Improve the Healthcare of our Communities	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Reduction in the carbon footprint of clinical services by 1 April 2025 c) Deliver improvements at PLACE in the health of our communities
	Effective Collaboration	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall e) Facilitate research that improves the quality of care

Resource Implications:	None above the resources already committed to deliver these priorities.
Report Data Caveats	N/A
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Equality and Diversity Impact	No negative impact.
Risks: BAF/ TRR	A variety of risks from both organisations apply and this strategy should positively contribute to their reduction or elimination.
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	<p>Quality and Safety Assurance Group (RWT), Patient Safety Group (WHT), Quality Governance Assurance Group (RWT), Quality, Patient Experience and Safety Group (WHT)</p> <p>Trust Management Committees – RWT and WHT</p> <p>Nursing, Midwifery and Allied Health Professions Forums – RWT and WHT</p> <p>Key Medical Forums – RWT and WHT</p>
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details	
Brief/Executive Summary Title:	Joint Quality and Safety Enabling Strategy Summary.
1.0 Overview	<p>This three-year Quality and Safety Enabling Strategy is the first joint strategy for The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. The strategy defines how we will strive to excel in the delivery of care, which is one of the four strategic aims of the joint Trust Strategy.</p> <p>As part of the closer working relationship between the two Trusts, we aim to deliver exceptional care together to ensure that the communities we serve are provided with the safest, high quality and evidenced based care. This strategy describes the aspects we will focus on, including the success measures, to drive continuous improvement in quality and safety.</p> <p>The strategy is informed by, and aligned to, the key joint enabling strategies such as the Trust Strategy, the Patient Experience Enabling Strategy (2022), Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025), Quality Accounts (2021/22), National Patient Safety Strategy (2019) and the NHS Long Term Plan Priorities (2019).</p> <p>To shape this strategy, we have utilised recent feedback received from staff, patients and the public as part of Trust Strategy, QF, Patient Experience Enabling Strategy and Quality Accounts developments, to ensure that what matters to our staff and patients, is reflected in the strategy and used to formulate our long-term commitment and improvement plans.</p>

	<p>This joint strategy is our commitment to quality and safety and ensuring that we work with staff and patients as our joint partners to improve patient outcomes and their experience.</p> <p>Key priorities of the strategy include:</p> <ul style="list-style-type: none"> • Our People • Embed a culture of learning and continuous improvement at all levels of the organisation • Prioritise the treatment of cancer patients, focussed on improving the outcomes of those diagnosed with the disease • Deliver safe and responsive urgent and emergency care in the community and in hospital • Deliver the priorities of the National Elective Care Strategy • Fundamentals – based on internal and external priorities <ul style="list-style-type: none"> ○ Prevention and management of patient deterioration ○ Timely sepsis recognition and treatment ○ Medicines management ○ Adult and Children Safeguarding ○ Infection Prevention and Control ○ Eat, Drink, Dress, Move to Improve ○ Patient Discharge ○ Maternity and neonates ○ Mental Health ○ Digitalisation • Deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations <p>The Quality Governance Assurance Committee at RWT and Quality, Patient Experience and Safety Committee at WHT, will have the overall oversight of progress with key priorities outlined in this strategy and receive an annual update on progress.</p> <p>Taking into consideration the wide breath of programmes of work informing the key priorities of this strategy, individual actions and success measures will form part of the existing programmes and their delivery plans, rather than there being a separate delivery plan for this strategy.</p>
<p>2.0</p> <p>Actions required</p>	<p>The Trust Boards are requested the following:</p> <ul style="list-style-type: none"> • Approve the strategy.

Quality and Safety Enabling Strategy

2023-2026

Excelling in the Delivery of Care

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

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Foreword

This three-year Quality and Safety Enabling Strategy is the first joint strategy for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT). The strategy defines how we will strive to excel in the delivery of care, which is one of the four strategic aims of the joint Trust Strategy.

As part of the closer working relationship between the two Trusts, we aim to deliver exceptional care together to ensure that the communities we serve are provided with the safest, high quality and evidenced based care. This strategy describes the aspects we will focus on, including the success measures, to drive continuous improvement in quality and safety.

The strategy is informed by, and aligned to, the key joint enabling strategies such as the Patient Experience Enabling Strategy (2022), Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025), National Patient Safety Strategy (2019) and the NHS Long Term Plan Priorities (2019).

To shape this strategy, we have utilised recent feedback received from staff, patients and the public as part of Trust Strategy, QF, Patient Experience Enabling Strategy and Quality Accounts developments, to ensure that what matters to our staff and patients, is reflected in the strategy and used to formulate our long-term commitment and improvement plans.

This joint strategy is our commitment to quality and safety and ensuring that we work with staff and patients as our joint partners to improve patient outcomes and their experience.



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Where are we now?

During 2021/22, The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) set out the next steps to further develop the strategic collaboration between the two Trusts and across the wider Black Country (BC) acute provider collaboration arrangements.

The aim of this strategic collaboration is to ensure that our patients and the diverse communities we serve, experience the safest possible and evidence-based care, and are supported to achieve improved health outcomes.

The way this will be achieved is by standardising the best clinical practice, providing a safe, skilled, and sustainable workforce and supporting each Trust to develop its place-based partnership, with quality and safety being at the heart of everything we do.

As both organisations and the wider system continue to recover from the COVID-19 pandemic, this is an opportune time to re-set and align our collective focus on quality and safety. Our focus takes into consideration the wider feedback on priorities received from our staff, patients and communities we serve, as part of Trust Strategy and Patient Experience Enabling Strategy developments, and the current and emerging national and regional National Health Service (NHS) priorities and reports, for example, the Ockenden Review (2021/22), East Kent Maternity Review (2022). Recognising that there are clear themes from all of the national reviews, including, leadership, workforce, staff training and education, governance, safety culture, communication, behavioural aspects and involvement of patients and families, this strategy has been designed to support us with realising the learning from such reviews and aligning these to our local priorities.

To maintain the focus on driving improvements with regards to patient outcomes associated with preventing and managing patient deterioration, timely sepsis recognition and treatment, falls, pressure ulcers, medicines management, cancer, safeguarding, infection prevention and control, urgent and emergency care and elective care, the strategy outlines our key actions that will help us to make further improvements pertaining to these aspects and clinical indicators.

In terms of the Care Quality Commission (CQC) outcomes, both organisations have been subject to a CQC inspection during 2022/23, with WHT undergoing a well-led and core service focussed inspections and RWT undergoing a maternity service focussed inspection. As part of this strategy, we have taken the opportunity to triangulate findings from these inspections and ensure they form part of our overarching improvement plans.

Finally, there is a plethora of evidence best practice across both organisations and as we continue to further develop and embed our closer collaborative working and we will strive to learn from each other to achieve our common goal of Excelling in the Delivery of Care.

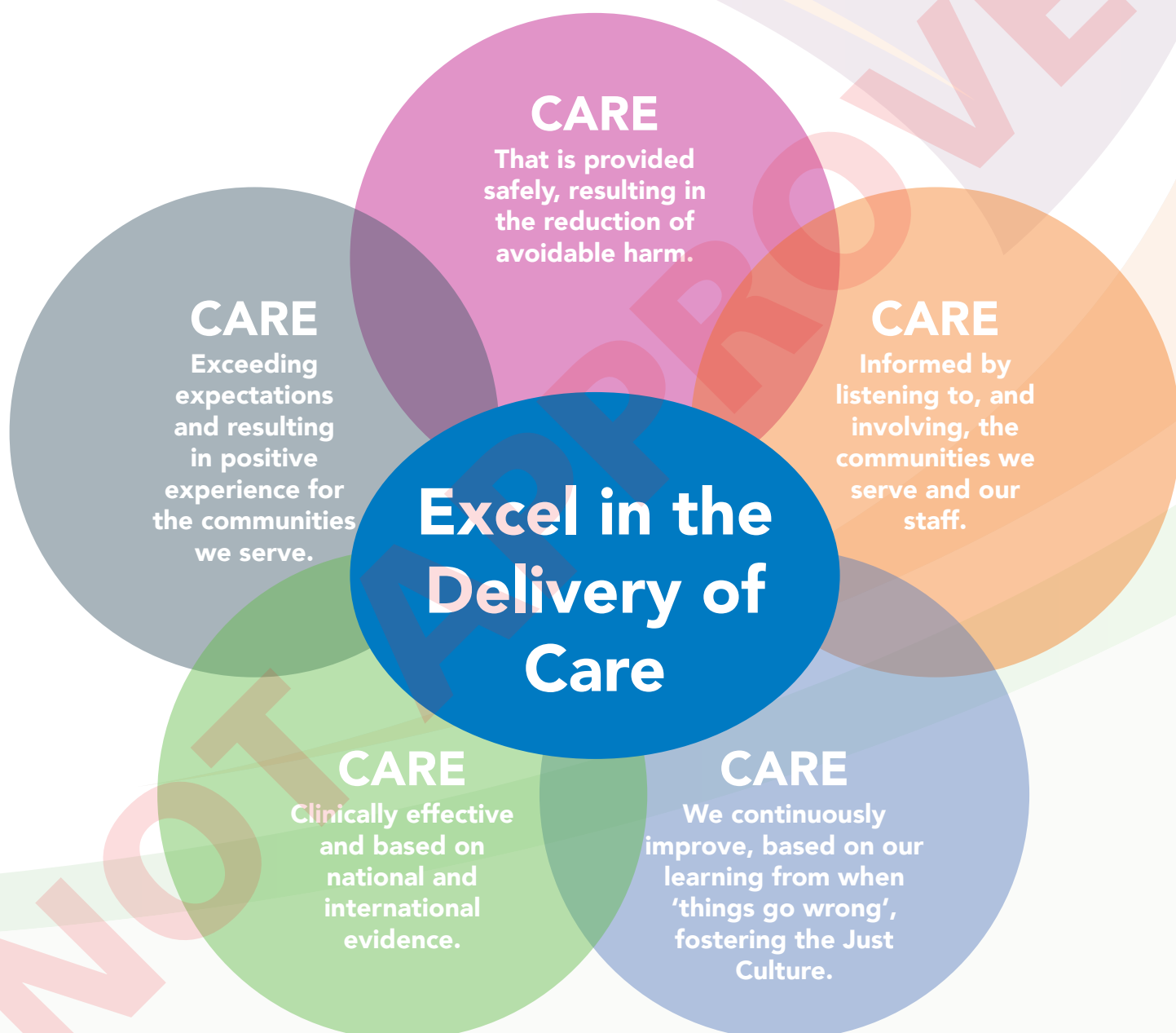


Where do we want to get to?

Our collective vision, as defined in our joint Trust Strategy, is 'To deliver exceptional care together to improve the health and well-being of our communities.'

As we focus on continuously striving for excellence, we will deliver this by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.

The diagram below illustrates our key aims and how their interrelations are intrinsic in enabling us to deliver the key priorities of this strategy.



How we will get there and what will we do?

Our key priority areas have been agreed based on the triangulation of information from various local, regional and national sources, including recent engagement with our staff, patients and the communities we serve, when we asked them what our priorities should be for the joint Trust Strategy, Patient Experience Enabling Strategy, Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025).



Our People

Priority area

The right workforce with the right skills in the right place at the right time



How we will achieve our aims

Our key focus will be to invest in our workforce with more people and new ways of working, and by strengthening the compassionate and inclusive culture necessary to deliver outstanding care.

This will be in support of the NHS Operational planning guidance 22/23 & 23/24.

Key actions we will take

- Recruit and Retain staff using targeted interventions for different career stages.
- Improve retention using bundles of recommended high impact actions.
- Develop and deliver the workforce required to deliver multidisciplinary care closer to home, including supporting the rollout of virtual wards and discharge to assess models.

How we will know we have succeeded and by when

- Improved staff turnover by the end of Q3 2023/24.
- Improved Retention rates by the end of Q3 2024/25.
- Be in the top quartile of Trusts across the country with the lowest vacancy levels by 2027.

Embed a culture of learning and continuous improvement at all levels of the organisation

Priority area

Quality Improvement



How we will achieve our aims

A Quality Improvement Action Plan has been developed and approved, which outlines our focus for the next 3 years. It focuses on how we will embed quality improvement (QI) at all levels of both organisations and includes targeted actions to increase the level of QI training and capability, introduction of a quality management system and actions to encourage a QI culture starting with Board level leadership.

Key actions we will take

- Produce a gap analysis on how both Trusts rank against the 4 components of a Quality Management System (QMS) i.e., quality planning, quality control, quality improvement and quality assurance, and review how we triangulate data to understand priorities.
- All Divisional and Care Group/Directorate triumvirates to attend one day QSIR fundamentals (sessions are being scheduled from January 2023).
- Year-on-year roll-out plan for QI huddle boards across both trusts to targeted areas e.g., low evidence of improvement work, non-clinical areas.

How we will know we have succeeded and by when

Overall success measures for QI include:

- Rated as good or outstanding on CQC Well-led domain specifically for W8 - Are there robust systems and processes for learning, continuous improvement and innovation.
- 10% increase of staff responding positively in the annual staff survey where staff are asked if they are able to suggest and make improvements in their area.
- The gap analysis completed by end of Q4 2023/24.
- Overall success is for both Trusts to be considered as having an embedded QMS, in line with NHSE's requirement.
- Numbers of triumvirates attending QSIR Fundamentals.
- Quantitative and qualitative feedback from attending the sessions.
- Increase in the number of staff trained following triumvirate training.
- Quarterly audits to evidence regular huddle board meetings take place, number of improvements identified and number of successful projects.
- Evidence of discussions during huddle boards (huddle board log).
- Introduction of 10 QI huddle boards per site/annum.

Priority area

Patient Safety



How we will achieve our aims

The key focus will be to develop a Patient Safety Incident Response Policy and Plan in line with the Patient Safety Incident Response Framework (PSIRF), a fundamental shift in how the Trust responds to patient safety incidents for learning and improvement, the transition to the new national Learning from Patient Safety Events (LfPSE) database and increasing the uptake of the national patient safety syllabus training for all staff to create a common language and framework for patient safety.

Key actions we will take

- Transition to the Patient Safety Incident Response Framework (PSIRF).
- Transition to Learn from Patient Safety Events (LfPSE).
- Increase uptake of Level 2 syllabus training.

How we will know we have succeeded and by when

- Transition to PSIRF achieved by 30th September 2023.
- 100% of incidents uploaded to LfPSE by 31st October 2023.
- Increase uptake of Level 2 syllabus training to 30% by 31st December 2026.

Priority area

Patient involvement



How we will achieve our aims

The key focus will be to deliver key priorities and success measures pertaining to patient involvement, engagement and experience as outlined in the joint Patient Experience Enabling Strategy. This strategy, in conjunction with the Quality and Safety Enabling Strategy, will aim to guide us in achieving excellence in the delivery of care.

Key actions we will take

- The key priorities are outlined within the joint Patient Experience Enabling Strategy (2022-2025).

How we will know we have succeeded and by when

- Achievement of the success measures outlined within the joint Patient Experience Enabling Strategy (2022-2025).

Prioritise the treatment of cancer patients, focussed on improving the outcomes of those diagnosed with the disease

Priority area

Cancer treatment



How we will achieve our aims

Working alongside our partners, our ultimate ambition is to improve cancer survival rates with one of the most positive influences on this being to diagnose patients at an earlier stage.

To contribute to the above, our focus in secondary care is also on continuing to reduce the number of patients waiting over 62 days for treatment and meeting the cancer faster diagnosis standard.

Key actions we will take

- Maintain focus on operational performance, prioritising capacity for cancer patients to support the reduction in patients waiting over 62 days.
- Increase and prioritise diagnostic and treatment capacity for suspected cancer, including prioritising new Community Diagnostic Centre capacity.
- Implementation of priority pathway changes for lower Gastrointestinal (GI), skin, and prostate cancer.

How we will know we have succeeded and by when

- An increase in the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.
- Reduction in the number of patients waiting over 62 days for treatment and meeting the cancer faster diagnosis standard March 2024.
- 75% of patients who have been urgently referred by their General Practitioner (GP) for suspected cancer are diagnosed, or have cancer ruled out, within 28 days.



Deliver safe and responsive urgent and emergency care in the community and in hospital

Priority area

Urgent and Emergency Care and patient flow



How we will achieve our aims

We are focused on improving ambulance handover times and improving, year on year, the percentage of patients seen within 4 hours within Accident and Emergency (A&E).

The achievement of these targets relies on good patient flow throughout the hospital and to achieve this, requires system wide working to reduce bed occupancy. This reduction in bed occupancy comes in part from an increase in beds (be it physical or virtual) as well as a reduction in the number of medically fit for discharge (MFFD) patients.

Urgent and emergency care (UEC) is not just delivered within A&E departments. As an integrated community provider, we also remain focused on delivering the urgent 2-hour community standard and streamlining patients either from primary care or secondary care to avoid unnecessary hospital stays.

Key actions we will take

- Working with partners from across the system, we will support the flow of patients through UEC, by:
 1. Expanding and maintaining the use of Same Day Emergency Care (SDEC) services to avoid unnecessary hospital stays.
 2. Expanding virtual wards, allowing people to be safely monitored from the comfort of their own homes.
 3. Working with partners to speed up discharge from hospital and reduce the number of patients without criteria to reside.
- Open the new UEC Centre at WHT.

How we will know we have succeeded and by when

- Year on year improvement in the percentage of patients seen within 4 hours within A&E.
- Reduce adult general and acute bed occupancy to 92%.
- Consistently meet the 70% 2-hour urgent community response time.
- Benefits of the new UEC Centre realised and improvements noted pertaining to staffing (all staff groups) – recruitment and retention; staff satisfaction; patient experience; environmental audits and reduction of incidents.

Deliver the priorities of the National Elective Care Strategy

Priority area

National Elective Care Strategy



How we will achieve our aims

As we make strides to recover the backlog in elective care resulting from the pandemic, we will continue to prioritise patients based on their clinical need. Alongside this however, we will focus on reducing the number of patients waiting for the longest time, in line with the priorities of the National Elective Care Strategy. For 2024/25 this means working to eliminate waits over 65 weeks and continuing to increase elective activity through increased elective and diagnostic operating at our elective hub in Cannock.

Key actions we will take

- Deliver an increase in capacity through the Community Diagnostic Centre and theatre expansion programme.
- Transform the delivery of outpatient services with the aim of avoiding unnecessary travel and stress for patients.
- Increase productivity using the GIRFT (Getting it Right First Time) programme and improving theatre productivity.

How we will know we have succeeded and by when

- Eliminate waits of over 65 weeks by the end of 2023/24 and 52 weeks by 2024/25.
- Delivery of 130% of 2019/20 activity by the end of 2024/25.
- Meet the 85% theatre utilisation expectation.



Fundamentals – based on internal and external priorities

Priority area

Prevention and management of patient deterioration



How we will achieve our aims

The key focus will be to develop a collaborative strategic approach focusing on the prevention of patient deterioration, including early recognition and treatment. The purpose will be to strengthen the safety culture and prevention of harm to patients in our care that is evidence based and current.

Key actions we will take

- Ensure that patient safety remains the priority with regards to the prevention, early recognition and treatment of the deteriorating patient, fostering a multidisciplinary (MDT) approach across both Trusts. This will include ongoing focus on maximising learning from incidents, complaints and other patient feedback.
- Agree key outcome measures in the form of a DPG dashboard that will provide oversight and assurance on observations on time and other key deteriorating patient indicators.
- Develop a plan to ensure full achievement of the “Recording of and response to NEWS2 score for unplanned critical care admissions” CQUIN and monitor this plan via the respective DPGs.
- Strengthen completion of the existing educational programmes focusing on the prevention, recognition and treatment of the deteriorating patient, leading to improved patient outcomes.
- Progress innovation, introduction of standardised technology and engagement of the multi-professional workforce in relation to observations being completed on time and early recognition of deteriorating patient.





How we will know we have succeeded and by when

- Evidence of an MDT approach associated with the deteriorating patient agenda as per the Deteriorating Patient Group (DPG) meetings at both Trusts.
- Standardised oversight of the deteriorating patient agenda across both Trusts and alignment of key policies and guidelines as far as possible achieved by Q2 2024/25.
- Dashboard developed and implemented by the end of Q1 2024/25 and utilised by both DPGs for oversight purposes and to drive continuous improvements to patient outcomes.
- By the end of Q3 2023/24, the possibility of a joint forum to share the learning pertaining to the deteriorating patient agenda explored.
- Achievement of 60% of unplanned critical care unit admissions from non-critical care wards having a timely response to deterioration, with the National Early Warning Score (NEWS2) score, escalation and response times recorded in clinical notes at both Trusts by the end of Q4 2023/24, with quarterly progress reporting in line with Commissioning for Quality and Innovation (CQUIN) guidance.
- By the end of Q4 2025/26, evidence of the 90% of eligible staff having completed relevant training across both Trusts at induction and thereafter in line with education and training requirements.
- Sustainable improvements to observations completed on time as per the improvement trajectory outlined within the Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025).
- Evidence of improved patient outcomes in line with key indicators measured by the DPG dashboards.
- Evidence of digital developments to support continuous improvements in patient outcomes as outlined within both Trust Digital Strategies.

Priority area

Timely sepsis recognition and treatment



How we will achieve our aims

The key focus will be to develop a collaborative strategic approach to sepsis, focusing on prevention, early recognition through timely screening and immediate treatment initiation upon sepsis recognition. The purpose will be to strengthen the safety culture and prevention of harm to patients in our care that is evidence based and current.

Key actions we will take

- Through continuous learning from sepsis related incidents, complaints and mortality themes, and continuous improvement approaches, improve patient experience and outcomes associated with the early recognition and treatment of sepsis, ensuring a multidisciplinary approach.
- Implement the anticipated updated National Institute for Health and Care Excellence (NICE) guidance on sepsis recognition, diagnosis and early management, ensuring a robust monitoring process for the sepsis SHMI (Summary Hospital-level Mortality Indicator).
- Strengthen, align and embed oversight measures for sepsis recognition and treatment to provide oversight and assurance at both Trusts.
- Strengthen completion of the existing educational programmes focusing on the prevention, recognition and treatment of sepsis, leading to improved patient outcomes.
- Progress innovation, introduction of standardised technology and engagement of the multi-professional workforce in relation to early sepsis recognition and treatment.

How we will know we have succeeded and by when

- Evidence of an MDT approach associated with the sepsis agenda (evidence from relevant meetings at both Trusts).
- Bi-annual evidence of incremental improvements in sepsis recognition and treatment up until Q4 2025/26 based on Q1 2023/24 baseline.
- Full implementation of NICE guidance and monitoring achieved by the end of Q4 2023/24.
- Standardised oversight of sepsis across both Trusts and alignment of key policies and guidelines as far as possible achieved by Q2 2024/25.
- By the end of Q4 2025/26, evidence of the 90% of eligible staff having completed relevant sepsis related training across both Trusts at induction and thereafter in line with education and training requirements.
- Evidence of improved patient outcomes in line with key indicators measured by the sepsis team and DPG.
- Evidence of digital developments to support continuous improvements in patient outcomes as outlined within both Trust Digital Strategies.
- Reports from the Sepsis Screening Tool finalised with support from the Information Technology team and shared systematically to drive continuous improvements.

Priority area

Medicines management



How we will achieve our aims

To develop a joint Medicines Optimisation Strategic Plan that will deliver a robust system for ensuring the safe and effective management of medicines across all areas of our trusts. The purpose of this plan will be to foster a strong medicines safety culture, reduce medication-related harm and medicines safety errors, meet regulatory requirements and to ensure our patients have the best possible outcomes from their medicines. As part of this, we will align our medicines safety programmes with the national medicines safety improvement programme (MedSIP) focusing on high-risk medicines, high-risk situations, and vulnerable patients.

Key actions we will take

- Develop clinical pharmacy services to deliver excellence in medicines safety and medicines optimisation, ensuring the pharmacy team is an integral part of the multidisciplinary healthcare team.
- Strengthen and embed robust medicines governance frameworks, to provide organisational oversight and assurance on medicines safety and medicines optimisation.
- Develop a medicines safety improvement programme, focusing on the MedSIP priorities and local priorities such as safe and secure medicines storage in clinical areas.
- Adoption of innovation and technology, and engagement of the multi-professional workforce in medicines management are essential enablers for creation of a strong medicines safety culture and delivery of these priorities.

How we will know we have succeeded and by when

- Positive regulator feedback.
- Monitoring of medicines policies provides assurance of safe and secure medicines use e.g., controlled drugs audits.
- Improvements each year in clinical pharmacy key performance metrics e.g., medicines reconciliation within 24 hours of admission.
- Reduction each year in medication errors and medication incidents reported as causing harm.
- Positive patient feedback.
- Evidence of adoption of technology across the organisations e.g. EPMA, ward automation.
- Full achievement of improvements already identified within the associated improvement plans and medicines management risks.

Priority area

Adult and Children Safeguarding



How we will achieve our aims

The key focus will be to develop a joint Safeguarding Adults and Children delivery plan to ensure a collaborative approach to delivering and improving the safeguarding agenda for the benefit of the communities we serve.

Key actions we will take

- The key priorities will be outlined within the Safeguarding delivery plan.

How we will know we have succeeded and by when

- Achievement of the success measures outlined within the Safeguarding delivery plan.



Priority area

Infection Prevention and Control



How we will achieve our aims

Recognising the challenges posed by the COVID-19 pandemic and the learning realised, our aim will be to fully deliver on all key priorities as outlined within the joint Infection Prevention and Control (IPC) Delivery Plan (2023).

Key actions we will take

- The key priorities are outlined within the IPC delivery plan.

How we will know we have succeeded and by when

- Achievement of the success measures outlined within the IPC delivery plan.

Priority area

Eat, Drink, Dress, Move to Improve



How we will achieve our aims

Both Trusts recognise the importance of preventing patient de-conditioning and our goal will be to fully deliver on the priorities associated with our Eat, Drink, Dress, Move and Improve campaign, as outlined in the Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025).

Key actions we will take

- They key areas of focus are outlined within the Nursing, Midwifery and AHP QF.

How we will know we have succeeded and by when

- Achievement of the success measures outlined within the Nursing, Midwifery and AHP Quality Framework.

Priority area

Patient Discharge



How we will achieve our aims

Ensuring that all patients experience a safe and timely discharge, we will aim to fully deliver on the discharge related priorities as outlined in the joint Patient Experience Enabling Strategy (2022-2025).

Key actions we will take

- The key priorities are outlined within the Patient Experience Enabling Strategy (2022-2025).
- Continue to ensure robust oversight of patient feedback, safeguarding referrals, quality concerns raised via external routes, incidents and excellence to drive continuous improvements.
- Through the governance route, strengthen Divisional/Directorate/Care Group oversight and reporting of patient discharge related concerns, including actions and wider learning. Summary of key themes, learning and actions to be captured in Divisional reports provided to QSAG and QPES.

How we will know we have succeeded and by when

- Achievement of the success measures outlined within the Patient Experience Enabling Strategy (2022-2025).
- Positive patient feedback via the established feedback processes and surveys.
- Evidence of improved oversight and reporting via QSAG and QPES.



Priority area

Maternity and Neonates



How we will achieve our aims

The key focus will be to deliver the highest quality maternity services across both Trusts, by delivering the safest care options, offering personalised care and choice, and the optimal patient experience for mothers, babies and their families. This will be achieved through collaboration between both Trust maternity and neonatal services, along with the Local Maternity and Neonatal System (LMNS) and Integrated Care System (ICS) focused workstreams.

Key actions we will take

- Contribute to the national ambition, set out in 'Better Births (NHS England » Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care), to reduce the rates of maternal and neonatal deaths, stillbirths and brain injuries that occur during or soon after birth.
- Contribute to the national ambition, set out in 'Safer Maternity Care' (Safer maternity care - GOV. UK (www.gov.uk)), to reduce the national rate of preterm births.
- Improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high-quality healthcare experience for all women, babies, and families across maternity and neonatal care settings in England.
- Contribute to achieving optimal Maternity and Neonatal safe staffing levels by supporting transformation of the maternity and neonatal workforce in line with Birthrate plus, British Association of Perinatal Medicine (BAPM) and actions set out in the Ockenden Report (2022) - Immediate essential actions (IEA).

How we will know we have succeeded and by when

- Reduction in the rates of maternal and neonatal deaths, stillbirths and brain injuries that occur during or soon after birth by 50% by 2025.
- Contribute to the reduction of the national rate of pre-term births from 8% to 6%.
- 10% reduction in serious incidents and improve outcomes of 'Avoiding term admissions to neonatal intensive care (ATAIN).
- 25% increase in our 'Friends and Family (FFT)' feedback over the next 3 years from women and their families at the 4 touchpoints.
- Standardisation of practice in line with evidence and learning from incidents and women and their families' experiences.
- **Midwifery workforce:** Compliance with Birthrate plus recommendations 1:21 RWT and 1:25 WHT achieved within the next three years.
- **BAPM workforce:** The Qualified in Speciality (QIS) target increased to 70% pertaining to nursing staff over the next three years.
- **Medical workforce:** All Consultant Obstetric and Neonatal posts filled and minimal junior doctor gaps on the medical rota to achieve safe staffing levels.

Priority area

Mental Health



How we will achieve our aims

The key focus will be to ensure that both Trusts have clear processes and policies to support mental health patients for all ages and that they receive excellent quality of care and treatment.

Key actions we will take

- Develop a policy that supports Medical Emergencies for Eating Disorders (MEED) in line with the Royal College of Psychiatrist guidance and ensure that any patients who may be suffering from an eating disorder are supported as per their individual needs.
- Develop a training package that supports staff to deliver high quality care for mental health patients.
- To develop a policy that supports all age mental health patient journey, to support all clinical areas in accessing mental health support when required.
- Ensure that both Trusts have a mental health risk assessment to support the requirements for patient safety and enhanced observations when required.
- Continue to meet and adhere to the CQC standards for providers of mental health care and treatment within the acute trust.

How we will know we have succeeded and by when

- Policy developed and implemented across both Trusts by the end of Q4 2023/24.
- The training package developed by Q4 2023/24 and launched by Q4 2024/25.
- 75% eligible staff having completed the training by the end of Q4 2025/26.
- Policy developed and implemented across both Trusts by the end of Q4 2023/24.
- A standardised risk assessment developed and launched by the end of Q3 2024/25 at both Trusts.
- Evidence of compliance with CQC standards, with mitigating actions in place to address the areas of non-compliance.
- A year-on-year reduction in mental health incidents and serious incidents achieving a 20% reduction by the end of Q4 2025/26, based on the Q1 2022/23 baseline.

Priority area

Digitalisation



How we will achieve our aims

Both organisations seek to develop their Electronic Patient Record (EPR) implementation and procurement programmes doing so through a clinically led process with involvement of digital clinicians to both inform and support process. We seek to deliver integrated systems into clinical workflows that efficiently and safely collect and provide data, providing timely clinical communication across multi-disciplinary teams and health networks both within trust and externally via Shared Care Records.

The backbone to this is easy access to appropriate devices that allow clinical staff to interface with systems conveniently and securely with the appropriate bandwidth and latency.

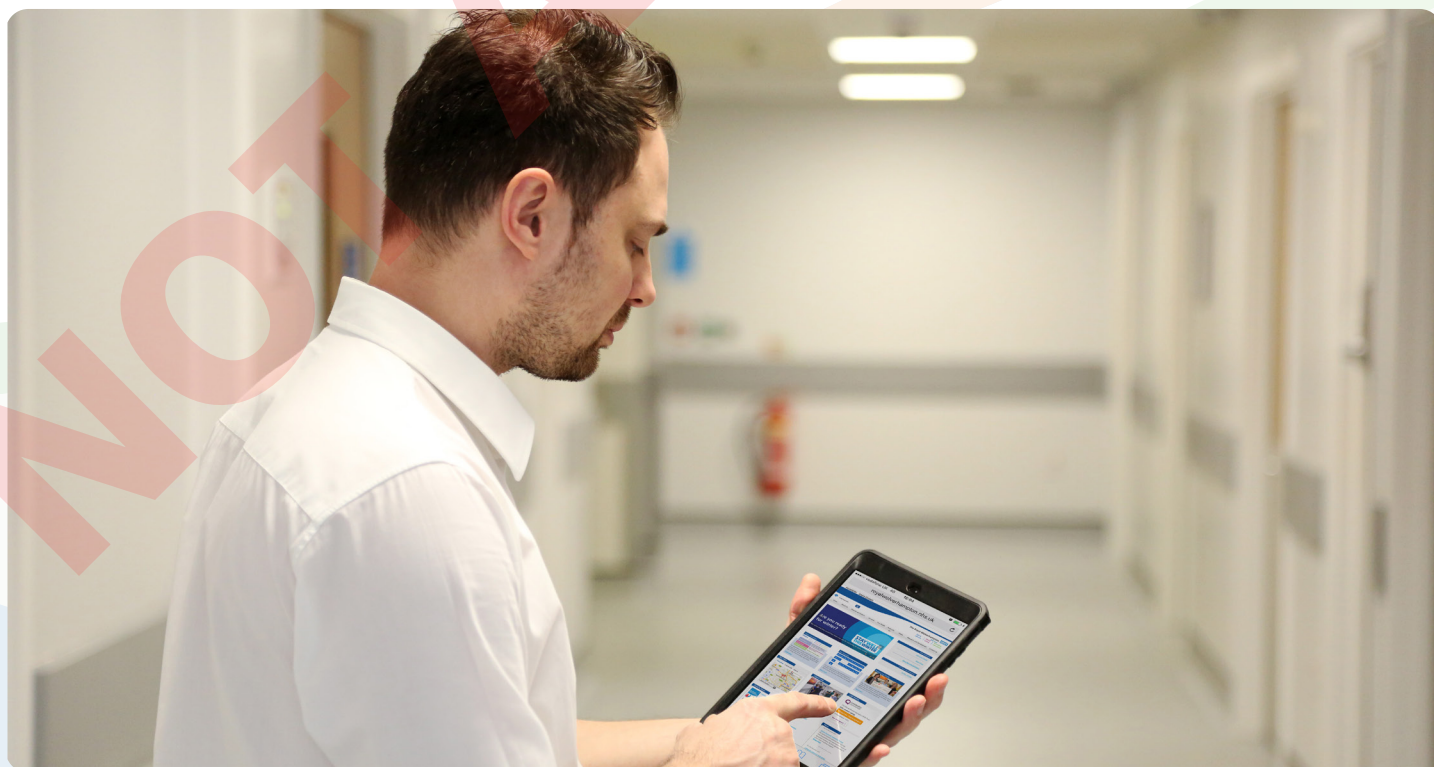
For both Trusts, the work of digitalisation will support the following 6 broad improvements: clinical decision support, safeguarding of clinical trials, workflow improvements, inpatient alerting, population health management and patient profiling.

Key actions we will take

- The key priorities are outlined within the RWT and WHT Information Technology/Digital Strategies.

How we will know we have succeeded and by when

- Achievement of the success measures outlined within the RWT and WHT Information Technology/Digital Strategies and the Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-2025).



Deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations

Priority area

Financial sustainability



How we will achieve our aims

Ensuring that we best utilise the finite resources available, including but not limited to people, physical capacity and finances.

Collaborating to ensure effectiveness, economy and resilience of services across both Trusts, not being limited by single Trusts status.

Continuous and rigorous improvement in quality and safety at all levels, within existing resources or less; through the removal of waste, unwarranted variation and unacceptable risk, whether that be through existing pathways and processes or new ones.

Financial investment can be an enabler to delivering high quality care although it is not always a pre-requisite. Improvements in quality can and will be made through improved ways of working and innovation (as outlined within this enabling strategy).

In the initial period this strategy covers, funding within the NHS is likely to be severely constrained. Accordingly, our investments must be prioritised and focused on the delivery of our strategic objectives. Investments will be overseen by the relevant Standing Financial Instructions (SFIs) and processes prevailing at the time. Currently this includes our Contracting and Investment Group (reporting into the Trust Management Committees - TMCs) who will prioritise cases that are most likely to deliver the most significant benefits to our populations within resources available.

Key actions we will take

- Through use of integrated reports and performance framework, assure efficient and effective deployment of current resources, redress areas of concern, and adjust plans accordingly.
- Continue to explore current and emerging areas of collaboration between RWT and WHT and the wider Integrated Care Board e.g. Acute Provider Collaborative and other partners.
- Working with the Service Efficiency and QI teams to share learning, identify opportunities, plan and implement improvements. This includes using available tools such as local benchmarking, national Model Health System and GIRFT.
- Review of developments through the Contracting and Investment Group to ensure developments are approved in line with strategy, are viable and prioritised effectively.
- Review the relevant key milestones during implementation, review of post implementation Key Performance Indicators (KPIs) at TMC, to ensure benefits are realised.
- Plan and prioritise effectively through integrated annual, medium and long-term planning.

How we will know we have succeeded and by when

- Improved financial performance and delivery of statutory financial duties.
- Improved net benefits across both organisations, as a result of focussing on collaboration and bringing together where there is synergy or economies of scale as opposed to potentially creating barriers for appropriately diverse services, pathways and processes.
- Improved net gains across both organisations.
- Improved productivity and efficiency as measured by costed weighted growth, Model Health metrics etc.
- Delivery of recurrent Cost Improvement Plans (CIPs).
- Value for money assessment in planning, approval and post implementation review.



How will we know we have succeeded?

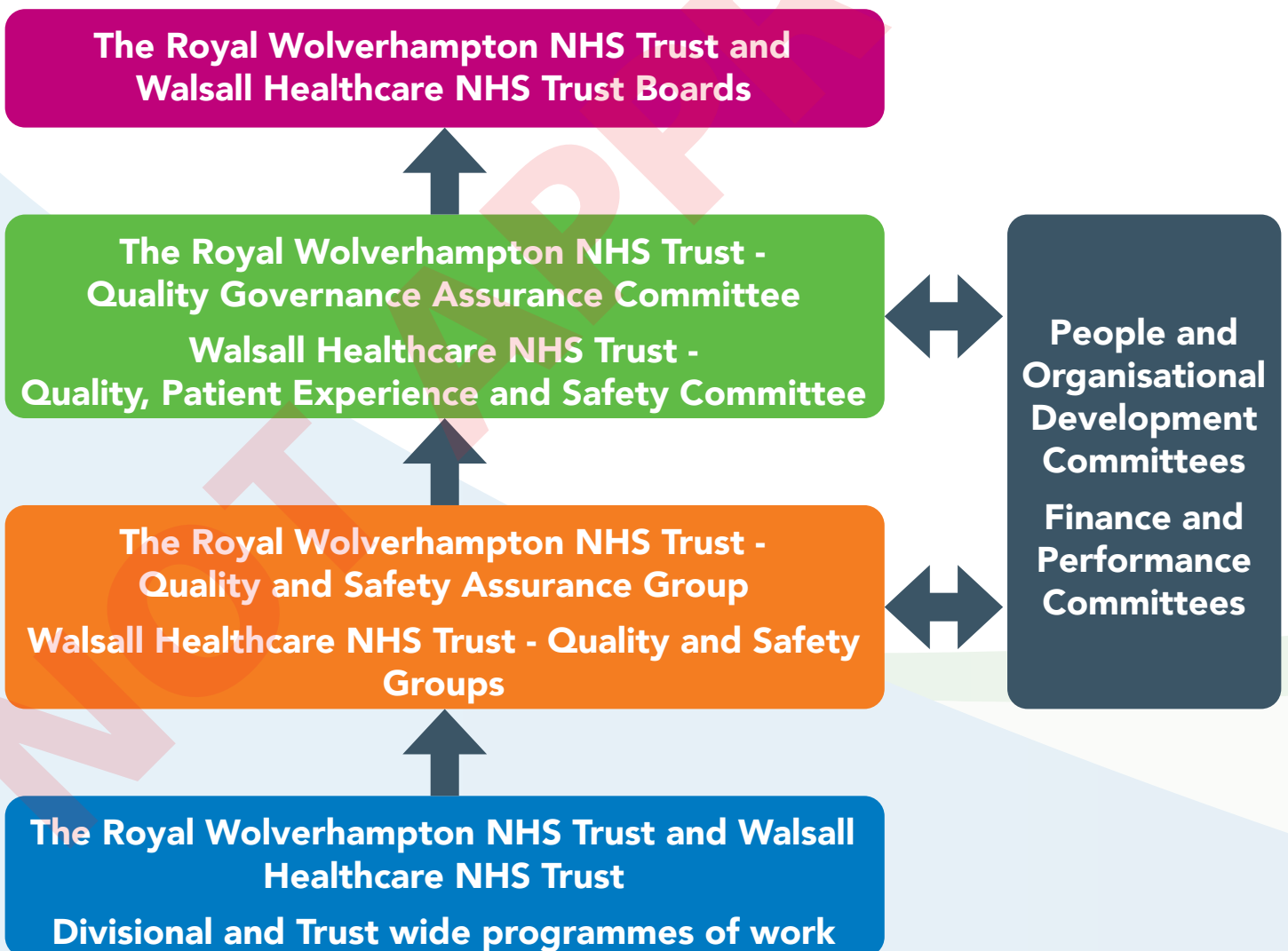
Our governance process sets out how we will monitor the delivery of our Quality and Safety Enabling Strategy.

The governance across both Trusts flows from the external mechanisms, such as CQC reviews or NHS England's System Oversight Framework, to our internal assurance mechanisms such as our Trust boards, sub-board committees and through to our key programmes of work.

The Quality Governance Assurance Committee at RWT and Quality, Patient Experience and Safety Committee at WHT, will have the overall oversight of progress with key priorities outlined in this strategy and receive an annual update on progress.

Taking into consideration the wide breath of programmes of work informing the key priorities of the strategy, individual actions and success measures will form part of the existing programmes and their delivery plans, rather than there being a separate delivery plan for this strategy.

The reporting structure is as follows:



Risk and Mitigations

Risk	Mitigations
Ongoing operational pressures impacting on progress with defined priorities.	Oversight of progress via the delivery groups and timely escalation to Quality Governance Assurance Group (RWT - QGAC) and Quality, Patient Experience and Safety Committee (WHT - QPES).
Workforce challenges impacting on progress with defined priorities.	Ongoing staff recruitment and retention activities. Oversight of progress, risks and mitigations via the People and Organisational Development Committees and associated delivery groups, and timely escalation to QGAC and QPES.
Financial constraints impacting on progress with defined priorities.	Prioritisation of key investments that are likely to have the most positive and sustainable impact on improving quality and safety. Oversight of progress, risks and mitigations via the Finance and Performance Committees and associated delivery groups, and timely escalation to QGAC and QPES.

Equality Impact Assessment

This Quality and Safety Enabling Strategy has been equality impact assessed and no adverse and conflicting impact on the workforce, any service we provide, and the communities we serve has been identified.

Review of the Strategy

This is a 3-year strategy, which will be overseen by QGAC and QPES at both Trusts. Progress updates will be provided on an annual basis.

Conclusion

It is envisaged that this joint strategy will guide both organisations as part of our improvement efforts and celebrating excellence, which in turn should result in improved patient outcomes.



Trust Board Meeting	
Meeting Date:	Tuesday 4 th April 2023
Title of Report:	Black Country Provider Collaborative – Monthly Update Report
Action Requested:	Note the report
For the attention of the Board	
Assure	<ul style="list-style-type: none"> A number of the executives (including the CEO) participated in the discussions around the next steps for the Provider Collaborative.
Advise	<ul style="list-style-type: none"> The governance work to develop the Joint Committee and Scheme of Delegation will be presented to the Trust Board for approval prior to agreement
Alert	<ul style="list-style-type: none"> Detailed work is underway to develop proposals for the corporate work programme
Author and Responsible Director Contact Details:	Simon Evans simon.evans8@nhs.net Group Chief Strategy Officer
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	a) Prioritise the treatment of cancer patients b) Safe and responsive urgent and emergency care c) Deliver the priorities within the National Elective Care Strategy
<i>Support our Colleagues</i>	a) Improve overall staff engagement
<i>Improve the Healthcare of our Communities</i>	a) Develop a health inequalities strategy
<i>Effective Collaboration</i>	a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience
Resource Implications:	None as a result of this report
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people’s needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Equality and Diversity Impact	Health Equalities are considered are considered within the draft proposals.
Risks: BAF/ TRR	N/A
Risk: Appetite	N/A
Public or Private:	Public
Other formal bodies involved:	

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

Brief/Executive Summary Title:	Black Country Provider Collaborative – Monthly Update Report
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Key Messages on the Provider Collaborative – February 2023

An 'away afternoon' was held for the Collaborative Executive (*with an extended invite to all CMO's in light of the clinical focus of the discussions*) on 15th February 2023, at Himley Hall. The 'face to face' session was an opportunity to reflect on progress made, survey the emerging healthcare landscape, and plan for the development of priorities for pursuit and progress in 2023-24.

A healthy and sometimes passionate discussion was had by the delegates, with the following agreements reached by the Collaborative Executive:

1. Clinical Improvement Programme

- The continuation of existing priorities which will see the:
 - Rapid completion of remaining tasks and milestones, and
 - a specific focused support on the transformation projects
- Any new priorities must follow the agreed PMO / governance process, with any rationale for pursuit to be underpinned by firm evidence base and where possible 'data driven'.
- The concept of 'Black Country Service model' approach (*e.g. Black Country Renal Service*) is supported but needs to go through the governance process.

2. Corporate Improvement Programme

- A recognition that progress has been slow and limited, with a desire to move quickly in a small number of areas.
- Preference is to focus on a few corporate areas initially, which are:
 - Procurement
 - Payroll
 - Human Resources to be progressed in a phased and differential manner.
- Options for appraisal are to be provided to Collaborative Board for decision.
- Other areas may progress under their own steam in parallel.

3. Other Discussion points

A number of additional discussion points were also touched upon throughout the afternoon, which included:

- a) **BCPC Scope** – It is becoming apparent that there may be a need to obtain clarity on whether the scope of the BCPC is expanding beyond the initial remit (which is focused on quality & productivity). If so, capacity and capability considerations alongside budget commitments for 23-24 will be required.

- b) **Governance** – There is a need to evolve and grow as a Provider Collaborative which is likely to require an alternative governance arrangement to enable effective and timely delivery across the system to occur. This also needs to be cognisant of the move towards the *'Single Chair, Group Model'* and any implications that this may present.
- c) **PCIS** – Given the unsuccessful application for the national Provider Collaborative Innovators Scheme, a review of priorities and commitment to the outlined ambitions will require the development of an alternative plan identifying 'needs' for their successful implementation.

It was agreed that further work would be undertaken by the BCPC leadership to add a level of granularity to these agreements and discussed at future Collaborative Executive and Board meetings.

Trust Board	
Meeting Date:	4 th April 2023
Title of Report:	OneWolverhampton update
Action Requested:	The Board is asked to sign up to the OneWolverhampton Partnership Agreement.
For the attention of the Board	
Assure	<p>Significant progress on the development of partnership working has been made during 22/23.</p> <p>A clear and well governed structure has been established to oversee our partnership.</p> <p>The effects of this partnership working are starting to be seen in measurable outcomes, such as the reduction in No Criteria to Reside shown in Appendix 3.</p>
Advise	<p>The development of a joint commissioning committee (JCC) for each of the four places in the Black Country is under development.</p> <p>The JCC will have a standard terms of reference and will replace the Local Commissioning Board and the Better Care Fund Board. It will be co-chaired by the Council and the Integrated Care Board.</p>
Alert	The future operating model for all places aligned to the ICB is still under development
Author and Responsible Director Contact Details:	<p>Author: Sian Thomas - Deputy Chief Operating Officer (RWT) and Partnership Director OneWolverhampton</p> <p>Responsible Director: Simon Evans, Group Chief Strategy Officer</p> <p>Tel 01922 695782 Email sian.thomas22@nhs.net</p>
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) Safe and responsive urgent and emergency care c) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve overall staff engagement
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> a) Develop a health inequalities strategy b) Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Facilitate research that improves the quality of care
Resource Implications:	None
CQC Domains	Effective: Caring: Responsive: Well-led:
Public or Private:	Public
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details

Brief/Executive Summary Title:

OneWolverhampton update

Significant progress has been made in 2022/23 to develop and enhance partnership working in the City. All health and care partners, including the voluntary sector, are committed members of OneWolverhampton, the partnership delivery structure for our joint working.

Up to now OneWolverhampton has operated as a partnership of the willing without any formal underpinning agreements. We are now at a point of readiness in our maturity to formalise our way of working. All Partner organisations have committed to signing the attached Partnership Agreement (Appendix 1). RWT is asked to sign the Agreement.

The importance of partnership working is well evidence internationally and nationally and we are now starting to see the local evidence of the impact of our Partnership. A range of benefits are outlined in our annual review (Appendix 2) but the impact is particularly evident in how we have worked together to plan for winter and then execute said plan over winter.

Qualitative feedback about the process and the experience of winter has been extremely positive and is also evidence in a significant decrease in No Criteria to Reside in Wolverhampton (Appendix 3).

Paper for Submission to the OneWolverhampton Board				
Meeting Date:	16 th March 2023			
Title:	OneWolverhampton Annual Review			
Executive Summary:	This paper provides an oversight of the achievements and progress made by OneWolverhampton over the 2023/23 financial year			
Action Requested	Decision	Approval	To Note	Other
			X	
Does this paper require further sign-off	Yes (if yes list where)	No X	Where:	
Presenter	Matt Wood – Head of Programme and Transformation Office, OneWolverhampton			
Author:	As above			
Links to OneWolverhampton Strategic Objectives (awaiting approval)	To agree and implement a robust Place governance structure, ensuring the appropriate systems and process are in place to effectively deliver the local and ICS agendas			
	To embed reducing health inequalities at the heart of all OneWolverhampton priorities, supporting the delivery of the Core20PLUS6 framework			X
	To understand our communities by listening to our citizens and using population health data to ensure that OneWolverhampton focusses on what matters most			X
	To foster a culture of innovation and research in community, social and primary care services, supporting high quality services for our citizens and ensuring a great place to work for our teams			X
	To deliver impactful change in the next 12 months, driven by and measured against a comprehensive outcomes framework			X
	To develop our integration strategy , defining a clear vision for the city that brings people and services together for better outcomes			X

OneWolverhampton Annual Report for the 2022/23 Financial Year

The 2022/23 financial year has seen many successes for OneWolverhampton. This year, we have developed and delivered a **joint vaccination and health checks offer** at the Mander Centre; we have worked collaboratively to produce a **city-wide Winter Plan**; we are undertaking a **Joint Strategic Needs Assessment for mental health** within the city; we have rapidly **mobilised fourteen additional beds for discharge at Bentley Court**; we have funded four months of staffing for RWT's **Ambulance Receiving Centre**; we have supported the **Family Hubs** work being led by the City of Wolverhampton Council; we have devised an innovative **falls response** scheme to pilot across the city; we have continued the delivery of **7-day Primary Care services over Winter**; engaged with **People Panels**; created proposals for **joint commissioning**; created the OneWolverhampton Programme and Transformation Office, including a **dedicated Health Inequalities Lead**.

Beyond this, we have continued to develop our profile and clarify our role within the health and social care system. We have developed our **Plan on a Page** (overleaf) which provides a clear overview of OneWolverhampton for our citizens. We have also provided regular updates through the **Healthier Futures** forum updating on the work we do and are in the process of developing a **public-facing website**.

More importantly, however, we have demonstrated the value and impact of **partnership working**. The successes listed above are a testament to our ability to work together as a Place-based Partnership. Prior to OneWolverhampton, it would be hard to imagine how we could work at such a pace to deliver so much without the relationships we have built across the Partnership.

As we enter the new financial year, we are embarking on a process to refresh the priorities of each of the Strategic Working Groups to ensure these remain relevant. However, this document provides an opportunity to reflect on the work undertaken within the 2022/23 financial year and celebrate the successes we have achieved.

OneWolverhampton place-based partnership

A bit about us

OneWolverhampton place-based partnership is a collaboration of health, social care, voluntary and community organisations.



Our aim is to **put people at the heart of what we do** and support everyone in Wolverhampton to live healthier lives and get the **right care**, in the **right place**, at the **right time** by **working better together**.

We will focus on physical and mental health and wellbeing in order to help us reduce the widening gaps in health inequalities across the borough.

You can read more about place-based partnerships [here](#) as well as [watch an animation](#) designed by The Kings Fund which tells you more about the changes to health and social care system which we fit into.

Our mission statement: Working together for better health and care.

What we are aiming to do

<p>Put people at the heart of what we do</p> 	<ul style="list-style-type: none"> Local people, communities, services users, and the people that care for them, feel well informed about their health and wellbeing, services available and their condition/s People have more choice about the way their care is planned and delivered based on what matters most to them Everyone has the right access to care regardless of who they are or where they live
<p>Right care, right place, right time</p> 	<ul style="list-style-type: none"> Enable people to stay well with access to advice, education and support to help them manage their own health and well-being needs and prevent ill health in the first place Use technology to help people access and manage their care at home or as close to home as possible, identify concerns earlier and keep people well for longer Provide joined up and personalised care based on what matters most for people Ensure the care and support people receive is delivered in the most appropriate place and people only go to hospital when they really need to
<p>Work better together</p> 	<ul style="list-style-type: none"> Work collaboratively to achieve our partnership objectives by making the best use of our resources and ensuring every pound is spent in the best way possible to meet the needs of our population Create a workforce that fit for the future and a place where people want to work long term, by investing in training and development Use data to support the delivery of care by integrated teams to those who need it most

How we plan to deliver

Our priorities

We have identified six areas where we believe there is potential for increased impact from greater co-ordination and joint effort:

- Adult Mental Health
- Children and Young People
- Living Well
- Out of Hospital
- Primary Care Development
- Urgent and Emergency Care

Using a population health approach

An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.

The Kings Fund (2018)

Together with our partners

- Black Country Healthcare NHS Foundation Trust
- City of Wolverhampton Council
- Compton Care
- Healthwatch Wolverhampton
- NHS Black Country Integrated Care Board
- Primary Care Networks (six across the City)
- The Royal Wolverhampton NHS Trust
- West Midlands Ambulance Service
- Wolverhampton Homes
- Wolverhampton Voluntary and Community Action

The bigger picture

OneWolverhampton is part of a wider system of health and social care called The Black Country Integrated Care System (ICS) known as Healthier Futures. For more information visit: <https://blackcountryics.org.uk>



Strategic Working Groups:

Adult Mental Health:

Chair: Kuli Kaur-Wilson, Chief Strategy and Partnerships Officer, Black Country Healthcare NHS Foundation Trust

Successes:

- Completion of the first draft of a Joint Strategic Needs Analysis for mental health in Wolverhampton
- Delivery of an in-reach programme with The Good Shephard to support individuals with dual mental health and substance misuse diagnosis

Key Priorities:

- Understanding mental health needs and assets in Wolverhampton:
- Prevention and Early Intervention
- Delivery of Black Country Healthcare NHS FT Community Mental Health Transformation model in Wolverhampton
- Physical health
- Dual diagnosis
- Suicide prevention

A clear agenda has been established for the Adult Mental Health Strategic Working Group meetings. This includes a scope of work focused on six priority areas. This work includes the completion of a Joint Strategic Needs Assessment for Wolverhampton – being led by Public Health – which will provide a greater understanding of adult mental health needs across the city, including a greater understanding of mental health assets and potential opportunities to address any gaps in service provision.

Public Health colleagues are supporting Environmental Health with a joint “Working Minds Campaign” to upskill small and medium businesses with managing stress, looking after their own well-being, and supporting others with their well-being. Following this, the Trust will

provide training sessions for mental health awareness. Public Health & BCHFT have jointly funded a programme of support through Heads for Health for people on Mental Health waiting lists. This is a physical activity approach to better Mental Health.

A dual diagnosis improvement project is being undertaken, with the first set of students starting on the 31st of January. They are embarking on a 12-week programme supported by the Public Health team and a university supervisor. They will complete a literature review of best practices, followed by discussions with key stakeholders to understand the local picture and scale of needs. This further analysis will support future work across Wolverhampton.

Despite concerns about the regularity of meetings, the Adult Mental Health Strategic Working Group has been meeting regularly since the agenda was refreshed in November and recurrent meetings are now established. As can be seen from the update above, there is a vibrant culture of transformation supporting adult mental health within Wolverhampton and this group provides the vehicle through which assurance is received and a Wolverhampton perspective given.

Children and Young People:

Chair: Bal Kaur, Consultant in Public Health, City of Wolverhampton Council

Successes:

- Development of the Young Health Champions programme
- In-depth review of data relating to 'Big 6' to support targeted programme of work in the next financial year

Key Priorities:

- Improving primary and secondary care interface
- Admission avoidance and expedited discharge
- CAMHS
- Family Hubs
- Delivering on the Start for Life and First 1001 Days agenda

Given the complexity of the Children and Young People's space and the broader transformation programmes, including the Family Hubs work, the CYP SWG has taken on a varied role. This includes receiving assurance on existing workstreams which support this agenda – such as Family Hubs and the Start for Life programme – functioning as the delivery arm for other areas of work – such as childhood immunisations – and providing an established panel for partnership and multi-professional expertise for children and young people's services.

The Children and Young People's SWG has supported the delivery of primary care-led, paediatric respiratory hubs across the city. A decentralised model has been pursued with the service being delivered across several PCNs. This model was preferred given its ability to deliver care closer to patients and the efficiencies that can be gained given the ability to use existing facilities and resources to deliver the service. The group is keen to understand the impact of this service on health inequalities across the city and, as such, a further report is tabled for February to review the impact of the respiratory hubs.

Following a review of Speech and Language Therapy (SaLT) provision across Wolverhampton, conversations are continuing about the potential to jointly commission SaLT services across Partner organisations. The review, undertaken by The Royal Wolverhampton NHS Trust's SaLT team identified a deficit of 57 WTE speech and language therapists when compared with best practice. It is hoped that the ongoing conversations about joint commissioning across the OneWolverhampton Partners will support this ambition.

A presentation on the Young Health Champions programme was also delivered at the latest SWG. This is a programme designed to enable young people to co-design and engage with healthy living and health and social care commissioning. It was agreed that this would be a hugely beneficial resource and would provide invaluable insight. As such, discussions are underway as to how we can include the Young Health Champions and use their thoughts to co-design the CYP priorities as we move towards the next financial year.

A workshop was held in late February to refine the priorities of the Children and Young People's SWG. A full update of the revised priorities will be circulated with the OneWolverhampton 2023/24 workplan.

Living Well:

Chair: John Denley, Director of Public Health, City of Wolverhampton Council

Successes:

- Joint delivery of vaccinations and health checks through the Mander Centre
- Implementation of trial to support increased uptake for bowel, breast and cervical cancer screening

Key Priorities:

- NHS Health Checks: Improve performance to reach the top quartile nationally for the number of NHS Health Checks completed within the City
- Screening Programmes: To narrow the gap between Wolverhampton and England's performance for cancer screening and move out of the bottom 20% nationally for uptake
- Covid Vaccinations: To narrow the gap between Wolverhampton, Black Country and England
- Dementia: maintain and increase a comparatively high dementia diagnosis rate for the city

Work continues at pace within the Living Well Strategic Working Group and several examples of partnership working and innovative working have been developed from this SWG. These include the joint delivery of the Mander Centre offer – focusing on health checks and Covid vaccinations – and the cancer screening pilot to increase uptake for bowel, breast and cervical cancer screening programmes.

From a health checks perspective, Wolverhampton continues to perform well, when compared to regional and national peers. The ability to access hard-to-reach patients has been enhanced through the Mander Centre offer. This is an innovative programme, delivered by the Living Well team in partnership with Primary Care across the city. This

service takes a targeted approach by contacting patients who have disengaged or not responded to offers for health checks.

Initial feedback has been extremely positive, with all surveyed stating that they would recommend the Mander Centre health check service to family and friends. The environment, advice and availability of patient information leaflets were all praised. Qualitative feedback noted the 'excellent service, staff were friendly and polite' and that the service was a 'great idea'. Of the individuals who attended, 50% chose to attend because they were called by the team, 33% chose to attend because of walk-in appointments, and 17% because of the easy access to the service.

Further innovative practice is evidenced within bowel, breast and cervical cancer screening. A 12-week pilot launched in early 2023 and is currently on its 8th week. This trial focuses on targeting individuals who have not attended or responded to invitations for routine cancer screenings. Additional resource is being provided to contact patients and discuss the benefits of screening with them with the ambition of increasing uptake. As of the 7th week, 1451 calls were completed, with 323 screening appointments booked or kits ordered (depending on the screening programme). This includes the ordering of 63 bowel cancer screening kits; 108 cervical cancer screening appointments booked; and 72 patients referred to the breast screening service.

Beyond these schemes, the Better Health: Rewards scheme has been launched in Wolverhampton. This is an app-based approach to providing free advice on healthy living for Wolverhampton residents. This approach includes individuals selecting two health goals to focus on per week and the provision of a free fitness tracker to support these health goals. This approach is incentivised by a rewards element which can include supermarket vouchers, cinema tickets, and gym passes to name a few examples. Initial feedback suggests that the uptake for Wolverhampton residents has been strong, and further work is planned to publicise the Better Health: Rewards through Primary Care Networks across the city.

Out of Hospital:

Joints Chairs: Becky Wilkinson, Director of Adult Services, City of Wolverhampton Council, and Sian Thomas, Director of Partnerships for OneWolverhampton and Deputy Chief Operating Officer, RWT

Successes:

- Joint working to rapidly mobilise 14 additional care home beds with National Discharge Funding
- In-depth, partnership review leading to data-led, co-produced falls response to be delivered in the new financial year

Key Priorities:

- Care co-ordination
- Virtual Ward
- Discharge to Assess (D2A)
- Complex Case
- Care Homes
- Falls

In another example of successful joint working, the Out of Hospital membership has led the rapid mobilisation of additional care home beds. Making use of the Department of Health and Social Care Discharge Funding, OneWolverhampton partners worked closely with Bentley Court to mobilise 14 additional beds within one week. This supported the wider system approach to Winter Pressures by expediting the discharge of medically fit patients and supporting the wider health and social care landscape across Wolverhampton.

A further falls workshop has taken place to review the current community falls service provision across Wolverhampton. This is in response to NHS England guidance on Community-based falls response. An innovative trial is being worked up in partnership between a private provider, the Local Authority and NHS community services. This would see a pick-up service which is supported by local authority, urgent community nursing and

therapy support to reduce the risk of further falls and prevent unnecessary hospital admissions.

The Discharge 2 Assess (D2A) team transferred to RWT's Adult Community Services directorate earlier this year. Several workshops have taken place with partners across OneWolverhampton to identify opportunities for closer joint work and sharing of best practice. This has included visits to high-performing systems to understand how we can learn from best practice to support citizens in Wolverhampton. The movement of the D2A team to Adult Community Services will support closer working with partners across Wolverhampton by building closer links with the Care Coordination service.

Primary Care Development:

Chair: Sarah Southall, Co-Chair of OneWolverhampton and Managing Director, Health and Beyond

Successes:

- Delivery of 7-day services across Winter to support acute and emergency care services
- Creation of care homes data pack to support primary care support to reduce conveyances and hospital admissions

Key Priorities:

- Multi-disciplinary Teams (MDTs)
- Horizontal and Vertical Quality Improvement
- The Primary Care element of Enhanced Health in Care Homes
- Digital strategy
- Access: including the provision of 7-day services over Winter

A longer-term strategy has been developed focusing on MDTs, horizontal and vertical QI, Enhanced Health in Care Homes and Digital Strategy. This strategy links together pieces of existing work to ensure they are discussed in a forum with appropriate representation across the Partnership. This includes engagement from the Primary Care Training Hub at the

ICB, an understanding of the existing digital offer and closer working with the WVCA to understand how we can work better together.

Supported by the Winter Funding, it has been possible to deliver 7-day working across the Winter period. This has been delivered through a mix of same-day, pre-booked, face-to-face and telephone consultations. This has demonstrated the value of collaborative working to allow patients to access the right care, in the right place, at the right time. In turn, this has also helped to reduce dependency on emergency medical portals across the city and enable patients to access care closer to home.

Work to support a standardised approach to Multi-disciplinary Team working continues and a standard operating procedure has been created. This work will ensure consistency and clarity of expectations to drive equity in patient experience. There is ongoing consultation as part of this work to ensure the standardised process best meets the needs of patients and professionals, whilst also considering best practice from across health and social care.

Whilst the theme of care homes is represented within the Out of Hospital SWG, the specific Enhanced Health in Care Homes is represented here. A data pack has been produced which helps identify the number of care home residents contacting health and care services and will help support a programme of tailored support to reduce conveyances and support residents staying in the place they call home where appropriate.

Urgent and Emergency Care:

Chair: Gwen Nuttall, Chief Operating Officer, The Royal Wolverhampton NHS Trust

Successes:

- Creation and delivery of a joint, city-wide Winter Plan
- Application of a programme management approach to winter planning to support future learning and development

Key Priorities:

- The expansion of an integrated front door model and wider integration with care co-ordination

- Provision of greater primary and community access to urgent diagnostics
- Development of a collaborative, Place-based winter plan
- A data mapping exercise to understand what is available across OneWolverhampton partners to produce a single performance assurance dashboard
- Direct referral to Same Day Emergency Care (SDEC) from primary care via care co-ordination

The Urgent and Emergency Care SWG has been instrumental in the creation, operationalisation and monitoring of a Wolverhampton-wide Winter plan. This new approach marks a departure from organisation-centric winter plans and reflects our ambition to work in partnership. There were two key ambitions the plan sought to address: reduce ambulance handover delays; expedite discharges for medically fit patients. The wide variety of schemes that were supported through this funding is reflective of this ambition. The Wolverhampton winter plan has been able to support Advance Care Planning work by Compton Hospice, a patient resettling service by Age UK and four months of staffing for RWT's Ambulance Receiving Centre (ARC) to name a few schemes. The work to support the ARC was noted in the Express and Star *Ambulance Centre Opens at Wolverhampton's New Cross Hospital to get Paramedics Back on Road Sooner*:

The centre provides an additional 17 ambulance offload spaces, as well as extra staff to support with handovers as part of OneWolverhampton Partnership's plans to ease pressures on the emergency department over winter.

The learning from the Winter Planning process has proven invaluable in the distribution of the Adult Social Care Discharge Funding (ASDCF). We were able to benefit from the processes put in place for the Winter funding allocation to ensure City-wide agreement on the proposed schemes. To ensure the greatest impact and utilisation of both the ASDCF and Winter funding, a pragmatic approach was taken with schemes re-aligned to different funding schemes where appropriate.

A robust monitoring system has been developed which will enable us to learn from this year's process. The ability to better understand the return on investment will support winter

planning in the coming years and allow the targeting of funding to successful, proven schemes.

Expert Reference Groups:

Digital:

Two digital workshops have been held this year. These have been well-attended by partners from across OneWolverhampton. Four areas of focus have been identified and these are currently being developed:

- Digital exclusion
- Data sharing and information governance
- Partner engagement
- Infrastructure developments

Templates have been completed by organisations to gain an understanding of ongoing work against these priorities. This includes a review of existing organisational and system-wide digital strategies to understand areas of synergy and to also identify areas of work which would be best delivered by partnership working.

The Digital Innovation Unit at RWT is supporting us with the creation of a Data Sharing Agreement which will support joint working across the partnership. The need to share data is recognised as a key component of successful partnership working, and the use of the '5 Deployments of Data' approach will ensure partners can agree to a tiered level of data sharing. It is hoped that this work will be completed within the next financial year.

Engagement:

Citizen engagement and priority alignment are key to the success of OneWolverhampton. In recognition of this, OneWolverhampton has been working closely with the Involvement team at the Black Country Integrated Care Board (ICB) around the People Panels. These are public spaces where the agenda and discussions are driven by members of the public. OneWolverhampton and our unique position to work across multiple providers was socialised in a light-touch fashion at the last people panel and was well received.

At the last People Panel in January, several priorities were identified, including:

- Funding for Prevention
- Primary Care
- Hospital at Home
- Communication
- Health inequalities
- Communities Driving Change
- Older People

An alignment exercise has been undertaken between OneWolverhampton and the ICB to identify where these priorities are already aligned with existing OneWolverhampton workstreams. Ongoing work will take place in the new financial year to ensure these priorities are accounted for within the workplan.

In addition to this workstream, it is acknowledged that our engagement strategy must be broad and multi-faceted to ensure appropriate co-production, consultation and engagement. Learning from other Place-Based Partnerships, we will also take a targeted approach to engagement. A mapping exercise is being undertaken to identify existing routes and forums for engagement across the Partnership. Often these will be aligned with particular conditions or demographic groups and will ensure engagement can be appropriate. This will also allow us to build on trusted relationships within the Partnership and reduce the need to create an additional structure for engagement within the City.

Dashboard:

It is essential that the work OneWolverhampton undertakes is evidential and underpinned by robust data. As such, the team have been working closely with Informatics and Business Intelligence colleagues across the Partnership to develop a series of dashboards for each of the Strategic Working Groups. The work being undertaken around Data Sharing Agreements will support this aim and lead to the creation of a city-wide picture for in-scope elements of health and social care.

These dashboards will be scalable and lead to the creation of a Board-level highlight report. A draft version will be taken to March's OneWolverhampton Board.

Palliative and End of Life Care

The Palliative and End of Life Care Expert Reference Group have been working towards the completion of an improvement plan for the 2023/24 financial year. This plan is aligned with the national ambitions for palliative and end of life care:

- Ambition 1 – Each person is seen as an individual.
- Ambition 2 – Each person gets fair access to care.
- Ambition 3 – Maximising comfort and wellbeing.
- Ambition 4 – Care is co-ordinated.
- Ambition 5 – All staff are prepared to care.
- Ambition 6 – Each community is prepared to help

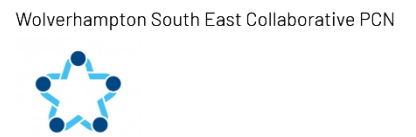
This identifies several areas of opportunity to support the delivery of palliative and end of life care to Wolverhampton citizens. The improvement plan incorporates a wide scope of work, including: scoping exercises to identify relevant information sources and how their utilisation can be increased; a gap analysis of bereavement support across commissioned and non-commissioned services; improving access to 24/7 service for the provision of end of life medications; and improving the sharing of patient information across organisations;

The finalised plan will be presented at the OneWolverhampton Board for oversight and sign-off.



Partnership Agreement DRAFT

Our Board member Partners



Our delivery Partners



1. Introduction

The 2022 Health and Care Act formalised the move towards Integrated Care Systems (ICS), encouraging greater collaboration between organisations to deliver statutory responsibilities. A key plank of ICS policy is that much of the activity to integrate care, improve population health and tackle inequalities will be driven by organisations collaborating over smaller geographies within ICSs referred to as ‘Places’. The 2022 Act did not create any legal requirements for place-based partnerships, leaving flexibility for local areas to determine their form and functions.

In Wolverhampton the Place is a Partnership between health and care organisations across the city, referred to as OneWolverhampton.

2. Purpose

This document formally establishes the joint agreement between Partners to work together to improve the health and outcomes for the people of Wolverhampton, thereby giving OneWolverhampton its mandate to operate on behalf of the Partners to deliver against an agreed set of aims and outcomes and within a defined scope.

3. Aims & Outcomes

By working together, we the Partners believe we have the greatest prospect of successfully delivering our overarching aim, which is to:

“Improve the health and outcomes for the people of Wolverhampton”.

As a population health and outcomes driven Partnership, we have three clearly defined outcome domains against which our success will be measured:

Domain 1 – Population health & wellbeing.	Putting people at the heart of what we do’
Domain 2 – Service User experience	‘Right care, right place, right time’
Domain 3 – System Infrastructure	‘Working better together’

Our Commitments

This agreement is based on a set of shared commitments we each make to one another. They define how we will work together to deliver the OneWolverhampton aims and outcomes; establishing the accountability framework for our joint working.

We commit to develop a shared understanding of the needs and preferences of our population.

This means we will work together to prioritise and address the complex health and care issues faced by the City.

We will do this by:

- Having a shared agenda, balanced across individual partner responsibilities, and aimed primarily at improving outcomes for citizens.
- Ensuring there is a clear understanding on the role of each organisation around agreed priorities and how all partners contribute to and influence priorities.
- Developing our ability to openly share relevant data enabling us to have a holistic view of population needs, experiences and preference.
- Taking a co-ordinated, partnership approach to engaging and consulting with our population, its communities and specific cohorts.
- Taking action to tackle health inequalities, using a consistent approach across partners with a firm view that health inequalities are not inevitable.

We commit to working as if the budgets, assets and capabilities of in-scope services were held in common, supported by jointly developed enabling strategies.

This means we will seek to create the greatest added public value outcomes from the resources in our combined and separate control.

We will do this by:

- Minimising the use of short-term funding allocations, taking positive risk to make longer term commitments to organisations and staff wherever possible, but agreeing a shared approach to short term monies where this cannot be avoided.
- Ensuring that the allocation of resources is informed by data and evidence and by an appropriate level of economic appraisal.
- Avoiding the advancement of single organisation enabler strategies without regard to what other partners are doing.
- Take a proactive and rigorous approach to securing best value from public estate that also responds to the needs and preferences of the population.

We commit to collaboratively (re-)design the services that respond to population need so they better align to our shared outcomes.

This means we will not assume that services must always be provided in the way they have historically and/or by the Partner currently providing them.

We will do this by:

- Ensuring that service configuration and delivery is driven by population health intelligence and informed by appropriate evidence.
- Identifying services where integration may add value to service users and work in partnership to agree the structures necessary to enable it.
- Use each other's insights to improve and innovate each Partner's in-scope services.

We commit to establish a sustainable model for the governance and management of OneWolverhampton that optimises the integration of partnership delivery and commissioning processes.

This means we will do our 'core business' together in an integrated way so that we do not miss opportunities to improve access, quality, experience or outcomes.

We will do this by:

- Being clear and consistent about the organisational services that we view as being in scope for One Wolverhampton with clarity on the outcomes and funding/assets that this involves.
- Recognising the drivers and constraints of each partner, helping solve each other's problems rather than apportion blame.
- Treat each other as equal partners, regardless of organisational scale and recognising the distinct capabilities of each organisation.
- Ensure that decision-making processes within the partnership and in partners organisations actively consider the impact on one another, thereby avoiding any unforeseen consequences.

We commit to continuous learning from the work we do together.

This means we will ensure that learning is actively disseminated across the partnership so that it reaches beyond individual working groups or other structures.

We will do this by:

- Being bold and innovative in developing new initiatives, putting in place robust evaluation processes to identify what has/hasn't worked.
- Developing a research culture between our organisations
- Undertake horizon scanning activities to learn together about future challenges and opportunities.
- Being transparent in our evaluation of services and initiatives, being honest when something has not worked.

We commit to developing an integrated workforce model for health and care.

This means we will increasingly look to a collaborative approach for developing, recruiting and retaining the workforce we need.

We will do this by:

- Developing new roles together that respond to population need.
- Proactively supporting disadvantaged and/or excluded groups to enter the health and care workforce.
- Working to reduce the recruitment and retention issues resulting from misaligned terms and conditions.
- Working with our local education providers to ensure training opportunities are aligned to our joint workforce needs.

4. Scope and remit

This document does not constitute a formal legal or contractual agreement. It is designed to work alongside and complement the existing legal and regulatory frameworks that apply to the Partner organisations, creating the foundations for closer and more formal Partnership working.

No legal obligations shall arise between Partners from this Agreement. It is a formal understanding between Partners who have each entered into this Agreement intending to honour all their obligations under it.

It is not intended that a schedule of contracts will be delegated to and overseen by OneWolverhampton, rather that Partners will work together on an agreed set of priorities and work programmes through the OneWolverhampton structures thereby enabling all Partners to better deliver their respective services (and contracts) for the people of Wolverhampton.

The agreed scope of services is:

- Health, care and voluntary community services (Adults)
- Primary Care Services
- Public Health Services
- Adult Social Care
- Children's Services (both health and care)
- Mental Health, Learning Disability and Autism (within the context of the agreed lead provider arrangements)

This scope may be changed through a proposal to the Board that is ratified by the Partners.

5. Governance

5.1 OneWolverhampton internal governance

OneWolverhampton is overseen by a Partnership Board, with an agreed Terms of Reference. These can be shared on request.

The Board will oversee its mandate through agreed Strategic Working Groups (SWGs) that align to the in-scope service areas. A Clinical and Professional Leadership Group (CPLG) will ensure delivery is appropriately focussed on outcomes and health inequalities. Supporting infrastructure such digital, workforce, stakeholders, and estates will be managed through Expert Reference Groups (ERGs), that are called as and when needed.

This structure and the specific SWGs/ERGs will remain under constant review as to its suitability and proportionality. Changes to the structure will be made via a proposal to the Partnership Board.

5.2 OneWolverhampton external governance and reporting

OneWolverhampton is the Partnership Delivery structure within a wider Wolverhampton and Black Country health and care context:

- Each one of the Partners remains a sovereign organisation.
- The Health and Wellbeing Board retains the statutory responsibility for the Joint Strategic Needs Assessment and the Joint Health & Wellbeing Strategy.
- The Health and Overview Scrutiny Committee (HOSC) will continue to play a vital role as the body responsible for scrutinising health services for Wolverhampton. HOSC will retain its legal

duties to review and scrutinise matters relating to the planning, provision and operation of health services in the City.

- The Integrated Care Board and Local Authority will work together in the commissioning of services in scope for OneWolverhampton, including through the establishment of an Integrated Commissioning Committee.

The OneWolverhampton Board will provide regular reports to the respective organisational Boards and Health & Wellbeing Board in order to provide appropriate assurance and oversight. The frequency and format of this reporting is to be agreed with the relevant Boards, but wherever possible all Partners agree to accept a standard format.

6. Membership, term and review

This agreement is between the Partner Organisations listed on page 9. Each organisation will put forward a senior member or members to sit on the Partnership Board and oversee the delivery of OneWolverhampton.

New Partner organisations or named Partner attendees shall be admitted through a proposal to the Partnership Board.

Partner Organisations may request to be removed by resigning to the Partnership Board. If this occurs this will trigger a review of the Partnership Agreement.

This agreement will come into effect on 1st May 2023. The agreement does not have an end date but rather it will be reviewed annually to assess the effectiveness of the governance arrangements and the platform it provides to collaborate and achieve greater impact by delivering jointly agreed priorities.

It is recognised that the governance approach will need to fit in with emerging forms of local governance and governance related to individual Partner organisations, therefore a review may take place earlier to ensure fitness for future developments.

The Partnership Board may resolve to terminate this agreement if a disagreement/position renders the continuation of the agreement impossible.

7. Delegated authority

Each one of the Partners is a sovereign organisation. OneWolverhampton is not a separate legal entity and as such is unable to take decisions separately from the Partners.

Each Partner has its own regulatory and statutory responsibilities and that there will be some decisions that will need to be reserved for consideration and determination by individual Boards/Governing Bodies. Where there are limits on the delegated authority of Partners at the OneWolverhampton Board, each Partner shall advise the other Partners of those limits and what additional approvals or authorisations will be required to participate in and make decisions at meetings of the Partnership Board.

The Partners shall support each other to achieve compliance with each of our statutory responsibilities. Accordingly, nothing in this agreement will require any of the Partners to do anything which is in breach of legal obligations (including procurement and competition law) or which breaches any regulatory or provider licence requirements.

Each Partner commits to sending nominated representatives to sit on the Partnership Board. Those representatives should be senior people with a strategic role within their organisation, able to comment on the full range of their organisation's interests, report back to that organisation on debates within OneWolverhampton and make decisions committing the organisation to taking action and providing resources within the auspices of this agreement. They should also be able to answer for their organisation's delivery of the commitments outlined in this agreement.

They should be able to speak for their organisation with authority; commit their organisation on policy and practice matters; and hold their organisation to account.

8. Decision making

It is expected that members identified by each Partners Organisation to attend the OneWolverhampton Partnership Board will have delegated authority from their organisations to take decisions within the scope of this Agreement and as defined by the Board terms of reference (ToR).

Members will remain accountable through their own organisation's decision-making processes for the decisions they take.

Decisions within the Partnership are generally done so by consensus. If a decision cannot be made in this way, then the voting and chair roles defined in the Board ToR will govern the decision making.

9. Conflicts of interest

Any Partner that becomes aware of any actual or potential conflict of interest, which is likely to have an adverse effect on the Partners ability to properly perform the obligations under this agreement, must immediately notify the OneWolverhampton Partnership Board. The Board shall determine how best to manage any actual or potential conflict of interest.

10. Dispute resolution

The Partners commit to working co-operatively to identify and resolve issues to mutual satisfaction to avoid, so far as possible, dispute or conflict in performing the commitments made under this agreement.

For any dispute arising between two or more Partners to the agreement, the affected Partners shall enter into good faith negotiations that recognise the commitments made in this agreement. Where Partners are unable to resolve the dispute themselves, the Partners agree that the Partnership Board will oversee disputes on a best for service basis and in accordance with this agreement and the commitments made.

If the Partnership Board cannot resolve a dispute it may select an independent facilitator to assist. If the independent facilitator is unable to resolve the dispute the Partners commit to reviewing the continued legitimacy of the Agreement.

11. Information sharing

The Partners will provide to each other all information that is reasonably required to achieve the agreed aims and outcomes.

11.1 Confidential Information

Each Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner.

Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its obligations under this agreement.

12. Resourcing and hosting

In order to successfully deliver the aims of this agreement a dedicated OneWolverhampton leadership and delivery structure is needed. This will be delivered through a mix of fully committed resource, funded through an agreement between the Partners; and aligned resource from Partners, whereby named individuals/roles have designated time committed to OneWolverhampton.

The dedicated leadership and delivery structure will be hosted by a The Royal Wolverhampton NHS Trust on behalf of the Partners. This is a purely administrative role and does not infer any greater role within the Partnership for the Host.

The details of the resourcing will be outlined in a separate agreement between those Partners who co-fund the model. Signing the Partnership Agreement does not constitute an agreement to fund the Partnership delivery structure.

13. Signatories

City of Wolverhampton Council.....(signature)

Name:

Role:

Date:

Unity – West Network.....(signature)

Name:

Role:

Date:

Wolverhampton Southeast Collaborative(signature)

Name:

Role:

Date

Unity – East Network.....(signature)

Name:

Role:

Date

Wolverhampton North Network..... (signature)

Name:

Role:

Date

Wolverhampton Total Health..... (signature)

Name:

Role:

Date

Royal Wolverhampton Trust PCN..... (signature)

Name:

Role:

Date

Royal Wolverhampton NHS Trust(signature)

Name:

Role:

Date

Wolverhampton Voluntary & Community Action.....(signature)

Name:

Role:

Date

Healthwatch Wolverhampton(signature)

Name:

Role:

Date

Black Country Healthcare NHS Foundation Trust(signature)

Name:

Role:

Date

Black Country Integrated Care Board(signature)

Name:

Role:

Date

Trends in the total count of NCTR patients reported at Trust level 12/09/2022 to 28/02/2023

Despite recent increases at Sandwell and West Birmingham and Dudley Group the overall picture is one of positive progress in reducing the number of NCTR patients at all four Black Country ICB acute Trusts.

NB - Two of the Trusts do not submit figures for weekends and bank holidays, this analysis excludes weekends and bank holidays to ensure consistency in reporting, the chart simply bridges the gaps between data points.

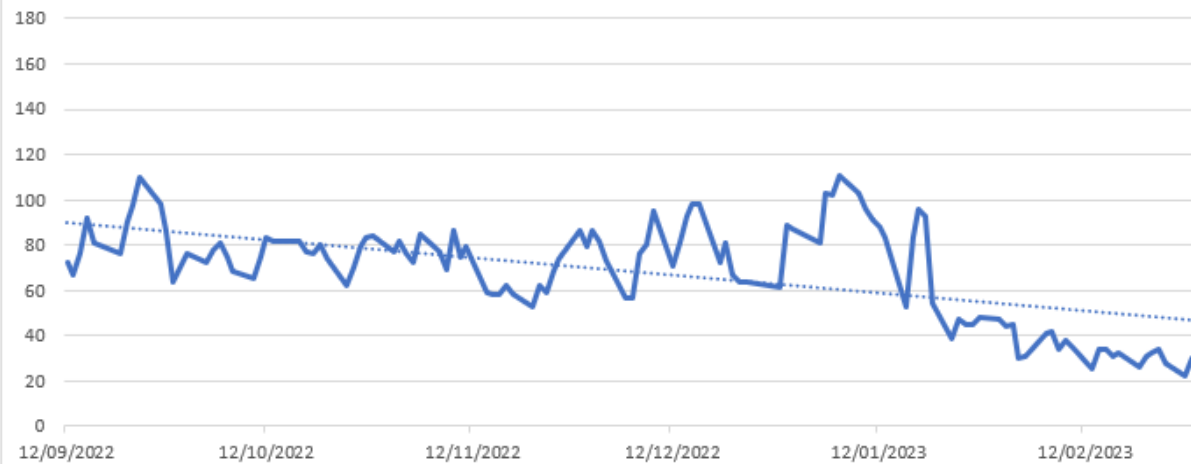
Sandwell and West Birmingham NHS Trust



The Dudley Group NHS Foundation Trust



The Royal Wolverhampton NHS Trust



Walsall Health Care NHS Trust



Trust Board Meeting	
Meeting Date:	Tuesday 4 th April 2023
Title of Report:	Proposed Black Country ICB operating model for commencement on 1 April 2023.
Action Requested:	<ul style="list-style-type: none"> Note the report
For the attention of the Board	
Assure	<ul style="list-style-type: none"> The report provides an overview of the development work to be undertaken during 2023/24 to build capacity and capability within Provider Collaboratives and Place Based Partnerships to provide an infrastructure for the future delegation of duties.
Advise	<ul style="list-style-type: none"> 2023/24 represents the first full year of operation of the ICB. This report confirms arrangements for the ICB, provider collaboratives and place - based partnerships as at the 1 April 2023.
Alert	<ul style="list-style-type: none"> Future delegation of responsibility will need agreement through the Trust Board This paper has been drafted by the ICB and will be presented to the ICB Board for consideration. Due to the timings of the meetings, comments on the outcome of the paper will be provided verbally.
Author and Responsible Director Contact Details:	Simon Evans Group Chief Strategy Officer Email simon.evans8@nhs.net
Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ol style="list-style-type: none"> Embed a culture of learning and continuous improvement Prioritise the treatment of cancer patients Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ol style="list-style-type: none"> Be in the top quartile for vacancy levels Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing Improve overall staff engagement Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ol style="list-style-type: none"> Develop a health inequalities strategy Reduction in the carbon footprint of clinical services by 1 April 2025 Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ol style="list-style-type: none"> Improve population health outcomes through provider collaborative Improve clinical service sustainability Implement technological solutions that improve patient experience Progress joint working across Wolverhampton and Walsall Facilitate research that improves the quality of care
Resource Implications:	None as a result of this report

CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Public or Private:	Public
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Brief/Executive Report Details

Brief/Executive Summary Title:

Proposed Black Country ICB operating model for commencement on 1 April 2023.

1.0 Introduction

2023/24 represents the first full year of operation of the ICB/ICS.

This report confirms arrangements for the ICB, provider collaboratives and place -based partnerships as at the 1 April 2023.

The report also provides an overview of the development work to be undertaken during 23/24 to build capacity and capability within Provider Collaboratives and Place Based Partnerships to provide an infrastructure for the future delegation of duties.

2.0 Summary of Development Process

The recommendations within this report have been developed by the System Development Group which is a task group of the System Development Committee. The System Development Group is an inclusive group with representatives from:

- The Provider Collaborative
- The Primary Care Collaborative
- Black Country Healthcare as the approved MHLDA Lead Provider
- The 4 Place Based Partnerships
- The ICBs Place Managing Directors
- The ICBs CMO function
- The ICBs corporate finance, contracting, primary care and strategic commissioning functions, planning and governance teams.

The recommendations within this report have been considered by System Development Committee and have been approved for onward consideration and approval to the ICB Board. The recommendations within this

report have also been forwarded for endorsement by the Boards of our Provider Collaboratives and Place Based Partnerships

3.0 Black Country Future Operating Model

3.1 Arrangements for Strategy and Planning (including Strategic Commissioning)

a) Policy and Guidance Review

Within policy and guidance, the ICB hold the statutory responsibility for ICS level healthcare strategy, planning and commissioning. Specifically, the ICB are required to:

- ✓ Assume the commissioning responsibilities of CCGs.
- ✓ Develop a plan to meet the health needs of the population, restore services, and deliver LTP commitments.
- ✓ Allocate resources to deliver the plan.
- ✓ Establish joint working relationships with partners to embed collaboration and drive delivery.
- ✓ Establish governance arrangements that support collective accountability.
- ✓ Arrange for the provision of healthcare through contracts and agreements.
- ✓ Convene and support providers to lead major transformation programmes and achieve agreed outcomes through enabling action.
- ✓ Retain the statutory duties of CCGs.
- ✓ Develop and implement an engagement plan to ensure that the citizen voice is heard.

In delivering these responsibilities ICBs must:

- ✓ Ensure the perspectives and expertise of all relevant partners to include all parts of the local health and care system across physical and mental health, primary care, community and acute services, patient and carer reps, social care and public health are taken into account.
- ✓ Must harness the expertise, energy, and ambition of the organisations directly responsible for delivering integrated care ensuring they play a central role in establishing the priorities for change and improvement to drive better outcomes.
- ✓ Demonstrate system leadership on issues that impact all within the ICS eg People and Digital technology
- ✓ Have open and transparent decision making based on consensus and collaboration.
- ✓ Develop and implement a model of engagement to secure the voices of patients, carers and citizens in planning and commissioning arrangements.

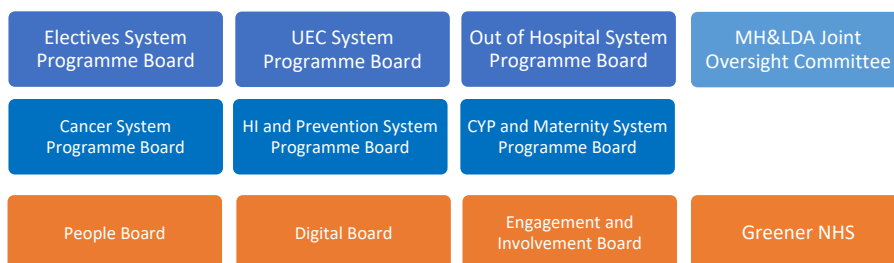
The model described for 2023/24 adheres to and supports such requirements.

b) Developing the Strategy and Planning Infrastructure

At the start of 2023/24 it is proposed that the existing model of System Programme Boards be retained to support the strategy and planning process, with a Programme Board supporting each of the portfolio areas as shown in Figure 1. Given the delegation of responsibility for strategy and planning to Black Country Healthcare as the MHLDA Lead provider a link be made to the MHLDA Joint Oversight Committee.

ICB

Strategic Commissioning Committee



Redefined roles of this aspect of the model are:

System Programme Boards

- Advisory and consultative by nature
- Led by an SRO drawn from the ICS Executive Tier
- Multi-agency and disciplinary, engaging commissioners, clinicians and operational management leads in dialogue.
- Membership to include full range of interested stakeholders to include NHS providers, LA, IS and VCS as appropriate.
- Recommend the high-level strategy, outcomes and priorities for the portfolio area
- Consider and recommend responses to national policy directives.
- Support planning processes and the development of annual plans and mandated returns
- Maintain an oversight of delivery within portfolio area.

MHLDA Joint Oversight Committee

- Black Country Healthcare undertakes strategy and planning on behalf of the ICB under contractual delegation. The MHLDA JOC is the Committee within the Lead Provider governance model which formally recommends to the ICB the strategy and plan for mental health and LDA. The diagram above is not intended to establish a formal line of accountability between the MHLDA JOC and the ICBs Strategic Commissioning Committee on other elements of business.

Strategic Commissioning Committee

- Receives and reviews outcomes from System Programme Boards and JOC to ensure system coherence, manage interdependencies, and ensure compliance with national policy directives priorities. Forms recommendations to the ICB for approval.
- It is proposed to amend the name of the Strategic Commissioning Committee to the Strategic Planning Committee. This will be undertaken during the pending governance review of the ICB.

A priority of the System Development Group will be to ensure that all services either commissioned or provided by the ICB/ICS is aligned to a System Programme Board. There are currently gaps that need to be resolved.

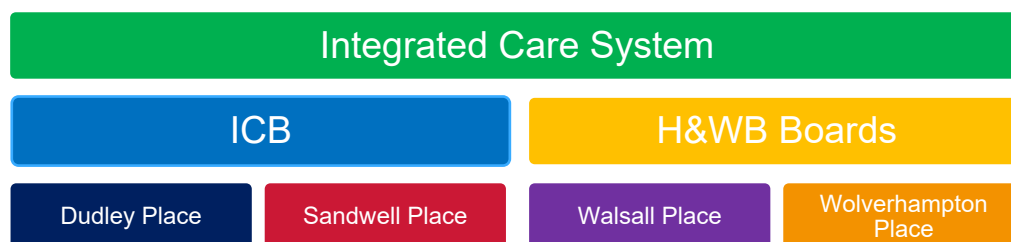
Through the work of the Strategy Development Group a clear ambition has been articulated to move away from a fully centralised model of strategy and planning to more devolved model.

This would result in the redesignation of System Programme Boards with the Provider Collaborative, Primary Care Collaborative and Place Based Partnerships increasingly supporting the strategy and planning process alongside the Mental Health Lead provider.

An opportunity has also been identified to create an improved alignment between the infrastructure for strategy and planning and the clinical leadership structures which are currently under review across the

system. It is proposed that this piece of work be progressed in Q1 to create a coherence of approach between service-based strategy and planning and condition focused clinical pathway work.

To complement the system level infrastructure set out above, arrangements for 2023/24 also need to be confirmed at the level of Place to enable local strategies and plans to be developed to meet population need. At the level of place the priorities and outcomes sought through the ICB plan and strategy will need to be combined with those in the local HWBB strategy and plan to inform the creation an integrated document which spans both health and care.



For 2023/24 joint governance requirements will be required to support strategy and planning at place. This will result in the establishment of Joint/Integrated Committees between the ICB and Local Authorities, however all relevant parties will be invited to attend and contribute to plan dedevelopment at Place. More information is provided about these in Governance section of this report.

4.2 Provider Collaborative and Place Based Partnership Arrangements

a) Policy and Guidance Review

Provider Collaboratives and Place Based Partnerships are identified as having key roles in relation to the architecture of Integrated Care Systems, sitting alongside Integrated Care Board structures to create an operating model which supports integration.

A summary of guidance in relation to these additional elements of system architecture is provided below:

Provider Collaboratives:

- ✓ Operate at the level of system.
- ✓ All NHS Acute and MH Trusts are expected to be part of one or more provider collaboratives, with Acute Collaborative and MH Collaborative structures featuring in national policy guidance as key elements of system architecture.
- ✓ Community Trusts and Ambulance Services should participate in provider collaboratives where it is beneficial for them to do so.
- ✓ Should engage the full range of providers to include the Independent Sector to ensure co-ordination of care.
- ✓ Important vehicles for NHS providers to collaboratively lead the transformation of services, restoration and shared ownership of objectives and plans across all parties.
- ✓ Will help facilitate the work of alliances and clinical networks enabling speciality levels plans and decisions to be made and implemented in a more co-ordinated and systematic way.

Place Based Partnerships

- ✓ Created to bring health and care services together to meet the needs of a designated population.
- ✓ Must have footprints that enable integration between the NHS and Local Authorities
- ✓ Must make sense to local people.
- ✓ Lead the detailed design and delivery of integrated primary and community services for a defined population.
- ✓ Should include the VCS and have strong links to local communities.
- ✓ Allow decisions to be taken as close to local communities as possible.

Primary Care

- ✓ Fuller Review points to need for at scale primary structures to support sector resilience in addition to primary care being partners in integrated delivery at place.

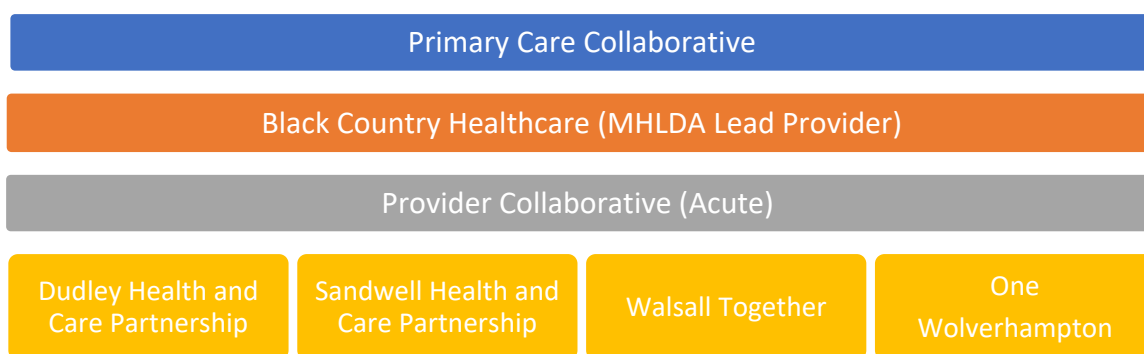
NHS Trusts and Providers

- ✓ Retain formal accountability for their statutory duties and responsibilities.
- ✓ Providers of NHS services will continue to be accountable:
 - for quality, safety, use of resources and compliance with standards
 - for delivery of any services or functions commissioned from or delegated to them,
- ✓ Executives of provider organisations will remain accountable to their boards for the performance of functions for which their organisation is responsible.

The proposed model meets such policy expectations.

b) Confirming the Black Country Architecture

Seven provider structures have been created as additional elements within the Back Country architecture as set out below.



Each of our provider collaboratives and place-based partnerships are at a different stage of development and have varying levels of capability and capacity at this point.

The Primary Care Collaborative is the most recent addition to our infrastructure and is at an initial stage of development. At this stage it is anticipated that the Primary Care Collaborative will undertake a clinical leadership role with further work required to confirm the delivery arrangements for primary care at scale. An outcome of this work is anticipated in the first quarter of 23/24.

Our most developed Collaborative, under Black Country Healthcare, operates on a Lead Provider Model and is characterised by a single contract. Under the terms of the contract Black Country Healthcare is responsible for the delivery of whole pathway services for mental health and LDA and holds delegated responsibilities in relation to strategy, planning and commissioning. Resources have been transferred from the ICB to support the delivery of delegated responsibilities.

The Provider Collaborative (Acute) and Place Based Partnerships have developed a level of infrastructure and capacity but have all confirmed that they are not ready to receive formal delegations from the ICB from the start of 23/24.

c) Developing Our Operating Model through 23/24

Through the work of the System Development Group a clear ambition has been confirmed to develop the role of all Provider Collaboratives and Place Based Partnerships to receive delegations from the ICB and to increasingly act on behalf of constituent members.

Drawing on the learning from the formation of the Mental Health Lead Provider it is recognised this development journey needs to be well planned and supported.

For each collaborative and partnership, a clear road map to delegation will need be established to set out how infrastructure, governance, capacity, and capability will be developed throughout 23/24 to enable delegations to be safely received. These road maps will need to be jointly formed with the ICB and, where relevant for Place Based Partnerships, with Local Authorities to enable the transfer of resources to be considered alongside the transfer of responsibilities. It will also be important in this process to be clear on statutory duty responsibilities and supporting governance mechanisms.

To reinforce the role of Collaboratives and Partnerships from the 1 April 2023 and the ICBs commitment to their development it is proposed that MOU agreements be put in place which have as a minimum the following components:

The ICB ask of PCs and PBPs:

- ✓ To provide a mechanism to connect with the full range of providers and stakeholders as appropriate to scope.
- ✓ To supporting demand and capacity modelling and inputting information about patient need and preferences.
- ✓ To support the development of credible delivery plans and models to inform commissioning decisions at either system or place.
- ✓ To promote accountability for the delivery of agreed outcomes and performance targets
- ✓ To share and promote innovation and good practice.
- ✓ To enable the effective co-ordination and integration of services.
- ✓ To promoting the effective use of resource and support the delivery of balanced financial plans (budgets, estates, workforce).
- ✓ To develop plans to tackle inequity of access, experience, or outcomes.
- ✓ To comply with service change and business case processes.
- ✓ To support organisational resilience through the facilitation of mutual aid agreements.

A mandate for PCs/PBPs to act:

- ✓ To form and agree strategies and plans to meet patient group or population need which support delivery of the approved ICB Strategy and are in line with policy priorities:
 - For System level collaboratives this relates to:
 - standardisation
 - Improves sustainability rationalisation
 - Integration with more specialist services
 - Has the potential to realise efficiencies in both clinical and back office services
 - For Place this relates to
 - Local integration of multi-disciplinary services
 - Greater continuity of care for those with long term conditions
 - Co-ordinated care for those with the most complex needs
 - Prevention or demand management potential – reducing utilisation of less appropriate higher cost services
- ✓ Develop and implement governance arrangements that reflect their current stage of development, function and form as defined in policy and via discussion with constituent members.
- ✓ Collectively restructure or rationalise central/back office functions to achieve efficiency targets or release funds for patient facing care.
- ✓ Proposed and enact changes to service provision where the change proposed is supported by constituent members, does not require additional investment and will lead to improvements in outcomes, access or experience.
- ✓ Request changes to contracts for constituent organisations where these organisations agree to the proposed changes, there are perceived benefits and the contractual envelope remains unchanged.
- ✓ Agree to pool resources to deliver a identified improvement/transformation project.

The PC and PBP ask of the ICB

- ✓ Engagement in strategy, planning and commissioning decisions.
- ✓ Transparency of decision making.
- ✓ Transparency in relation to financial and resource allocations.
- ✓ A commitment to support the development of PCs/PBPs via the allocation, alignment or transfer of resources.
- ✓ The maintenance of appropriate governance structures which support the principle of subsidiarity.

It is proposed that these MOU agreements are tailored to individual Collaboratives and Partnerships to recognise the different levels of development and readiness to operate, with a quarterly review to ensure they reflect the changing roles and maturity on the road to delegation. For Place Based Partnerships this work will need to be undertaken in consultation with Local Authorities to support local integration. It is also important to note that the MOUs will work alongside, and not replace, formal contracts with individual providers.

5.0 Finance, Contracting and Performance Arrangements

2023/24 is the first full year of operation of the ICB and is a key development year for Collaboratives and Place Based Partnerships. At the start of the year only the MHLDA Lead Provider has the infrastructure and capacity in place to take on finance and contracting arrangements. Given this, financial and contractual arrangements will continue to sit at the level of organisations across the rest of the system for 23/24.

Approval has already been given by the ICB for 12 month contract extensions and work continues to agree financial envelopes that comply with national guidance and enable the delivery of a balanced system plan.

A financial framework is in development to support delivery of financial planning and management for 23/24 and beyond which is aligned to the operating model.

As an outcome of the development work with Provider Collaboratives and Place Based Partnerships it is proposed that the outcomes that each will seek to achieve are clearly articulated. All have commenced work on this and have agreed outcomes with reference to population need and the ambitions of constituent members.

As Provider Collaboratives and Place Based Partnerships develop during 23/24 further work be undertaken to confirm their role in the delivery of mandated outcomes. For Provider Collaboratives the focus of this work will be in relation to the NHSE Outcomes Framework and for Place Based Partnerships the scope of this work could be extended to include both the Public Health Outcomes Framework and Adult Social Care Outcomes Framework.

An initial mapping of the NHSE Outcomes Framework has been completed by the ICB and will be progressed through the System Development Group.

6.0 Governance Arrangements

A review of governance arrangements for strategic planning and commissioning has been undertaken within the System Development Group and are summarised below:

From 1 April 2023:

System Programme Boards

- No formal delegations are required to System Programme Boards which are defined as acting in a consultative and advisory capacity.
- Following a review of the financial limits in Standing Financial Instructions, clearer delegations will be made to the ICB Lead Officers on each Board to enable swifter decision making with the Programme Boards' support
- A review of System Programme Board Terms of Reference be completed alongside SROs in Q1 to create portfolio alignment and ensure inclusive membership.

MHLDA JOC

- A formal connection will be established between the MHLDA JOC and Strategic Commissioning Committee to enable the outcomes of strategy and planning work undertaken by the Lead Provider to be integrated into the system healthcare plan.

Place

- It is proposed that Place level Joint Committees be established between the ICB and the Local Authority with reporting lines to the ICB and HWBBs to enable integrated place strategies and plans to be developed and approved locally.
- The Joint Committees will have formal responsibility for managing pooled funds established under Section 75 arrangements (including for Better Care Fund arrangements).
- To support subsidiarity and it is proposed that ICB Place Managing Directors to be the authorised decision makers in regard to ICB budgets devolved to Place, using the Joint Committee structures as a consultative forum.

ICB SORD

- Minor amendments are proposed to the SORD to reflect the proposed arrangements for Place and to enable Mandates to be set for Collaboratives and Partnerships. A copy of the amended SORD with changes highlighted is appended.
- Information about the operating model will be incorporated into the forthcoming review of financial limits to set coherent limits that enable effective and efficient decision making for individual ICB officers, Committees and the Board.
- No further amendments to the responsibilities of other ICB committees are proposed at this stage and a calendar of meetings is appended for Board ratification. A broader Governance review will take place in Q1 of 2023/24 which may propose changes to support plans for further delegation of ICB responsibilities.

Provider Collaboratives and PBPs

- The terms of reference and governance arrangements put in place by Provider Collaboratives and Place Based Partnerships be formally endorsed by the ICB.
- MOU arrangements between the ICB and provider structures be confirmed during Q1 and reviewed quarterly throughout the year.

The System Development Group noted the need to keep the governance arrangements under review to support the delegation of responsibilities to Collaboratives and Place Based Partnerships.

Specifically, it was noted that as Collaboratives and Place Based Partnerships receive delegations in relation to strategy and planning the ongoing requirement for System Programme Board structures and Joint Committees at Place would need to be reviewed.

It was additionally noted that additional reporting lines would need to be created to the ICBs Quality and Safety Committee and Finance and Performance Committee as Provider Collaboratives and Place Based Partnerships assumed increasing responsibilities for the delivery of integrated service portfolios. The System Development Committee will continue to oversee the development of these arrangements, including reviewing developing partnership arrangements and terms of reference for the Place Joint Committees.

7.0 RECOMMENDATION

This report seeks approval for the Black Country Operating Model for implementation from the 1 April 2023 with respect to:

- The arrangements for Strategic Planning (incorporating Strategic Commissioning)
- Provider Collaborative and Place Based Partnership Structures
- 2023/24 Finance and Contractual Arrangements
- System Governance

Trust Committee Chairs Assurance Report

Name of Committee/Group:	Joint Steering Group
Date(s) of Committee/Group Meetings since last Board meeting:	6 th March 2023
Chair of Committee/Group:	Professor Steve Field
Date of Report:	13 th March 2023

<p>ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee</p>	<p>Steering Group Future Chair Arrangements</p> <p>Prof Field advised that Prof Toner as vice chair of the Joint Committee Steering Group would lead as chair until a replacement was in post.</p> <p>Digital Group</p> <p>Following a discussion about how digital could be used to address innovation, improvement, productivity, and people. It was suggested that a future meeting would be convened with an invite to additional colleagues to explore the potential opportunities.</p>
<p>ADVISE Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought</p>	<p>Improvement, Innovation and Research (IIR)</p> <p>It was reported that The University of Wolverhampton had recently approved the appointment of a Professor of Nursing and that Birmingham City University had approved the appointment of a Professor of Midwifery.</p> <p>It was also confirmed that WHT and RWT had further collaborations planned with higher education institutions.</p> <p>People Group</p> <p>The first meeting of the People Group as a joint meeting for WHT and RWT was scheduled for Friday 10 March 2023 and an update would be provided at the next Joint Committee SG.</p> <p>Digital Group</p> <p>The Digital Group had met and agreed their terms of reference as well as an outline work plan for 2023.</p> <p>It was reported that Phase One was to define the requirements and undertake a physical audit of infrastructure, hardware, and software. Further phases included the design of the network to meet requirement</p>

	<p>definition and the new network configurations and the development of implementation plans.</p> <p>Integration Plan</p> <p>It was reported that there was now one Quality Improvement and one Planning Team across WHT and RWT. The teams were working with both Trusts to establish a structured process to identify the most suitable and relevant services where there was the biggest clinical sustainability issues. The Group was informed that work would begin implementing the improvement plan across medicines management and pharmacy. A process has also been agreed to determine what services were next, the reasons why and the evidence of how they had been scored.</p> <p>It was noted that work on this process had begun in 2022 during which time every director had been interviewed and the Trusts had used data, the Board Assurance Framework (BAF) and Risk Register perspective to establish a view.</p>
<p>ASSURE Positive assurances & highlights of note for the Board/Committee</p>	<p>Strategy Implementation</p> <p>Work has commenced to coordinate and align the strategy reporting through the subcommittee structure and the reporting of reports through the subcommittee arrangements.</p> <p>Work is also underway to underpin each individual objective with specific links to the 4 C's and 17 strategic objectives.</p> <p>Integration Plan</p> <p>The group was notified that the integration plan work would align with the governance document issued by NHS England in 2022 and any service change suggested or recommended would go through the service change process.</p>
<p>Links to Strategic Objectives</p>	<p>Excel in the delivery of Care</p> <ul style="list-style-type: none"> a) Embed a culture of learning and continuous improvement b) We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
	<p>Support our Colleagues</p> <ul style="list-style-type: none"> a) Be in the top quartile for vacancy levels b) Improve overall staff engagement
	<p>Improve the Healthcare of our Communities</p> <ul style="list-style-type: none"> a) Reduction in the carbon footprint of clinical services by 1 April 2025
	<p>Effective Collaboration</p> <ul style="list-style-type: none"> a) Improve population health outcomes through provider collaborative b) Improve clinical service sustainability c) Implement technological solutions that improve patient experience d) Progress joint working across Wolverhampton and Walsall

	e) Facilitate research that improves the quality of care
Recommendation(s) to the Board/Committee	<ul style="list-style-type: none"> To note the report
Changes to BAF Risk(s) & TRR Risk(s) agreed	<ul style="list-style-type: none"> None as a result of this report
ACTIONS Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)	<ul style="list-style-type: none"> The development of the integration plan will be monitored through the Executive led Integration and Collaboration Group and reviewed by the Joint Steering Group.
ACTIVITY SUMMARY Presentations/Reports of note received including those Approved	<ul style="list-style-type: none"> Revised Terms of Reference Progress Update on the QI Development Plan
ACTIVITY SUMMARY Major agenda items discussed including those Approved	<ul style="list-style-type: none"> None
Matters presented for information or noting	<ul style="list-style-type: none"> People Group Update
Self-evaluation/ Terms of Reference/ Future Work Plan	<ul style="list-style-type: none"> This is the first report of the Joint Steering Group Further evaluation of the role of the group is planned for September 2023
Items for Reference Pack	<ul style="list-style-type: none"> None

Trust Board Committee Chairs Assurance Report

Name of Committee:	Charitable Funds Committee
Date(s) of Committee Meetings since last Board	15 th March 2023 (Virtual Meeting)
Chair of Committee:	Sue Rawlings
Date of Report:	24 th March 2023

ALERT Matters of concerns, gaps in assurance or key risks to escalate to the Board	None
ADVISE Area's that continue to be reported on and/or where some assurance has been noted/further assurance sought	
ASSURE Positive assurances & highlights of note for the Board	<ul style="list-style-type: none"> • Report of the Charity Manager (see below) • Report of the Charity Finance Team (see below)
Recommendation(s) to the Board	None
Changes to BAF Risk(s) & TRR Risk(s) agreed	None
ACTIONS Significant follow up action commissioned (including discussions)	None
ACTIVITY SUMMARY Presentations/Reports of note received including those Approved	<u>Charity Development Manager's Report</u> <ul style="list-style-type: none"> • Christmas was successful for the Charity and Trust – Christmas Fair well attended, much business support with gifts in kind, raised £290 from Tree of Light. Biscuits delivered to all departments for staff.

- Winter Wellness Support went live 5/12/22 at Staff Wellbeing Hub.
- Foodbank opened 3/3/23 – so far 1,260 staff have received breakfast, 968 staff have accessed the foodbank.
- Considering a clothes bank.
- Charity team shortlisted for a Royal Award for the Staff Wellbeing Hub.
- HOPE programme team, has been recruited and due to start early April.
- Neonatal maternity Garden – received £12,650 donations to date – looking to access grant funding to maximise project development.
- Paediatric Sensory Room was officially opened 23/1/23 – the last tranche of funding from The 5/344 Transport and General Workers Union Benevolent Charity (donated £20,000 to this project, and over £500,000 over the last few years).
- Songbirds in Harmony have selected our charity as its Charity of the Year – so far £4,240.37 has been donated.
- Singing Medicine project - launched an appeal to extend.
- Charity KPIs largely achieved/overachieved, with the exception of Unity Lottery member numbers and New followers on Social Media

Charity Finance Team Report

- Value of investments at 31st December 2022 £2,410k
- 9 months ending 31 December 2022 – income £727k, Expenditure £760k, reserves £2,999k

Business Cases

- Recommencing Chemotherapy Service at CCH - £15,980 for 4 Therapy chairs - approved

Other items

- Annual Finance and Administration recharges and Fundraising recharges approved for 2023/24. Need to consider additional cost for Communications Team support.
- Annual spend plans update – only a few Fund Managers responded. Will need to consider de-designating funds if not forthcoming.

Self-evaluation/ Terms of Reference/ Future Work Plan	Workplan reviewed and approved
Items for Reference Pack	

Minutes of the Performance & Finance Committee

Date	Wednesday 25 th January 2023
Venue	via MSTeams
Time	08.30am

Present:	
John Dunn	Non-Executive Director (Chair)
Lisa Cowley	Non-Executive Director
Gwen Nuttall	Chief Operating Officer (Part Attendance)
Simon Evans	Group Chief Strategy Officer
Martin Levermore	Non-Executive Director
Kevin Stringer	Group Chief Finance Officer & Deputy Chief Executive

In Attendance:	
Tim Shayes	Deputy Chief Strategy Officer – Planning, Performance & Contracting (Part Attendance)
Dean Gritton	Group Manager, Oncology, Haematology, Radiotherapy and Palliative Care
Adam Race	Deputy Director of Human Resources and Organisational Development
Keith Wilshere	Trust Secretary
James Green	Interim Chief Finance Officer
Mark Greene	Deputy Chief Finance Officer
Nathan Joy-Johnson	Director of Procurement (Guest Speaker)
Stew Watson	Director of Estates Development (Part Attendance)
Claire Richards	EPA to Chief Strategy Officer (Minutes)

001/2023	Apologies for Absence Apologies were received from A Duffell. J Dunn asked the Committee to focus on a forward look at performance, recovery and the 2023/24 financial implications going forwards.	
002/2023	Declarations of Interest There were no declarations of interest.	
003/2023	Minutes of Meeting Held on 23rd November and 24th November 2022 The minutes of the meeting from 23 rd November and 24 th November 2022 were agreed. The meeting due to take place on 21 st December was stood down due to winter pressures.	
004/2024	Action Points from the Previous Meetings	
004.01	<u>985 Financial Trust Board Paper</u> – J Green confirmed that the updated paper was submitted, this action is now closed. Action closed.	
004.02	<u>986 Winter Plan Monitor/Control System</u> – An updated chart on several performance metrics have been included in the winter pack, which includes ambulance handover and criteria to reside patients. Action closed.	
004.03	<u>987 Elective Care Recovery Report</u> – The report has been updated to include further forecasting information. Action closed.	

004.04	<p><u>988 Primary Care Agency Costs</u> – L Cowley queried Primary Care agency costs and asked how it was comparable to privately operated practice and if there was any comparable data. Update: G Nuttall updated stating that it is unlikely that the Trust will be able to source this information, however, it is being further investigated and an update will be provided at the February meeting. The action will be carried forward to 15/02/23.</p>	G Nuttall
004.05	<p><u>989 SFI Threshold TB Report</u> – The report was submitted to Trust Board with delegated authority to Audit Committee. Action closed.</p>	
004.06	<p><u>990 Better Payment Practice Action</u> – L Cowley queried if the Trust had received any complaints regarding payment dates and if a risk analysis had been completed regarding any payments which could pose a risk to a Service. M Greene stated that there was nothing material to note at the present time. K Stringer asked that the team be challenged to ensure the 95% target is met. The action was updated, M Greene confirmed that the team are working hard to try to achieve the 95% target. Action closed.</p>	
004.07	<p><u>993 Medical Locum Temporary Staffing Contract (REAF 261)</u> – K Stringer has liaised with the Procurement Department and every effort will be made to ensure that business cases are submitted to the Committee in advance of renewal times in future. Action closed.</p>	
004.08	<p><u>994 Interpretation Service Charges</u> – K Stringer has confirmed that the Trust will explore alternative options to off-set some of the charges on renewal. Action closed.</p>	
004.09	<p><u>995 Wrekin House Re-development</u> – S Watson confirmed that a supporting document was added to the Trust Board to include the additional information requested by the Committee. Action closed.</p>	
005/2023	<p>Performance</p>	
005.01.	<p><u>Elective Recovery Programme</u> – T Shayes presented the highlights from the report. The new planning guidance has been released for next financial year. The Trust plans to deliver against the guidance will be reflected in the February report.</p> <p>T Shayes stated that the focus for the remainder of this year for elective patients is on reducing the number of long wait patients this year, which applies to 78 week cohort. The Trust still has 400 patients in 3 specific specialities (Gynaecology, General Surgery and Urology) where the Trust does not have a plan to clear them by the end of the financial year. T Shayes stated that this was reflected across the Black Country and that all providers are forecasting breaches of varying degrees. T Shayes informed the Committee that next year’s focus will be on the 65 week plus cohort.</p> <p>J Dunn summarised that the overall pipeline is increasing, the age of patient referrals within the pipeline is starting to move towards 52 and beyond and there will be an increase in patients in the pipeline between 52 weeks and 76 weeks. The Trust’s capacity is limited and could be further limited due to the impending Industrial Action or reluctance to undertake waiting list initiatives so the Trust’s position will deteriorate.</p> <p>J Dunn’s summary for Trust Board:</p> <ul style="list-style-type: none"> • The elective recovery programme will be more difficult next year due to the pipeline increasing and getting older, with increased pressure on the new 65 day target. • The Trust has 3 hot spots within the following specialisms: Gynaecology, General Surgery and Urology. <p>G Nuttall stated that the forecast was that performance would deteriorate nationally for 2 years before performance started to recover globally following covid. G Nuttall stated that the metrics are being increased nationally and that they will be reflected in the report from February onwards.</p>	T Shayes

	<p>J Dunn asked for a 3-month and 6-month projection for performance within the next meeting pack.</p> <p>L Cowley asked if it would be possible to include month on month comparisons from previous years within the report going forwards. T Shayes agreed that this will be included from February onwards.</p> <p>L Cowley queried if it would be possible to identify the percentage of the waiting list which would be negatively impacted by diagnostic delays and the narrative. T Shayes stated that the detail will be included in next month's pack.</p> <p>M Levermore queried how much of an impact DNAs was having on the waiting list. T Shayes and G Nuttall stated that DNAs were not having an impact as the DNA rate has not materially changed from pre and post covid. G Nuttall also stated that clinics are also overbooked to take into account a percentage of DNAs and that the Trust has introduced measures to reduce DNAs such as text messaging.</p> <p>J Dunn queried if there is a plan to augment capacity to meet the plans for next financial year. G Nuttall stated the Executive Directors are yet to have the sign-off meeting to look at capacity for next year and that there will be a mixed approach to augmenting capacity and also providing and seeking mutual support. G Nuttall stated that the use of Independent Sector is being promoted but that there will be a cost factor surrounding this and that a National Mutual Aid Scheme is also in place.</p> <p>J Dunn asked that extra time be allocated to discuss the operating plan for 2023/24 at the next meeting. Update: The workplan has been updated to reflect the need for this report. Action closed.</p>	<p>T Shayes</p> <p>T Shayes</p> <p>T Shayes</p>
005.02	<p><u>RWT Winter Plan – Current Situation/KPIs/Forward Projection</u> – J Dunn thanked everyone for their hard work during winter pressures.</p> <p>G Nuttall informed the Committee that changes/improvements would be highlighted red going forwards. G Nuttall informed the Committee that the Trust has been experiencing increasing challenges within the Emergency Department relating to Ambulance handovers and the increasing number of patients waiting over 12 hours for beds. Financial details have been included within the report for information. G Nuttall referred to page 5 of the report which displayed a snapshot from an ambulance report which showed the January 2023 position for all Trusts and on 1st January the Trust had 62 patients waiting over 1 hour and the Trust had 110 ambulances on New Year's day. Discussions regarding impact to patients were taking place at the Quality Governance Audit Committee and investigations were taking place. G Nuttall informed the Committee from 5th January there had been a downward trend in ambulance delays. G Nuttall stated that this is felt to be an accumulation of a number of factors; the reduction in public calling 999 following ambulance strikes and recent media attention, the introduction of the Push Model at the Hospital, an improvement with pathway 1 patients in Wolverhampton as the City of Wolverhampton have commissioned further domiciliary care support as part of their discharge funding, a reduction in flu cases post-Christmas so length of stay has reduced. G Nuttall also stated that there has also been a number of internal actions the Trust has taken to change the Consultant focus, the Trust stood down Consultants supporting professional activities which has increased availability throughout the day. G Nuttall stated that a series of actions have been RAG rated in terms of delivery so that the impact of the schemes can be monitored internally and via the Wolverhampton Urgent Care Place Committee to try to identify which changes have had the most positive impact.</p> <p>J Dunn summarised stating that the Trust has experienced exceptional pressures and has exited the Christmas and New Year period in a stronger position. J Dunn stated that issues remain in terms of fluctuating volumes but that the number of patients have increased on</p>	

	<p>foot versus arriving in ambulance. Further work needs to be done on flow with a medically stable fit list and that the Trust is working with the City of Wolverhampton with that.</p> <p>J Dunn’s summary for Trust Board:</p> <ul style="list-style-type: none"> To advise the Board that the Trust has experienced a difficult and testing time over the Christmas and New Year period. The team reacted well and have exited the New Year in a stronger position. <p>L Cowley stated that the summary table was useful at the end of the paper with the RAG rating but asked for a progress column to be added going forwards.</p> <p>L Cowley raised a query regarding the timings of the movement of patients to the discharge lounge. L Cowley declared a conflict of interest as in her work capacity there has been an issue with unsafe discharges from New Cross over that particular period. G Nuttall confirmed that there were some perennial challenges and that some discharges were appropriate as they were in the best interests of the patient. G Nuttall stated that she would check the figures to ensure that no deaths had been recorded within the total. G Nuttall suggested further discussion at Trust Board as Debra Hickman (Director of Nursing) reviews the complaints surrounding this. Action: G Nuttall and L Cowley to raise at Trust Board.</p> <p>G Nuttall stated that £200m has been allocated nationally to further focus on discharge from hospital beds. G Nuttall informed the Committee that Wolverhampton has been allocated £1m to spend on discharging patients from acute hospitals. A summit was held with the Local Authority and key members of the Trust and it was well attended. Two schemes will be introduced to ensure an additional 20 beds are made available. G Nuttall stressed that the funding is non-recurring and only available until the end of March. The additional 20 beds will be online from w/c 30th January, one will be at Bentley Court and the other will be at Newlin House and linking in with the Virtual Ward.</p> <p>J Dunn’s summary for Trust Board:</p> <ul style="list-style-type: none"> To ask G Nuttall to advise the Board of the current position at the next meeting. 	<p>G Nuttall</p> <p>G Nuttall/ L Cowley</p>
005.03	<p><u>National & Contractual Standards (IQPR Extract)</u> – S Evans informed the Committee that a development session has been arranged to take place on 30th January 2023 to discuss the development of the IQPR and that the process going forwards is to discuss the ‘hot issues’ and how they’re assessed during in an holistic fashion so that there is a rounded view of the bigger issues which will dominate discussions around IQPR. The data will also be provided for information purposes.</p> <p>L Cowley queried if the integrated health and sexual health appointments against the block contract were discussed during the Quality Meeting or if there was an issue with the number of referrals. G Nuttall informed L Cowley that the information is discussed quarterly and that the referrals to the Sexual Health Team are self-referrals and walk in appointments. T Shayes informed the Committee that the Trust have been approached by Shropshire Community to help deliver a joint Sexual Health Service in Shropshire. T Shayes stated that the service is accessible via the internet and the activity figures are not a true reflection and that the activity may need to be recorded differently.</p> <p>M Greene informed the Committee that he would be replicating the IQPR format for the financial information he will be adding to the report. J Dunn also stated that a meeting has been scheduled to discuss IQPR development.</p>	<p>M Greene</p>
006/2023	Financial Performance for Period	
006.01.01	<p><u>Monthly Financial Report</u> – K Stringer provided an overview. The Trust is reporting an in month adjusted surplus of £1.8m, this is £0.2m favourable to plan. The year-to-date deficit of £7.5m is £3.9m adverse to plan. The Trust has enacted its recovery plan and is forecasting break-even but is reliant on system performance and support through the risk</p>	

share arrangements. K Stringer informed the Committee that the West Midlands Ambulance Service (WMAS) are challenging the annual leave agreement and that discussions are taking place to work through this at the present time.

J Dunn’s summary for Trust Board:

- The Trust is going to achieve a break-even position this financial year which has been facilitated by the release of provisions within the balance sheet and funding that has been made available via the Integrated Care Board (ICB) to also ensure the ICB meets the break-even target which is non-recurrent.
- There is a risk to achieving this if WMAS do not agree their position, this is currently being discussed and monitored.
- The Board are to be alerted that the Trust will exit the financial year at a higher exit run rate than it should be which will add financial pressure to the 2023/24 plan. J Dunn has suggested that Trust Board look into this in more detail during the Private Board session.
- The Trust is exiting the financial year with a £7m adverse CIP.

K Stringer confirmed that he will be informing Trust Board of the financial position and the impact of the break-even position which will result in significantly less financial flexibility next financial year.

M Greene informed the Committee that the Trust has achieved the 95% Better Payment Practice Code value this month, 91% volume.

006.01.02 **Trust Income & Expenditure Position (within the report) –**

	In Month Actual	YTD
	£'m	£'m
Income		
Block Payment	54.88	505.23
Other Income	16.63	125.51
Top-up Payment	0.35	3.37
Total	71.87	634.11
Expenditure	70.03	641.60
Surplus/(Deficit)	1.84	(7.49)
Planned Surplus/(Deficit)	1.67	(3.62)
Variance to Plan	0.17	(3.87)

006.01.03 Covid 19 Expenditure – In month 9 there was a total of £565k expenditure relating to Covid-19.

006.01.04 Cash – The cash balance as at 31st December 2022 was £74.8m, an £8.6m decrease on the previous month and an increase of £26.3m on financial plan.

006.02 Financial Recovery Group Update – J Dunn stated that the plan was adverse by £7m and that following receipt of the planning information there will be an increased focus on CIP delivery next financial year. J Dunn expressed concerns that a CIP plan is not yet in place for next financial year.

G Nuttall asked D Gritton to provide an update on the Model Hospital work that is taking place across the Trust. D Gritton stated that the Model Hospital work will operate in line with the traditional CIP requirements. Meetings have commenced with the Divisions and Directorates and timescales have been finalised for the workstreams. D Gritton informed the Committee that this has helped to identify a number of themes which have arisen across the Directorates i.e. DNAs, Re-admission rates, Length of Stay etc which are common across all Divisions. As the schemes are identified work is taking place with the Finance Department to put a value against them.

<p>006.02.01</p> <p>006.02.02</p>	<p>J Dunn queried if the CIP plans would be delivered during Quarter 1 or Quarter 2/3. G Nuttall stated that there are some early potential opportunities but that the delivery will be back loaded to Quarter 2 and 3 as per previous years.</p> <p>J Dunn’s summary for Trust Board:</p> <ul style="list-style-type: none"> Alert that the Trust is working through the model hospital and other comparators to see what improvements can be made to the plan and that it will be back loaded to deliver over Quarters 2 and 3. <p>J Dunn asked G Nuttall to formulate costs for the schemes likely to delivery during Quarter 1 of next financial year.</p> <p>M Greene stated that £4m CIP has been identified for next financial year.</p> <p>G Nuttall stated that the impact of strike action is likely to result in a reduction in activities to ensure the smooth running of the Emergency Department. Discussions have been taking place with Consultants about Waiting List Initiatives but there has been a reduction in clinicians coming forward to undertake them. G Nuttall stated that there was a need to be mindful of the potential upcoming risks and mitigations.</p> <p>L Cowley queried why the operational costs were missing following the approval of the removal of the 3D scanner. K Stringer clarified that a discussion had taken place at Financial Recovery Group before the decision had been made. G Nuttall also confirmed that the costs amounted to £4k and that this would be noted going forwards.</p> <p>M Levermore queried the likelihood of CIP meeting the target during months 10 – 12. J Dunn stated that it was unlikely to achieve target which would add further pressures to the financial challenges during 2023/24.</p> <p><u>2022/23</u> – The 2022/23 CIP Target is £19.1m. £832,466 has been delivered in month 9 which sees an achievement of 39% of the monthly target. This equates to 81% of the year-to-date phased target, and 54% against the full year delivery target.</p> <p><u>2023/24</u> – Work is in progress to identify opportunities for 2023/24 financial year and an update will be available for February 2023.</p>	<p>G Nuttall</p>
<p>006.03</p>	<p>Update on Year-End Financial Delivery Plan & 23/24 Planning Update – J Green presented the report, providing the Committee with an update on system resources for 2023/24 with a combined total of system resources totalling £2.287m the underlying financial position, planning assumptions for 2023/24, financial challenges and the planning timetable.</p> <p>J Green clarified that whilst the headline growth for 2023/24 is 4.29% there are some significant differences in the following areas:</p> <p>Covid – The System resource in 2022/23 was £63.5m, whereas in 2023/24 those resources have reduced to £9.3m. A reduction of £54.2m.</p> <p>Elective Recovery Fund (ERF) – The System resource in 2022/23 was £40.7m whereas in 2023/24 those resources are increased to £54.4m. An increase of £13.7m. Across these two areas the System will receive £40.5m less resource in 2023/24 compared to 2022/23. Therefore, once this is discounted from the overall 4.29% (£91m) headline growth increase the real terms impact is a net year on year growth of 2.38% (£50.5m). The national published inflationary pressure has been identified as 1.80% (including 1.10% efficiency target). Once this has been earmarked from the residual growth value, and an estimate made for the Mental Health Investment Standard in real terms the System will receive a net uplift of approximately £6.4m.</p>	

	<p>J Green stated that although the Trust is forecasting a break-even position during 2022/23, this is supported by a substantial level of non-recurrent support from both within and external to the organisation. During December the Finance Team undertook an exercise to determine what the underlying recurrent financial position is for the Trust, the result was a £54.7m underlying deficit and that this does not take into account cost pressures (£36m pressures and £26m development) which are expected to materialise during the next financial year which are outlined in slide 8 of the report. Confirm and Challenge Meetings are taking place across the Divisions this week before Executive Review on 27th January.</p> <p>J Dunn’s summary for Trust Board:</p> <ul style="list-style-type: none"> • K Stringer to alert Board of the financial plan and mitigations in detail. • J Dunn asked that K Wilshere request additional time on the Private Board agenda to discuss this in detail. <p>J Dunn clarified that this would require an 8% efficiency delivery. G Nuttall stated that the NHS has never delivered 8% let alone the Trust. G Nuttall queried if the regional Trusts were looking at the same savings. K Stringer confirmed that it is likely neighbouring Trusts are looking at similar challenges. K Stringer informed the Committee that he is having discussions with the Integrated Care Board regarding the escalation process as it is highly likely the Trusts will be in escalation.</p> <p>L Cowley queried if the inflationary rates on slide 7 were set nationally as they’re below estimate for inflation pressures. K Stringer stated that this was an NHS plan assumption and that the 2.1% is the assumed level of inflation will be funded in the tariff through the allocations. K Stringer stated that if the pay deal was greater than it is assumed the top up would be fully funded. L Cowley stated that this should be noted for Board as 2.1% was not felt to be a realistic figure.</p> <p>M Greene clarified that the flat cash position does include the £2m cost pressure for Clinical Negligence Scheme for Trusts (CNST) and that work is being constantly refined and bridged.</p>	
006.04	<p><u>Financial Performance Pre/Post Covid</u> – M Greene provided an update to the Committee. The estimated productivity from the additional WTEs deployed (assuming all are associated with Patient Care Income – though some will be related to divisional income, providing services to others, and support services) shows a loss circa £9m. In addition to that the average pay spend has increased by 6.6% excluding inflation, though this will be impacted by additional bank usage etc as much as skill mix/price changes. The divisional breakdown will be finalised by 27th January and shared with Divisions for sign off on 10th February.</p> <p>J Dunn noted the paper and requested a separate 1 hour session to discuss the variance, volume and complexity surrounding the calculations. G Nuttall agreed with the separate session and clarified that confirm and challenge meetings were yet to take place to confirm the final figures. M Greene to discuss the requirements of the meeting with J Dunn and to arrange a 1 hour briefing meeting with Executive Directors and NEDs.</p> <p>J Dunn’s summary for Trust Board:</p> <ul style="list-style-type: none"> • Alert to Board that the Trust will be exiting the year in a challenging financial position. 	M Greene
006.05	<p><u>Temporary Staffing Dashboard</u> – A Race provided highlights as follows:</p> <ul style="list-style-type: none"> • Recruitment continues to progress well (37 international Clinical Fellowship Programme (CFP) Nurses are due to arrive 27th January, deployment to wards will take approx. 12 weeks). Potentially the CFP is looking to recruit 150 international nurses in 2023 (awaiting confirmation). • 31 substantive HCAs are due to start over the next few months. 	

	<ul style="list-style-type: none"> • 1 international radiographer for Cath Labs and Interventional Radiology is due to start on 16th January. A further 6 radiographers have been successful at interview, with predicted start dates February 2023. • The South African Podiatry campaign is in progress working with NHS Professionals; the aim is to recruit two Podiatrists for RWT. RWT is the lead recruiter and has also listed an advert targeting international applicants for podiatry and occupational therapy roles. These adverts have closed and are now in shortlisting. • The fourth recruitment hub event is due to take place on Saturday 21st January. • Continued successful doctor appointments via the Clinical Fellowship Programme <p>The following risks were highlighted:</p> <ul style="list-style-type: none"> • International nurse recruitment – flight availability and costs remain a significant challenge, in addition to delays with visas. • Cohort 48; 10 candidates of the 34 passed OSCE, revision sessions booked for 28th and 29th December. Change in re-sits date for early February meaning they are deployed to wards as HCA Band 4 are and not qualified nurses. Nurse Education and the CFP Team are reviewing pastoral support and OSCE programme to identify any root causes. • Of the 88 newly qualified nurses who received conditional offers; we are awaiting a further 14 outcomes who are due to re-submit assignments from January through to Summer 2023 (reduced from 24), which will impact on start dates. The delay in qualifying significantly impacts on Emergency Department (ED) with 7 newly qualified out of the 14 allocated to ED. <p>A Race informed the Committee that agency costs remain an issue due to inflationary economic pressures. The Trust continues to monitor this.</p> <p>Staff retention continues to be monitoring via the People and Organisational Development Committee (PODC) and that a deep dive would be taking place this month.</p> <p>J Dunn queried if the Trust would experience risks going forwards due to the WLI's and Junior Doctor strike which will impact on capacity, performance and finance. A Race stated that there are pressures surrounding the WLI payments and that there will be some challenges as staff opt not to complete WLI's. J Dunn asked that A Race to ensure that J Hemans provide this update within the PODC Chairs Report for Trust Board.</p> <p>M Levermore queried the issues in regard to delays when processing visas. A Race stated there are some delays associated with the visa and that some delays are with applicants. It is less of an issue than during the summer months but does impact on the Clinical Fellowship Programme. A Race stated that he would look into this and report back on the impact to the Committee.</p>	A Race
007/2023	Board/Pre-Board Approval Reports	
007.01	<p><u>Blood Gas Analysers Managed Service Contract Tender Project (REAF 559)</u> – The business case recommended the award of a 7-year contract to Siemens Healthcare Diagnostics Limited under the Framework Agreement for Managed Pathology Services, managed by NHS Supply Chain – Category Tower 8. Framework reference number: 2019/S 212-519575.</p> <p>The Committee endorsed the business case to go to Trust Board for approval.</p>	
007.02	<p><u>Cardiac Balloons & Stents - Cath Labs (REAF 567)</u> – The business case was submitted detailing a tender exercise via NHS Supply Chain to enter a three-year contract with the main suppliers based on the most optimum award/scenario. K Stringer informed the Committee that as the December Meeting was stood down due to operational pressures the contract for this business case has already started (3rd January 2023).</p>	

	The Committee noted the business case to go to Trust Board for further noting.	
007.03	<p><u>Allocate Renewal</u> – A Race presented the business case to the Committee for endorsement. A Race stated that the business case is recommending an award of a 2-year contract, with the option of a one-year extension to Allocate Software via Softcat Ltd.</p> <p>The Committee endorsed the business case to go to Trust Board for approval.</p>	
008/2023	Financial Planning	
008.01	<p><u>Quarterly Supplies & Procurement Update</u> – N Joy-Johnson presented the Procurement update and highlighted the following:</p> <ul style="list-style-type: none"> • The current 2022/23 total forecast Procurement related bottom line savings position is £2,874,348, £912k above the forecast target, consisting of £723k cost reduction and £601k cost avoidance, 3.9% influenceable spend. To date 85 initiatives have been undertaken to deliver this. The focus is still on delivering the end of year position and also building the 23/24 work plans for the Trusts which will be presented to Procurement Trust Board on 27th February. • The Integrated Supplies & Procurement Department (ISPD) now consists of five organisations as part of the fully integrated model (UHNM, RWT, WHT, NSCHC and BCPS) with WHT and the BCPS were the latest organisations to formally join. • The wider procurement collaboration across the Staffordshire & Stoke-on-Trent and Black Country Integrate Care System (ICS's) has developed and strengthened collaborative procurement across the region. Midlands & Lancashire Commissioning Support Unit now have a formal annual “pay as you go” Service Level Agreement in place with the ISPD. Midlands Partnership NHS Foundation Trust (MPFT) have a similar partnership system in place with the ISPD. • N Joy-Johnson stated that the UHNM EREAF system has now been rolled out and is providing improved governance and expenditure control. • The ISPD continues to be responsible for circa 55% of the total spend in the ICS and an on-going review of the Black Country ICS Target Operating Model (TOM) is being led by the ISPD Group Director of Procurement (N Joy-Johnson) the Black Country Procurement Alliance (BCA) Procurement Director who has procurement responsibility over Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust. The TOM outlines proposals on how the ICS should be governed and structured from a procurement perspective going forward taking into account NHSE guidance and regional Chief Finance Officer (CFO) requirements. The ISPD is 77% compliant against the NHS England PTOM/ICS maturity model. • Workforce challenges remain, the situation has slightly improved since the last update, with 8 substantive vacancies remaining (5.7% of the workforce). • Supply chain resilience remains a critical issue across the NHS with the primary drivers including inflationary pressures. The increase in energy costs also continue to adversely impact all elements of the supply chain. • The ISPD continue to work with national colleagues and Jackie Rock (Chief Commercial Officer NHS) will be attending the Procurement Board Meeting on 17th February to meet with Executives. • The BCPS are delivering £1.27m across the Black Country this financial year. • The ISPD are looking to re-brand to include a geographic identity within the title. Discussions will take place at Procurement Board and colleagues will be updated on the outcome. <p>J Dunn’s summary for Trust Board:</p> <ul style="list-style-type: none"> • To advise the Board on the success that has been achieved via the ISPD. <p>J Dunn and K Stringer thanked Nathan and the ISPD Team for all their hard work. K Stringer confirmed that the E-REAF system had been launched and that the team had</p>	

	<p>dealt with training, issues and challenges during the embedding process and that the system provides greater governance and control going forwards.</p> <p>K Stringer queried what the NHS could do collectively to try to address inflation pressures. N Joy-Johnson stated that there were so many factors affecting inflation pressures but assured the Committee that ISPD are doing as much as possible to mitigate this as much as possible nationally, regionally and via collaborative partners. N Joy-Johnson stated that the biggest risk was the supply chain resilience that was taking a lot of resources to monitor and progress.</p> <p>M Levermore queried what ISPD was seeing from a regional/local base issue with the confidence of suppliers, with the concern that a number of suppliers will be exiting the market over the coming months. N Joy-Johnson stated that ISPD were working on a category-by-category basis, single source items/equipment are being carefully considered, the UK is building up as much resilience as possible with the increase of local suppliers to also help with the sustainability agenda.</p> <p>K Stringer asked if the procurement report could include an update on the inventory as planning guidance specifically highlight inventory management and stock levels as opportunities for improvement.</p>	<p>N Joy-Johnson</p>
<p>009/2022</p>	<p>Governance</p>	
<p>009.01</p> <p>009.01.01</p> <p>009.01.02</p> <p>009.01.03</p> <p>009.01.04</p>	<p><u>BAF Update</u> – K Wilshere provided an update with the new template and that the new strategic objectives have been included. The Committee discussed the following risks and accepted the proposed changes:</p> <p><u>Ref: SR15</u> – Strategic risk: If the future funding flows for the Trust are insufficient to fund the levels of service and activity undertaken then the Trust will be in an increasing underlying deficit position resulting in significant financial challenge to viability with system pressures, external inspection, and potential adverse reputational impact. Review outcome: The ICB have confirmed the financial package to achieve a breakeven forecast at year end. The measures taken to achieve the above rely on non-recurrent sources. Planning for 23/24 suggests a significant challenge to delivering a balanced plan given the level of resources likely (now) for 23/24. The size of the gap is determined as part of the planning for submission by the end of February 23. The recommendation is that the score remains at 20.</p> <p><u>Ref: SR16</u> – Strategic risk: If the Trust is unable to recover or exceed previous (pre-Covid-19) activity by at least 10% compared with pre-Covid-19 levels, then Trust waiting times for diagnostics and treatments will increase resulting in potential harm to patients due to delays in diagnosis or treatment for all conditions delays, in treatment may mean that conditions are harder to treat, require more invasive treatments or which result in long-term harm leading to reputational damage to the Trust. Review outcome: Since the last review the Trust has experienced a period of extreme pressures. G Nuttall confirmed that actions are ongoing and that the recommendation is to maintain the current scoring.</p> <p><u>Ref: SR18</u> – Strategic risk: If the Trust suffers a successful cyber-attack via any one of a number of access points and vulnerabilities, then there is the potential denial of access (Ransomware) and/or compromise of data (copying/data breach) resulting in a data breach, denial of access to critical systems and impact on access to patient information and clinical care systems with consequential denial of care, potential harm and/or delay in patient care with reputational loss, financial risk of fines from the Data Commissioner. Review outcome: The initial risk review indicates that 15 is the appropriate level.</p> <p><u>Future Risks</u> – The following list will continue to be held as a watching risk (carried forward from previous meeting). The emerging Wolverhampton ICP/Place collaboration formation</p>	

009.01.05	<p>may need to also be considered either as part of this emerging risk or as a separate risk by the Performance & Finance Committee Meeting, including better knowledge of the legislative changes when confirmed. Review outcome: To continue to keep this as a watching brief.</p> <p><u>Other Additional Risks</u> – No further risks were noted.</p>	
009.02	<p><u>Performance & Finance Committee Self-Assessment Review</u> – J Dunn informed the Committee that the Self-Assessment Review has been completed and thanked everyone for their participation. J Dunn stated that the results following the survey were mostly green, with a few areas that required continuous improvement.</p> <p>A discussion took place regarding agenda setting and it was felt that there was a need to review the work plan to ensure adequate time was allowed for debate.</p> <p>J Dunn requested that all papers be submitted by the Friday noon deadline where possible.</p> <p>The Committee requested additional time for meeting reflection at the end of each meeting. J Dunn acknowledged it was an agenda item and that he would endeavour to ensure this is discussed going forwards.</p> <p>A meeting is taking place with J Dunn, K Wilshere and C Richards on 26th January 2023 to discuss the yearly work plan.</p> <p>K Wilshere stated that there is an emphasis within the new Code of Governance that Committees undertake regular self-assessments so the Committee can be assured that the self-assessment has been completed.</p>	
010/2023	Reports to Note	
010.01	<u>NHSI Monthly Return</u> – The return was noted.	
010.02	<u>Annual Work Plan</u> – The work plan was noted.	
010.03	<u>Supplementary Finance Report</u> – The report was noted.	
010.04	<u>Capital Plan Report</u> – The report was noted.	
010.05	<u>Contracting & Business Development Update</u> – The report was noted.	
010.06	<u>High Value Contract Report</u> – The report was noted.	
010.07	<p><u>Sustainability Report</u> – S Evans informed the Committee that the Trust is receiving a lot of national interest regarding Sustainability. The Trust has been the Judge at the HSJ Awards, Digital Awards and have been asked to speak at a number of Conferences and that it was important to acknowledge that.</p> <p>J Dunn’s summary for Trust Board:</p> <ul style="list-style-type: none"> To advise the Board on the national interest surrounding the Trust’s Sustainability progress. <p>The report was noted.</p>	
010.08	<u>Public Sector Decarbonisation Scheme Update</u> – S Watson informed the Committee that the outcome of the most recent bid for the ICS wide sustainability programme would be available on Friday 27 th January. The report was noted.	

010.09	<u>Summary of Planning Guidance</u> – The report was noted.	
011/2023	Any Other Business/Meeting Reflection	
011.01	<u>Any Other Business</u> – No further business was discussed.	
011.02	<u>Meeting Reflection/Chairs Report</u> – The items to be included within the Chairs Report are highlighted within the minutes.	
011.02.01	S Evans stated that despite the heavy agenda the pace of the meeting was good as discussion was taken around the key points.	
011.02.02	M Levermore stated that it is useful to have a quick summary from a strategic point where the Committee fits in with the overall strategy so that the Committee focus on the strategic elements that are important. M Levermore asked if the reports could be condensed to provide succinct summaries to assist with the pre-reading prior to meetings. K Wilshere stated that this is constantly reviewed but that there was a need to balance those requesting summaries/against the requests for additional information. It is important to have a good mix of information which is provided for those who are requesting the detail and summaries which are in place for headline detail.	
011.02.03	T Shayes stated that the Sub-Committees are being clearly linked to strategic aims and work is underway to make this clearer within the agendas and Chairs Report.	
011.02.04	K Stringer agreed that the meeting was at a good pace and appreciated the summaries for Trust Board. K Stringer stated that there is going to be a need to ensure the Committee focus on the key issues that need to be discussed, challenges highlighted and reported over the coming 12 months.	
011.03	<u>Meeting Reflection/CEO Highlights</u> – The Committee asked that the following items be raised for the attention of the CEO to be discussed at the CEO/NED Meeting. <ul style="list-style-type: none"> • J Dunn requested an update on discussions with colleagues at Wolverhampton regarding the improvements for medically fit and fit for discharge. 	
012/2023	Date and Time of Next Meeting	
	The next meeting is scheduled to take place on 22nd February at 8.30am via MSTeams. Please ensure that all reports are emailed to Claire Richards by 12noon on Friday 17th February.	

Minutes of the Performance & Finance Committee

Date	Wednesday 22 nd February 2023
Venue	via MSTeams
Time	08.30am

Present:	
Lisa Cowley	Non-Executive Director (Chair)
Gwen Nuttall	Chief Operating Officer
Martin Levermore	Non-Executive Director
Kevin Stringer	Group Chief Finance Officer & Deputy Chief Executive
Alan Duffell	Group Chief People Officer

In Attendance:	
Dean Gritton	Group Manager, Oncology, Haematology, Radiotherapy and Palliative Care
Keith Wilshere	Trust Secretary
James Green	Interim Chief Finance Officer
Claire Richards	Executive PA to Group Chief Strategy Officer (Minutes)

013/2023	Apologies for Absence Apologies were received from John Dunn, Simon Evans, Tim Shayes, Adam Race and Mark Greene.	
014/2023	Declarations of Interest There were no declarations of interest.	
015/2023	Minutes of Meeting Held on 25th January 2023 The minutes of the meeting from 25 th January 2023 were agreed.	
016/2024	Action Points from the Previous Meetings	
016.01	<u>988 Primary Care Agency Costs</u> – L Cowley queried Primary Care agency costs and asked how it was comparable to privately operated practice and if there was any comparable data. A Race provided an update on the action log stating that he had explored the issue with ICB and DIHC colleagues and discussed with Sian Thomas. Primary Care workforce data is not robust nationally and there is no accessible comparable data set. Action closed.	
016.02	<u>1059 National Performance Metrics</u> – The new targets are introduced from April 2023. Performance against the new targets will be included in the Elective Recovery Pack and IQPR as applicable. Initial sight of the targets was included in the 'Summary of Planning Guidance' paper to January's Performance & Finance Committee meeting. Action closed.	
016.03	<u>1060 3 Month & 6 Month Projection Plan</u> – G Nuttall stated that the trajectories for the 2023/24 financial year have gone to the ICB for approval and will be included in the Elective Recovery Report from March onwards. Action closed.	
016.04	<u>1061 Month on Month Comparisons</u> – T Shayes updated the action stating that month on month comparisons will be included in the pack from February 2023. Action closed.	

016.05	<u>1062 Percentage on Waiting List Negatively Impacted by Diagnostic Delays</u> – L Cowley had previously queried if it would be possible to identify the percentage of the waiting list which would be negatively impacted by diagnostic delays and the narrative. T Shayes emailed the detail requested to L Cowley. Action closed.	
016.06	<u>1063 Winter Plan – Progress Column</u> – L Cowley asked for a progress column to be added to the Winter Plan. G Nuttall confirmed that a progress column will be added to the Winter Plan from March onwards. G Nuttall informed the Committee that she will a copy of the revised plan. Action closed.	
016.07	<u>1064 Movement of Patients (Timing)</u> – L Cowley provided an update on the action stating that actions are taking place to reduce the times that patients are being discharged during unsocial hours. L Cowley queried if deaths were included within the reporting figure. G Nuttall stated that deaths are counted as a discharge but that this figure can be extracted from the information and made available. G Nuttall informed the Committee that IT are working on extracting the discharge information excluding deaths so that the information can be displayed within the report. G Nuttall stated that she would liaise with L Cowley regarding the information before it is included within the report. Action carried forward to 22/3/23.	G Nuttall/ L Cowley
016.08	<u>1065 IQPR Financial Information</u> – M Greene informed the Committee that he would be replicating the IQPR format for the financial information he will be adding to the report. M Greene has arranged a meeting with J Dunn to discuss. Action carried forward to 22/3/23.	M Greene
016.09	<u>1066 Financial Recovery Group (FRG) Q1 Schemes</u> – G Nuttall updated the action stating that the forecast CIP for 23/24, phased by month will be included in the Service Efficiency Report presented to the Committee this month. Action closed.	
016.10	<u>1067 Financial Briefing (EDs and NEDs)</u> – J Dunn noted the paper and requested a separate 1 hour session to discuss the variance, volume and complexity surrounding the calculations. M Greene to discuss the requirements of the meeting with J Dunn and to arrange a 1 hour briefing meeting with Executive Directors and NEDs. Action carried forward to 22/3/23.	M Greene
016.11	<u>1068 Visa Delay Update</u> – M Levermore queried the issues in regard to delays when processing visas. A Race provided an update via the action log. Visa (Certificates of Sponsorship) Applications had typically been taking 2 - 3 weeks prior to COVID and more recently the prioritisation of applications for people coming to the UK from Ukraine. Following the reprioritisation of the UK Visa and Immigration Service work to prioritise applications from the Ukraine, significant delays were experienced with skilled worker visa applications processes. The delays are now reducing with visas taking around 4 - 5 weeks. Action closed.	
016.12	<u>Inventory Update (Procurement Report)</u> – N Joy-Johnson updated the action stating that an inventory update will be included within the quarterly report going forwards. Action closed.	
017/2023	Performance	
017.01	<u>Elective Recovery Programme</u> – G Nuttall provided an update and highlighted the following areas: Advise: The Trust achieved the ERF target (on a clock stop basis) in month, achieving 111.6%. The Trust's waiting list continues to grow although the rate of growth has slowed in the last four months.	

	<p>Alert: The achievement of the 78 week target for the end of March remains at risk with around 50 patients without a plan. The Trust will not achieve its target to reduce its 62 day backlog to 140. This is primarily as a result of increased referrals. G Nuttall stated that the Trust has been reliant on mutual aid which is no longer available as the external company due to provide assistance is unable to treat the patients for RWT and Sandwell & West Birmingham due to the complexity of the patients.</p> <p>G Nuttall also highlight the loss of some additional theatre sessions which were previously undertaken by Consultants via the Waiting List Initiative (WLI) Policy. G Nuttall stated that the sessions had reduced since November following the introduction of the BMA rate card. The Trust does not pay the rate recommended on the BMA rate card. G Nuttall stated that this was a national issue. A Duffell also confirmed that all 4 Acute Trusts within the local area had also refused the BMA rate card.</p> <p>Assure: The Trust's draft planning trajectories for 2023/24 have been submitted and were included within the report pack. Further discussions are ongoing within the ICB before they're submitted to NHS England on 23rd February. NHS England have tiered providers according to their perceived risk –Tier 1 being the highest risk and Tier 3 the lowest. RWT remains within Tier 3.</p> <p>G Nuttall informed the Committee that she had discussed the report with J Dunn and that going forwards it will become a prospective paper.</p> <p>L Cowley expressed concerns that Outpatient transformation was struggling and that there was no clinical lead in place. L Cowley requested a detailed review and queried what recruitment would be taking place. Discussions would take place during the Financial Recovery Group section.</p> <p>L Cowley had previously queried if delays were significantly impacting on waiting lists and fed back that following discussion with G Nuttall and T Shayes they did feel that there was an impact but that there were also other factors. G Nuttall confirmed that additional theatres in Cannock will be online in August.</p> <p>L Cowley stated that cancer trajectories are struggling and that conversations had taken place at QGAC regarding risk factors and queried if this had been anticipated for 2023/24. G Nuttall confirmed that the national forecast for 23/24 is that the number of patients waiting over 62 weeks will increase despite all of the additional activity. G Nuttall informed the Committee that the Trust currently has over 150 patients waiting over 62 days.</p> <p>G Nuttall informed the Committee that the Trust has appointed Mr Nick Grew as the Trust Cancer Lead and that he will start his new role from 1/3/23.</p>	
017.02	<p><u>National & Contractual Standards (IQPR Extract)</u> – G Nuttall confirmed that the cancelled operations in January had been due to sickness.</p> <p>G Nuttall provided an update on the Emergency Department stating that the first 5 days in January were the worst that the organisation and the Black Country had seen. G Nuttall highlighted that the issues had been reported by the media and that it was felt the high level of activity was due to high levels of flu and covid, high acuity and lack of beds, including a high number of patients who didn't meet the criteria to reside for discharge. The Trust had escalated to "critical incident mode" and implemented a series of measures to address this. The measures also included close monitoring of the discharge procedure and the implementation of a push model, which provided significant improvement to the length of time patients were waiting in the Emergency Department. An additional 14 beds from the Winter Scheme has helped to provide significant improvement in January and that they will be in place until the end of March.</p> <p>M Levermore queried if there was anything that was likely to make performance revert back to early January levels. G Nuttall stated that the additional beds would close at the</p>	

	<p>end of March but highlighted that additional funding is being allocated to the ICB nationally for distribution via BCF. G Nuttall stressed the importance of ensuring that the Trust obtained some funding to assist with discharge and to ensure that it is allocated wisely.</p> <p>G Nuttall stated that ambulance handover had greatly improved from 23% waiting over 60 minutes in December to 6.7% waiting over 60 minutes in January.</p>																															
018/2023	Financial Performance for Period																															
018.01.01	<p><u>Monthly Financial Report</u> – J Green provided an overview of the financial performance. The Trust is reporting an in month adjusted surplus of £2.9m, this is £1.3m favourable to plan. The year to date deficit of £4.6m is £2.6m adverse to plan. The Trust has enacted its recovery plan and is forecasting break-even but is reliant on system performance and support through the risk share arrangements. £8.0m of the year to date deficit relates to budget reduction CIP that was planned to be delivered by this point in the year, whereas much of the CIP achievement reported relates to cost avoidance schemes that do not impact on the run rates. There is an overspend on pay of £5.9m year to date, and a £2.9m overspend on drugs due to activity and the application of block contract arrangements to costs previously passed through to CCGs. The overspends are offset by £10.3m of unspent reserves and releases of provisions and accruals no longer required, these total £16.4m year to date and were released across pay (£7m) and non-pay (£9.4m). Significant run rate improvements and CIP delivery will be required in the remainder of the year in order to achieve the planned break-even position.</p>																															
018.01.02	<p><u>Trust Income & Expenditure Position (within the report)</u> –</p> <table border="1"> <thead> <tr> <th></th> <th>In Month Actual</th> <th>YTD</th> </tr> <tr> <th>Income</th> <th>£'m</th> <th>£'m</th> </tr> </thead> <tbody> <tr> <td>Block Payment</td> <td>57.79</td> <td>563.02</td> </tr> <tr> <td>Other Income</td> <td>13.89</td> <td>139.40</td> </tr> <tr> <td>Top-up Payment</td> <td>0.50</td> <td>3.87</td> </tr> <tr> <td>Total</td> <td>72.18</td> <td>706.29</td> </tr> <tr> <td>Expenditure</td> <td>69.30</td> <td>710.90</td> </tr> <tr> <td>Surplus/(Deficit)</td> <td>2.88</td> <td>(4.61)</td> </tr> <tr> <td>Planned Surplus/(Deficit)</td> <td>1.63</td> <td>(1.99)</td> </tr> <tr> <td>Variance to Plan</td> <td>1.25</td> <td>(2.62)</td> </tr> </tbody> </table>		In Month Actual	YTD	Income	£'m	£'m	Block Payment	57.79	563.02	Other Income	13.89	139.40	Top-up Payment	0.50	3.87	Total	72.18	706.29	Expenditure	69.30	710.90	Surplus/(Deficit)	2.88	(4.61)	Planned Surplus/(Deficit)	1.63	(1.99)	Variance to Plan	1.25	(2.62)	
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018.01.03	<p><u>Covid 19 Expenditure</u> – In month 10 there was a total of £632k expenditure relating to Covid-19, of this amount £587k is reimbursed for testing.</p>																															
018.01.04	<p><u>Cash</u> – The cash balance as at 31st January 2023 is £69.7m, a £5.2m decrease on the previous month and an increase of £18.4m on financial plan.</p>																															
018.01.05	<p><u>System Update</u> – Following the enactment of System Risk Share arrangements the ICB continues to forecast a break-even position for 2022/23, although some organisations are experiencing substantial pressure to deliver this. RWT will receive £5.8m of support from the Risk Share in 2022/23 and remains committed to achieving break-even. However, expenditure pressures within the M10 position mean this is becoming increasingly challenging. The System (in line with guidance) is not forecasting a loss of ERF resources even though performance is substantially below the planned level.</p> <p>K Stringer stressed that month 10 position was tight and that pay run rates are concerning. The Trust is currently paying premium bank rates due to winter pressures. Discussions are taking place regarding the impact on the balance sheet going into the next financial year.</p> <p>L Cowley stated that there was a need to ensure that super enhanced rates and bank uplift was discussed as part of 23/24 planning as the Trust had set a precedence and</p>																															

	<p>queried if Divisions were incorporating this into 23/24 planning. J Green confirmed that this information would be incorporated but stressed that unless the Trust was able to drive additional activity any additional spend would need to be contained within the current forecast within the plan.</p>	
<p>018.02</p>	<p><u>Financial Planning</u> – K Stringer provided an update on the discussions arising from the financial discussions with the ICB, outlining the next steps, the requirement to have a 5-year recovery plan signed off by the end of March 2023 and stated that Trusts that have not improved their financial position will have meetings with the NHSE Central Team early March.</p> <p>M Levermore asked if there was a suggestion to reduce headcount as this would raise safety concerns around patient care. K Stringer clarified that the discussions would be more centred around pre and post covid headcount/cost base and why there has not been any significant productivity gain for the investment. K Stringer clarified that this was a complex stream of investment and that there was an increase in costs due to the national requirements to deal with Covid and winter pressures and that increased headcount had been invested proportionately more into emergency portals rather than surgical work.</p> <p>J Green presented the Financial Planning 2023/24 report to the Committee for information and to provide an update on recent developments.</p> <p>The Black Country System has recently identified the release of resources to all providers and this has improved the RWT forecast deficit by approximately £10.8m. The Trust has also continued to review the plan and have identified an improvement of £1.2m Virtual Wards and £3.0m for Developments. The result is a reduction in the forecast deficit of £15.0m from £97.8m to £82.8m. A further challenge acknowledged is that the cash balance is expected to be in the region of £80m entering into 2023/24 and therefore it is likely that the Trust could require cash loans by the end of the financial year.</p> <p>J Green highlighted the Income & Expenditure bridges to the Committee for information.</p> <p><u>Underlying Financial Position</u> – Although the Trust is forecasting a break-even position during 2022/23, it is supported by a substantial level of non-recurrent support from both within and external to the organisation. During February additional resources have been released by the ICB in respect of Growth funding and ERF for 23/24. The impact has been to reduce the initially forecast deficit of £97.8m to £82.8m.</p> <p><u>Cost Pressures</u> – J Green outlined the cost pressures within the 23/24 plan which first began to appear during 22/23. The overall value amounts to £5.2m, the 10 highest cost pressures were displayed within the report. All items are clinically necessary ranging from Drug pressures to staff delivering care in the Ambulance Receiving Centre. £6.7m CIP has been identified and there is a need to identify a total of £28m CIP requirement.</p> <p><u>Next Steps</u> – The first draft planning submissions from all organisations is causing significant concern both locally and regionally. Submitting deficit plans will automatically invoke some form of external intervention, however given the size of the challenge in the Black Country this is likely to escalate to a national level immediately. J Green highlighted the next steps (slide 15) within the report.</p> <p>L Cowley stressed the needs to ensure that all costs are included and the need to discuss the CIP target going forwards. L Cowley highlighted that super enhanced rates of pay for bank were not included within the modelling and highlighted the risk that the Trust would struggle to meet safe minimum staffing levels without the enhanced pay rates next financial year. L Cowley queried if the ICB had provided the Black Country with a target. K Stringer informed the Committee that he believed anything below 10% deficit of allocations would be comparable with other ICBs and that anything above 10% would display a significant challenge. K Stringer informed the Committee that the Black Country were well above the 10%.</p>	

	<p>L Cowley queried if deprivation weighting had been considered. J Green confirmed that this would have been a weighted against the national formula which includes a deprivation weighting.</p>	
018.03	<p><u>Discussion re 23/24 Performance Operating Plan</u> – G Nuttall lead a discussion regarding the 23/24 Performance Operating Plan. G Nuttall stated that the first submissions had been put forward, a second round will then be submitted and that work will then take place internally to triangulate the information. The Executive Directors present stressed the need to ensure that the information provided was co-ordinated to provide triangulated consistent aligned data across all areas within a short period of time.</p> <p>L Cowley agreed that the triangulation of the data would greatly assist with providing robust evidence in the reasons for additional workforce in areas which would not directly impact on the increase in productivity and performance.</p> <p>L Cowley expressed concerns regarding the reduction of funding via business cases for development and the request to cease any that are yet to be implemented and that a review needed to take place to consider the impact on performance, planning and quality within areas.</p> <p>G Nuttall provided an example with Overseas Recruitment, which is taking place due to national workforce shortages. Overseas Recruitment is a cost pressure and the leading time for the Nurses to adapt and climatise was greater than initially anticipated, which results in bank use in tandem and an increase to workforce figures without a productivity gain. G Nuttall stated that this would be reflected across all Trusts but emphasised the reasoning was due to safety and workforce support as opposed to productivity gain.</p> <p>G Nuttall stated that she did not feel that there was clarity on how ERF and Discharge Funding would be allocated in the new financial year and asked if Finance had any additional information. J Green confirmed that this information is not yet 100% transparent.</p> <p>M Levermore queried if the cost pressure/activity split percentage had been identified. J Green stated that the 23/24 plan has identified where the Trust believes there will be a cost pressure, a development and where there is a business case to support the development.</p>	
018.04	<p><u>Financial Recovery Group Update</u> – D Gritton provided an update.</p> <p>The 2022/23 CIP Target is £19.1m. £2,258,024 has been delivered in month 10, which sees an achievement of 107% of the monthly target, 85% of the year to date phased target and 66% against the full year delivery target.</p> <p>A copy of the 2023/24 provisional pipeline was included within the FRG pack, which estimates the current opportunity for CIP to be between approximately £3.3m and £5m.</p> <p>D Gritton stated that meetings have taken place with the Directorates and a piece of work has been completed as a result of the Model Health Review Programme. The focus has been narrowed down to the 2 main themes: Lengths of Stay (Elective and Non-Elective) Did Not Attends (DNAs)</p> <p>The DCOOs need to confirm agreement with the priorities and associated benefits to be taken forward and the Individual Directorate Workshops need to be completed by 11th March 2023. Action plans will then be developed and a process will be agreed for ongoing monitoring and reporting of progress.</p>	

	<p>D Gritton confirmed that Outpatient Transformation requires a reboot with an increased focus on DNAs and an increased uptake on PIFU.</p> <p>D Gritton stated that the PAS/EMR Implementation Project included in the pipeline will not realise savings within the 23/24 roll out programme.</p> <p>G Nuttall stressed that the Trust had never achieved a 4% CIP saving and that work will continue to progress to identify savings where possible (£3.3 - £5m have been identified for 23/24) it is unlikely that the Trust will achieve the required target.</p> <p>L Cowley queried if any further work service re-design could take place around Medicines/Pharmacy or Ophthalmology. G Nuttall confirmed that discussions were taking place and stressed the need to have a multi-disciplinary approach to ensure ownership and the need to tackle cultural perspective following several years with additional Covid funding which is now followed by a high CIP saving request. G Nuttall stated that certain areas will have a greater focus such as Division 1, which has a greater patient/financial impact, theatre productivity, Ophthalmology and Urology.</p> <p>M Levermore queried if procurement savings could be identified within medicine and pharmaceuticals. G Nuttall confirmed that A Davis had identified savings and had expressed some frustration regarding the pace in which they're being realised. G Nuttall informed the Committee that B McKaig would be provided support as Medical Director and that efficiencies would be realised.</p> <p>K Stringer asked the Committee to note the progress being made with the engagement work and the financial plan which will be submitted to Trust Board in March. The Committee noted the progress.</p> <p>L Cowley noted the work that had been undertaken and stressed the need to ensure the triangulation of workforce, productivity and finances and the need to ensure a quality review of any developments from a financial perspective. L Cowley highlighted that there is not yet full clarity regarding the system level of investment and that there may be some place based funding costs that could be included. L Cowley also summarised that there is a need to consider how cost improvements are achieved going forwards as there is an element of service redesign required in areas to provide opportunities alongside the use of Model Hospital/GIRFT to maximise income and reduce costs. L Cowley also noted that there is a cultural piece of work which will take time to embed alongside a risk factor of staff strikes, pay concerns, staff morale and funding concerns.</p> <p>The Committee noted a time pressure for Finance to liaise with Trust Board and the need to progress at pace.</p>	
019/2023	Reports to Note	
019.01	<u>Annual Work Plan</u> – The work plan was noted. L Cowley queried if the Better Payment Plan paper would be submitted next month as per the work plan. K Stringer confirmed that the report would be submitted to his knowledge.	
019.02	<u>Capital Report</u> – The report was noted. L Cowley commented on the positive picture within the report where the Trust was capitalising on opportunities that exist and ensuring that the Trust delivers at pace. K Stringer informed the Committee that the Department were currently under pressure with the release of short notice funding to be spent by the end of the financial year. The Committee thanked the department for all their hard work.	
019.03	<u>High Value Contract Report</u> – The report was noted.	
019.04	<u>Supplementary Finance Report</u> – The report was noted.	

019.05	<p><u>Temporary Staffing Dashboard</u> – L Cowley stated that enhancement initiatives have not been included within the financial plan but that work is in progress and that this is being monitored by PODC. A discussion also took place regarding challenges for accommodation for national recruitment. A Duffell confirmed that host families could be considered if needed but that it was not the preferred option at this time.</p> <p>The report was noted.</p>	
019.06	<p><u>NHSI Monthly Return</u> – The report was noted.</p>	
020/2023	Any Other Business/Meeting Reflection	
020.01	<p><u>Any Other Business</u> – No further business was discussed.</p>	
020.02	<p><u>Meeting Reflection/Chairs Report</u> – The items to be included within the Chairs Report are as follows:</p> <ul style="list-style-type: none"> • 78 week value circa 50 patients and 23/24 planning • Loss of theatre time due to the BMA rate time, for discussion at PODC • Cancer trajectories • Very difficult ED period early January but is improving. • 2023/24 Financial Plan – key action is to recognise triangulation work that needs to happen across finance, performance and workforce. • To acknowledge the difficult/pressured time for staff, appreciate the work provided and offer support during this time. 	
020.03	<p><u>Meeting Reflection/CEO Highlights</u> – The Committee asked that the following items be raised for the attention of the CEO to be discussed at the CEO/NED Meeting.</p> <ul style="list-style-type: none"> • 2023/24 Financial Plan – key action is to recognise triangulation work that needs to happen across finance, performance and workforce. • Loss of theatre time due to the BMA rate. • Failure of 78 week target 	
021/2023	Date and Time of Next Meeting	
	<p>The next meeting is scheduled to take place on 22nd March at 8.30am via MSTeams. Please ensure that all reports are emailed to Claire Richards by 12noon on Friday 17th March.</p>	

Minutes of the Quality Governance Assurance Committee:

**Quorum: 4 members must be present consisting of 2 Executive Directors and 2 NED members.
No tabled papers except with Chair's approval.**

Date **Wednesday 25 January 2023**
Venue **Virtual (via MS Teams due to COVID 19)**
Time **1.00pm to 3.00pm**

	Name	Role
Present:	Louise Toner (LT) Chair	Non-Executive Director
	Maria Arthur (MA)	Group Deputy Director of Assurance
	Ann-Marie Cannaby (AMC)	Group Chief Nurse
	Allison Heseltine (AH)	Associate Non-Executive Director
	Debra Hickman (DH)	Director of Nursing
	Julie Jones (JJ)	Non-Executive Director
	Dr B McKaig (BM)	Chief Medical Officer
	Michelle Metcalfe (MMe)	Group Deputy Director of Assurance
	Martina Morris (MMo)	Deputy Director of Nursing
	Gwen Nuttall (GN)	Chief Operating Officer
	Dr J Odum (JO)	Chief Medical Officer
	Tracy Palmer (TP)	Director of Midwifery
	Gillian Pickavance (GP)	Non-Executive Director
	Keith Wilshere (KW)	Group Company Secretary
	Catherine Wilson (CW)	Deputy Director of Nursing

Apologies:		

Attendees:	John Frazer (JF)	Head of Health & Safety

Item No		Action
1	<p>Apologies for absence</p> <p>There were no apologies to note.</p>	
1a	<p>Declarations of Interest</p> <p>None declared</p>	
2	<p>Minutes of the Previous Quality Governance Assurance Committee dated 24 November 2022</p> <p>The minutes dated November 2022 were accepted as a true and accurate record.</p>	
3	<p>Matters arising from the Minutes</p> <p>Page 3 – Risk 4900 – Histology is reaching – should read – <i>Histology is breaching</i>.</p> <p>Action log updated accordingly.</p>	
	<p>Terms of Reference – for approval</p> <p>The meeting discussed the Terms of Reference for this meeting and asked for the following changes to be made:</p> <ul style="list-style-type: none"> • Abbreviations to be completed in full in the Terms of Reference • Responsibilities – To receive new strategy documents prior to review / endorsement / advisory capacity of strategies but not approval (LT happy for this sentence to be re-worded). • Membership – Remove Group Deputy Director of Assurance (this is on twice) • Attendance – Include <i>Deputy Directors of Nursing</i> <p>MA to speak to AMC outside of the meeting regarding the Attendance list.</p> <p>AMC asked if the sub-group Terms of Reference around the Quality agendas between Wolverhampton and Walsall were starting to align. LT confirmed that discussions have taken place but because there are two separate groups which feed into QPES discussions are ongoing, but the aim is to seek alignment.</p>	<p>MA / AMC</p>
4	<p>Regular Reports</p>	
4.1	<p>Cancer Improvement Plan (for information only)</p> <p>The attached was received and acknowledged by the group.</p>	

Item No		Action
	<p>GN highlighted that there is a significant challenge with the Histopathology turnaround times which is affecting all of the tumour pathways. This is not just affecting RWT it is also affecting all of the other acutes.</p> <p>GN reported that there is some good metrics and performance in regard to the diagnostics for MRI and CT scans reflective of the additional capacity which the Trust currently has.</p> <p>All of the tumour sites have got some challenges with demand and capacity. GN mentioned the risk around renal tumours, there is a plan in place to treat the number of patients needed to be treated in a reasonable timeframe. However, GN commented that the plan is not good enough. This has again, been escalated nationally through NHSE. There was a cancer deep dive for the system and GN agreed to share the feedback. Formal national aid support has been requested for patients requiring surgery with kidney tumours.</p> <p>LT suggested that the two-week wait should be green for December 2022 instead of red. GN to change.</p> <p>LT asked about Chemotherapy and the statement senior nursing team still working with external peer. DH replied that the Trust has some professional support for the nursing teams, for example an Advanced Lead Cancer Nurse is working within that Directorate acting as a sounding board /providing guidance etc in the absence of a Trust Lead Cancer Nurse.</p> <p>LT enquired about Gynaecology and protecting Oncology related Theatre time and this was proving difficult during hot weeks. GN explained that this is when a Consultant is on-call and needs to be available to provide support to any emergency cases that come through. GN feels that there is away for them to resolve this. It is currently taking a bit longer than expected and can be resolved.</p> <p>GN informed the meeting that the Cancer Lead Nurse has started with the Trust in January 2023, reporting to DH. GN and BM have advertised for a Cancer Lead Clinician.</p>	<p>GN</p>
<p>4.2</p>	<p>Trust Risk Register – M Metcalfe</p> <p>MMe presented the TRR to the meeting and advised that:</p> <p>There is an increase on risk 5849 – reduced scan capacity in Fetal Medicine Department.</p> <p>There was one risk reduced from red to amber risk 1984 – backlog of Ophthalmology Review Patients.</p> <p>MMe mentioned Risk 5619 (high amber 12) which was not on the register as it was logged after the report was completed. This was in relation to the capture of waste gas in the delivery suite. Controls are in place, but it is in contravention of the HTM. Estates are currently working through a solution.</p> <p>MMe advised that a meeting had been organised with herself, BM, KB, DH and GN in relation to the risk register and how it can be revised and potentially slim down how it is presented and managed going forward.</p>	

Item No		Action
	<p>MMo noted an error on page one of the report stating risk 5388 Mental Capacity Assessment should be noted for the Chief Nursing Officer and not the Chief Operating Officer. MMo advised that there is an update for the risk and is ready to go to the CQC Well Led Preparation meeting the next day.</p> <p>GP asked about risk 5610 and the new unit for Haemodialysis which would halve the current numbers. DH replied that there has been an approved business case with the new unit being available from end of March into April. GP asked if this would have enough capacity if the numbers were increasing or would it just fill a gap and the Trust still has a problem. JO confirmed it would help and noted that this is a national problem. JO mentioned an issue in regard to the ventilation within the new facility that is being built, however this is being addressed. There is sufficient nurses and staff to support this opening reasonably quickly and move to full capacity.</p> <p>AH enquired about risk 5482 emergency CT brain scanning in ED asking what mitigations the Trust has in place for these patients and have there been any harms. BM noted the issue is not so much equipment, it is having the Radiographers available 24 / 7. A business case is in place.</p> <p>AH asked about risk 5849 the reduced scan capacity in Fetal Medicine Department. DH replied that some of the challenges around availability and access to suitable agency Sonographers, which is why the department placed the risk higher. Conversations are ongoing with the department. There are plans in place for recruitment and training, hopefully this risk will reduce shortly.</p> <p>LT enquired why risk 5681, Radiology workforce levels at a critical level has now been removed from the risk register. BM replied this is a wide risk in terms of Radiology workforce which covers a number of different areas.</p> <p>JJ asked about risk 1984, backlog of Ophthalmology Review Patients, stating that she was surprised to see that it has been downgraded. BM commented that when this risk had been reviewed it had been escalated originally from when there were 16 incidents of severe harm relating to Glaucoma patients who had delayed appointments. Over the last 18 months there has been no episodes of harm. It is still recognised that there are issues with access to the service the Trust is no longer seeing the harm because of the mitigations being put in place regarding the prioritisation.</p> <p>LT mentioned the mental health beds due to the national shortage and why the risk had been changed due to the issue. BM replied that the mental health risk register is being reviewed and aligning to Walsall. There are certain elements for which this Trust would have certain influence. BM commented that therefore the mental health risk register is still a work in progress and anticipates in the next month it should be much clearer in terms of where the risks sit.</p> <p>LT noted that there are a number of risks that have been the register for over three years and sought assurance that they are being reviewed. MMe replied that this will be looked at in the risk register meeting previously mentioned.</p>	

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	<p>LT asked about risk 5633 risk of continued use of paper-based patient records and more security in regard to case notes. LT noted that she has seen loads of places where there are case note trollies in corridors and asked if this will stop. If they will stop, where will the notes be kept. DH replied that this was linked to Ophthalmology only.</p> <p>KW advised the meeting when Datix Cloud IQ data can be read in real time which this will give a more accurate information on a risk. MME mentioned that Datix Cloud IQ data was in place at her previous organisation and meetings like this would use the Dashboard and drill down into the information.</p> <p>Trust Risk Register Heat Maps – M Metcalfe</p> <p>There were no questions / queries or concerns raised in regard to the TRR Heat Maps.</p> <p>Board Assurance Framework (BAF) – K Wilshere</p> <p>KW informed the meeting that the report was now in the new template. All of the BAF's had been updated with the exception of the Performance Recovery, this is due to the constant daily updating. However, there will be an update prior to the Trust Board as it is a work in progress.</p>	
4.3	<p>Integrated Quality & Performance Report December 2022 – D Hickman & G Nuttall</p> <p>DH updated the meeting on the Quality section of the report.</p> <p>The meeting was advised that December was a difficult month across the Trust, challenges with flow, capacity, industrial action etc and has continued throughout January.</p> <p>DH commented that BM had noted the staffing challenges moving into a more positive position, it is important that the challenge a diverse workforce brings in terms of getting staff up to speed with what is required within the hospital.</p> <p>There has been an increase in sickness as is expected, COVID, flu, RSV, Strep A national increase and the influx of the worried well.</p> <p>DH informed the meeting re the clinical risk associated to step down and to discharge. Whilst DH and BM were touring the hospital, they issued professional communication to all of the Registrants from different disciplines and the real collaborative working with the operational teams and we cannot underestimate the impact and the issues that have come about from that.</p> <p>The meeting was advised that the FFT took a significant dive, down to 77%. The Patient Experience Group is meeting on Thursday to do a deep dive / interrogation. DH to circulate the detail after the deep dive has taken place.</p> <p>There are still a large number of C-Diff cases across the Trust. DH reported that there is limited transmission patient to patient, which is positive, but the challenges still remain. Nationally there is a 25% increase and this was raised and discussed at the national call with the CNO and CMO. DH confirmed to the meeting that the testing at this Trust is in line with</p>	DH

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	<p>the national guidance. DH mentioned that the Trust is having a responsive support visit from the region to have a look and see if the Trust is missing anything. The walkabout will take place on Tuesday 31 January.</p> <p>Observations on time continues to be a problem, however there is lots of work on-going. The Trust started to see an upward trend in November, but it has taken a bit of a dip in December. Work is on-going with the teams. DH assured the meeting that there were lots of conversations, trials and pilots in terms of things that have and have not worked well.</p> <p>LT commented that smoking at the time of delivery has gone up. GP advised that she was talking to Public Health about the Khan report and there will be a substantial amount of money available for helping in the reduction of smoking, introducing vapes etc. The meeting discussed smoking whilst pregnant and how to tackle the issue.</p> <p>MMo assured the meeting that the Trust is fully aware that they need to focus on observations and there is a lot of improvement work taking place. However, this shows when you have critical operational challenges and staffing challenges the impact it has on quality. In January the figure stands at 74.8%.</p> <p>GN updated the meeting on the Performance section of the report.</p> <p>The meeting was advised that discussions took place at the morning's Performance & Finance Committee in regard to the winter plan which GN will share with this Committee.</p> <p>GN informed the meeting that December 2022 in Urgent Care was the worse month ever in terms of the metrics and GN does not think they have seen some of this trickle through yet. It will probably be the worse time that the Trust has had in terms of complaints. There are investigations underway in potential harm incidents that have occurred due to some of the waiting times and the pressures faced.</p> <p>Whilst the performance throughout the whole of the year has not been good, it did culminate in December and probably the first five days of January. The most significant handover delays over one hour that the Trust has probably ever experienced.</p> <p>GN commented that it was a torrid time for patients and all of the staff. This has resulted in a number of actions that the Trust has undertaken as well as some externally. The Trust went into crisis mode and on New Year's Day there were 62 ambulances delayed over an hour with the longest patient waiting over 10 hours. Further details will be available in the January report. In the week leading up to Christmas there were a number of meetings held, the whole organisation was asked to change the mindset in how it operates, with the view to resolving some of the waiting times that patients are experiencing. There were challenges in discharging patients. Patients are now not classed as <i>medically fit for discharge</i> but it's now <i>criteria to reside</i>. A number of patients are normally discharged on Christmas Eve, but this did not happen this year and it was a challenge going into Christmas.</p> <p>Actions put in place included a letter issued by the Chief Executive supported by BM, DH and JO to the clinical leads of the Trust asking for changes in clinical mindset. The letter did not ask anyone to do anything unsafe but to do things less risky than some of those things, regarding discharge and planning. Consultants were asked to standdown all of their</p>	<p>GN</p>

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	<p>professional supporting activities and focus on either being based in the emergency department or undertaking additional ward rounds or providing hot clinics across the Trust. All staff were focused on discharge and ensuring that the Trust had some flow throughout the organisation. GN feels there maybe some challenges and issues, however, nothing immediately has been reported. The meeting was informed that there was no clinical pushback only questions and queries, everybody has an organisation completely accepted that the Trust was in crisis mode with regards to the Emergency Department. One day there were 50 patients waiting for a bed, due to the Emergency Department becoming a ward. This is clearly not acceptable and provides a degree of risk which is not fair on anyone in the organisation.</p> <p>GN reported that there has been a definite improvement in simple packages of care from Wolverhampton Local Authority supported by discharge funds.</p> <p>One important change between Christmas and post New Year, we have seen a reduction of patients with flu which was affecting our length of stay. COVID remained at a steady level and is now starting to reduce.</p> <p>Since the 5 January 2023 GN is pleased to report that the Trust has seen a significant turnaround in performance. Since this date the Trust has had only a handful of delays over one hour and most mornings there are 20 empty beds. GN feels this is a result of a series of actions both internally and externally (packages of care).</p> <p>GN mentioned as a result of the ambulance strikes before Christmas and in the New Year, West Midlands Ambulance service are reporting a significant drop of people calling 999. Calls to 111 have also reduced.</p> <p>The Emergency Department were averaging 500 patients per day, this is now down to 400 patients per day.</p> <p>GN assured the meeting that the Trust is in a much better place and BM has been able to reinstate the Junior Doctor teaching and put back some of the supporting professional activities.</p> <p>GN informed the meeting that the Trust is operating the North Bristol Model where patients are being pushed to discharge in the morning, this is having a massive impact.</p> <p>BM commented that he was pleased with the Clinical response to the requests and how well things worked at RWT in crisis mode.</p> <p>LT asked if the report could contain the number of breaches for 15 minutes, 30 minutes and 60 minutes instead of the percentages. GN reported of the 62 ambulances on New Year's Day this was at a total of 110 conveyances, which shows over 50% of the ambulances were delayed by over an hour.</p> <p>GN mentioned that there is going to be a review of the IQPR and if members want more detail of the numbers GN will then provide them separately. This was discussed further.</p>	

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	<p>AH commented that there is a lot of hard work from the Trust staff and the commitment to all pulling together over the particularly difficult time and AH said thank you on the committee's behalf.</p>	
5	<p>Subgroup Reports</p>	
5.1	<p>Quality & Safety Advisory Group Meeting – January 2023 – Chair's Report – Dr B McKaig</p> <p>BM presented the Chair's report from January's QSAG meeting.</p> <p>Key areas noted were:</p> <p>104-day harm report – 52 cases identified in November with no physical or psychological harm identified.</p> <p>Medicines Management Group – highlighted in the TRR risk 5448 in regard to safe medicine storage, work needs to progress with Estates on a couple of the wards and BM has picked this up with the relevant individuals to try and mitigate the risk.</p> <p>Medicines Management Group are also aligning their terms of reference with Walsall and having a parallel structure between the two groups.</p> <p>End of Life Steering Group – ReSPECT was successfully launched in September 2021 and the outcomes were good. The outstanding issue to be completed is the mental capacity process. There are actions and workstreams currently taking place.</p> <p>Radiation Safety Group – the report indicated one specific incident which involved ED and Neonatology relating to an over exposure of radiation to three children. This was a faulty machine, recognised, reported and the team have engaged with the CQC who were satisfied with the actions of the Trust. The equipment was removed and repaired.</p> <p>Nutrition Support Steering Group – noted a never event relating to a misplaced nasogastric tube. Work has been done to ascertain what pH strips were used to check the position of the N/G tube and there is a plan to move in alignment with the procedure at Walsall.</p> <p>Patient Experience - reduction in the number of complaints (73) between October and November 2022. Trust overall response rate was 96% in November 2022. Two cases were sent to the Ombudsman, both were closed with the outcomes partly upheld. Overall financial remedy of £600 assigned to the Trust.</p> <p>Themed review of Serious Incidents – 1 April 2021 to 31 March 2022 – is a good report to read and indicates well the planned work over the next few months.</p> <p>Divisional Reports – Division 1 / 2 / 3 – meeting advised that the data is a bit out of date in regard to nurse staffing numbers. Work is ongoing to improve the induction process and expected standards in training that would be required for the international graduates.</p>	

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	<p>In regard to Maternity the CQC must do and should do is drafted, not all of the actions are completed.</p> <p>Maternity report mentioned that only 47% of the delivery suite shifts were staffed to acuity with a national target of 85%, however, no red flags were reported and 1 to 1 care in labour was maintained.:-</p> <p>BCPS - Histopathology labs at City & Sandwell have moved to RWT site. This now means that all of the Black Country labs are now on this site.</p> <p>There are still significant challenges around turnaround time and this is a red risk. An action plan has been shared.</p> <p>AH asked about the PHSO fines and what was upheld / how it has been shared. AH also noted that she has picked up Gynaecology in a number of papers, one from the CQC self-assessment but also 30 new risks being written. BM replied that in terms of the Ombudsman both fines were £300 each – one was around Ambulance Service and the risk sat with the Ambulance Service rather than with the Trust. The second fine, BM is unsure about and will feedback as soon as possible. In regard to Gynaecology, BM did mention this this will be addressed in the CQC action plan report. GN reported that she is not cited on 30 new risks for Gynaecology. GN mentioned that from a performance / waiting time there is a definite increase in the number of patients waiting for Gynaecology treatment. This is a national issue and not just a Trust issue. There are significant number of referrals into the speciality. Currently, there is no evidence of harm at this moment other than the distress caused to patients having to wait. GN assured the meeting that this speciality is being monitored carefully. BM confirmed that in the 104-day harm report there had been no spikes in terms of risks or impact on the patients.</p> <p>BM mentioned that there are 30 risk assessments pending in Division 3 but does not relate to Gynaecology and asked AH if this is what she was referring to. DH replied that this is from the CQC self-assessment which is normally an undertaking of the team themselves. The meeting discussed further and AH to confirm where she obtained the detail from.</p> <p>LT asked about audit compliance rates, BM assured the meeting that this was nothing out of the ordinary. However, the Audit team is confident that the targets will be met by year end.</p>	<p>BM</p> <p>AH</p>
6	Assurance Reporting / Themed Reviews / Business	
6.1	<p>CQC Compliance Report – M Arthur</p> <p>MA presented the above report to the meeting noting the internal self-assessment for the six-month period was April 2022 to September 2022 against the CQC Core Services and Fundamental Standards of Care. MA explained that the report was late to QSAG due to the number of papers to that meeting it was deferred.</p> <p>The fundamental standards ratings show that the Trust has improved since the last assessment, there are two less ambers than before. The two remaining ambers are for Regulation 12 – safe care and treatment. This is due to some compliance issues which exist</p>	

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	<p>with Health & Safety policy, Medical Device Policy and some Medicine Management issues, which include storage, ambient temperatures etc. These issues are being monitored closely by the Medicines Management Group.</p> <p>The other area which remains amber is good governance and that is in part around some paused audits that have not resumed as they were before COVID. One being around documentation and record keeping. It has been accepted that this needs to be reviewed in terms of what the Trust looks at. Prior to COVID there were showing consistency.</p> <p>MA mentioned that the Consent Audit has resumed, draft report is being prepared. Case note availability is another audit which has recently commenced again.</p> <p>Plans are in place to repeat the Safeguarding MCA audit before the end of March.</p> <p>Over the last six-month period there has been a decline in the Core Service Framework with the majority the domains that showed a decline were safe and responsive. Regarding safe there is a mix of findings, a mix of staffing issues including ICU, Medical Consultant post and SALT. However, MA understands that the SALT staffing issues have been resolved.</p> <p>Withing responsive there is a cross multiple core services delays and include Cancer waiting times and DNAs are featuring.</p> <p>Gynecology across all five domains self-assessed as requires improvement. Key elements included concerns over the loss of a specialist ward area and the impact that would have on patient experience and care. These concerns are being addressed through focused work.</p> <p>The meeting noted that there are plans in place to do a Quality Review Visits before the end of March, to review the progress of this work.</p> <p>In terms of gaps around the core service or the fundamental standards, these have an action plan and followed up locally as well through QSAG.</p>	
6.2	<p>External Reviews – M Metcalfe</p> <p>MMe presented the above report to the meeting and noted that the Trust has two external reviews with red ratings. One is around Health Education - Junior Doctors in training experience. The other is around the Critical Care network with actions in place. Noted on the report that a serious concern was raised following Royal College of Paediatrics and Child Health visit. The action plan and RAG rating confirmation is under development.</p> <p>AH asked where we see actions developed or under review AH does not get a feeling for any of the action plans being on time or delivered and asked how she would understand that from the paper. MMe replied that her understanding is that these go through QSAG and the approval mechanism and the monitoring. AH asked if they were not achieving would they be held to account at QSAG. MMe confirmed that this was correct. MA added that the detail is scrutinized at Divisional Performance meetings, Governance meetings and QSAG.</p>	

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6.3	<p>Health & Safety Assurance Report – January Update – J Frazer</p> <p>JF presented the above report to the meeting.</p> <p>The meeting was advised that the Podium Audit, a new audit process with Health & Safety looking at the quality assuring, the risk assessment and safety culture. The team are looking at the difference to policy and statutory compliance. Health & Safety are looking at the environmental impacts at the Trust and the communal areas as well as the management system. A pilot has been rolled out to West Park and the Gem Centre. Feedback is very good. Plans are in place to embed throughout the Trust in the coming year.</p> <p>Risk Assessments for Divisions one and two with almost full compliance. JF explained that Health & Safety selected the 17 most common risk assessments at the Trust and then challenged the Departments to look at them, asked if they are in date with the support of their Health & Safety Officer.</p> <p>JF reported that there has been a huge Display Screen Equipment (DSE) project.</p> <p>There is a new way to contact Occupational Health, new catalogue for standardised equipment, which will lead to a reduction in cost and an increase in quality.</p> <p>Health & Safety have a new Intranet Page.</p> <p>JF mentioned that for every single Health & Safety datix report received the team will comment on and give advice. This also allows the team to see if there are any RIDDOR incidents.</p> <p>The meeting noted that there is a lot of work currently on-going with Security and supporting colleagues. There are plans to add this to the risk register.</p> <p>Slips, trips, and falls project is the biggest type of incident at the Trust which also turns into a RIDDOR.</p> <p>JF commented that Health & Safety are collaborating with colleagues in Estates to improve how to view the pedestrian and traffic accesses on site. JF would like to ensure that there is a walkway around the site where it is differentiated between pedestrians and traffic.</p>	
6.4	<p>Quality Improvement (Q3) update</p> <p>In the absence of anyone to present this paper it was accepted.</p> <p>LT mentioned from the report that the Trust now has an Improvement, Research & Innovation Committee.</p> <p>JJ commented that this report had the new strategic objectives however, the other reports have not got it in at all or have the old ones. MM thought it would be best to standardise reports.</p>	

Item No		Action
7	Themed Review Items	
7.1	<p>Mortality Quality Improvement Plan – Dr McKaig</p> <p>BM presented the above report and noted that the SHMI value for August 2021 to July 2022 is 0.9491 and the Trust is ranked 31st out of 121 Trusts.</p> <p>There are four RWT Diagnostic groups with higher-than-expected SHMI:</p> <ol style="list-style-type: none"> 1. Chronic Renal Failure – this has been reviewed in detail and felt to be primarily issues with coding and a lot of the palliative coding. 2. Pneumonia – this is a constant flag and is part of the on-going work. The Trust is looking very carefully in terms of how it is performing against all the required recommendations and benchmarking across the other four organisations in the system. 3. Epilepsy / Convulsions 4. Acute Cerebrovascular Disease <p>BM explained that regarding the last two, the numbers are very small and the Epilepsy team are coming to the next Mortality Review Group (MRG) to speak.</p> <p>The Medical Examiner continues to do well with 90% of hospital and 90% of community deaths.</p> <p>The meeting was advised that plans in the future are for the patients that go through ESTEC, who are seen but not admitted but may stay in hospital for 12 to 24 hours, the intention is for these patients to be removed from mortality statistical calculations.</p> <p>LT was pleased to see in the appendix that one of the case notes reviewed that the ward staff had come back on the poor quality of care and said it was not poor, but the outcome was as the information was not written down no evidence that it had happened.</p>	
8	<p>Issues of Significance for Audit Committee</p> <p>Issues of Significance for the Trust Board</p> <p>LT to do the Chair’s report and circulate for comments before final submission to the Trust Board.</p>	
9	Any Other Business	
9.1	<p>NHS Resolution: Clinical Negligence Scheme for Trusts (CNST) / Maternity Incentive Scheme: Year 4 / Board Declaration sign off – T Palmer</p> <p>TP presented the above paper to the meeting advising that this is presented at Trust Board yearly. However, it was agreed at Trust Board to delegate responsibility to this meeting because the Trust Board is on Tuesday 7 February and the submission deadline is on Thursday 2 February. TP explained that this paper was submitted late to the meeting as one</p>	

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	<p>of the safety actions safety action 6: CO monitoring at 36/40 the directorate was still validating the data . This has now been confirmed as compliant.</p> <p>TP reported to the meeting that this Trust is declaring full compliance with each safety action. All of the safety actions, with the exception of safety action 6, were achieved in December 2022. Safety action 6 is Saving Babies Lives, there are numerous elements to this safety action and one element TP reported was a challenge The reason for this issue was during the summer there was a national shortage of the kit which was not escalated to the Trust, once it was escalated and it was established that there was another kit which could be used this issue was rectified immediately.</p> <p>TP advised the meeting that the CNST monitoring for 36 weeks for this Trust, is at the time of the meeting 84%. An action plan to achieve 90% has been developed.</p> <p>AMC asked TP if the evidence had been discussed with DH for sign off. TP confirmed that she had not and following a brief discussion, TP agreed to discuss with DH and sign off prior to Trust Board.</p> <p>JJ noted that the committee is being told that the objectives are being met, however asked how we are meeting them and suggested that the committee sees the evidence has the committee is being asked to sign off. The meeting was advised by TP that there are hundreds of pieces of evidence. AMC assured the meeting that previously there has been a double-checking mechanism and then recommendation to the Trust Board.</p> <p>JJ asked about the LMNS validation, what did it consist of, what were their sample sizes, what was their approach etc. TP reported that the validation was completed by the Quality & Assurance Lead for the LMNS, who was previously a Head of Midwifery, so she understands the detail. The Lead was assured that all the evidence / relevant information was available to declare. The meeting discussed further and the Committee agreed that they were happy with the report, with the understanding that TP shares with DH for approval and sign off. Chief Executive to have final sign off prior to the 2 February 2023.</p> <p>TP advised the meeting that the ward to board reporting flow chart and the RCOG Consultant role papers were submitted to the committee for information.</p> <p style="text-align: center;">*****</p> <p>AH commented about the timing of the papers being received. The meeting discussed this further with MA commenting that the Meeting Administrator is currently doing her own role and that of the Band 4 but is adding to iBabs when papers are received. LT confirmed that she had been copied into chasing emails by the Meeting Administrator. DH commented that the IQPR is a compilation of a lot of authors contributing hence why the delay in circulating. However, there are plans to change the report which may improve delivery time.</p> <p>MMo commented that some of the delays is when the data is available, which impacts on when the report is written and circulated. MMo is unsure how this can be resolved and it is a challenge.</p>	

Item No		Action
10	<p>Evaluation of Meeting</p> <p>Good, comprehensive reports. Concerns were expressed regarding tabs on excess spread sheets and information embedded into reports that cannot be opened. KW advised that staff are aware of this and such papers should be provided as appendices to the main paper.</p>	
11	<p>Date and time of Next Meeting:</p> <p>Wednesday 22 February 2023 at 1.00pm to 3.00pm, Via MS Teams</p>	

Minutes of the Quality Governance Assurance Committee:

**Quorum: 4 members must be present consisting of 2 Executive Directors and 2 NED members.
No tabled papers except with Chair's approval.**

Date **Wednesday 22 February 2023**
Venue **Virtual (via MS Teams due to COVID 19)**
Time **1.00pm to 3.00pm**

	Name	Role
Present:	Louise Toner (LT) Chair	Non-Executive Director
	Ann-Marie Cannaby (AMC)	Group Chief Nurse
	Allison Heseltine (AH)	Associate Non-Executive Director
	Dr B McKaig (BM)	Chief Medical Officer
	Michelle Metcalfe (MMe)	Group Deputy Director of Assurance
	Martina Morris (MMo)	Deputy Director of Nursing
	Gwen Nuttall (GN)	Chief Operating Officer
	Dr J Odum (JO)	Chief Medical Officer
	Dr G Pickavance (GP)	Non-Executive Director

Apologies:	Maria Arthur	Group Deputy Director of Assurance
	Debra Hickman	Director of Nursing
	Julie Jones	Non-Executive Director
	Tracy Palmer	Director of Midwifery

Attendees:	Lisa Hall (LH)	Senior Matron (Infection Prevention)

Item No		Action
1	<p>Apologies for absence</p> <p>There were no apologies to note.</p> <p>LT advised the meeting that MA will no longer be an official member of this Committee, but she will attend to present as and when required.</p>	
1a	<p>Declarations of Interest</p> <p>None declared.</p>	
2	<p>Minutes of the Previous Quality Governance Assurance Committee dated 25 January 2023</p> <p>The minutes dated January 2023 were accepted as a true and accurate record.</p>	
3	<p>Matters arising from the Minutes</p> <p>Action log updated accordingly.</p>	
	<p>Terms of Reference – for approval</p> <p>The Terms of Reference were read and agreed. CE to make final change and send to Trust Board.</p>	CE
4	<p>Regular Reports</p>	
4.1	<p>Cancer Improvement Plan (for information only) – G Nuttall</p> <p>The attached was received and acknowledged by the group.</p> <p>GN reported that the turnaround times for Pathology are still challenged, there is a small improvement from November into January - it was noted that December's figures were missing. The action plan is underway with the Trust still outsourcing a significant amount of work from the Black Country to a private provider, which will probably continue for a further six months. A recovery plan is in place, but it will be slow. The longer time recovery plan is mainly around recruitment and recruiting additional Histopathologists to contribute to the turnaround time. The recruitment plan will be overseen by the ICB Cancer Strategy Group.</p> <p>RWT were the first organisation to start the implementation and roll out for telly dermatology. There is an expectation that telly dermatology will assist with streaming out and hopefully reduce some of the referrals that come to the Acute. GP advised that to date her practise has not received any of the equipment / pathways.</p> <p>RWT will be the host organisation for MOHS surgery and this is currently being built in the Dermatology Outpatients.</p> <p>GN advised that there were two risks regarding Pathology and Renal.</p>	

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	<p>GP asked about the telephone triage for Gynae patients and if this was up and running or when was it due to start. GN advised following a conversation with a Gynae Consultant prior to this meeting she thinks it maybe up and running by mid-March. GN mentioned that the Gynae two-week referrals are much higher in Wolverhampton than anywhere else. A Standard Operating Procedure (SOP) is currently being put in place so it can be shared with Primary Care.</p> <p>GP enquired if the triage is to get the patient directly into intervention, for example straight into Colonoscopy rather than an Outpatient appointment. GN replied that the Trust is suddenly doing more one-stop sessions but not enough sessions. This was discussed further.</p> <p>LT asked if the funding from the Cancer Alliance had been granted for the Fine Needle Aspiration. GN replied not yet but she is expecting it to be.</p> <p>AH enquired if it would be better to put job titles and not first names on the report. GN agreed to make this change.</p> <p>LT mentioned challenges within the anaesthetic assessment particularly for the 62 day waits and asked why. GN commented that anaesthetics is an area that currently has some challenges and is around identifying timing in the job plans which is always an on-going process. The Trust is making sure that it prioritises patients on the cancer pathway to have that anaesthetic review. The Trust is trying to make less intensive for the Anaesthetists and refining the pre-assessment process. There is lots of national guidance regarding streamlining pre-operative assessment processes. This is pre any surgery but clearly for the 62 days.</p> <p>GN informed the meeting that there are vacancies within Anaesthetics and some of the operating lists have been conducted by Anaesthetists undertaking waiting list initiatives. This has resulted in the Trust losing some surgical capacity. There is a need to increase the Anaesthetic workforce to ensure the Trust has enough to support elective theatre slots and support pre-operative requirements. GN feels this could be a six-month programme.</p>	<p>GN</p>
<p>4.2</p>	<p>Trust Risk Register Highlights Report – M Metcalfe</p> <p>MMe presented the above report to the meeting.</p> <p>After a brief discussion it was agreed to add a front cover to this report.</p> <p>In summary there are four new risks which have been graded as amber:</p> <ul style="list-style-type: none"> • Risk 4913 - capacity for emergency in Gynaecology services • Risk 5619 – ventilation system in delivery suite inadequate • Risk 5479 – Cath Lab • Risk 5984 – Urology Surgeon capacity <p>MMe reported that the above are now on the Trust Risk Register and being monitored with controls in place.</p>	<p>MMe</p>

Item No		Action
	<p>There were no risks closed since the last Corporate Risk Register meeting.</p> <p>AH noted that the Trust could be in breach of regulations in regard to the waste issue and asked what was in place in dealing with this, also asking about the movement of gynae facilities across different departments. BM commented that plans are being discussed on how to re-design the elective care pathway which might help with a number of issues. Following a brief explanation, BM agreed to meet with AH outside of the meeting to discuss further due to the sensitivity.</p> <p>AH asked about the ventilation in maternity, BM advised the meeting that an external company came on site and monitored 29 staff over several days who were exposed to the Entonox. Of the 29 staff, 28 were below the accepted levels. There was only one member of staff who had a reading of 100.6, which was .6 above the deemed safety level. BM explained that due to the one breach the Trust does not meet the required standards.</p> <p>BM informed the meeting that there is a business case for additional Cath Lab and is currently going through the Trust process.</p> <p>MMe asked the meeting if on future papers if the report should include what controls are in place to give additional assurance.</p>	<p>MMe</p>
<p>4.3</p>	<p>Integrated Quality & Performance Report December 2022 – M Morris & G Nuttall</p> <p>MMo updated the meeting on the Quality section of the report and advised that there has been a further decrease of Registered Nurses and Midwifery vacancies (20 WTE) during January and the position for Healthcare Assistants vacancies (47 WTE) have over-recruited.</p> <p>Regarding the care hours per patient, now stands at 7.9 with the national indicator at 8.</p> <p>Observations on time shows the position continues to improve and has of this morning the latest position was 79% and this has been sustained for the last three weeks. MMo is hopeful that the Trust can make a more sustainable improvement. There has been a lot of work in regard to focusing on observations.</p> <p>The meeting was advised that there was an improvement in the Friends and Family tests.</p> <p>MMo mentioned that there had been an increase in some of the harm with pressure ulcers and that has increased to 69 in January and it has been a mix of grades one and two. However, there has been an increase in grade four pressure ulcers (seven in total). There was a pressure ulcer prevention summit held in February to discuss recent incidents and enable us to take forward key learning.</p> <p>There has been an increase in complex diagnosis and end of life care patients.</p> <p>The meeting was informed that there have been some areas where patient documentation was below the standards, some of the assessments did not take place. Regarding best practice there had been some equipment challenges, especially during the very pressurised time in early January.</p>	

Item No		Action
	<p>Discussions are taking place regarding equipment contract within the Community, this is being led by the Tissue Viability team.</p> <p>The Trust has developed a wound prevention healing and prevention ambition plan. Within the document there is now a number of improvement actions which are part of the improvement plan and is joint across Wolverhampton and Walsall. There is a joint Tissue Viability Steering Group across both organisations.</p> <p>Infection Prevention reported an MRSA bacteraemia which was identified yesterday and this is now subject to investigation.</p> <p>Patient Experience have shown an increase of formal complaints in January to 35. The themes tend to be the same each month, general care, communication etc. The Patient Experience team are working with Divisional Directors to respond to the complaints.</p> <p>There has been an increase in crude mortality in January which is not surprising given the pressures the Trust has been under. SHMI is showing that the Trust is within range, alerting diagnosis groups include pneumonia, chronic kidney disease and stroke. MMo informed the meeting that there is a Pathway Review Group which meets with all of the Clinicians that lead on the improvement work.</p> <p>LT commented that she was interested in the increasing number of pressure ulcers and the severity of them. LT asked if it was because patients were presenting later so they are sicker, is it connected with the length of time they have been in an ambulance or lying on a floor at home waiting to be brought in. MMo replied that there have been some complex patients with complex medical history. The meeting discussed this further with AMC advising that there are much more complexity cases.</p> <p>GN updated the meeting on the Performance section of the report, noting that some of the report was discussed at the Finance & Performance meeting earlier in the day.</p> <p>GN advised the meeting that the expectation of the number of patients waiting over 78 weeks will be zero by the end of March. The Trust is currently forecast to fail this metric. GN assured the meeting that the Trust is working hard to treat patients who have been waiting this long.</p> <p>Unfortunately, the Trust has been let down by an alternative provider, the Trust needed mutual aid for Urology, Gynaecology and General Surgery. On behalf of the Black Country, Sandwell Hospital commissioned a third-party provider to undertake some cases, however they have rejected some of the cases that this Trust referred to them under the three noted specialities. Claiming that complexity means that they are unable to treat the patients. Currently this Trust does not have alternative capacity, therefore it has been forecast that over 50 patients will be waiting over 78 weeks at the end of March. The Trust is looking at ways to resolve, by either with another external provider using mutual aid or internally.</p> <p>All of the inpatients are day cases and at the moment we are expecting them to be booked and be treated unless it is patient choice by the end of March. GN predicts that the metric will be achieved going forward.</p>	

Item No		Action
	<p>Regarding diagnostics, which saw an improvement in December and January, MRI and CT scans prove to be very positive and green as a result of the additional capacity. The challenge area is within echocardiography, a meeting will take place with the clinical team to see if some of the job plans can be realigned with regards to scanning.</p> <p>Non-obstetric ultrasound is where the largest waiting list is and the Trust is looking for mutual aid to help support, possibly from Walsall. Another area with a large waiting is Cystoscopies for Urology, again possible help from Walsall. GN advised the meeting that she is not predicting an immediate recovery for these three areas due to the number of patients currently waiting and anticipates that it could take up to six months.</p> <p>The Emergency Care metrics in January show significant improvement. The metrics for the ambulance handover within 15 minutes increased to 46%. GN stressed to the meeting that this metric needs to be high. There has been a big improvement in ambulance handover within 30 minutes. GN reported that there has been a significant reduction in the number of people waiting over one hour for their handover in January. GN informed the meeting that most of the delays were in the first few days of January. GN was happy to report that the number of breaches of patients waiting over one hour have reduced and currently stands at 3%. Ideally the figure should be at zero but some of the issues relate to infection prevention.</p> <p>GN informed the meeting that all of the winter plans put in place and all of the actions that the Trust took in January, which were discussed in Private Trust Board and the actions taken by DH, BM and GN have had an impact and it is important to ensure that this is sustained.</p> <p>Stroke metrics remains good.</p> <p>GP asked about the finding for winter pressures and how much of a risk will there be when it disappears or will it be replaced. GN replied that the funding for winter pressures ends at the end of March. However, nationally as part of the operating programme there are separate monies identified for discharge. This can be for social care; it is systems monies to support discharge. These are going to be funded and managed by the Better Care Fund group, but clearly the Trust needs to have a big impact and input into this. There will also be additional funds regarding bed capacity and preventing admissions for example, virtual ward maintenance. In summary there are two separate parts, one for beds and flow the second aimed at discharge. The money is now available and all areas are being asked to make an assessment of the schemes that have had the most impact with the view for them to carry on for the next 12 months. This will go through the Wolverhampton Place, Urgent and Emergency Care Group in terms of making the assessments. Currently Wolverhampton receive £4.5 million, however GN feels there may be a £1million less, meaning decisions will have to be made on some of the schemes.</p>	
5	Subgroup Reports	
5.1	<p>Quality & Safety Advisory Group Meeting – February 2023 – Chair’s Report – Dr B McKaig</p> <p>BM presented the Chair’s report from February’s QSAG meeting.</p> <p>Key areas noted were:</p>	

Item No		Action
	<p>International recruitment into nursing over the last couple of months because of pressures. Certain areas within the Trust have recognised issues regarding quality and some increases in complaints. Significant actions plans are being put into place, particularly where the major impacts are being seen. Some of the issues raised are having an impact on the current staff in terms of supporting the individuals into the culture and practise of working in the NHS. This will take a while to resolve. There is a significant amount of learning to be done by the Trust in helping the staff to adapt to the Trust cultures and working within the NHS.</p> <p>Third party IT fault within Pathology systems – this did not just affect BCPS and its seven hubs across the country. There was an issue which took down the data request and the ability for the team to report Pathology results, which created an immediate risk around some of the procedures. Business Continuity was activated but there was a backlog which impacted on Haematology and Biochemistry for 48 hours and Microbiology for seven days. The backlog is just being cleared. Currently no serious harm was identified. An external RCA will be undertaken.</p> <p>104-day harm – 52 patients exceeded 104 days with no physical or psychological harm was identified.</p> <p>Infection Prevention – there was a national directive to change how the Trust takes blood cultures. It is now expected that you take two sets, however, if this is implemented there will be an impact across the Black Country Pathology Services and the four Acute Trusts of around £1.4million to implement and there are significant workforce and infrastructure issues which will need to be in place. If implemented this will have an impact on other services.</p> <p>Information Governance Toolkit – advised of a baseline submission (the final submission is due in June 2023). Key risks include mandatory training, targeted work is currently on-going with online and face to face training.</p> <p>Medical Devices Group – there are a number of gaps in a number of Medical Devices contracts around repair and maintenance. The Medical Physical Team are doing a scoping piece of work with Divisions to collate the information together and identify any risks. BM advised that this needs to be watched as a potential risk for Medical Devices.</p> <p>Organ Donation – BM commented that this was a positive report and is currently at 100% referral rate (seven donors) – this is pre-COVID.</p> <p>Pressure Ulcer Report – during December and January there was a spike which was not surprising considering the pressures on the NHS in these months.</p> <p>Divisional reports – nothing alarming from these reports with the exception of the staffing issues previously mentioned.</p> <p>LT asked about audits, BM confirmed that there has not been much progress due to work pressures but has received assurance that these will be completed by end of the year. MMe assured the meeting that audits were on the focus of the Assurance Team around how the Trust is going to better enable audit functions within the Organisation, as it has been recognised does need more time investment and structure.</p>	

Item No		Action
	<p>LT mentioned about the Neonatal Intensive care activity has increased to the required level but over the financial year the Trust is unlikely to achieve the 2000 intensive care days which is required.</p> <p>MMo stated that it was important to acknowledge the large contribution international staff are making across the organisation.</p> <p>MMe asked that it be noted that herself and MMo attended a meeting with the ICB the day previous, who asked for huge compliments for the 104-day cancer report and how it has been an exemplary in how it has been reported and presented. The meeting discussed this briefly and were advised that there is a small Task and Finish Group, chaired by DH to ascertain ways forward.</p>	
6	Assurance Reporting / Themed Reviews / Business	
6.1	<p>Infection Prevention – L Hall</p> <p>LH presented the above report to the meeting advising of the following. There have been 56 cases of toxin positive C difficile cases to the end of January 2023, externally attributable thus against a Trust target of 48. However, the Trust is below target for internal C difficile cases.</p> <p>LH advised the Committee that the figure of 89 for RWT attributable MSSA bacteraemia to the end of January was incorrect. The figure should have read 28 and LH will ensure this is amended. The internal target is 28.</p> <p>The meeting was informed that the E coli bacteraemia is on trajectory and Klebsiella is under external trajectory.</p> <p>LH mentioned that MRSA bacteraemia, the last external attributable case for RWT was May 2022, however the day prior to this meeting, there was a positive MRSA blood culture in a patient who had been at this Trust for two days. The patient resides out of this area and RWT are working with colleagues at Midlands Partnership to collate information around this patient.</p> <p>Blood culture contaminants rate across the Trust was still averaging 1.98% which is below the national recommended maximum of 3%.</p> <p>The Trust has seen a sharp increase in positive cases, which is in line with regional and national data (for November & December). However, there has been a reduction in January and currently there has been a zero positive flu cases within the Trust, which is reassuring.</p> <p>For the 97 Key Lines Of Enquiry (KLOE's), this Trust is compliant for 91. The Trust currently have six ambers and no reds. LH went through the six KLOE's:</p> <ul style="list-style-type: none"> Ensuring that there are adequate isolation rooms / cohort units – RWT managed to increase the number of isolation rooms within the Respiratory Directorate and any future projects, Infection Prevention will review isolation facilities along with requirements. 	

Item No		Action
	<ul style="list-style-type: none"> • Organisation having systems and processes in place if there is a change in the functionality of an area or a room – this is being progressed within the Environment Group, a Standard Operating Procedure (SOP) has been produced and is currently being worked through to ensure that everything is covered. • Ventilation Systems – ensuring that they comply with the Health Building note to ensure that the Trust is meeting the air changes. Partial assurance has been received. • Ensuring there is a ventilation assessment is completed with colleagues to make sure that there are adequate ventilation systems. Plans are in place for a Trust wide ventilation survey, Estates are in talks with a Contractor around a timescale for this work to be completed. • Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people – this will allow for patients at risk to be prioritised for single rooms whilst awaiting test results. There is an isolation matrix which can support the limited number of side rooms which are available across the Trust. • Patients at risk of severe outcomes from infection prevention, ensuring they are a priority for a single room protected isolation, again use the isolation matrix to ensure these patients are protected when required. <p>AH sought assurance about how rooms are being decontaminated after a C-Diff or any infected patient has left. AH also asked how the Matrons are getting this assurance / checks etc. LH reported that the C-Diff Task and Finish Group is supported by and attended by the Matrons, so they are fully aware of the actions. LH commented that there is also a temporary patient equipment cleaning centre, which used to be the small discharge lounge. Equipment is taken from the wards into the centre and the equipment can then be steam cleaned thoroughly, effectively chlorine cleaned and there is also a single room which means Infection Prevention can HPV equipment, which is very useful. Infection Prevention are promoting the use of HPV on discharge for single rooms and are currently looking for UV options, which means it is a shorter time for UV. Where a room cannot immediately, due to capacity issues, HPV a room, Infection Prevention are assured that the Trust is cleaning with chlorine which is the standard across the Trust for all areas.</p> <p>AH asked about the anti-microbial that is being prescribed and how is this being looked at with individual patients. LH confirmed that a weekly C-Diff ward round takes place with the Microbiologist, Infection Prevention and Anti-Microbial Pharmacist. Themes and trends utilise the ward Pharmacist for the area to focus on education. There is also have an anti-microbial ward round which is attempted to complete every week, with the same trio has before. LH explains the process and assured the meeting that Medical staff are also involved in the learning and feedback.</p> <p>GP commented that one of the MRSA bacteraemia was from an out of area and probably from the Community and asked how much feedback Infection Prevention gets from the</p>	

Item No		Action
	<p>Community teams, do they swab, can the infection be picked up prior to hospital admittance. LH replied that all patients are screened on admission to the Trust for MRSA.</p> <p>MMo assured the meeting of the multi-disciplinary involvement and how well people are involved in the Infection Prevention. MMo commented that following a recent NHSE visit, one of the positive comments was how well engaged the ward staff were with the Infection Prevention Team.</p>	
7	<p>Themed Review Items</p>	
	<p>No issues to report this month</p>	
8	<p>Issues of Significance for Audit Committee</p> <p>There were no issues of significance for Audit Committee.</p> <p>Issues of Significance for the Trust Board</p> <p>LT to do the Chair's report and circulate for comments before final submission to the Trust Board.</p>	
9	<p>Any Other Business</p>	
9.1	<p>Joint Quality & Safety Strategy Paper – M Morris</p> <p>MMo presented the above paper to the meeting and commented that it was the first joint paper for both RWT and WHT. This paper has been developed in collaboration between the two organisations and colleagues within both Trusts.</p> <p>The strategy is a three-year strategy, as part of the development, MMo advised that a number of key documents from both organisations and key national publications. Internal documents included the Trust strategy, Outpatient experience strategy and Nursing strategy (to be re-named to Quality Framework) from April 2023.</p> <p>As part of the strategy the following are the key areas it is proposed to focus on:</p> <ul style="list-style-type: none"> • Our People • Embedded culture of learning and continuous improvement at all levels of organisation • Prioritise the treatment of cancer patients focus on improving the outcomes of those diagnosed with disease • Deliver safe and responsive UEC care in community and hospital • Deliver the priorities of the national elective care strategy • Financial sustainability 	

Item No		Action
	<p>As well as the above MMo mentioned that there was also some additional aspect to focus on and these include:</p> <ul style="list-style-type: none"> • Prevention and management of patient deterioration • Timely SEPSIS recognition and treatment • Medicines management • Adult and Children Safeguarding • Infection Prevention Control • Patient Safety • Eat, Drink, Dress, Move to Improve • Patient Discharge • Maternity and Neonates • Mental Health • Digitalisation <p>MMo advised the meeting that the draft is being circulated across both Nursing and Medical forums. MMo asked this meeting for their opinion on the strategy and asked if the committee were content to take it forward to TMC in March and subsequently Trust Board for sign off in April.</p> <p>LT commented that it was a good report, simple, clear, easy to read and abbreviations were in full first.</p> <p>AH echoed LT's comments about it being an excellent report and asked how it will be monitored or where are the aspirations going to be monitored. MMo replied that it is making the links with all of the leads across both organisations and to set up a reporting mechanism to monitor progress on this strategy. The strategy will be presented at both Trust Board's on an annual basis to provide an update on the three-year strategy. Once this has been agreed there will be communication going to all of the leads to ensure they understand that once approved the staff will be in a delivery stage, ensure delivery plans are available. The strategy will rely on the leads to ensure it is delivered.</p>	
10	<p>Evaluation of Meeting</p> <p>Excellent meeting</p>	
11	<p>Date and time of Next Meeting:</p> <p>Wednesday 22 March 2023 at 1.00pm to 3.00pm, Via MS Teams</p>	

Minutes of the Audit Committee

DATE Tuesday, 13 December 2022
VENUE MS Teams Virtual Meeting
TIME 1.00 pm

PRESENT

Ms Julie Jones Non-Executive Director (Chair)
 Mr John Dunn Non-Executive Director
 Professor Louise Toner Non-Executive Director
 Mr Junior Hemans Non-Executive Director

IN ATTENDANCE

Mr Kevin Stringer Chief Financial Officer and Deputy Chief Executive
 Mr James Green Interim Finance Director
 Mr Mark Greene Deputy Chief Financial Officer
 Mr Paul Smith (part) Head of Security and Car Parking
 Mr Asam Hussain RSM – Internal Audit
 Mr Mike Gennard RSM
 Ms Andrea Deegan RSM – LCFS
 Ms Sarah Brown KPMG – External Audit
 Mr Keith Wilshere Company Secretary
 Ms Michelle Metcalfe Group Deputy Director of Assurance
 Mr Nathan Joy-Johnson (part) Group Director of Procurement
 Mr Simon Evans (part) Chief Strategy Officer
 Ms D Preston (part) Head of EPRR & BC/Trust Decontamination Lead
 Ms Anne-Louise Stirling Personal Assistant - Chief Financial Officer and Deputy Chief Executive (Administrator for the Committee)

Item No		Action
69/2022	<u>Apologies for Absence</u> Mr Kevin Bostock	
70/2022	<u>Minutes of the Previous Meeting</u> The minutes of the Audit Committee meeting held on the 6 September 2022, were reviewed, and approved by the committee.	
71/2022	<u>Matters Arising</u> There were no matters arising.	

Item No		Action
72/2022	<p><u>Audit Committee Action Points Log</u></p> <p>The committee reviewed the list of Action Points and agreed upon, which items had been actioned and could be closed.</p>	
73/2022	<p><u>Declarations of Interest</u></p> <p>No interests were declared.</p>	
74/2022	<p><u>Quality Governance Assurance Committee (QGAC)</u></p> <p>L Toner updated members of the committee on areas of interest following the last QGAC meeting. She advised that the key themes on the QGAC agenda predominantly remained as discussed at the September meeting of the committee – ambulance waits, Accident and Emergency Department waiting times, restoration and recovery plan and the cancer recovery plan.</p> <p>L Toner advised members that a new area of concern for QGAC related to staffing levels, and this was despite the Trust undertaking a huge amount of work in terms of increasing the number of staff. She reported that there were some issues in terms of getting overseas nurses through the OSCE requirements, which also included midwifery services.</p> <p>Members noted that as reported previously to reduce the A&E waits and the ambulance breaches that a new ‘holding area’ had been created to enable patients to be cared for rather than waiting on the ambulance. However, it was noted that this would not have a huge impact on decreasing waiting times, but did provide a better environment for the patient.</p> <p>The Chair thanked L Toner for the update on issues of note arising from the business of QGAC.</p>	
75/2022	<p><u>Performance and Finance Committee (P&FC)</u></p> <p>J Dunn updated members of the committee on areas of interest following the last P&FC meeting.</p> <p>He referred to the Financial Forecast Report submitted to the Trust Board meeting on the 6 December 2022 and advised that the internal outturn figure of £14.9 million would be monitored on a monthly basis by the committee.</p> <p>J Dunn advised that with the increase in waiting lists mainly due to the number of referrals received and the limitations with capacity, specifically in some specialties it was unlikely that the Trust would hit the 52 weeks waits by the end of the year. He advised that plans were in place to enhance capacity.</p> <p>The Chair thanked J Dunn for the update on issues of note arising from the business of the P&FC meeting.</p>	
76/2022	<p><u>Trust Management Committee (TMC)</u></p> <p>K Stringer updated members of the committee on areas of interest following the last meeting of TMC on the 25 November 2022.</p>	

Item No		Action
	<p>K Stringer advised that in terms of the agenda there was nothing new in terms of risk that the committee needed to be made aware of. The key themes for the meeting were very similar to what the other two committees had described - staffing levels raised by the Divisions and the Directorates and winter planning.</p> <p>K Stringer referred to J Dunn's discussion and advised that all organisations in the Black Country were under significant pressure from urgent care, walk in admissions and particularly paediatric patients and that some neighbouring Trusts had been raised to a Level 4 over the previous weekend.</p> <p>The Chair thanked K Stringer for the update on issues of note arising from the business of the TMC meeting.</p>	
77/2022	<p><u>Board Assurance Framework (BAF) plus Collaborative Work with Walsall and BAF Risks</u></p> <p>K Wilshere presented the BAF report to members of the committee. He advised members that this was the most up to date version that was currently available.</p> <p>It was noted that the current risks on the framework would be sent out for review at the end of December/early January and were now presented in the new format. K Wilshere advised that the only other areas of note related to updates to the 'watch list' in Section 9 and the other change pertained to a further increase of SL15 in relation to funding and resourcing, which had been agreed by P&FC.</p> <p>The committee asked for a brief run through of the new format of the risks and K Wilshere gave a detailed update on the changes that had been implemented.</p> <p>The Chair enquired if the Walsall Audit Committee had met and what their views on the revisions put in place were. K Wilshere responded that the Walsall Audit Committee had not yet met, but there was agreement to use the same format and template across both Trusts. He advised members that the Walsall BAF compared to the Wolverhampton one, was not as mature and well established however, by the middle of January both organisations BAF would be in the same template format. K Wilshere highlighted that a lot of the risks were similar, and, therefore, it was evident that there would be some common BAF risks across both Trusts.</p> <p>The Chair reiterated that the two new emerging risks of note were Cyber Risk which was being developed following committee discussion last month and also the issue of staffing levels.</p> <p>As part of the Internal Audit Programme members noted that there was an Annual Assurance audit of the BAF. A Hussain confirmed that this had been moved from November 2022 to February 2023 to allow for the new system to be embedded.</p> <p>RESOLVED: The committee noted the detail of the BAF.</p>	

Item No		Action
78/2022	<p><u>Security Report</u></p> <p>P Smith presented the quarterly progress report on security issues within the Trust to members of the committee.</p> <p>He highlighted to members the security upgrades across the New Cross Hospital site along with some additional CCTV in the East Multistorey car park and the Acute Medical Unit.</p> <p>P Smith confirmed that ‘OP28 Management of Prisoner Attendance’, ‘OP26 Security’ and ‘OP99 Car Parking’ policies were all up to date and that work continued with Walsall Trust to ensure alignment of policies.</p> <p>Members noted that during the quarter the Security office received 18,839 calls in total, which was a decrease of 6,455 on quarter 1 of this year. P Smith reported that during the quarter the additional cover to support the Trust by having a security presence on the main entrances into the hospital to oversee Covid regulations had ceased.</p> <p>Members were made aware that the car parking maintenance contract had expired, and the current service provider was no longer operating. P Smith advised that capital funding had been secured and agreement to upgrade and install a new public car parking system had been approved. He advised that a tender was currently being drafted for the tender process with a view to complete by the end of February 2023.</p> <p>P Smith informed members by way of additional information that the security and car parking tender was due for renewal and that the tender process was currently underway with an expected contract award date of around April/May 2023.</p> <p>RESOLVED: The committee thanked P Smith for the progress report on security issues within the Trust.</p>	
79/2022	<p><u>Internal Audit and Counter Fraud – RSM</u></p> <p>79.1 <u>Internal Audit Progress Report (including Recommendation Tracking report)</u></p> <p>A Hussain presented the Progress Report to members of the committee.</p> <p>It was noted that since the last meeting of the committee the following Internal Audit reports had been finalised and issued: -</p> <ul style="list-style-type: none"> • Clinical Services – Ophthalmology Follow Up (1.22.23) • Business Case Process (2.22/23) • The Effectiveness of the Freedom to Speak Up (FTSU) Function (4.22/23) • Key Financial Controls – General Ledger (6.22/23) <p>Members noted that there had been three changes to the Internal Audit Plan, namely the splitting of the key financial controls work relating to the General Ledger report and Accounts Receivable report. An additional review had been requested around Research and Development, which was noted as being a periodic review and commissioned by the Local Clinical Research Network.</p>	

Item No		Action
79.3	<p><u>Internal Audit Report: 4.22/23 - The Effectiveness of the Freedom to Speak Up (FTSU) Function</u> A Hussain presented the findings of the - Effectiveness of the Freedom to Speak Up (FTSU) Function audit to members of the committee.</p> <p>It was noted that this audit had resulted in a ‘reasonable assurance’ opinion demonstrating that the Trust had robust controls in place to promote a positive culture for staff to be able to speak up. There were 10 priority actions - four ‘Medium’ and six ‘Low’ actions.</p> <p>RESOLVED: The committee noted the detail in the report.</p>	
79.4	<p><u>Internal Audit Report: 6.22/23 - Key Financial Controls – General Ledger</u> A Hussain presented the findings of the Key Financial Controls – General Ledger audit to members of the committee.</p> <p>It was noted that the audit had provided a ‘substantial assurance’ opinion and demonstrated that the Trust had robust controls in place around the maintenance and upkeep of the General Ledger. The committee noted that there were only two ‘Low’ priority management actions that had been raised as part of the review.</p> <p>The Chair concluded that the report was a very positive one and asked M Greene to pass on the committee’s congratulations to the Finance team.</p> <p>RESOLVED: The committee noted the detail in the report.</p>	M Greene
79.5	<p><u>Internal Audit Report: 2.22/23 - Business Case Process</u> The Chair referred to the Business Case Process Internal Audit report which had been circulated following the September meeting of the committee and asked if there were any matters that members wished to raise.</p> <p>It was noted that this was a ‘partial assurance’ opinion with nine priority actions - two ‘High’, five ‘Medium’ and two ‘Low’ priority actions.</p> <p>RESOLVED: The committee noted the detail in the report.</p>	
79.6	<p><u>Local Counter Fraud Specialist (LCFS) Progress Report</u> A Deegan presented the LCFS progress report to members of the committee.</p> <p>A Deegan advised that the report summarised the work undertaken since the last meeting of the committee in September on the proactive and reactive work. Members noted that a fraud session had been held during ‘International Fraud Awareness Week’ for Trust staff and that there had been a good attendance. Areas targeted during the session covered - ‘recruitment, finance, general awareness and cyber risk’. A Deegan reported that the attendance from Trust staff at the session had been one of the top five attendance levels across RSM’s client base, which was very encouraging.</p> <p>A Deegan reported that a Culture survey had been circulated with the aim to understand the levels of culture and levels of acceptance against what would be acceptable and not acceptable at different levels of the organization.</p>	

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	<p>The results would then be aligned with the strategic zero tolerance approach. It was noted that once the survey had closed the results of which would be shared with the committee.</p> <p>With regard to new reactive referrals, A Deegan advised that eight had been received since the last meeting of the committee in September. She advised that a benchmark figure of around 12 was the average evidenced last year, but that the Trust had received 13 new referrals in total which indicated that there wasn't a cause for concern in respect of the volume of referrals.</p> <p>The committee referred to page 16 'emerging risks and alerts issued' and noted that there was a marked increase in mandate fraud. A Deegan advised that fraud alerts continued to be shared regularly with the Trust to ensure that it was equipped with the knowledge and skills to not expose the Trust to any of these potential risks.</p> <p>A Deegan referred to pages 10 to 15 of the report which detailed the 'reactive work and the summary of the closed cases' since the September meeting of the committee. With regard to the open cases members noted that the progress and activity update provided against each case.</p> <p>Referring members to the Appendix to the main report 'Reactive Benchmarking' section, A Deegan advised that this related to the last financial year, but gave an indication in terms of activity for the Trust and the position across RSM's client base in terms of number of referrals/themes of referrals and advised that the Trust was comparable and in line with the average. The Trust's highest theme for referral was noted as being working whilst off sick, payroll and timesheets and the fulfilment of contracted hours.</p> <p>Members noted the detail provided in relation to 'single tender waivers' and the benchmarking provided across the RSM client base. A Deegan advised that the only potential area of note was that the Trust appeared to be an outlier around classification of continuity of service and sole supplier. It was noted by members that this area would need to be looked at further to establish how the single tender waivers were classified in terms of continuity of service or sole supplier. K Stringer asked A Deegan to provide a breakdown by supplier name of the data and he would identify whether it was continuity of service or sole supplier status for the committee.</p> <p>RESOLVED: The committee noted the detail of the Counter Fraud Progress Report.</p>	A Deegan
80/2022	<p><u>External Audit – KPMG</u></p> <p>80.1 <u>External Audit Progress Report</u></p> <p>S Brown presented the External Audit Progress report to members of the committee.</p> <p>S Brown advised given the timing of the meeting that the risk assessment procedures had not yet commenced so it had not been appropriate to bring the Audit Plan to the committee. However, it was noted that the significant audit risks would not change substantially from the previous year and that once the planning and risk assessments had been completed the detailed Audit Plan would be presented to the next meeting of the committee.</p> <p>Referring to the 'sector update' section, S Brown referred to page 4 of the report, highlighting some changes in the Group Accounting Manual and on page 5 changes regarding IFRS 16. It was noted that both changes were not expected to impact on the audit.</p>	

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	<p>Members noted that page 8 referred to some changes to ‘international auditing standards’ that would impact the approach that would be taken to the audit. These changes impacted across all Trusts in that the revised ISA 315 would require a more enhanced risk assessment process to be undertaken. S Brown explained that the audit did involve undertaking control testing for most of the Trust’s key processes, but going forward there would be a requirement to test some of the IT controls in place.</p> <p>The final revision of note was the ISA relating to fraud. S Brown advised the committee that given the level of fraud attention the Trust received it was anticipated that this would not be an issue and that the audit would link in with the work that the Counter Fraud team were undertaking.</p> <p>RESOLVED: The committee noted the detail of the Progress Report.</p>	
81/2022	<p><u>Governance Arrangements for ICS and ICB</u></p> <p>S Evans gave a verbal update to the committee on the progress made to date on the Integrated Care System (ICS) and Integrated Care Board (ICB) Governance Arrangements.</p> <p>He referred the committee to the report that was presented to the Board meeting on the 6 December 2022, which detailed the proposed governance arrangements for the ICS, ICB and the sub-components of the new operating model.</p> <p>It was noted that the ICS was currently drafting through the ICP a strategy, which was currently out to consultation as a first draft document. S Evans explained that following this the strategy would then go out for public consultation in the early part of next year with a view to it being in place at the end of March/early part of April 2023.</p> <p>S Evans reported that from an ICB perspective the five year forward plan needed to be drafted, which was what all partners were currently working towards. He explained to members that this was the tactical delivery plan that described what the Trust was going to do to address the needs identified in the strategy from a governance perspective.</p> <p>S Evans reiterated that following the Board Development session last month when the ‘scheme of delegation’ was discussed it was almost certain that joint committees would be established for each of the provider collaboratives.</p> <p>S Evans advised members that if further detail or clarification was required the report that went to the Board meeting on the 6 December 2022 would be a useful reference document.</p> <p>RESOLVED: Members thanked S Evans for his verbal update.</p>	
82/2022	<p><u>Single Tender Actions and Suspension Breaches</u></p> <p>N Joy-Johnson presented the first Single Tender Actions and Suspension Breaches report to members of the committee.</p> <p>He advised the committee that the report provided an update on the total number of Standing Financial Instructions (SFI’s) breaches relating to late/retrospective purchase orders being raised and the subsequent actions being taken to manage and reduce future SFI breaches.</p>	

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	<p>It was noted that the single tender waiver information was still being collated and would be available for the next meeting of the committee.</p> <p>Members noted the detail on the SFI breaches in terms of retrospective authorisation requests across the Trust for the period 1 July 2022 to the end of November 2022 was a total of 49 out of a total of 24,000 orders raised and acknowledged this was a very small percentage.</p> <p>The Chair thanked N Joy Johnson for an excellent first report to the committee and welcomed the level of detail in the report. Going forward it was requested that to aid reading purposes that any text in boxes be made larger.</p> <p>J Dunn concurred that the report gave assurance and a degree of visibility not received before by the committee. He advised it would also be beneficial to know the value of the breaches that occurred and whether they were high level or low level breaches.</p> <p>N Joy-Johnson reported that of the 49 breaches seven of those fell into the over £100,000 plus category. He advised that the team were currently focusing on the high level breaches and the detail of those were on page 5 of the report. He assured the committee of the action being taken as a Trust going forward.</p> <p>J Dunn suggested it would also be interesting to compare RWT data with UHNM who had been producing a similar report for two years to see what progress had been made. N Joy-Johnson agreed that this would be taken forward.</p> <p>K Stringer addressed the committee and thanked N Joy-Johnson and the Procurement team on the level of detail presented in the report. Referring to the seven breaches that were above £100,000 he advised members that three of them related to locum medical staff and represented the urgent need for temporary staff the Trust faced. The Chair asked N Joy-Johnson that in view of concerns over mandate fraud and the extra procedures entailed to raise an order etc, should locums be an accepted exception to the policy such that the Trust allows them to have late procurement in view of the urgency attached to their appointment. N Joy-Johnson advised that this was an area that would need further discussion and agreement by the Trust, but from a procurement point of view the detail behind the breach could be reported to the committee to ensure transparency and facilitate further discussion going forward.</p> <p>J Hemans asked if it was cost efficient to use more than one agency for locum medical staff or whether it was a necessity depending on the specialty. N Joy-Johnson advised that all agencies are part of the West Midlands cluster and, therefore, all major contracts would normally go via this arrangement, however, there may be exceptions depending on clinical and operational needs.</p> <p>RESOLVED: The committee thanked N Joy-Johnson for a very detailed report.</p>	<p>N Joy-Johnson</p>
83/2022	<p><u>Review and Approval of relevant Policies and Registers</u></p>	
83.1	<p><u>Review of Conflicts of Interest Policy Compliance and Registers</u> Members noted that this item had been deferred until the meeting of the committee in February 2023.</p>	

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83.2	<p><u>Review of Standing Orders and Standing Financial Instructions</u> K Stringer presented to the committee the report on the Review of Standing Orders and Standing Financial Instructions, Scheme of Delegation and Budget Management Principles and Guidance.</p> <p>RESOLVED: The committee noted the detail in the report and the commencement of the review of the policy, which would be available for endorsement by the committee in April 2023.</p>	
83.3	<p><u>Review of Counter Fraud Policy</u> A Deegan presented the report on the Review of the Counter Fraud Policy to members of the committee. She confirmed that the Trust policy had been reviewed to ensure it was up to date and reflective of legislative good practice.</p> <p>K Wilshere confirmed to the committee that the revised policy would now go through the Trust policy review process and then on to Trust Management Committee for final approval.</p> <p>RESOLVED: The committee noted the detail in the report.</p>	
83.4	<p><u>Review of Business Continuity Management Policy</u> D Preston presented the Review of Business Continuity Management Policy Report to members of the committee.</p> <p>Members noted that the purpose of the report was to set out the Trust's processes for business continuity management and assurance requirements both internally and externally. D Preston advised that these requirements were reviewed annually, in order to ensure that the Trust's business continuity processes were up to date.</p> <p>RESOLVED: The committee thanked D Preston for the detail and assurance presented in the report.</p>	
84/2022	<p><u>Losses and Special Payments Report</u> K Stringer presented the Losses and Special Payments report for the period 1 August 2022 to 31 October 2022 with approval requested for losses outside Officers' delegated limits for the period 27 August 2022 to 1 December 2022.</p> <p>The Committee were asked to note: -</p> <ol style="list-style-type: none"> 1. Note the total losses and special payments in the period of £113,835.38 (13 new cases plus 2 existing cases) (*net £90,649.38) including. <ol style="list-style-type: none"> i. the losses and special payments authorised within Officers' delegated limits in the period by the Deputy Chief Financial Officer under delegated powers of authorised £4,623.38, (8 new cases plus 2 existing cases); ii. the losses and special payments authorised outside Officers' delegated powers for the period 21 May to 20 August. These were approved on 6 September 2022 by the audit committee £97,820.00 (2 new cases) (net £74,634.00); and iii. the personal injury claims of £11,392.00 (3 new cases). 	

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	<p>2. Approve the write off of losses and special payments of £6,319.73 (1 case) outside the Officers' delegated limits in the period 27 August 2022 to 1 December 2022. Please note this will be reported within the audit committee paper to be presented at the next meeting for the period 1 November 2022 to 31 December 2022.</p> <p>3. Note the total for the 2022/23 year of £150,133.07 (30 new cases plus 4 existing cases) (*net £124,897.07).</p> <p>K Wilshere advised that following discussion with M Greene Policy 'OP18 - Patients Property' had been reviewed and would now be going through the Trust's approval process. He advised that a communication to staff to raise awareness that high value items should not be brought into the Trust would be beneficial. K Stringer concurred that in view of the claims that were being presented it would also be beneficial for a communication to be sent focusing on the procedure to be followed by operational staff for patients' property.</p> <p>RESOLVED: Members of the Committee approved the detail in the Losses and Special Payments report and approved write off of debt and other loss, outside Officers' delegated limits. It was noted that this detail would now be presented to the next meeting of the Trust Board for final approval.</p>	K Wilshere
85/2022	<p><u>Proposed Change to SFI Limits</u></p> <p>J Green presented the Proposed Change to SFI Limits report to members of the committee for their approval.</p> <p>He advised that the proposal was to change the delegated limits, which require Trust Board approval and to propose an intermediate joint delegated limit of the Chief Executive Officer (CEO) and Chief Financial Officer (CFO). Members were advised that RSM had undertaken a review of other Trusts and as reported the £1 million limit also applied to other organisations.</p> <p>Members were asked to approve an increase to the delegated limits as set out in Appendix A:-</p> <ul style="list-style-type: none"> • Cases where income and/or expenditure were over £1m • Capital cases over £1m • Joint approval of income and/or expenditure between £250k - £1m to CEO and CFO • Competitive quotations required between £20k - £50k <p>J Dunn addressed members and advised that he was fully supportive of the proposal put forward providing there was a strong audit trail in place for assurance purposes. He advised that as Chair of the P&FC a report detailing a list of the authorisations each month that take place from £250k to £1 million would need to be submitted along with a simple narrative describing the project and the scheduled post implementation review date. In addition, any post £1 million projects or any projects that were presented to the Trust Board must also be presented to P&FC.</p>	J Green

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	<p>The committee discussed the sign off process and enquired whether this would be a physical signature or an electronic one. J Green responded that the current method was by electronic signature and that following review by the nominated Director an electronic signature would be applied before it moved to the Chief Financial Officer and finally the Chief Executive for final approval.</p> <p>The Chair acknowledged that electronic signatures were the modern way forward, but enquired what method would be used for example, was DocuSign an option. K Stringer concurred that digital signatures were the preferred way forward, but this could be investigated further to find an acceptable route of signature that the committee approved. K Stringer assured the committee that with reference to the audit trail raised by J Dunn that there was a clear process that required an e-mail from the Director concerned agreeing to the use of their digital signature.</p> <p>K Wilshere advised that he was aware that IBABs were about to introduce a digital tracked signature option and suggested that this may be the favourable way forward, which would give full traceability.</p> <p>The Chair concurred that the committee approved the report subject to the additional caveats raised by J Dunn and on the basis of the additional controls and measures being built into the process as discussed.</p> <p>RESOLVED: The committee approved the report and noted that the proposal was effective from the 1 January 2023.</p>	
86/2022	<p><u>Audit Committee Workplan 2022</u></p> <p>The Chair advised the committee that the workplan presented for review was now aligned with Walsall Trust to ensure that there was a consistent pattern of work across both organisations. However, it was noted that should there be emerging issues, these would be addressed and the workplan modified accordingly.</p> <p>RESOLVED: Members of the committee noted the Audit Committee workplan for 2022.</p>	
87/2022	<p><u>Audit Committee – Terms of Reference (updated with the Trust’s new Strategic Aims)</u></p> <p>The Chair presented the Audit Committee Terms of Reference to the committee. She advised members that the only changes to the Terms of Reference were detailed on page 1 - the Trust’s new ‘strategic aims’ had been updated.</p> <p>It was noted that the document referred to Chairman as opposed to Chair and the Chair asked that this be amended.</p> <p>RESOLVED: The committee noted the revised Terms of Reference.</p>	A L Stirling
88/2022	<p><u>Matters for Escalation</u></p> <p>The Chair advised that the emerging key issues of note were ‘workforce and financial recovery’, but these were matters that had already been escalated by other committees.</p>	

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	The only other area of note was the follow up Internal Audit Report for Ophthalmology, which would be monitored by the committee at their quarterly meetings.	
89/2022	<p><u>Any Other Business</u> No additional business was raised by members of the committee.</p>	
90/2022	<p><u>Review of the Meeting</u> The Chair reminded members that this was an opportunity to reflect on the business of the committee and consider what as a committee had been done well; what could have been done better and finally if the business of the meeting had made a difference to patients.</p> <p>The overriding view of the committee was that the meeting had been focused, positive and with relevant discussion, involvement, and challenges from members. The quality of the agenda items had been very good, and the meeting had flowed smoothly.</p>	
91/2022	<p><u>Date and Time of Next Meeting</u> 9 February 2023 – 10 am via MST meeting</p> <p><u>Future Meeting Dates</u> 26 May 2023 – 10.30 am</p> <p>12 September 2023 - 10.00 am private meeting with Internal/External Audit/LCFS with committee members 10.30 am full committee meeting</p> <p>12 December 2023 – 10.30 am</p>	

Minutes of the People and Organisational Development Committee

Date **Friday, 24th February 2023**

Venue **Via MS Teams**

Time **10:30am**

Present:	Name	Role
	Alan Duffell	Chief People officer
	Chrissla Davis	Deputy Director of Nursing
	Junior Hemans (Chair)	Non-Executive Director
	Allison Heseltine	Associate Non-Executive Director
	Lyndsey Ibbs-George	Divisional Manager, Estates & Facilities
	Ros Leslie	Chief AHP
	Catherine Lisseman	Head of Corporate Learning Services
	Sue Rawlings	Associate Non-Executive Director
	Julie Shillingford	Head of HR Advisory
	Ananth Viswanath	Deputy Medical Director

In Attendance:		
	Maria Dent	PA to Group Chief People Officer
	Amanda Dowling	Head of Patient Experience and Public Involvement
	Eleanor Morris	Deputy Head of Patient Experience
	Suzanne Tytler	Group Manager, Division 1, on behalf of Lewis Grant
	Sarah Wilmshurst	Group Manager, Division 2, on behalf of Kate Shaw

Apologies:		
	Kevin Bostock	Group Director of Assurance
	Lewis Grant	Deputy COO, Division 1
	Adam Race	Interim Director of HR & OD
	Kate Shaw	Deputy COO, Division 2
	Claire Young	Group Deputy Director of Education and Training
	Cath Wilson	Deputy Director of Nursing
	Claire Young	Group Deputy Director of Education & Training

Agenda Item No		Action
1.	STANDING ITEMS	

Agenda Item No		Action
1.1	Apologies for Absence and Welcome to the Meeting Apologies were noted and recorded as above.	
1.2	Declarations of Interest No declarations reported.	
1.3	Confirmation of the Minutes from the Last Meeting, 27th January 2023 The minutes from the 27 th January 2023 were reviewed and agreed as a true record of the meeting.	
1.4	Review of Action Log and Matters Arising: Exploration of QR Code for Staff who Are Thinking of Leaving Action 2023/001 J Hemans noted that T King had had an initial discussion with S Smith-Cox, but thought that the action had not been fully answered ie “the development of a QR code” or something similar for people to utilise outside of the stay conversations to capture any thoughts staff may have about leaving. Therefore, action to remain open.	Action: 2023/001 T King
1.4.1	Update Report on RWT Voluntary Services E Morris and A Dowling provided an update from the report presented on the priorities for recruitment for the general pool of volunteers for the Trust, noting that a number of volunteers were recruited directly by specialist areas. Key points to note: <ul style="list-style-type: none"> • There had been recent successful intakes of clinical volunteers, who were recruited, trained and placed within wards or outpatient areas. • Recruitment took place in cohorts rather than on a continual basis, but any enquiries received were added to a waiting list and invited to the recruitment events. The number of people wishing to volunteer was increasing and this followed a national trend reported within the national forums. • The Trust currently had 184 volunteers with a further 45 within the recruitment process. Each volunteer was asked to commit to one half day per week for at least six months. • Bespoke software was utilised to record and track volunteer activity, as volunteers were not placed in one area permanently but were flexible and adaptable to meet service requirements across the Trust. • The software allowed for volunteers to also provide feedback from each areas worked within which helped to support the retention of volunteers and a number of initiatives had also been put in place to support retention, as retention was as important as recruitment. • Volunteers had access to undertaking the National Volunteering Certificate. • A number of events were planned throughout the year, such as celebrating the National volunteers’ week in June and a Trust wide volunteers celebration event was planned towards the end of the year. • A number of volunteers were younger people who were looking to gain life skills and experiences within the health sector to support future employment or further education and the team supported pathways into employment. 	

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	<ul style="list-style-type: none"> The team had been awarded additional funding to run a two year project called HOPE, Holistic Opportunities Preventing Exclusion, which was working in partnership with the Wolverhampton Voluntary and Community Action (WVCA) to support people who were socially isolated. <p>S Rawlings queried whether there was any consideration for volunteers providing support for the community areas of the Trust and also whether the forecast recruitment numbers, for RWT and HOPE, would be achievable given that there was also a drop out rate. E Morris advised that there had been specific projects within the community over the last couple of years, that had related to the virtual covid ward and the vaccinations hubs, but these had tailored off, therefore, the team would need to follow up with key stakeholders on where volunteers could be utilised going forward.</p> <p>In terms of the recruitment drive, E Morris agreed that the numbers were ambitious but there were a number of focussed areas to support this. In regards to the number of volunteers who dropped out, E Morris reported that this was difficult to monitor as the volunteer role was a very flexible role, however, following the loss of a number of volunteers due to covid, a number of these were now returning, so she was very optimistic going forward.</p> <p>A Dowling reported that pre-covid a high number of volunteers were in the post-retirement age group, however, following covid, and with the implementation of the new system and app that the volunteers use, this has seen a younger base of volunteers and has supported retention.</p> <p>J Hemans requested that for future reporting, a table providing age profile and gender was also included within the update; E Morris and A Dowling acknowledged.</p> <p>A Heseltine queried whether there were any non-clinical volunteers within the Trust and also whether the volunteers recruited directly by Specialist areas received the same support as those recruited for the general pool. E Morris reported that the term 'clinical volunteer' was a new term that came into practice during Covid, in that the support was clinically focussed and supported staff on the wards. The role had now evolved and was a generic role description that was adaptable so that volunteers could provide support where required across the Trust.</p> <p>E Morris reported that for those areas that recruited volunteers directly, there was an overarching Trust Policy OP68 to be followed and the team provided advice and support to these areas. There was also information available on the Trust intranet and the Resourcing Team supported the recruitment process and all volunteers were required to complete the Trust mandatory training.</p> <p>In response to a question by A Heseltine on whether volunteers were utilised to fill any employment gaps, E Morris stated that all areas requesting volunteers were sign posted to the Trust policy, had to complete a checklist and were asked what tasks were expected. She reported that the volunteers were to enhance and compliment paid staff, not to replace. A Dowling reaffirmed that there was constant dialogue with the volunteers so any areas of concerns were immediately followed up.</p>	<p>Action: 2023/011 E Morris A Dowling</p>

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	<p>A Viswanath commented that he agreed with J Hemans in that the age demographics of the volunteers would be helpful in future reporting. He also requested that the full number of volunteers across the Trust was included, not just those recruitment via the Patient Experience recruitment cohorts for the general pool. He also asked whether the volunteers located within clinical areas, picked up and reported on any concerns and what was the channel for reporting. E Morris advised that the volunteers may speak to the directorates, if confident to do that, but in the main, they would report back to the Patient Experience team and this would be followed up, however, overall feedback has been very positive. A Dowling commented that a large number of volunteers were very young and when placed into busy areas they needed a clear understanding of what was expected from them so there was constant dialogue to support. She advised that within the volunteering base there was a group of mentors available for additional support and advice.</p> <p>In response to a question raised by J Hemans on whether the positive role of becoming a volunteer at the Trust was advertised, E Morris advised that there was an active presence on the various Trust's social media arenas. She stated that she was also linked into a number of national volunteer forums as well as NHS volunteer forums. Quarterly reporting is submitted to Trust Board and a number of community engagements in schools, colleges and the university were attended.</p>	
2.	Key Updates and Workforce Performance s	
2.1	Key Updates	
2.1.1	<p>Industrial Action – Update</p> <p>A Duffell reported that nationally, the industrial action called by the RCN had been called off, which may be linked to the conversations with Government. However, the doctors in training had announced that they had met the threshold requirement for industrial action although dates had not yet been announced. In preparation, conversations were ongoing across the Trust by clinical teams to address the impact of this action.</p> <p>Via MS Teams messaging, S Tytler and S Wilmshurst advised that the dates for the doctors in training industrial action would take place from 13th to 16th March.</p>	
2.1.2	<p>2023-23 Submission Plan</p> <p>A Duffell reported that work had been ongoing around the triangulation of data on finance, workforce numbers and activity for the 2023-24 submission information which has to be submitted separately to the ICB. The initial draft submission was due imminently, with the final submission due at the end of March.</p>	
2.1.3	<p>Pay Review Body</p> <p>A Duffell advised that he had attended the Pay Review Board in London to provide oral evidence to with Saffron Cordery, Deputy Chief Executive of NHS Providers regarding discussions around the NHS proposition whilst outlining the current struggles experienced by NHS staff within the current financial climate.</p>	

Agenda Item No		Action
	<p>In response to a question from J Hemans on the working timetable of the review body, A Duffell stated that the Pay Review Body received extensive written information from NHS Employers, NHS Provider and other organisations. However supplementary oral evidence was provided to verify the factuality of what NHS organisations were currently facing. He advised that these discussions were around the financial pay for the next financial year.</p> <p>In response to a question from J Hemans as to whether the concerns around staff retention was covered in the conversations, A Duffell advised that this had been covered.</p>	
2.2	<p>Executive Workforce Report A Duffell stated that he would take the report as read.</p> <p>A Heseltine queried the pause on recruiting bank staff under the section on bank use and inactive bank staff, and given the current climate, should this be promoted for staff to use. C Davis assured that from a nursing perspective, advertising and recruiting to the bank was ongoing.</p> <p>A Duffell reported that</p> <ul style="list-style-type: none"> • vacancy rate was now in the region of 3%, • there had been some improvements in the appraisal rate and mandatory training, • turnover and retention remained of some concern, although, new starters remained higher than leavers, • the sickness absence rate had seen an increase, again in line with other Trusts, but further review may be required. 	
2.3	<p>2022 National NHS Staff Survey A Duffell advised that the initial, embargoed, results for the 2022 NHS national staff survey had been released, ahead of the wider publication due on the 9th March and stated that the summary update report was due to the next PODC meeting. Overall, the Trust had seen a decline, but this was in line with the majority of Trust and the national average although the Trust was still above the national average position.</p>	
2.4	<p>Race Equality Statement - Anti-Racism Statement A Duffell reported that the Board had recently been involved with looking at the joint race equality statement which had now been launched.</p>	
3.	<p>Formal Review / Sign Off</p>	
3.1	<p>PODC Work Plan for 2023-2024 and Joint PODC Terms of Reference 2023-2024 M Dent advised that the revised and updated work plan and joint terms of reference had been circulated for the Committee to consider and review prior to the final version being signing off at the next PODC meeting in March, followed by submission to the Trust Board in April for formal approval. She requested any updates to be returned within the next couple of weeks.</p>	<p>Action: 2022/012 All</p>

Agenda Item No		Action
	<p>J Hemans stated that he had discussed with A Duffell the option of receiving deep dive reports on HR, Finance and other corporate areas and requested this was noted for consideration.</p> <p>S Rawlings proposed that the volunteering update report was added to the work plan; J Hemans agreed and proposed that this was brought to the Committee as an annual update.</p>	<p>M Dent</p> <p>M Dent</p>
4.	Strategic Focus Areas	
4.1	<p>Employee Relations</p> <p>J Shillingford provided an update on the report submitted to the committee, key headlines :</p> <ul style="list-style-type: none"> • Casework had slightly risen in the early part of the year, with five live tribunal cases, one county court case and one appeal to the employment tribunal. • Update on the implementation of the staff serious harm process brought into place following the Harding letter on improving people practices in May 2019. Lessons learned had been identified and two out of three recommendations had been implemented. • The December sickness absence figures had risen with a high number of absence due to the earlier impact of flu which was more prevalent than previous years. However, this spike was reflective on normal patterns for this time of year. • One TUPE process in place and due for transfer into RWT at the beginning of April. <p>A Heseltine queried the education and support for managers dealing with casework and following due process. J Shillingford advised that the HR Advisory team supported the divisional and directorate teams and were available to provide day-to-day advice and support. She reported that a training programme to encompass skills for being an investigating officer, a case manager etc were available, although these were generally put on hold over the winter season due to operational pressures.</p>	
4.2	<p>Flexible Working Pledge</p> <p>J Hemans advised that at Walsall they had introduced a staff working pledge and proposed that, as the two Trusts were starting to align on a number of practices, this was also adopted by RWT.</p> <p>S Rawlings commented that this was a good idea and agreed that it would be beneficial to view Walsall's pledge for consideration, however, the Trust needed to be mindful that for some services, flexible working could not always be accommodated. A Viswanath agreed with the proposal and, given that when staff leave the reason often given is to accommodate work/life balance, therefore reaching a balance with reasonable adjustment should be accommodated in order to support our colleagues and retention. J Shillingford advised that flexible working was currently building into the family friendly and work life balance policy, so work has stated in this area.</p>	

Agenda Item No		Action
	A Duffell proposed that the Walsall pledge was reviewed and assessed by J Shillingford to compare against what is in place at RWT and brought back to a future meeting to make a decision as to whether to accept, modify or not required.	Action: 2023/013 J Shillingford
5.	KEY RISKS	
5.1 & 5.2	<p>New Risks and Board Assurance Framework</p> <p>A Duffel reported that there was an action due to the next meeting in March (Action 2023/002) for a further update report to be presented on retention and turnover, with additional comparator data, for the Committee to consider whether a new corporate risk was required.</p> <p>A Duffell stated that there were no substantial changes to the current EDI risk (SR-17) but this would be reviewed following the WRES and WDES data which was due to be published imminently. The Committee agreed to this approach and no further questions were raised by the Committee.</p>	
6.	<p>Committee’s Objectives – Areas of Focus</p> <ul style="list-style-type: none"> • To examine the issues, data and impact in relation to staff turnover and retention • To monitor the ongoing sickness absence position and actions being taken to address • To monitor Equality, Diversity & Inclusion areas of concern <p>J Hemans noted that all areas of focus had been discussed during the meeting; S Rawling agreed but suggested that ‘wellbeing of staff’ should also be included and covered. A Duffell agreed and proposed that the second bullet point was amended to include ‘the wider health and well being agenda’.</p> <p>The Committee supported this proposal.</p>	Action: 2023/014 M Dent
7.	<p>Any Other Business</p> <p>No additional items were raised.</p>	
8.	<p>Items for Escalating in the Chair’s Report to Trust Board</p> <p>Items to note:</p> <ul style="list-style-type: none"> • RWT Volunteering Services, the celebration events and the HOPE project • Doctors in Training industrial action • Pay Review Board – oral evidence • Retention position remains challenging but actively monitoring • Staff Survey – verbal update • Trust BAF SR-17 on EDI – continuing monitoring and review on receipt of WRES and WDES results. • Widening of the Committee’s focus to include the wider wellbeing of staff. • Workplan submission for 2023-24 	
9.	Evaluation of Today’s meeting	

Agenda Item No		Action
	The Chairman thanked the group for their contributions, challenges and participation in the meeting.	
10.	Date and time of Next Meeting 10.30am-12.30pm, 24 th March 2023 via MS Teams	