The Royal Wolverhampton NHS Trust

Bundle Public Trust Board 13 February 2024

1 10:00 - Chair's Welcome, Apologies and Confirmation of Quorum (A Pack)
Lead: Sir David Nicholson, Group Chair
Apologies Received:
Simon Evans, Group Chief Strategy Officer
Keith Wilshere Group Company Secretary

10:01 - Patient Voice (A Pack)
Lead: Hannah Murdock, Head of Communications
Action: To receive for information
https://youtu.be/dOClLqAJE7U
Attendees:
2 *Will Hart Consultant Orthopaedic Surgeon RWT*

10:21 - Register of Declarations of interest (A Pack)
Lead: Sir David Nicholson, Group Chair
Action: To receive and note

3

A Pack Declarations of Interest Feb 24

4 10:23 - Minutes of the Previous Meeting of the Board of Directors held in Public on 12 December 2023 (A Pack)
Lead: Sir David Nicholson, Chair
Action: To receive and approve
A Pack: Draft RWT Public Trust Board Minutes 12 December 2023 v 1.4 OP SB KB

5 10:25 - Board Action Points and Matters Arising and from the Minutes of the Board of Director Meeting held in Public on 12 December 2023 (A Pack)
Lead: Chair Sir David Nicholson
Action: To receive the action log and note any updates
A Pack: Public Board Action Items February 24 v2

5.1 10:27 - Winter Plan Update (A Pack)
Lead: Gwen Nuttall, Chief Operating Officer
Action To inform
A Pack: RWT Winter Plan update TB front sheet January 2024 final v2

5.1.1 RWT Winter Plan update Reference Pack TB January 2024 final v2 (B Pack)
B Pack: RWT Winter Plan update TB January 2024 final v2

5.1.2 OneWolverhampton Winter Plan Update 29012024 v2 (B Pack)
B Pack: Reading Room - OneWolverhampton Winter Plan Update 29012024 v2

6 10:31 - Chair's Report – Verbal (A Pack)
Lead: Sir David Nicholson, Group Chair
Action: To inform and assure

7 10:35 - Group Chief Executive's Report (A Pack)
Lead: Prof. David Loughton, Group Chief Executive
Action: To inform and assure
A Pack: RWT Trust Board - Chief Executive Report 13.02.24

7.1 10:40 - Freedom to Speak Up Guardian Report (A Pack)
Presenter Kerry Flint Freedom to Speak Up Guardian
Action to inform and assure
A Pack: FTSU TB Report December 2023 RWT

7.2 Trust Management Committee - Chair's Report (A Pack)
Lead: Gwen Nuttall, Chief Operating Officer
Action: To inform and assure
A Pack: RWT Trust Board TMC report 26.01.24

8 Excel in the Delivery of Care (Section Heading)

8.1 10:45 - Board Level Metrics Report - Care (A Pack)
Leads: Gwen Nuttall Chief Operating Officer
Jonathan Odum, Group Chief Medical Officer
Simon Evans, Group Chief Strategy Officer
James Green, Operational Director of Finance
Kevin Stringer, Group Chief Financial Officer/Group Deputy Chief Executive
Action: To receive
A Pack: RWT Trust Board Level Metrics - Care December 23

8.2 10:50 - Finance Committee (FC) - Chair's Report (A Pack)
Lead: John Dunn, Deputy Chair/Chair Finance Committee
Action: To inform and assure
A Pack: Report to Board - Chairs Report F+P Jan Final
Pack A: Report to Board - Chairs Report F+P Final v3 Dec

8.3 10:55 - Report of the Group Chief Financial Officer Months 8 and 9 (A Pack)
Lead: Kevin Stringer, Group Chief Financial Officer
Action: To inform and assure
Comprises
Monthly Finance Reports (B Pack - Item No 8.3.1)
A Pack: M09 Board Report front sheet
A Pack: M08 Board Report Front Sheet

8.3.1 Monthly Finance Reports (B Pack)
B Pack: M09 Board Report reference pack
B Pack: M08 Board Report Reference Pack

8.4 11:00 - Financial Recovery Plan - Verbal update
Lead: Kevin Stringer Group Chief Financial Officer
Action: To inform and assure

8.5 11:05 - Audit Committee - Chair's Verbal Update
Lead: Julie Jones, Non-Executive Director/Chair Audit Committee
Action: To inform assurance and approve terms of reference
comprises
Terms of Reference (B Pack - Item No 8.5.1)

8.5.1 Audit Committee Terms of Reference (B Pack)
B Pack: Terms of Reference Audit Committee RWT updated January 2024

8.6 11:10 - BREAK 10 MINUTES

8.7 11:20 - Quality Committee (QC) - Chair's Report (A Pack)
Lead: Louise Toner, Non-Executive Director/Chair Quality Committee
Action: To inform and assure
A Pack - QC RWT Chairs Report December 23 v3.2

8.8 11:25 - Chief Nursing Officer Report by Exception (A Pack)
Lead: Debra Hickman, Chief Nursing Officer
Action: To inform and assure
Comprises
Patient Experience and Complaints Report (B Pack - Item No 8.8.1)
Infection Prevention and Control Report (B Pack - Item No 8.8.2)
A Pack: CNO report - Board version - January 2024 v2

8.8.1 Patient Experience & Complaints Report (B Pack)
B Pack: TB - Patient Experience Oct and Nov Report 30012024docx

8.8.2 Infection Prevention and Control Report (B Pack)

B Pack: IPC TB report Jan 2024

8.9 11:30 - Midwifery Services Report by Exception (A Pack)
Lead: Tracy Palmer, Director of Midwifery
Action: To inform and assure

A Pack: Maternity Services Summary Report Public Trust Board February 2024 v2

8.9.1 B Pack: CNST Maternity Incentive Scheme 1 Compliance report v2 Feb 2024 (B Pack)

CNST Maternity Incentive Scheme 1 Compliance report v2 Feb 2024.final -

8.10 11:35 - Chief Medical Officer Report by Exception (A Pack)
Lead: Dr Brian McKaig, Chief Medical Officer
Action: To inform and assure
Comprises:
Mental Health Report (B Pack - Item No 8.10.1)
Pharmacy and Medicines Optimisation (B Pack - Item No 8.10.2)
Learning from Deaths Report (B Pack - Item 8.10.3)

A Pack: Chief Medical Officer's Report - Trust Board - 13th Feb 2024

8.10.1 Mental Health Report (B Pack)

B Pack Mental Health Report - Front Sheet RWT - February 2024. Final
B Pack - Mental Health Report - RWT Trust Board reference pack February 2024

8.10.2 Pharmacy and Medicines Optimisation (B Pack)

Pack B - Pharmacy and Medicines Optimisation Report January_ - February 2024 Front Sheet
Pack B - Pharmacy and Medicines Optimisation Report Reference Pack January_February 2024 Reference Pack

8.10.3 Learning from Deaths Report (B Pack)

B Pack: Trust Board Feb 2024 - Summary Learning from Death
B Pack - Learning from Deaths Update January 2024

8.11 11:40 - Group Chief Assurance Officer by Exception Report Verbal Update
Lead: Kevin Bostock, Group Chief Assurance Officer
Action: To inform and assure
Comprises
Covid 19 Update – Verbal update
Board Assurance Framework and Risk Register Report (item 8.11.1 B Pack)

8.11.1 BAF and Risk Register Report (B Pack)

B Pack 1_TB Summary BAF TRR February Public Board 2024 KW KB v1.12

9 Support our Colleagues (SECTION HEADING)

9.1 11:45 - Board Level Metrics Report - Colleagues (A Pack)
Lead Alan Duffell, Group People Officer
Action: to Receive

A Pack: RWT Trust Board Level Metrics - Colleagues December 23

Lead: Allison Heseltine, Associate Non-Executive Director
Action: To inform, assure and approve Joint People Strategy and approve Joint Behavioural Framework
Joint People Strategy (B Pack - Item No 9.2.1)
Joint Behavioural Framework (B Pack - Item No 9.2.2)

RWT Chairs Report People Committee-Board December 23 v3.2

9.2.1 Joint People Strategy (B Pack)

B Pack: RWT Trust Board- People Strategy Front Sheet
B Pack 01266 Joint People Strategy Document A4

9.2.2 Joint Behavioural Framework (B Pack)
B Pack: Joint Behavioural Framework RWT TB Feb 24

9.3 11:55 - Group Chief People Officers Report by Exception Workforce Report (A Pack)
Lead: Alan Duffell, Group Chief People Officer
Action: To inform, assure
Comprises
Executive Workforce Metrics (B Pack - Item No 9.3.1)
A Pack: RWT Executive Workforce Metric Front sheet 13 02 2024

9.3.1 Executive Workforce Metrics (B Pack)
B Pack: M9 Dec 23 Exec Workforce Reference Pack

10 Effective Collaboration (SECTION HEADING)

10.1 Board Level Metrics Report - Collaboration (A Pack)
Leads:
Jonathan Odum, Group Chief Medical Officer
Gwen Nuttall Chief Operating Officer
Brian McKaig, Chief Medical Officer
Action: To receive
A Pack: RWT Trust Board Level Metrics - Collaboration December 2023

10.2 12:00 - Charity Committee - Chair's Report (A Pack)
Lead: Martin Levermore, Non-Executive Director/Chair Charity Committee
Action: To inform and assure
A Pack: RWT Charity Committee Chair's Report - February 2024

10.3 Group Chief Strategy Officer Report by Exception (B Pack)
Lead: Simon Evans, Group Chief Strategy Officer
Action: For information only
Comprises
Quality Improvement Team Update (Pack B - Item No 10.3.1)
Sustainability and Green Plan Progress Report (Pack B - Item No 10.3.2)
Black Country Provider Collaborative Update (within GCSO report item 10.3)
B Pack: Group CSO Report Feb 2024

10.3.1 Quality Improvement Team Update (B Pack)
B Pack: RWT QI Team TB Feb 2024 Front Sheet
B Pack: RWT Quality Improvement Information Pack - January 2024

10.3.2 Sustainability and Green Plan Progress Report (B Pack)
B Pack: RWT Sustainability TB cover report V0.1 26.01.24
B Pack: RWT Sustainability and Green Plan Progress update February TB

11 Improve the Health of our Communities (Section Heading)
Lead: Group Chief Medical Officer
Simon Evans Group Chief Strategy Officer
Gwen Nuttall Chief Operating Officer
Action to receive
A Pack: RWT Trust Board Level Metrics - Communities December 2023

11.2 12:05 - Integration (PLACE) Committee Chairs Report (A Pack)
Lead: Lisa Cowley, Non-Executive Director
Action To inform and assure
A Pack RWT Integration Committee Chairs Report - February 2024

11.3 12:10 - Group Director of Place Report - by Exception (A Pack)

Lead: Stephanie Cartwright, Group Director of Place
Action: To inform and assure

A Pack: RWT Trust Board Group Director of Place report February 2024

12 12:15 - Any Other Business

12.1 12:20 - Questions Received from the public

13 Resolution
To consider passing a resolution that representatives of the press and other members of staff and public to 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.

14 Date and Time of Next Meeting Tuesday 16 April 2024 at 10:00 am

15 B Pack IQPR - Executive Summary

B Pack: Integrated Quality Performance Report December 2023 v 2

16 B PACK: Minutes of Committee Meetings of the Board (SECTION HEADING)

16.1 People Committee Meeting Minutes

B Pack: (09) PC Mins 24 Nov 2023

16.2 Quality Committee Meeting Minutes

B Pack: Enc 1 - Quality Committee Minutes - November v2

16.3 Finance and Productivity Committee Meeting Minutes

B Pack: 3.3 Finance+Productivity Mins 22.11.23

B Pack: 3. Finance & Productivity Mins 20.12.23

16.4 Trust Management Committee Meeting Minutes

Approved RWT TMC Minutes 24 November 2023 v3 DH

16.5 Audit Committee Meeting Minutes

B Pack: Minutes of the Audit Committee 12.9.23 final version

16.6 Charity Committee Meeting Minutes

B Pack: Charitable Funds Committee Minutes 17.10.23 - final

16.7 Integration (Place) Committee Meeting Minutes

B Pack 2. Minutes Integration Committee - November SC

RWT DECLARATIONS OF INTEREST – FEBRUARY 2024

Employee	Role	Interest Type	Provider	Interest Description (Abbreviated)
Adam Race	Director of HR & OD	Loyalty Interests	UHB	Wife works as Head of Medical Workforce and Temporary Staffing at UHB
Adam Race	Director of HR & OD	Loyalty Interests	CIPD	Chartered Member CIPD
Adam Race	Director of HR & OD	Loyalty Interests	West Midlands Social Partnership Forum	Management Side Co-chair

Adam Race	Director of HR & OD	Outside Employment	Dudley Integrated Health and Care NHS Trust	Employed as Interim Associate Director of People at DIHC from 4 April 2022
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 Develovement)	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	Non Executive Director	Loyalty Interests	Jason Ryall - Employee of KPMG.	Associate Director - Asset Management Advisory Sector, Infrastructure Advisory Group, KPMG.
Allison Heseltine	Non Executive Director	Loyalty Interests	Jake Meyers,	Future son in law works for Hydrock South West as a Senior Electrical Engineer.
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

Angela Harding	Associate Non Executive Director	Outside Employment	Inspired Villages Group	Executive Operations Director, integrated retirement community sector Replaces employment with the GDC
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. Upaid 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
David Loughton	Group Chief Executive	Loyalty Interests	Institute of Health and Social Care Management	Companion
David Nicholson	Group Chairman	Outside Employment	Sandwell and West Birmingham Hospitals NHS Trust	Chair
David Nicholson	Group Chairman	Outside Employment	Global Health Innovation, Imperial College	Visiting Professor

David Nicholson	Group Chairman	Outside Employment	The Dudley Group NHS Foundation Group	Chairman
Debra Hickman	Chief Nursing Officer	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	Associate Non Executive Director	Outside Employment	Tong Charities Committee	Unpaid member of the Committee
Gwen Nuttall	Chief Operating Officer	Hospitality	Abbott Diagnostics	Meal sponsored by Abbott Diagnostics for an award ceremony for clinical staff.
Gwen Nuttall	Chief Operating Officer	Loyalty Interests	Calabar Vision 2020 Link	Trustee
John Dunn	Non Executive Director/Deputy Chair	Nil Declaration		

Jonathan Odum	Group Chief Medical Officer	Outside Employment	Walsall Healthcare NHS Trust	Group Chief Medical Officer
Jonathan Odum	Group Chief Medical Officer	Loyalty Interests	Royal College of Physicians of London	Fellow of the Royal College of Physicians
Jonathan Odum	Group Chief Medical Officer	Outside Employment	Black Country and West Birmingham ICS Clinical Leaders Group	Chair
Jonathan Odum	Group Chief Medical Officer	Outside Employment	Wolverhampton Nuffield Hospital	Private out-patient consulting and general medical/hypertension and nephrological conditions at Wolverhampton Nuffield

Jonathan Odum	Group Chief Medical Officer	Gifts	Overwritten for Data Protection	Cash received from a patient during the periods July 2023, May 2023 and November 2022 for a total combined sum of £50
Julie Jones	Non Executive Director	Outside Employment	Heart of England Academy	CFO
Julie Jones	Non Executive Director	Outside Employment	Academy Advisory	Associate Director
Julie Jones	Non Executive Director	Outside Employment	Walsall Housing Group	Member of Audit & Risk Committee

Julie Jones	Non Executive Director	Outside Employment	Solihull School Parents' Association	Trustee
Julie Jones	Non Executive Director	Outside Employment	Cranmer Court Residents Wolverhampton Limited	Director of leasehold management company
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/Group Deputy Chief Executive	Outside Employment	Healthcare Financial Management Association	Treasurer West Midlands Branch
Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Loyalty Interests	Midlands and Lancashire Commissioning Support Unit	Brother-in-law is the Managing Director

Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Loyalty Interests	CIMA (Chartered Institute of Management Accounts)	Member
Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Outside Employment	Walsall Healthcare NHS Trust	Group IT Director and SIRO
Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Outside Employment	Walsall Healthcare NHS Trust	Group Chief Financial Officer
Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Outside Employment	The Dudley Group NHS Foundation Trust	Chief Financial Officer for the Dudley Group NHS Foundation Trust from 21st June 2023.

Kevin Stringer	Group Chief Financial Officer/Group Deputy Chief Executive	Loyalty Interests	National Institute of Health Research	Daughter works part-time for this organisation.
Lisa Cowley	Non Executive Director	Outside Employment	Beacon Centre for the Blind	Healthy Communities Together Project Sponsor
Lisa Cowley	Non Executive Director	Outside Employment	Beacon Centre for the Blind	CEO
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 and Member of Board of Directors
Louise Toner	Non Executive Director	Loyalty Interests	Greater Birmingham Commonwealth Chamber of Commerce	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 Communicatons 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

Simon Evans	Group Chief Strategy Officer	Outside Employment	City of Wolverhampton College	Governor - unpaid
Stephanie Cartwright	Group Director of Place	Nil Declaration		
Tracy Palmer	Director of Midwifery	Nil Declaration		
Umar Daraz	Non Executive Director	Nil Declaration		

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	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
James Green	Operational Director of Finance	Shareholdings and other ownership interests	i3 Consulting Limited	Director of Company. The Company has never traded and will not trade whilst James is an employee at RWT

The Royal Wolverhampton NHS Trust (RWT)

Minutes of the meeting of the Board of Directors held on Tuesday 12 December 2023 at 10:00 am virtually via Microsoft Teams (MT)

PRESENT:

Prof. D Loughton (v) CBE	Group Chief Executive Officer,
Ms D Hickman (v)	Chief Nursing Officer
Mr J Dunn (v)	Deputy Chair/Non-Executive Director
Mr A Duffell	Group Chief People Officer,
Prof. L Toner (v)	Non-Executive Director,
Mr K Stringer (v)	Group Chief Financial Officer,
Ms L Cowley (v)	Non-Executive Director,
Ms J Jones (v)	Non-Executive Director,
Mr K Bostock	Group Chief Assurance Officer,
Dr G Pickavance	Associate Non-Executive Director,
Ms A Harding	Associate Non-Executive Director,
Ms A Heseltine (v)	Non-Executive Director,
Mr K Wilshere	Group Company Secretary,
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Dr B McKaig (v)	Chief Medical Officer
Mr M Levermore (v)	Non-Executive Director,
Dr J Odum	Group Chief Medical Officer,
Ms S Cartwright	Group Director of Place,
Mr A Race	Director of Operational Human Resources and Organisational Development,
Mr J Green	Operational Director of Finance,
Lord Carter	Strategic Advisor to the Board,
Ms P Boyle	Group Managing Director of Research and Development

*(v) denotes voting Directors, **

IN ATTENDANCE:

Ms S Banga	Operations Coordinator for the Company Secretary, RWT,
Mr S Watson	Group Director of Estates Development Division, RWT
Ms H Murdock	Head of Communications, RWT for Patient Story Item,
Ms K Shaw	Deputy Chief Operating Officer RWT,
Ms K Cheshire	Head of Midwifery and Neonatal Services RWT,
Mr C Halford	Interim Chair RWT, LGBT+ Employee Voice Group, for Staff Voice Item,
Ms K Flint	Interim Head of Equality, Diversity and Inclusion And Lead Freedom to Speak Up Guardian RWT for Staff Voice Item
Ms D Davies	Lead for Long term Conditions and Disabilities Employee Voice Group, RWT for Staff Voice Item
Ms P Kang	RWT for Staff Voice Item
Ms A Dowling	Head of Patient Experience, RWT
Ms G Nightingale	Directorate Manager to the Group Chief Executive
Ms D Corbett	Clinical Scientist, as a member of the public
Ms L Nath	Representative for Neuronostics, as a member of the public
Ms Y Hill	Representative for Neuronostics, as a member of the public
Mr A Tibbs	Business Development Director - Acacium Group as a member of the public
Dr Tinsa	As a member of the public
Mr Foolchand	As a member of the public
Mr M Ondrak	Wolverhampton Acute Branch Unison Branch Secretary & staff side lead RWT, member of Public

APOLOGIES:

Sir David Nicholson	Chair
Ms G Nuttall (v)	Chief Operating Officer/Deputy Chief Executive,
Ms T Palmer	Director of Midwifery.
Dr U Daraz	Associate Non-Executive Director,
Mr S Evans	Group Chief Strategy Officer,

Part 1 – Open to the public

TB. 9279: Chair's Welcome and Note of Apologies

Apologies were noted from Sir David, Ms Nuttall, Ms Palmer, Mr Evans and Dr Daraz

TB. 9280: Staff Voice - Employee Voice Groups

Mr Duffell introduced the Chairs for the Employee Voice Groups. Ms Flint said there were five Groups at the Trust namely, Armed Forces Employee Voice Group, the Long-Term Conditions and Disabilities, Black, Asian and Minority Ethnic (BAME) Colleagues Group, lesbian, gay, bisexual, transgender, queer or questioning, or another diverse gender identity (LGBTQ) Group and the Carers Group. She said bi-monthly meetings took place with the Groups to discuss any concerns of staff or to raise any issues that may arise within the workplace, together with obtaining feedback for any improvements which could be made. She mentioned collective work took place to ensure policies were worded correctly and ensuring the Trust was up to date with legislation. Mr Duffell said each Group had an Executive Sponsor. Mr Halford, Ms Davies and Ms Kang provided a brief introduction of the Groups they led.

Ms Heseltine said she recalled there had been previous concerns with support received by the Chairs of the Group. She asked whether they felt they were receiving the support required to run those meeting as their roles were also additional to their day-to-day jobs.

Ms Davies said she felt well supported by the Group Chairs, the sponsored Executive Director and her manager. She however, felt it was challenging managing a day job aswell and a significant amount of work had to be completed in her own time.

Dr Pickavance asked how the facilities available by the Group were communicated at the Trust. Mr Duffell said a number of communications were circulated across the Trust to highlight the importance that these networks were available, and that any member of staff could join. He said communication was also sent to Senior Managers who also attended these meetings to ensure the support was available to the Chairs if required. Ms Davies said information was also available on the Trust Website.

Mr Duffell thanked all for their hard work and said their work assisted in the success of the Employee Groups. He mentioned if they required support from the Executives or Non-Executives Directors this was available to them. Prof. Loughton gave apologies on behalf of Mr Evans who could not attend the Board meeting, as he was the instrumental lead amongst the Executives. Mr Dunn also thanked the Group on behalf of the Board for their efforts and said their work made a real difference.

Resolved: that the Staff Voice item of the Employee Voice Groups be noted

TB. 9281: Declarations of interest

Mr Dunn asked whether there were any new or changed declarations to be made. None were noted.

TB. 9282: Minutes of the meeting of the Board of Directors held on 10 October 2023

Mr Dunn confirmed there were no amendments to the minutes of the meeting of the Board of Directors held on 10 October 2023.

Resolved: that the Minutes of the Board of Directors held on 10 October 2023 be approved as a true record

TB. 9283: Matters arising and Board Action Points from the minutes of the meeting of the Board of Directors held on 1 August 2023

1 August 2023/TB 9193
Urology Update
"Ms Nuttall to provide at a Board meeting a plan setting out the medium-term position in relation to Urology."
Mr Dunn said he had spoken to Ms Nuttall who advised a complete review and deep dive was to take place of Urology at the next Quality Committee.
Action: it was agreed the action be closed

10 October 2023/TB 9246
Proposed Governance arrangements for OneWolverhampton
"Ms Cartwright to provide information on governance for the next meeting."
Ms Cartwright said the proposed governance arrangements were still being developed by the Integrated Care Board (ICB) and were further explained in the latest iteration of the System Operating Model. She said OneWolverhampton Place Based Partnership and RWT as a potential host would be fully consulted with in terms of any governance proposals that were developed. She said the recent establishment of the Integration Committee would support any proposed governance arrangements.
Action: it was agreed the action be closed

10 October 2023/TB 9242
Working From Home Workstation Assessments
"Mr Duffell to provide an update on how workstation assessments were undertaken for staff who worked from home."
Mr Duffell said he had spoken with the Health and Safety Team (H&S), who had advised that where additional equipment was deemed necessary, for example as part of a reasonable adjustment, these would be discussed and arranged locally between the line manager and the employee. He said an assessment by Health and Safety or Occupational Health and Wellbeing may be required. He said in addition to this a series of videos were in the process of being created to support the process of workstation set-up both at work and at home. He said currently, there was also a video available for staff, from the Health and Safety Executives (HSE), which supported working from home and gave excellent insight into how best to set up a workstation at home but also good practice when setting up any workstation.
Action: it was agreed the action be closed

10 October 2023/TB 9234
Use of IV Antibiotics at Home
"*Ms Cartwright to ensure a plan was created across the Black Country to the extend the use of the device to allow patients to deliver IV antibiotics within their own home."*
Ms Cartwright said following the Board meeting, Walsall community teams had confirmed that this had been in place approximately 4 years in Walsall. She said the difference between the two models was that patients in Wolverhampton could administer themselves, and in Walsall it was undertaken by the community team. She said Mr Dodd would incorporate this as part of his Black Country work on community services/out of hospital care.

Action: it was agreed the action be closed

1 August 2023/TB 9193
Staff Voice – IT Cyber Security Team
"*Dr Daraz to liaise with Mr Duffell and Mr Bruce to see if discussions with University of Wolverhampton could be progressed further in relation to the training centre at the University for Cyber Security"*
Dr Daraz provided and update prior to the meeting that a solution was not available via Wolverhampton University and a meeting was arranged with himself, Alan Duffell, Nick Bruce, Alvina Nisbett, Jayne Lawerence, Jo Watts with the Birmingham City University (BCU) Pro Vice Chancellor Prof. Hanifa Shah.

Dr Daraz said the core team at the BCU were now working up a Skills, Placements, projects action plan with short/medium and long-term outcomes. Workforce requirements; Digital, Cyber, Data Warehouse

He said BCU and the Trust would also hold a workshop to showcase progress and agreed roadmap for the long term in February 2024

Action: it was agreed that the action be closed

TB. 9284: Reinforced Aerated Autoclaved Concrete (RAAC) Update
Mr Watson introduced the report and provided an update following a recent inspection of the outpatient department facility by the NHS England RAAC team and their recommendations in managing the facility in terms of risk assessment. He said verbal feedback received was the building was in a good state of repair and no immediate concerns were raised. He said intrusive surveys were to be undertaken in December and January across the Trust. He said a final assessment would take place to understand the level of any RAAC within the building and any risks. He mentioned there was a recommendation that a Communication Strategy be in place and the information had been shared. He said there was also a recommendation to onboard with NHS RAAC and the Trust was an additional Trust on the register to confirm there was RAAC on the site. He said there were currently 45 Trusts on the system and 3 had RAAC. He provided assurance that intrusive testing was to take place and the Trust would continue to monitor any cracks in the roof and water ingress. He said the team would continue to develop relocation plans should the risk worsen or there be a need to move staff to replace the roof. He said the Trust would also work with NHS England to secure capital funding for RAAC and would continue to provide staff, the Board, patients and visitors with updates. Prof. Loughton said Ms Evans and Ms Nuttall had met with staff working in those areas, answered any questions and provided assurances that were required. He felt the funding with RAAC would not be completed quickly as from a government point of view it involved schools and a lot of public buildings.

Resolved: that the Reinforced Aerated Autoclaved Concrete (RAAC) update be noted received and approved

TB. 9285: Covid -19 National Inquiry Update
Mr Bostock said the Trust was participating with module 3, being the impact, the pandemic had on the provision of Acute Care Services. He said that module was paused whilst module 2 which looked at core UK political decision making, and governance was actively underway. He said there was nothing specific to update from an acute care point of view other than the collection of date continued in preparation for reactivation of module 3 which was scheduled for spring 2024.

Resolved: that the Covid -19 National Inquiry Update be noted and received

TB. 9286: Chair's Report – Verbal Update

Mr Dunn said there was no update this month.

Resolved: that there was no update to be noted

TB. 9287: Group Chief Executive's Report

Prof Loughton highlighted he attended an away day on the 26 September for Speech and Language therapy which brought together staff from both Walsall Healthcare NHS Trust (WHT) and RWT. He said it highlighted the positive joint work being undertaken by the Trusts. He also mentioned the positive joint Trust work being undertaking for Research and Development and the increase in the number of Clinical Trials. He said the successful transfer took place of staff from the West Midlands Cancer Alliance to RWT. He said NHS England had met all the payroll costs and was assured that the staff together with some staff of the Regional Research Staff did not count in the Trust's overall manpower head count. He said a successor was being sought to Chair the West Midlands Cancer Alliance as he was currently the Chair.

Prof. Loughton said it was a pleasure to meet a catering assistant who was 80 years old and was working on one of the wards at the Trust. He said it was positive to see a member of staff so committed in working for the Trust. He said he attended regular meetings with Ms B Wilkinson the Director of Adult Social Care in Wolverhampton. He mentioned the positive work undertaking with her during Covid. He said he had attended various meetings with PA Consultants and Financial Consultants working on the Financial Recovery Plan. He thanked staff who were involved on the recovery plans. He mentioned Ms R Sylvester, a journalist from the times, visited the Science Park looking at the hospital at home and the methods for finding alternatives to patients other than hospital. He said positive feedback had been received. He finally mentioned he and Sir David met with Mr A Marsh and the Chair of West Midlands Ambulance Service to discuss at source providing community services, hospital at home without patients having to call an ambulance. He said it was important to note the positive relationship the Trust had with the West Midlands Ambulance Service.

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

Excel in the Delivery of Care

TB. 9288: Quality Committee (QC) - Chair's Reports

Prof. Toner highlighted the Trust remained in tier 2 scrutiny for cancer performance although performance for standard 20 faster diagnosis metrics was positive and on schedule to achieve 75%, being the national target by March 2024. She said there was a slight improvement to the 62 day metrics and backlog, the target set for March 2024 was 217 which had been reviewed to 205. She said the remaining 62 days targets were unlikely to be met, due to a particular challenge with tumours. She said diagnostics remained a challenge with some improvement in some areas. She said there continued to be a challenge with obstetric ultrasound. She also mentioned the Trust was to due submit the five-year Clinical Negligence Scheme for Trusts' (CNST) in February and asked for Boards formal approval that delegation be given to the Quality Committee to sign off the submission at its January Meeting, following a check and challenge meeting which was to be held in December. She said this was due to the timing of submission of the report. She said this would then be submitted to February's Board meeting.

Mr Dunn summarised a deep dive was to take place at the next QC to review the position of

urology as per the action of the Board, together with the continued work and reviews for the challenges with ultrasounds.

Ms Toner left the meeting.

Resolved: Delegation be given to QC to sign off the CNST submission and that the Quality Committee (QC) - Chair's Reports be received and noted

TB. 9289: Chief Nursing Officers (CNO) Report by Exception

Ms Hickman highlighted the positive vacancy position, and positive evidence base around establishment reviews for inpatient areas. She said the national evidence base was used to support those. She mentioned the enhanced programme of support provided to both international recruits and newly qualified remained resource intensive. She said work was being undertaken across the Black Country with Chief Nurses in terms of collaborative working to try and achieve greater alignment across the four organisations. She said that the CNO dashboard was currently under review and a new revised version would be brought to future meetings. She said C-Difficule remained the same in terms of cases per month and revised guidance was due nationally in December, which could see an amendment to target rates. She said a positive position was being maintained with the utilisation of volunteers across the organisation. She finally mentioned the Mental Capacity Act (MCA) policy was being reviewed by safeguarding teams and key clinicians.

Dr McKaig said in relation to cancer metrics there had been signs of improvement in key areas around histopathology turnaround times. He said there was positive news around the 28 day faster diagnostic standard which appeared in a robust position and continued to improve. He said the 62 day target was reducing and a trajectory was in place to be able to be compliant. He felt it could take approximately 12 months to be in that position particularly within the challenging specialities. He said the upcoming strike action may have an effect on some of the Elective work but the Trust was trying to protect cancer activity as much as possible.

Resolved: that the Chief Nursing Officer's Report be received and noted

Effective Collaboration

TB.9290: Group Chief Strategy Officer Report by Exception

Mr Dunn said the report was to note in Mr Evans absence. Mr John said any questions following the meeting could be raised with Dr Odum and Mr Evans

Resolved: that the Group Chief Strategy Officer Report be received and noted

Improve the Health of our Communities

TB. 9291: Integration (Place) Committee Chair's Report

Ms Cowley highlighted that the terms of reference were for approval by the Board. She said discussions took place at the meeting on how to engage with One Wolverhampton and other place based partnerships together with discussions about culture and collaboration. She said included within the report was research undertaken in relation to consultants' perception of virtual wards and integration. She finally mentioned a report was to be brought to the February Board meeting relating to the host provider for OneWolverhampton.

Resolved: that the Integration (Place) Committee Chair's Report be received and noted The Terms of Reference for the Integration Committee be approved

TB. 9292: Group Director of Place Report - by Exception

Ms Cartwright highlighted work had been undertaken on governance on the Board and infrastructure of OneWolverhampton Place. She mentioned the Board effectiveness survey which was supported by a Board development session. She said the feedback received had been positive on how the Board had developed over the last 18 months. She said work was also being undertaken to look at infrastructure and an effectiveness survey was completed with strategic working groups. She said there would be a review on clinical professional leadership. She said a wider stakeholder engagement event took place in November looking at what OneWolverhampton had achieved and looking to link-in with wider stakeholders. She said the Acute Respiratory Infection Hub (ARI) had been launched which was led by the Trust's Primary Care Network (PCN), which was positive. She said the Mander Centre continued to be developed with additional services focusing on sexual health and phlebotomy and was continually reviewed through the partnership. She said work was being undertaken with the Black Country Healthcare colleagues on the initiative that had been launched nationally by the police force around ensuring people were accessing the correct services, rather than the police being the default first response to access the services. She said work continued with system colleagues on further enhancement of the System Operating Model. She finally mentioned the wider work being undertaken across community services across Walsall and Wolverhampton and the wider Black Country. She said a single Black Country telephone number had been set up for Ambulance Service across the Black Country for them to access so that people could go directly into Community based services rather than having be either conveyed to the hospital or attending the Accident and Emergency Department.

Resolved: that the Group Director of Place Report be received and noted

BREAK 11:05– 11:15

TB.9293: Midwifery Services by Exception Report

Ms Cheshire introduced the report and said there had been an increase in the number of midwives which was positive. She said this would in due course be reflected in the equity against staffing data. She said as they were newly qualified midwives that would need to be embedded into the service improvements would be seen in upcoming months. She said neonatal nurse staffing had been successful and there was focus on retaining those staff and getting them upskilled in the specialist areas they were working. She said finally the Trust was on target for full compliance for CNST year five and some of the safety actions had been externally validated. She said the remaining safety actions were to be reviewed with the Chief Nursing Officer

Resolved: that the Midwifery Services by Exception Report be received and noted

TB. 9294: Finance and Productivity Committee (F&P) - Chair's Reports

Ms Cowley highlighted additional extraordinary meetings were held to review the financial position. She said cancer performance remained a challenge and the F&P had agreed that the Quality Committee would have oversight. She said there had been a review of the grip and control documents and performance reporting. She said the Trust still continued to perform in a positive position with the Emergency Department and theatre utilisation.

Resolved: that the Finance and Productivity- Chair's Reports be received and noted

TB. 9295: Report of the Chief Financial Officer Months 6 and 7

Mr Stringer said the NHS nationally was in a challenged financial position which included a number of issues one being industrial action and the costs of putting very specific arrangements in place and loss of income. He said regionally and for Integrated Care Services (ICS), no one had achieved their financial plan which was set up at the beginning of the year. He said that a national escalation meeting was held on the release of new monies into the system to deal with a number of things but mainly the cost of industrial action and winter pressures. He said that when the money was received there was no financial benefit. He said a discussion took place with the national team about a set of issues at system level as to how the Trust may be able to get back the deficit plan at the end of the year. He said they were mentioned in the summary report for additional funding, the transfer of capital to the revenue which was refused by the national team. He said currently there was a gap at system level to get back to the deficit plan which was submitted at the beginning of the year. He said discussions continued to take place with the national and regional teams to see if they could get back to the original deficit plan.

Mr Green highlighted month 7 there was a £5 million deficit and year to date deficit of £33.8 million. He said the Trust was still accounting for industrial action which was recorded at £0.6 million in month and temporary cover across medical and nursing staff. He said key challenges were to try and contain workforce spend and growth, delivery of the Cost Improvement Plan (CIP) and cost improvement programme, which the Trust were seeing significant gains over recent months at 80% and approaching 90%. He said the Elective Recovery Fund (ERF) target needed to be achieved. He said the cash position was positive and was supporting the deficit in cash terms being at a balance of £41.7 million. He said the Trust had received £6.7 million to support industrial action costs and the change in the ERF target to cover off lost income opportunities had benefited the Trust by £2.4 million however the Trust had to cover costs against that, in particular the industrial action funding.

Mr Wilshere said minor amendments and updates had been undertaken to the Standing Financial Orders and Standing Financial Instructions and Scheme of Delegation and were presented for approval by the Board. Mr Stringer said they had been through governance checks through the Committees.

Resolved: that the Report of the Chief Financial Officer Months 6 and 7 be received and noted
That the Standing Financial Orders and Standing Financial Instructions and Scheme of Delegation be approved

TB. 9296: Audit Committee - Chair's Report

Ms Jones introduced the report. She said there had been two substantial assurance internal audit reports which were positive. She said the G102 policy had been approved. She also mentioned a change to the internal audit plan had been approved to include a review of procurement. She said a positive discussion took place regarding risk and linkage with restoration of services risk 16 and the overall deficit position strategic risk 15. She said there was an internal audit of workforce retention which gave a negative assurance. She said it was identified that exit interviews needed to be held more frequently to understand why people left the Trust and what lessons could be learnt.

Resolved: that the Audit Committee - Chair's Report be received and noted

TB. 9297: Charity Committee Chair's Report

Mr Levermore thanked the Executive Team and Management Team for the extensive support provided to the Charity and it was positive to see how well the charity was being run actively together and within the community. He mentioned the 22/23 accounts were presented to the Board. He asked Board members for approval of the accounts. He also asked all to note the

findings from the auditors and the representation letters that supported the accounts.

Resolved: that the Charity Committee Chair's Report be received and noted,
That the Charity Annual Report and Accounts be approved and the Audit Findings Memorandum, Representation Letter be noted

TB. 9298: Annual Health and Safety Report

Mr Bostock highlighted the annual Health and safety report 22/23 was provided for noting and assurance, and was submitted to December's Private Board meeting. He said there were two items to alert, one relating to lack of quantifiable key performance indicators (KPI) data for estates and facilities to be adequately monitored. He said this had been rectified and a premises assurance model tool was successfully being used. He said there was an increase of violence and aggression incidents. He said these which were being analysed to determine the source and the increase had been noted as a national trend. Mr Dunn asked about the amber item relating to the fire alarm systems and how the word inadequate was used. Mr Bostock said the fire alarm system related to Cannock Chase Hospital which was inherited when the Trust took over management of the Hospital. He said this was actively being monitored with the intention of replacement and upgrades. He said a visit took from the Staffordshire Fire Service and continued work was being undertaken to address the issue. Mr Dunn asked that the F&P Committee receive a report of the status with details of what remedial action was necessary, together with costs and timescales involved.

Resolved: the Annual Health and Safety report be received and noted.
Action Ms Nuttall, Mr Green and Mr Stringer to provide a report to the next F&P Committee on the status, details of remedial action, cost and timescales involved in the amber alert for the fire alarm system at Cannock Chase Hospital.

TB. 9299: Chief Medical Officer Report by Exception 1.41

Dr McKaig highlighted the Clinical Research Network West Midlands report and said all the high-level objectives in performance were being achieved. He said there had been an increase in commercial activity. He said it was anticipated there would be a break-even position at year end. He said that the Trust was transitioning from the Clinical Research Network to the Research Delivery Network and from next year would be known as RRDN. He said nationally there had been some restructuring, and it was now in the public domain that RWT was the host for RRDN for the next 6 years.

Dr McKaig provided an update on the Schwartz Rounds report. He said positive feedback had been received that it was valuable space and a safe space to share concerns and feelings. He finally mentioned the RWT Research and Development report. He said significant changes had been seen in terms of efficiencies with how the team worked together with turnaround times of trials being approved. He said the benefits were now being seen with commercial studies in oncology, rheumatology, respiratory, ophthalmology, cardiology all of which would be income generating. He said there was positive collaborative work being undertaken with WHT. He also mentioned collaboration work had now commenced with the 2 other acute Trusts within the ICS and linking in with the Mental Health Trust on having a collaborative research network within the Black Country ICB. He finally mentioned a positive research celebration event took place jointly with WHT. He said next year it was hoped the event would take place with all 4 Trusts. He said this would assist on finding how to improve the ability to provide research to our population and felt the more people participating in research studies would achieve better outcomes for patients and the population.

Resolved: that the Chief Medical Officer's Report by Exception be received and noted

TB. 9300: Chief Operating Officer's Report by Exception

Ms Shaw said the Emergency Preparedness report set out partial compliance together with the assessment that was undertaken in August. She said the assessment included the involvement of ICB and Emergency Planning Teams from NHSE. She said further work was to be undertaken with a focus on business continuity, training. She said there were plans in place to address those gaps and the next review was to take place August 2024. Ms Heseltine asked if a meeting could be arranged to go through the detail and obtain the assurances and clarification that were required. Ms Shaw confirmed she would liaise with Ms Heseltine. Mr Dunn asked for the Non-Executive Directors to be invited to the meeting.

Ms Shaw said the winter plan was an important part of a wider OneWolverhampton plan which was available in the reading room. She said there had been a deterioration in ambulance off load performance and challenges with long stays in ED which was a national issue. She said most of the plan related to building on work already done in previous years. She said community teams and services were crucial to the plan going forward. She said the plan included the position with Medical Model of Care and work within Division 2 around increasing specialist input into ED to try and divert patients away from an inpatient stay if appropriate. She said that Same Day Discharge Centre opened at the beginning of the month which was offering the final stages of patient's treatments, and was assisting with flow of patients within the Trust. She said paediatrics had been under pressure which was a regional and national issue. She said audits had been undertaken with OneWolverhampton on walk-ins to ED together with an ambulance audit to identify any learning. She said a peer review had taken place from NHSE who attended the Emergency Services and informal feedback received was positive. She said industrial action anticipated to take place in January would put significant pressure on the Trust and work was being undertaking for the running of a multi-agency event to assist in trying to maximise flow and discharge during that time.

Prof. Loughton expressed his concerns of the ambulance off load times at other Trusts which effected RWT.

Ms Cowley stated there were schemes that had not been completed or were showing as a risk. She asked whether these were to go ahead and if not what did the Trust believe the impact would be and was there an opportunity for realignment of funds. Ms Shaw said the discussions being held through the UEC strategic working group held within the OneWolverhampton structures to discuss the impact and ability to recruit staff to increase capacity. She said conversation had taken place on how to enhance those schemes further where funding had not been received and what could be done to collectively reprioritise the funding.

Resolved: that the Chief Operating Officer's Report by Exception be received and noted
Action: Ms Shaw to arrange a meeting with NEDs for clarification and assurances as what was required in order to obtain full compliance of Emergency Preparedness assessment.

Support our Colleagues

TB.9301: People Organisational and Development Committee - Chair's Report

Ms Heseltine highlighted that sickness absence was above target and hotspot areas were being reviewed and deep dives being undertaken. She said there was scrutiny over the rosters through a confirm and challenge with Senior Leadership teams which was holding people to account and the grip and control of bank staff together with specialist areas. She said work was being undertaken to look at the quality of data and performance metrics for E-rostering. She said the People Enabling Strategy remained in development with further work being undertaken.

She said there was a low response rate to the staff survey to that of its peers in the Black Country. She said there was further scrutiny on agency staff relating to high-risk areas. She said the Board Assurance Framework had been reviewed and it remained the same at the current time as data was awaited from the staff survey. She finally mentioned deep dives had taken place on the Black Country Pathology Services and Allied Health Professionals.

Resolved: that the People Organisational and Development Committee - Chair's Report be received and noted

TB. 9302: Group Chief People Officer – by exception Workforce Report

Mr Duffell introduced the report and said the vacancy rate was at a low rate of 2.7%. He said there was an improvement position with appraisals but more work was required. He said sickness rates were amber with a month of improvement. He said there was an improvement with retention of staff and there needed to be a better way to capture absence data. He said the response to the staff survey was one of lowest at approximately circa 28%. He said a deep dive was to be undertaken to understand why the figure was low. He said there was a move to align the survey with another Trust with a single supplier national staff survey and as a result there was data issues which did have an effect upon the release date of the survey. He highlighted the Consultants would be receiving a ballot for an offer. He said for the Junior Doctors, the Unions and Government failed to reach an agreement as a result of which industrial action was to take place during December and January which would put significant pressure on the Trust. He said the Junior Doctor mandate was currently live until approximately February 2024. He said they would be able to take industrial action up to and including February next year at which time, before that date they would need a further 6 month mandate if they wished to carry on taking industrial action.

Mr Duffell introduced the report relating to agency staff. He said there was a national requirement that all organisations bring to their Trust Board their current agency position. He highlighted that the Trust only used agency for two primary reasons, one to ensure safe service delivery, covering specialities services where there was a national lack of them and secondly to make up time or increase activity given industrial action. He said a lot of the agency use was above the national cap. He said the vast majority was on framework was being used, occasionally off framework did need to be used because of certain specialties. He said as an organisation it was required to do a formal return on 31st October listing areas and the return was met and delivered on time. He said additional controls had been put into place for bank nursing where they required more senior level approval. He said the Trust was increasing reporting of agency work to the Finance Recovery Group. He said going forward agency use and agency reduction targets would be incorporated into workforce metrics. He mentioned the report was approval.

Ms Jones felt the agency request was necessary she said to enable people who were requesting agency staff there be an indication of how long the process may take and there could be some time indication attributed to the form. Mr Duffell said most of the agencies were to cover speciality gaps which the Trust was aware of, in advance and it was rarely to cover 24 hour sickness absence or someone taking maternity leave, for maternity leave cover could be planned in advance. He said the vast majority could be planned in advance so from an operational perspective they would know where their gaps would be and would request it in a timely manner to ensure it was ready and in place.

Ms Jones also asked how the Trust was going to manage people operating and using the policy and how would it be known if they were not, at what point in the process of appointing an agency person would it be identified that they were not using the process. Mr Duffell said finance would review the request to see whether it had formally been through a Divisional level, it would then go through an approval process.

Ms Cowley asked about previous discussions about impact of neighbouring Trusts in relation to agency rates and BMA rate cards. She said in the report was detail of the framework agency use and this did not mean it was always expensive but there was a news article last night highlighting a neighbouring Trust who had extremely high agency use. She asked whether the Trust was seeing an impact on risk in relation to what the Trust was doing in terms of agency and what other Trusts were potential neighbouring Trusts were doing. She said both in terms of the ability to attract talent and also the risk of losing talent to a Trust that would pay them an agency rate. Mr Duffell said in relation to comparatives, every organisation he was aware of where seeing pressures of the agency rate driven by the speciality they were trying to recruit to, together with inflationary pressures since 2016. He said he had not seen staff leave the Trust's agency to join another agency at another organisation. Mr Wilshere asked once approved would the team include within HR04 Procedure for Engaging Temporary Workers and SP07 the Engagement of Bank or Agency Nursing and Healthcare Workers Policies to ensure the information was available for staff. Mr Duffell said once it was formally approved it would be communicated to staff through the Divisions in the first instance then it would be embedded within the relevant processes.

Resolved: that the Group Chief People Officer - Workforce Report be received and noted That the process set out in annex 3 of Reducing Staffing Agency Usage Report be approved

TB. 9303: Any Other Business
There was no other business and no questions from members of the public.

TB. 9304: Questions from members of the public
Mr Wilshere confirmed one question had been received from a member of the public which would be followed up.

TB. 9305: Integrated Quality and Performance (IQPR) Review Executive Summary

Resolved the IQPR report was received and noted.

TB. 9306: 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.

TB. 9307: Date and time of the next meeting 13 February 2024 at 10:00 am

The meeting closed at 12:10 pm

The Royal Wolverhampton NHS Trust

12 February 2024 09:21

List of action items February 2024

Agenda item		Assigned to	Deadline	Status
Public Trust Board 12/12/2023 10.9.1 Emergency Preparedness, Response & Resilience (EPRR) Annual Assurance 2023 – 2024				
1610.	Emergency Preparedness assessment.	Nuttall, Gwen	11/06/2024	Completed
	Explanation action item Ms Shaw to arrange a meeting with NEDs for clarification and assurances as what was required in order to obtain full compliance of Emergency Preparedness assessment. UPDATE: 24.1.24 Ms Nuttall confirmed that a meeting took place with herself, Di Preston, Alison Heseltine and Julie Jones on the 18th January to update on the process for EPRR approval and process for update. It was agreed an update be provided in May 24, via Trust Management Committee and then Trust board on the action plan. Update to be provided to July Trust Board meeting			
	Explanation Nuttall, Gwen see above re comment on 24th Jan			
Public Trust Board 12/12/2023 10.2.4 Health and Safety Annual Report 2022/23				
1609.	Cannock Chase Hospital - Fire Alarm Systems	Green, James Nuttall, Gwen Stringer, Kevin	12/02/2024	Completed
	Explanation action item Finance and Productivity Committee to receive a report with details of what remedial action was required, together with costs and timescales involved in relation to fire alarm systems issue at Cannock Chase Hospital, which was mentioned in the Health and Safety Report			

Public Trust Board 01/08/2023 9.1 Elective Recovery Update Report				
1425.	Urology update	Nuttall, Gwen	23/01/2024	Completed
	Explanation action item Ms Nuttall to provide at a Board meeting a plan setting out the medium-term position in relation to Urology. An update will be provided to the December Board meeting UPDATE: December 23. Agreed at the Quality Committee in November, that an overall position on all Urology activities, quality and performance waiting times, post transfer of the service from Walsall will be presented to Quality and Finance and Performance Meeting in January and subsequently reported to the Trust Board in February.			
	Explanation Nuttall, Gwen Paper on Urology position was presented to Quality Committee in January 24. This contained update on the transfer of service from Walsall NHS Trust. The paper reviewed Governance processes post transfer and improving position and use of facilities at Walsall. Management of waiting lists, including diagnostics, day case and achievement of 78, 65 weeks and cancer performance. The Trust is committed to ensuring no patient waits over 78 weeks at the end of March 24. Agreed at Quality Committee that regular updates on Urology would be presented to ensure continued improvement.			

The Royal Wolverhampton NHS Trust

Report to Trust Board, 13 February 2024		
Title of Report:	RWT 2023/24 Winter Plan update	Enc No: 5.1
Author:	Kate Shaw, Deputy Chief Operating Officer, Division 2 Gwyneth Kidd, Service Improvement Programme Manager, Division 2	
Presenter/Exec Lead:	Gwen Nuttall, Chief Operating Officer	

Action Required of the Board			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☒

Recommendations:

The Board is asked to discuss progress on this year's winter plan.
The plan is a subsection of the OneWolverhampton Winter Plan in recognition of the required joint working and responsibilities that need to be taken across the Health and Care System. The two plans align across the Wolverhampton Place. The Place plan has been reviewed and assessed by the Black Country UEC Delivery Board. A progress update of the OneWolverhampton Winter Plan is available in the reading room.

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☒ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s)	None. Risks identified within the Winter Plan and included below.		
Resource Implications:	Workforce and finance included in Winter Plan. ICB funding of £305,517 for Paediatric beds from January 2024 has been allocated. No further funding identified at this time.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Safe, Caring, Effective, Responsive, Well-led
	NHSE	Yes☒No☐	Details: In line with NHSE Winter Plan
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☒No☐	Details: ICB Urgent and Emergency Group (with OneWolverhampton plan) - Sept 23.
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date:
	Board Committee	Yes☒No☐	Date: 10 October 2023
	Board of Directors	Yes☒No☐	Date: 10 October 2023
	Other	Yes☒No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

Risks to delivery of the Winter Plan, along with their mitigations are detailed in the table below.

Risk	Mitigation
IC's above current levels	• Continuous monitoring and escalation
Staff sickness	• Trust processes in place • Winter vaccination programme launched • Divisional and Trust staff allocation meetings • Prioritising the wellbeing of our staff
Transport failure	• Escalation and utilisation of alternative provider as now
Covid, Flu, Norovirus, etc. impacting on inpatient flow and nursing home closures	• IP processes and guidelines in place • Joint work with Capacity • IP input to Nursing Homes
Continued industrial action	• Strike planning to continue if further strikes announced • Team engagement and comms

Advise

Additional paediatric beds have been funded from January 2024 (£305k)

Delivery of the Winter Plan will be monitored through Finance and Productivity Committee and the Trust Management Committee.

Delivery of the OneWolverhampton Winter Plan will be monitored through the OneWolverhampton UEC Strategic Group, the ICB UEC Operational Group and UEC Delivery Board.

Alert

Potential mitigation schemes identified in the report are not funded (£596K) and will not be progressed.

Schemes identified in the OneWolverhampton plan (to which the RWT plan is aligned) are funded through Service Development Funds (SDF)

The bed mitigation plan in the document was initially assessed as Amber / Red in September 2023 as the identified bed gap was not fully mitigated. The plan was therefore given partial assurance at the UEC Delivery Board in October with a verbal update to the Trust Board on the 10 October 2023. The same rating remains in place following the ICB UEC Board in November 2023.

The majority of actions planned as part of winter planning have been implemented successfully – however;

- There is deterioration in the number of ambulance delays, particularly in January 2024
- There is deterioration in the number of patients waiting over 12 hours in the Emergency Department for a bed
- There is no evidence of harm to patients as a result of delays, however this will continue to be monitored over the next few weeks and months.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

The Royal Wolverhampton NHS Trust

RWT Winter Plan 2023/24 update

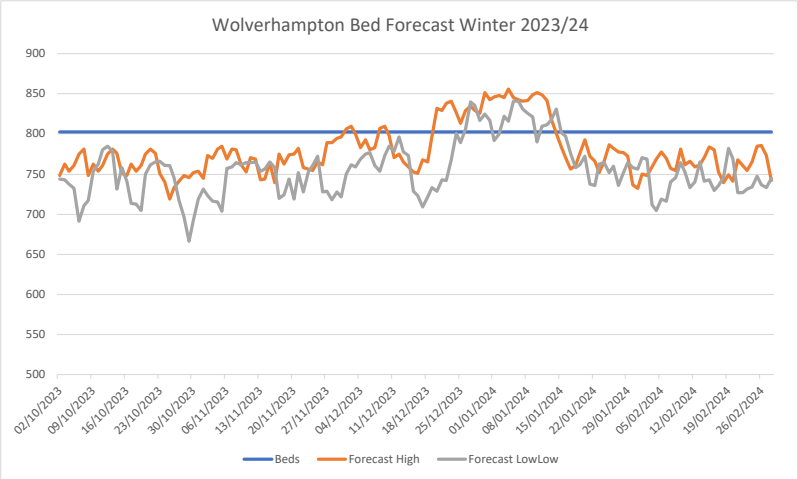
Report to Trust Board, to be held on 13 February 2024

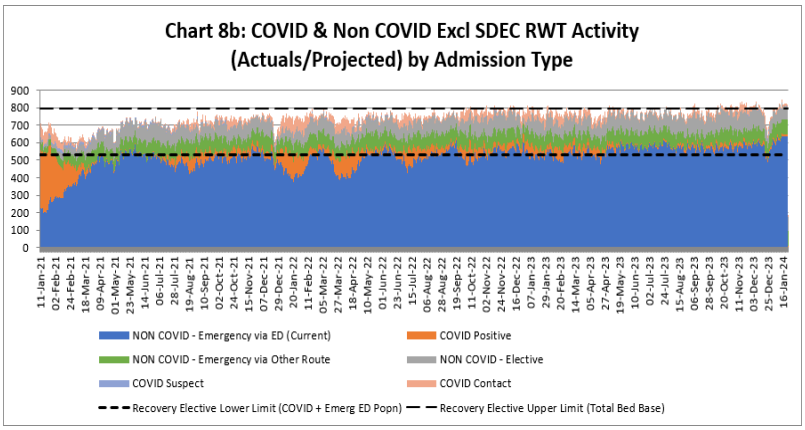
EXECUTIVE SUMMARY

Following submission to Trust Board on 10 October 2023, and subsequent update to Trust Board (public session) on 12 December 2023, this paper and accompanying presentation provide a progress update on the Trust's plan for the ongoing management of winter pressures. It focuses on the priority areas within NHS England's Winter Plan which in turn is built on the Urgent and Emergency Care Recovery Plan published earlier this year. The plan is a subsection of the OneWolverhampton Winter Plan in recognition of the required joint working and responsibilities that need to be taken across the Health and Care System.

Structures remain in place and are working well to maintain involvement and engagement with partners at Executive, clinical and operational levels.

Bed capacity modelling has been undertaken within the Trust and within the ICB. This is based on actual activity from August 2022 to March 2023 and currently shows a gap of between 37 and 53 inpatient beds. It assumes that elective and cancer activity continues throughout the winter. The Trust has exceeded its bed capacity in recent months as shown below.





Indicator	09-Jan-24	10-Jan-24	11-Jan-24	12-Jan-24	13-Jan-24	14-Jan-24	15-Jan-24
Current Daily Non COVID Emerg Growth %	-1.79%	-1.67%	-1.23%	0.78%	2.64%	0.76%	0.00%
Daily Non COVID Emerg Growth Rolling 7 days	0.25%	-0.09%	0.41%	0.47%	0.35%	0.39%	-0.07%

A number of schemes and initiatives are in progress to mitigate the bed capacity gap which can be seen in the table below. A number of these are expansions and further developments of existing services and schemes whilst some are new. The mitigations are cross referenced against the High Impact Priority Interventions, as set out in the UEC Recovery Plan, and a RAG status against these are shown below, with a full detailed position provided in the presentation.

Scheme	Worst Case	Best Case	Detail	Progress update
Virtual Wards	10	15	Increased use of current including South Staffordshire	Capacity in place, occupancy is over 100%
Medicine Model of Care (MMC)	12	12	Based on 2 beds Respiratory, Older Adult Medicine, Diabetes; 3 beds Renal and Gastro	Implemented on 6 November 2023. Not achieving
Discharge ready (MFFD)	8	12	10-15% of 80	Below average numbers since July 2023 – Not achieving
Same Day Discharge Centre (SDDC)	3	3	Enhanced discharge service (adults) commencing November	Opened as planned on 6 November 2023. Increase from 30 to 40 discharges per day (Mon-Fri) via the SDDC
Paediatric Inpatient Capacity	8	10	Additional inpatient capacity	10 additional beds open from 1 January 2024. Opened and achieving.
Total	**41**	**52**		

The Acute Respiratory Infection Hub opened on 4 December 2023 at the Phoenix Health Centre, delivered by Unity Primary Care.

Ref	Action	RAG Status
1.	Same Day Emergency Care	
2.	Frailty	
3.	Inpatient flow and length of stay (acute)	
4.	Community bed productivity and flow	
5.	Care transfer hubs	
6.	Intermediate care demand and capacity	
7.	Virtual Wards	
8.	Urgent Community Response	
9.	Single point of access	
10.	Acute Respiratory Infection Hubs	
11.	Paediatric Inpatient Capacity	

BACKGROUND INFORMATION

The Urgent and Emergency Care (UEC) Recovery Plan outlined five key objectives:

1. Increasing capacity
2. Growing the workforce
3. Improving discharge
4. Expanding and better joining up of health and social care outside of hospital
5. Making it easier to access the right care first time

Building on the Recovery Plan, the NHS Winter Plan for 2023/24 consists of three key components:

1. High-impact priority interventions (taken form the UEC Recovery Plan)

2. Clear roles and responsibilities for each part of the system
3. System level resilience and surge planning

The plan states that all interventions over winter should contribute to two key ambitions for UEC of:

- 76% of patients being admitted, transferred, or discharged within four hours of arrival in an Emergency Department (ED) by March 2024
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24 – requiring consistent ambulance handovers from ambulance to ED team

The Trust has worked hard and delivered improvements in terms of the UEC Recovery Plan and the two key ambitions above since implementing and sustaining a number of changes as part of last year's Winter Plan. The current performance on these is provided within the presentation.

As last year, the combined pressure of improving cancer waiting times and delivering elective recovery whilst simultaneously managing increasingly complex non-elective demand, is putting significant strain on the Trust and the wider system. These challenges are only expected to increase during the winter months when emergency care services face greater pressure as a result of patients being more acutely unwell with a longer stay in hospital longer. These usual pressures are expected to be exacerbated this winter, as a result of:

- High general non-elective demand
- Noroviruses, influenza, and the potential unpredictability of any emerging covid variants
- Surges in Respiratory Syncytial Virus (RSV) in children
- Challenges in the social care market to assist with discharges
- Ongoing industrial action for doctors in training and consultants
- Potential increase in staff absence due to increase in covid, flu or other seasonal illness.

All of the above give rise to the need for a Winter Plan demonstrating increased resilience to support these pressures whilst at the same time recognising some of the constraints currently faced including vacancies in the workforce, current levels of sickness, and staff fatigue.

SUMMARY

The majority of actions planned as part of winter planning have been implemented successfully – however;

- There is deterioration in the number of ambulance delays, particularly in January 2024
- There is deterioration in the number of patients waiting over 12 hours in the Emergency Department for a bed
- There is no evidence of harm to patients as a result of delays, however this will continue to be monitored over the next few weeks and months.

The predicted shortfall in bed capacity has a mitigation plan, however this is deemed amber / red risk. Levels of infection prevention, staff sickness, numbers of patients who are medically fit for discharge and incoming ambulance transfers have all posed a risk to the mitigation.

There is a detailed plan to redesign the current medical model of care, commenced with changes to ward management and configuration for rehabilitation.

The intention is to retain elective operating throughout the winter period by utilising the ring-fenced capacity at New Cross and Cannock Chase Hospitals. This is to ensure the Trust achieves the expected measure of having no patient wait over 78 weeks at the end of March 2024.

Only additional schemes that are funded have been agreed to progress. Other schemes will not progress unless funding is available. Funding is being sought over and above that allocated for additional paediatric beds.

The plan is aligned with the OneWolverhampton Winter Plan, which has been signed off by the OneWolverhampton Place Board.

Actions will be monitored daily, weekly and all reviewed at the end of the winter period to assess success and impact in preparation for Winter 2025.

RECOMMENDATIONS

It is recommended that the Board discuss the RWT Winter Plan update.

RWT Winter Plan:
Update to Trust Board

Gwen Nuttall, Chief Operating Officer
13 February 2024

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

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Collaboration Communities

Introduction

- The RWT Winter Plan was presented to Trust Board on 10 October 2023, with further updates to Finance & Productivity on 22 November 2023, and Trust Management Committee on 24 November 2023 and 26 January 2024.
- It focuses on the priority areas within NHS England's Winter Plan which in turn is built on the Urgent and Emergency Care Recovery Plan published in 2023.
- It is a subsection of the OneWolverhampton Winter Plan in recognition of the required joint working and responsibilities that need to be taken across the Health and Care System.

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Alignment to the Urgent and Emergency Care (UEC) Recovery Plan

- Five key objectives:
    1. Increasing capacity
    2. Growing the workforce
    3. Improving discharge
    4. Expanding and better joining up of health and social care outside of hospital
    5. Making it easier to access the right care first time
- Building on the Recovery Plan, the NHS Winter Plan for 2023/24 consists of three key components:
    1. High-impact priority interventions (taken from the UEC Recovery Plan)
    2. Clear roles and responsibilities for each part of the system
    3. System level resilience and surge planning
- The plan states that all interventions over winter should contribute to two key ambitions for UEC of
    - 76% of patients being admitted, transferred, or discharged within four hours of arrival in an Emergency Department (ED) by March 2024
    - Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24 – requiring consistent ambulance handovers from ambulance to ED team

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UEC Activity and Performance

The Trust is currently one of around twenty organisations within England routinely meeting the 76% 4-hour performance target.

Hospital	April 23 %	May 23 %	June 23 %	July 23 %	August 23 %	September 23 %	October 23 %	November 23 %	December 23 %
The Royal Wolverhampton NHS Trust	79.95%	79.52%	76.58%	78.96%	78.21%	78.36%	77.43%	77.31%	76.00%
George Eliot Hospital NHS Trust	75.13%	77.60%	77.43%	75.47%	70.02%	72.70%	71.69%	73.08%	73.08%
Walsall Healthcare NHS Trust	77.36%	79.75%	75.67%	75.38%	75.06%	74.15%	69.80%	73.65%	72.31%
The Dudley Group NHS Foundation Trust	74.52%	73.38%	72.93%	74.50%	72.82%	74.12%	72.52%	72.92%	71.48%
University Hospitals Coventry And Warwickshire NHS Trust	76.64%	73.70%	71.53%	73.91%	72.74%	70.88%	69.46%	68.75%	70.42%
University Hospitals Of Derby And Burton NHS Foundation Trust	66.69%	68.37%	67.67%	71.77%	69.42%	69.36%	67.87%	67.63%	68.87%
South Warwickshire NHS Foundation Trust	83.28%	73.00%	76.31%	76.24%	73.78%	72.53%	71.90%	70.15%	67.63%
Sandwell And West Birmingham Hospitals NHS Trust	74.86%	72.69%	70.99%	70.44%	69.14%	66.90%	66.82%	67.05%	66.91%
University Hospitals Of North Midlands NHS Trust	70.05%	69.37%	68.82%	69.61%	68.59%	69.90%	65.31%	64.69%	64.21%
Birmingham Women's And Children's NHS Foundation Trust	85.19%	85.96%	82.83%	91.07%	90.77%	85.55%	74.87%	65.64%	63.33%
Worcestershire Acute Hospitals NHS Trust	67.02%	66.37%	67.11%	67.25%	65.13%	64.44%		62.44%	58.70%
University Hospitals Birmingham NHS Foundation Trust	53.78%	54.43%	53.03%	53.04%	54.74%	54.02%	54.00%	54.84%	53.70%
Wye Valley NHS Trust	59.64%	57.65%	59.28%	56.30%	55.59%	53.96%	56.85%	55.92%	52.91%
The Shrewsbury And Telford Hospital NHS Trust	54.25%	55.33%	53.58%	51.86%	51.64%	50.80%	51.51%	50.09%	51.42%
England	77.31%	76.80%	73.34%	73.99%	72.98%	67.09%	66.02%	65.67%	64.92%

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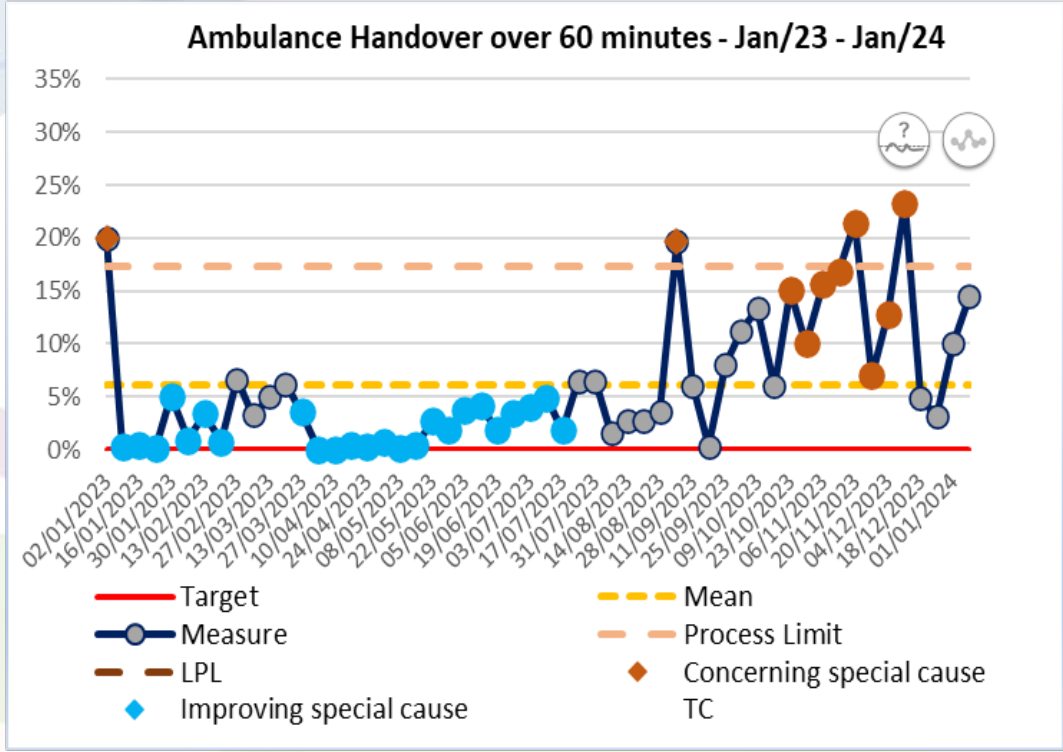
UEC Activity and Performance



Nx Ambulance Handover > 60 mins

	Target	Actual
Oct-22	0%	14.62%
Nov-22		14.47%
Dec-22		22.81%
Jan-23		6.71%
Feb-23		2.07%
Mar-23		4.95%
Apr-23		0.14%
May-23		0.89%
Jun-23		3.45%
Jul-23		4.29%
Aug-23		3.46%
Sep-23		7.91%
Oct-23		10.85%
Nov-23		16.04%
Dec-23		9.61%

Offloading ambulances as quickly as possible remains a priority. Recent performance in January has been challenged as ambulance numbers, ED attendances (including walk-ins) and patient complexity have increased.

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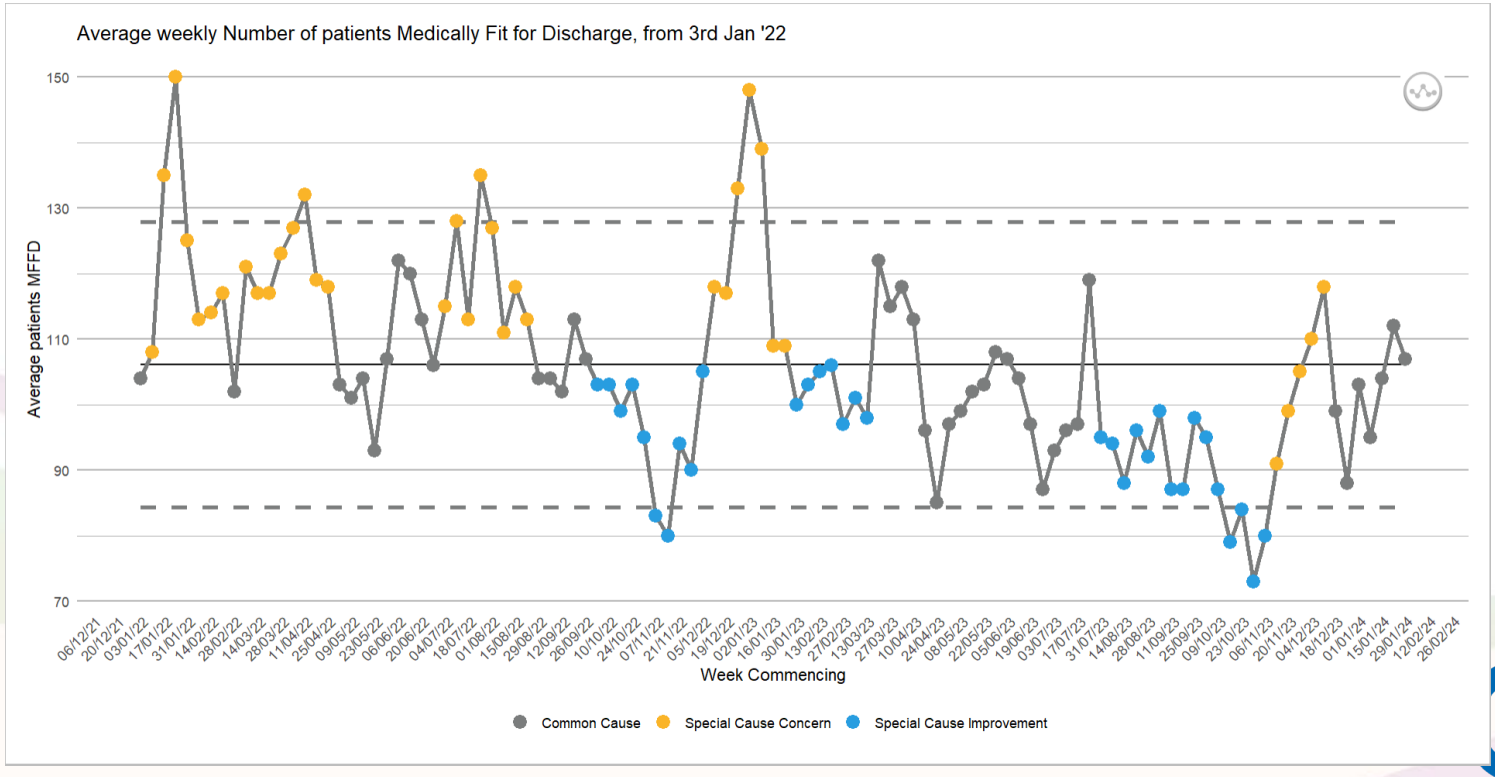
Discharge ready (MFFD) patients

The numbers of discharge ready (MFFD) patients had reduced since the beginning of 2023, with a consistent below average number from July 2023, however, numbers in January have recently increased and are currently above 100.



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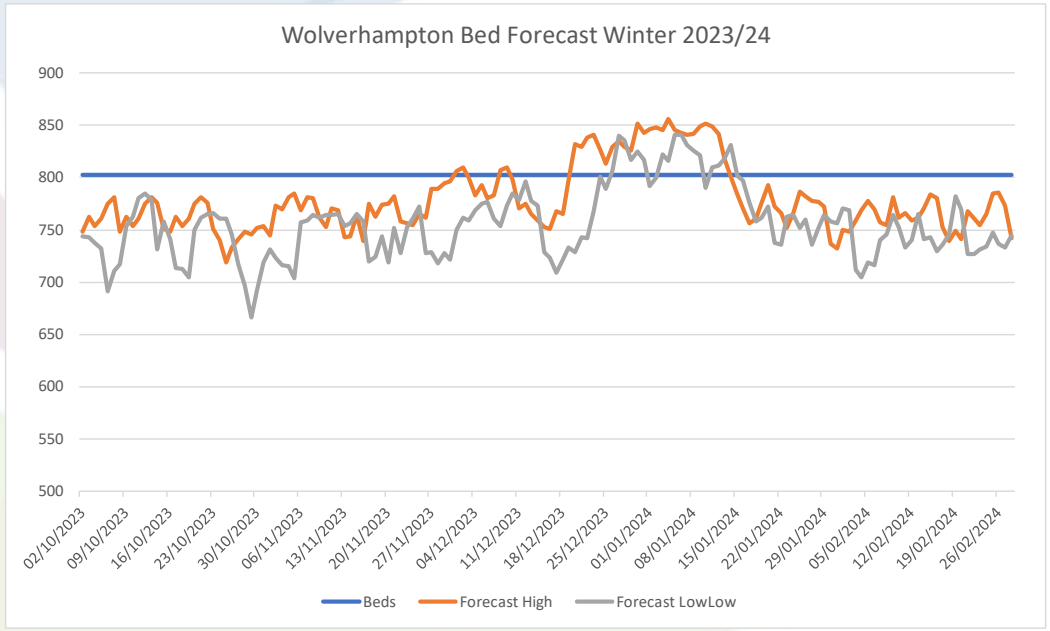
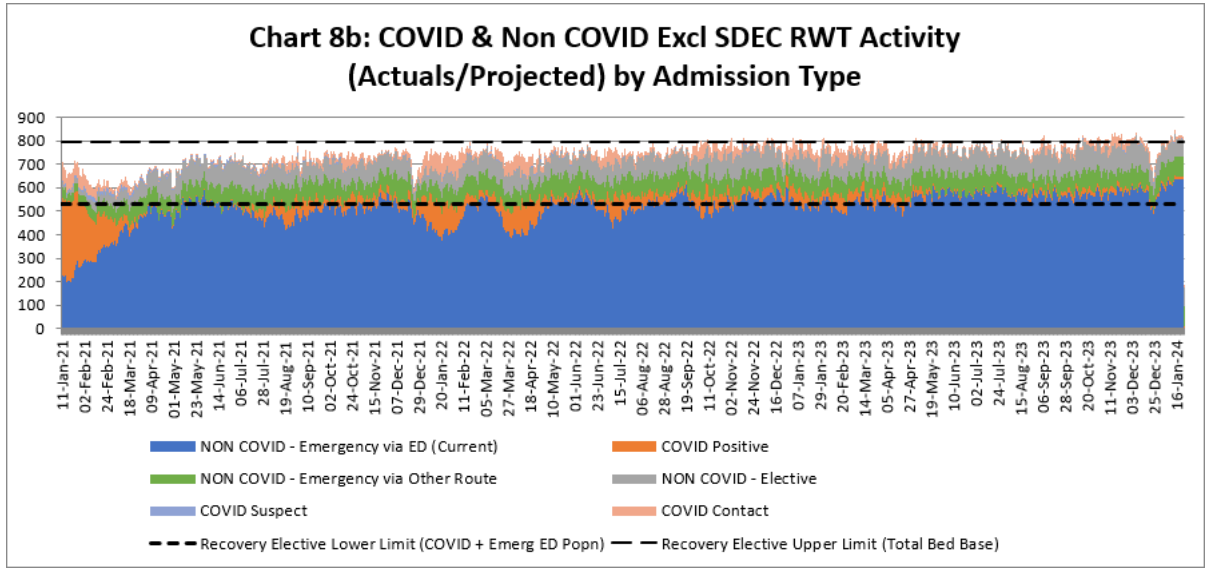
Modelling and assumptions





Indicator	09-Jan-24	10-Jan-24	11-Jan-24	12-Jan-24	13-Jan-24	14-Jan-24	15-Jan-24
Current Daily Non COVID Emerg Growth %	-1.79%	-1.67%	-1.23%	0.78%	2.64%	0.76%	0.00%
Daily Non COVID Emerg Growth Rolling 7 days	0.25%	-0.09%	0.41%	0.47%	0.35%	0.39%	-0.07%

Capacity modelling for winter shows a gap of between 37 and 53 inpatient beds for winter. The plan assumes that elective and cancer activity continues throughout the winter period, the Trust has exceeded its bed capacity in recent months as shown above.

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Mitigating the bed capacity gap

The plans and initiatives set out in the Winter Plan continue to progress to mitigate the bed capacity gap which can be seen in table below.

Initiative	Worst case	Best case	Detail	Progress update
Virtual wards	10	15	Increased use of current including South Staffordshire	**Capacity in place, occupancy is over 100%**
Medicine Model of Care	12	12	Based on 2 beds Respiratory, Older Adult Medicine, Diabetes; 3 beds Renal and Gastro, reduction in LOS	**Implemented on 6 November 2023. Not achieving**
Discharge Ready (MFFD)	8	12	10-15% of 80	**Below average numbers since July 2023 – Not achieving**
Same Day Discharge Centre (SDDC)	3	3	Enhanced discharge service (adults) commencing 6 November	**Opened as planned on 6 November 2023. Increase from 30 to 40 discharges per day (Mon-Fri) via the SDDC**
Paediatric Inpatient Capacity	8	10	Additional inpatient capacity	**10 additional beds open from 1 January 2024. Opened and achieving.**
Total	**41**	**52**		

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Progress against the High Impact Priority Interventions

Progress against the high-impact priority interventions as set out in the UEC Recovery Plan is shown below.

Ref	Action	Update	RAG status
1.	Same Day Emergency Care	• RWT currently offers medical, frailty, surgical (including gynaecology) and head and neck SDEC services • The Paediatric model currently runs alongside the PAU • The Medical SDEC currently operates 24 hours a day while the Frailty, Surgical and Head and Neck SDEC services operate 12 hours a day, 7 days a week • Plans to establish an integrated Medical SDEC are underway, pending development of an AMU workstream	
2.	Frailty	• Frailty SDEC has been providing a 7-day service for older frail adults since September 2022 • Capacity for 9 patients who are drawn either from ED or directly from WMAS via the Care Coordination team • HOT clinics in place to ensure patients can be seen by a consultant on day of referral • All complemented by the Community frailty virtual ward. There are 35 'beds' and supports up to 70 patients per month based on an average LoS of 14 days. supports expedited discharge and admission avoidance	
3.	Inpatient flow and length of stay (acute)	• The North Bristol model for ambulance recovery has been reviewed and implemented at RWT since early January 2023. A Push model has been established whereby on each weekday, one patient is moved directly from either ED or AMU to a base ward at 09.30 and 11.30. This has meant that our ambulance handover times have greatly reduced. • 4-week ED streaming pilot commenced March 2023, 09:00-21:00 seven days per week. Total of 1260 patients streamed to alternative locations • Audit of walk-in patients to ED undertaken 6 and 7 Nov 2023 to understand opportunities for navigating away from ED – plan for full time streaming nurse being finalised as recommended following ED Peer Review on 7 Dec 2023	

Progress against the High Impact Priority Interventions (continued)

Ref	Action	Update	RAG status
4.	Community bed productivity and flow	• Successful recruitment to enhance the hospital social work team. • Adult Social Care Discharge Funding is being used to support additional capacity within the Personalised Support Team (PST). This additional resource will ensure timely assessment and discharge of patients to further reduce discharge delays • The Home Assisted Reablement Programme (HARP) has also been enhanced – offering an additional 50 hours of reablement per week – increasing capacity to support pathway 1 discharges and further reducing discharge delays • Expansion of the Community Occupational Therapy Team (COTT) has been undertaken to support the review of patients discharged into D2A services • Dedicated Bariatric Reablement service is being established • A package of Care Home Support will be expanded to encourage the use of Care Coordination as a single point of access • Pathway 3 budget will be transferred to the ICB to ensure consistency of approach	
5.	Care transfer hubs	• Enhanced Care Coordination service will be provided through RWT's Adult Community Team. This service offers a range of options, including access to virtual consultations and pharmacy. The existing provision will be enhanced through the addition of an integrated social worker, an integrated prescribing pharmacist and additional call handlers. A more robust telephony system is being implemented from February 2024 to manage the increased demand seen by the service • Ongoing work as part of the Care Closer to Home Strategic Working Group to grow Care Coordination. This includes broadening the scope of partners involved, including mental health, social care, housing, and others. An inaugural workshop has been planned to scope the possibilities. Initial efforts will focus around linking the social care front door with Care Co to ensure a no wrong front door approach	
6.	Intermediate care demand and capacity	• A number of schemes have been commissioned using the Adult Social Care Discharge fund, full detail of this can be found in the One Wolverhampton Winter Plan	

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Progress against the High Impact Priority Interventions (continued)

Ref	Action	Update	RAG status
7.	Virtual Wards	Bed numbers are not attached to each pathway - allows more fluidity and flexibility. Overall bed capacity of 98 beds, with the ambition to maintain 80% occupancy. Clinical pathways include: • Respiratory; COVID, oxygen weaning, asthma, COPD and ARI • Frailty • Paediatric • Palliative/ Supportive care • Awaiting diagnostics • General Medicine Average LoS of 14 days equates to up to 196 patients per month being cared for at home as opposed to in an acute bed. Additional funding has been received to support the virtual ward of £222k.	
8.	Urgent Community Response	• RWT's Rapid Intervention Team (RIT) has extended its operating hours to provide a 24/7 Urgent Community Response service	
9.	Single point of access	• Ongoing work as part of the Care Closer to Home Strategic Working Group to grow Care Coordination. This includes broadening the scope of partners involved, including mental health, social care, housing, and others. An inaugural workshop has been planned to scope the possibilities. Initial efforts will focus around linking the social care front door with Care Co to ensure a no wrong front door approach	
10.	Acute Respiratory Infection Hubs	• Contract awarded, operational from beginning of December at the Phoenix Health Centre	
11.	Paediatric Inpatient Capacity	• 10 additional beds open from 1 January 2024	

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The Medicine Model of Care (MMC)

Since the submission of the Winter Plan to Trust Board on 10 October 2023, the MMC has been progressing. An update on each of the workstreams is summarised below.

Group / Area	Actions complete	Actions outstanding / issues	RAG status
Ward Efficiencies	• Agreed aim of group to ensure patients are discharged earlier in the day • Commenced auditing of ward huddles and dedicated Jr Dr to focus on TTO's to support earlier discharge of patients	• Medic to chair group going forward	
Bed Configuration	• All moves completed, formal handover to Div 3 on 1 November	• After Action Review being undertaken in collaboration with Div 3	
Specialist Input	• Agreed operational hours to be 09:00 to 17:00 Monday to Friday with a view to increasing this into the evening in the near future • Formally commenced from 6 November	• Plan for evening cover to be worked through and agreed • Formal plan required for Cardiology and Onc & Haem input	
Integrated SDEC	• Initial proposal shared with teams at follow up away day on 25 October 2023	• Development of new model • Currently paused until AMU workstream concluded	
Same Day Discharge Centre (SDDC)	• Operational on C41 from Monday 6 November 2023	• Requires additional funding for Pharmacy input	

Summary - 1

- The majority of actions planned as part of winter planning have been implemented successfully – however;
  - There is deterioration in the number of ambulance delays, particularly in January 2024
  - There is deterioration in the number of patients waiting over 12 hours in the Emergency Department for a bed
  - There is no evidence of harm to patients as a result of delays, however this will continue to be monitored over the next few weeks and months.
- The predicted shortfall in bed capacity has a mitigation plan, however this is deemed amber / red risk. Levels of infection prevention, staff sickness, numbers of patients who are medically fit for discharge and incoming ambulance transfers have all posed a risk to the mitigation.
- There is a detailed plan to redesign the current medical model of care, commenced with changes to ward management and configuration for rehabilitation.

Care Colleagues
Collaboration Communities

Summary - 2

- Intention is to retain elective operating throughout the winter period by utilising the ring-fenced capacity at New Cross and Cannock Chase Hospitals. This is to ensure the Trust achieves the expected measure of having no patient wait over 78 weeks at the end of March 2024.
- Only additional schemes that are funded have been agreed to progress. Other schemes will not progress unless funding is available. Funding is being sought over and above that allocated for additional paediatric beds.
- The plan is aligned with the OneWolverhampton Winter Plan, which has been signed off by the OneWolverhampton Place Board.
- Actions will be monitored daily, weekly and all reviewed at the end of the winter period to assess success and impact in preparation for Winter 2025.

Care Colleagues
Collaboration Communities

Next Steps

- As a result of the challenges faced daily, additional actions have been taken to help support flow. The first 3 schemes below are until the end of February 2024;
  - Development of super surge capacity, which provides additional capacity for the emergency department. This utilises Frailty SDEC space
  - Deployment of additional weekend support to maximise the number of discharges over the weekend (Medical and AHP)
  - Review of consultant supporting professional activities (SPA's) to provide additional in reach support to the emergency portals (ED and Medical SDEC)
  - Re-launch and review of Surgical SDEC to streamline flow from ED to Surgical teams
  - Escalation of patients who are waiting for packages of care to external partners
  - Work with WMAS to ensure all alternative options for conveyance are deployed, utilisation of 2-hour response and Care-Coordination.

Care Colleagues
Collaboration Communities

Reading Room Attachment

Progress Update on the OneWolverhampton Winter Plan – incorporating delivery of the schemes funded through the Adult Social Care Discharge Fund.

Matt Wood – Head of the Programme and Transformation Office, OneWolverhampton

*Following November's update, t*he spreadsheet below provides a detailed update for each of the funded schemes. They have been RAG-rated based on their delivery to date with spend used as a proxy measure. Green schemes are those that have delivered as expected, amber schemes are those whose delivery is below expected, and red schemes are those that are not yet delivering or significantly below expectations. Work is ongoing to understand the qualitative impact of these schemes in addition to the cost to support decision-making around continued spend for year 2 of the ASCDF allocation.

No	Scheme Name	Brief Description of Scheme	Commissioner	Responsible Officer and Project Lead	Source of Funding	Year 1 (23/24)	Spend 31.12.23	Nov 23 RAG	Jan 24 RAG (based on spend against allocation)
1	**Hospital Enhanced Social Work**	Additional social worker capacity to support timely assessment and discharge of patients to include out of area hospital discharges.	CWC	Rachel Murphy & Tracey Chappell	ASCDF	£440,375	£374,320		85.0%
2	**Enhanced PST**	Additional brokerage staff capacity to support timely assessment and discharge of patients to include out of area hospital discharges.	CWC	Helen Winfield	ASCDF	£41,000	£28,201		68.8%
3	**Home Assisted Reablement Programme**	Additional hours of HARP assistance provided for reablement to support discharge and make sure people identified as benefiting from reablement were able to be supported on the correct pathway.	CWC	Tom Denham	ASCDF	£40,638	£19,401		47.7%
4	**Additional OT Capacity**	Recruitment of additional OTs to support timely discharge for pathways 1-3.	CWC	Parminder Bhandal	ASCDF	£300,000	£63,105		21.0%
5	**Bariatric Reablement Service**	Dedicated service to enable people that are identified as bariatric to access a bed based reablement service as part of their planned return home when it is identified that a home discharge is not possible.	CWC	John Linighan	ASCDF	£185,403	£96,135		51.9%
6	**Pathway 1 Seasonal Reablement at Home**	Contingency funding to support additional winter demand / capacity pressures.	CWC	Rachel Murphy & Tracey Chappell	ASCDF	£125,000	£100,964		80.8%
7	**Pathway 2 Seasonal Spot Beds**	Contingency funding to support additional winter demand / capacity pressures.	CWC	Rachel Murphy & Tracey Chappell	ASCDF	£400,000	£288,000		72.0%
8	**BCHT Enhanced Mental Health Social Worker**	A designated, locality-based, named social worker to oversee or undertake assessments of patients requiring adult social care support.	CWC	Marcus Law?	ASCDF	£50,473	£60,252		119.4%
9	**CWC Community equipment Service**	Funding additional equipment to support hospital discharge in a timely manner	CWC	John Linighan	ASCDF	£52,500	£52,500		100.0%

No	Scheme Name	Brief Description of Scheme	Commissioner	Responsible Officer and Project Lead	Source of Funding	Year 1 (23/24)	Spend 31.12.23	Nov 23 RAG	Jan 24 RAG (based on spend against allocation)
9a	**CWC Community Equipment Stores Staffing**	Sufficient staffing to ensure that no delays occur in the processing and delivery of items required to support discharge	CWC	John Linighan	ASCDF	£19,590	£8,394		42.8%
9**	**Unallocated spend**	This is funded not allocated to any specific scheme (Split over P1)	CWC	Rachel Murphy & Jane Cifti	ASCDF	£163,007	£54,336		33.3%
	Unallocated spend	This is funded not allocated to any specific scheme (Split over P2)	CWC	Rachel Murphy & Jane Cifti		£163,007	£54,336		33.3%

No	Scheme Name	Brief Description of Scheme	Commissioner	Responsible Officer and Project Lead	Source of Funding	Year 1 (23/24)	Spend 31.12.23	Nov 23 RAG	Jan 24 RAG (based on spend against allocation)
10	**Pathway 3 Block Booked Contingency**	Funding to enable additional block-booked beds to be commissioned (e.g. complex beds) and / or to support increased costs in Care Homes.	ICB	Gurbi Cox	ASCDF	£164,373			
11	**BCHT Structured IP Day Support (RETHINK)**	In-reach work on wards to help patients and staff identify support to achieve discharge and connection with outreach services.	ICB	Marcus Law	ASCDF	£0	£0		
12	**BCHT Additional Step-Down Capacity**	Accommodation and support for people MFFD and waiting for additional support packages, (24-hour ongoing support prior to discharge home or to onward package of support).	ICB	Marcus Law	ASCDF	£139,956	£139,956		100.0%
13	**BCHT Welfare Rights Workers**	Supporting patients with a successful discharge from a mental health ward (e.g. financial advice, information and solutions around benefit entitlement).	ICB	Marcus Law	ASCDF	£0	0		
14	**RWT Enhancing Care Co-ordination**	Improving the infrastructure of Care-Co to enable increased and wider support for hospital discharge and enhancing the workforce to include a dedicated Social Worker, prescribing Pharmacist, additional call handlers and digital infrastructure.	ICB	Rachael Brown	ASCDF	£119,664	£48,000		40.1%
15	**RWT Intermediate Care (to incorporate RASC and Homefirst)**	Supporting early facilitated discharge for patients waiting for start dates of social care funded packages of care. RASC will help to bridge the gap, impacting on the number of patients on the medically fit lists while reducing deconditioning for patients and improve flow.	ICB	Rachael Brown	ASCDF	£650,000	£468,733		72.1%
16	**RWT Virtual Wards**	Supporting the delivery of Virtual Wards in conjunction with Community Infrastructure funding. In line with the 2022/23 commitment made.	ICB	Jodie Winfield	ASCDF	£221,519	£156,352		70.6%

No	Scheme Name	Brief Description of Scheme	Commissioner	Responsible Officer and Project Lead	Source of Funding	Year 1 (23/24)	Spend 31.12.23	Nov 23 RAG	Jan 24 RAG (based on spend against allocation)
17	**Care Homes**	To provide increased support to Care Homes, linking in to the OW Care Homes Workshop / Steering Group	Joint CWC / ICB	Tracey Jones & Molly	ASCDF	£5,000	£3,000		60.0%
18	**Delirium Patients**	Develop delirium pathways and test out different pathways out to establish future approach.	Joint CWC / ICB	Gurbi Cox & Tracey Chapell	ASCDF	£50,000	£25,000		50.0%
19	**NWB Patients**	Trial / test out alternative placement arrangements for NWB patients to determine future ongoing approaches / arrangements.	Joint CWC/ICB	Gurbi Cox & Jo Turnball	ASCDF	£50,000	£25,000		50.0%
20	**Community / Voluntary Sector**	Increase in social prescribing support capacity to meet additional demand.	Joint CWC / ICB	Jenny Wallbank	ASCDF	£72,000	£28,800		40.0%
21	**RWT Medicine Model of Care**	Specialist consultants rostered to cover all floors in Emergency Services, specifically to avoid admission; redirect activity; and facilitate timely discharge – 12 beds	RWT	Kate Shaw					
22	**RWT Discharge Ready (MFFD)**	Plan to further reduce by 10-15% (8 to 12 beds)	Joint CWC, ICB, RWT	Kate Shaw, Rachel Murphy, Gurbi Cox					
23	**Same Day Discharge Centre (SDDC)**	Enhanced Discharge service (adults) commenced 6 November 2023 – 3 beds	RWT	Kate Shaw Bev Morgan					
24	**Paediatric Inpatient Capacity**	Plans have been submitted to mobilise up to an additional 10 beds to support with additional paediatric capacity.	ICB	Sian Thomas	ICB	£305,517			
25	**Acute Respiratory Infection Hubs**	ARI service to commence 4 December 2023.	ICB	Kam Ahmed	ICB	£186,000		£186,000	

The Royal Wolverhampton NHS Trust

Trust Board Meeting – to be held in Public on 13 February 2024		
Title of Report:	Chief Executive's Report	Enc No: 7
Author:	Gayle Nightingale, Directorate Manager to the Group Chief Executive	
Presenter/Exec Lead:	Prof David Loughton CBE, Group Chief Executive	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☐No☐
Recommendations: The Board is asked to note the contents of the report.			

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

The Royal Wolverhampton NHS Trust

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

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

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

The Royal Wolverhampton NHS Trust

Chief Executive's Report

Report to Trust Board Meeting to be held in Public on 13 February 2024

EXECUTIVE SUMMARY

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

BACKGROUND INFORMATION

As follows

RECOMMENDATIONS

To note the report.

1.0	**Consultants**
	There has been nine Consultant Appointments since I last reported: **Urology** Dr Ameet Gupta **Anaesthetics** Dr Roma Kalaria **Older Adult Medicine** Dr Alison Eastaugh Dr John Steadman **Neurology** Dr William Scotton **Radiology** Dr Ahmed Agamy **Oral and Maxilofacial** Dr Gaurav Barsaiyan **Paediatrics** Dr Nikletta Lofitou Zochoiu **Intensive Care Unit (Academic)** Professor Tonny Veenith
2.0	**Policies and Strategies**
	Policies for January 2024 • Policies, Procedures, Guidelines and Strategies Update Report • Trust Policy Group – Terms of Reference • CP06 – Consent to Treatment Investigation Policy • GDL11 – Treatment of Hyperkalaemia in Adults Policy • HR32 – Organisational and Workforce Change Policy

	• HS03 – Sharps Safety including Splash Injury and Post Exposure Prophylaxis (PEP) Policy • IP20 – Urinary Catheter Policy • MP05 – Antimicrobial Inpatients Policy • OP107 – Staff Experiencing Domestic Abuse Policy • New Labetalol Regiment Guidelines • Management of Oral Health (Adult Inpatients) – Standard Operating Procedure (SOP) • New Ward Opening/ Closing/ Additional Ward Capacity and Decanting (SOP)
3.0	**Visits and Events**
	• 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: • 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 • 20 November 2023 - 20 November 2023 – chaired the inaugural Joint RWT and WHT Partnership Forum (HR) and virtually met with Tim Johnson, Chief Executive – Wolverhampton City Council • 21 November 2023 - undertook a joint RWT and WHT Non-Executive Directors (NEDs) briefing • 27 November 2023 – participated in the National Institute of Healthcare Research (NIHR) Operations Director interviews • 28 November 2023 - met virtually with PA Consulting as part of the Black Country Integrated Care Board (ICB) Financial Improvement programme • 29 November 2023 - participated in the Joint Negotiating Committee (JNC) • 30 November 2023 – presented awards at a staff Research Network event • 1 December 2023 – met with staff from the West Midlands Cancer Alliance following their transfer to RWT as host for the network and undertook a site visit for the Rt Honourable Pat McFadden MP • 4 December 2023 – filmed a Podcast for 'Voices of Care' for New Cross Healthcare Solutions • 5 December 2023 – participated in a virtual Black Country Integrated Care System (ICS), Provider Chief Executives meeting • 6 December 2023 – participated in a national and ICB financial planning meeting • 8 December 2023 – presented the first Quality Improvement Star Award to Katy Cook and participated in a virtual Local Negotiating Committee (LNC) • 13 December 2023 - met virtually with Mark Axcel, Chief Executive (ICS) and participated in a virtual ICS Productivity and Value Group meeting • 14 December 2023 – participated in a Senior Medical Staff Committee and chaired a virtual Joint WHT and RWT staff briefing • 15 December 2023 – participated in a Joint RWT and WHT Board Development workshop • 18 December 2023 – participated in a virtual national NHS Leadership event with Amanda Pritchard, Chief Executive (NHSE) • 19 December 2023 - undertook a joint RWT and WHT Non-Executive Directors (NEDs) briefing • 20 December 2023 – presented an Exceeding Expectation award to Davina Abbott, Lead Clinical Educator for Radiology • 29 December 2023 – virtually met with Kerry Flint, Freedom to Speak Up Guardian • 2 January 2024 - met virtually with PA Consulting as part of the Black Country Integrated Care Board (ICB) Financial Improvement programme • 5 January 2024 - virtually met with Becky Wilkinson - Director of Adult Services, Wolverhampton City Council • 9 January 2024 – participated in a Joint RWT and WHT Board Development session

	• 12 January 2024 – met with Mark Ondrak, Staff-side Lead and participated in the virtual Black Country Joint Provider Committee • 16 January 2024 – virtually met with Mandy Poonia, Chair – Healthwatch Wolverhampton as part of her induction programme, undertook a joint virtual RWT and WHT Non-Executive Directors (NEDs) briefing and participated in a virtual ICB and Trust Chief Executives meeting • 17 January 2024 – participated in a virtual Black Country ICS System Review meeting with NHS England (NHSE) • 19 January 2024 – presented an Exceeding Expectation Award to Tim Jones, Associate Practitioner in Cardiac Investigations and chaired the Joint RWT and WHT Partnership Forum (HR)
4.0	**Board Matters**
	There are no Board Matters to report on this month.

Any Cross-References to Reading Room Information/Enclosures:

NHS
The Royal Wolverhampton NHS Trust

Report for Meeting Public Trust Board Date 13 February 2024		
Title of Report:	**Freedom to Speak Up Quarterly Report**	Enc No: 7.1
Author:	Kerry Flint Kerry.flint1@nhs.net Lead Freedom to Speak Up Guardian	
Presenter/Exec Lead:	Kerry Flint	

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

Decision	Approval	Discussion	Other
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☐

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

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

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒		
Changes to BAF Risk(s) & TRR Risk(s) agreed.	State None if None Risk Description Is Risk on Risk Register: Yes☐No☒ Risk Score (if applicable):None		
Resource Implications:	(if none, state 'none') Revenue: None Capital: None Workforce: None Funding Source: None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Safe, Effective, Well Led
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	Black, Asian or minority ethnic employees often face more barriers than non BAME employees when raising concerns. The Freedom to Speak Up Guardians are all from a diverse background, it is hoped that colleagues will feel the Guardians may understand the barriers they may face to speaking up and this will encourage them to raise concerns. Currently, there are eight FTSU Champion Team Members, a recruitment drive is planned over the next month to encourage FTSU champions in each department.		

	The data available is not yet sufficient to reliably determine and evidence equality and diversity impacts. This is being addressed through collecting concerns electronically through the incident reporting system, Safeguard and work being undertaken by the Equality, Diversity, and Inclusion Committee.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☐No☐	Date:
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure • The Committee can be assured that the FTSU service continues to operate in accordance with the National Guardian's Office and provides a safe space for colleagues to speak up about anything that concerns they may have. • The FTSU ensures that data related to the key demographics of those raising concerns is recorded to understand key themes and where barriers may be encountered.
Advise • The FTSU service supports colleagues to escalate patient and staff safety concerns which when appropriately addressed contribute to establishing a culture of openness and safety. • This report provides an analysis of the number of concerns generated through Freedom to Speak Up from April 1st, 2023 – September 30th, 2023. • Within Q1 (April, May, and June 2023) 39 concerns were raised. • Within Q2 (July, August, and September 2023) 62 concerns were raised. • FTSU data identifies that concerns raised by colleagues from a BAME background represent 8% in Q1 and 24% in Q2 of the total concerns. This is an under representation of colleagues from a BAME background raising concerns though the FTSU route when compared to the 36% of BAME colleagues working at the Trust.
Alert • In 2022/23 a total of 265 concerns were raised to FTSU. Year to date for 2023/24, 101 concerns have been raised. • Attitudes and behaviours, including bullying, remains to be the most reported theme amongst concerns.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement.
Support our Colleagues	• 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
Effective Collaboration	• Progress joint working across Wolverhampton and Walsall

Freedom to Speak Up Quarterly Report

INTRODUCTION

Report of the Freedom to Speak Up Guardians

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

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

BACKGROUND INFORMATION

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

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

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

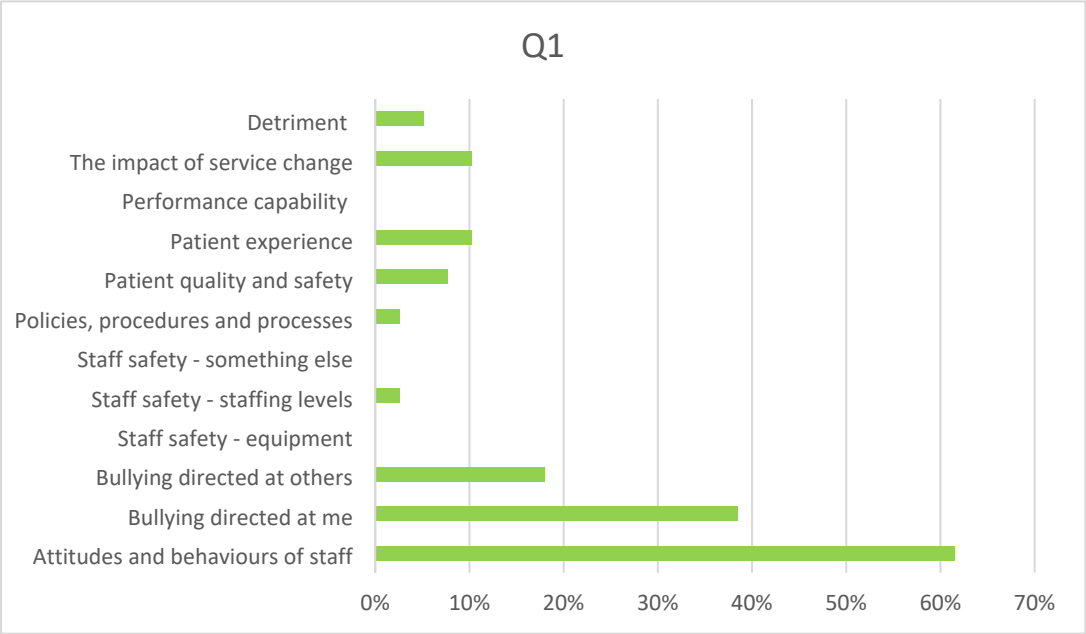
FTSUGs are one of many routes through which workers may raise concerns. Information about the speaking up cases raised with Freedom to Speak Up (FTSU) forms part of a bigger picture of an organisation's speaking up culture and arrangements.

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

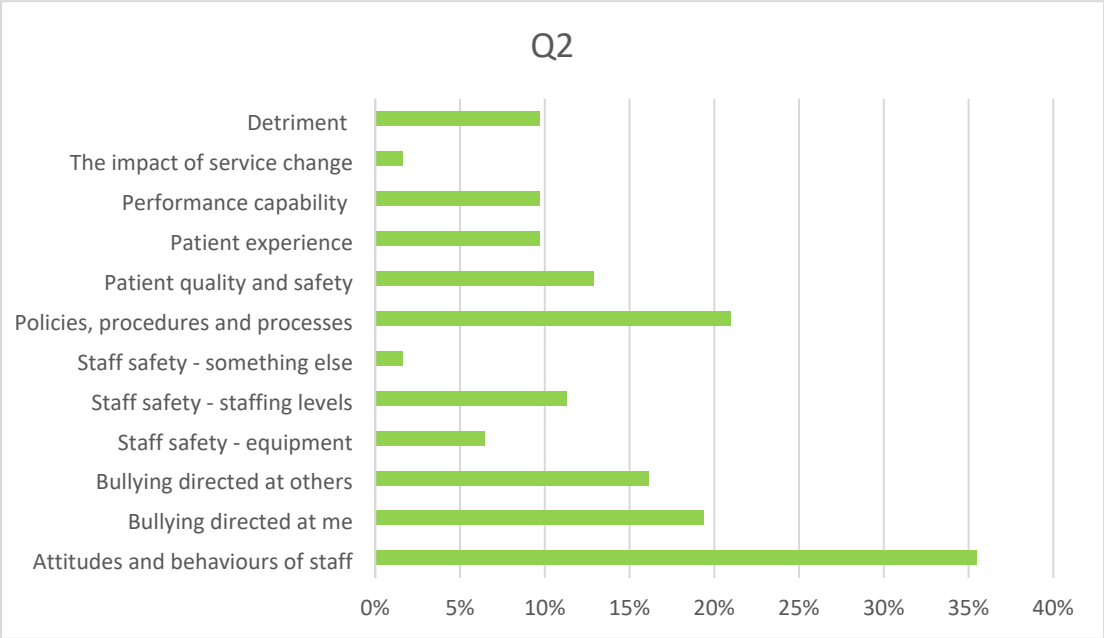
Demographic data such as gender, age, ethnicity, sexuality, and any other protected characteristics (those included in the 2010 Equality Act) can be reported at the discretion of each individual trust. This information will help to understand the FTSU Guardian's 'reach' across the organisation and identify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

ASSESSMENT

QUARTER 1 (April, May and June 2023) 39 concerns were raised.



QUARTER 2 (July, August and September 2023) 62 concerns were raised



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

Table 1: 2022/2023

2022/23	Total number of cases brought to Freedom to Speak Up Guardians	Number of cases raised anonymously	Number of cases with an element of patient safety/quality	Number of cases related to behaviours, including bullying/harassment	
Q1 2022/23	110	70	64%	49	45%
Q2 2022/23	52	20	38%	14	27%
Q3 2022/23	53	18	34%	25	47%
Q4 2022/23	52	7	13%	21	40%
Total	**267**	**115**	**43%**	**109**	**41%**

Table 2: 2023/2024 Q1 & Q2

2023/2024	Total number of cases brought to Freedom to Speak Up Guardians and Champions	Number of cases with an element of patient safety/quality		Number of cases related to behaviours, including bullying/harassment	
Q1 2023/24	39	3	8%	22	56%
Q2 2023/24	62	8	13%	22	35%

At the national level, the NGO reported for Q1, 19.3% of cases raised included an element of patient safety/quality, up from 18.8% 2022/23. At the Royal Wolverhampton NHS Trust, the number of cases including an element of concern for patient safety quality amounted to 8% in Q1 and 13% in Q2. The data shows a steady decrease in concerns related to patient safety between Q1 of 2022/23 and Q1 2023/24, however we have seen an increase in Q2 which will be monitored closely in Q3 and Q4 for any trends around this theme.

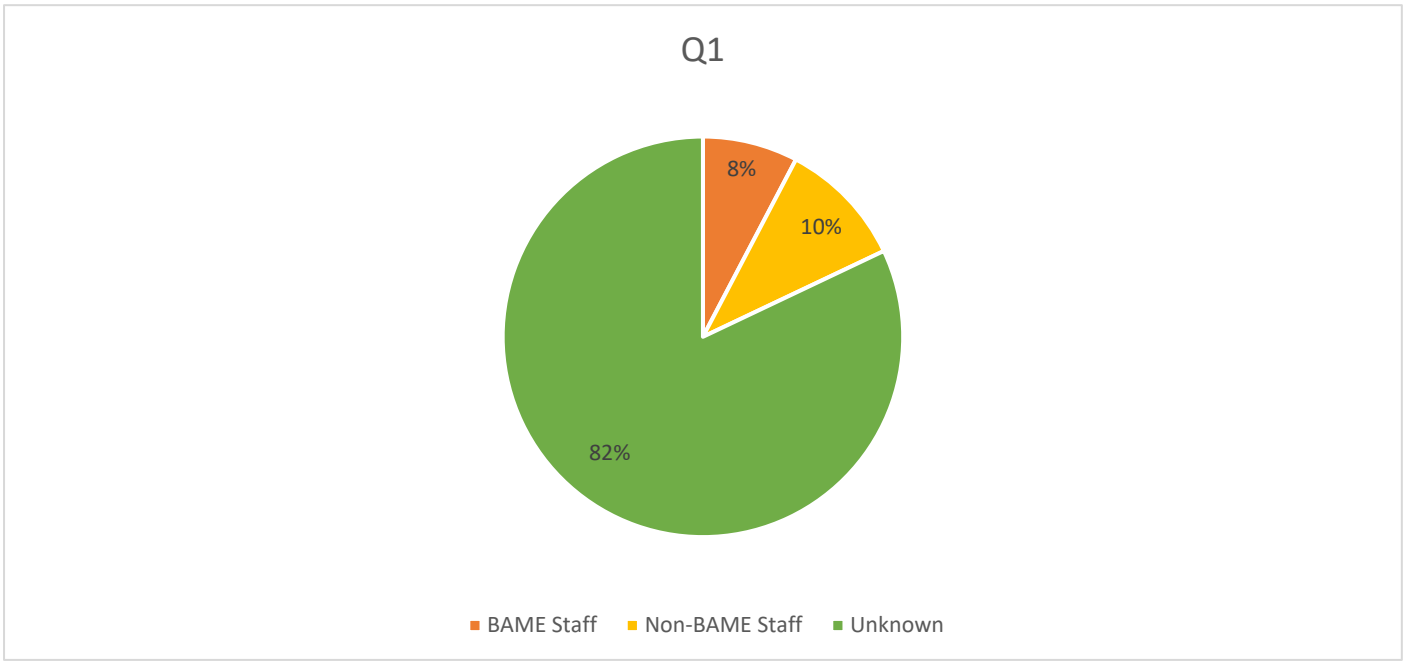
Nationally, the NGO report that poor behaviour remains a cause for concern, with the highest proportion of cases, over a third (31.3%) including an element of behaviours, such as bullying/harassment across all trusts. This is reflected in Wolverhampton, year to date, where in 56% of cases Q1 and 35% of cases in Q2 included an element of bullying and harassment (this does not include the theme “attitudes and behaviours”). At The Royal Wolverhampton NHS Trust, inappropriate behaviour, bullying and harassment continues to be the dominant theme. In Q1 (2023/24) inappropriate attitudes and behaviours made up 62% (n=24) of cases reported (n=39), and in Q3 69% (n=43) of cases reported (n=62).

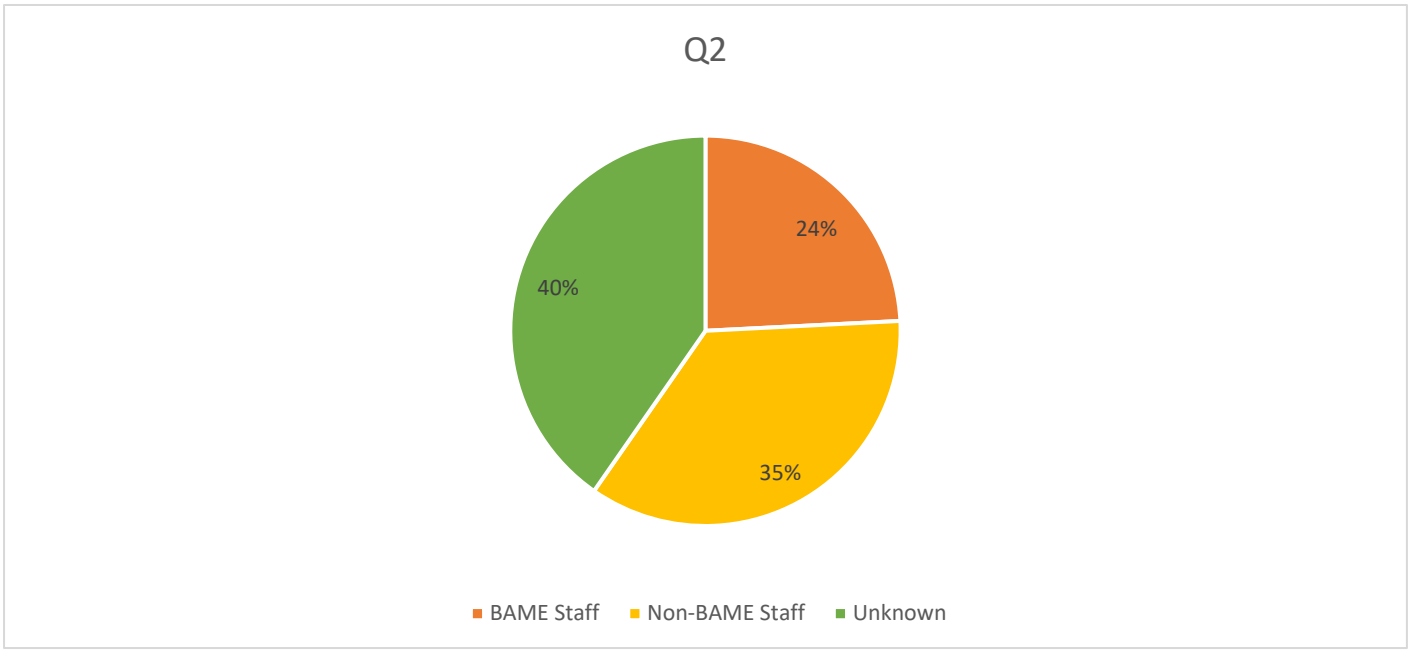
Ethnicity Profile of individuals raising concerns in Q1

The percentage of Black and Minority Ethnic (BAME) employees who work for RWT is 36% (the local Wolverhampton 2021 census information reports a BAME population of 39% in this area).

FTSU data currently shows a high proportion of “not known / did not disclose” submissions for this category. The number of non-disclosed ethnicity is normally due to anonymous reporting, where we have no information of the reporter, however in Q1 82% were unidentified ethnicity, and Q2 40%. This is an area identified for improvement within the team and we aim to see an increase in identified ethnicities of our reporters in the next year. The data therefore identifies that concerns from colleagues from a BAME background represent 8% in Q1 and 24% in Q2 of the total concerns.

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





National Guardians Office Elements

The new National Guardian's Office (NGO) guidelines introduced in April 2022 state that each concern must be broken down and recorded to show any element of bullying, harassment, worker safety/wellbeing

etc. although there was a total of 84 concerns raised during quarter one and two, when broken down into the new elements the number will always be higher than the number of concerns raised.

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

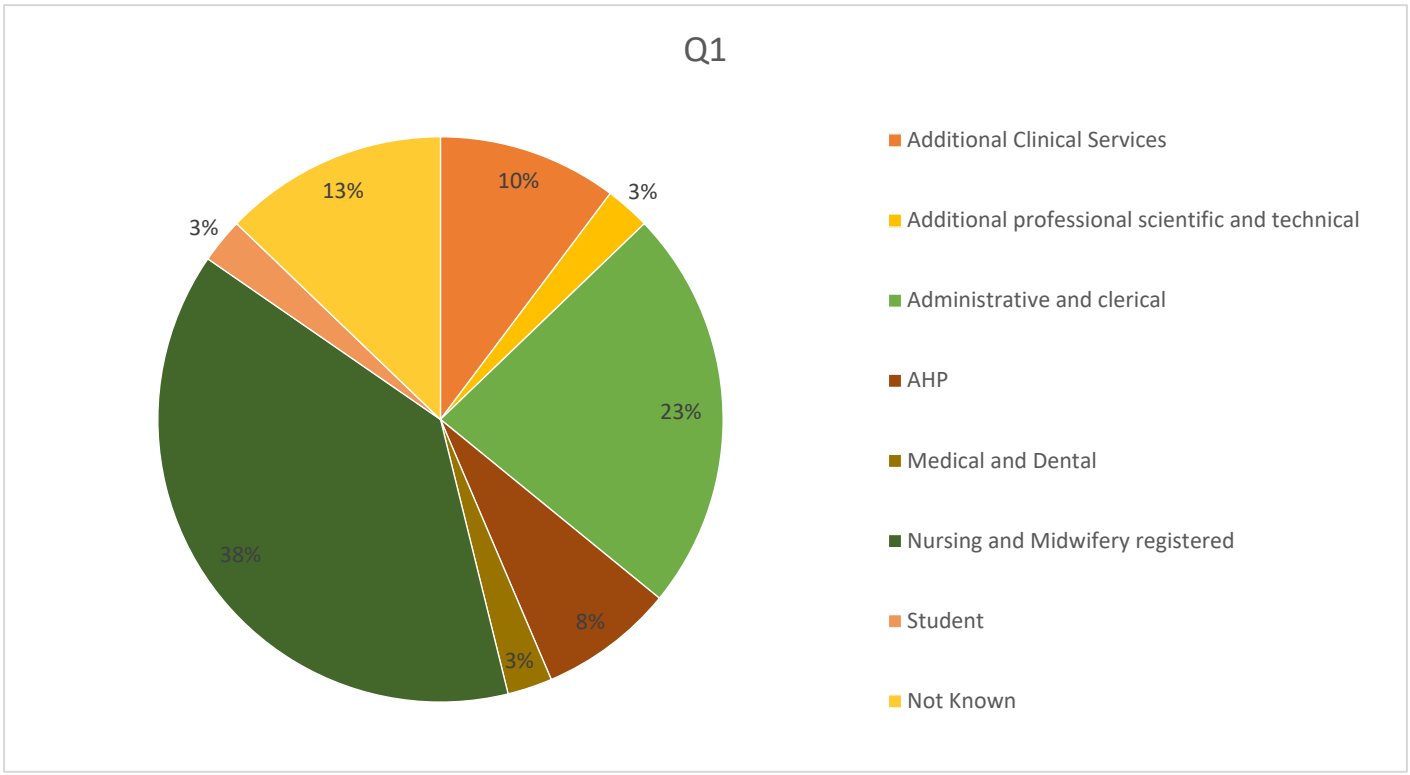
Q1 Element	Number
Patient safety/quality	3
Worker safety or wellbeing	1
Bullying or harassment	22
Other inappropriate attitudes or behaviours	24
All other cases	11
Total number of reportable elements	51

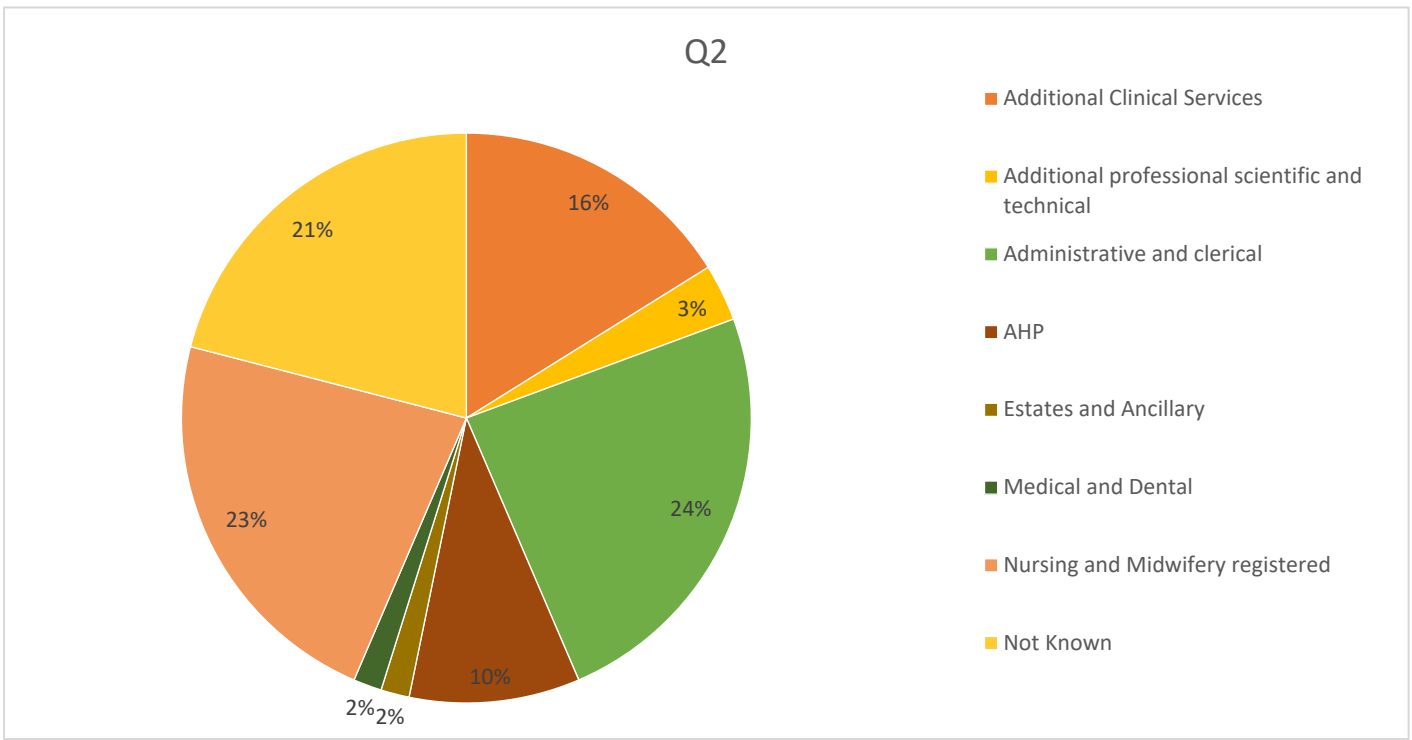
Q2 Element	Number
Patient safety/quality	8
Worker safety or wellbeing	12
Bullying or harassment	22
Other inappropriate attitudes or behaviours	43
All other cases	32
Total number of reportable elements	117

Analysis of concerns raised by Professional Staff Group

The following graph illustrate the different professional groups that have reported concerns in Q1 and Q2 of 2023/24. The graphs show that FTSU have concerns from a number of different professions and these figures fluctuate with no obvious trends.

It is however noticeable that certain areas are underrepresented, such as students, doctors, domiciliary, estates and portering staff for example. In view of this, the FTSU team are setting up structured drop in sessions to target these areas, as well as delivering powerpoint presentations to specific groups such as student nurses, midwives and doctors to improve the knowledge and awareness of Freedom to Speak Up.





Divisional analysis of concerns raised

The “Heat Map” below shows that Division 1 (Cardiology and Women’s & Neonatal) has the highest number of concerns reported through Freedom to Speak Up between April and September 2023.

Most concerns raised in Cardiology and Women’s & Neonates are around attitudes and behaviours of staff. The same concerns are being raised across the Trust and not confirmed to one area or department. A number of the concerns raised are regarding unfair treatment due to ethnicity or sexual orientation. The Royal Wolverhampton NHS Trust has also seen an increase in the number of concerns raised by, or on behalf of, our international nurses and midwives.

Division 1				Division 2				Division 3				Corporate				BCPS				Other			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Critical Care				Renal & Diabetes				Children's & Young People's				Service Efficiency & Delivery Team				Pathology				Unknown			
0	3			0	1			0	0			1	0			2	3			5	11		
Cardiology/Cardiothoracic				Respiratory & Gastroenterology				Adult Community & Primary Care				Emergency Planning Team											
10	3			0	0			7	2			0	0										
Surgical & Patient Services				Emergency Services				Diagnostics (Radiology)				Governance											
3	2			2	3			0	1			1	0										
Ophthalmology				Stroke/Neurology & Capacity				Pharmacy				Finance											
1	2			1	2			0	3			1	0										
Womens & Neonatal				Haematology, Oncology & Palliative Care				Acute & Community Care				OD											
1	9			0	2			1	1			0	0										
Trauma & Orthopaedics				Older People & Rehabilitation				Ambulatory Services (Dermatology, Rheumatology & Sexual Health)				IT											
0	0			0	4			0	0			0	0										
Head & Neck								Cancer Tracking & Improvement Team				FTSU											
0	0							0	4			0	0										
Corporate Outpatients												Health Records											
2	4											0	1										
												NIRH											
												0	1										

Level of Priority	Types of Concerns and Indicators Staff safety, staff experience, patient safety, patient experience, inappropriate attitudes/ behaviours of staff, bullying and harassment, feedback on processes/ procedures, reports of unfair treatment, discriminatory behaviour, concerns about detriment as a result of speaking up, suggestions for improvement not heard
Low	• 0-2 areas of concerns raised. • Possible emergence of people and culture issues (disputes raised between staff are at an early stage) • Categorisation of risk indicates insignificant or minor level of harm to staff or patients • Early resolution likely with local management intervention
Medium	• 3-4 areas of concern identified. • Indication of established people and culture issues, with concerns being raised by more than one staff member. • Categorisation of risk indicates moderate level of harm to staff or patients • Poor performance indicators e.g. staff survey, HR KPI’s, Service KPI’s • Resolution likely with short-term HR intervention/ OD intervention
High	• 5-6 areas of concern identified. • Indication of people and culture issues that pose a risk to the Department or Division • Categorisation of risk indicates major level of harm to staff or patients • Sustained poor performance or marked deterioration in performance indicators e.g. staff survey, HR KPI’s, Service KPI’s • Resolution likely with long-term HR intervention/ OD intervention • Senior Leader oversight required
Urgent	• 7+ areas of concern identified • Indication of significant people and culture issues impacting on staff across a service/ department/ division • Categorisation of risk indicates catastrophic level of harm to staff or patients and indication of organisational risk • Prompt Senior Leader Intervention required, as well as long-term HR intervention/ OD intervention • External solution may be required e.g. escalation externally, independent reviews

Recommendations

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

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

FTSU Next Steps

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

The Royal Wolverhampton NHS Trust

Trust Board Meeting – to be held in Public on 13 February 2024		
Title of Report:	Chair's report of the Trust Management Committee (TMC) held on 26 January 2024 – to note this was a virtual meeting	Enc No: 7.2
Author:	Gayle Nightingale, Executive Assistant to the Group Chief Executive	
Presenter/Exec Lead:	Gwen Nuttall, Chief Operating Officer/ Deputy Chief Executive	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☒No☐
Recommendations: The Board is asked to note the contents of the report.			

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

The Royal Wolverhampton NHS Trust

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: 24 November 2023
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure None in this report.
Advise Matters discussed and reviewed at the most recent Trust Management Committee (TMC). The matters discussed in more detail were:- Winter pressures and performance; financial pressures and year end expectations; management of infection prevention and risk of measles across the Black Country; Management of fire risk in Cannock Chase Hospital and learning from deaths report.
Alert None in this report.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

The Royal Wolverhampton NHS Trust

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

Report to Trust Board Meeting to be held in Public on 13 February 2024

EXECUTIVE SUMMARY

Chair's report of the Trust Management Committee (TMC) held on 26 January 2024 – to note this was a virtual meeting

BACKGROUND INFORMATION

As per the below.

RECOMMENDATIONS

To note the report.

1	**Key Current Issues/Topic Areas/ Innovation Items:** • Elective Care Recovery
2	**Exception Reports** • There were none this month,
3	**Items to Note – all of the following reports were reviewed and noted in the meeting** • 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) Report • Finance Position Report – Month 8 and 9 • Financial Recovery Board Update Report • Capital Programme Update Report • Operational Finance Group Minutes • Black Country Provider Collaboration Report
4	• **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.** • Learning from Deaths Report • Board Assurance Framework (BAF) Heat Map and Trust Risk Register (TRR) • Midwifery Service Report • Wolverhampton Place Report • Patient Experience Report • Pharmacy and Medicines Optimisation Quarterly Report • Contracting and Business Development Update Report • Sustainability Report • Quality Improvement Team Report • Winter Plan Report

	• Care Quality Commission Fundamentals Standards of Care Compliance Report • Mental Health Report • Health and Safety Report • Infection Prevention Control Report • Safeguarding Assurance Report • Behavioural Framework Report • Joint People Strategy Report • Cannock Chase Hospital – Fire Report
5	**Business Cases approved - Division 1** • Business Case to increase activity within Cardiothoracic • Business Case for the funding of TA902 Dapagliflozin for the Treatment of Chronic Heart Failure with Preserved or Mildly Rejected Ejection Fraction
6	**Business Cases approved - Division 2** • There were none this month.
7	**Business Cases approved - Division 3** • There were none this month.
8	**Business Cases – Corporate** • Business Case for the funding of Retention and Recruitment Premium with the Clinical Coding Department.
9	**Outline/proposals for change** • There were none this month.
10	**Policies approved** • Policies, Procedures, Guidelines and Strategies Update Report • Trust Policy Group – Terms of Reference • CP06 – Consent to Treatment Investigation Policy • GDL11 – Treatment of Hyperkalaemia in Adults Policy • HR32 – Organisational and Workforce Change Policy • HS03 – Sharps Safety including Splash Injury and Post Exposure Prophylaxis (PEP) Policy • IP20 – Urinary Catheter Policy • MP05 – Antimicrobial Inpatients Policy • OP107 – Staff Experiencing Domestic Abuse Policy • New Labetalol Regiment Guidelines • Management of Oral Health (Adult Inpatients) – Standard Operating Procedure (SOP) • New Ward Opening/ Closing/ Additional Ward Capacity and Decanting (SOP)
11	**Other items discussed:** • There were none this month.

Report to the Trust Board Meeting – to be held in Public on 13th February 2024		
Title of Report:	Board Level Metrics – Excel in the delivery of care December 2023	Enc No: 8.1
Author:	Performance Manager ext. 86746 Email: lesley.burrows2@nhs.net Deputy Chief Strategy Officer – Planning, Performance and Contracting ext. 85914 Email: timothy.shayes@nhs.net	
Presenter/Exec Lead:		

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☒No☐	Yes☒No☐	Yes☐No☒
Recommendations: The Board is asked to note the contents of the report and in particular items referred to the Board for decision or approval.			

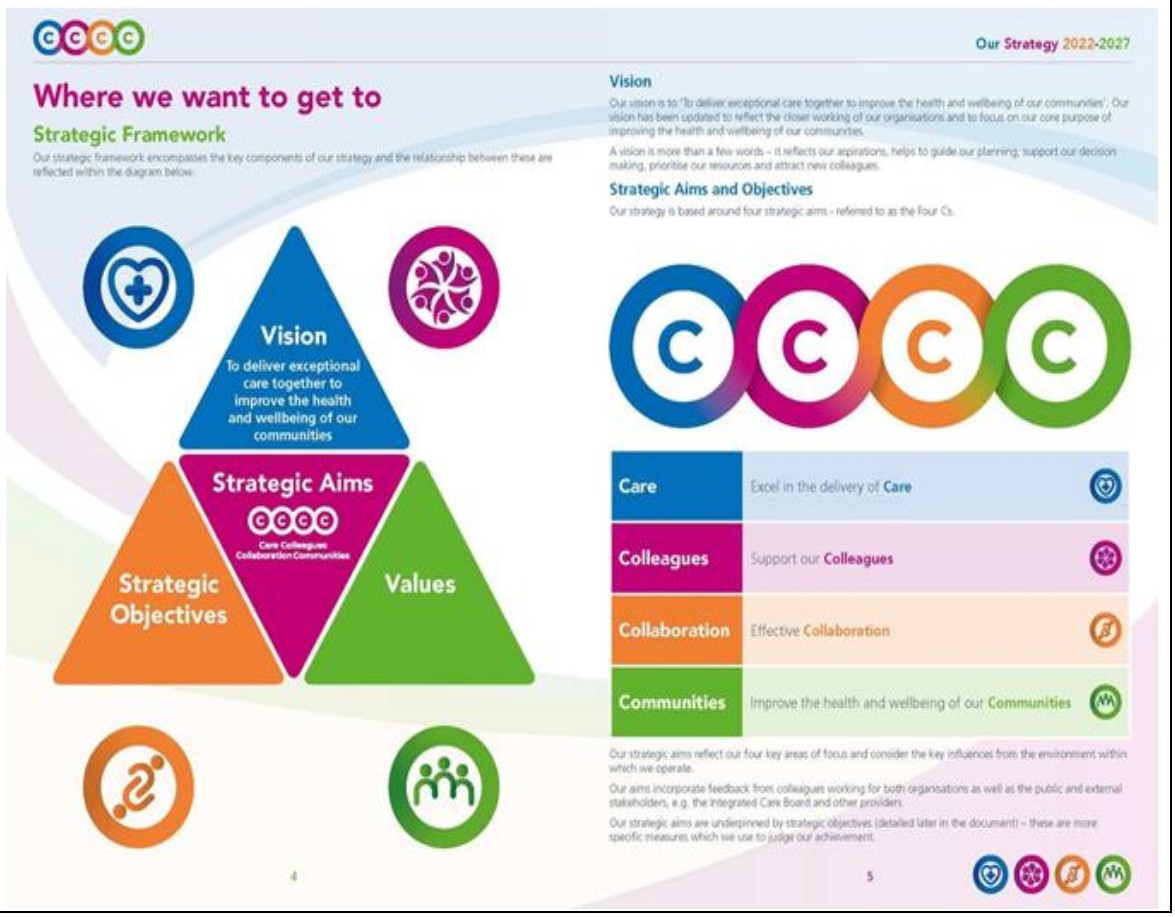
Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☐ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: Capital: Workforce: Funding Source:		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☐	Details:
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board		

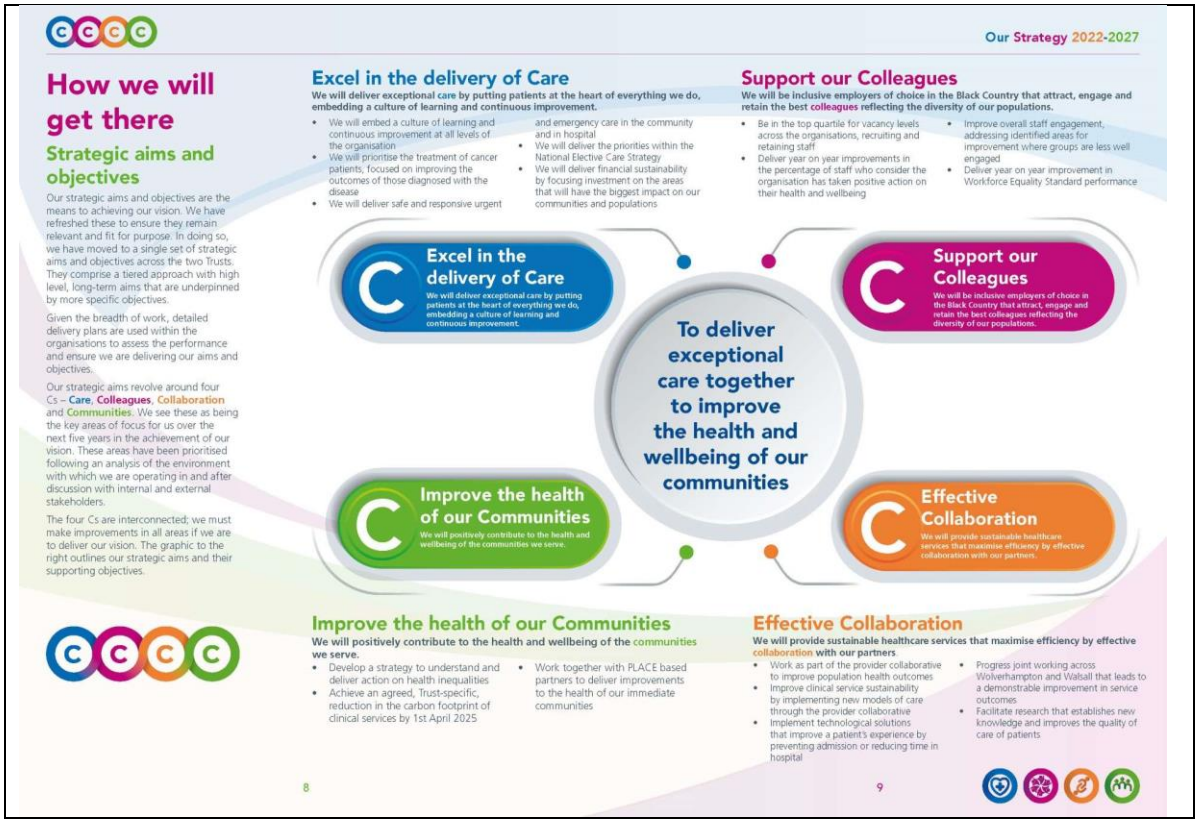
	& Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☐No☐	Date:
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Introduction

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





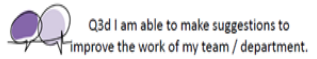
Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

		Assurance			
		P	?	F	No Target
Variation	H / L		62 day cancer backlog	RTT 78+ week numbers	
	same		Crisis response Total time in ED (4 hours)		
	H / L				

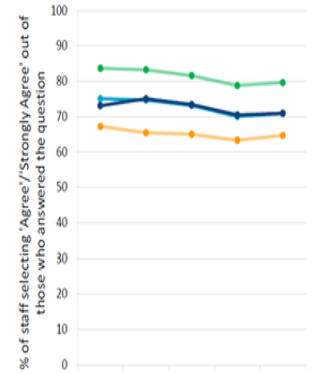
Strategic Aim: CARE

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

Board Level Metric(s): 5% increase on previous year in the percentage of staff responding positively in the annual staff survey when asked if they are able to suggest and make improvements in their area.

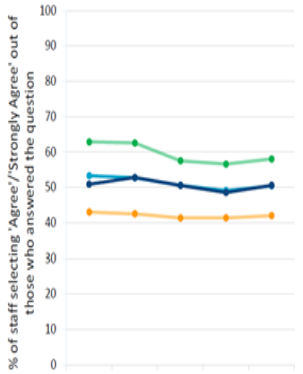


Q3d I am able to make suggestions to improve the work of my team / department.



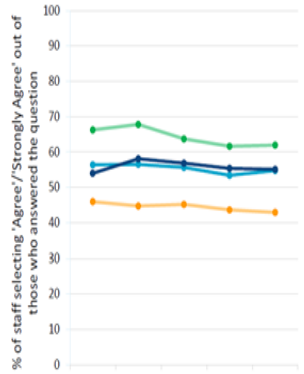
	2018	2019	2020	2021	2022
Your org	73.1%	75.0%	73.4%	70.5%	70.9%
Best	83.7%	83.3%	81.6%	78.8%	79.6%
Average	75.0%	74.7%	73.2%	70.0%	70.9%
Worst	67.2%	65.4%	65.0%	63.3%	64.7%
Responses	3118	3346	3268	3906	3595

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2018	2019	2020	2021	2022
Your org	50.9%	52.8%	50.5%	48.5%	50.6%
Best	62.8%	62.5%	57.5%	56.5%	58.0%
Average	53.3%	52.7%	50.6%	49.1%	50.4%
Worst	43.0%	42.5%	41.3%	41.3%	42.0%
Responses	3107	3341	3264	3904	3607

Q3f I am able to make improvements happen in my area of work.



	2018	2019	2020	2021	2022
Your org	53.9%	58.0%	56.8%	55.3%	55.1%
Best	66.2%	67.8%	63.7%	61.6%	61.9%
Average	56.4%	56.5%	55.6%	53.4%	54.7%
Worst	45.9%	44.7%	45.1%	43.6%	42.9%
Responses	3099	3336	3248	3904	3603

The Royal Wolverhampton NHS Trust Benchmark report

Analyst Narrative:

Benchmark data available from 2018. Scores for each Question have broadly remained the same, although a decrease of 3% from 2020 for Q3d.

Updated data will be available February 2024.

Executive Director Lead: Simon Evans

Executive Narrative: Although this specific metric is in relation to the annual staff survey, questions within the quarterly pulse survey include the following:

1. I am able to make suggestions to improve the work of my team/department.
2. I am able to make improvements happen in my area of work.
3. There are frequent opportunities for me to show initiative in my role.

Proposal to track these results quarterly (Q3 pulse survey is replaced with the annual staff survey) which will provide more meaningful and timely data.

SUPPORTING METRIC

Q3d – I am able to make suggestions to improve the work of my team/department – 2022 score 70.9%.

Q3e – I am involved in deciding on changes introduced that affect my work /area/team/department – 2022 score 50.6%.

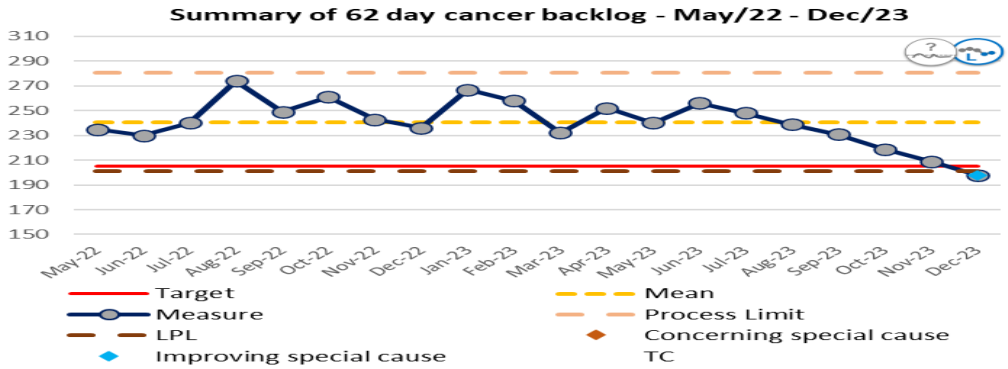
Q3f – I am able to make improvements happen in my area of work – 2022 score 55.1%.

ACTION	BY WHO	BY WHEN
Agreement to include (or replace) with the quarterly pulse survey results to track this metric.	Simon Evans	28/02/2024

Strategic Aim: CARE

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

Board Level Metric(s): Reduce the 62 day cancer backlog to 217 by the end of March 2024.



Analyst Narrative:

The reduction of the 62 day backlog is showing an improving trend over the past 6 months and is likely to overperform against the original trajectory of 217 by the end of March 2024.

SUPPORTING METRIC

Cancer - reduce 62 day backlog

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of patients waiting 63 days or more	252	240	256	248	239	231	219	209	198
Trajectory	246	238	257	253	250	244	230	225	220

Executive Director Lead: Gwen Nuttall

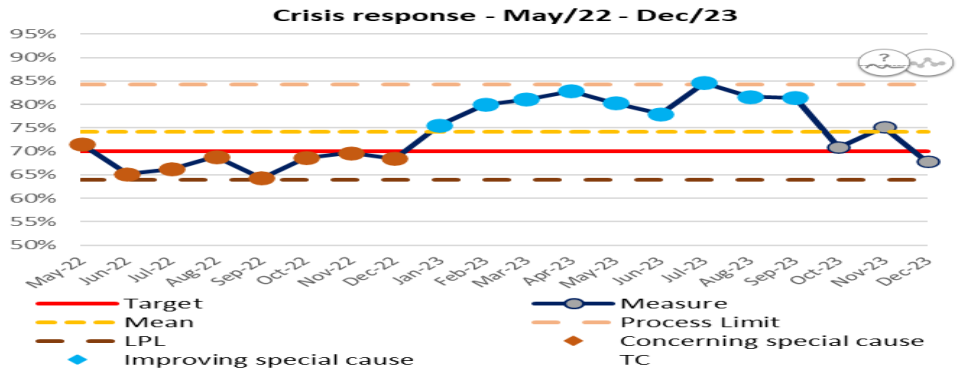
Executive Narrative: The back log continues to reduce and we remain on course to deliver a reduction beyond the original trajectory. That said, this is not a volume that will achieve the 62 day performance target of 70% by year end. The highest volume of patients remains in Urology. Mutual aid continues to be provided by Northampton for Prostate and the joint work to reduce Renal Surgery waits between RWT and DGFT.

ACTION	BY WHO	BY WHEN
1. Refer Urology patients willing to travel to Northampton	Urology directorate	Ongoing

Strategic Aim: CARE

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

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



Analyst Narrative:

Performance dropped to 67.8% in December 23. The service has adopted accept everything that's appropriate and stack which is driving the increase in referrals.

SUPPORTING METRIC

From the beginning of December 23 the ICB adopted 'call before convey for all over 75 year olds' from WMAS which also increased activity into the service.

Increase in activity and increase in days lost to sickness impacted on compliance.

Executive Director Lead: Gwen Nuttall

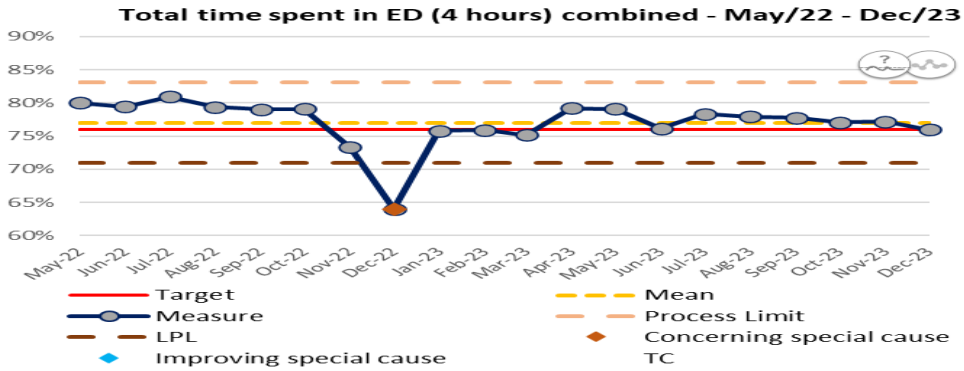
Executive Narrative: The service has consistently been achieving the 2 hour response standard with the dip in October & December 23 attributed to sickness and an increase in demand, generated by a deliberate change in practice.

ACTION	BY WHO	BY WHEN
1. There are currently 4.2 wte x 8a vacancies offset by 4 wte band 7's who are in training ACP posts, so fulfilling competencies. Training plan in place to address competencies on new trainee roles.		
2. Sickness monitoring is in place.		
3. Further pathway development is in place to transfer follow up activity to VW to free up capacity. Capacity is reviewed on daily basis, breach reporting is in place and also reviewed.		

Strategic Aim: CARE

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

Board Level Metric(s): Delivery of the 76% 4 hour Emergency Department target



Analyst Narrative:

Performance remains within normal variation and continues to be above the new national standard of 76%.

SUPPORTING METRIC

Nationally RWT ranked 14th out of 122 Trusts for the month (compared with 10th in the previous month), and locally RWT ranked 1st out of 14 Trusts (static position from the previous month).

Current actions:

There is a workstream specifically focusing on improving 4 hour performance, this covers a review of administrative processes of discharging patients, barriers to achieving 4 hour target and patterns in breaches.

Patterns in daily activity are being reviewed with particular focus on high attendances on a Monday and Tuesday. Rotas to be reviewed to adjust work patterns to bolster performance.

Executive Director Lead: Gwen Nuttall

Executive Narrative:

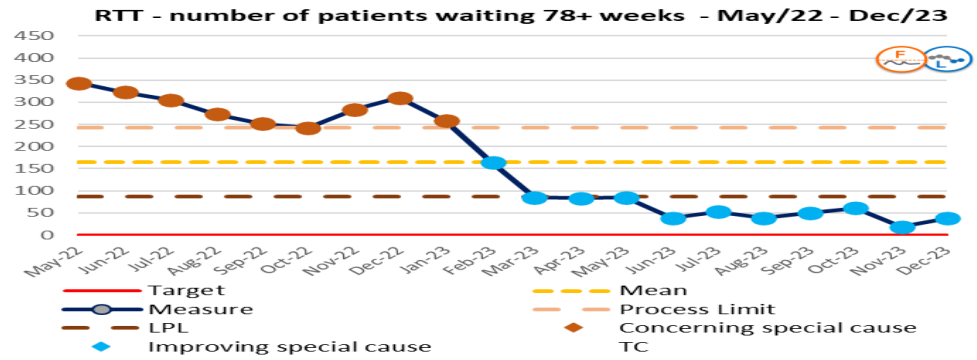
The Trust continues to achieve the national 4 hour standard despite the significant pressures being seen in unplanned care, particularly with regards to ambulance volumes since the turn of November. As commented upon opposite, the Trust benchmarks within the top quartile of the country for its 4 hour performance although this is based on 'all types' of A&E attendance.

ACTION	BY WHO	BY WHEN
1. Work continues to ensure appropriate streaming at the front door – multiorganisation approach. Walk in audit undertaken 6th & 7th Nov 23. Ambulance conveyance audit undertaken 13th & 14th Nov 23.		
2. Specialist in-reach in place as part of Medicine Model of Care each weekday from 6th November 23 (Gastroenterology, Renal, Respiratory, Diabetes and Older Adult Medicine).		
3. Immediate Care Clinician in place to support immediate treatment including Sepsis pathway.		

Strategic Aim: CARE

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

Board Level Metric(s): Eliminate 78 weeks by the end of June 2023 and 65 weeks by the end March 2024 (excluding patient choice)



Analyst Narrative:

38 78-week breaches remain at the end of December 23, falling exclusively in Urology.

SUPPORTING METRIC

The increase in breaches in month was specifically related to the festive period and the capacity lost in this period.

A plan had been in place to clear these patients by the end of November 23 through the use of an insourcing provider. This work has focused on outpatients and diagnostics with the plan for November failing due to the lack of capacity to absorb all of the patients who converted to inpatients.

The insourcing arrangement extends to cover inpatient treatments from January. In addition, the Trust has received mutual aid from partners both within the NHS and independent sector meaning clearance of this cohort by the end of February looks achievable. Notwithstanding this, the breaches in January are expected to be higher than in December owing to the size of the cohort within the month.

Executive Director Lead: Gwen Nuttall

Executive Narrative: The increase in the number of breaches in December was expected owing to the impact of the festive period. Whilst it is likely that the number of breaches for January will be higher still, the position for February is looking more positive owing to the amount of mutual aid that has been offered from Sandwell and the independent sector, as well from our own insourcing arrangement. Further work is needed to effectively utilise the theatres at Walsall which the teams are working together to resolve. The national target for clearance of 78 week patients has now been moved to the end of March 24.

ACTION	BY WHO	BY WHEN
1. Manage patients three times a week through PTL meetings.	Surgical Division	Ongoing
2. Exhaust mutual aid opportunities with Sandwell and Optimised Care.	Performance Team	Ongoing
3. Fully utilise insourcing capacity at weekends.	Surgical Division	Present - end of March 24
4. Work with Walsall colleagues to maximise theatre utilisation.	Surgical Division	Ongoing

65 week waits (patients yet to start treatment)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Current 65 week breaches	800	795	965	937	1,005	1,145	1,081	895	920
65 week breach trajectory	1,050	899	720	641	573	479	398	320	221

Analyst Narrative:
The number of 65 week breaches remains above trajectory, predominantly due to the impact of industrial action throughout the year and the delay in clearing 78 week patients.

SUPPORTING METRIC

The whole cohort of patients who will be 65 weeks by the end of March 24 is monitored on a weekly basis and for most specialties is showing an overall positive position at present.

Executive Director Lead: Gwen Nuttall

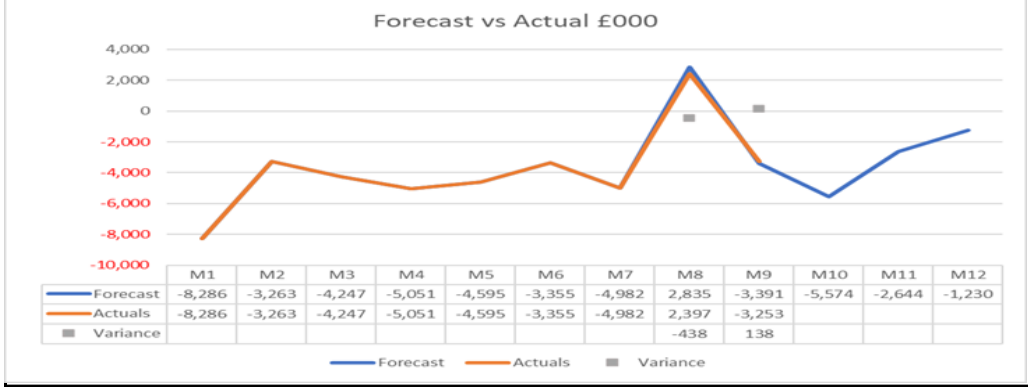
Executive Narrative:
The ability of Trusts to eliminate 65 week breaches has been severely affected by the impact of industrial action with the national target now unclear. The Trust continues to strive to reduce this cohort and will clear in most specialties but not all. We expect to have up to 500 breaches across Urology, Gynaecology and General Surgery. The same actions being taken to reduce the number of 78 week breaches also apply to 65 week patients.

ACTION	BY WHO	BY WHEN
1. Manage patients three times a week through PTL meetings	Surgical Division	Ongoing
2. Exhaust mutual aid opportunities with Sandwell and Optimised Care	Performance Team	Ongoing
3. Fully utilise insourcing capacity at weekends	Surgical Division	Present - end of March 24
4. Work with Walsall colleagues to maximise theatre utilisation.	Surgical Division	Ongoing

Strategic Aim: CARE

Strategic Objective: We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations.

Board Level Metric(s): Delivery of the agreed financial plan.



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Forecast	-8,286	-3,263	-4,247	-5,051	-4,595	-3,355	-4,982	2,835	-3,391	-5,574	-2,644	-1,230
Actuals	-8,286	-3,263	-4,247	-5,051	-4,595	-3,355	-4,982	2,397	-3,253			
Variance								-438	138			

Analyst Narrative:

During month 9 the deficit deteriorated by £3.2m to a cumulative year to date deficit of £34.6m. This is £5.2m worse than plan.

Executive Director Lead: Kevin Stringer

Executive Narrative: The original planned deficit of £26.75m will not be achieved, and following the release of resources by NHS England to support the costs incurred for the impact of industrial action the current forecast outturn has been revised to £38.9m.

Significant efforts are being made to identify opportunities to deliver and improve the forecast where possible, however operational pressures are very high across the Trust.

The level of workforce (measured in WTEs) has been broadly flat since August with the exception of planned increases which are supported by external funding, i.e. hosting of the Cancer Alliance team (w.e.f. December 2023).

SUPPORTING METRIC

The efficiency target for the year amounts to £45.1m and at month 9 £42.8m had been identified for the year.

As a result of the deficit position, cash balances are being depleted. the balance at the end of month 9 is £29.3m. This is expected to reduce to approximately £20m by the end of the financial year.

ACTION	BY WHO	BY WHEN
1. Finalise FOT position with ICS.	James Green	Completed
2. Identify improvement opportunities to deliver £4.6m improvement - £3.6m identified as at month 9.	James Green	31/01/2024

Metric - Patient Experience	Target	Variation	Assurance	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Number of cancelled operations on the day of surgery for non-medical reasons				11	12	9	15	11	6
Cancelled operations as a % of elective admissions	<0.8%	L	P	0.22%	0.24%	0.17%	0.26%	0.18%	0.12%
Number of cancelled operations not re-admitted within 28 days	0	L	?	0	0	0	0	0	0
Number of urgent cancelled operations cancelled for a 2nd time	0		P	0	0	0	0	0	0
Patients with no criteria to reside				76	60	51	47	63	46
Metric - Waiting Times	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
RTT - % of patients on an incomplete pathway	92%	L	F	55.88%	54.99%	54.75%	55.90%	56.10%	54.16%
RTT - number of patients waiting 78+ weeks		L	F	53	39	50	61	19	38
Total Incomplete Number		H		83,699	85,933	86,959	86,605	88,111	88,275
Diagnostic Test - % of patients waiting 6 weeks or more	>99%	H	F	57.86%	53.60%	56.82%	60.67%	62.84%	61.70%
Metric - Urgent Care	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Total time spent in ED (4 hours) - New Cross Hospital	76% (from Apr 23)		?	68.84%	68.05%	67.84%	68.41%	66.84%	65.22%
Total time spent in ED (4 hours) - Combined				78.34%	77.93%	77.79%	77.05%	77.19%	76.00%
% of ED attendances >12 hours	0		F	6.75%	6.41%	8.18%	9.90%	11.17%	9.09%
Ambulance handover within 15 minutes	65%		?	58.34%	55.19%	51.54%	43.54%	39.92%	49.62%
Ambulance handover within 30 minutes	95%		?	87.85%	88.60%	82.64%	77.46%	70.77%	80.62%
Ambulance handover >60 minutes	0%		?	4.29%	3.46%	7.91%	10.85%	16.04%	9.61%
% of emergency admissions via Emergency Department				41.62%	41.85%	40.03%	39.35%	40.29%	40.22%
Metric - Stroke	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Patients admitted with primary diagnosis of stroke should spend greater than 90% of their hospital stay on a dedicated stroke unit	80%	L	?	100.00%	90.14%	81.25%	71.00%	N/A	N/A
Stroke patients will be assessed and treated within 24 hours	60%		?	66.01%	76.00%	83.33%	75.28%	74.43%	80.83%
Metric - Organisational Efficiency	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Theatre Utilisation (Trust Wide)	>/= 90%		?	88.15%	90.53%	88.94%	91.01%	90.00%	91.54%
British Association of Day Surgery	>/= 75%		P	96.89%	95.10%	95.15%	96.89%	96.55%	95.91%
Electronic discharge summary within 24 hours of patient discharge	>/= 90%		P	95.23%	94.25%	96.02%	95.31%	95.43%	95.46%
Metric - Cancer Waiting Times	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
2 Week Wait - Cancer Referrals	93%		?	73.53%	75.62%	75.86%	76.23%	86.83%	94.19%
31 Day Combined	96%	H	F	84.70%	86.79%	83.89%	85.23%	83.54%	89.53%
62 Day Combined	85%		F	38.53%	47.31%	42.86%	40.43%	47.62%	40.92%
28 Day Faster Diagnosis Standard	75%	H	?	74.43%	75.02%	73.58%	73.20%	75.63%	76.35%
Metric - Community Nursing (Rapid Intervention Team)	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Crisis response (within 2 hours)	>/=35%		P	83.90%	81.70%	81.70%	69.30%	73.90%	67.80%

Metric - Patient Experience	Target	Variation	Assurance	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Number of complaints as a % of admissions	Surveillance			0.35%	0.27%	0.42%	0.29%	0.27%	0.30%
Complaints response rate against policy	90%			97.0%	100.0%	97.0%	100.0%	100.0%	100.0%
FFT response rates - Trust wide	Surveillance			14.0%	16.0%	15.0%	15.0%	14.0%	13.0%
FFT recommendation rates - Trust wide				85.0%	87.0%	85.0%	86.0%	85.0%	84.0%
Observations on time (Trust wide)	>90%			87.6%	86.0%	87.3%	89.9%	88.4%	87.8%
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**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Pressure ulcers - STEIS reportable cases	Surveillance			1	0	0	0	0	0
Pressure ulcers per 1,000 occupied bed days				1.03	1.61	1.32	2.10	1.24	1.40
Falls rate with harm per 1,000 occupied bed days				0.00	0.00	0.04	0.00	0.00	0.00
Patient falls - rate per 1,000 occupied bed days				3.29	2.68	3.43	2.32	3.14	3.25
Crude mortality rate				1.49%	1.76%	1.63%	1.80%	1.83%	2.14%
RWT SHMI				0.8973	0.9013				
Metric - Patient Safety	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Clostridioides difficile	4			10	4	10	10	8	3
MRSA Bacteraemia	0			0	0	0	1	0	0
E.Coli	Surveillance			19	27	28	34	27	26
Medication error - incidents causing serious harm	0			0	1	0	0	0	0
Serious incident reporting - report incidences within 48 hours	0			0	0	0	0	0	0
Never events	0			1	0	0	0	0	0
Mental Health ED patient attendance numbers	Surveillance				416	383	407	350	348
Metric - Patient Safety (continued)	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Care hours per patient - total nursing & midwifery staff actual	>/= 7.6			8.3	8.3	8.3	8.1	8.1	8.2
Care hours per patient - registered nursing & midwifery staff actual	>/= 4.5			5.1	5.1	5.2	5.0	5.1	5.2
Midwife to birth ratio	</=30			29.0	28.0	26.0	26.0	26.0	26.0
Sepsis screening - ED	>/= 90%			100.0%	100.0%	100.0%	100.0%	100.0%	96.0%
Sepsis screening - Inpatients (reported quarterly)	>/= 90%				87.50%				
Thrombus - Hospital acquired (VTE numbers) per 1,000 occupied bed days (reported quarterly 1 month in arrears)	Surveillance				0.69				
Metric - Maternity	**Target**	**Variation**	**Assurance**	**Jun-23**	**Jul-23**	**Aug-23**	**Oct-23**	**Nov-23**	**Dec-23**
Smoking at delivery	<7%			11.6%	11.1%	8.8%	9.3%	10.2%	10.1%
Babies being cooled (born here)	Surveillance			0	0	1	2	1	0

The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting to be held in Public on 13th February

Title of Report	Exception Report from the Finance & Productivity Committee Chair	Enc. 8.2
Author:	J Dunn, Chair	
Presenter:	J Dunn, Chair of Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	24th January 2024	

Action Required of Committee/Group			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☒No☐	Yes☒No☐	Yes☒No☐	Yes☒No☐
Recommendations: Report for note.			

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	None if none. Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Compliance and/or Lead Requirements	CQC	Yes☐No☐	Details:
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:

Summary of Key Issues:
See body of report.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall

	• Facilitate research that improves the quality of care

Report Journey/ follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes☐No☐	Date:
	Board Committee	Yes☐No☐	Date:
	Board of Directors	Yes☐No☐	Date
	Other	Yes☐No☐	Date:
Any Changes to Workplan to be noted	Yes☐No☐		Date:

The Royal Wolverhampton NHS Trust

EXCEPTION REPORT FROM FINANCE & PRODUCTIVITY COMMITTEE CHAIR

ALERT

Elective Care Recovery

- The overall waiting list has risen in month because of the junior doctor industrial action in December and January. It is envisaged that this will plateau towards the end of the year if no further industrial action takes place.
- The Trust is not currently achieving the 78-week breach standard with 38 breaches at the end of December. Additional capacity from other system partners and the independent sector (in addition to that already insourced) has been sourced to support recovery by February 24 (the new national target).
- The Trust is unlikely to eliminate 65 week waits by the end of March 24 owing to the impact of industrial action as well as a lack of capacity in Urology. We currently forecast around 500 breaches.
- The Trust has fallen below its trajectory for diagnostic recovery – this is isolated to non-obstetric ultrasound where performance is improving but not at the rate required to achieve 85% by the end of March 24. An insourcing arrangement is being initiated to accelerate recovery.

National & Contractual Standards (IQPR Extract)

- The Trust is experiencing difficulties with flow and the number of patients that are ready for discharge has increased. Action continues with partners in the community.
- ED 4Hour: overall we continue to see increased demand with a large increase in attendance for both walk in and ambulance conveyances. Whilst this is a usual season occurrence the year on year increase is 18%. This is putting huge pressure on ED. Performance is being optimized and continues to operate in the upper quartile as measured across the UK.

Financial Outturn

- NHS England has not confirmed that additional funding will be made available to support the cost and lost income arising from the industrial action through December 2023 and January 2024.

Financial Recovery Plan

- The Committee had a robust discussion. Representatives from PA were invited to the meeting, who presented, took questions and were asked to leave after 30mins. The key issues identified were:

    - This is work in progress and the PA report was only a component of the overall plan.
    - In order to get back to break even there was a requirement for 4% recurring CIP over 5 years (or at least for 3 years with reduction possible in years 4/5).
    - The Executive were encouraged to continue to work up the annual plan for 24/25 including all the components of activity/workforce/finance and the need for as full a CIP as is possible.

In summary the challenge needs much further work and we are not in a position to bring it to Board.

ADVISE

Elective Care Recovery

- The Trust delivered 103% of activity in December (compared to 2019/20) compared to a plan of 109%. On a value weighted activity basis, this equates to 105% (compared with a plan of 110%).
- Year to date, our activity performance stands at 105% (versus plan of 106%) and our value weighted activity performance at 107% (versus plan of 108%).
- All of the trajectories developed within this month's pack pre-date at least one instance of industrial action which has had a significant impact on our elective recovery plans and has caused many of the national targets to move.

National & Contractual Standards (IQPR Extract)

- There is huge pressure and demand on services, the Trust's performance has been meeting that pressure but it is now starting to decline, despite benchmarking well across the country. The Trust is doing everything it can to maintain performance.

Financial Report Update

- The Trust is reporting an in month adjusted deficit of £3.2m (£0.5m adverse to plan), and a year to date deficit of £34.6m (£5.2m adverse to plan).
- Income is £1.96m better than plan in month reducing the YTD adverse position against plan to £1.74m.
- Pay expenditure is broadly on plan in month as YTD funding received for the impact of industrial action is recognised in the YTD position (as per guidance from NHS England).
- Pressures against non pay expenditure have increased the YTD deficit in month 9 to £0.98m, along with the deficit against Drugs increasing to £1.45m

Financial Outturn

- The impact of the industrial action is estimated to impact the revised revenue forecast outturn deficit position by £5.2m. The latest forecast outturn stands at £44.1m.

Financial Recovery Plan

- The Committee were briefed that the opportunities identified for RWT amount to approximately £30m, however they are being validated for deliverability. The Committee noted that of the £30m identified only £10m were realistic achievable savings.

Summary of Planning Guidance

- Planning guidance has not yet received and is now expected by the end of January.

ASSURE

Elective Care Recovery

- The Trust has been removed from Tiering for its elective performance.
- The Trust is in line with its recovery trajectories for cancer backlog and the faster diagnosis standard.
- The Trust is achieving its diagnostic trajectories in all one but one modality.
- Detail is provided within the report to demonstrate the Trust is maximising the usage of the independent sector.
- The Trust is meeting the national target to validate patients waiting over 12 weeks without an appointment/TCI date.

Financial Outturn

- The Committee received a report which briefed on the revised forecast outturn calculations for the 2023/24 financial year.
- The revised forecast outturn of £38.9m (excluding the £5.2m impact of industrial action in December & January) is now underpinned by a delivery plan, and based on actual performance against the forecast in month for November & December, the Committee is assured that achievement of the outturn position is on track.

Financial Recovery Plan

- The report submitted provided the Committee with a briefing on the ICS proposed financial recovery plan.

Update on Reinforced Autoclaved Aerated Concrete (RAAC) Outpatients Building

- S Watson re-assured the Committee that the risk around RAAC has not increased and work continues to take place to temporary relocate teams when the work is due to progress next financial year. G Nuttall assured the Committee that she will oversee a Task and Finish Group when relocating staff and patients to address comms and minimise disruption as much as possible for staff and patients. S Watson clarified that £2m capital funding has been granted (with conditions) this financial year and

that the Trust has liaised with NHSE regarding the additional £4m capital who have given a conditional offer for the remaining balance of the funding for next financial year as the Trust would not be able to start the project without the remaining funding.

MATTERS FOR THE BOARD's ATTENTION

ACTIVITY SUMMARY
Presentations/Reports of note received including those Approved

Presentations/Reports of note received including those Approved:
Elective Care Recovery Programme
National & Contractual Standards (IQPR Extract)
Monthly Financial Report
Forecast Outturn
National Cost Centre
Financial Recovery Plan
Financial Recovery Group
BAF – updates agreed

Matters presented for information or noting

Annual Work Plan
Capital Report
Supplementary Finance Report
Temporary Staffing Dashboard Report
Agency Update
High Value Contract Report
Contracting & Business Development Report
Sustainability Report
Update on Reinforced Autoclaved Aerated Concrete (RAAC) Outpatients Building, New Cross Hospital
Quarterly Procurement Report

Chair's comments on the effectiveness of the meeting:

The right balance had been achieved throughout the meeting. Due to the huge CIP ask the review of the FRP was of significant importance which required the time that was dedicated to it. There was good discussion and challenge between Executive Directors and Non-Executive Directors present at the meeting.

The Royal Wolverhampton NHS Trust

Chairs Summary Log for Finance & Productivity Committee, date of Log 24/01/24

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• The Trust is experiencing difficulties with flow with patients who are medically fit with difficulties in discharge to the virtual ward and into the community. • NHS England has not confirmed that additional funding will be made available to support the cost and lost income arising from the industrial action. • FRP: whilst some initiatives can be included in the 2024/5 CIP further work is taking place on validation. Action is also underway to identify separate initiatives to underpin the next years CIP. • ED: There is huge pressure and demand on services, the Trust's performance has been meeting that pressure but it is now starting to decline, despite benchmarking well across the country. The Trust is doing everything it can to maintain performance.	• £2m conditional funding has been granted from NHSE for the Reinforced Autoclaved Aerated Concrete (RAAC) Outpatients Building capital project, with a further £4m to follow next financial year.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• The Trust has been removed from Tiering for its elective performance. • The Trust is in line with its recovery trajectories for cancer backlog and the faster diagnosis standard. • The Trust is achieving its diagnostic trajectories in all one but one modality. • The Trust is maximising the usage of the independent sector. • The Trust is meeting the national target to validate patients waiting over 12 weeks without an appointment/TCI date. • The Trust is optimistic in clearing the 78 week waiters with the assistance of insourcing and mutual aid (this is dependent on no further Industrial Action).	1. Due the volume of investment requests a separate meeting has been arranged. 2. The FRP in its current form will not be formally submitted to board.

The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting to be held in Public on 13th February

Title of Report	Exception Report from the Finance & Productivity Committee Chair	Enc. 8.2
Author:	J Dunn, Chair	
Presenter:	J Dunn, Chair	
Date(s) of Committee/Group Meetings since last Board meeting:	20th December 2023	

Action Required of Committee/Group			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes	Yes	Yes	Yes
Recommendations:			

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	N if none. Risk Description Is Risk on Risk Register: Y/N Risk Score (if applicable):		
Compliance and/or Lead Requirements	CQC	Yes/No	Details:
	NHSE	Yes/No	Details:
	Health & Safety	Yes/No	Details:
	Legal	Yes/No	Details:
	NHS Constitution	Yes/No	Details:
	Other	Yes/No	Details:

Summary of Key Issues:

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	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	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	e) Develop a health inequalities strategy f) Reduction in the carbon footprint of clinical services by 1 April 2025 g) Deliver improvements at PLACE in the health of our communities
Effective Collaboration	h) Improve population health outcomes through provider collaborative i) Improve clinical service sustainability j) Implement technological solutions that improve patient experience k) Progress joint working across Wolverhampton and Walsall

	I) Facilitate research that improves the quality of care		
Action **Report Journey/Destination Significant follow up action commissioned (including discussions with other Board Committees, Groups, changes to Work Plan)**	Working/Executive Group	Y/N	Date:
	Committee	Y/N	Date:
	Board of Directors	Y/N	Date
	Other	Y/N	Date:

EXCEPTION REPORT FROM FINANCE & PRODUCTIVITY COMMITTEE CHAIR

Junior Doctor Industrial Action Update:
The Trust is expecting to see the same levels of Doctors participating in the December and January IA as previous IA. Cover is in place for all critical rotas during the IA in December. The Trust has agreed to pay the BMA rate card across all Consultants and SAS. B McKaig and K Shaw will circulate a briefing reading the impact of the December IA and readiness of the January IA to Trust Board members for information.

- Advise: Priority will be given to the Trust's emergency portals, inpatient care, cancer and long waiting patients.

- Assure: Risks to delivery of 65 weeks and 78 weeks. Pre-arranged Christmas leave will impact on the availability of Consultants to cover the gaps as a result of Junior Doctors taking action, particularly in January. Plans will continue to be worked up to ensure patient safety.

- Alert: Elective activity will be rearranged to ensure delivery of care in the priority areas. The recovery of key targets by the end of March 2024 will be at further risk. The loss of income and the cost of ensuring the safety of emergency portals and inpatient care will result in a further deterioration in the Trust's financial position.

Elective Care Recovery (ECR) Programme
The Committee requested a plan to achieve the 78 week performance target and agreed to examine the Urology Deep Dive Report that is being submitted to Quality Committee in January.
A plan was developed to maximise ERF performance, however, some of the stretch schemes within the plan have been delayed or are not always being achieved universally. Further detail will be provided at the January Meeting.

Advise:
- As previously advised, our trajectories for 65 week breaches, total waiting list size, cancer backlog reduction and 28 day faster diagnosis were updated on the request of NHS England. Trusts were asked to model these trajectories on the assumption of no further industrial action. Junior doctor industrial action has now been announced for December 23 and January 24 meaning not all of these trajectories will be achievable.
- Having risen steadily during consecutive periods of industrial action, the Trusts waiting list has now plateaued. This follows a pause in industrial action and the commencement of insourcing in Urology and Gynaecology. The expectation had been for this trend to remain for the remainder of the financial year however the industrial action now announced for December and January will result in the waiting list rising further.
- The Trust delivered 107% of activity in November (compared to 2019/20) compared to a plan of 107%. On a value weighted activity basis, this equates to 104% (compared with a plan of 110%).
- Year to date, our activity performance stands at 105% (versus plan of 106%) and our value weighted activity performance at 106% (versus plan of 108%).

Alert:
- The Trust remains in Tier 2 for cancer performance with no further clarity over the criteria for existing – we remain ahead of our trajectory for backlog reduction and faster diagnosis performance but will not reach the 70% 62 day performance target by March (primarily due to the clearance of the backlog).

- The Trust is not currently achieving the 78-week breach standard with 19 breaches at the end of November compared to a target of zero. A plan had been in place to clear these by the end of November but did not achieve as a result of insufficient inpatient capacity. The industrial action announced for December means we do not now have a route to zero.
- The Trust has fallen below its trajectory for diagnostic recovery – this is isolated to non-obstetric ultrasound where performance is improving but not at the rate required to achieve 85% by the end of March 24. The Trust has applied for external funding to insource the capacity required to recover this position.

Assure:

- The Trust is in line with its recovery trajectories for cancer backlog and the faster diagnosis standard.
- The Trust has seen a reduction in the number of 78, 65 and 52 week breaches.
- The Trust is achieving its diagnostic trajectories in all one but one modality.
- Detail is provided within the report to demonstrate the Trust is maximising the usage of the independent sector.
- The Trust is meeting the national target to validate patients waiting over 12 weeks without an appointment/TCI date.
- The Trust is on course to achieve its trajectory for clearing 65 week first outpatients by December.

National & Contractual Standards (IQPR Extract)

ED performance is standing up to huge demand and there has been good cooperation between community and acute. The Trust was in the top 10% for ambulance performance and ED performance is very good. The Emergency Department are experiencing pressure due to the increases in covid, flu and norovirus cases.

Agency Report

Alert: Agency price cap compliance remains challenging, driven in large part by the skill mix requirements for agency staff (mainly medical). The remains off-framework agency usage in one area.

Assure: The report provided the Finance and Productivity Committee with details of agency expenditure across the Trust and assurance on the controls in place.

Forecast Outturn

The Committee requested a plan to deliver the £4.5m stretch.

Assure: The report provided members with a briefing on the revised forecast outturn calculations for the 2023/24 financial year.

Advise: Members were briefed that the revenue forecast outturn deficit position is revised to an outturn of £38.9m compared to the original plan of £26.75m deficit.

Alert: Further work is required to develop the plan to deliver the £4.5m stretch reduction in run rate.

Grip & Control Update

Assure: The report provided members with a briefing on the progress made on implementing the Grip & Control measures and offered assurance that the Executive Team are undertaking a cycle of reviews.

Advise: The report advised that there remains to be some Amber and Red assessed measures – further work continues to address these deficiencies.

Financial Recovery Group

Assure: Assurance was given that the Trust is working to achieve its CIP target for 2023/24. Improvement has been

seen in the year to date achievement in October 23. Additional PIDs are in the process of being approved and signed off for 23/24 delivery.

Advise: The report advised on areas that continue to be reported on and/or where some assurance has been noted/further assurance sought. Work continues on the identification of financial delivery, aligned with PA workstreams.

Alert: The report highlighted matters of concerns, gaps in assurance or key risks to escalate to the Committee. Forecast 100% delivery is not likely to be achieved, alongside recurrent savings.

Contract Awards/REAFs – There were no Contract Awards/REAFs submitted in December.

ACTIVITY SUMMARY

Presentations/Reports of note received including those Approved:
Junior Doctor Industrial Action Update
Elective Care Recovery Programme
National & Contractual Standards (IQPR Extract)
Agency Report
Monthly Financial Report
Forecast Outturn
Grip & Control Update
Financial Recovery Group Report

MATTERS PRESENTED FOR INFORMATION OR NOTING

NHSI Monitoring Return
Annual Work Plan
Capital Report
Supplementary Finance Report
Temporary Staffing Dashboard Report
High Value Contract Report

Paper for submission to the Trust Board Meeting to be held in Public on 13th February 2024

Title of Report:	**Report of the Chief Financial Officer - Month 9**	Enc No: 8.3.	
Author:	Kevin Stringer, Chief Financial Officer - 01902 695954 kevin.stringer@nhs.net		
Presenter/Exec Lead:	Kevin Stringer		

Action Required of the Board/Committee/Group

Decision	Approval	Discussion	Other
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes ☑ No☐

Recommendations:
The Board is asked to note the contents of the report and receive for assurance

Risk Register Risk	Yes ☑ No ☐ Risk Description: SR15 23/24 is a significant challenge financial challenge, encompassing the following over a three-year period. • 23/24 operating a deficit plan (in this financial year). • 23-26 Recovery Plan operating across three years. • 23/24 Internal and External Financial constraints including workforce controls, expenditure controls, external interventions, oversight, and monitoring. On Risk Register: Yes ☑ No☐ Risk Score (if applicable) : 20		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes ☑ No☐	Details: Well-led
	NHSE	Yes☐ No☑	Details:
	Health & Safety	Yes☐ No☑	Details:
	Legal	Yes☐ No☑	Details:
	NHS Constitution	Yes☐ No☑	Details:
	Other	Yes ☑ No☐	Details: Statutory Duty
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		
Report Journey/Destination or matters that may have been referred to	Working/Exec Group	Yes☐ No☑	Date:
	Board Committee	Yes ☑ No☐ (F&P)	Date:
	Board of Directors	Yes☐ No☑	Date:
	Other : TMC	Yes ☑ No☐	Date: 26th January 2024

Summary of Key Issues using Assure, Advise and Alert

N/A

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

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

Paper for submission to the Trust Board Meeting to be held in Public on No meeting			
Title of Report:	**Report of the Chief Financial Officer - Month 8**	Enc No:	8.3
Author:	Kevin Stringer, Chief Financial Officer - 01902 695954 kevin.stringer@nhs.net		
Presenter/Exec Lead:	Kevin Stringer		

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes ☑ No☐

Recommendations:
The Board is asked to note the contents of the report and receive for assurance

Risk Register Risk	Yes ☑ No ☐ Risk Description: SR15 23/24 is a significant challenge financial challenge, encompassing the following over a three-year period. •☐23/24 operating a deficit plan (in this financial year). •☐23-26 Recovery Plan operating across three years. •☐23/24 Internal and External Financial constraints including workforce controls, expenditure controls, external interventions, oversight, and monitoring. On Risk Register: Yes ☑ No☐ Risk Score (if applicable) : 20		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes ☑ No☐	Details: Well-led
	NHSE	Yes☐ No☑	Details:
	Health & Safety	Yes☐ No☑	Details:
	Legal	Yes☐ No☑	Details:
	NHS Constitution	Yes☐ No☑	Details:
	Other	Yes ☑ No☐	Details: Statutory Duty
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		
Report Journey/Destination or matters that may have been referred to	Working/Exec Group	Yes☐ No☑	Date:
	Board Committee	Yes ☑ No☐ (F&P)	Date: 20th December 2023
	Board of Directors	Yes☐ No☑	Date:
	Other : TMC	Yes ☑ No☐	Date: No meeting

Summary of Key Issues using Assure, Advise and Alert

N/A

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

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

The Royal Wolverhampton NHS Trust

Reference Pack

Report of the Chief Financial Officer

Finance Report
December 2023 - Month 9

Safe & Effective | Kind & Caring | Exceeding Expectation

Contents

Dashboard

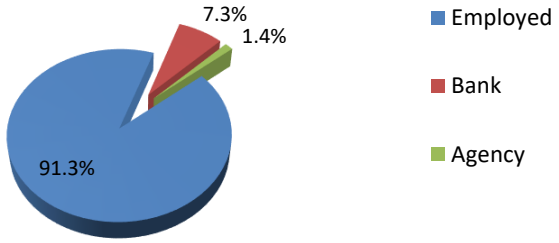
Income & Expenditure Position

(see page 5)

	In Mth Actual	YTD Actual
Income	**£'m**	**£'m**
1. Patient income	63.39	543.79
2. Other income	14.84	124.89
Total	**78.22**	**668.68**
Expenditure	**81.44**	**703.28**
Surplus/ (deficit)	**(3.21)**	**(34.59)**
Planned surplus/(deficit)	**(2.74)**	**(29.36)**
Variance to plan	**(0.47)**	**(5.23)**

Workforce

(see page 8)



Patient Income

Elective recovery fund activity to date is £4.34m above the revised national expectation. Other variable income is £1.2m above plan. All other income is within the block.

Actual Outturn

(see page 5)

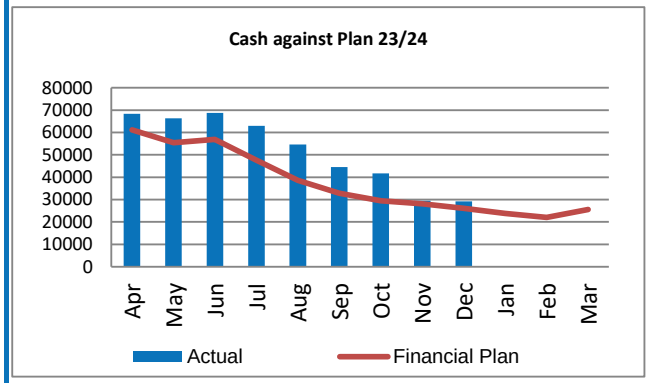
£3.2m deficit in month
(£0.47m adverse to plan)

£34.6m deficit year to date
(£5.2m adverse to plan)

Cash in the Bank

(see page 7)

Plan £26.1m
Actual £29.3m



Covid-19 Expenditure

In month 9 there was expenditure of £181k on testing and £49k on Covid Medicines Delivery Unit. (Year to date £1.120m and £383k respectively).

Income is received for both of these services to offset the costs.

Cost Improvement Programme (CIP)

(see page 9)

In month delivery of £3.8m against a plan of £4.6m.

Forecast achievement has been increased to £42.9m, of which 35% (£15.1m) is recurrent.

Overview of Financial Performance
The Trust is reporting an in month adjusted deficit of £3.2m, this is £0.47m adverse to plan, this leads to a year to date deficit of £34.6m which is £5.2m behind plan.

Income is £1.96m better than plan in month and £1.74m adverse to plan YTD. This is made up of Patient Care income being £1.88m favourable to plan in month due additional income expected for diagnostics £0.6m, ERF overperformance £0.4m, better care fund £0.2m, devices £0.2m and other non recurrent income £0.4m. YTD Patient Care income is above plan by £3.04m. There are over recoveries on Education and Research income in month £123k and Capital Grants £187k, these are offset by an underperformance on Directorate Income £51k (including hosted services). Year to date the Trust have recognised £4.6m less Capital Grant Funding Income than plan, as this is matched to capital expenditure profiles and there has been timing delays which will catch up later in the year (this is excluded from National Performance monitoring).

In month pay expenditure has overspent by £81k. Funding that was received in month 8 relating to variable ERF was partially deferred to cover costs later in the year. Guidance received now states that this should have been included in year to date values, therefore a budget of £2.2m is shown in month. This is offset by costs incurred in December for Junior Doctor Strike cover amounting to £683k as well as overspends in Divisions largely related to temporary staffing cover including bank and agency doctors covering rota gaps £1.6m and £337k in nursing areas where bank has been used to cover leave at Christmas, sickness, maternity and acuity related issues.

Non-pay is overspent in month by £1.6m. £0.4m of this is in hosted services where pathology has increased spending on cancer diagnostics. There are also overspends on activity related to ERF performance £0.7m and non ERF activity £350k. There is also £120k of costs relating to previous months where accruals were not sufficient to cover the actual cost that had now occurred, mainly relating to motor vehicle insurance and printing charges.

Drugs has a small overspend in month of £9k.

Year to date the position is also overspent, Pay is £8.3m overspent including, £7.3m medical staffing cover, £5.2m nursing cover for sickness etc, vacancies in other areas partially offset this cost.
Non pay is overspent by £0.98m and Drugs is £1.4m overspent.

System Updates

The ICB is reporting a YTD deficit of £80.7m (3.7% of turnover), £16.8m adverse to plan (0.8%) with 5 out of 8 organisations running deficit positions. This represents an improvement on last months variance to plan of £18.5m deficit, largely as a result of the balance of strike action funding being recognised in month.

The system has a number of significant demand pressures including excess inflation, additional costs attributable to industrial action, UEC and Mental Health activity pressures and efficiency under delivery, partially being offset by ERF performance and non-recurrent balance sheet related items. The ICB is within the national agency cap target. YTD capital spends are currently underspent, although spend is forecast to increase against plan in Q4 the system is forecasting to underspend it's allocation by £7m at year end and it holding discussions with NHSE regarding options for this. The capital allocation has increased by £2.1m at month 9 for mitigating works for RAAC safety issues.

Capital

The Trust has five types of capital programme with a combined plan of £59.8m for the year, an increase of £2.0m from month 8 due to additional PDC for RAAC; these are CRL totalling £21.3m, and PDC £8.2m, both monitored as part of our statutory duty by NHSE, and additionally Grant funding from PSDS and ERDF of £17.3m, IFRIC 12 related capital spend of £9.2m, and IFRS 16 new or renewed leases £3.7m.

YTD capital is underspent by £14.3m, with a capital spend of £35.2m YTD. ICS CRL spend is £1.1m ahead of plan due to timing of order, with FOT forecasting to be met.
PDC capital - there is an underspend of £1.3m due to delayed agreement (compared to plan) of EPR business cases and its expected PDC funding, however the Trust anticipates meeting assumed PDC CRL of £8.2m, an increase of £2.0m from month 8 for RAAC.
Grant funding has a YTD variance of £4.6m, due to timing of orders, with the Trust forecasting to spend all Grant approved capital funding projects.
IFRS 16 CRL YTD variance of £0.3m due to one BCPS still being commercially agreed, however still forecasting for leases to commence during 23/24. IFRIC 12 YTD is £0.0m which is due to a delay in assets in being replaced causing a variance of £9.2m.

Income and Expenditure Run Rates

		22/23				23/24									YTD	Move-
	£m	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg	ment
	Patient Income															
1	Plan	57.44	58.17	58.41	97.46	54.90	58.57	57.27	58.21	60.31	61.30	58.31	70.22	61.69	*59.88*	*1.80*
2	Actual	`	57.79	58.18	100.44	53.48	59.49	59.09	58.41	62.18	59.87	59.05	68.85	63.39	*60.05*	*3.34*
3	Variance	(2.56)	(0.38)	(0.23)	2.99	(1.42)	0.92	1.82	0.20	1.87	(1.42)	0.74	(1.37)	1.70	*0.17*	*1.54*
	Non Patient Income															
4	Plan	21.15	13.07	14.23	30.98	16.32	15.75	16.37	12.57	13.34	12.22	15.21	13.43	14.58	*14.40*	*0.18*
5	Actual	16.99	14.40	18.15	17.82	14.65	16.99	12.99	12.44	13.13	11.74	14.74	13.37	14.84	*13.76*	*1.08*
6	Variance	(4.16)	1.33	3.92	(13.16)	(1.67)	1.24	(3.38)	(0.13)	(0.21)	(0.48)	(0.47)	(0.06)	0.26	*(0.65)*	*0.90*
	Pay Expenditure															
7	Plan	43.20	40.89	43.28	82.72	45.35	47.17	45.88	46.48	48.56	46.60	47.73	49.45	49.51	*47.15*	*(2.36)*
8	Actual	40.52	42.64	42.71	82.05	46.78	48.56	47.93	47.10	50.55	47.73	48.24	48.54	49.60	*48.18*	*(1.42)*
9	Variance	2.69	(1.75)	0.57	0.67	(1.43)	(1.39)	(2.05)	(0.63)	(2.00)	(1.14)	(0.51)	0.91	(0.08)	*(1.03)*	*(0.95)*
	Non Pay Expenditure															
10	Plan	18.15	17.43	19.31	18.47	19.07	18.44	17.54	19.59	17.84	15.14	19.04	18.52	18.88	*18.15*	*(0.74)*
11	Actual	15.75	15.85	17.87	24.20	17.52	16.54	17.59	18.61	18.47	16.10	19.89	19.82	20.49	*18.07*	*(2.42)*
12	Variance	2.40	1.59	1.43	(5.72)	1.55	1.89	(0.05)	0.97	(0.63)	(0.95)	(0.85)	(1.30)	(1.61)	*0.08*	*1.69*
	Drugs Expenditure															
13	Plan	5.98	5.97	5.70	6.03	5.89	6.08	6.31	6.21	6.16	6.44	6.44	6.35	6.38	*6.23*	*(0.15)*
14	Actual	6.32	6.47	5.83	6.56	5.66	6.09	6.59	6.27	6.40	7.00	6.33	6.98	6.39	*6.41*	*0.02*
15	Variance	(0.34)	(0.50)	(0.12)	(0.54)	0.23	(0.02)	(0.28)	(0.06)	(0.24)	(0.56)	0.11	(0.63)	(0.01)	*(0.18)*	*(0.17)*
	CIP over/ (under) achievement															
16	Variance	(1.86)	(0.74)	(1.44)	0.58	(1.39)	(0.57)	(0.08)	(1.53)	0.88	4.42	(2.72)	4.81	(0.74)	*0.48*	*1.22*
	BCPS Savings over/ (under) achievement															
16	Variance	0.00	(0.14)	(0.10)	(0.07)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	*0.00*	*0.00*
	Reserves supporting position															
17	Actual	(0.48)	2.50	0.95	(0.31)	(1.39)	(0.57)	(0.08)	(1.53)	0.88	4.42	(2.72)	4.81	(0.74)	*0.00*	*0.00*
	Other Non Operating Expenditure															
18	Plan	(3.78)	(3.80)	(3.84)	(3.83)	(4.99)	(5.05)	(5.10)	(5.10)	(4.73)	(4.80)	(5.08)	(5.53)	(5.52)	*(3.86)*	*(0.32)*
19	Actual	(3.54)	(3.54)	(3.52)	(2.04)	(4.92)	(4.95)	(4.89)	(4.88)	(4.98)	(5.04)	(5.08)	(5.17)	(5.30)	*(3.82)*	*(0.18)*
20	**Variance**	0.24	0.26	0.32	1.79	0.07	0.09	0.21	0.23	(0.26)	(0.24)	0.01	**0.36**	**0.21**	*0.03*	*(0.14)*
	Total															
	Plan	**9.81**	**1.54**	**1.10**	**17.18**	**(1.29)**	**(1.27)**	**(1.05)**	**(3.53)**	**(5.39)**	**(8.30)**	**0.67**	**(5.82)**	**(2.54)**		
	Actual	**5.74**	**3.69**	**6.41**	**3.42**	**(6.76)**	**0.33**	**(4.92)**	**(6.02)**	**(5.09)**	**(4.26)**	**(5.75)**	**1.71**	**(3.55)**		
	Variance	**(4.07)**	**2.16**	**5.31**	**(13.76)**	**(5.46)**	**1.60**	**(3.88)**	**(2.49)**	**0.30**	**4.04**	**(6.41)**	**7.52**	**(1.01)**		

Commentary on variances and trends:

Patient Income - Following NHS guidance, the variable element ERF overperformance has been included in the position of £4.34m for this year so far. In month £2.2m of non recurrent support was recognised from NHSE relating the industrial action and other pressures. The plan has been increased for both ERF overperformance and non-recurrent support. Up to December the NHSE variable element is overperforming by £1.2m, £0.3m for diagnostic imaging and chemotherapy and £0.6m for devices.

Non-Patient Income - excluding grant funding for capital schemes, in month non-patient income decreased by £1.07m compared to prior month. This was partly due to increases in CRN income (£818k) to offset increased non pay within this hosted service, Private Patient income increased by £39k and Other income increased by £220k largely due to International recruitment income being recognised against costs incurred (£192k).

In terms of variance, Education and Research income was over plan by £123k due to hosted services (off set in non pay). Grant Income was also over by £187k due to the timing of grant funded capital schemes (this element is excluded from the final reported position).

Pay - increased in month by £1.0m. Within this value there were costs of £683k relating to providing cover for the Junior Doctors Industrial Action. Hosted services pay costs increased by £138k and there was an overall increase in bank costs of £200k which was caused by cover for annual leave during the Christmas period.

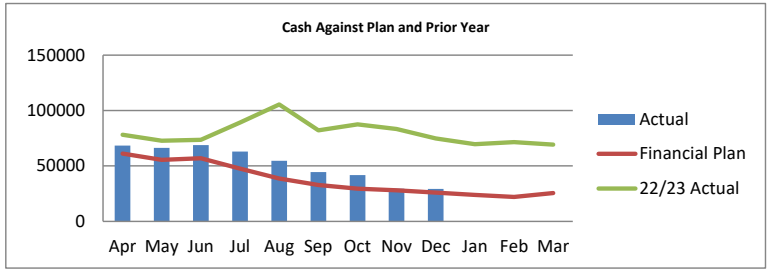
There was an overall underspend of £81k. This was largely due to funding being input for ERF costs that had previously been deferred, there were a number of over spending areas offsetting this funding. Significant areas were:
Division 1: Including £268k cover for Medical staff rota gaps and absences, £145k for nursing and midwifery acuity and absence cover.
Division 2: Including £669k cover for Medical staff rota gaps and absences, £235k for nursing and midwifery acuity and absence cover.
Division 3: Including £640k cover for Medical staff gaps and absences.

Non-Pay - An increase in the run rate compared to the previous month of £666k. Of this £713k was in Hosted Services, predominantly CRN. There were decreases in other areas due to lower activity volumes due to bank holidays over the Christmas period.

In terms of variance there is an overspend of £1.6m.
Of this £527k was within Division 1 and was caused by activity related costs across a number of specialties. Division 2 £573k due mainly to Renal and Endoscopy activity levels and Division 3 £161k also relating to activity across a number of services. BCPS also had an overspend of £362k

Drugs - Expenditure was £586k lower in month 9 than in month 8. This was due to high cost drugs usage linked to activity.
In month expenditure was virtually breakeven.

Cash Position



The cash balance as at 31st December 2023 was £29.3m, a £0.3m decrease on the previous month and an increase of £3.2m on financial plan. The increase on plan is due to: £18.7m cash settlement of 22/23 pay award income netted out by £19.6m additional pay cost. Additional movements are £5.1m Staffs 22/23 income received in year; £1.4m additional LDA funding for Q1 & £4.6m LDA Funding received earlier than planned; £30.2m higher ICS income; £10.0m cash benefit due to the aborted loan to DGFT; and £21.8m reduced capital spend (£8.3m due to timing on projects & £13.5m due to reduction in PDC). This is netted out by £14.8m less cash for PDC (£3.0m due to timing of EPR scheme & £11.4m reduction in PDC); £4.2m for PSDS due to timing of schemes; £34.9m additional pay costs and £33.6m additional non pay costs.

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:

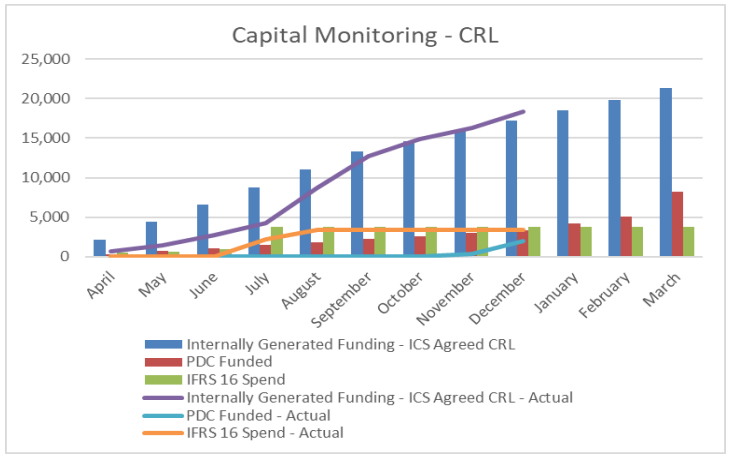
	M9 23/24	Cumulative	M8 23/24	Cumulative
Value	97%	95%	94%	95%
Volume	96%	94%	95%	94%

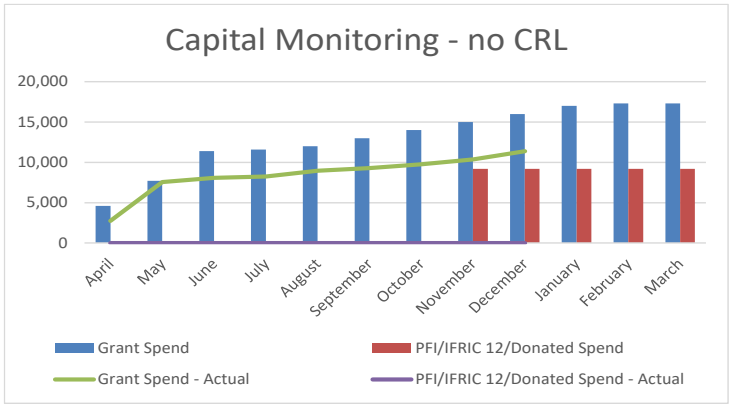
Debtor Days

Calculated Debtor Days for the year are:-

	M9 Actual	M8 Actual
Total	10.95	6.60
Being:-		
NHS	12.34	6.84
Non NHS	4.84	5.57

Capital





The Trust have spent £35.2m of capital YTD to 31st December 23, which is an underspend of £14.3m against forecast YTD capital spend of £49.5m. Of this £35.2m YTD spend:

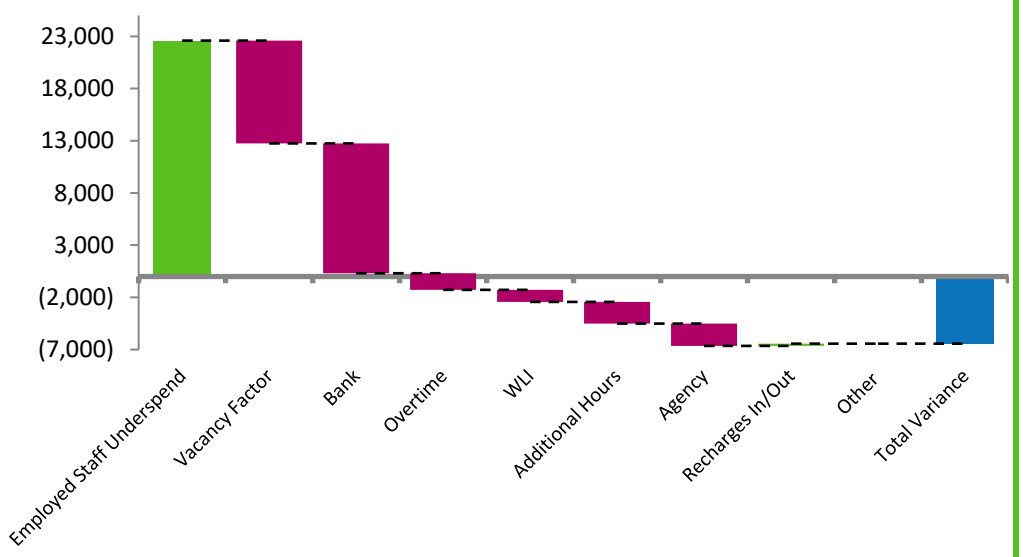
Capital CRL Monitoring - £18.4m relates to capital spend which the ICS is measured against, this is an overspend of £1.1m against Plan due to timing of orders. The Trust envisages meeting the ICS CRL of £21.3m. There has been £1.8m spend YTD on PDC due to delay in approval of EPR business case creating variance to Plan of £1.3m. There was £3.4m spend YTD on IFRS 16 with only one lease left to be commercial agreed (anticipating January 24).

Capital Monitoring - non CRL - The balance of the capital YTD, £11.4m, relates to capital spend on grant funded items with £10.1m relating to PSDS Phase 3a; £0.9m ERDF grant and £0.4m relating to Phase 3b. This is variance of £4.6m against Planned Grant spend of £16.0m due to timing of orders.

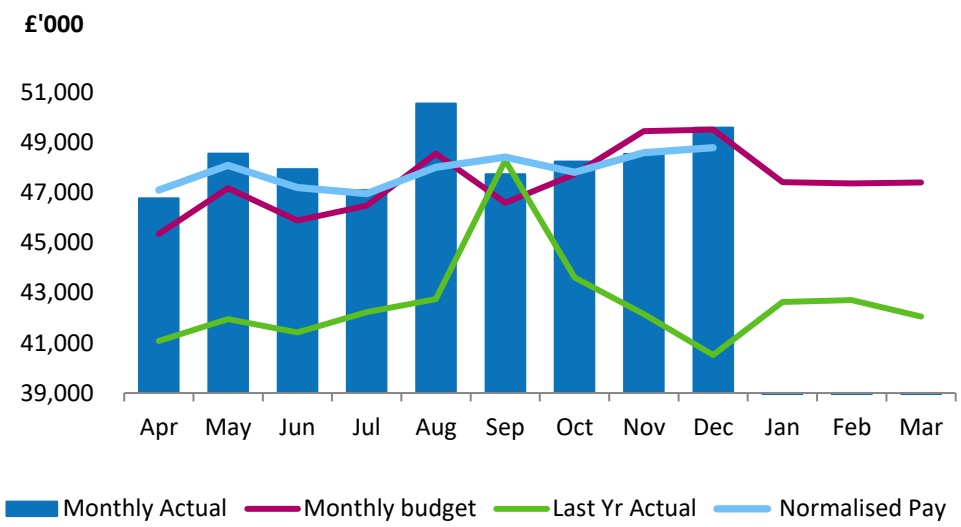
The Trust are forecasting to meet the reforecast capital expenditure spend for 23/24 of £59.8m, an increase of £2.0 from M8 due to RAAC PDC.

Pay Expenditure

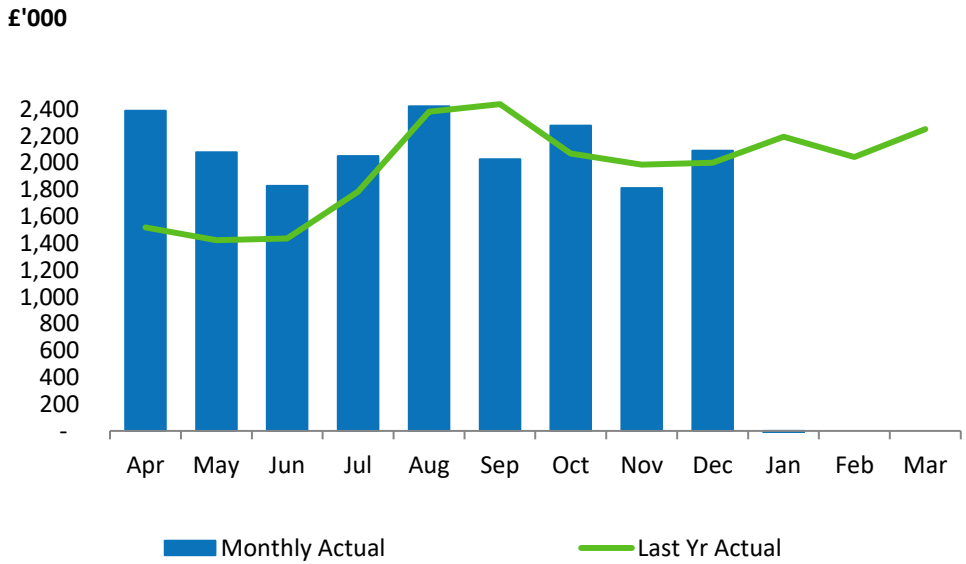
Year to Date Variance to plan



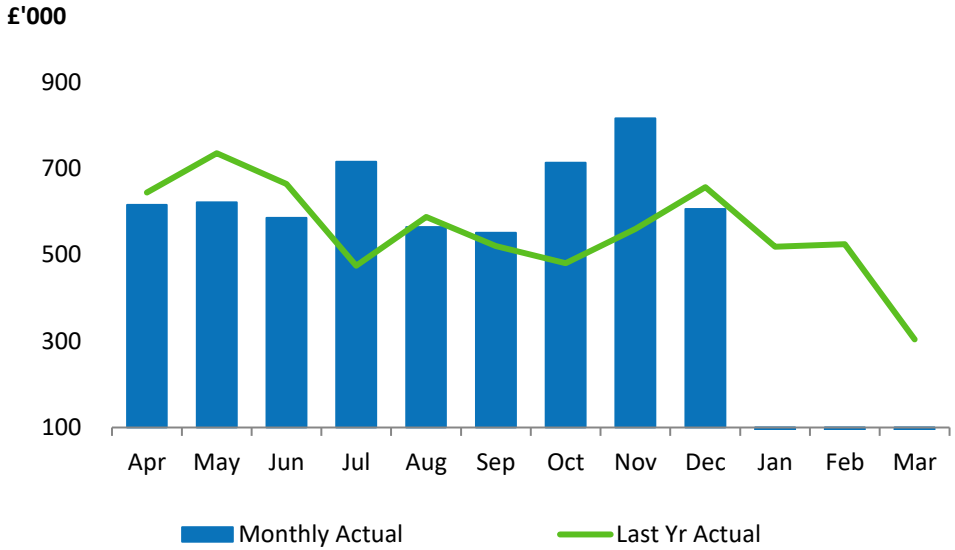
Total Pay Expenditure Trend



Bank Expenditure Trend



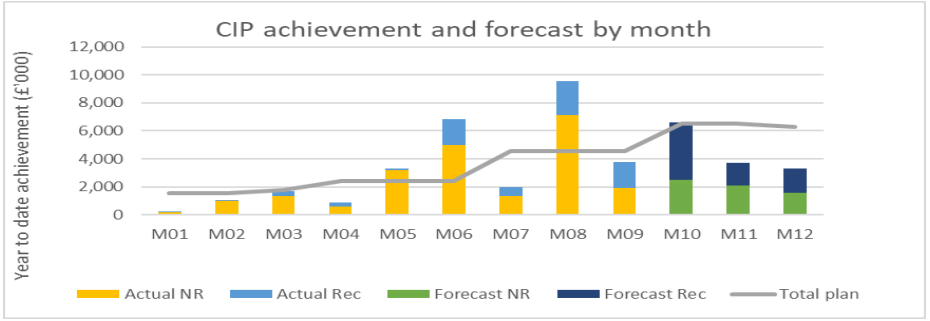
Agency Expenditure Trend



Cost Improvement

Division	YTD Plan	YTD Actual	Variance
Corporate	1,740	1,567	(173)
Division 1	8,026	4,325	(3,701)
Division 2	5,053	1,238	(3,815)
Division 3	3,716	3,308	(408)
Division 4	1	0	(1)
Estates And Facilities	1,768	1,221	(547)
Trustwide	5,551	17,578	12,027
(blank)	0	0	0
Grand Total	**25,854**	**29,235**	**3,381**

Division	Total target	FOT total	Variance
Corporate	3,270	2,061	(1,209)
Division 1	15,080	5,595	(9,486)
Division 2	9,494	1,667	(7,827)
Division 3	6,982	4,090	(2,892)
Division 4	1	0	(1)
Estates And Facilities	3,322	1,437	(1,885)
Trustwide	7,003	28,034	21,032
Grand Total	**45,153**	**42,884**	**(2,268)**



Against an in-month target of £4.6m, £3.8m has been achieved, with a large proportion of the savings achieved due to year to date reporting of a further ERF achievement and non-recurrent vacancy savings.

The full year forecast has been increased to £42.88m, of which 35% (£15.11m) will be achieved recurrently, with the remainder related to non-recurrent savings. Of the £15.11m recurrent savings, £8.8m relates to additional income received through ERF and other activity related contracts and the remainder relates to a number of smaller value schemes.

Appendix A - Income and Expenditure Account

Last Year to Date £'000	Current Month Plan £'000	Current Month Actual £'000	Current Month Variance £'000		Annual Budget £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000
				Income				
505,233	61,685	63,388	1,702	Patient Activity Income	722,873	540,758	543,795	3,037
875	127	122	(5)	Other Patient Care Income	1,521	1,140	1,008	(133)
3,365	0	0	0	Top Up Income	0	0	8	8
39,548	5,111	5,234	123	Education, Training & Research Income	55,588	41,746	42,350	604
23,837	820	1,007	187	Non Patient Care Other Income	17,321	15,999	11,378	(4,621)
306	121	122	1	Private Patient Income	910	746	667	(79)
60,942	8,403	8,352	(51)	Income on Directorate Budgets	94,061	70,170	69,479	(691)
634,106	**76,267**	**78,224**	**1,957**	**Total Income**	**892,274**	**670,559**	**668,684**	**(1,875)**
				Expenditure				
384,000	49,514	49,595	(81)	Directorate Expenditure Budgets - Pay	568,910	426,729	435,032	(8,303)
148,562	18,883	20,490	(1,607)	Directorate Expenditure Budgets - Non Pay	222,392	164,058	165,037	(980)
53,446	6,382	6,391	(9)	Directorate Expenditure Budgets - Drugs	74,132	56,260	57,710	(1,450)
0	(741)	0	(741)	Cost Improvement Savings	(9,771)	3,067	0	3,067
0	0	0	0	BCPS Savings	0	0	0	0
586,009	**74,037**	**76,477**	**(2,439)**	**Total Expenditure**	**855,663**	**650,114**	**657,779**	**(7,665)**
48,097	**2,230**	**1,748**	**(482)**	**EBITDA Surplus/(Deficit)**	**36,611**	**20,445**	**10,905**	**(9,540)**
21,942	2,850	2,709	141	Depreciation	33,083	24,199	23,992	207
1,993	310	302	8	Interest Payable	3,715	2,785	2,669	116
(1,205)	(136)	(157)	21	Interest Receivable	(2,763)	(2,359)	(2,474)	115
9,465	1,158	1,151	7	Other Charges	13,900	10,425	10,416	9
32,196	**4,183**	**4,005**	**178**	**Other non operating items**	**47,936**	**35,050**	**34,603**	**447**
15,901	**(1,953)**	**(2,257)**	**(304)**	**Net Surplus/(Deficit) before Adjustments**	**(11,325)**	**(14,605)**	**(23,699)**	**(9,094)**
(23,392)	(787)	(954)	(166)	Adjustments as per NHSI reported position	(15,425)	(14,754)	(10,895)	3,859
(7,491)	**(2,740)**	**(3,211)**	**(470)**	**Adjusted Financial Performance as NHSI**	**(26,750)**	**(29,359)**	**(34,593)**	**(5,235)**

Note : Adverse Variances in Brackets

Appendix B - Statement of Financial Position

2023/24 Balance Sheet as at 31st Dec 2023

	Dec 2023 Plan	Dec 2023 Actual	Nov 2023 Actual	Movement in Month	March 2023 Actual
	£000	£000	£000	£000	£000
NON CURRENT ASSETS					
Property,Plant and Equipment - Tangible Assets	521,212	497,830	496,050	1,781	486,739
Intangible Assets	8,122	5,503	5,192	311	5,860
Other Investments/Financial Assets	12	11	11	0	11
Trade and Other Receivables Non Current	1,397	1,415	1,415	0	1,415
PFI Deferred Non Current Asset	0	4,634	4,634	0	4,634
TOTAL NON CURRENT ASSETS	**530,743**	**509,394**	**507,303**	**2,092**	**498,660**
CURRENT ASSETS					
Inventories	8,347	9,801	9,060	741	8,347
Trade and Other Receivables	48,913	55,687	51,418	4,269	59,564
Other Current Assets	0	0	0	0	0
Cash and cash equivalents	26,068	29,248	29,534	(285)	69,265
TOTAL CURRENT ASSETS	**83,328**	**94,736**	**90,011**	**4,725**	**137,176**
Non Current Assets Held for Sale	0	0	0	0	0
TOTAL ASSETS	**614,070**	**604,131**	**597,314**	**6,817**	**635,836**
CURRENT LIABLILITES					
Trade & Other Payables	(109,479)	(93,944)	(89,049)	(4,895)	(114,207)
Liabilities arising from PFIs / Finance Leases	(6,199)	(8,969)	(8,969)	0	(13,462)
Provisions for Liabilities and Charges	(3,282)	(7,630)	(3,139)	(4,491)	(4,201)
Other Financial Liabilities	(9,447)	(21,195)	(20,937)	(258)	(10,424)
TOTAL CURRENT LIABILITIES	**(128,407)**	**(131,738)**	**(122,094)**	**(9,644)**	**(142,294)**
NET CURRENT ASSETS / (LIABILITIES)	**(45,079)**	**(37,002)**	**(32,083)**	**(4,919)**	**(5,118)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**485,664**	**472,393**	**475,220**	**(2,827)**	**493,542**
NON CURRENT LIABILITIES	(5,062)	(9,410)	(4,920)	(4,491)	
Trade & Other Payables	(287)	(222)	(237)	15	(287)
Other Liabilities	(17,369)	(8,013)	(8,568)	555	(5,470)
Provision for Liabilities and Charges	(1,780)	(1,780)	(1,780)	0	(1,780)
TOTAL NON CURRENT LIABILITIES	**(19,436)**	**(10,016)**	**(10,586)**	**570**	**(7,537)**
TOTAL ASSETS EMPLOYED	**466,227**	**462,377**	**464,634**	**(2,258)**	**486,005**
FINANCED BY TAXPAYERS EQUITY					
Public Dividend Capital	300,439	305,676	305,676	0	305,676
Retained Earnings	57,828	48,733	50,990	(2,258)	72,361
Revaluation Reserve	109,197	109,196	109,196	0	109,196
Donated Asset Reserve	0	0	0	0	0
Financial assets at FV through OCI reserve	(1,418)	(1,418)	(1,418)	0	(1,418)
Other Reserves	181	190	190	0	190
TOTAL TAXPAYERS EQUITY	**466,227**	**462,377**	**464,634**	**(2,258)**	**486,005**

2023/24 Cash Flow as at 31st December 2023

	Dec-23 Plan £'000	Dec-23 Actual £'000	Dec-23 Variance £'000	Dec-23 In Month Movement £'000
OPERATING ACTIVITIES				
Total Operating Surplus/(Deficit) (gross of control total adjustments)	**(3,211)**	**(13,087)**	(9,876)	3,215
Depreciation	23,985	23,992	7	5,411
Fixed Asset Impairments	0	0	0	0
Capital Donation Income	(15,999)	(10,371)	5,628	(1,075)
Interest Paid	(2,659)	(2,669)	(10)	(596)
Dividends Paid	0	(6,226)	(6,226)	0
Release of PFI /Deferred Credit	0	0	0	0
(Increase)/Decrease in Inventories	0	(1,454)	(1,454)	(947)
(Increase)/Decrease in Trade Receivables	13,853	3,190	(10,663)	(14,110)
Increase/(Decrease) in Trade Payables	8,811	(9,514)	(18,325)	(9,709)
Increase/(Decrease) in Trade Payables Ann Leave Acc	0	(1,528)	(1,528)	(340)
Increase/(Decrease) in Other liabilities	0	10,771	10,771	(2,619)
Increase/(Decrease) in Provisions	0	3,521	3,521	4,436
Increase/(Decrease) in Provisions Unwind Discount	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITES	**24,780**	**(3,376)**	**(28,156)**	**(16,333)**
CASH FLOWS FROM INVESTING ACTIVITIES				
Interest Received	1,448	2,474	1,026	374
Payment for Property, Plant and Equipment	(63,445)	(43,897)	19,549	3,945
Payment for Intangible Assets	(3,339)	(740)	2,599	(447)
Receipt of cash donations to purchase capital assets	14,999	10,386	(4,613)	1,103
Proceeds from sales of Tangible Assets	0	8	8	7
Proceeds from Disposals	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	**(50,337)**	**(31,769)**	**18,568**	**4,982**
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**(25,557)**	**(35,145)**	**(9,588)**	**(11,352)**
FINANCING				
New Public Dividend Capital Received	(12,017)	0	12,017	0
Capital Element of Finance Lease and PFI	(5,622)	(4,870)	752	(1,105)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	**(17,639)**	**(4,870)**	**12,769**	**(1,105)**
INCREASE/(DECREASE) IN CASH	**(43,196)**	**(40,015)**	**3,182**	**(12,456)**
CASH BALANCES				
Opening Balance at 1st April 2023	69,265	69,265	0	0
Closing Balance at 31st December 2023	26,069	29,248	3,180	(12,456)

The Royal Wolverhampton NHS Trust

Reference Pack

Report of the Chief Financial Officer

Finance Report
November 2023 - Month 8

Safe & Effective | Kind & Caring | Exceeding Expectation

Contents

Dashboard

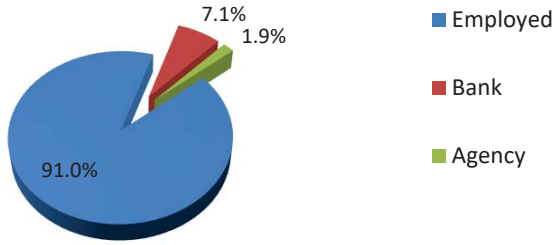
Income & Expenditure Position

(see page 5)

	In Mth Actual	YTD Actual
Income	**£'m**	**£'m**
1. Patient income	68.85	480.41
2. Other income	13.37	110.05
Total	**82.22**	**590.46**
Expenditure	**79.82**	**621.84**
Surplus/ (deficit)	**2.40**	**(31.38)**
Planned surplus/(deficit)	**(0.45)**	**(26.62)**
Variance to plan	**#VALUE!**	**(4.64)**

Workforce

(see page 8)



Patient Income

Elective recovery fund activity to date is £3.59m above the revised national expectation. Other variable income relating to drug, devices, diagnostics and other contracts is £0.5m above plan. All other income is within the block.

Actual Outturn

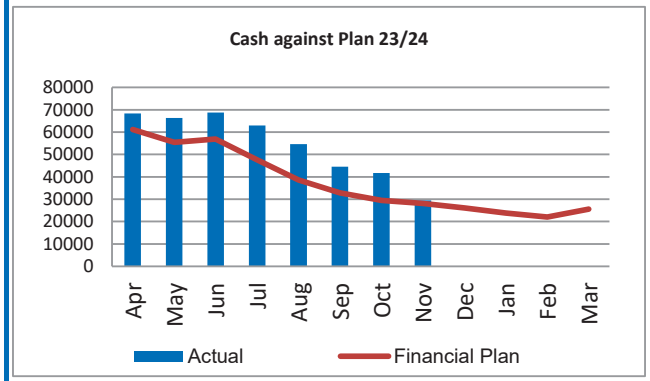
(see page 5)

Actual Outturn

Cash in the Bank

(see page 7)

Plan £28.1m
Actual £29.5m



Covid-19 Expenditure

In month 8 there was expenditure of £155k on testing and £47k on Covid Medicines Delivery Unit. (Year to date £939k and £334k respectively).

Income is received for both of these services to offset the costs.

Cost Improvement Programme (CIP)

(see page 9)

In month delivery of £9.5m against a plan of £4.6m.

Forecast achievement has been increased to £42.0m, against a target of £45.2m, of which 35% (£14.7m) is recurrent.

Overview of Financial Performance
The Trust is reporting an in month adjusted surplus of £2.4m, this is £2.85m favourable to plan, this leads to a year to date deficit of £31.4m which is £4.8m behind plan.

Income is £1.4m adverse to plan in month and £3.8m adverse YTD. This is made up of Patient Care income being £1.4m adverse in month due increasing the income plan for the year relating to the ERF baseline reduction, YTD Patient Care income is above plan by £1.3m. There is an over recovery of Education and Research income in month £223k and an over performance on Directorate Income £271k (including hosted services), these are offset by an underperformance on Private patient income of £135k and Capital Grant Income of £425k. Year to date the Trust have recognised £4.8m less Capital Grant Funding Income than plan, as this is matched to capital expenditure profiles and there has been timing delays which will catch up later in the year (this is excluded from National Performance monitoring).

In month pay expenditure has under spent by £0.8m. This is due to funding being received to cover Strike action occurring earlier in the year. This has however been offset by ongoing overspends largely related to temporary staffing cover including bank and agency doctors covering rota gaps £1.4m and £243k in nursing areas where bank has been used to cover sickness, maternity and acuity related issues.

Non-pay is overspent in month by £1.3m. £0.5m of this is in hosted services where pathology has increased spending on cancer diagnostics. There are also overspends on activity related to ERF performance £0.5m. £210k of previous underspends have been taken to CIP causing an in month overspend and Utilities has also overspent by £46k due to planned downtime of the CHP for routine maintenance.

Drugs is overspent by £0.6m in month due to seasonality timing of patients on high cost drugs.

Year to date the position is also overspent, Pay is £8.3m overspent including, £5.7m medical staffing cover, £4.7m nursing cover for sickness etc, vacancies in other areas partially offset this cost.
Non pay is underspent by £0.7m and Drugs is £1.4m overspent.

System Updates

The ICB is reporting a YTD deficit of £78m (4.1% of turnover), £18.5m adverse to plan (1%) with 5 out of 8 organisations running deficit positions. This represents an improvement from last months deficit of £88.6m, £31.8m adverse to plan, largely as a result of additional national funding particularly around strike action.

The system has a number of significant demand pressures including excess inflation, additional costs attributable to industrial action, UEC and Mental Health activity pressures and efficiency under delivery, partially being offset by ERF performance and non-recurrent balance sheet related items. The ICB is within the national agency cap target. Whilst YTD capital spends are currently underspent they are forecast to be utilised by the end of the financial year. Some additional funding has been allocated nationally along with activity requirements, the impact of these was still being finalised at the time of this report.

Capital

The Trust has five types of capital programme with a combined plan of £57.8m for the year; these are CRL totalling £21.3m, and PDC £6.2m, both monitored as part of our statutory duty by NHSE, and additionally Grant funding from PSDS of £17.3m, IFRIC 12 related capital spend of £9.2m, and IFRS 16 new or renewed leases £3.7m.

YTD capital is underspent by £16.4m, with a capital spend of £30.4m YTD. ICS CRL spend is broadly on plan and forecasting to be met.
PDC capital - there is an underspend of £2.6m due to delayed agreement (compared to plan) of EPR business cases and its expected PDC funding, however the Trust anticipates meeting assumed PDC CRL of £6.2m.
Grant funding has a YTD variance of £4.6m, due to timing of orders, with the Trust forecasting to spend all Grant approved capital funding projects.
IFRS 16 CRL YTD variance of £0.3m due to one BCPS still being commercially agreed, however still forecasting for leases to commence during 23/24. IFRIC 12 YTD is £0.0m which is due to a delay in assets in being replaced causing a variance of £9.2m.

Income and Expenditure Run Rates

	£m	22/23 Nov	Dec	Jan	Feb	Mar	23/24 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD Avg	Move-ment
	Patient Income															
1	Plan	57.06	57.44	58.17	58.41	97.46	54.90	58.57	57.27	58.21	60.31	61.30	58.31	70.22	*58.41*	*11.81*
2	Actual	60.38	`	57.79	58.18	100.44	53.48	59.49	59.09	58.41	62.18	59.87	59.05	68.85	*58.79*	*10.05*
3	Variance	3.32	(2.56)	(0.38)	(0.23)	2.99	(1.42)	0.92	1.82	0.20	1.87	(1.42)	0.74	(1.37)	*0.39*	*(1.76)*
	Non Patient Income															
4	Plan	12.41	21.15	13.07	14.23	30.98	16.32	15.75	16.37	12.57	13.34	12.22	15.21	13.42	*14.54*	*(1.12)*
5	Actual	13.75	16.99	14.40	18.15	17.82	14.65	16.99	12.99	12.44	13.13	11.74	14.74	13.37	*13.81*	*(0.44)*
6	Variance	1.34	(4.16)	1.33	3.92	(13.16)	(1.67)	1.24	(3.38)	(0.13)	(0.21)	(0.48)	(0.47)	(0.05)	*(0.71)*	*0.66*
	Pay Expenditure															
7	Plan	42.54	43.20	40.89	43.28	82.72	45.35	47.17	45.88	46.48	48.56	46.60	47.73	49.42	*46.82*	*(2.59)*
8	Actual	42.16	40.52	42.64	42.71	82.05	46.78	48.56	47.93	47.10	50.55	47.73	48.24	48.54	*48.13*	*(0.41)*
9	Variance	0.38	2.69	(1.75)	0.57	0.67	(1.43)	(1.39)	(2.05)	(0.63)	(2.00)	(1.14)	(0.51)	0.88	*(1.30)*	*(2.19)*
	Non Pay Expenditure															
10	Plan	17.10	18.15	17.43	19.31	18.47	19.07	18.44	17.54	19.59	17.84	15.14	19.04	18.54	*18.09*	*(0.45)*
11	Actual	17.78	15.75	15.85	17.87	24.20	17.52	16.54	17.59	18.61	18.47	16.10	19.89	19.82	*17.82*	*(2.01)*
12	Variance	(0.68)	2.40	1.59	1.43	(5.72)	1.55	1.89	(0.05)	0.97	(0.63)	(0.95)	(0.85)	(1.28)	*0.28*	*1.56*
	Drugs Expenditure															
13	Plan	5.65	5.98	5.97	5.70	6.03	5.89	6.08	6.31	6.21	6.16	6.44	6.44	6.35	*6.22*	*(0.13)*
14	Actual	5.95	6.32	6.47	5.83	6.56	5.66	6.09	6.59	6.27	6.40	7.00	6.33	6.98	*6.33*	*(0.64)*
15	Variance	(0.30)	(0.34)	(0.50)	(0.12)	(0.54)	0.23	(0.02)	(0.28)	(0.06)	(0.24)	(0.56)	0.11	(0.63)	*(0.12)*	*0.51*
	CIP over/ (under) achievement															
16	Variance	(1.83)	(1.86)	(0.74)	(1.44)	0.58	(1.39)	(0.57)	(0.08)	(1.53)	0.88	4.42	(2.72)	4.81	*(0.14)*	*(4.95)*
	BCPS Savings over/ (under) achievement															
16	Variance	0.03	0.00	(0.14)	(0.10)	(0.07)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	*0.00*	*0.00*
	Reserves supporting position															
17	Actual	1.59	(0.48)	2.50	0.95	(0.31)	(1.39)	(0.57)	(0.08)	(1.53)	0.88	4.42	(2.72)	4.81	*0.00*	*0.00*
	Other Non Operating Expenditure															
18	Plan	(3.78)	(3.78)	(3.80)	(3.84)	(3.83)	(4.99)	(5.05)	(5.10)	(5.10)	(4.73)	(4.80)	(5.08)	(5.53)	*(3.81)*	*(0.38)*
19	Actual	(3.57)	(3.54)	(3.54)	(3.52)	(2.04)	(4.92)	(4.95)	(4.89)	(4.88)	(4.98)	(5.04)	(5.08)	(5.17)	*(3.81)*	*(0.13)*
20	**Variance**	0.21	0.24	0.26	0.32	1.79	0.07	0.09	0.21	0.23	(0.26)	(0.24)	0.01	**0.36**	*0.00*	*(0.25)*
	Total															
	Plan	**0.62**	**9.81**	**1.54**	**1.10**	**17.18**	**(1.29)**	**(1.27)**	**(1.05)**	**(3.53)**	**(5.39)**	**(8.30)**	**0.67**	**(5.82)**		
	Actual	**4.68**	**5.74**	**3.69**	**6.41**	**3.42**	**(6.76)**	**0.33**	**(4.92)**	**(6.02)**	**(5.09)**	**(4.26)**	**(5.75)**	**1.71**		
	Variance	**4.06**	**(4.07)**	**2.16**	**5.31**	**(13.76)**	**(5.46)**	**1.60**	**(3.88)**	**(2.49)**	**0.30**	**4.04**	**(6.41)**	**7.52**		

Commentary on variances and trends:

Patient Income - Following NHS guidance, the variable element ERF overperformance has been included in the position of £3.59m for this year so far, with a gain in month of £2.1.m relating to a further reduction in the ERF baseline. In month £4.5m of non recurrent support was recognised from NHSE relating the industrial action and other pressures. The plan has been increased for both ERF overperformance and non-recurrent support. Up to November NHSE variable activity for diagnostic imaging, chemotherapy, drugs and devices has over performed against plan by £0.4m. In addition confirmation of CDC income being guaranteed was received, this resulted in an additional £0.44m being recognised in month.

Non-Patient Income - excluding grant funding for capital schemes, in month non-patient income decreased by £1.5m compared to prior month. This was due to increases in LDA contract income £1.4m, being received as a one off benefit last month.

In terms of variance private patients under performed by £135k, but this is due to previous over recovery being transacted to CIP. Other Directorate income was over plan by £271k due to hosted services (off set in non pay).

Pay - increased in month by £0.3m. This was due to an accrual drop out benefiting the previous month.

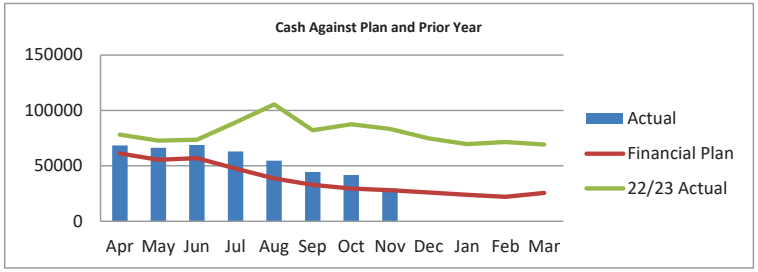
There was an overall underspend of £880k. This was largely due to funding being input for strike costs, there were a number of over spending areas offsetting this. Significant areas were:
Division 1: Including £202k cover for Medical staff rota gaps and absences, £134k for nursing and midwifery acuity and absence cover.
Division 2: Including £695k cover for Medical staff rota gaps and absences, £110k for nursing and midwifery acuity and absence cover.
Division 3: Including £1.45m of previous underspends being taken to non recurrent CIP.

Non-Pay - A decrease in the run rate compared to the previous month of £62k. .

In terms of variance there is an overspend of £1.28m.
Of this £461k was within Division 1 and was caused by activity related costs across a number of specialties.
Estates and Facilities were also overspent by £385k. Of this £173k was due to previous underspends being taken to CIP, electricity as the CHP was out of use for planned maintenance £46k and the balance was in estates maintenance due to the phasing of work.
Corporate were also overspent (£358k) due to International nurse recruitment ongoing course fees, interpreting charges and undergraduate course fees phasing.

Drugs - Expenditure was £646k higher in month 8 than in month 7. This was due to high cost drugs usage linked to activity.
In month expenditure was overspent at £630k making the year to date position to £1.4m overspent, this is due to high cost drugs being funded on block contract whilst usage has increased.

Cash Position



The cash balance as at 30th November 2023 is £29.5m, a £12.2m decrease on the previous month and an increase of £1.5m on financial plan. The increase on plan is due to: £18.7m cash settlement of 22/23 pay award income netted out by £19.6m additional pay cost. Additional movements are £5.1m Staffs 22/23 income received in year; £1.4m additional LDA funding for Q1 & £9.1m LDA Funding received earlier than planned; £19.7m higher ICS income; £10.0m cash benefit due to the aborted loan to DGFT; and £22.8m m reduced capital spend (£11.4m due to timing on projects & £11.4m due to reduction in PDC). This is netted out by £11.6m less cash for PDC (£2.6m due to timing of EPR scheme & £9.0m reduction in PDC); £2.1m less cash for PSDS due to timing of schemes; £30.2m additional pay costs and £28.8m additional non pay costs.

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:

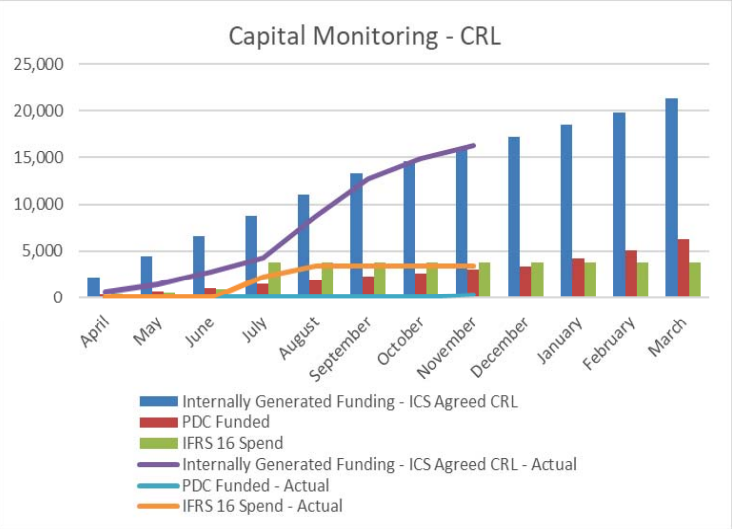
	M8 23/24	Cumulative	M7 23/24	Cumulative
Value	94%	95%	93%	96%
Volume	95%	94%	89%	94%

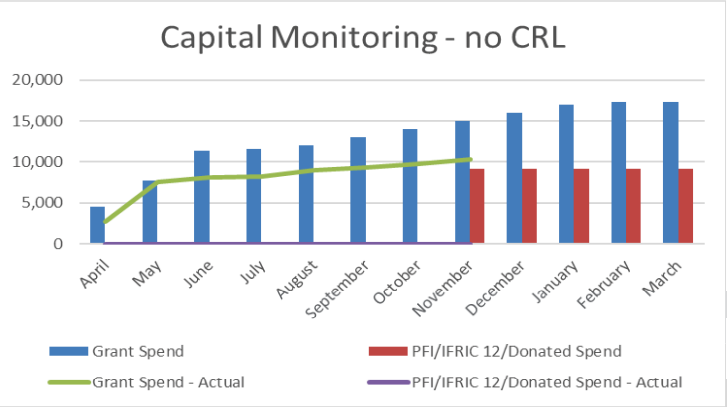
Debtor Days

Calculated Debtor Days for the year are:-

	M8 Actual	M7 Actual
Total	6.60	6.35
Being:-		
NHS	6.84	6.61
Non NHS	5.57	5.26

Capital





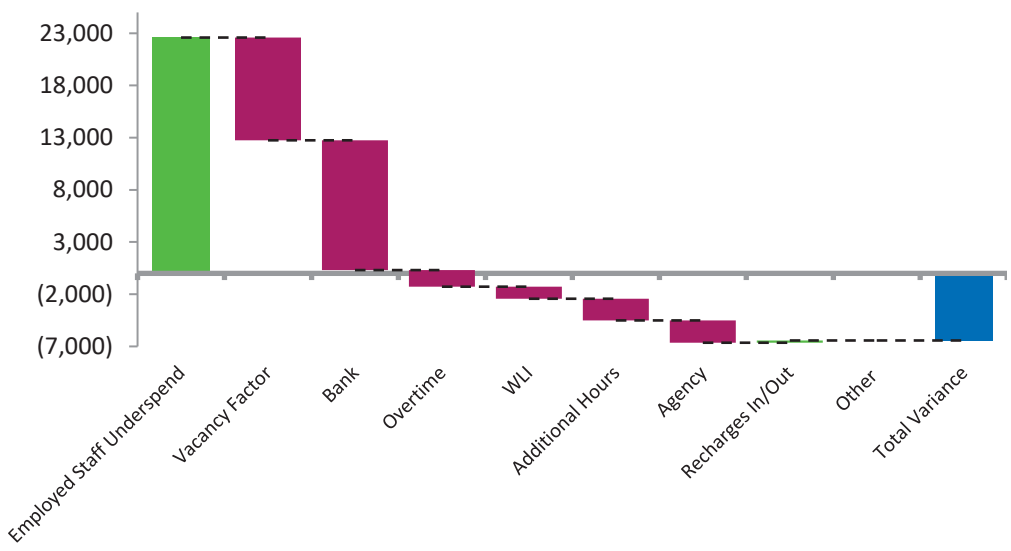
The Trust have spent £30.4m of capital YTD to 30th November 23, which is an underspend of £16.4m against forecast YTD capital spend of £46.8m. Of this £30.4m YTD spend:

Capital CRL Monitoring - £16.3m relates to capital spend which the ICS is measured against, this is an overspend of £0.4m against Plan due to timing of orders. The Trust envisages meeting the ICS CRL of £21.3m. There has been £0.3m spend YTD on PDC due to delay in approval of EPR business case creating variance to Plan of £2.6m. There was £3.4m spend YTD on IFRS 16 with only one lease left to be commercial agreed (anticipating January 24).

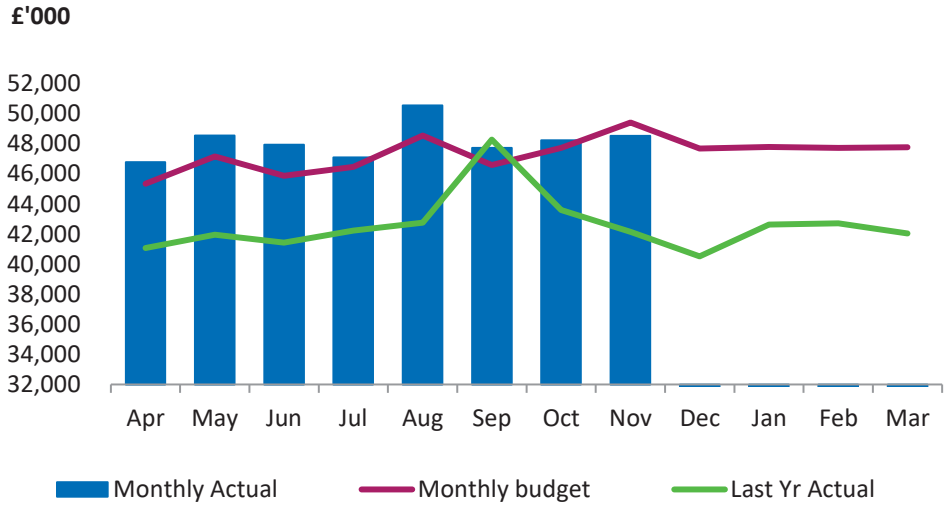
Capital Monitoring - non CRL - The balance of the capital YTD, £10.4m, relates to capital spend on grant funded items with £10.1m relating to PSDS Phase 3a and £0.3m relating to Phase 3b. This is variance of £4.6m against Planned Grant spend of £15.0m due to timing of orders. The Trust are forecasting to meet the reforecast capital expenditure spend for 23/24 of £57.8m

Pay Expenditure

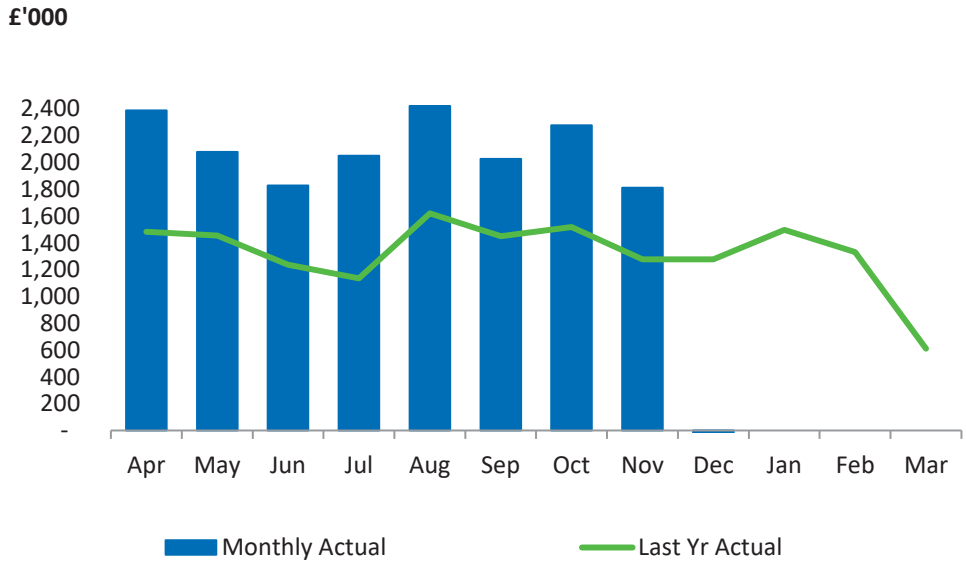
Year to Date Variance to plan



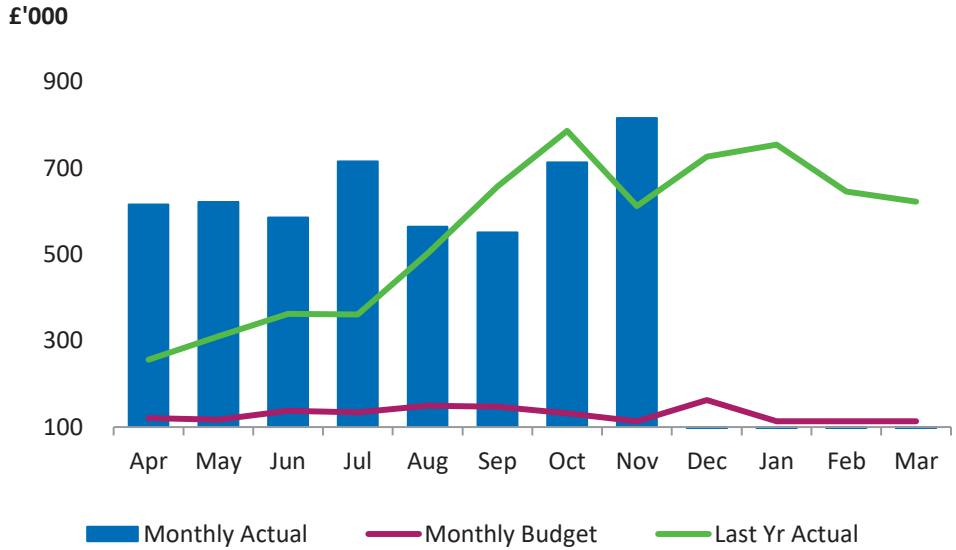
Total Pay Expenditure Trend



Bank Expenditure Trend



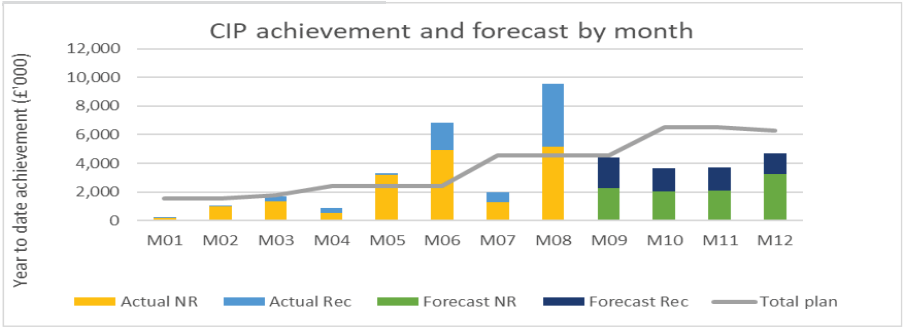
Agency Expenditure Trend



Cost Improvement

Division	YTD Plan	YTD Actual	Variance
Corporate	1,390	1,514	124
Division 1	6,412	3,913	(2,500)
Division 2	4,173	1,120	(3,054)
Division 3	2,832	2,713	(119)
Estates And Facilities	1,412	1,064	(349)
Trustwide	5,074	15,127	10,053
Grand Total	**21,295**	**25,450**	**4,154**

Division	Total target	FOT total	Variance
Corporate	3,270	2,003	(1,267)
Division 1	15,080	5,512	(9,568)
Division 2	9,815	1,646	(8,170)
Division 3	6,661	3,691	(2,970)
Estates And Facilities	3,322	1,354	(1,968)
Trustwide	7,003	27,766	20,763
Grand Total	**45,153**	**41,972**	**(3,181)**



Against an in-month target of £4.6m, £9.5m has been achieved, taking the year to date achievement to £25.5m against a target of £21.3m.
The significant in-month achievement relates predominantly to income schemes and non-recurrent vacancy savings that have been achieved relating to the full year and therefore the M1-8 values are reflected in month.
Following a review of all CIP schemes and the addition of a number of stretch CIP schemes being included within the forecast, the CIP forecast is £42.0m, of which 35% is expected to be achieved recurrently (£14.7m).

Appendix A - Income and Expenditure Account

Last Year to Date £'000	Current Month Plan £'000	Current Month Actual £'000	Current Month Variance £'000		Annual Budget £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000
				Income				
414,763	70,216	68,847	(1,369)	Patient Activity Income	721,877	479,072	480,407	1,335
611	127	141	14	Other Patient Care Income	1,521	1,014	886	
7,447	0	0	0	Top Up Income	0	0	8	8
32,168	4,193	4,416	223	Education, Training & Research Income	55,106	36,634	37,116	482
0	1,023	598	(425)	Non Patient Care Other Income	17,592	15,179	10,371	(4,809)
41	219	83	(135)	Private Patient Income	844	625	544	(80)
51,772	7,861	8,132	271	Income on Directorate Budgets	92,137	61,757	61,128	(630)
506,801	**83,639**	**82,217**	**(1,422)**	**Total Income**	**889,076**	**594,282**	**590,459**	**(3,695)**
				Expenditure				
312,524	49,418	48,538	880	Directorate Expenditure Budgets - Pay	568,195	377,182	385,436	(8,254)
126,698	18,545	19,824	(1,280)	Directorate Expenditure Budgets - Non Pay	224,401	145,198	144,547	651
42,873	6,347	6,977	(631)	Directorate Expenditure Budgets - Drugs	73,773	49,878	51,319	(1,441)
0	4,807	0	4,807	Cost Improvement Savings	(13,896)	3,808	0	3,808
0	0	0	0	BCPS Savings	0	0	0	0
482,094	**79,116**	**75,339**	**3,777**	**Total Expenditure**	**852,473**	**576,066**	**581,303**	**(5,236)**
24,707	**4,523**	**6,878**	**2,356**	**EBITDA Surplus/(Deficit)**	**36,603**	**18,215**	**9,157**	**(8,931)**
15,402	2,841	2,702	140	Depreciation	33,076	21,348	21,283	66
1,468	310	293	17	Interest Payable	3,715	2,475	2,367	108
0	(123)	(217)	94	Interest Receivable	(2,763)	(2,223)	(2,317)	94
7,726	1,158	1,158	0	Other Charges	13,900	9,267	9,265	1
24,596	**4,187**	**3,936**	**251**	**Other non operating items**	**47,928**	**30,867**	**30,599**	**269**
111	**336**	**2,942**	**2,606**	**Net Surplus/(Deficit) before Adjustments**	**(11,325)**	**(12,652)**	**(21,442)**	**(8,790)**
304	(787)	(545)	243	Adjustments as per NHSI reported position	(15,425)	(13,966)	(9,941)	4,025
415	**(451)**	**2,397**	**2,849**	**Adjusted Financial Performance as NHSI**	**(26,750)**	**(26,618)**	**(31,383)**	**(4,764)**

Note : Adverse Variances in Brackets

Appendix B - Statement of Financial Position

2023/24 Balance Sheet as at 30th Nov 2023

	Nov 2023 Plan	Nov 2023 Actual	Oct 2023 Actual	Movement in Month	March 2023 Actual
	£000	£000	£000	£000	£000
NON CURRENT ASSETS					
Property,Plant and Equipment - Tangible Assets	519,535	496,050	496,306	(256)	486,739
Intangible Assets	7,870	5,192	5,307	(114)	5,860
Other Investments/Financial Assets	12	11	11	0	11
Trade and Other Receivables Non Current	1,397	1,415	1,415	0	1,415
PFI Deferred Non Current Asset	0	4,634	4,634	0	4,634
TOTAL NON CURRENT ASSETS	**528,814**	**507,303**	**507,674**	**(371)**	**498,660**
CURRENT ASSETS					
Inventories	8,347	9,060	8,854	206	8,347
Trade and Other Receivables	48,913	51,418	41,577	9,842	59,564
Other Current Assets	0	0	0	0	0
Cash and cash equivalents	28,073	29,534	41,733	(12,199)	69,265
TOTAL CURRENT ASSETS	**85,333**	**90,011**	**92,163**	**(2,152)**	**137,176**
Non Current Assets Held for Sale	0	0	0	0	0
TOTAL ASSETS	**614,148**	**597,314**	**599,837**	**(2,522)**	**635,836**
CURRENT LIABLILITES					
Trade & Other Payables	(99,961)	(89,049)	(91,026)	1,977	(114,207)
Liabilities arising from PFIs / Finance Leases	(6,199)	(8,969)	(8,969)	0	(13,462)
Provisions for Liabilities and Charges	(3,374)	(3,139)	(3,194)	54	(4,201)
Other Financial Liabilities	(9,555)	(20,937)	(23,814)	2,877	(10,424)
TOTAL CURRENT LIABILITIES	**(119,089)**	**(122,094)**	**(127,003)**	**4,909**	**(142,294)**
NET CURRENT ASSETS / (LIABILITIES)	**(33,756)**	**(32,083)**	**(34,840)**	**2,757**	**(5,118)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**495,059**	**475,220**	**472,834**	**2,386**	**493,542**
NON CURRENT LIABILITIES	(5,154)	(4,920)	(4,974)	54	
Trade & Other Payables	(287)	(237)	(244)	7	(287)
Other Liabilities	(17,994)	(8,568)	(9,118)	549	(5,470)
Provision for Liabilities and Charges	(1,780)	(1,780)	(1,780)	0	(1,780)
TOTAL NON CURRENT LIABILITIES	**(20,061)**	**(10,586)**	**(11,142)**	**556**	**(7,537)**
TOTAL ASSETS EMPLOYED	**474,998**	**464,634**	**461,692**	**2,943**	**486,005**
FINANCED BY TAXPAYERS EQUITY					
Public Dividend Capital	307,254	305,676	305,676	0	305,676
Retained Earnings	59,782	50,990	48,048	2,943	72,361
Revaluation Reserve	109,197	109,196	109,196	0	109,196
Donated Asset Reserve	0	0	0	0	0
Financial assets at FV through OCI reserve	(1,418)	(1,418)	(1,418)	0	(1,418)
Other Reserves	183	190	190	0	190
TOTAL TAXPAYERS EQUITY	**474,998**	**464,634**	**461,692**	**2,943**	**486,005**

2023/24 Cash Flow as at 30th November 2023

	Nov-23 Plan £'000	Nov-23 Actual £'000	Nov-23 Variance £'000	Nov-23 In Month Movement £'000
OPERATING ACTIVITIES				
Total Operating Surplus/(Deficit) (gross of control total adjustments)	**(2,575)**	**(12,125)**	(9,550)	4,177
Depreciation	21,169	21,283	114	2,702
Fixed Asset Impairments	0	0	0	0
Capital Donation Income	(14,999)	(10,371)	4,628	(1,075)
Interest Paid	(2,364)	(2,367)	(3)	(293)
Dividends Paid	0	(6,226)	(6,226)	0
Release of PFI /Deferred Credit	0	0	0	0
(Increase)/Decrease in Inventories	0	(713)	(713)	(206)
(Increase)/Decrease in Trade Receivables	13,853	7,459	(6,394)	(9,842)
Increase/(Decrease) in Trade Payables	3,096	(14,081)	(17,177)	(14,276)
Increase/(Decrease) in Trade Payables Ann Leave Acc	0	(1,358)	(1,358)	(170)
Increase/(Decrease) in Other liabilities	0	10,512	10,512	(2,877)
Increase/(Decrease) in Provisions	0	(969)	(969)	(54)
Increase/(Decrease) in Provisions Unwind Discount	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITES	**18,180**	**(8,957)**	**(27,136)**	**(21,915)**
CASH FLOWS FROM INVESTING ACTIVITIES				
Interest Received	1,324	2,317	993	217
Payment for Property, Plant and Equipment	(59,529)	(38,861)	20,668	8,981
Payment for Intangible Assets	(2,966)	(301)	2,665	(8)
Receipt of cash donations to purchase capital assets	11,999	10,386	(1,613)	1,103
Proceeds from sales of Tangible Assets	0	1	1	(0)
Proceeds from Disposals	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	**(49,172)**	**(26,458)**	**22,714**	**10,293**
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**(30,992)**	**(35,415)**	**(4,423)**	**(11,621)**
FINANCING				
New Public Dividend Capital Received	(5,202)	0	5,202	0
Capital Element of Finance Lease and PFI	(4,997)	(4,315)	682	(549)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	**(10,199)**	**(4,315)**	**5,884**	**(549)**
INCREASE/(DECREASE) IN CASH	**(41,191)**	**(39,729)**	**1,462**	**(12,171)**
CASH BALANCES				
Opening Balance at 1st April 2023	69,265	69,265	0	0
Closing Balance at 30th November 2023	28,074	29,534	1,460	(12,171)

AUDIT COMMITTEE

TERMS OF REFERENCE

Trust Strategic Aims

Strategic Aim	Associated Strategic Objectives
1. 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.***	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
2. 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.*	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
3. Improve the health of our communities *We will positively contribute to the health and wellbeing of the communities we serve.*	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
4. Effective Collaboration *We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.*	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

Meeting Purpose/Remit	The Audit Committee provides the Board with a means to undertake and obtain independent and objective reviews of financial systems/financial information and help ensure compliance with relevant law, guidance, and codes of conduct. The Audit Committee's role has been enhanced to take a wider view over internal controls across the whole of the Trust's activities.

Responsibilities	**1. Internal Control** The Committee shall review the establishment and maintenance of an effective system of internal control. In particular, the Committee will review: - • The Annual Governance Statement, and the related Head of Internal Audit Opinion, prior to the endorsement of the Annual Accounts by the Trust Board. In order to undertake such a review, the Audit Committee will need to seek assurance from the activities of the Quality Committee (QC), not least to ensure that, between the Audit Committee and the QC, full coverage is achieved. • The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, and the operational effectiveness of such policies and related procedures • The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Protect • The timeliness of the implementation of agreed action plans arising from all audit reports within the purview of the Committee • The policies and procedures for security within the Trust **2. Internal Audit** The Committee shall ensure that there is an effective Internal Audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee and Board. This will be achieved by: - • The consideration of the provision of the Internal Audit service, the audit fee and any questions of resignation and dismissal • The review and approval of the Internal Audit strategy and annual plans, ensuring that these are consistent with the audit needs of the Trust, including the needs of the QC • The review of progress against the agreed Annual Internal Audit Plan • The consideration of the major findings of internal audit reviews and management's response • Ensuring that the quality of the Internal Audit service is maintained and that the service has appropriate standing within the Trust • Ensuring co-ordination between the Internal and External Auditors to optimise audit resources • The review of an Annual Report, provided by the Head of Internal Audit, summarising audit activities during the year • Note: for the purposes of the above section, references to Internal Audit are deemed to include Counter Fraud work

3. External Audit

The Committee shall review the work and findings of the External Auditor and consider the implications of, and management response to, their work. This shall be achieved by: -

- The consideration of the appointment and performance of the External Auditor
- The discussion with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Audit Plan, and ensure co-ordination, as appropriate, with other External Auditors in the local health economy
- Reviewing External Audit reports, including the agreement of the annual audit letter before its submission to the Trust Board, together with the appropriateness of management responses.
- Reviewing and agreeing any additional work beyond the review of the accounts and Annual Report/Annual Quality reports

4. Financial Reporting

The Audit Committee shall review the Annual Accounts before submission to the Board, focusing particularly on: -

- The Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- Changes in, and compliance with, accounting policies and practices
- Unadjusted misstatements in the Annual Accounts
- Major judgmental areas
- Significant adjustments resulting from the audit
- Review and approval of the Value For Money (VFM) statement
- Undertake reviews of single tenders as and where appropriate at each meeting.

The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided to the Board.

5. Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

The Committee should review arrangements by which staff of the Trust may, in confidence, raise concerns about possible improprieties in matters of financial reporting or other matters. The Audit Committee's objective should be to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.

	6. Security Report The Audit Committee shall receive regular reports regarding all aspects of security in the Trust specifically relating to physical security of people, buildings, and property. • Incidents reporting including severity actions and learning. • Role and function of security staff. • Any other security related oversight. **7. Losses and Compensations** The Committee shall approve all Losses and Compensations. The Chair will be informed prior to the meeting of any novel or high value losses and compensations as agreed with the Group Chief Financial Officer (GCFO). **8. Other** The Committee shall review proposed changes to Standing Orders, the Scheme of Reservation and Delegation, and Standing Financial Instructions, and advise the Board accordingly. The Committee shall examine the circumstances associated with each occasion when Standing Orders are waived. Where requested by the Board, the Committee should review the content of the Annual Report/ Quality Account and Accounts and advise the Board on whether, taken as a whole, it is fair, balanced, and understandable and provides the information necessary for stakeholders to assess the Trust's performance and strategy In addition, the Committee will review the work of other Committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. In particular, this should include the Quality Committee and any risk management committees that are established. The Audit Committee Chair will actively consult with and take recommendations from the Chairs of other Committees of the Board for the internal audit programme. Where an internal audit or other audit is undertaken where responsibility crosses with other Committees of the Board the report recommendations and actions will be shared with the respective and appropriate Committees. It may be agreed that those Committees then agree oversight for the governance of the completion of the actions and resulting impact.
Authority & Accountabilities	The Committee is authorised by the Board to investigate any activity within its terms of reference. 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 is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The Committee shall transact all business in accordance with the policy of the Trust on openness and conformity with the principles and values of the Public Services.

	The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01).
Reporting Arrangements	The minutes of Audit Committee meetings shall be formally recorded and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues of significance or that require disclosure to the full Board. The minutes of the Audit Committee meetings will be made available to the Chair of QC and in due course to the Trust Board as an addition to the Trust Board agenda for information. The Chair of the Audit Committee shall provide to the Board an Annual Report of the activities of the Committee.
Membership	The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of not less than three members. The Chair of the Trust Board shall not be a member of the Audit Committee. The Chair of the Audit Committee shall be appointed by the Chair and Non-Executive Directors of the Trust. The Chairs of other Committees of the Board (if not already a member of the Audit Committee) are to be extended an open invitation to attend (excluding Remuneration Committee, Charity Committee, and Innovation Committee) where the Committee Chair is a voting Non-Executive (Associate NEDs being excluded).
Attendance	The Group Chief Financial Officer, Operational Director of Finance and appropriate representatives from Internal and External Audit shall normally attend meetings, and the Audit Committee can require the attendance of any officer of the Trust relevant to the discussion of a specific issue. The Group Chief Executive should be invited to attend and should discuss at least annually with the Audit Committee the process for assurance that supports the Annual Governance Statement. He or she should also attend when the Committee considers the draft Internal Audit Plan and the Annual Accounts. All other Executive Directors may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Director. The Group Company Secretary will attend as required to ensure that the Committee business is transacted as per the Terms of Reference and the Trust's Standing Orders.

Chair	NED Chair
Quorum	A quorum shall be two Non-Executive members
Administrative Report	Group Chief Financial Officer and Deputy Chief Executive EA, and Deputy Chief Financial Officer PA
Annual Workplan	The Audit Committee will agree an Annual Workplan and cycle of business prior to the beginning of each financial year. The reporting cycle will then form part of the agenda alongside the standing agenda items.
Frequency of Meetings	Meetings shall be held not less than four times a year. The External Auditor or Head of Internal Audit may request a meeting if either considers that one is necessary. At least annually the members of the Committee will meet with the Trusts' Auditors without any other Committee attendees being present.
Papers Publication	All papers will be published using the iBabs Board paper sharing system. A progress report of outstanding/pending Internal Audit actions will be presented to each meeting of the committee by Internal Audit. Actions relating to the meeting of the committee will be presented and updated at each meeting of the committee and will be administered by the GCFO EA who will mark as completed and closed once confirmed by the Audit Committee All Internal Audit Report recommendations/actions whether rated low, medium or high will be allocated, tracked, updated, and reported using iBabs administrated by the GCFO EA. Each allocated Internal Audit action is the responsibility of the identified manager to update, report against and declare as "done".
Standards	NHSI Code of Governance NHSI Risk Assessment Framework NHSI Annual Planning Guidance The Health NHS Board – Principles of Good Governance Corporate Governance – Principles of Public Life (GP01) Guidance on Audit Committees – FRC (September 2012) NHS Audit Committee Handbook
Standard Agenda	Agendas will be built around the annual Committee workplan, and most of the following will appear on each agenda, while some will appear only once or twice each year: Declarations of interest, minutes of previous meeting, Action list, Security report, Counter Fraud report, Internal Audit reports, External Audit Plan and progress reports, Annual Audit letter, External Auditor's report to those charged with Governance, Losses and Compensations, Breaches of SO/SFI, Recommendation Tracker, Annual Report/Quality Account, Annual Governance Statement, Internal Audit Strategy and Annual Plan, review of SO/SFIs, self-assessment of the Committee's effectiveness, review of the Committee's Terms of reference, Annual Report of Audit Committee.

Subgroups	As instigated or identified by the Committee
Date Approved	December 2023
Date Review	December 2024

The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting to be held in Public on 13th February 2024

Title of Report	Quality Committee	Enc No: 8.7
Author:	Louise Toner	
Presenter:	Louise Toner	
Date(s) of Committee/Group Meetings since last Board meeting:	24th January	

Action Required of Committee/Group			
Decision	**Approval**	**Discussion**	**Received/Noted/For Information**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☒No☐
Recommendations: The Board is asked to note the contents of the report.			

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	There were no changes to the BAF Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable): One Risk was downgraded from Red (15) to Amber (12) – Mental Capacity and Deprivation of Liberty (DOLS) Assessment		
Compliance and/or Lead Requirements	CQC	Yes☐No☐	Details: Contribution to the Trusts compliance with CQC standards
	NHSE	Yes☐No☐	Details: : Contribution to the Trusts compliance with NHS Oversite Framework Requirements
	Health & Safety	Yes☐No☐	Details: : Contribution to the Trusts compliance with Health and safety Standards
	Legal	Yes☐No☐	Details: : Contribution to the Trusts compliance with legal frameworks
	NHS Constitution	Yes☐No☐	Details: : Contribution to the
	Other	Yes☐No☐	Details: N/A

Summary of Key Issues:
See Section below Alert, Advise and Assure

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Report Journey/ follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes☐No☒	Date: N/A
	Board Committee	Yes☐No☒	Date: N/A
	Board of Directors	Yes☐No☒	Date N/A
	Other	Yes☐No☒	Date: N/A
Any Changes to Workplan to be noted	Yes☐No☒		Date: N/A

EXCEPTION REPORT FROM QUALITY COMMITTEE CHAIR

ALERT

The Trust remains in Tier 2 scrutiny in respect of our cancer performance, and in particular, compliance with the 62-day combined standard which will not be achieved by the end of March 2024.

Action Plans in place across Radiology to address noncompliance of risk assessment review adherence.

The Trust needs to establish an Estates Premises Assurance Group to provide assurance to the HSSG

Following a first and second National Patient Safety Alert regarding the use of Valproate the Trust needs to ensure its compliance with these alerts.

ADVISE

The Committee received, discussed and supported the Black Country Proposals for Neonatal leadership and management.

Following the introduction of a urology pathway across the Royal Wolverhampton and Walsall Healthcare NHS Trusts a quality review was undertaken and a report compiled that was discussed by the committee.

The Trust is on target to meet the 28-day faster cancer diagnosis and the 62-day traditional backlog standard by the end of March 2024.

C Difficile numbers remain above trajectory and a focused visit by the ICS took place on the 11th of January - initial feedback did not raise any concerns – report awaited.

The Trust achieved the Pressure Ulcer related CQUIN, however, the Leg Ulcer CQUIN was not met. An action plan is in place, and it was confirmed that there is no financial impact for the Trust.

Reviews are taking place in respect of nursing documentation and the Clinical Accreditation Programme.

ASSURE

The Trust has achieved all the CNST year 5 requirements with the supported evidence submitted as required.

The Adult Safeguarding Team is up to full establishment.

MATTERS FOR THE BOARD's ATTENTION

The Board is asked to note that the Quality Committee, in line with Trust Board agreement, approved the Trust CNST Submission to be "signed off" by the Chief Executive Officer to meet the deadlines required for the submission.

The Trust remains in Tier 2 scrutiny as a result of its Cancer performance

Medicines management compliance remains challenging in respect of safe and secure medicines storage and medicines administration.

Following the development of a Urology pathway across RWT and WHT a paper has been produced reviewing the pathway to date.

Discussion took place regarding the Right Care Right Person changes and the impact for ED attendances and other mental health services.

A Comprehensive and informative report was presented on the work being undertaken with regards to Health Inequalities. It was agreed that this would be an appropriate and useful topic for discussion at a Board development session.

ACTIVITY SUMMARY

Presentations/Reports of note received including those Approved

The committee received the following papers:
Cancer Overview Report
Board Assurance Framework
Trust Risk Register
Chief Nursing Officers Report
Integrated Quality and Performance Report
Continuous Quality Improvement Report

Quality and Safety Advisory Group Report CQC Compliance Report Health and Safety Assurance Report External Reviews Registry Report Health Inequalities Report Maternity Services Report Learning from Deaths Report Black Country Neonatal Model Proposal Urology Review Report
Matters presented for information or noting Whilst the Trust is achieving the 28-day faster diagnosis and the traditional backlog it is failing to meet the 62-day combined target and is not on target to achieve this by the end of March 2024. There are particular challenges with urology, gynaecology and dermatology in addition to continued delays in histopathology and other diagnostics, particularly non-medical ultrasound. Mutual aid is operational where available as is outsourcing. The number of patients referred were 14% higher than the same period in 2022. The ICE system now enables the identification of specimens associated with 62 day wait patients. Smoking at the time of delivery remains below target despite actions in place. Increased numbers of patients attending ED by ambulance and as “walk ins” – reflective of previous years during the winter months.
Chair’s comments on the effectiveness of the meeting: Prior to the meeting the time was extended to ensure appropriate discussions of all the papers presented. Overall good discussion.

Chairs Summary Log for Quality Committee, date of Log 24/01/2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Tier 2 scrutiny remains • Histopathology and other diagnostics remain challenging • Compliance issues with medicines management • Compliance re National Alerts re Valproate • **Compliance re Radiology Risk assessment review adherence** • **Estates Premises Assurance Group needs to be established to provide assurances to the HSSG**	
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• CNST submission provides evidence of achieving the required standards. • Adult safeguarding team up to establishment.	• Support given to the Black Country Neonatal Network Proposals. • Health Inequalities to be considered for a future Board development session.

The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting – to be held in Public On 13th February 2024		
Title of Report:	Chief Nursing Officer Report.	Enc No: 8.8
Author:	Martina Morris and Catherine Wilson, Deputy Chief Nursing Officers	
Presenter/Exec Lead:	Debra Hickman, Chief Nursing Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☒No☐
Recommendations: • The Board is asked to note the contents of the report and receive it for discussion and assurance.			

Implications of the Paper:			
Risk Register Risk	Chief Nursing Officer (CNO) risks on the risk register: Yes ☒ No ☐ **Risk Description:** Mental Capacity and Deprivation of Liberty Safeguards (DoLS) Assessments. On Risk Register: Yes☒No☐ Risk Score (if applicable): 12 (Medium Risk) **Risk Description:** Non-compliance with Bacillus Calmette-Guerin vaccine (BCG) vaccine / Severe Combined Immunodeficient Syndrome (SCID) service provision. On Risk Register: Yes☒No☐ Risk Score (if applicable): 12 (Significant Risk)		
Changes to BAF Risk(s) & TRR Risk(s) agreed	N/A		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Contribution to the Trust's compliance with CQC fundamental standards.
	NHSE	Yes☒No☐	Details: Contribution to the Trust's compliance with NHS Oversight Framework requirements.
	Health & Safety	Yes☒No☐	Details: Contribution to the Trust's compliance with Health and Safety standards.
	Legal	Yes☒No☐	Details: Contribution to the Trust's compliance with legal framework such as complaints regulation.
	NHS Constitution	Yes☒No☐	Details: Contribution to the NHS Constitution principles.
	Other	Yes☐No☒	Details: N/A

CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective:** care, treatment and support achieve good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **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	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate. **Please provide an example/demonstration:** No adverse impact is anticipated as a result of the points articulated in this report.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: Trust Management Committee - 26/01/2024
	Board Committee	Yes☒No☐	Date: Quality Committee - 24/01/2024
	Board of Directors	Yes☐No☒	Date: N/A
	Other	Yes☐No☒	Date: N/A

Summary of Key Issues using Assure, Advise and Alert

Assure

- The overall position with regards to registered and non-registered Nursing and Midwifery staff vacancies remains positive, which continues to be reflected in Care Hours Per Patient Day.
- The adult safeguarding team are now fully established, following the successful recruitment into key posts.
- The Trust's *Pseudomonas aeruginosa* bacteraemia externally agreed target has not been exceeded.
- The Trust saw a reduction in complaints when compared to the previous two-month period, and there were no complaints accepted for formal investigation by the Parliamentary and Health Service Ombudsman in October and November 2023.
- The Trust won three national awards in relation to volunteering.

Advise

- The Nursing Quality Dashboard has been reviewed and updated, to ensure it is current and includes all relevant metrics and clinical areas.
- In terms of Q3's performance against the CQUIN 12 - pressure ulcer assessment and documented assessment of risk (inpatients), the Trust's achievement was just above the ambition target. However, the target associated with the leg ulcer CQUIN was not met, despite a small improvement when compared with the previous quarter. Remedial actions are in progress to improve our position.
- The registered Nurse and Midwife sickness has increased, which correlates with the seasonal increase often seen during winter months.
- The contents of the Band 5 Nurse and Midwife development days has been finalised, with the development sessions commencing in February 2024.
- A review of nursing documentation is underway to ensure it is fit for purpose, Electronic Patient Record (EPR) ready and in line with recent National nursing documentation review recommendations.

- The Clinical Accreditation Programme is being reviewed as we approach the end of phase 1 of the programme.
- The Trust is above the external target for *Escherichia coli* and Klebsiella bacteraemia.
- Infection Prevention and Control related mandatory training was slightly below the target in December 2023.

Alert

- The Trust remains over the trajectory with regards to the c*lostridioides difficile* (c-diff) numbers, with ongoing improvements in progress. An Integrated Care System led visit focusing on c-diff pathways was conducted on Thursday 11th January 2024. No immediate safety concerns were raised, and a formal feedback letter and recommendations are awaited.
- The ambition related to the inpatient recommendation rate as part of the Friends and Family Test has not been achieved.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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 well-being • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

The Royal Wolverhampton NHS Trust

Chief Nursing Officer Report.

EXECUTIVE SUMMARY

This report provides an overview of December's position with regards to key Nursing and Midwifery recruitment and retention activities and Nurse Sensitive Indicators (NSIs). In addition, it provides updates pertaining to wider quality initiatives.

The report demonstrates our ongoing commitment to growing and sustaining the Nursing and Midwifery workforce, with a positive vacancy position. There are actions and overarching improvement plans in place to continue further improving our position with regards to, for example, key workforce indicators, pressure ulcers and moisture associated skin damage, falls, observations being completed on time, infection prevention and control indicators and complaints.

BACKGROUND INFORMATION

NURSING QUALITY DATA

The Nursing Quality Dashboard (Appendix 1) provides an 'at a glance' view of ward/department/service performance with regards to workforce, quality and safety. Other nursing quality and safety data can be viewed on the Integrated Quality and Performance Report (IQPR). During the month of December, the Nursing Quality Dashboard was reviewed and updated, to ensure it is current and includes all relevant metrics and clinical areas.

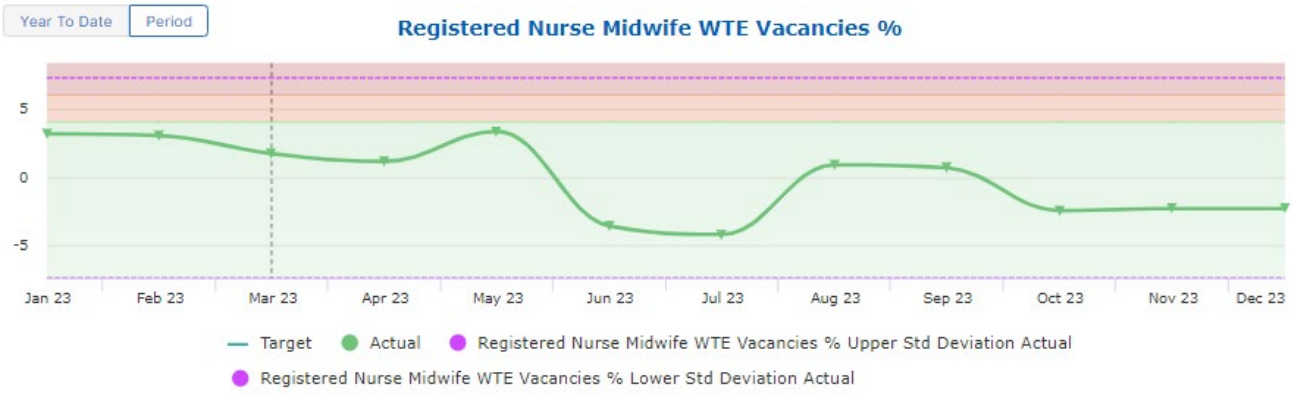
Executive Level Nursing Quality Dashboard

Based on data analysis in the latest Executive Nursing Dashboard, either issue specific actions are being taken or overarching action plans are in place for those areas noted as outliers. Key outlier indicators include combined sickness rate, pressure ulcers and moisture associated skin damage, observations being completed on time, falls, c*lostridioides difficile*, complaints and cardiac arrests. Indicators with a positive position include, Care Hours Per Patient Day (CHPPD), registered and unregistered staff vacancies and Friends and Family Test – recommended rate.

Workforce

Vacancies and Recruitment – December 2023 position	Registered Nursing and Midwifery staff	Unregistered Nursing and Midwifery staff
The latest number of vacancies	-41.88 WTE This position is in part due to a temporary hiatus of newly qualified Nurses and Clinical Nurse Fellows requiring placement allocation at the same time. During the month of December, a pause on further adverts for non-specialist posts / areas provided opportunity for operational teams to review vacancy positions in readiness for student outturns in March 2024.	9.71 WTE
Latest vacancy %	-2.3%	1.43%
Recruitment pipeline	43.0 WTE and from this number, 9.0 WTE have start dates.	43.0 WTE and from this number, 20.0 WTE have start dates.
Maternity leave (registered nurses and midwives)	4.63% and this equates to 180.3 WTE.	Included within the overall workforce data set reported separately.
Combined sickness (registered nurses and midwives)	7.2% and this equates to 280.0 WTE reflecting short term winter illnesses.	Included within the overall workforce data set reported separately.

Overall, Nursing and Midwifery vacancies and associated CHPPD remain in a stable position. Please see the graph below for a vacancy trend over time and IQPR for more information on CHPPD.



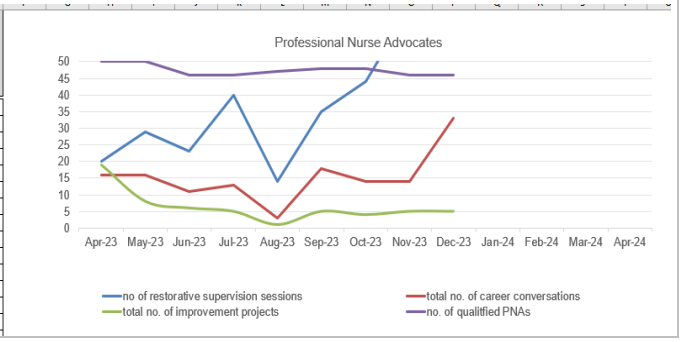
Scrutiny of roster metrics continues and oversight of the data is maintained at the Nursing, Midwifery & Allied Health Professional Workforce Oversight Group chaired by the Director of Operational Human Resources and Organisational Development and the Chief Nursing Officer.

Education

Key updates for Nursing and Midwifery education and staff development include:

- The overall compliance for the Standards for Student Supervision and Assessment (SSSA) was 75% in December 2023.
- Health roster continues to be embedded for all student Nurses.
- The new preceptorship programme is being launched in January 2024, which incorporates an initial introduction to preceptorship.
- Mandated Band 5 Nurse and Midwife development days are commencing in February 2024, encompassing the quality agenda, communication, civility and respect and patient experience.
- In terms of the priority educational topics, the NEWS2 training compliance is currently at 96.7%; the registered Nurse/Midwife and Healthcare Support Worker induction compliance is at 93% and My Focus training compliance for registered nursing staff is at 80%.
- The Care Certificate compliance is currently at 93% for substantive staff, 100% for bank staff and 91% for staff who have requested professional development.
- The Placement Quality Tool is currently being piloted using an electronic form, across all student health disciplines. This tool has been developed by the Education team, which aims to assess the quality of student placements and experience.
- The table and graphs below, provide the latest position update pertaining to Professional Nurse Advocates (PNAs). 15 individuals are currently undertaking the programme, with 10 awaiting allocation from NHSE.

	Total number of registered nursing staff (patient facing) with a PNA qualification (headcount)	Total number of restorative supervision sessions conducted by a PNA (total in month)	Total number of career conversations delivered by a PNA (total in month)	Total number of improvement projects/programmes supported by PNAs (rolling total)
Apr-23	50	20	16	19
May-23	50	29	16	8
Jun-23	46	23	11	6
Jul-23	46	40	13	5
Aug-23	47	14	3	1
Sep-23	48	35	18	5
Oct-23	48	44	14	4
Nov-23	46	66	14	5
Dec-23	46	77	33	5
Jan-24				
Feb-24				
Mar-24				
Apr-24				
May-24				



	Div 1	Div 2	Div 3	Corporate	Total
Completed	14	19	14	6	**53**
On programme	1	2	1	0	**4**
Withdrawn	5	5	11	3	**24**
Total	**20**	**26**	**26**	**9**	**57**

Excellence in care

Falls
Please see information contained within the latest IQPR demonstrating an increase when compared with the previous month's position (November=103 and December=108). Oversight of the falls data and improvement activities is maintained via the joint Falls Steering Group and in line with the overarching improvement plan, which is updated monthly.

Pressure ulcers (PUs) and moisture associated skin damage (MASD)
Please see information contained within the latest IQPR, which demonstrates a slight increase in PUs and a reduction in MASD when compared with the previous month's position (PUs: November=34 and December=39; MASD: November=63 and December=61).

An implementation plan for the new national PU guidance/framework has been developed with the aim of all actions being completed by the end of March 2024.

In terms of Q3's performance against the CQUIN 12 - pressure ulcer assessment and documented assessment of risk (inpatients), the Trust's achievement was just above the target at 85.01%. This demonstrates a 5% improvement when compared with the previous quarter and is within the CQUIN ambition of 85%. Key areas for further improvement include correct completion of Purpose T as per the requirement; consistent completion of correct pathway care plans and completion of wound assessment and relevant care plans for patients deemed as 'red' risk.

In relation to the leg ulcer CQUIN, the overall achievement was at 32% in Q3, which illustrates a small improvement when compared with the previous quarter. However, it does not meet the ambition of 50%. Key areas for further improvement include wound assessments being completed every 28 days; ankle circumference measurement being recorded in the care plan; vascular (VAL) assessment being completed prior to compression application; assessment of ankle motility and lower limb assessment being completed as required. As part of the current nursing documentation review, additional prompts for completion of all relevant criteria factors have been included in the new version, and compliance will be monitored.

Ongoing oversight of tissue viability matters is maintained via the joint Tissue Viability Steering Group, including targeted quality improvement work, which is in line with the wound prevention and healing ambition plan.

Patient Observations
Please see information contained within the latest IQPR, which demonstrates a slight deterioration on the previous month, with the overall compliance of 87.8% (November=88.5%). Clinical areas with challenged performance continue to be supported with their improvement actions and this includes focus on reducing inappropriate application of NEWS2 Scale 2.

Malnutrition Universal Screening Tool (MUST) completion
The overall MUST assessment completion and re-assessment performance was 65.3% in December when compared with 67.5% reported in November 2023. The Nursing Quality team continue to support focussed improvement work on MUST assessments, meal service and catering.

Wider quality activities

- Nursing documentation is currently being reviewed to ensure it is fit for purpose, Electronic Patient Record (EPR) ready and in line with recent National nursing documentation review recommendations.
- A shared decision-making council for medication safety is in place, progressing a variety of actions. Key activities in progress include, for example, review of medication audit questions; review of competencies; development of pocket guides pertaining to medicines management and a critical medication project within the Emergency Department.
- The Eat, Drink, Dress, Move to Improve initiative was launched on 23rd of November 2023 and continues to be embedded.
- Specialist area audits have been developed, for example, within Paediatrics, Neonates, Maternity and Emergency Department. The overall approach to nursing and midwifery audits will be reviewed once the nursing documentation review has been completed. The governance team continue to pursue a new audit system, with the aim of launching it by the new financial year.
- The Clinical Accreditation programme continues, with 59 visits completed across The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) to date. Please see table below for more details pertaining to RWT. A formal evaluation of the programme is currently in progress.

Clinical Accreditation RWT		
Date	**Ward/Dept/ Unit**	**Accreditation Level Awarded**
5/4/2023	A7	Working Towards Accreditation
14/4/2023	A8	Ruby
21/4/2023	C14	Emerald
28/4/2023	C26	Emerald
3/5/2023	C18	Emerald
19/5/2023	Fairoak	Emerald
31/5/2023	C39	Ruby
2/6/2023	Amu	Emerald
2/6/2023	AMU	Emerald
7/6/2023	Deansley (C35)	Working Towards Accreditation
16/6/2023	D7	Ruby
23/06/2023	C19	Ruby
30/06/2023	CHU	Working Towards Accreditation
5/7/2023	C22	Working Towards Accreditation
14/7/2023	C24	Working Towards Accreditation
21/7/2023	A7	Ruby
2/8/2023	A8	Working Towards Accreditation
18/8/2023	Ward 2 WP	Emerald
30/8/2023	Deansley (C35)	Awaiting outcome
6/9/2023	NRU	Sapphire
8/9/2023	C15	Ruby
15/9/2023	C16	Awaiting outcome
22/9/2023	C21	Emerald
4/10/2023	C25	Ruby
13/10/2023	C17	Working Towards Accreditation
20/10/2023	C39	Working Towards Accreditation
17/11/2023	C19	Awaiting outcome
24/11/2023	D7	Awaiting outcome
29/11/2023	C22	Awaiting outcome
8/12/2023	C24	Awaiting outcome
15/12/2023	A8	Awaiting Outcome

Patient Experience

Latest updates for patient experience are contained in the Patient Experience report and IQPR made available to Trust Board separately, via the reading room.

Maternity

Latest updates for maternity services are contained in the Maternity Service report and IQPR presented to Trust Board separately.

Adult and Children Safeguarding

Key updates for adult and children safeguarding are as follows:

- The adult safeguarding team are now fully established, following the successful recruitment into key posts.
- The number of Deprivation of Liberty Safeguards (DoLS) applications reduced slightly from 54 submitted in November to 50 in December 2023. The safeguarding adult team will continue to support individual wards to embed required improvements and ensure that DoLS applications are submitted as necessary. In addition, the Mental Capacity Act policy is being updated and will be

presented at the Policy Group in March 2024. A Trust wide MCA/DoLS audit will be repeated in June 2024.
- The number of cases being discussed at Multi Agency Risk Assessment Conferences (MARACs) has remained elevated over the past 2 months. There is now partnership focus on reviewing the process associated with domestic violence case management.
- Safeguarding training compliance reduced slightly in December 2023. Staff who are non-compliant, will be contacted by the safeguarding team to encourage completion.

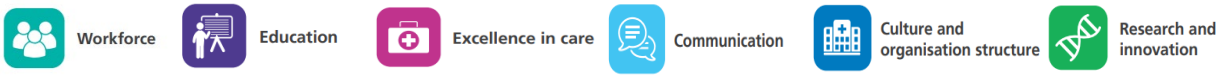
Infection Prevention and Control (IPC)

Latest updates for Infection Prevention and Control services are contained in the Infection Prevention and Control Service report and IQPR made available to Trust Board separately, via the reading room.

A Trust Oversight Group regards potential measles outbreak has been established to ensure:
- Patient pathways
- PPE Requirements
- Staff immunisation
- Patient immunisation and treatments
- Contact tracing

Trust Risk Assessment is being developed based on current intelligence and guidance.

The Quality Framework (QF)



Individual specialty plans continue to be progressed and Q3 reporting is currently in progress. A summary position form Q3 will be provided in the next CNO report.

Research and innovation

Further to the successful, nurse led, home-grown NHSE funded Professional Nurse Advocate (PNA) study, Dr Analisa Smythe and Dr Wendy Walker have been awarded funding for further research. The study, a secondary analysis, will investigate personal and professional impacts of becoming and being a PNA. The research commenced in December 2023 and will be completed by the end of March 2024.

Dr Walker has had two abstracts accepted for presentation at the Palliative Congress, which is taking place on 21 – 22 March 2024. A paper reporting our innovative approach to analysing informal bereaved family feedback about the experiences of end-of-life care at RWT has been accepted for publication in the British Journal of Nursing. Jenny Jones (Bereavement Nurse) and Melanie Astley (Palliative Care Nurse) are co-authors.

Digital

The Electronic Medical Record (EMR) programme is advancing steadily, with key updates as follows:
- The process of raising purchase orders for system suppliers is underway and the programme is progressing as planned.
- The Emergency Department and Theatres have been prioritised for the initial replacement of the Patient Administration System (PAS).
- The review of existing processes in Outpatients and Community is progressing. The process review within inpatient services has not commenced yet.
- Initial engagement meetings with Divisions 1, 2, and 3 have been conducted.

- There are ongoing efforts to appoint into various roles critical to the programme. However, some have been impacted by the current recruitment pause. Alternative strategies are being explored to mitigate the impact of the recruitment pause, ensuring that the project continues to move forward without significant delays.

RECOMMENDATIONS

Trust Board is recommended to:

- Note the wide breath of activities in place to drive positive patient experience and quality of care and recruitment and retention of the Nursing and Midwifery staff.

Any Cross-References to Reading Room Information/Enclosures:

Please refer to the following detailed reports for more information:

1. Maternity Services Report
2. Infection Prevention and Control Report
3. Patient Experience Report
4. Integrated Quality and Performance Report

The Royal Wolverhampton NHS Trust

Appendix 1

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.

(Updated and downloaded on 15 January 2023)

NB: Due to a technical issue, the data set pertaining to missed critical medication doses is currently unavailable. The data will be provided in the next CNO report.

December-2023

		Nursing Workforce									Patient Voice		Pressure Ulcer			Falls	Deteriorating Patient		Infection Prevention	Medication
		Budget WTE	CHPPD (Care Hours Per Patient Day)	Mandatory Training %	Registered Nurse and Midwife Combined sickness %	Registered Nurse and Midwife Maternity leave %	Registered Nurse Midwife WTE Vacancies %	Registered Nurse Midwife WTE Vacancies (Number)	Unregistered Staff WTE Vacancies %	Unregistered Staff WTE Vacancies (Number)	FFT Would Recommend %	Number of Formal Complaints	Number of Category 3 Pressure Ulcers	Number of Category 4 Pressure Ulcers	Number of Moisture Associated Skin Damage	Number of patient falls with harm	% of Patient Observations Taken On Time	Number of Cardiac Arrests	Number of C-Diff Infection Cases	Number of Missed Critical Medication Doses
Royal Wolverhampton NHS Trust	This Period	3,895.24	8.2	93.6	7.20	4.63	-2.30	-41.88	1.43	9.71	84	35	5	2	61	19	87.8%	23	3	
	Previous Period	3,886.51	8.1	92.9	6.72	4.29	-2.29	-37.57	1.03	7.61	85	36	1	1	71	23	88.4%	15	8	3.21%

		Nursing Workforce									Patient Voice		Pressure Ulcer			Falls	Deteriorating Patient		Infection Prevention	Medication
		Budget WTE	CHPPD (Care Hours Per Patient Day)	Mandatory Training %	Registered Nurse and Midwife Combined sickness %	Registered Nurse and Midwife Maternity leave %	Registered Nurse Midwife WTE Vacancies %	Registered Nurse Midwife WTE Vacancies (Number)	Unregistered Staff WTE Vacancies %	Unregistered Staff WTE Vacancies (Number)	FFT Would Recommend %	Number of Formal Complaints	Number of Category 3 Pressure Ulcers	Number of Category 4 Pressure Ulcers	Number of Moisture Associated Skin Damage	Number of patient falls with harm	% of Patient Observations Taken On Time	Number of Cardiac Arrests	Number of C-Diff Infection Cases	Number of Missed Critical Medication Doses
Division 1 (Surgical)	This Period	1,181.98	10.5	92.5	7.99	4.58	-4.03	-69.53	-1.84	4.54	97	12	1	0	24	3	87.0%	15	0	
B14 Cardiology ward	This Period	69.62	7.9	95.6	6.76	2.77	1.07	0.56	6.47	1.12	88	0	0	0	0	0	95.6%	5	0	~
B15 Cath Labs and Day Ward	This Period	30.24	~	93.4	3.46	6.27	-6.86	-1.67	11.49	0.67	95	0	0	0	0	0		5	0	
B8 Cardiothoracic ward	This Period	43.21	8.0	93.7	1.81	7.10	-20.27	-7.20	-11.43	-0.88	87	0	0	0	4	1	91.7%	1	0	
ICCU	This Period	204.01	27.4	95.5	6.99	2.76	-0.02	-0.03	5.23	1.21	~	0	0	0	12	0	~		0	
A12 General Surgery	This Period	35.11	6.8	94.1	14.94	8.79	-3.24	-0.72	19.34	2.50	77	0	0	0	4	0	87.7%		0	
A14 General Surgery	This Period	35.23	6.9	95.1	2.73	5.11	-12.25	-2.73	10.66	1.38	80	0	0	0	0	0	89.3%		0	
D7 ward	This Period	40.62	7.8	96.3	25.13	3.96	-14.28	-3.82	7.75	1.08		0	0	0	0	0	85.3%		0	
SEU	This Period	80.50	8.7	94.2	7.63	4.18	-5.70	-2.89	10.64	3.18	80	0	0	0	0	0	88.0%	1	0	
B7 Head and Neck	This Period	43.27	11.1	92.8	6.35	4.39	-10.44	-3.16	6.42	0.83	88	0	0	0	1	0	77.8%	2	0	
Community Neonatal Unit	This Period	4.82		88.4	11.54	15.79	39.81	1.72	-140.00	-0.70									0	~
Neonatal Unit	This Period		27.2	89.0								0	0	0	0	0	~		0	~
Specialist Nurses - Neonates	This Period	6.10		88.6	2.12	0.00	0.33	0.02	0.00	0.00									0	~
Transitional Care	This Period	20.49	~	88.1	4.88	6.68	43.78	6.40	-4.76	-0.28	67	0	0	0	0	0	~		0	~
D1 Antenatal OPD	This Period	26.95		84.76	16.16	0.00	0.00	-6.57	0.00	1.66		1	0	0	0	0			0.00	~
D10 Maternity Ward	This Period	44.15	7.9	84.7	5.73	4.74	-47.80	-14.01	-47.98	-7.12	71	1	0	0	0	0	~		0	~
Delivery Suite inc MIU & MTU	This Period	90.09	~	91.1	4.43	6.68	-9.35	-6.73	11.99	2.16	83	0	0	0	0	0	~		0	~
Midwifery Led Unit	This Period	21.31		92.48	2.61	4.62	0.00	2.44	0.00	-2.00	100.00	0							0.00	~
Hilton main CCH	This Period	46.70	7.9	94.1	7.94	6.29	7.76	2.44	-3.66	-0.56	90	0	0	0	0	0	87.6%		0	
A5 T & O ward	This Period	40.77	6.9	94.7	3.64	3.10	-12.60	-2.87	12.89	2.32	56	0	1	0	2	0	81.0%		0	
A6 T & O ward	This Period	40.73	7.0	90.2	5.38	3.81	-3.77	-0.86	-1.85	-0.33	82	0	0	0	1	1	78.8%	1	0	
Theatres	This Period	258.06	~	93.8	8.33	2.99	-21.85	-29.85	-1.40	-1.70	~	0	0	0	0	0	~		0	~

NHS
The Royal Wolverhampton
NHS Trust

		Nursing Workforce									Patient Voice		Pressure Ulcer			Falls	Deteriorating Patient		Infection Prevention	Medication
		Budget WTE	CHPPD (Care Hours Per Patient Day)	Mandatory Training %	Registered Nurse and Midwife Combined sickness %	Registered Nurse and Midwife Maternity leave %	Registered Nurse Midwife WTE Vacancies %	Registered Nurse Midwife WTE Vacancies (Number)	Unregistered Staff WTE Vacancies %	Unregistered Staff WTE Vacancies (Number)	FFT Would Recommend %	Number of Formal Complaints	Number of Category 3 Pressure Ulcers	Number of Category 4 Pressure Ulcers	Number of Moisture Associated Skin Damage	Number of patient falls with harm	% of Patient Observations Taken On Time	Number of Cardiac Arrests	Number of C-Diff Infection Cases	Number of Missed Critical Medication Doses
Division 2 (EMS)	This Period	639.64	6.4	93.1	6.81	4.71	1.90	3.70	0.16	8.46	91	20	0	1	16	14	88.8%	8	3	
AMU	This Period	89.29	7.9		6.54	6.80	7.12	3.95	5.22	1.76	83	1	0	0	0	1	80.4%	1	0	
C15 Diabetes	This Period	32.10	6.4	93.7	7.57	1.31	-5.76	-1.11	31.06	4.01	60	2	0	0	0	2	89.2%		0	
C16 Diabetes	This Period	37.20	5.5	91.6	6.63	0.00	-24.83	-5.41	20.95	3.23	75	0	0	0	1	0	91.5%	2	0	
C17	This Period	23.20	6.5	97.0	6.08	4.08	0.00	-4.95	0.00	3.66	86	0	0	0	1	0	92.7%		1	
ED	This Period	154.71	~	91.0	4.08	4.17	2.00	2.32	-17.86	-6.90	70	10	0	0	0	3	~		0	~
A7 Gastroenterology	This Period	40.28		95.5	4.98	2.74	7.19	1.79	18.39	2.84		0	0	0	0	0	93.4%		0	
A8 Gastroenterology	This Period	40.28	4.5	97.8	6.13	9.53	-7.14	-1.77	21.76	3.36	75	0	0	0	0	0	93.9%		0	
Clinical Haematology Unit	This Period	43.30	6.6	92.1	2.33	9.11	4.97	1.44	21.59	3.09	86	0	0	0	1	0	84.6%		0	
C39 ward	This Period	0.00	6.6		21.36	0.00	0.00	0.00	0.00	0.00	100	1	0	0	0	1	0.0%		0	~
Fairoak	This Period	32.00	5.0	90.9	6.95	0.00	-3.73	-0.62	12.99	2.00	100	0	0	1	1	0	90.8%		1	
C18 Elderly Care	This Period	37.24	7.8		9.37	2.60	13.15	2.87	1.21	0.19	100	0	0	0	0	0	92.4%		0	
C19 Elderly Care	This Period	37.20	7.0	95.8	12.46	3.76	-1.22	-0.27	-7.84	-1.21	100	0	0	0	1	0	90.0%		0	
C35 Deansley Ward	This Period	29.00	7.5	94.6	3.78	5.79	2.01	0.39	-13.20	-1.29	100	0	0	0	0	0	84.6%		0	
Durnall	This Period	22.22	~	94.4	9.70	1.37	7.72	1.41	-35.67	-1.43	93	2	0	0	0	0	94.7%		0	~
C22 Renal	This Period	27.10	5.6	94.4	8.11	4.10	-13.50	-2.16	-13.51	-1.50	67	1	0	0	1	0	89.1%	1	0	
C24 Renal Ward	This Period	34.54	5.0	94.9	14.91	8.27	5.56	1.27	11.53	1.35	100	0	0	0	2	0	87.7%	2	0	
C25 Renal Ward	This Period	34.54	5.1	90.4	3.47	12.24	11.55	2.63	7.44	0.87	71	1	0	0	2	3	89.6%	1	0	
C14 Respiratory	This Period	34.70	6.4	87.7	10.55	0.00	13.30	3.06	-19.20	-2.25	100	0	0	0	1	2	86.6%		1	
C26 Respiratory	This Period	45.45	7.7	93.4	5.95	3.97	-8.52	-2.88	-39.49	-4.62	100	0	0	0	3	2	85.4%		0	
C21 Acute Stroke Unit	This Period	61.69	7.1	94.0	11.33	0.59	4.56	1.75	5.58	1.30	100	0	0	0	1	0	91.0%	1	0	

The Royal Wolverhampton NHS Trust

		Nursing Workforce									Patient Voice		Pressure Ulcer			Falls	Deteriorating Patient		Infection Prevention	Medication
		Budget WTE	CHPPD (Care Hours Per Patient Day)	Mandatory Training %	Registered Nurse and Midwife Combined sickness %	Registered Nurse and Midwife Maternity leave %	Registered Nurse Midwife WTE Vacancies %	Registered Nurse Midwife WTE Vacancies (Number)	Unregistered Staff WTE Vacancies %	Unregistered Staff WTE Vacancies (Number)	FFT Would Recommend %	Number of Formal Complaints	Number of Category 3 Pressure Ulcers	Number of Category 4 Pressure Ulcers	Number of Moisture Associated Skin Damage	Number of patient falls with harm	% of Patient Observations Taken On Time	Number of Cardiac Arrests	Number of C-Diff Infection Cases	Number of Missed Critical Medication Doses
Division 3 (CCSS)	This Period	618.86	7.4	96.4	5.96	2.63	-5.85	9.78	-25.00	-6.99	100	2	4	1	21	2	79.8%		0	
Community Children's Nursing Team - Generic Team	This Period	30.01	~	99.3	8.94	2.60	5.38	0.98	-14.90	-1.76			0	0	0	0	~	~	0	~
NRU West Park	This Period	20.80	8.8	99.3	3.11	0.00	7.05	0.74	1.49	0.15	96	0	0	0	0	0	97.2%		0	
Ward 1 West Park	This Period	28.60	6.0	96.9	0.61	4.13	16.75	2.61	-3.15	-0.41	100	0	0	0	4	1	98.3%		0	
Ward 2 West Park	This Period	30.20	6.1	97.1	9.87	3.11	2.34	0.31	2.46	0.42	88	0	0	0	1	0	92.3%		0	
A21	This Period	52.61	8.2	93.8	3.88	12.20	-45.17	-14.64	48.25	9.75	84	1	0	0	0	1	78.0%		0	~
Clinical Nurse Specialist	This Period	11.48	~	92.7	8.64	0.00	-0.81	-0.09	0.00	0.00			0	0	0	0	~	~		~
PAU	This Period	29.33	6.6	91.5	4.91	13.62	23.77	4.52	-19.29	-1.99	84	0	0	0	0	0	80.7%		0	~
Planned Care	This Period	99.41	~	95.5	6.36	3.47	-0.51	-0.38	1.28	0.32		0	4	1	16	0	~	~	0	~
Urgent Care	This Period	78.15	~	97.3	5.20	4.05	20.26	11.29	-39.94	-8.95			0	0	0	0	~	~	0	~
Intermediate Care	This Period	0.00	~	97.6	0.00		0.00	0.00	0.00	0.00			0	0	0	0	~	~		~
Dermatology	This Period	14.30	~	97.8	15.59	0.00	-21.07	-1.95	9.09	0.46	100	0	0	0	0	0	~		0	~
Physio & OT	This Period		~	~	~	~	~	~	~	~	~	0	0	0	0	0	~	~	~	~
Primary Care Services	This Period	30.52	~	93.6	14.20	4.77	-8.73	-2.12	-15.17	-0.95		0	0	0	0	0	~	~	~	~
Radiology	This Period	8.38	~	98.3	3.23	1.72	-25.00	-1.60	-97.31	-1.93	95	0	0	0	0	0	~		0	~
Rehabilitation	This Period											0	0	0	0	0				
Rheumatology	This Period	3.61	~	98.6	4.43	0.00	0.00	-4.96	-101.66	-3.67	95	0	0	0	0	0	~		0	~
Sexual Health	This Period	4.78	~	96.4	6.06	0.00	0.00	0.01	0.00	-0.32		0	0	0	0	0	~		0	~
Ambulatory Care	This Period	25.50	~	92.8	4.19	2.25	2.47	0.54	0.00	0.00			0	0	0	0	~	~	~	~

Paper for submission for Trust Board Meeting On 13th February 2024		
Title of Report:	Patient Experience Bi-Monthly Report – October/November 2023	Enc No: 8.8.1
Author:	Alison Dowling	
Presenter/Exec Lead:	Debra Hickman, Chief Nursing Officer	

Action Required of the Board/Committee/Group (Please remove action as appropriate)			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☐No☐
Recommendations: The Board is asked to note the contents of the report and receive it for discussion and assurance.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description:		
Changes to BAF Risk(s) & TRR Risk(s) agreed	NONE		
Resource Implications:	NONE		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Contribution to the Trust's compliance with the CQC fundamental standards.
	NHSE	Yes☒No☐	Details: Contribution to the Trust's with NHS Oversight Framework requirements
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☒No☐	Details: Contribution to the Trust's compliance with legal framework such as complaints regulation: The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (legislation.gov.uk)
	NHS Constitution	Yes☒No☐	Details: Contribution to the NHS Consultation Principles
	Other	Yes☐No☒	Details: N/A
CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm **Effective:** care, treatment and support achieve good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect **Responsive:** services are organised so that they meet people's needs **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	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: Trust Management Committee – 26/01/2024
	Board Committee	Yes☒No☐	QSAG – 18/01/2024
	Board of Directors	Yes☒No☐	Date: Trust Board – 13/02/2024
	Other	Yes☐No☐	Date: N/A

Summary of Key Issues using Assure, Advise and Alert

Assure - Positive assurances & highlights of note for the Board/Committee

- Compliance with statutory regulations for complaint handling i.e. The NHS and Social Care complaint Regulations 2009 has remained.
- The Trust's approach with statutory complaint handling is in line with the framework issued by the Parliamentary Health Service Ombudsman.
- Monthly submissions made to NHS Digital in relation to all national touch points for the Friends and Family Test (FFT). The overall Trust wide response rate for October is 15% with 86% recommending the Trust and 10% not recommending the Trust. For November the response rate was 14% with 85% recommending the Trust and 9% not recommending the Trust.
- Reduction in complaint volume with 75 complaints received compared to 84 for the preceding two months.
- PHSO - There were no complaints accepted for formal investigation during October and November. There were two cases concluded in this reporting period following a detailed formal investigation. The cases were aligned to the specialties of Diabetes and Critical Care/ Medical Examiner. The outcome for both cases was partly upheld. There was no financial remedy attached.
- The Trust were successful in winning three national awards in relation to volunteering providing reassurance regards best practice.

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

- ED received the highest volume of cases (16 cases) in this reporting period which shows a slight decrease when compared to the previous two months performance (from 17 cases to 16). This will continue to be monitored. Based on the ED attendances for October and November (26,295), the volume of complaints represents 0.06% of the total of attendances.
- In terms of outcomes from closed complaints there were 14 complaints upheld in this reporting period in comparison to 7 in the previous two months. This represents 16% of all cases closed (89 cases) in this period.

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

- Strategy ambition for a score of 92% of inpatients recommending the Trust in the FFT survey has not been met.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels

	• Improve 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Patient Experience Bi-Monthly Report – October/November 2023

Report to Trust Board held in Public on 13th February 2024.

BACKGROUND INFORMATION

A report on patient and carer experiences is presented to the Trust Management Committee and the Board of Directors on a bi-monthly basis as part of the series of quality reports. This report focuses on patient and carer experiences and how people are involved with and engaged in shaping service developments. This provides an opportunity for trends to be identified and for improvement and learning arising from outcomes.

Feedback Data

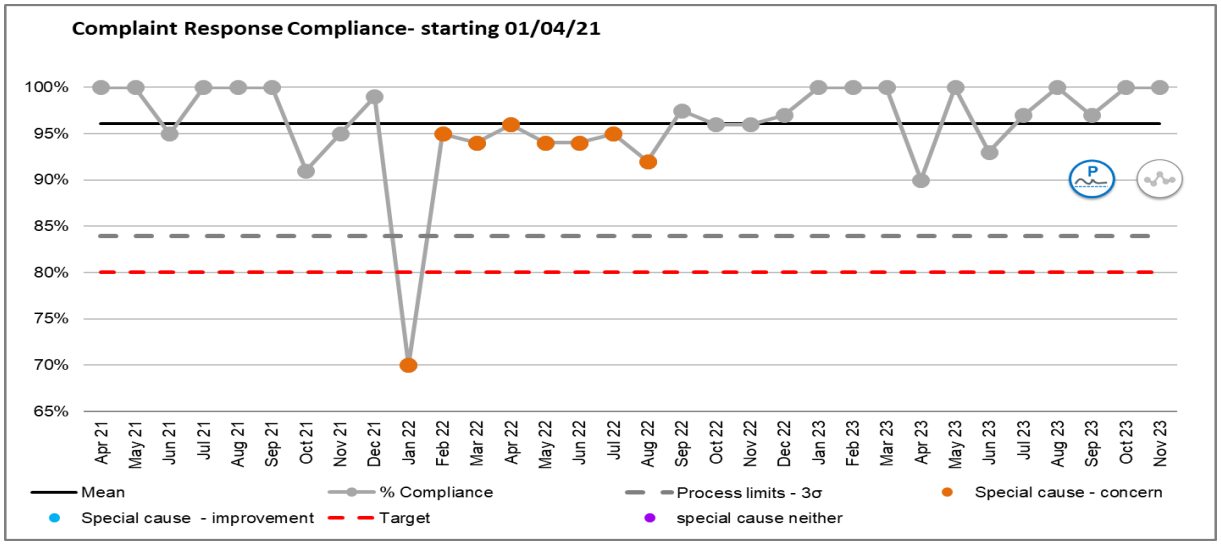
The Trust received a total of **54,580** feedback contacts between October and November 2024. This includes all Patient Relations related contacts, along with Friends and Family Test and Feedback Friend responses.

Complaints (including MP letters)	75
PALS Concerns	120
Local Resolution	174
Compliments	451
Friends and Family Test	53745
Feedback Friend (QR code)	8
Feedback Friday	7

Formal Complaints, PALS Concerns and Compliments

- Volume - For formal complaints in respect of the period October and November 2023, there were a total of 75 complaints received for this period compared to 84 for preceding two months.
- ED have received the highest volume of cases (16 cases) in this reporting period which shows a slight decrease when compared to the previous two months performance (from 17 cases to 16). Based on the ED attendances for October and November (26,295), the volume of complaints represents 0.06% of the total of attendances.
- The areas noted to have received an increase in volume are Critical Care/Anaesthetics (0 cases to 3), Radiology (0 cases to 3) and General Surgery (2 cases to 5).
- During this reporting period it is pleasing to note that Trauma and Orthopaedics have experienced a reduction in cases received when compared to the previous month's performance (12 cases to 7). Positive reductions have also been experienced by Diabetes (6 cases to 1), Older Adult Medicine (5 cases to 1) and Respiratory (4 cases to 0).
- PALS Concerns - Assessed and allocated to operational teams to respond totalled 50 In October and 70 in November. This increase in PALS concerns correlates to the reduction in volume of cases escalated through the formal complaint process.
- The proactive early intervention approach continues with complainants to achieve local resolution on concerns. These cases are resolved negating the need to escalate to operational teams, whether this be for PALS concerns or formal complaints. For this reporting period 174 cases were assessed and resolved (October 76 and November 98). This is an increase from 139 in the previous reporting period.

- Themes - The top 3 themes for formal complaints closed are General Care of Patient (27), Attitude (12), and Clinical Treatment (12), and for PALS Concerns, General Care of Patient (72), Delay (17) and Attitude (13).
- Responding to complaints and complaint outcomes - 89 number of formal complaints were closed. The main themes for these cases upheld related to Communication (3 cases) and General Care of Patient (4 cases). A further 21 cases were partially upheld in October and 24 for November.
- Parliamentary and Health Service Ombudsman (PHSO) - No complaints accepted for formal investigation during October and November although two cases were concluded following an investigation. The cases were aligned to the specialties of Diabetes and Critical Care/Medical Examiner. The outcome of these cases were partly upheld. Recommendations were a letter of apology and an action plan to address the identified failings. Failings were identified as poor falls risk assessment and failure to complete the falls prevention plan, and poor level of communication with patient's family in regard to the patient's clinical status. No financial redress was suggested by the PHSO.
- The overall Trust response rate for cases closed in October and November was 100%, respectively, which is an increase of 3% when compared to September's performance.



Friends and Family Test

- The overall Trust wide response rate for October is 15% with 86% recommending the Trust and 10% not recommending the Trust. For November the response rate reduced to 14% and there was also a 1% decrease of those recommending the Trust (85%) with a 1% positive reduction of those not recommending the Trust. All data in relation to FFT national reporting can be accessed NHS England » Friends and Family Test data
- The latest data available for November 2023 indicates that Division 1's score for recommendation experienced a decrease, with Division 2's score remaining consistent. It is pleasing to see that Division 3 saw a 2% increase in score which was also reflected in a 2% positive decrease in the non-recommendation rate score.
- As part of the Patient Experience Strategy, there is an ambition to reach an Inpatient Score of 92% recommendation rate by the end of March 2024. For this reporting period the Trust attained 93% for October and 91% for November. Having reviewed the national inpatient scores for FFT, it is noted that the recommendation rate for the Black Country ICB is 89%

and national scores are 94%. A decline in response rates may have a direct impact on the recommendation rate and it is noted that the decline in response rates has now been consistent for several months. The Team are currently working to design patient information posters on each bedspace with a direct link to the FFT survey. This will be trialled in a couple of areas for impact.

Spiritual, Pastoral and Religious Care (SPaRC)

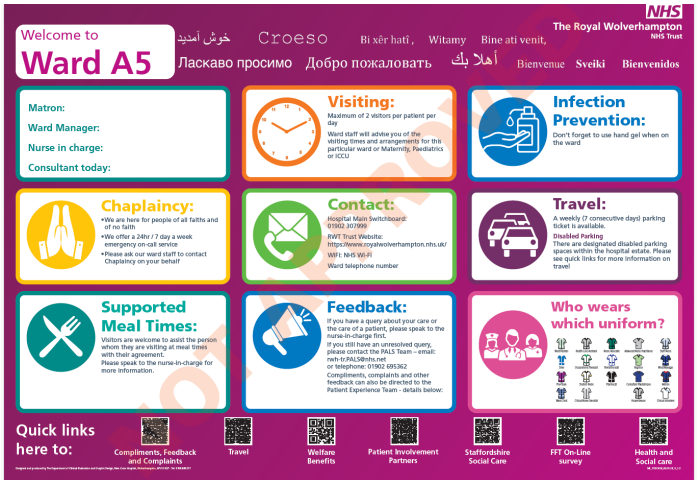
- Chaplaincy continues to maintain pastoral interactions at a level of approximately 500 encounters a month.
- 82% had a Pastoral element, 86% a Spiritual element and Religious (faith-specific) care has been present in 69% of their encounters.
- The team visited on average 67 out of their 90 listed hospital areas, which equates to 74% of the Trust being visited and having support provided.
- Training to new international clinical staff on communication, cultural and religious awareness training was delivered, and has received a further request to deliver training to nurses and 4th-year medical students throughout 2024.
- The Chaplaincy team attended the Swan Champions away day. Previous analytic research of family feedback data had identified that some families had not received spiritual or religious support at a bereavement; and that some ward staff and some Swan Champions were unaware of the breadth of support the chaplaincy team offered. These issues were addressed in the training delivered, and the team are slowly building better links with the Swan Champions on the wards. They continue to work in partnership with the palliative care team and the bereavement services team.
- In this reporting period at RWT, Chaplaincy conducted 22 hospital-arranged baby funerals and 2 adult funerals. The team continue to support families who attend the Swan Suite and facilitated 12 during this period.

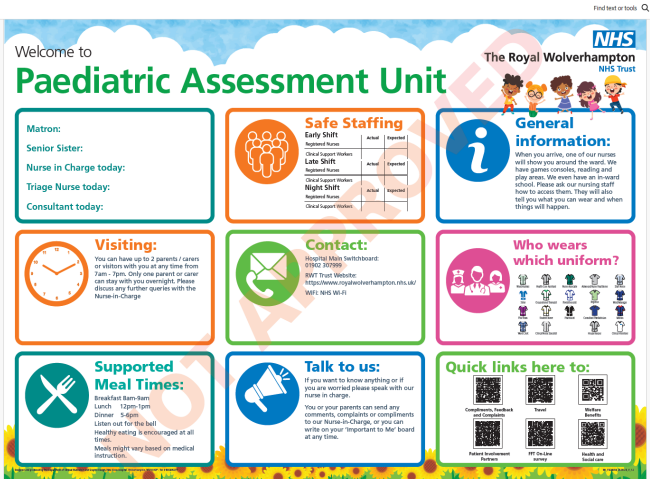
Engagement, Involvement and Experience

- **Equalities Objectives** – The Trust has linked up with the faith communities and the Refugee and Migrant Centre to improve our understanding of the changing demographics in the city and the potential barriers in accessing healthcare services. Pieces of work are ongoing with Ophthalmology, delivering awareness sessions to staff on supporting patients with sight loss, and Wolverhampton Interfaith on access to services from a faith perspective. This links in with a wider piece of work currently underway relating to patient food and mealtimes. As part of this work, following engagement with patients, further considerations have been given in relation to cultural preferences and special diets on religious grounds.
- **Equality Delivery System (EDS)** - The Black Country ICB is co-ordinating the roll out of the EDS across all Trusts in the system. The first phase is Domain 1 - Commissioned or Provided Services. RWT has focussed on Patient Experience, Maternity, and Respiratory Services – the latter two being part of the five clinical areas identified in Core20PLUS5. The completed assessment for Patient Experience and Maternity services have achieved a rating of 2 out of 3 – otherwise classified as Achieving. The assessments were carried out against the four outcomes in Domain 1 with two of them directly related to service access and health needs being met for protected characteristics. Each assessment will develop actions to close any identified gaps.

- **Patient Involvement Partners (PIP's)** - The work of the PIP's is expanding and they have been involved in the following projects:
  - Supported the PLACE (Patient Led Assessment of the Care Environment) facilitated by the Trust Estates team.
  - Worked with QI team, on patient improvement projects – supported Fracture Clinic around patient feedback in the waiting area.
  - Linked with a local Academic who is conducting a piece of research around Health Inequalities.
  - Supported the Research and Development Directorate by becoming Research Ambassadors.
  - Supported the EDS self-assessment for Maternity Services

- **One Wolverhampton** – There has been a creation of an ICB led engagement group of which patient experience are involved. All participants have an ambition to work towards having a more coordinated approach to engagement across Wolverhampton. Each participant has shared/showcased their organisations framework, strategy or toolkit and future work will involve how best all parties can work together on various workstreams.
- **Inpatient Welcome Boards** have been placed in inpatient areas with essential information for patients to consider. This is following an extensive period of engagement with patients. Phase two of the project is to look at the other areas within acute setting, outpatient and community locations (including primary care). Examples shown below:





Voluntary Services

- Volunteers achieved 2106 hours across the Trust in various roles, and there were 112 Clinical Volunteer applicants received in which 80 were recruited.
- The RWT Patient Experience Volunteer Services team attended the Helpforce Champions Awards which celebrates outstanding achievements in the volunteer services across NHS Trusts nationwide. They were shortlisted for 3 awards in Celebrating Equality, Diversity and Inclusion, Volunteer of the Year, and Outstanding Staff Champion, and were successful in all categories.
- In November, the Volunteer Services partnered with RWT Charity to develop and deliver the RWT Charity and Volunteer Awards, recognising the fantastic achievements of our Trust volunteers and charity fundraisers.

- The Trust Volunteering Services continues to partnership with the St Johns Ambulance NHS Cadets, hosting a hospital visit and co-production design workshop where the foundation programme cadets shared their thoughts and perspectives on the EMBRACE website redesign.

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

During this reporting period, several external promotional and networking events were attended including the Wolverhampton Job Centre 'buzz meetings', to promote the HOPE project to all job coaches across the employment support services. There are an additional 26 HOPE volunteers currently undergoing pre-employment checks. Feedback from case studies show that HOPE volunteers are enjoying their time in post and feel they are making a positive impact in their community.

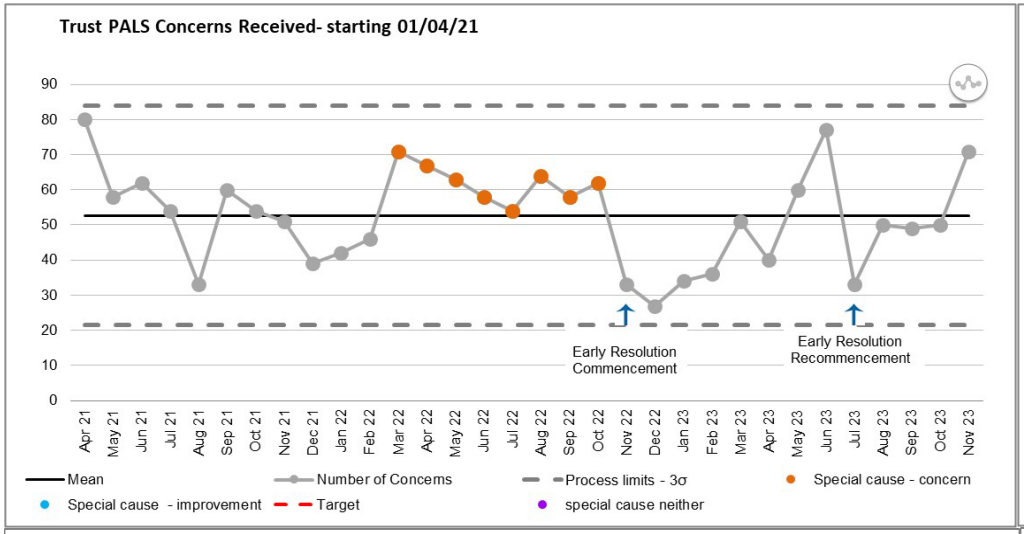
Actions

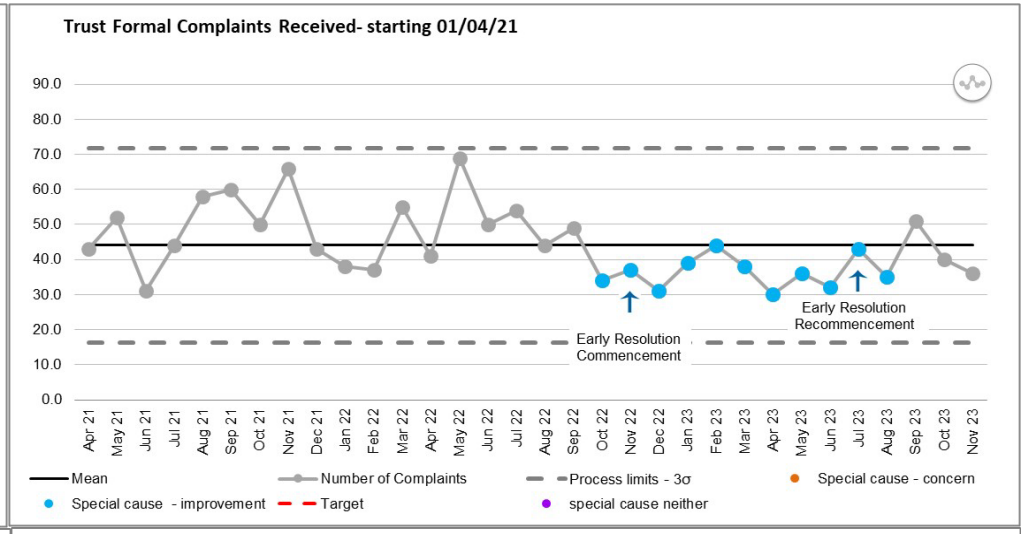
Actions in place or underway to address areas of concern or where improvements can be made are:

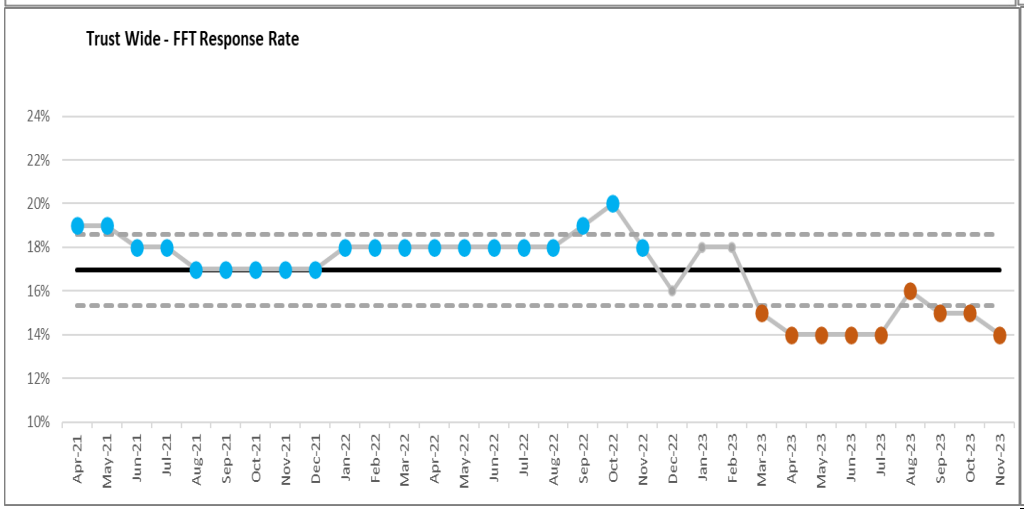
- Friends and Family Test (FFT) - The Team are currently working to design patient information posters on each bedspace with a direct link to the FFT survey. This will be trialled in a couple of areas for impact.
- An audit will also be undertaken to ascertain which wards are using the patient placemats which also contain QR codes for patients to feed back.
- Lessons Learned/Actions Taken – A monthly review of noted actions for cases with an outcome of partly/fully upheld to be undertaken to ensure actions are measurable. A review of the process of monitoring these cases is currently also underway.
- Continue to monitor and be proactive to consider early resolution to cases thus relieving additional workloads for clinical and nursing staff.
- Undertake a mealtime survey to gather direct feedback from inpatients.

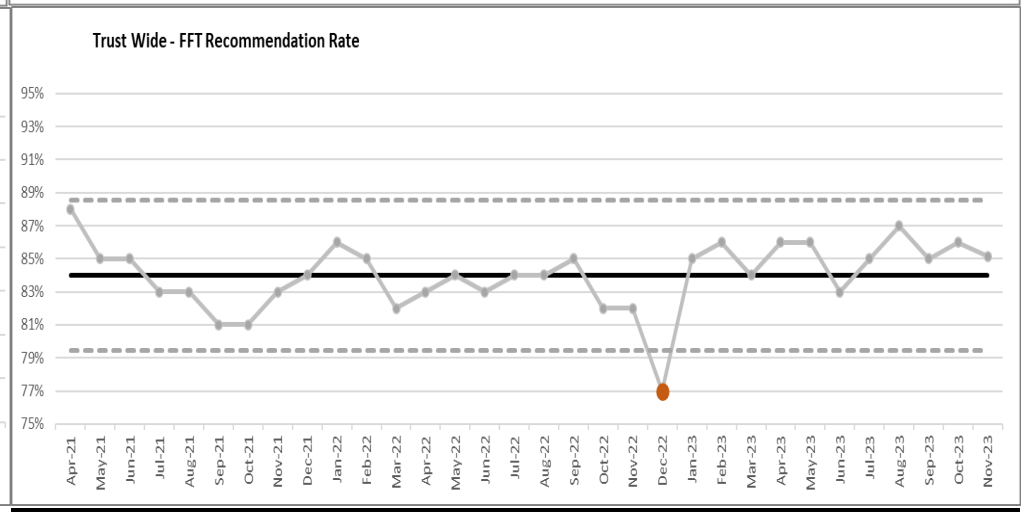
Appendices	
Appendix 1	Patient Experience Metrics for Complaints and Friends and Family Test

Appendix 1 – Patient Experience Metrics for Complaints and Friends and Family Test









The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting – to be held in Public On 13th February 2024		
Title of Report:	Infection Prevention and Control Report	Enc No: 8.8.2
Author:	Joanna Macve joanna.macve@nhs.net	
Presenter/Exec Lead:	Debra Hickman, Chief Nursing Officer	

Action Required of the Board/Committee/Group (Please remove action as appropriate)			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☐No☒	Yes☒No☐
Recommendations: The Board is asked to note the contents of the report and receive it for assurance			

Implications of the Paper:			
Risk Register Risk	Infection Prevention Risks on the risk register: Yes ☒ No ☐ Risk Description: CPE Screening according to update guidance On Risk Register: Yes☒No☐ Risk Score (if applicable): 6 Risk Description: Limited number of side-rooms including those with en-suite facilities On Risk Register: Yes☒No☐ Risk Score (if applicable): 9		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
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.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Contribution to the Trust's compliance with CQC standards
	NHSE	Yes☒No☐	Details: Contribution to the Trust's compliance with NHSE framework
	Health & Safety	Yes☒No☐	Details: Contribution to the Trust's compliance with Health and Safety standards
	Legal	Yes☒No☐	Details: : Compliance with the Health and Social Care act 2008: code of practice on the prevention and control of infection and related guidance

	NHS Constitution	Yes☒No☐	Details: Commitment to quality of care, right to be cared for in a clean environment
	Other	Yes☐No☒	Details:
CQC Domains	**Safe:** Protecting staff and patients from avoidable harm **Effective:** Care, treatment and support achieves good outcomes **Well-led:** The leadership, management and governance of the organisation make sure it's providing high-quality care.		
Equality and Diversity Impact	None		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: 26/01/24
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure At external target for *Pseudomonas aeruginosa* bacteraemia. Below internal target for MRSA acquisition. At internal target for device-related hospital-associated bacteraemias (DRHABs). Carbapenemase producing Enterobacteriaceae (CPE) screening continues to pick up patients and reduce the risk of spread – total of 17 new patients identified across September and October 2023.
Advise Above internal target for *Clostridioides difficile* (*C difficile)* Above external targets for *Escherichia coli* and Klebsiella bacteraemia. Above internal target for MSSA bacteraemia. Compliance with infection prevention-related mandatory training below 95% at end December 2023 (93% for IP mandatory training, 89% for Hand Hygiene).
Alert Above external *C difficile* target with 59 to date (annual target 53).

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Safe and responsive urgent and emergency care
Support our Colleagues	• Improve overall staff engagement
Improve the Healthcare of our Communities	• Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Infection Prevention and Control Report

Report to Trust Board Meeting to be held in Public on 13th February 2024.

EXECUTIVE SUMMARY

Clostridioides difficile Infection

The annual objective for *Clostridioides difficile* toxin positive cases has been set at 53 cases for the year, based on case numbers in the 12 months to November 2022. In the period November to December 2023 there were 11 cases, breaching the external trajectory for that period (8 cases), and taking the total to end December 2023 to 59 cases against a trajectory for that period of 38. PCR (non-toxin) cases are also monitored as patient outcomes can be just as harmful to patient safety. To the end of August 2023 there have been 104 PCR positive cases against our internal trajectory of 81 (see Appendix 1). The Royal Wolverhampton NHS Trust is not unique within the West Midlands in seeing case numbers above the external trajectory. It is important to remember that the target is based on the number of cases in previous years and not the rate (eg per 100,000 bed days), and so is not adjusted to take into account any increase in activity. We have seen an increase in the number of stool samples sent to the laboratory, which will be contributing to the increase in positive samples. The reason for this increase in samples is unknown. In addition, a change to the laboratory testing method for *C. difficile* in October 2022 may be contributing to increased numbers. Finally, it is well recognised that running a high bed occupancy rate is associated with higher numbers of healthcare associated infections.

Actions for control of *C.difficile* include:

- Hosted ICS quality visit on the 11th January 2024, specifically to look at the pathway for patients with loose stools and known *C. difficile.* No immediate concerns were raised, actions will be added to the Trust *C. difficile* action plan.
- RWT are contributing to the NHSEI *C. difficile* regional collaborative groups, including work to trial an updated RCA document.
- *C. difficile* action plan will continue to be reviewed monthly based on new learning or outcomes identified.
- Environmental audits completed monthly, results are incorporated into exemption reports that are reviewed at incident meetings
- Weekly *C. difficile* ward rounds with Microbiologist
- Weekly antimicrobial ward rounds with Microbiologist and Antimicrobial Pharmacist
- Targeted education continues across all in patient areas
- Wards are getting additional support from Housekeeping to assist them with the routine cleaning of communal areas and equipment where possible.
- Deep clean programme recommenced on 25th September 2023 for a limited period of time, prioritising higher risk wards
- Refurbishment of a permanent area for the Patient Equipment Cleaning centre (PECC) is currently being undertaken; meanwhile PECC is temporarily located in the old Discharge Lounge.

MRSA Bacteraemia

The national objective for MRSA bacteraemia is zero for all NHS organisations. There were no Trust-attributable MRSA bacteraemias in the period November-December 2023.

Monthly totals and number externally attributable to RWT

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22-23 (RWT)	0 (0)	1 (1)	0 (0)	0 (0)	1 (0)	0 (0)	1 (0)	0 (0)	1 (0)	1 (0)	1 (1)	0 (0)
23-24 (RWT)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (1)	1 (0)	0 (0)			

MSSA bacteraemia

MSSA is externally monitored by 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. In November and December 2023 there were 4 internally attributable cases, against a trajectory of 4 (see Appendix 1). This takes the total since April 2023 to date to 22, against an internal trajectory of 18. Common sources of this infection since April have included indwelling lines (peripheral or central/dialysis), with a few cases additionally related to infected pressure sores.

Monthly totals and number internally attributable to RWT

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
21-22 (RWT)	9 (4)	17 (7)	3 (2)	3 (1)	4 (1)	4 (1)	6 (3)	8 (0)	4 (0)	8 (1)	8 (4)	7 (4)
22-23 (RWT)	8 (2)	1 (1)	5 (2)	3 ‘(2)	6 (2)	9 (3)	10 (7)	8 (2)	8 (4)	10 (3)	5 (1)	9 (4)
23-24 (RWT)	4 (1)	4 (2)	11 (6)	9 (6)	6 (1)	0 (0)	4 (2)	9 (4)	6 (0)			

Actions for control or *Staphylococcus aureus* bacteraemias include:
Emergency portals supported to sustain improved compliance with MRSA admission screening.
MSSA screening and decolonisation of high risk patients
Wards encouraged to ensure all devices are on Vitalpac

MRSA Acquisitions

There were 3 MRSA acquisitions across November and December 2023, against an internal trajectory of 6 (see Appendix 1). This takes the total for 2023-24 to date to 21, below the internal trajectory of 28.

Device-related hospital-associated bacteraemias (DRHABs)

Bacteraemia (any organism) related to a medical device is surveyed and acted upon, within an internal target of 48 per year. In September and October there were 9 DRHABs against a trajectory of 8 (see Appendix 1), taking the total for 2023-24 to date to 36, against an internal trajectory of 36. Themes identified include incomplete documentation and low compliance with ANTT.

Actions include:

- Dedicated Intravenous Resource team
- All DRHABs are reviewed at IP Incident review meeting (formally Scrutiny meeting)
- Urinary catheter and PVC dashboards are now live

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. Annual trajectories for 2023-24 are 94 for *E. coli*, 29 for Klebsiella spp. and 15 for *P. aeruginosa*. To end December 2023 there have been 88 *E. coli* bacteraemias against a trajectory of 70, 27 Klebsiella bacteraemias against a trajectory of 20, and 9 *P. aeruginosa* bacteraemias against a trajectory of 9. Nationally there is evidence of a seasonality in the trend of all 3 Gram negative bacteraemias, with the highest rates normally observed in July to September each year. It is noted in the national report that although the number of *E. coli* cases has increased, the overall rate is lower because the bed-days denominator is higher. Similar to *C. difficile*, the Trust targets for Gram negative bacteraemias are a number based on previous performance, and do not take into account any increase in activity.

Actions include:

- Involved in Gram Negative collaborative work with NHSE, such as improving hydration and 'Eat, drink, dress and move to improve'.
- Trust Catheter Working Group meet monthly
- Catheter packs introduced with a program of education in the Acute Trust in August 2023
- Launch of electronic catheter passport

Carbapenemase producing Enterobacteriaceae
These multi-antibiotic resistant organisms have caused large outbreaks in UK Trusts, putting patients at risk and causing organisational disruption. To end of December 2023, 72 new patients were found to be carrying a CPE (see Appendix 1). There was a reduction in numbers related to a reduction in travel and screening for elective procedures due to the COVID-19 pandemic, however we are now seeing rising numbers again, such that, compared with all previous years, we have the highest number of new patients of any previous year (highest previous year total was 56 in 2019-20). Of these 72 patients, 68 have been identified on rectal screening, with 4 being positive in urine specimens sent for culture.

While the community prevalence of CPE in the UK is unknown, in some health and social care organisations, CPE are now endemic. There is no doubt 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, and so every plan for a new or refurbished ward must include a plan to increase the number of side-rooms.

Blood culture contaminants
The blood culture contamination rate April to end December 2023 had an average of 1.73%, which is below the nationally recommended maximum of 3%.

Outbreaks and Incidents – October and September 2023

C. difficile Periods of Increased Incidence (PIIs), SIs and Outbreaks

There were 3 *C. difficile* incidents in this period. There were PIIs linked to C26, B14 and Outpatient Chemotherapy. Typing for C26 demonstrated that there was no transmission between patients; typing could not be completed for the other two areas, but on review it was thought that, even though there were two cases associated with an area, it was unlikely these were linked. It is possible that the cases have either been colonised prior to admission or acquired the strain since admission, perhaps from an environmental source. Increased bed occupancy, alongside reduced opportunity for targeted cleaning (such as 7 days hydrogen peroxide decontamination of side-rooms) and the new and increased pressure on side-rooms from other infections including COVID-19 and the increasing numbers of CPE positive patients, perhaps form part of the explanation for this.

VRE PII

A PII meeting for VRE was held, as there had been 2 patients with VRE bacteraemias associated with ward B11 falling within 28 days of each other, and a 3rd noted within the previous month. Actions included ensuring blood cultures were labelled and taken promptly, and for hydrogen peroxide vapour cleaning to be undertaken in relevant areas of the ward. Typing of the isolates from the 2 patients demonstrated that it was the same strain.

COVID-19

November 2023
Total of COVID PII = 8
Total patients in September identified with COVID-19 HCAIs = 37
24 HCAIs linked to outbreaks
13 not linked to an outbreaks

December 2023
Total of COVID PII = 3
Total patients in December identified with COVID-19 HCAIs = 16
HCAIs linked to outbreaks = 10
not linked to an outbreaks = 6

All the incidents and outbreaks are reviewed at Outbreak meetings.
Almost all asymptomatic screening, apart from clinically vulnerable patients being admitted to inpatient units and for patients being discharged to care homes, has ceased in line with national guidance.

COVID-19 update

Universal mask wearing in the Trust remains stepped down, as does testing for the majority of staff, and asymptomatic testing of patients, other than for certain at-risk groups. Mask wearing currently remains based on risk assessment, although in September Haematology-Oncology services returned to mask wearing for all patient care. Regional figures demonstrate that transmission is relatively stable comparted to previous weeks.

Influenza update

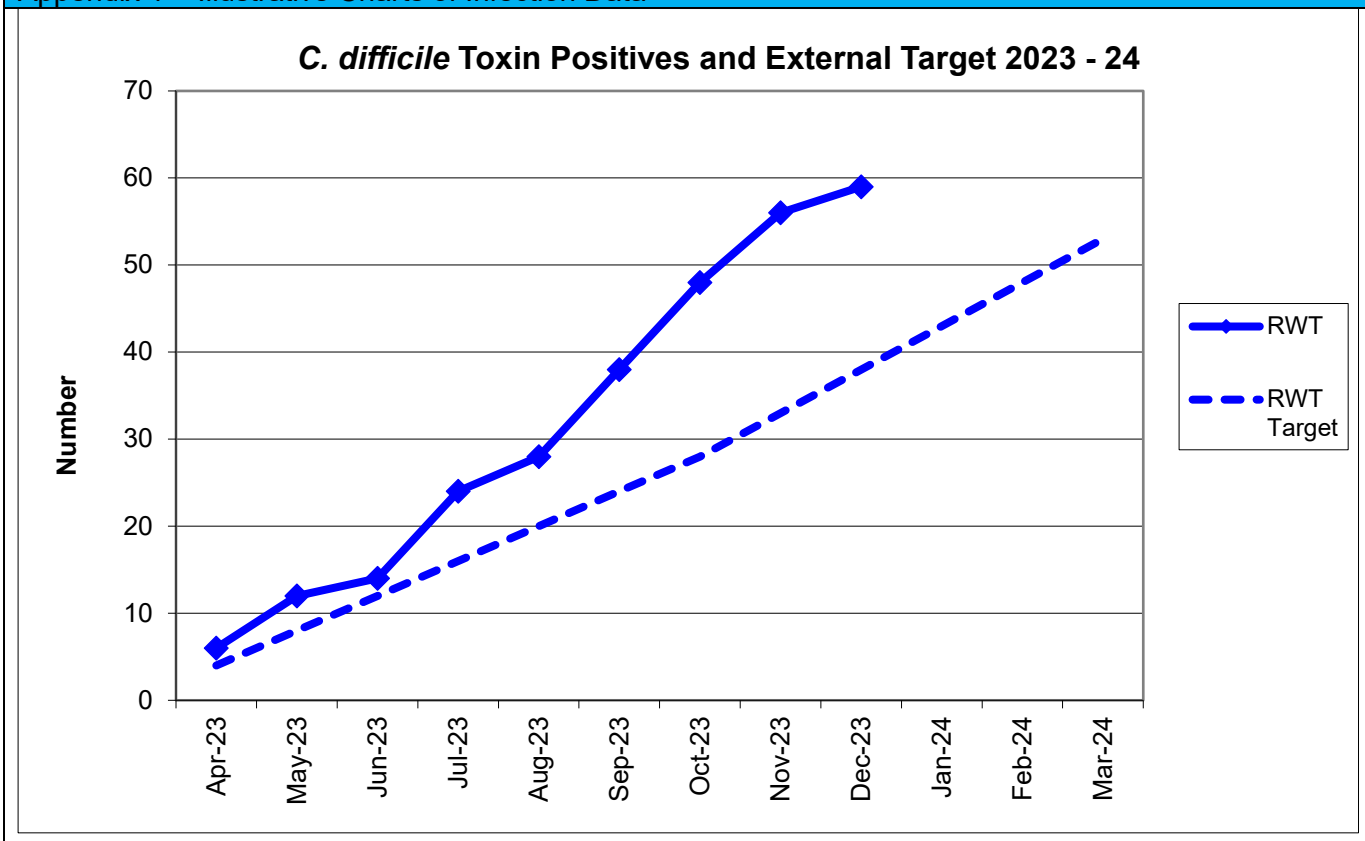
National and local indicators for influenza show continued gradual increase. Rapid combined testing for influenza and COVID-19 is available in the laboratory. Point of care influenza testing for this winter season was implemented in the Emergency Department in early December. The staff winter influenza and COVID-19 vaccination programme is in progress.

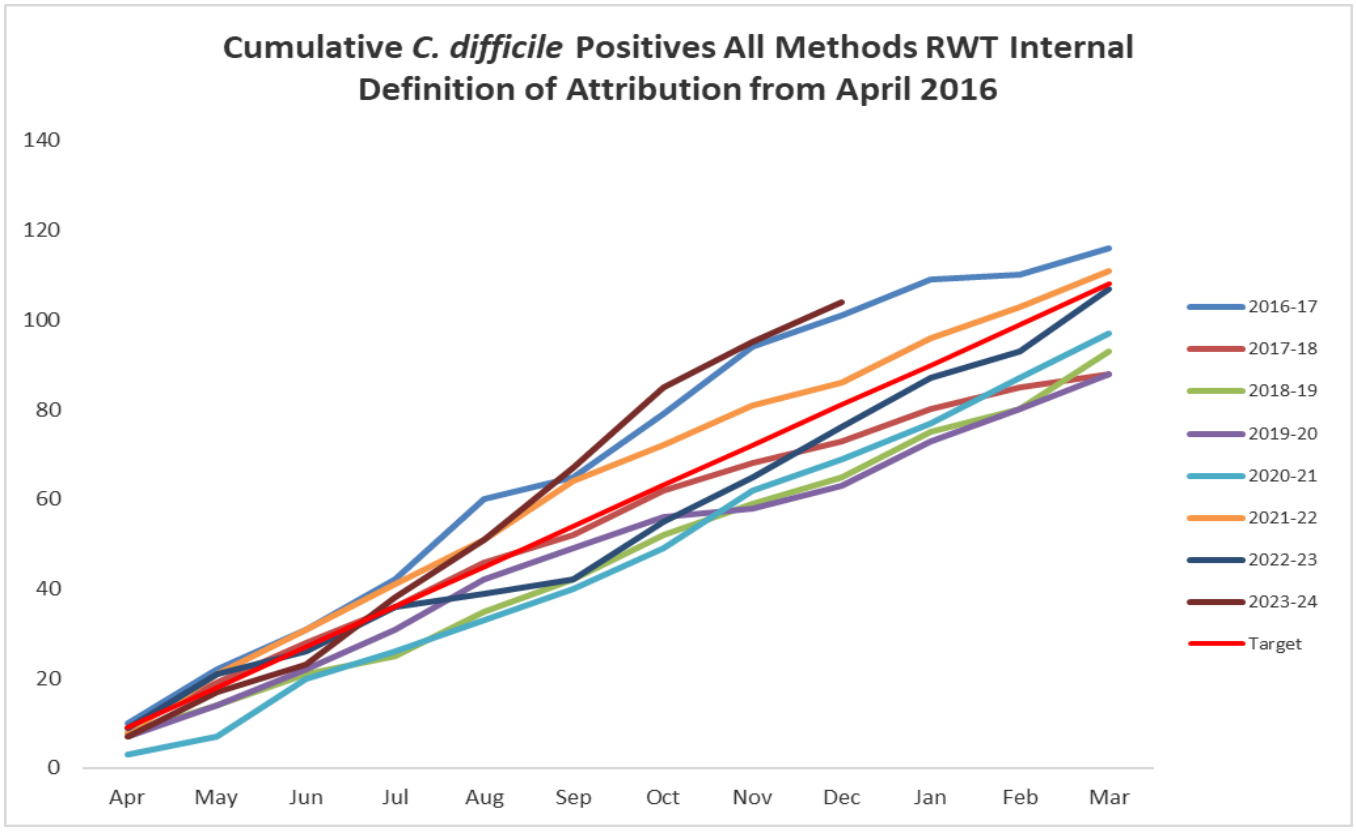
Respiratory syncytial virus (RSV)
Regional RSV figures are currently decreasing. Point of care testing is available in admission areas, complimented by rapid laboratory testing if required.

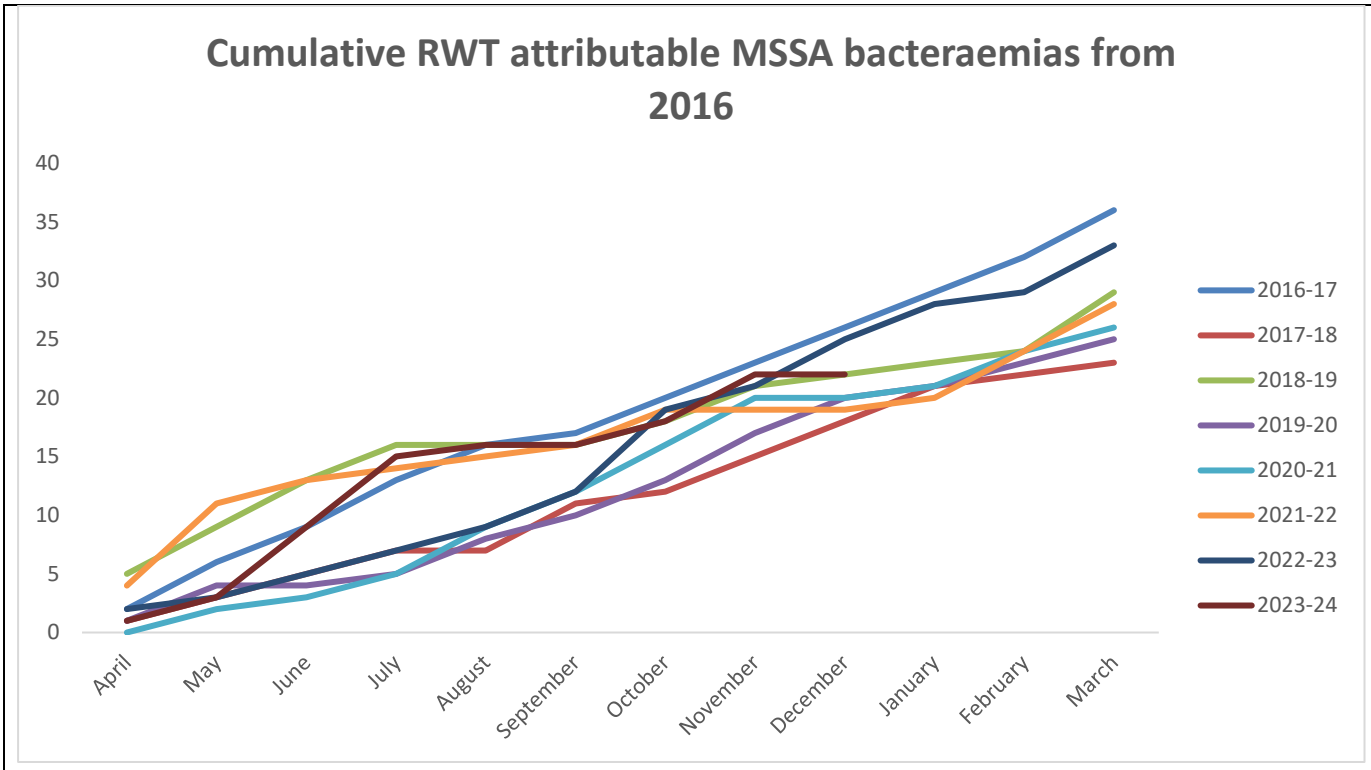
Measles update
The UKHSA has declared the latest measles outbreak a national incident. More than 200 cases have been confirmed in the West Midlands in recent months, with healthcare associated exposures requiring significant input for follow up and management of contacts. Local actions include raising awareness through local tabletop meetings with key areas including the emergency department, paediatrics and maternity services; input from occupational health regarding staff immunity status and catch-up vaccinations, and preparation of processes for contract tracing of exposed individuals. Discussion is ongoing with ICS partners around provision of testing and prophylaxis for community patients.

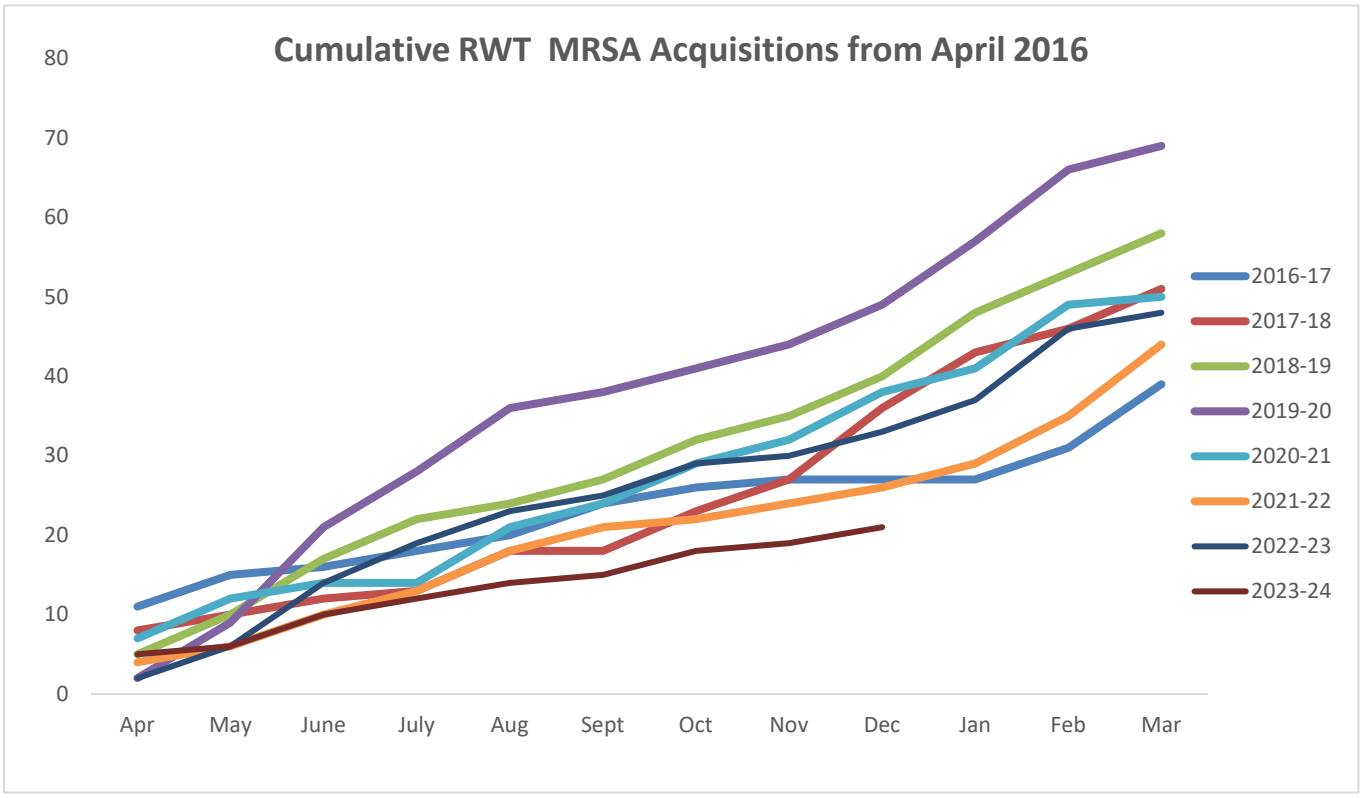
Objectives for 2023/24
CDI – 53 cases
MRSA bacteraemia - 0
Flu vaccination – CQUIN with 75% requirement for minimum payment and 80% requirement for maximum payment.
E. coli bacteraemia – 94
Klebsiella bacteraemia – 29
Pseudomonas aeruginosa bacteraemia – 15

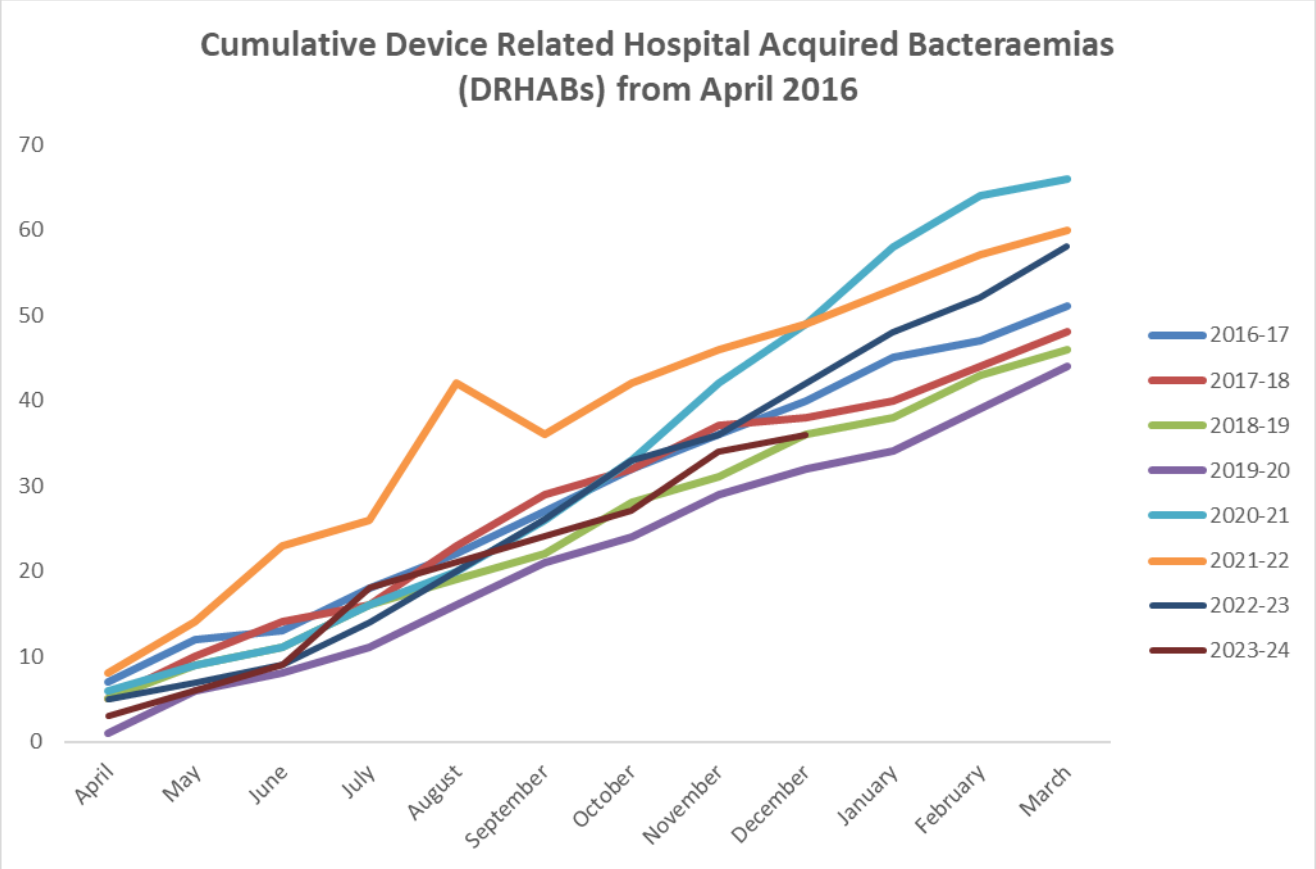
Appendix 1 – Illustrative Charts of Infection Data






Cumulative RWT attributable MSSA bacteraemias from 2016
40
35
30
25
20
15
10
5
0
April
May
June
July
August
September
October
November
December
January
February
March
2016-17
2017-18
2018-19
2019-20
2020-21
2021-22
2022-23
2023-24


Cumulative RWT MRSA Acquisitions from April 2016
80
70
60
50
40
30
20
10
0
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
2016-17
2017-18
2018-19
2019-20
2020-21
2021-22
2022-23
2023-24



	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
2023-24	33	41	6	1	72

Healthcare associated COVID summary tables – November to December 2023

Table 1. Summary of Healthcare acquired cases of COVID 19 November 2023 to December 2023. Includes probable healthcare acquired (>8 days from admission) and definite healthcare acquired (>14 days)

Month	Number of HCAI COVID
September	37
October	16

Table 2. Summary of COVID outbreaks (externally reported) in November and December 2023

Date of Outbreak	Ward/Department
01/11/23	WP2
03/11/23	A6
06/11/23	C18
13/11/23	C24
14/11/23	B14
17/11/23	Fairoak
19/11/23	C21
19/12/23	C19
21/12/23	A14
22/12/23	C16

The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting – to be held in Public. February 13th 2024		
Title of Report:	Maternity Services Report	Enc No:8.9
Author:	Tracy Palmer	
Presenter/Exec Lead:	Tracy Palmer Director of Midwifery and Neonatal Services	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☒No☐
Recommendations: The Board is asked to note the contents of the report and receive.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) : **15 (red)**		
Changes to BAF Risk(s) & TRR Risk(s) agreed	**None** Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	**Workforce:** Funding Source: **Business Case**		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☐	Details
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☒No☐	Details: Midwifery Workforce
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

The Royal Wolverhampton NHS Trust

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date:
	Board Committee	Yes☒No☐	Date: Quality Committee 24th January 2024
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:26th January 2024 TMC

Summary of Key Issues using Assure, Advise and Alert

Assure

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

- Midwifery Workforce position indicates a minimum vacancy of +1.24 whole time equivalent (WTE). This is a much more positive position in comparison to the August / September 2023 workforce report which indicated a 11 WTE Midwifery deficit.
- One to one care rates in established labour continue to be maintained at 100% for Q.3.
- The Trust continues to meet 100% of the standards in Safety Action1 *Are you using the Perinatal Mortality Review Tool to review all deaths*? NHSR: Maternity Incentive Scheme Year 5.
- There were no adverse outcomes for patients during October and November 2023 attributed to Midwifery red flag events.

Advise

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

- Workforce data indicates that Midwifery leavers rate at RWT is 5.8% which is slightly higher than the national average of 5.3%.
- The report provides an update on current Serious Untoward Incidents (SUI) and Maternity and Neonatal Safety Incident (MNSI) open cases. Presently there are 6 open cases within the Perinatal Directorate. 4 of the cases meet the MNSI criteria and have therefore been referred onwards. 2 are local SUI's which are progressing through Trust process.

Alert: Positive assurances & highlights of note for the Board/Committee

- Prior to any mitigations being taken rostered Delivery Suite Midwifery staffing levels are not meeting national standards of 85% per shift. 39% of shifts were staffed appropriately based on the acuity of patient in October and 54% of shifts were staffed appropriately based on the acuity of patient in November. However, the service should see an improvement in compliance in early New Year as newly appointed Midwives are in post and complete their induction process. The acuity tool is completed four hourly and staffing resource is redeployed at that point in time. Any adverse outcomes attributed to midwifery staffing (red

flags) are reviewed when the acuity data is analysed. There were no adverse outcomes or patient harm as a result of midwifery staffing deficit in October and November 2023.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

The Royal Wolverhampton NHS Trust

Maternity Services Report

Report to Trust Board Meeting to be held in Public 13th February 2024

EXECUTIVE SUMMARY

The Royal Wolverhampton Midwifery Workforce Update

The Maternity Workforce report outlines the present position for Midwifery and Maternity Support Worker (MSW) deficit related to vacancy and Maternity leave. The Midwifery vacancy is now in a positive position, with the service in a slightly over established position of 1.24 WTE. The over establishment will support the maternity leave which is expected in Q1.

A year end comparison of vacancies has been included in the report based on vacancy position in December 2022 and December 2023. This indicates that the service has had a successful year of recruitment and that the service is now staffed fully to Birth Rate Plus recommendations.

The report outlines Delivery staffing levels based on the acuity of patient; the data is provided by the Birth Rate Plus Acuity tool specific for Intrapartum areas. The national standard recommended by The Royal College of Midwives (RCM) is 85% of the time during shift Midwifery staffing levels should meet acuity of patient. Presently this standard not being met. However, to mitigate this risk, each area is monitored 3 times per day by the Duty manager and dependent on staffing requirements based on the acuity of patient staff are redeployed to the area of greater need. This system is working well and is monitored by Matrons. An infographic is produced each month for staff which thanks them for their support and indicates where, when and for how long staff are moved to areas.

The report provides reporting data for Midwifery red flag events in October and November 2023 and triangulation with any related incidents.

Included within the report is data relating to leaver and turnover rates for Midwives and their reasons for leaving the Trust for information. The majority leaving are for relocation to other areas in the UK or emigration and retirement.

The report also contains information relating numbers of Internationally educated Midwives who have joined the service and numbers of Pre- registration student Midwives in the 2023/24 academic year. These students are jointly being trained by The Royal Wolverhampton NHS Trust (RWT) and the Universities of Wolverhampton, Staffordshire, Birmingham City and Coventry. This data / information will inform the strategy for future workforce planning.

Local Maternity Dashboard / Minimum data measures for Trust Board

The Perinatal Leadership Team undertake a monthly review of the local maternity dashboard to analyse the booking and birth rate data. Birth rates for women choosing to book at RWT have been accurately predicted to be marginally over the plan for 5000 births. End of 2023 calendar year births equate to 5175.

Import and Export data is being monitored closely and remain consistent and stable.

Export data (women that choose place of birth at RWT and have antenatal and postnatal care elsewhere) equate to approximately 600 women.

Import data (women that choose place of birth elsewhere and have antenatal and postnatal care at RWT) equate to approximately 900 women.

Perinatal Mortality Report – Reporting monitoring and learning from Deaths.

100% of all Perinatal deaths continue to be reported, reviewed, and monitored in line with the National Perinatal Mortality Review Tool (PMRT), and as recommended by NHS Resolution Maternity CNST safety action 1.

Maternity and Neonatal Safety Incident (MNSI) / Serious Untoward Incidents (SUI) Report

The report provides an update on the MNSI and SUI's within the Perinatal Directorate. All open incidents are progressing through the MNSI and local Trust processes.

There are 4 MNSI cases – 1 completed report in draft has been received awaiting factual accuracy checks from the Trust. There are 3 new cases which are wating for consent process to be completed by the families. There are 2 incidents that have been reported through Trust SUI process, both cases were assigned PMRT grade of C where different management may have made a difference to the outcome. These are both progressing through Trust process.

BACKGROUND INFORMATION

The Royal Wolverhampton Maternity Workforce Update

Maternity Workforce

Table 1 demonstrates vacancy rates for Midwifery and Maternity Support Worker (MSW) workforce. Presently there is a slight over establishment of the Midwifery workforce of +1.24 whole time equivalent (WTE). This over establishment will support planned Maternity leave in Quarter 1 2024.

The Maternity Support Worker (MSW) workforce is also marginally over established of 1.06 WTE.

Long term sickness within both workforces remains at a minimum.

Table 1: Midwifery and Maternity Support Worker Workforce deficit.

Area	RM Vacancy	MSW Vacancy	RM Mat leave	MSW Mat Leave	RM LTS	MSW LTS
ANC/FAU	5.88	0	0	0	2.24	0
Delivery suite	2.21+	1.68-	5.68	0.64	0	0.64
Midwife Led Unit	3.8-	0.64+	0.96	0	0	0
Community	5.54-	1.54+	2.2	0	0	0
Maternity Wards D10 D9	2.49+	0.56+	3.08	0	1	0
TOTAL	**1.24+**	**1.06+**	**11.92**	**0.64**	**3.24**	**0.64**

The Directorate has developed a business case for Midwifery workforce based on the 2022 Birth Rate Plus assessment. This is progressing through Trust process at the present time and is being presented at Divisional Business forum in early New Year.

Table 2: Demonstrates end of year vacancy for 2022 /2023.

Workforce	RM vacancy Dec 2022	RM Vacancy Dec 2023	MSW Vacancy 2022	MSW Vacancy 2023
Total	14.92-	1.24+	1.03-	1.06+

Table 2 demonstrates the end of year position for Midwifery and Maternity Support Worker workforce in December 2022 and December 2023. Successful recruitment during 2023 has now deemed that the Midwifery Workforce is now fully established and in line with Birth Rate Plus (BR+) recommendations following the Trust's assessment in 2022.

Birth to Midwifery Ratio's now sit at 1:23; this is a positive position for the Maternity Service and is the most compliant ratios have been in the last 15 years. Midwifery Workforce are calculated using the nationally recognised Midwifery staffing / acuity tool (BR+).

Table 3: Demonstrates Leavers and Turnover Rate for Midwives at RWT. (Data taken from Model Hospital)

Midwives at RWT	RWT August 2023	National Average August 2023
Midwives: Turnover	10.8%	11.2%
Midwives: NHS Leavers	5.8%	5.3%
Midwives: NHS Movers	5.0%	5.9%

Local data has revealed that the majority of Midwives leaving The Trust were band 6 (*n*16), White British (*n* 23) and the main reason for leaving was to relocate to other areas within the UK (*n* 9). 3 Midwives emigrated to Australia, 4 Midwives left the profession to pursue alternative career pathways, 6 took full retirement and 4 left for promotion in other Trusts. This may account for why RWT NHS leavers are slightly higher at 5.8% than the national average that sits at 5.3%.

Presently, all staff leaving RWT are provided with an electronic exit questionnaire. Together with the questionnaire the Midwifery workforce lead meets with staff leaving the Trust to perform an 'Exit Discussion' to determine if there are any recurrent themes or, alternative ways of working that need to be explored to improve retention. The workforce lead will collaborate with the Professional Midwifery Advocate (PMA) lead, the Equality Diversity Inclusion (EDI) Midwife and Matrons to resolve any issues that are highlighted from any of the exit interviews.

There have been no concerning themes that have emerged from any of the exit interviews that have been performed over the 12-month period for Midwives leaving RWT.

Internationally Educated Midwives IEM's)
Currently RWT have 10 Internationally Educated Midwives, all have NMC PIN numbers and progressing through their supervisory period.

Pre-registration Student Midwives
In the 2023-24 academic year, there are a total of 84 Midwifery students at RWT.

RWT are supporting The Return to Practice Programme for Midwives.

Over the last 5 academic years, the number of midwifery students at RWT has increased by approximately 80%. Midwifery students are being supported through training from The Universities of Wolverhampton, Stafford, and Birmingham City.

Table 4:

Qualifying month	Number expected to qualify excluding LOA
January 2024	1
September 2024	19
January 2025	5
September 2025	26
September 2026	33

The data in table 5 will support future workforce planning for Midwifery services at RWT.

Maternity Support Workers (MSW)

Maternity Support Worker training days have continued successfully throughout 2023 in line with the regional maternity support worker competency framework.

Sessions include Clinical Skills, Labour Care, Postnatal Care 1 and Postnatal Care 2.

Support Workers and Registered Nurses from Transitional Care also attend bespoke training sessions to aid collaborative working.

In conjunction with the competency document, Maternity Support Workers are supported to bridge any gaps in academic knowledge base. Therefore, functional skills level 2 in Maths and English, Level 3 Support Worker Diploma apprenticeship through Dynamic Training and Level 3/5 Support Worker Diploma at Birmingham City University are provided to ensure knowledge base is in line with the HEE MSW framework.

One to One Care rates in Established Labour

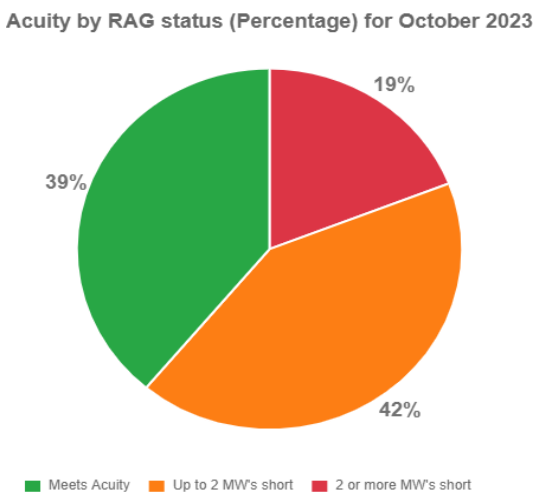
The national ambition and recommendation in NHSR CNST Maternity Incentive Scheme (MIS) safety action 5: *Can you demonstrate an effective system of midwifery workforce planning to the required standard*? Recommends that 100% of women receive 1:1 care in established labour.

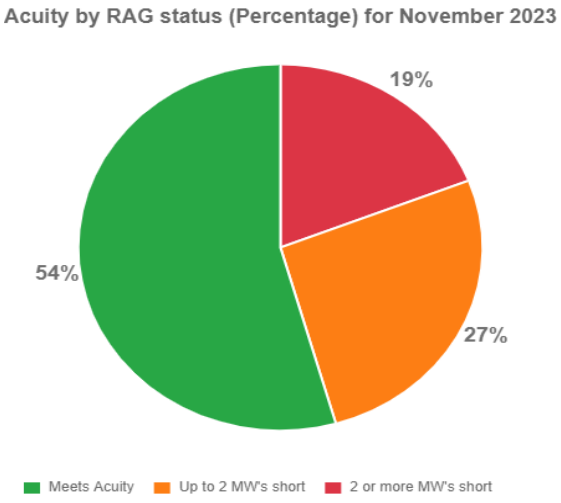
Table 5

Activity	Previous Year Average	October 2023	November 2023
1:1 Care rate in labour	99.5%	100%	100%

One to One Care rates in established labour continue to be maintained at 100% for Q3.

Data for % overall Midwifery Deficit per shift October and November 2023 based on acuity of patient.

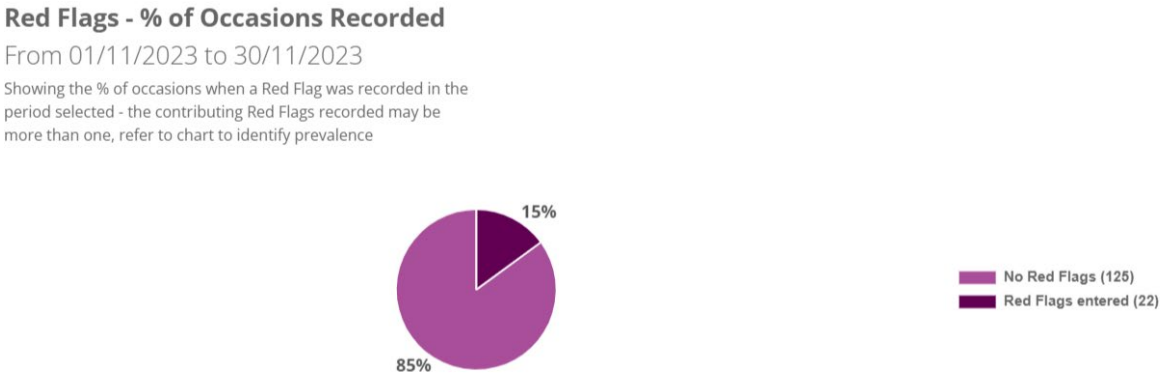




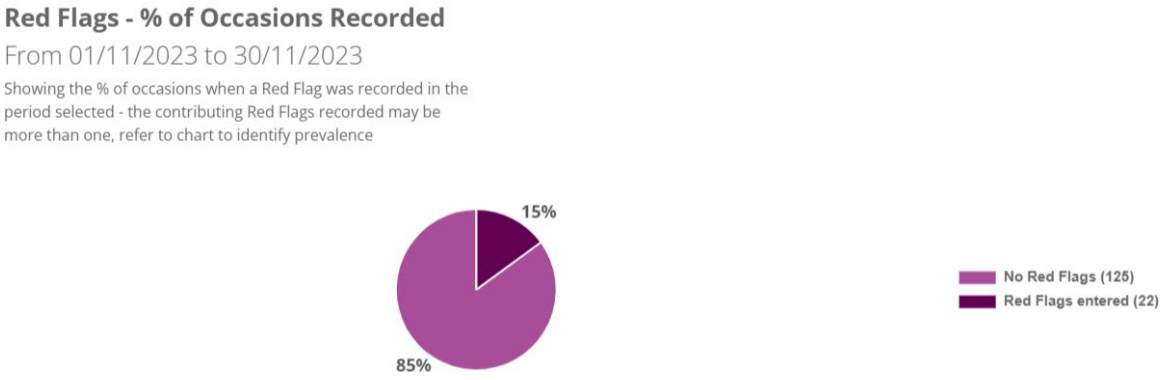
Acuity by RAG Status (Percentage)

Table 6

Month	Meets Acuity	Up to 2 Midwives short per shift	2 or more Midwives short per shift
October 2023	**39%**	**42%**	**19%**
Novemeber 2023	**54%**	**27%**	**19%**



During October there were 32 red flag events equating to 24% of shifts recording a red flag attributed to midwifery staffing deficit.



In November there were 22 red flag events equating to 15% of shifts recording a red flag attributed to midwifery staffing deficit.

Following review and triangulation of incidences at the weekly Multi Professional Governance and Assurance meeting it identified that there were no adverse
patient outcomes or harm directly attributed to Midwifery Red Flag events in October and November 2023.

Action is to continue to monitor red flag events and triangulate with any incident / complaint data.

Feedback on red flags data and incidents related to staffing are communicated back to staff in clinical areas via the monthly Matron workforce staffing report and an infographic which thanks staff for their support and breaks down in hours where, when and for how long staff are redeployed to areas of greater need /acuity.

Local Maternity Dashboard / Minimum data measures for Trust Board

The Maternity Service end of calendar year bookings equated to 5916.
The Maternity Service end of calendar year births equated to 5175.

The Perinatal Directorate's predictions based on booking data for birth rates have continued to be accurate throughout the year and indicated that birth rates would be marginally over 5000 births per annum for 2023.

Booking rates continue to remain in the higher tolerance levels for quarter 3 (Q3). Monitoring of bookings and import / export data will continue throughout 2024.

Export data (women that choose place of birth at RWT and have antenatal and postnatal care elsewhere) equate to approximately 600 women.

Import data (women that choose place of birth elsewhere and have antenatal and postnatal care at RWT) equate to approximately 900 women.

Birth to Midwifery ratios remain in a positive position of 1: 23. The Midwifery Workforce is now fully established to Birth Rate Plus recommendations following the 2022 workforce assessment.

Perinatal Mortality Report – Reporting monitoring and learning from Deaths.

All Perinatal Deaths continue to be reported, reviewed, and monitored in line with the National Perinatal Mortality Review Tool (PMRT) and CNST safety action 1.

The Perinatal Mortality Report in line with NHSR Maternity CNST recommendation for safety action 1: *Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard?*

The Royal Wolverhampton NHS Trust (RWT) continues to meet the recommendations and standards for Maternity CNST safety action 1: Standards a – d in the reporting period 1ST July – 30th September 2023.

RWT are 100% fully compliant with standards a – d for all Perinatal Deaths.

In the period between 1st October and 31st (Q3) December there were 12 cases for review.

The review group identified that there were no care issues in 4 / 9 cases assigned PMRT grade A

The review group identified care issues which they considered would have made no difference to the outcome in 4 / 9 cases assigned PMRT grade B.

The review group identified that there were care issues which may have made a difference to the outcome in 1 / 9 case. Assigned PMRT grade C.

3 cases are due to be reviewed at the January Perinatal Mortality Review Board meeting.

Maternity and Neonatal Safety Incident (MNSI) / SUI Reports.

MNSI /SUI events have 6 cases open within the Perinatal Directorate.

There is 1 final draft report that has been received by The Trust requiring factual accuracy checks. There have been 3 new cases referred to MNSI which are awaiting consent process from parents.

2 Incidents reported as STEIS – progressing through Trust process.

A thematic review by MNSI into all the investigations conducted for the Trust has revealed no major themes for The Royal Wolverhampton NHS Trust Maternity Service.

Quarterly Quality Review Meetings continue with MNSI and the Directorate Leadership team, Governance teams, Director of Midwifery and Chief Nursing Officer throughout 2024.

RECOMMENDATIONS

That the Board accept and approve the Midwifery Services Report.

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The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting – to be held in Public. February 13th 2024		
Title of Report:	NHS Resolution Maternity Clinical Negligence Scheme for Trusts (CNST)Year 5 compliance Report.	Enc No: To be completed by Board Administrator
Author:	Tracy Palmer	
Presenter/Exec Lead:	Tracy Palmer Director of Midwifery and Neonatal Services	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☒No☐	Yes☐No☐	Yes☐No☐
Recommendations: The Board is asked to note the contents of the report and receive it for approval.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) : **15 (red)**		
Changes to BAF Risk(s) & TRR Risk(s) agreed	**None** Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	**Workforce:** Funding Source: **Business Case**		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☐	Details
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☒No☐	Details: NHS Resolution
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

The Royal Wolverhampton NHS Trust

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date:
	Board Committee	Yes☒No☐	Date: Quality Committee 24th January 2024
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:26th January 2024 TMC

Summary of Key Issues using Assure, Advise and Alert

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

The Royal Wolverhampton NHS Trust is declaring Full compliance for all Ten Maternity and Neonatal Safety Actions as detailed in the NHS Resolution Maternity Clinical Negligence Scheme for Trusts (CNST) Year 5.

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

Alert: Positive assurances & highlights of note for the Board/Committee

The Consultant rota within Obstetrics and Gynaecology is non-compliant with The RCOG compensatory rest guidance.

However, an action plan outlining the plans to achieve this element of Safety action 4 by September 2024 deems the Perinatal Directorate compliant with this standard.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability

	• Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

The Royal Wolverhampton NHS Trust

Maternity Services Report

Report to Trust Board Meeting to be held in Public 13th February 2024

EXECUTIVE SUMMARY

CNST Maternity Incentive Scheme Year 5 Progress Update.

NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care.

The MIS applies to all acute Trusts that deliver maternity services and are members of the CNST. As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund.

The report provides an update on the progress with the Trusts Maternity Service CNST Maternity Incentive Scheme for Year 5.

The Royal Wolverhampton NHS Trust is declaring full compliance with all Ten Maternity Safety actions for NHSR Maternity Incentive Scheme Year 5.

The Board Declaration declaring compliance has now been approved by Quality Committee on 24th January 2024. **(Appendix 1)**

The Board Declaration declaring compliance has been accepted and approved by the Local Maternity and Neonatal System (LMNS) 17th January 2024.

The Chief Executive has signed The Board Declaration Form and submission to NHSR has been completed on the 30th of January 2024.

BACKGROUND INFORMATION

NHSR: Maternity Incentive Scheme (MIS) CNST Year 5 Progress Update.

NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care
The MIS applies to all acute Trusts that deliver maternity services and are members of the CNST. As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund.

The scheme incentivises ten maternity safety actions and, if Trusts can demonstrate that they have achieved all the ten safety actions then they will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

The evidence for each safety action has been reviewed for compliance through several processes. The Perinatal Leadership team have reviewed evidence throughout the year via the local CNST surgeries within the Directorate. The Chief Nursing Officer has also met with the Perinatal Leadership team to review the evidence for added assurance prior to submission.

Trusts submissions will also be subject to a range of external validation points, these include cross checking with MBRRACE-UK data for safety action 1 standard a, b and c. NHS England and Improvement regarding submission to the maternity Data set for safety action 2 criteria 2 – 7. Maternity and Neonatal Safety Incidents (formally HSIB) for the number of qualifying incidents reportable for safety action 10 standard a. Trust submissions will also be sense checked with the CQC.

The Board Declaration Form (**Appendix 2**) declaring compliance has now been approved by Quality Committee on 24th January.

The Board Declaration declaring compliance has been accepted and approved by the Local Maternity and Neonatal System (LMNS) on 17th January.

The Chief Executive signed off The Board Notification Form and submission to NHSR has been completed on the 30th of January 2024.

The table on page 2 demonstrates compliance for The Royal Wolverhampton NHS Trust.

The Royal Wolverhampton NHS Trust (RWT) is declaring **full compliance with all Ten Maternity and Neonatal Safety actions for NHS Resolution Year 5: Maternity Clinical Negligence Scheme for Trusts.**

Table 1:

CNST Maternity Incentive Scheme Year 5				
Safety Action			RAG Status	Evidence Type
1		**Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?**	Compliant	PMRT reports completed Quarterly
2		**Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?**	Compliant	MSDS Scorecard (July 2023 Data released October) confirmed 'passed' all indicators
3		**Can you demonstrate that you have Transitional Care services in place to minimise separation of mothers and their babies?**	Compliant	ATAIN / TC audits completed quarterly, action plans signed off & updated TC Pathway ratified 22/11/23
4		**Can you demonstrate an effective system of clinical workforce planning to the required standard?**	Compliant	
	Obstetric medical workforce	Use of short term locums on grade 2 or 3 rotas	Not applicable	
		Use of long term locums on grade 2 or 3 rotas	Not applicable	
		Compensatory Rest	Compliant with action plan	Action plan: working towards full compliance
		Monitor compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology'	Compliant	Reviewed and presented locally for learning
	Anaesthetic medical workforce	Duty Anaesthetist immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising Anaesthetic Consultant at all times. Where the Duty Anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients	Compliant	Rota evidences compliance with ACSA standard 1.7.2.1.
	Neonatal medical workforce	The Neonatal Unit meets the relevant British Association of Perinatal Medicine (BAPM) national standards of medical staffing	Compliant	CD has confirmed compliance, rotas to support
	Neonatal nursing workforce	The Neonatal Unit meets the BAPM neonatal nursing standards	Compliant with action plan	Action plan: working towards full compliance
5		**Can you demonstrate an effective system of midwifery workforce planning to the required standard?**	Compliant	
		Midwifery staffing budget reflects establishment calculated by BirthRate+ (Feb 2022)	Compliant	Business plan
		Midwifery co-ordinator supernumerary and all women in active labour receive one-to-one midwifery care	Compliant	Matron Reports & Maternity Dashboard support. Ongoing monitoring of red flags
		Midwifery staffing oversight report	Compliant	Included in Midwifery Services Report to every TB
6		**Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?**	Compliant 73%	70% overall compliance with at least 50% for each element required. Complaince confirmed by LMNS 23/11/23
	Element 1	Reducing smoking in pregnancy	80%	SBLCBv3 Toolkit - evidence submitted 14/11/2023 with compliance totals confimed by LMNS 23/11/23. Divergences accepted by NHSE for Uterine Artery Doppler, Reduced Fetal Movements and Placental Growth Factor testing
	Element 2	Fetal Growth: Risk assessment, surveillance, and management	60%	
	Element 3	Raising awareness of reduced fetal movement	50%	
	Element 4	Effective fetal monitoring during labour	80%	
	Element 5	Reducing preterm births and optimising perinatal care	78%	
	Element 6	Management of Pre-existing Diabetes in Pregnancy	83%	
7		**Listen to women, parents and families using maternity and neonatal service and coproduce services with users**	Compliant	MNVP group documentation and patient voice / response detail
8		**Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?**	Compliant	
		Local 3 year training plan in place incorporating Version 2 of the Core Competency Framework	Compliant	Updated TNA compliant with CCFv2 submitted to LMNS
		In-house, one day multi professional training compliance	Compliant	90% achieved as of 7/12/23 (qualifying period 01/12/2022-01/12/2023)
9		**Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?**	Compliant	
		All six requirements of Principle 1 of the Perinatal Quality Surveillance Model have been fully embedded	Compliant	Working with NED, monthly review of SIs to TB, Model reviewed with LMNS & Regional Chief Midwife
		Discussions regarding safety intelligence; concerns raised by staff and service users; progress and actions relating to a local improvement plan	Compliant	Local & regional meetings discussion, review of claims scorecard is reviewed alongside incident and complaint data at least twice in the MIS reporting period at a directorate level meeting
		Maternity and Neonatal Board Safety Champions (BSC) are supporting the perinatal quadrumvirate in their work to better understand and craft local cultures	Compliant	Safety champion Walkabout commentary and actions
10		**Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/CQC/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 30 May**	Compliant	100% compliant with all requirements (qualifying period 6 December 2022 to 7 December 2023)

Further information to support compliance.

Safety Action 3: Term admissions are in line with national averages of 5%. Reviews continue for every term admission to Neonatal Unit (NNU) in regards to modifiable risk factors; the outcomes of which are reflected in the Perinatal ATAIN action plan.

Safety Action 4: Neonatal Medical Workforce: The Neonatal Unit meets the relevant British Association of Perinatal Medicine (BAPM) national standards for medical staffing.

Safety Action 4: Obstetric Medical Workforce: The RCOG compensatory rest guidance outlines that "Consultants should take 11 hours of consecutive rest following either an in-person attendance or telephone call disrupting sleep. It stipulates that the decision to take rest is not left to the individual Consultant but agreed via constructive discussion and factored into job planning".

The Consultant rota within Obstetrics and Gynaecology is not currently structed in such a way that can facilitate this consistently, therefore the Trust is currently non-compliant with this guidance.

An action plan outlining the plans to achieve this element of the Safety action 4 by September 2024 deems the Perinatal Directorate compliant with this standard.

Safety Action 6: The mitigation set out within the action plans for divergence from the standards recommended in Saving Babies Lives Care Bundle v 3 Element 2 Fetal Growth; have been accepted by NHSE with a time frame for compliance of 12 months.

- Uterine Artery Doppler for High-Risk Women
- Recurrent Diminished Fetal Movement (RDFM) Ultra-sound Scan (USS) within 1 working day of reporting.
- Placental Growth Factor (PlG-F) screen for Pre- Eclampsia Toxaemia (PET)

The Perinatal Directorate will continue to monitor progress with the standards above via the Perinatal Directorate CNST surgeries.

RECOMMENDATIONS

That the Board accept NHS Resolution Maternity Clinical Negligence Scheme for Trusts (CNST)Year 5 compliance Report.

Any Cross-References to Reading Room Information/Enclosures:

Board Declaration Form

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Maternity Incentive Scheme - Board declaration form

Trust name	**Royal Wolverhampton Hospitals NHS Trust**
Trust code	**T359**

All electronic signatures must also be uploaded. Documents which have not been signed will not be accepted.

	Safety actions	Action plan	Funds requested	Validations
Q1 NPMRT	Yes		-	
Q2 MSDS	Yes		-	
Q3 Transitional care	Yes		-	
Q4 Clinical workforce planning	Yes		-	
Q5 Midwifery workforce planning	Yes		-	
Q6 SBL care bundle	Yes		-	
Q7 Patient feedback	Yes		-	
Q8 In-house training	Yes		-	
Q9 Safety Champions	Yes		-	
Q10 EN scheme	Yes		-	
Total safety actions	**10**	**-**		
Total sum requested			**-**	

Sign-off process confrming that:

* The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets standards as set out in the safety actions and technical guidance document and that the self-certification is accurate.

* The content of this form has been discussed with the commissioner(s) of the trust's maternity services
* There are no reports covering either **this year (2023/24) or the previous financial year (2022/23)** that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration. Any such reports should be brought to the MIS team's attention.
* If applicable, the Board agrees that any reimbursement of maternity incentive scheme funds will be used to deliver the action(s) referred to in Section B (Action plan entry sheet)
* We expect trust Boards to self-certify the trust's declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of board governance which the Steering group will escalate to the appropriate arm's length body/NHS System leader.

Electronic signature of Trust Chief Executive Officer (CEO):	
For and on behalf of the Board of	Royal Wolverhampton Hospitals NHS Trust
Name:	Prof David Loughton CBE
Position:	Group Chief Executive
Date:	24/01/2024

Electronic signature of Integrated Care Board Accountable Officer:	
For and on behalf of the board of	Royal Wolverhampton Hospitals NHS Trust
Name:	Sally Roberts
Position:	Chief Nursing Officer/Deputy Chief Executive Officer/BC LMNS SRO
Date:	18/01/2024

The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting – to be held in Public on Tuesday 13th February		
Title of Report:	Chief Medical Officer's Report	Enc No: 8.10
Author:	Dr Brian McKaig – Chief Medical Officer	
Presenter/Exec Lead:	Dr Brian McKaig – Chief Medical Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☒No☐	Yes☐No☐
Recommendations: The Board is asked to note the contents of the report. Detailed papers are listed below and can be accessed via the reading room.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None None Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: None Capital: None Workforce: None Funding Source: n/a		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☐	Details:
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

The Royal Wolverhampton NHS Trust

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: TMC Jan 2024
	Board of Directors	Yes☒No☐	Date: Trust Board Feb 2024
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure As highlighted in summary below
Advise As highlighted in summary below
Alert As highlighted in summary below

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

The Royal Wolverhampton NHS Trust

Report of the Chief Medical Officer

Report to Trust Board Meeting to be held in Public on Tuesday 13th February

EXECUTIVE SUMMARY

The report covers the following functions:

- Mental Health Report
- Pharmacy and Medicines Optimisation
- Learning from Deaths Report

BACKGROUND INFORMATION

Mental Health Operational Oversight Group

- In June 2023 – December 2023 there were 92 Mental Health Act assessments.
- There have been 723 reported Mental Health related incidents during July 2023 – December 2023.
- No current responsible clinician available to RWT to support the Mental Health Act
- Challenges continue with capacity resulting in delays to care & treatment. There is also increased demand for Mental Health inpatient admission/beds resulting in extended wait times in the Emergency Department and the Acute Medical Unit.
- Team have developed escalation process to support staff including a duty mobile available between 8am-5:30pm daily (inc weekends).
- Lead nurse for Mental Health is working with teams nationally to raise awareness on work undertaken within the Trust.

Pharmacy and Medicines Optimisation Report

- The Trust Electronic Prescribing and Medicines Administration (ePMA) system has been upgraded with users now benefiting from an improved prescription chart view.
- There has been an upward trend in medication incidents (indicates a positive reporting culture) and incidents causing patient harm continue to be low.
- Challenges include the pharmacy team establishment and being unable to offer a weekend clinical pharmacy service.
- Currently, the Trust does not meet standards published in November 2023 by the Royal College of Emergency Medicine due to no dedicated Emergency Department pharmacist or pharmacy technician. A business case has been developed but not yet approved.
- Safe and secure storage of medicines and management of controlled drugs remains below the standards required to protect patients from harm and to avoid regulatory actions.
- Data from ePMA shows that inadvertent co-prescription of LMWH and oral anticoagulants is occurring and is underreported on Datix. There is risk of patient harm if given concomitantly.
- In November 3.21% doses of critical medicines were omitted on ePMA wards. The number will be over-reported due to patients who are not discharged on ePMA continuing to generate doses.
- From 2026, all pharmacists will be prescribers as they are listed on the register. This will further enhance the roles of pharmacists; however, the change also presents challenges including the necessity to provide roles where pharmacists can utilise their prescribing if we are to retain them.

Learning From Deaths Update Report

- The Summary Hospital-level Mortality Indicator (SHMI) value published for the period July 2022 to June 2023 is 0.8973. The Trust is now ranked 17th out of 120 Trusts across the country and remains within the expected range.
- There are no diagnosis groups with a higher-than-expected SHMI.
- The percentage of in hospital deaths reviewed by the Medical Examiner (ME) are as follows:
    - September 2023 – 98%,
    - October 2023 – 97%
    - November 2023 – 97%
- The percentage of cases that had an ME assessment which included discussions with bereaved families / carers is consistently reaching over 95%.
- The roll-out of the current Medical Examiner Service out into the community is on target with it expected to become a statutory requirement for all deaths registered requiring an ME review in April 2024.
- The ME service is staffed Monday – Friday 9am – 5pm.
- Challenges are navigating the statutory requirement in April 2024 that all deaths require ME review including those who require rapid release on weekends. The team are in discussion with neighbouring Trusts as well as the national group.

RECOMMENDATIONS

The board are recommended to note the content of this high level report. Detailed reports are included within the reading room.

Any Cross-References to Reading Room Information/Enclosures:

- Mental Health Operational Oversight Group Report February 2024
- Pharmacy and Medicines Optimisation Report Jan 2024
- Pharmacy and Medicines Optimisation Report Reference Pack Jan_Feb 2024
- Learning from Deaths Report January 2024

The Royal Wolverhampton NHS Trust

Report to the Trust Board Meeting to be held in Public, 13th February 2024.		
Title of Report:	Mental Health Operational Oversight Group Report	Enc No: 8.10.1
Author:	Dr Brian McKaig, Chief Medical Officer.	
Presenter/Exec Lead:	Jodie Kirby-Owens, Head of Nursing, Mental Health	

Action Required of the Board/Committee/Group (Please remove action as appropriate)			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☐No☒	Yes☒No☐

Recommendations:
The Committee is asked to note the contents of this report and to be informed of the mental health activity.

Implications of the Paper:			
Risk Register Risk	6017, 6018, 6019,		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None Is Risk on Risk Register: Yes☒No☐ Risk Score (if applicable):		
Resource Implications:	Revenue: None Capital: None Workforce: Cost to organisation due to mental health agency usage. Funding Source: None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☐	Details:
	NHSE	Yes☒No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☒No☐	Details: Mental health Act, MCA 2015 compliance
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☒No☐	Details: Mental health provider status
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date:

have been referred to other Board Committees	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure • During June 2023 – December 2023 there was 92 Mental Health Act Assessments. • The Mental health has developed an internal escalation pathway to support acute trust staff. The Duty mobile line between 08:00 – 1730 Hours every day, including weekends.
Advise • Increased acuity for patients attending The Royal Wolverhampton (RWT) with mental health concerns. These are predominantly working age adults. • The Mental Health team continue to work in collaboration with Black Country Foundation Healthcare Trust, Mental Health Liaison Service. The mental health act process is supported by the mental health act administration team to ensure patient rights are upheld.
Alert • There have been 723 reported mental health related incidents. • No current responsible clinician available to RWT to support the mental health act. • Challenges continue with capacity within the Mental Health Liaison Service resulting in delays to care & treatment. • Increased demand for Mental Health inpatient admission/beds resulting in extended wait times in the Emergency Department and the Acute Medical Unit.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement. • Prioritise the treatment of cancer patients. • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Part B – Mental Health Overview Report - Trust Board Report
Date: 13th February 2024

1.0 Purpose Of Report

The purpose of the reports is to highlight the current mental health risks, progress and actions. Identifying internal and external factors.

2.0 Background

In 2021 The Royal Wolverhampton (RWT) registered as a provider of mental health with the CQC - allowing pateints to be detained under the Mental Health Act (MHA) to the organisation. Being a detaining authority places a responsibility onto the hospital managers (Trust Board) to ensure any MHA detention is completed in a lawful way upholding patients human rights.

As an organisation it must be evidenced that there is compliance with:

- The Mental Health Act 1983
- The Code of Pratice 2015

In the MHA the Trust Board are referred to as Hospital Managers and within the 'Code of Practice' the Hospital managers have the authority to detain patients under the Act. They have the primary responsibility for seeing that the requirements of the Act are followed. They must ensure that patients detained only as the Act allows, that their treatment and care accord fully with its provisions, and that they are fully informed of, and are supported in exercising, their statutory rights.

The trust board can accept or decline a detention to their organisation. The board are also required to support any tribunal or appeals that take place as they hold overall responsibilities of the Act within the organisation.

The MHA (1983) is the main piece of legislation that covers the assessment, treatment, and rights of people with a mental health disorder. People detained under the MHA need urgent treatment for a mental health disorder and are at risk of harm to themselves or others. The MHA enables a person to be detained or treated without their agreement. There are many sections of the MHA. Common sections of the MHA used at WHT are:

- Section 136 - Police Detention to access a mental health assessment and a patient can be held for up to 24 hours.
- Section 2 - detention for assessment for up to 28 days
- Section 3 - detention for treatment for up to 6 months (can be extended further)
- Section 5(2) – short term detention for assessment for up to 72 hours, usually resulting in further MHA assessment.
- Section 17 leave - for those patients detained to other organisations, however, may be transferred to WHT for treatment. Section 17 leave is a requirement for anyone who is detained under the mental health act and requires "leave" from the place where they are detained to.

Currently: there is no formal process or agreement in place that supports the 'Responsible Clinician' (RC) under the MHA. This is a direct requirement for any patient detained, predominantly under section 3 MHA for 'treatment'. Without a RC the organisation would not be complying with the regulations of the MHA and code of practice.

Approved Clinicians and Responsible Clinicians (AC/RC)
An approved clinician is a mental health professional approved by the secretary of state or a person or body exercising the approval function of the secretary of state. Some decisions under the Mental Health Act can only be taken by people who are approved clinicians. All responsible clinicians must be approved clinicians.

Current national picture:
Newcastle upon Tyne Hospitals NHS foundation Trust were assessed by the CQC in February 2023.

CQC response:
"In response to our findings, we served the trust with a Warning Notice under Section 29A of the Health and Social Care Act 2008.

"The Warning Notice told the trust that they needed to make significant improvements in the quality and safety of healthcare provided in relation to patients with a mental health need, a learning disability or autism."

The CQC completed a very detailed report detailing all of the areas of improvements required and this report highlighted the responsibilities of the acute trust for all patients that are admitted and the required need for process and clear service delivery expectations, to support patients suffering mental health symptoms.

- There is learning from this report that the mental health team within WHT are reviewing to identify gaps and actions.

WHT Head of nursing for Mental health and team continue to work on improvement projects, however, are unable to provide assurance in relation to the gap related to the responsible clinician role. The responsible clinician role is imperative for the organisation to adhere to the mental health act and meet the CQC requirements for provider of mental health status.

The Right Care, Right Person (RCRP)
The aim is to provide a more customised and compassionate response to mental Health incidents /AWOL patients on a nationwide scale. The Mental Health team has been at the forefront and has represented the Trust on several Right Care, Right Person operational planning including other stakeholders regionally. The Trust has been given notice period, with the targeted launch date set for the 5th of February 2024.

- RWT/WHT are developing the appropriate policy to support the acute organisations.

3.0 Risks

This report contains a summary of risks that are being escalated to the corporate risk register:

6017 – Risk of Sub optimal care and risk to harm to Children who present in Mental Health Crisis. Score of 12.

Risk of Sub optimal care and harm to Children who present in a Mental health Crisis, due to external services no able to deliver the Services. There are no current out of hours Camhs Consultant or Clinical Cover at present moment to carry out any assessments. This may contribute to a breach in part of the Mental Health act, resulting in non-adherence to Mental Health act legislation and CQC registration.

6019– Children and Young People (CYP) Mental Health delays in access to Tier - 4 bed. Score of 12

Risk of sub-optimal care and harm to patients who are admitted to the Pediatric ward awaiting Tier 4 beds, due to the national shortage of Tier 4 beds and challenges within the Tier 4 system. Equally there are no local commissioned CAMHS beds, therefore all local patients requiring Tier 4 admission must be admitted through the national systems, this contributes to an extended wait time for admission to Tier 4, resulting in non-adherence to mental health act legislation and CQC requirements and best practice for supporting CYP in crisis.

6018 – Adult Mental Health Quality of Care
Risk of sub optimal care and harm to adults who present in a mental Health Crisis. Score of 12

Risk of sub-optimal care and harm to adults who present in a mental health crisis, due to external services not able to deliver the NHS services with the absence of the memorandum of understanding. This may contribute to a breach in part of the mental health act, resulting in non-adherence to mental health act legislation and CQC.

Assurance

The WHT/RWT mental health team continue to work across the organisation and in collaboration to develop, deliver and embed policies and processes that support safe high quality of care for mental health patients. WHT/RWT mental health teamwork alongside the acute hospital staff to support education and escalation to manage patients safely.

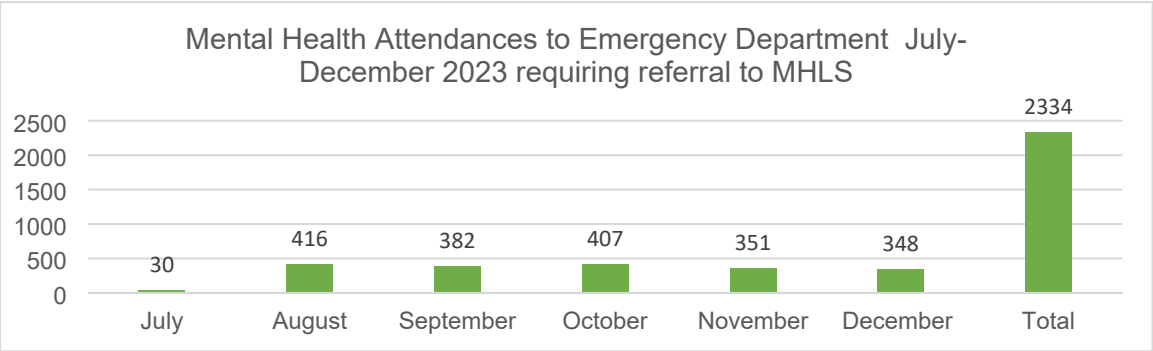
However suboptimal delivery of CORE24 is outside of the scope of the WHT mental health team.

4.0 Mental Health Activity

The Emergency Department (ED) of our healthcare facility has witnessed a sustained increase in patient volume over recent months. In the last period of six months, there has been 2334 total number of patient attending Emergency Department with a Mental health presentation. 326 of the total 2334 where Children, young People and Adolescence. This report aims to provide an overview of this trend and draw comparisons with the national landscape.

Attendance to the emergency department for mental health, reason remains consistent, this is different from previous years where there were peaks and drops with attendances that historically were predictable. In the last year we have seen a consistently high number of mental health attendances and those attending have appeared more complex.

Chart 1: Mental Health Attendances to ED

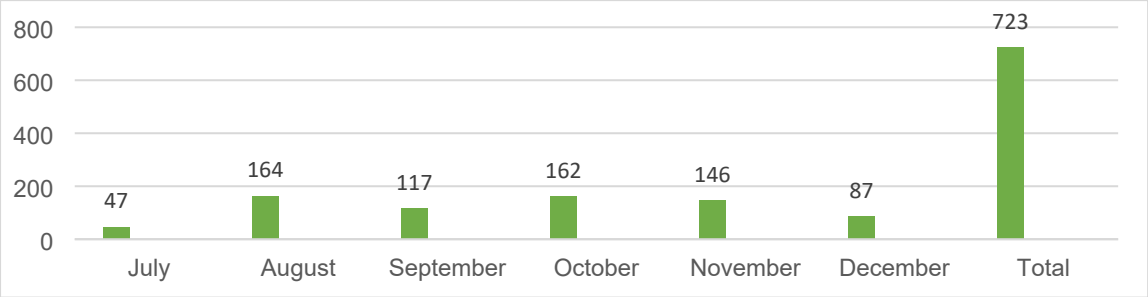


5.0 Governance

There were 723 mental health related incidents reported between July 2023 – December 2023. With the top 3 cause groups of:

- Delay in access to assessment
- No access to psychiatrist when required.
- Staffing and resourcing
- Breach in local policy (delay in the discharge processes)

Chart 2– Incident data – 01/07/2023-31/12/2023



Other themes and challenges identified across the organisation supported by the WHT/RWT Other themes and challenges identified across the organisation supported by the WHT/RWT Mental health team:

- Absconding patients (all areas).
- Mental health act
- Patient delays in accessing mental health assessment by external provider.
- Breach in CORE24 service delivery standards.
- Challenges with completing section 5(2) MHA 1983 documentation and assessment.
- Delayed access to appropriate 136 suite.
- Increase in section 136 attendances to the ED.
- Supporting children under section 136 suite as CAMHS currently do not offer any support to ED.
- Challenges to access the local 136 suite for CAMHS.
- Supporting patients whilst awaiting tier 4 admission.
- Supporting CYP who are presenting in crisis due to limited access to specialist CAMHS team.
- Supporting and escalating through appropriate routes.
- Overuse of restraint/inappropriate restraint by security staff/ward staff.
- Frequent admissions/HISU (High Intensity Service User).

Action:
WHT have now developed a meeting to share incident reports with the external mental health provider on a regular basis. To improve collaborative working and supporting the quality of care for patients who are in WHT/RWT trust.

6.0 Mental Health Act

6.1 Equalities data

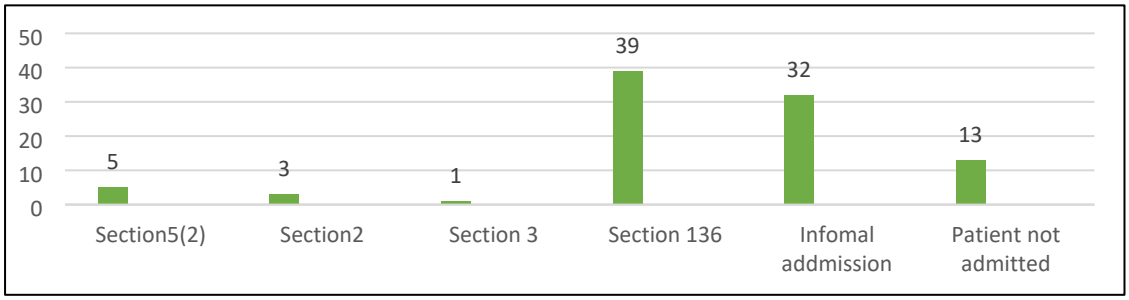
The Comprehensive data on detained patients especially focussing on equalities has been compiled and analysed to provide a through understanding of demographic and social factors within the patient cohort. is as follows:

- Age: The average age was 32 years (12 - 80years).
- Ethnicity: is detailed in the graph below for those detained to RWT

As an organisation all equality data is collated and compared with the other regional teams and acute trusts.

6.2 Mental Health Act (MHA) Assessments

Chart 3: There have been 93 MHA assessments within RWT between July -December 2023. The chart shows the outcome of those assessments.



7.0 Mental Health Training

7.1 Mental Health Act training

- Mental Health Act Awareness Is available to all members of staff via the Trust intranet.

7.2 Ligature cutter training

- Training video is available via My Academy.

8.0 Action plan & Training

The head of nursing for mental health and team have developed an action plan for mental health that has 60+ actions listed. The team are setting out a new project plan and aspire to have completed all actions by the end of 2024.

9.0 Additional

Deputy head of nursing for mental health NHSE has met with the head of nursing for mental health and would like to work together over 2024 to support an increasing awareness of the work undertaken within the acute trust nationally. Nationally there is an awareness of the challenges faced for acute hospitals in relation to mental health and an increasing interest in how acute trusts are managing the risks and demands. WHT invested in a team and service to support mental health, and this is an innovative approach.

End of Report

The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Management Committee Meeting On 26th January 2024 and the Trust Board Meeting – to be held in Public on 13 February 2024		
Title of Report:	Pharmacy and Medicines Optimisation Report	Enc No: 8.10.2
Author:	Angela Davis, Clinical Director of Pharmacy and Medicines Optimisation, Controlled Drugs Accountable Officer	
Presenter/Exec Lead:	Dr Brian McKaig, Chief Medical Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☒

Recommendations:
The Board is asked to note the contents of the report and to receive it for assurance and discussion.

Implications of the Paper:			
Risk Register Risk	Yes ☒ Risk Description: Datix 5448: Safe medicines management On Risk Register: Yes☒No☐ Risk Score (if applicable) : 12 (Significant Risk)		
Changes to BAF Risk(s) & TRR Risk(s) agreed	No changes to the medicines management risk score have been made since the last report.		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Contribution to the Trust's compliance with CQC fundamental standards (safe).
	NHSE	Yes☒No☐	Details: Contribution to the Trust's compliance with NHS Oversight Framework requirements.
	Health & Safety	Yes☐No☒	Details: N/A
	Legal	Yes☒No☐	Details: Contributes towards compliance with the following legislation: The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Medicines Act 1968 The Human Medicines Regulations 2012 The Misuse of Drugs Act 1971 Controlled Drugs (supervision of Management and Use) Regulations 2013
	NHS Constitution	Yes☒No☐	Details: Contributes to the NHS constitution principles (Quality of Care)
	Other	Yes☐No☒	Details: N/A
CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **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.		

The Royal Wolverhampton NHS Trust

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate. Please provide an example/demonstration: There is nothing within this report that might disadvantage anyone with reserved characteristics.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: QSAG January 23
	Board Committee	Yes☒No☐	Date: TMC & Quality Committee January 23
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☒No☐	Date: MMG January 23 (virtual)

Summary of Key Issues using Assure, Advise and Alert

Assure

- There has been an upward trend in medication incidents (indicates a positive reporting culture) and incidents causing patient harm continue to be low in number.
- The Trust Electronic Prescribing and Medicines Administration (ePMA) system has been successfully upgraded to improve stability and functionality with users now benefiting from an improved prescription chart view.

Advise

- There will be no antimicrobial stewardship pharmacist between February and April due to a maternity leave and a vacancy, this is a risk to antimicrobial stewardship activities as there is insufficient Consultant Microbiologist time to compensate.
- The pharmacy establishment is not sufficient to provide a good pharmacy service to all areas, and there is no weekend clinical pharmacy service. A consequence of this is that we fall short of the national target for medicines reconciliation within 24 hours of admission.
- In November the Royal College of Emergency Medicine (RCEM) published standards on pharmacy professionals in the Emergency Department (ED). The Trust does not meet the standards as there is currently no dedicated pharmacist or pharmacy technician for ED, and a business case which included provision was not approved due to lack of funds. Omissions around medicines management were evident at the last ED Quality Review Visit.
- From 2026 all pharmacists will be prescribers from their first day on the register. This change will further enhance the roles of pharmacists; however, the change also presents challenges including the necessity to provide roles where pharmacists can utilise their prescribing if we are to retain them.

Alert

- Data from ePMA shows that inadvertent co-prescription of LMWH and oral anticoagulants is occurring and is underreported on Datix. There is risk of patient harm if given concomitantly.
- In November 3.21% doses of critical medicines were omitted on ePMA wards. The number is over-reported because patients who are not discharged on ePMA continue to generate doses, however it is the only data that we have available.
- Safe and secure storage of medicines and management of controlled drugs remains below the standards required to protect patients from harm and to avoid regulatory actions.
- A second National Patients Safety Alert for valproate has been published. This has demonstrated gaps in our compliance with the first alert and therefore a known risk of serious harm to a baby after exposure to valproate in pregnancy.

The Royal Wolverhampton NHS Trust

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care
Support our Colleagues	• Be in the top quartile for vacancy levels
Improve the Healthcare of our Communities	
Effective Collaboration	• Improve population health outcomes through provider collaborative • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall

Paper for submission to the Trust Board Meeting – to be held in Public On 7th February 2024	
Title of Report:	Pharmacy and Medicines Optimisation Report
1.0	**Executive Summary** This report provides an overview of Q2 and Q3 medicines optimisation activities and medicines management indicators. In addition, it provides updates pertaining to pharmacy services which lead and support delivery of medicines optimisation and a good patient experience. The report demonstrates our ongoing commitment to ensuring medicines use is safe, effective, and cost effective. The Trust has a strong reporting culture for medicines incidents demonstrated by an increase in incidents reported during Q2 and Q3 whilst maintaining low patient harm. Where we need to improve our position there are actions and improvement plans in place, for example to address gaps in medicines storage, high ambient temperatures, and omitted doses of medicines. In Q3 the pharmacy team successfully upgraded the Trusts ePMA system and users are benefiting from a more stable system with enhanced functionality e.g., an improved prescription chart view. The benefits of clinical pharmacists are well established and changes to the education of pharmacists, including prescribing from day 1 of registration, will further enhance the roles of pharmacists in front-line patient care. The pharmacy team welcomes the recent standards published by the Royal College of Emergency Medicine (RCEM) for Pharmacists and Pharmacy Technicians in the Emergency Department and will work with the Trust to find a way to meet these standards, as well as continuing to pursue ways to develop 7-day clinical pharmacy services to the admissions receiving areas such as AMU and SEU. Data and charts referred to in the report are provided in the supporting reference pack.
2.0 **2.1**	**Medicines Optimisation** **Medication Incidents** There is an upward trend in medication incidents being reported which indicates a positive reporting culture (Figure 1) and incidents reported as causing patient harm (any level) remain low. There was one report of serious patient harm in August 2023 which related to out of hospital care provided by a non-RWT PCN GP Practice. The most frequently reported medication incident type continues to be 'administration', followed by 'prescribing' and 'medication storage'. Following a serious harm incident in September 2021 the Medicines Safety Group (MSG) have monitored dual prescribing of low molecular weight heparin (LMWH) and oral anticoagulants. A review of ePMA data shows that the issue is occurring and is underreported on Datix. The following improvement actions have been agreed by the MSG: • Risk to be added to Division 1 and Division 2 risk registers.

- Update Trust VTE eLearning (action completed).
- Strengthen alerts on ePMA (action complete but prescribers continue to ignore alert).
- Making It Better Alert to be updated and re-issued.
- Share information on ePMA reported incidents with Directorates via Governance Team.
- To pursue the use of ePMA reports to assist clinical teams with identification of patients dual prescribed LMWH and an oral anticoagulant.

The MSG have also noted a trend of gentamicin incidents whereby doses are being omitted or duplicated, this a particular issue where patients are transferred between paper prescription (Theatres or ED) and ePMA. A task and finish improvement group is to be established in Q4 to agree improvement actions.

Omitted and delayed doses make up the largest proportion of 'administration' type medication incidents reported on Datix. In November 2918 (3.21%) doses of critical medicines were omitted on ePMA wards for nonvalid reasons (Figure 2), with AMU omitting the most doses. Data is pulled from ePMA which over-reports numbers because patients who are not discharged on ePMA continue to generate doses, however at the current time it is the only data that we have available. Reports are shared with ward managers via InPhase and the Nursing Quality Team are supporting wards to improve.

2.2 **Compliance with Trust Medicines Policies**

Compliance with the Trusts Medicines Policies is conducted through the Medicines Management Audit Programme which is overseen by the Medicines Management Group (MMG). The position at the end of Q3 is provided in the reference pack. Improvements have been seen in controlled drugs management but the number of wards falling below the expected standards in medicines storage audits has increased.

2.3 **Medicines Storage and Security**

The locally set target is for all wards/departments to score >80% on their medicine's storage and controlled drugs audits, the areas that consistently fail to achieve this target are usually inpatient wards and theatres areas. The hospital buildings and facilities do not always support compliance e.g., high ambient temperature in the maternity block, but for most audit measures human factors are the greatest contributor to failing to achieve the required standards. A Medicines Management Summit was held in September and was attended by over 60 nursing and pharmacy staff, medicines storage and security was identified as a key improvement area for all Divisions. Following the summit each Division has identified their own improvement actions and are reporting to MMG on progress against these. The Nursing Quality Team are also supporting the formation of Shared Decision-Making Councils for medicines management.

Improvement work to the treatment and fluid rooms on A7 and A8 have been completed and these are now a blueprint for other wards. Improvements for other areas have been identified and plans developed, however no work can be progressed with the wards in situ and at the time of writing this report as there is no decant plan. High ambient temperatures are an on-going patient safety and regulatory compliance risk in several treatment and fluid rooms across the organisation and a new risk assessment template has been developed to help provide evidence that clinical areas are trying to mitigate the risk and take appropriate actions. A business case for electronic temperature monitoring of 10 wards on C-block was submitted in November and is pending a decision by the Capital Review Group, if approved this will improve compliance with temperature monitoring and will help to define the scale

	of the ambient temperature issue within C-block. Estates have been unable to provide a solution for all wards/departments for either temperature monitoring or cooling at the current time.
2.4	**Controlled Drugs** The Clinical Director of Pharmacy and Medicines Optimisation is also the Trusts Controlled Drugs Accountable Officer (CDAO). All NHS Trusts must have a CDAO by law and the CDAO is responsible for the safe management and use of controlled drugs within the organisation. The Trusts Medicines Safety Officer has recently attended national CDAO training so that she is able to support and deputise for the CDAO. The Controlled Drugs Local Intelligence Network (CDLIN) met in June and November and was attended by the Medicines Safety Officer and the CDAO respectively. Quarterly Occurrence reports were submitted in full and on time to NHSE in July (Q1) and October (Q2). In Q1 there were 102 CD incidents reported on Datix with 0 reports of patient harm. 41 incidents related to storage and 24 to administration. There were 21 reports of controlled drugs being missing / unaccounted for. In Q2 there were 112 CD incidents reported on Datix, including 3 low harm incidents. 48 incidents related to storage and 34 to administration. There were 20 reports of controlled drugs being missing / unaccounted for. Themes identified include: • Non-secure storage including CD's found in patient belongings, unlocked lockers and red iBins. • Breakages and spillages. • Deficit of liquid controlled drugs when measured. • Wong drug or dose being administered. One case of drug seeking behaviour was notified to the West Midlands Police CD Liaison Officer and NHSE.
2.5	**National Patient Safety Alerts (NatPSA)** Compliance with NatPSA's is a focus of CQC inspections and failure to take the actions required under an NatPSA may lead to regulatory action. There has been an increase in number and complexity of NatPSA's for medicines during Q2 and Q3 when compared to previous quarters. Some NatPSA's require on-going assurance checks as compliance diminishes over time. In November the MHRA issued a NatPSA to prepare organisations for new valproate regulatory measures which come into effect in January 2024. Due to the known significant risk of serious harm to a baby after exposure to valproate in pregnancy, these measures aim to ensure valproate is only used if other treatments are ineffective or not tolerated, and that any use of valproate in women of childbearing potential who cannot be treated with other medicines is in accordance with the Pregnancy Prevention Programme (PPP). Given these and other risks of valproate, these measures also aim to reduce initiation of valproate to only in patients for whom no other therapeutic options are suitable. Neurology, Paediatrics and Pharmacy are currently working with Primary Care to identify and repatriate all women of childbearing potential who are prescribed valproate. Over the next 12 months each of these women will be reviewed by a specialist MDT to determine whether valproate is to be continued, and if it is to be continued, to ensure there is a completed risk acknowledgment form and the woman is enrolled in the PPP.
2.6	**Medicines Policies, Procedures and Guidelines** All medicines policies are currently in date with several pending review and ratification before March 2024. MP10 Temperature Management for Medicines Storage Policy, approved in September, has been

	rewritten to provide a more pragmatic risk-based approach to high ambient temperatures. To facilitate manual recording of fridge and ambient temperatures a new record booklet has been implemented.
2.7	**Formulary and Interface** A single prescribing formulary across the Black Country will improve access to medicines and reduce health inequalities across the ICS. There are 4 chapters live on the Black Country Joint Prescribing Formulary, these are Cardiovascular, Infections, Respiratory and Endocrine. All applications for inclusion within the formulary are reviewed by the Joint Formulary Group (JFG), a subgroup of the Integrated Medicines Optimisation Group (IMOG). In Q2 and Q3 RWT have had 3 new medicines approved for formulary inclusion.
3.0 **3.1**	**Pharmacy Services** **Pharmacy Workforce** The Trust continues to successfully recruit pharmacy professionals, despite a national workforce shortage and high vacancy rates reported by several hospitals within the Midlands. In month 8 the Pharmacy Directorate had 222 WTE contracted staff, including 74 WTE Pharmacists and 78 WTE Pharmacy Technicians. At least 50% of the pharmacists are independent prescribers. The RWT PCN Pharmacy are not included in these numbers but are fully established following a change in leadership and a successful recruitment campaign. In month 8 the Pharmacy Directorate was over recruited by 7 WTE staff against budget, however this is not a true reflection of the current position because the Directorate carries unfunded cost pressures. At the end of Q3 vacancies exist within Renal, Cardiology, ICCU and Surgery; and there will be no Antimicrobial Stewardship Pharmacy support between February and April due to maternity leave (risk escalated via IPCG). The Pharmacy Directorate continues to have insufficient budgeted establishment to provide a good pharmacy service to all areas, and consequently there are either no, or limited, clinical services to ED, AMU, Renal, Care of the Elderly and Surgery, and there is no weekend clinical pharmacy service to wards (Datix 5875 Clinical Pharmacy Service Inadequate Staffing (9 Amber)). The education and training of pharmacists is being transformed, so that in the future they will be able to play a much greater role in providing clinical care to patients and the public. The most significant change is that from 2026 all new pharmacists will be prescribers from their first day on the register. The benefits of clinical pharmacists are already well established, and these changes will further enhance the roles of pharmacists within the MDT, however the changes also present several challenges which are being worked through by the Pharmacy Directorate. One of the key challenges will be to create roles that enable pharmacists to regularly utilise their prescribing qualification within the current financial envelope, if this cannot be achieved the risk is that we do not retain our clinical pharmacist workforce. RWT hosts 5 Trainee Pharmacists (similar to other hospitals) and their salary is paid for by NHSE. As part of the changes NHSE have announced a single funding model across all sectors and consequently RWT is facing a cost pressure from 2025. There is a risk that the current national Pharmacy workforce shortage will be exacerbated, in the short to medium term, by the changes that are happening. This is based on anecdotal information that Hospital Chief Pharmacists are considering reducing their Trainee Pharmacist numbers due to the reduction in funding and Community Pharmacies are reducing their numbers because they cannot provide a prescribing environment for the trainee.
3.2	**Clinical Pharmacy Services**

	Medicines histories taken within 24 hours of admission continues to underperform against the national target of 100% (Figure 3), the risk associated with this is that patients' prescriptions will be incorrect on admission and will continue to be incorrect, this can result in patient harm and longer hospital stays. The reasons for the underperformance are: • No clinical pharmacy provision to ED. • Gaps in pharmacy service provision due to under establishment, including lack of a weekend clinical pharmacy service to the admissions portals. In November the Royal College of Emergency Medicine (RCEM) published standards on Pharmacists and Pharmacy Services in the ED. The Trust does not meet the recommended standards as there is currently no dedicated pharmacist or pharmacy technician for ED, and a business case which included some provision for this was submitted to the Trust in November 2022 but was not approved due to lack of funds. Omissions around medicines management were evident at the last ED Quality Review Visit conducted in November and due to be reported to QSAG in February.
3.3	**Electronic Prescribing and Administration** An upgrade of the ePMA system to improve stability, performance, functionality, and safety was undertaken in November. As a precaution the Trust was moved into business continuity (paper prescriptions) prior to commencing the upgrade. The ePMA system was expected to be available on the morning following the upgrade, however due to unexpected problems ePMA was unavailable to wards for 7 days and it was a further 9 days before all wards were back on ePMA. The ePMA team are reviewing the reasons for the unexpected problems, the impact of the upgrade on patients and staff, and any recommendations / lessons learnt for future ePMA upgrades.
3.4	**Medicines Expenditure and Value Programme** Medicines spend has increased year on year since 2020/21, with a forecast spend of £76M for 2023/24 (Figure 3). At month 8 Division 1 and Division 2 were overspent by £179,000 (2%) and £1,151,000 (4%) respectively, whilst Division 3 were on budget. Increased spend on medicines which were previously pass-through and are now within the block contract is contributing towards the overspend. In August ICB's received letters from NHSE outlining financial savings opportunities from medicines procurement and 16 national medicines optimisation opportunities for the NHS in 2023/24. The ICB have selected 6 medicines opportunities, including 2 which are specific to secondary care, these are: • Using best value biologic medicines in line with NHSE commissioning recommendations • Switching intravenous antibiotics to oral. In Q2 and Q3 we have progressed switches to best value biological medicines in Ophthalmology and Rheumatology, although neither scheme has reported any savings yet. Switching intravenous antibiotics to oral is part of a national CQUIN which the Trust is performing well against.
4.0	**Recommendations** TMC and Trust Board are asked to note the contents of the report and in particular the key issues described under 'Alert'. The Board members may wish to debate whether they are satisfied with the assurances provided around medicines and the breath of activities in place to drive good medicines optimisations and high-quality pharmacy services.

The Royal Wolverhampton NHS Trust

TMC and Trust Board	
Meeting Date:	7th February 2024
Title of Report:	Pharmacy and Medicines Optimisation Report
	Supporting Reference Pack

Please refer to the main Pharmacy and Medicines Optimisation Report for the narrative relating to the charts and data presented in this reference pack.

2.1 Medication Incidents

Figure 1 shows the total number of medication incidents reported via Datix and the number of medication incidents that have been reported to cause patient harm (any level).

Figure 1: Medication Incidents

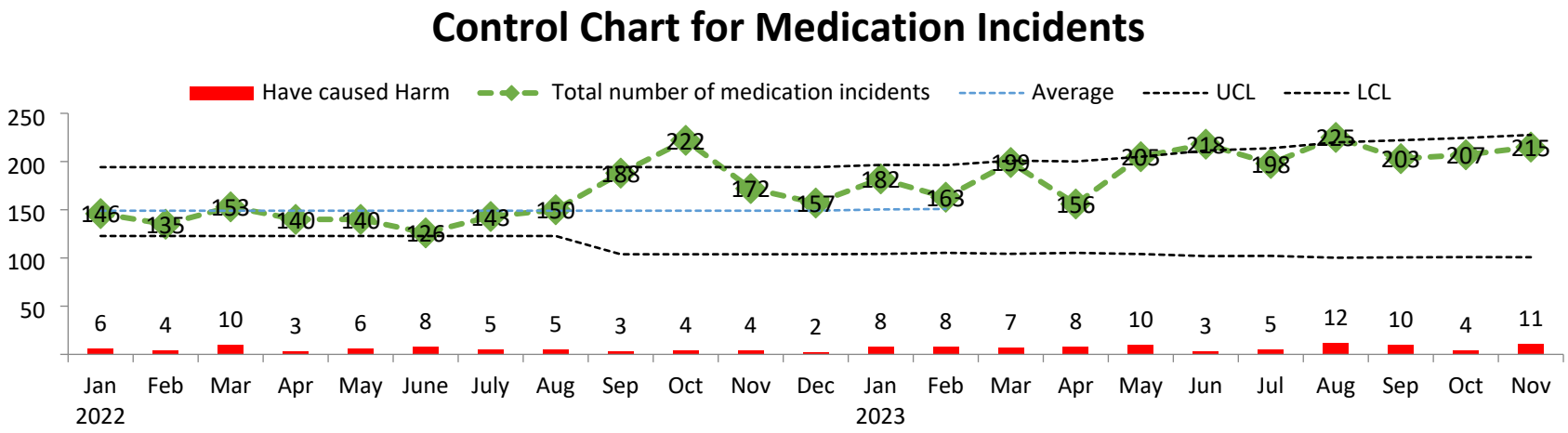
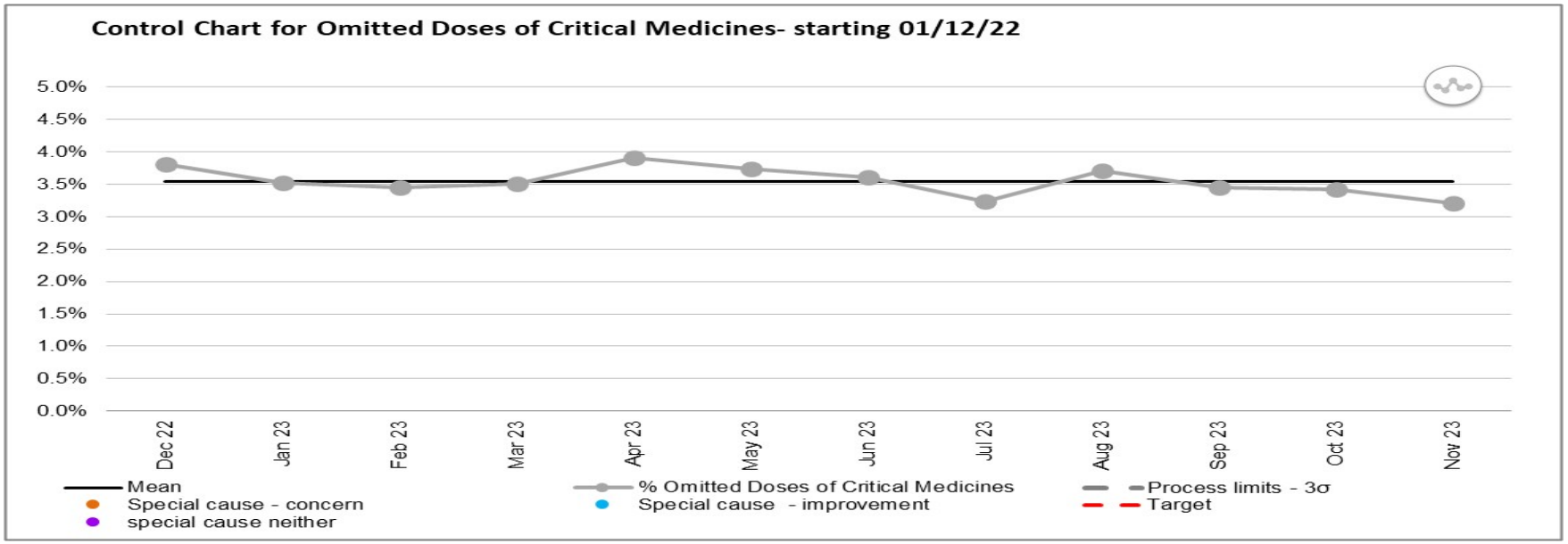


Figure 2 shows the the number of omitted doses of critical medicines on ePMA wards. Data is taken from ePMA. A limitation of the ePMA data is that if a ward does not discharge a patient on ePMA when the patient physically leaves the ward the ePMA system will continue to generate doses. These doses will show as omitted on the prescription chart and the the omitted doses report. Wards do not always discharge patients on ePMA in a timely manner, and therefore the actual number of omitted doses will be lower than what is reported below. This is the only data that we have available to us at the current time.

Figure 2: Omitted Doses of Critical Medicines (EPMA Wards)



2.2 Compliance with Trust Medicines Policies

The table below shows the metrics that the Medicines Management Group uses to monitor compliance with the Trust Medicines Policies. The target is for zero wards/departments to score <80% on their medicine's storage and controlled drugs audits. This is an internal target and has been agreed by nursing and pharmacy.

The frequency of medicines storage audits depends on the last score and all areas are audited at least annually. There are 164 wards / departments to be audited across the acute and community sites and therefore the actual number scoring <80% is small (21 areas (13%) in Q3). The areas scoring <80% are almost exclusively inpatient wards and the lowest score is 47%. Controlled drugs audits are conducted quarterly and there are 106 wards / departments who hold controlled drugs, the number scoring <80% in Q3 was 15 (14%), these were inpatient wards and theatres, and the lowest score was 63%.

The concern is that any medicines (including controlled drugs) which are not stored correctly and securely may result in patient harm and are at risk of being diverted or tampered with. During their inspections the CQC specifically look at compliance with medicines storage and any gaps in practice occurring across several areas may result in action being taken against the Trust.

Actions and improvement plan are in place which have been agreed between nursing and pharmacy and are part of the medicines management risk on the Trust risk register.

Medicines Policy Compliance Metrics				2022/23			2023/24			
	Target	Variation	Assurance	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Wards/Departments scoring <80% on last medicines storage audit	0				17		16		21	
Number of Wards/Departments scoring <80% on last controlled drugs audit	0			23	22	15	11	14	15	
% Omitted doses of critical medicines	0			3.21	3.80	3.50	3.60	3.45	3.21	
Expired PGD's	0						2		0	

2.5 National Patient Safety Alerts

The table below shows the NatPSA's monitored by MMG in Q3 and Q4.

Reference	Title	Due Date	Status	Comments
NatPSA/2023/016/DHSC	Potential for inappropriate dosing of insulin when switching insulin degludec (Tresiba) products	22/12/23	Complete	
NatPSA/2023/015/UKHSA	Potential contamination of some carbomer-containing lubricating eye products with Burkholderia cenocepacia - measures to reduce patient risk.	17/12/23	Complete	Included a patient level recall actioned by Pharmacy
NatPSA/2023/013/MHRA	Valproate: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients.	31/1/24	On Target	
NatPSA/2023/012/DHSC	Shortage of verteporfin 15mg powder for solution for injection	20/10/23	Complete	
NatPSA/2023/011/DHSC	There are supply disruptions affecting various strengths of the following medications which are licensed for the treatment of attention deficit hyperactivity disorder (ADHD).	11/10/23	Complete	Supply disruption is improved but ongoing
NatPSA/2023/009/OHID	Potent synthetic opioids implicated in heroin overdoses and deaths.	4/8/23	Complete	
NatPSA/2023/008/DHSC	Shortage of GLP-1 receptor agonists .	18/10/23	Complete	Supply disruption is ongoing
NatPSA/2023/007/MHRA	Potential risk of underdosing with calcium gluconate in severe hyperkalaemia	1/12/23	Complete	

3.1 Pharmacy Workforce

The table below summarises the key changes to education and training of pharmacists and the challenges that these are associated with.

Change	Associated Challenges
From 2026 all new pharmacists will be prescribers.	• Upskilling the current pharmacist workforce to be prescribers. • Provision of a prescribing environment and a Designated Prescribing Practitioners for all trainee pharmacists. • Creating roles which enable pharmacists to regularly utilise their prescribing qualification and to maintain prescribing competency within the current resource envelope.
New learning outcomes that span the whole 5-year initial training period (MPharm degree and the Foundation Training Year) and link to a continuum of development into post-registration.	• Provision of undergraduate clinical placements when there is no standardisation between HEI's and the placement tariff is insufficient to cover the costs of delivery. • Creating a Pharmacy Education & Training Team without additional funding and where historically this was part of 1 person's role.
From summer 2025 NHSE will be the single education provider for the Foundation Training Year.	• Single recruitment process and aligned funding across all sectors of Pharmacy, resulting in a potential cost pressure to RWT in 2025 of £42,000 (based on 5 Trainee Pharmacists). • A 13-week cross sector placement mandated from 2026

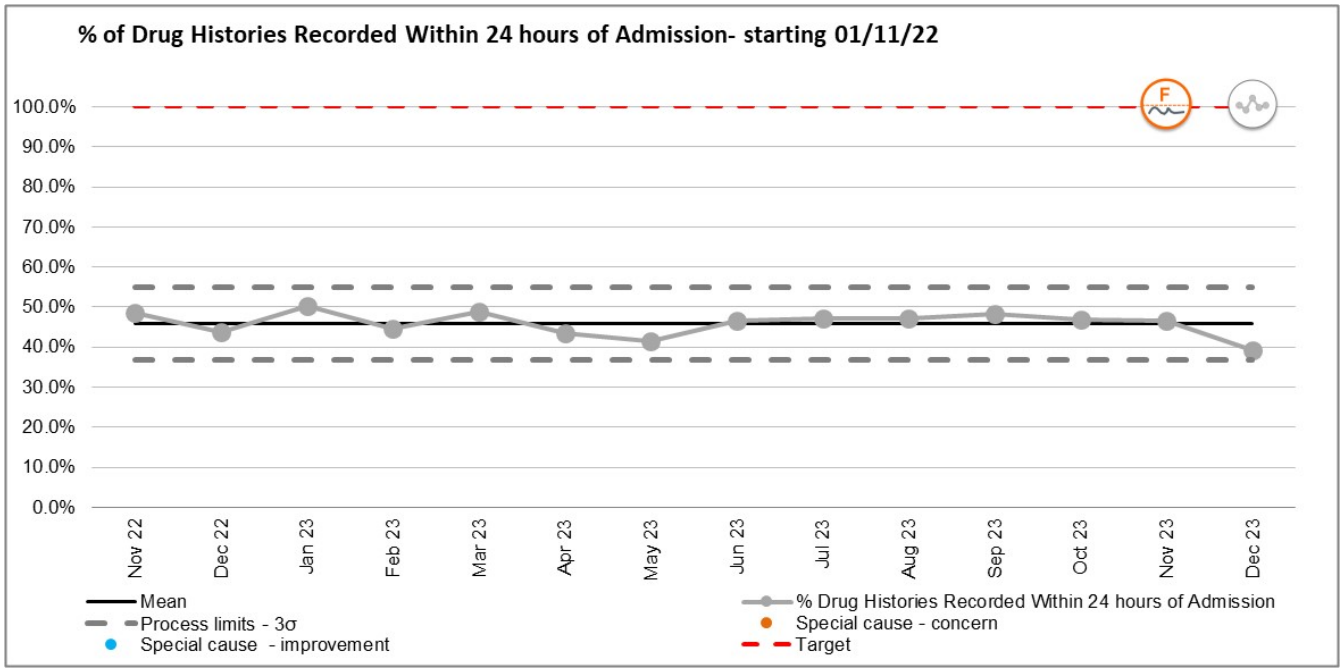
Figure 3 shows the % of in-patient drug histories accurately recorded by a pharmacy professional, that are completed within 24 hours of the patient being admitted.

In 2016 NICE published Quality statement 4: Medicines reconciliation in acute settings, this requires inpatients to have a reconciled list of their medicines within 24 hours of admission. Medicines reconciliation is the process of identifying an accurate list of a person's current medicines and comparing it with the in-patient prescription. Obtaining an accurate drug history is stage 1 of medicines reconciliation and the information is obtained from at least 2 sources such as: the patient's own medication, GP surgery records, repeat prescription slips, community pharmacy records and care home medicines administration sheets.

The rationale for medicines reconciliation is that medicines-related patient safety incidents are more likely when medicines reconciliation happens more than 24 hours after a person is admitted to an acute setting. Undertaking medicines reconciliation within 24 hours of admission enables early action to be taken when discrepancies between lists of medicines are identified. Evidence demonstrates that medicines reconciliation within 24 hours of admission reduces harm attributable to errors in medication, improves patient satisfaction with outcomes from the use of their medicines and reduces the number of patient complaints. The recently published RCEM standards on Pharmacists and Pharmacy Technicians in the Emergency Department recognises the importance of medicines reconciliation.

At RWT there is no dedicated pharmacy staff in ED and the clinical pharmacy service is Monday to Friday 9am – 5pm, to improve the Trust performance for medicines reconciliation the gaps in the pharmacy service must be addressed and the service extended to include longer days and weekends.

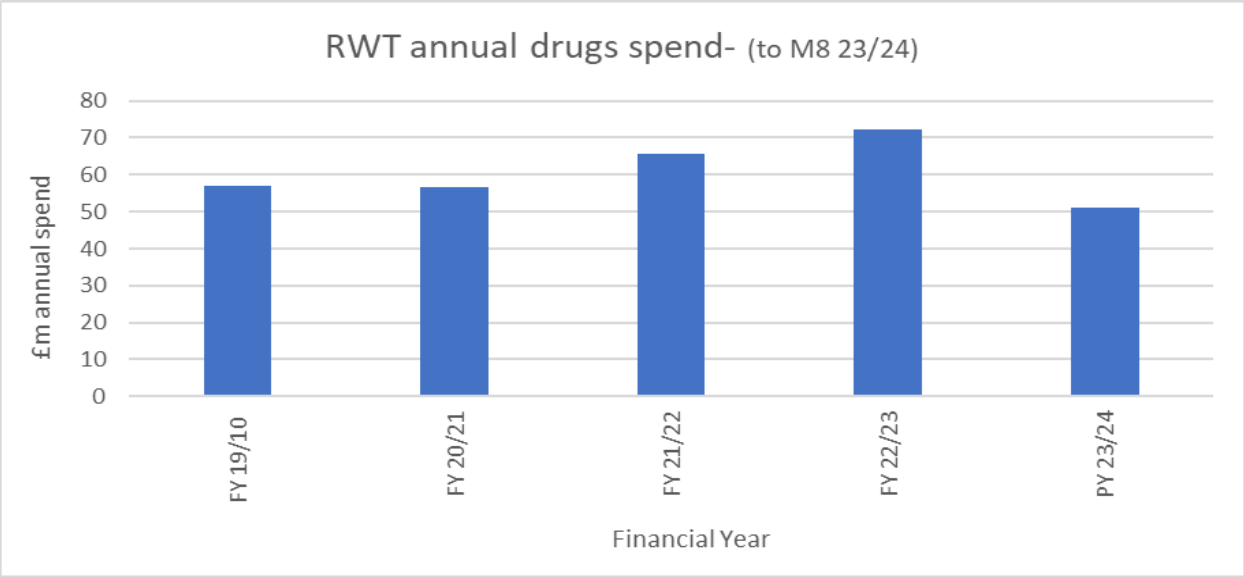
Figure 3 % of in-patient drug histories accurately recorded by a pharmacy professional within 24 hours of admission.



3.4 Medicines Expenditure and Value Programme

Figure 4 shows the annual spend on medicines from 2019/20 to Month 8 2023/24

Figure 4 Trust Spend on Medicines



END

The Royal Wolverhampton NHS Trust

Report to the Trust Board Meeting 13th February 2024		
Title of Report:	Learning From Deaths Update Report	Enc No: 8.10.3
Author:	Karenjit Sahota / Lauren Tracey - Head of Chief Medical Officer Portfolios Email: Karenjit.Sahota@nhs.net / l.tracey1@nhs.net on behalf of Dr Brian McKaig Chief Medical Officer and Dr Ananth Viswanath Deputy Chief Medical Officer	
Presenter/Exec Lead:	Dr Brian McKaig / Dr Ananth Viswanath	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☐No☒	Yes☒No☐

Recommendations:

To receive and note the report.

To provide an update on the work being undertaken surrounding the Trust's Learning from Deaths Agenda. This report is to provide assurance that the Trust SHMI is within the expected range and that the Trust are proactively managing the Learning from Deaths Agenda.

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: On Risk Register: Yes☒No☐ 4734 Risk Score (if applicable) : BAF SR12 – Score is 9 Amber Rating		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None Risk Description Is Risk on Risk Register: Yes☐No☒ Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: None Capital: None Workforce: None Funding Source: None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☒No☐	Details: SHMI & National Medical Examiner
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☒No☐	Details:
	NHS Constitution	Yes☒No☐	Details:
	Other	Yes☒No☐	Details: Learning from Deaths
CQC Domains	Safe; Effective; Caring; Responsive; Well-led		

Equality and Diversity Impact	Not applicable		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: Mortality Review Group
	Board Committee	Yes☒No☐	Date: CQRM, Quality Committee, TMC – January 2024
	Board of Directors	Yes☒No☐	Date: Trust Board – February 2024
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

A Trust wide committee is overseeing the implementation of a wide ranging action plan designed to address the underlying causes of the previously outlying standardised mortality rates (SMR).

Advise

Mortality Data – SHMI, Crude Mortality and Alerting Diagnosis Groups

The paper presents the Trust's mortality data as at November 2023 and the work being undertaken to scrutinise and continually improve.

The SHMI value published for the period July 2022 to June 2023 is 0.8973. The Trust is now ranked 17th out of 120 Trusts across the country and remains within the expected range. The crude mortality rate for the last eight months has been as follows: 1.95% April 2023, 1.28% May 2023, 1.64% June 2023, 1.47% July 2023, 1.76% August 2023, 1.65% September 2023, 1.80% October 2023 and 1.83% November 2023.

There are no diagnosis groups which are red with a higher-than-expected SHMI. There are three amber cases which are not outliers and are cases which lie just below, and these are Epilepsy and Convulsions, Pneumonia and Acute Cerebrovascular Disease. Further detail regarding these diagnosis groups and actions have been detailed within the attached report.

Medical Examiner Service

The percentage of deaths reviewed by the Medical Examiner (ME) over the last eight months is as follows: April 2023 – 96%, May 2023 – 96%, June 2023 – 93%, July 2023 – 97%, August 2023 – 97%, September 2023 – 98%, October 2023 – 97% and November 2023 – 97%. The percentage of cases that had an ME assessment which included discussions with bereaved families / carers is consistently reaching over 95%.

The roll-out of the current Medical Examiner Service out into the community is progressing on target. The statutory date has been postponed to April 2024. All GP practices in Wolverhampton and Compton Hospice are on-board/referring into the RWT Medical Examiner service. There are a further four Primary Care Networks which are outside of Wolverhampton and form part of South Staffordshire area which are to come on board and join the RWT Medical Examiner Service and work is ongoing to bring these practices on board by March 2024. Of the 31 practices there is 12 on-board, 8 currently in process of on-boarding and 11 yet to come on-board.

The Medical Examiner Service has reviewed the following number of community deaths from April 2023 to November 2023:

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Community Deaths – ME scrutiny undertaken	70	75	72	73	55	66	97	99
Community deaths scrutinised by an ME that ahd discussion with bereaved relatives/carer (%)	93%	93%	93%	97%	96%	98%	95%	99%

Alert
Not applicable.

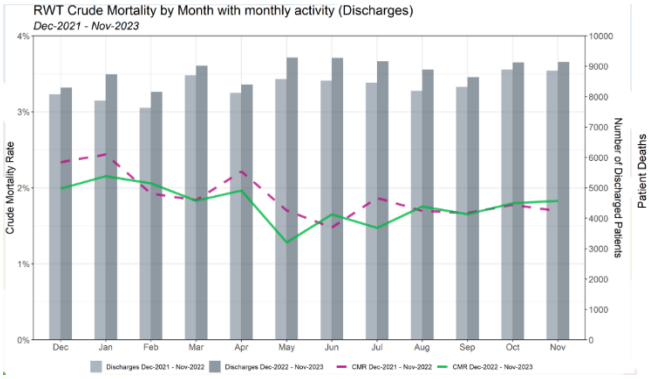
Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement
Effective Collaboration	• Facilitate research that improves the quality of care

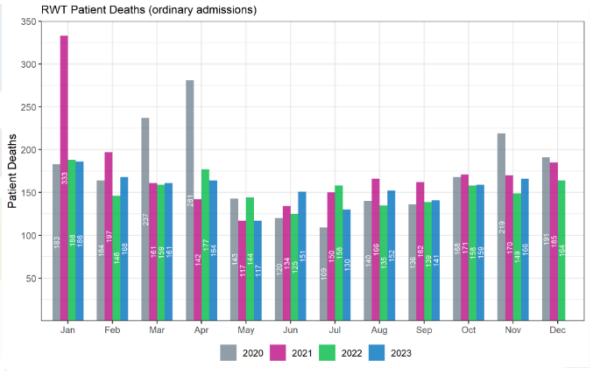
The Royal Wolverhampton NHS Trust

Learning from Deaths Update from April 2023 to November 2023

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

1.1 Crude mortality



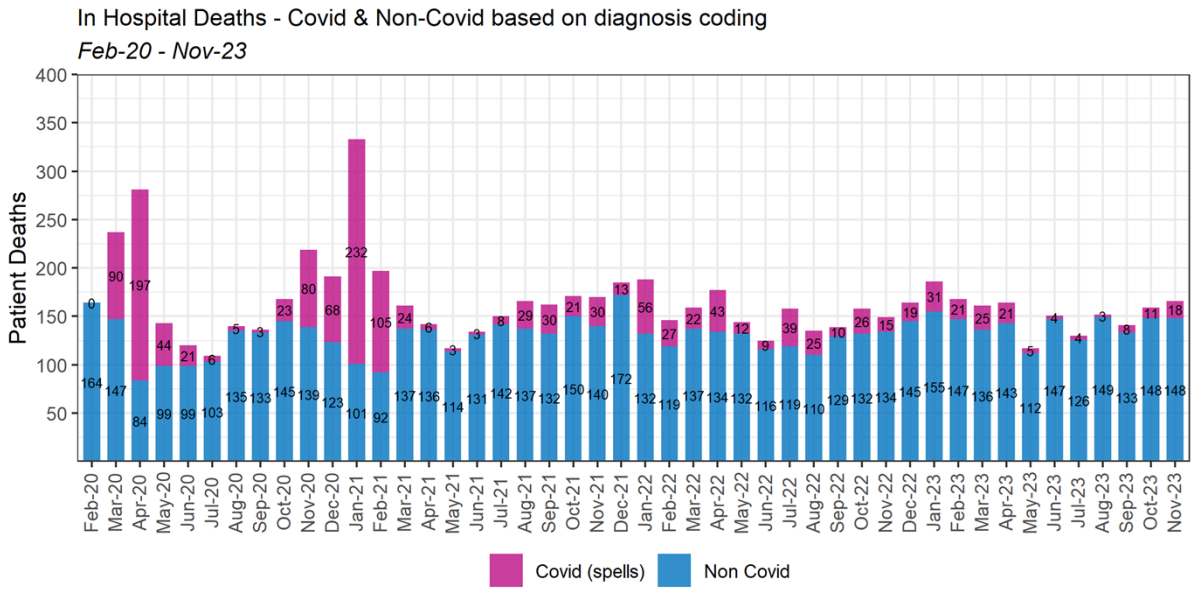


The crude mortality rate for the last nine months has been as follows:

- March 2023 – 1.82%
- April 2023 – 1.95%
- May 2023 – 1.28%
- June 2023 – 1.64%
- July 2023 – 1.47%
- August 2023 – 1.76%
- September 2023 – 1.65%
- October 2023 – 1.80%
- November 2023 – 1.83%

The number of deaths for the same period has been as follows:

- March 2023 – 161 deaths in March, of which 11 of these deaths were Covid related based on parts 1 or 2 of the death certificate.
- April 2023 – 164 deaths in April, of which 21 of these deaths had Covid coded in the hospital spell. Only 11 of the 21 mention Covid-19 in parts 1 or 2 of the death certificate.
- May 2023 – 117 deaths in May, of which 5 of these deaths had Covid coded in the hospital spell. Only 3 of the 5 mention Covid-19 in parts 1 or 2 of the death certificate.
- June 2023 – 151 deaths in June, of which 4 of these deaths had Covid coded in the hospital spell. Only 1 of the 4 mention Covid-19 in parts 1 or 2 of the death certificate.
- July 2023 – 130 deaths in July, of which 3 of these deaths had Covid coded in the hospital spell. Only 3 of the 8 mention Covid-19 in parts 1 or 2 of the death certificate.
- August 2023 – 152 deaths in September, of which 3 of these deaths had Covid coded in the hospital spell. Only 3 of the 8 mention Covid-19 in parts 1 or 2 of the death certificate.
- September 2023 – 141 deaths in September, of which 8 of these deaths had Covid coded in the hospital spell. Only 3 of the 8 mention Covid-19 in parts 1 or 2 of the death certificate.
- October 2023 – 159 deaths in October, of which 11 of these deaths had Covid coded in the hospital spell. Only 3 of the 11 mention Covid-19 in parts 1 or 2 of the death certificate.
- November 2023 – 166 deaths in November, of which 18 of these deaths had Covid coded in the hospital spell. Only 4 of the 18 mention Covid-19 in parts 1 or 2 of the death certificate.



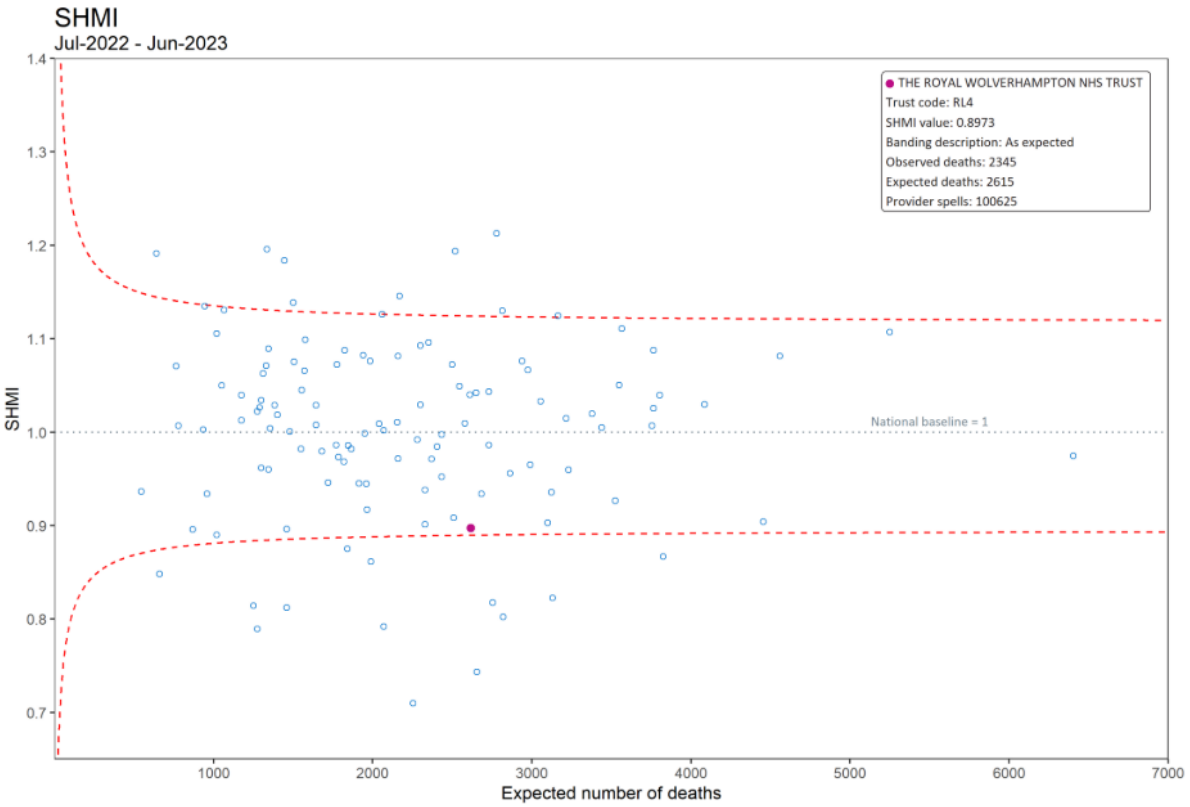
If any of the episodes within a provider spell have a COVID-19 diagnosis code, then the spell is excluded from the SHMI. Additionally, if COVID-19 is recorded anywhere on the death certificate, then the death and the spell it is linked to are excluded from the SHMI.

The following table shows in-hospital deaths and crude mortality for October 2023 by SHMI diagnosis group (SHMI episode). The group 'Allergic reactions, aftercare & screening, R codes' is the diagnosis group Covid sits within.

Primary SHMI Diagnosis Group of Hospital Admission (SHMI episode)	Number of In Hospital Deaths	Number of Discharges	Crude Mortality	Alerting Group in most recent SHMI	Alerting Group in most recent HSMR
Septicaemia (except in labour), Shock	16	82	16.3%		
Pneumonia (excluding TB/STD)	15	158	8.7%		
Acute cerebrovascular disease	14	72	16.3%		
Acute myocardial infarction	12	113	9.6%		
Congestive heart failure; nonhypertensive	5	48	9.4%		
Aspiration pneumonitis; food/vomitus	4	13	23.5%		
Fluid and electrolyte disorders	4	38	9.5%		
Fracture of neck of femur (hip)	4	42	8.7%		
Liver disease; alcohol-related	4	15	21.1%		
Thyroid disorders, Other endocrine disorders	4	22	15.4%		
Allergic reactions, aftercare & screening, R codes	3	156	1.9%		
Cardiac arrest and ventricular fibrillation	3	2	60.0%		
Digestive, anal and rectal conditions	3	46	6.1%		
Intestinal obstruction without hernia	3	27	10.0%		
Intracranial injury	3	22	12.0%		
Nephritis; nephrosis; renal sclerosis, Chronic renal failure	3	31	8.8%		
Organic mental disorders	3	45	6.2%		
Respiratory failure; insufficiency; arrest (adult)	3	4	42.9%		
Others (40 Groups, 2 or less per group)	53	2,337	2.2%		
ALL	**159**	**8,964**	**1.7%**		

1.2 SHMI (Inpatient deaths plus 30 days post discharge)

The SHMI value published for the period July 2022 to June 2023 is 0.8973. The Trust is now ranked 17th out of 120 Trusts (with 1st being the lowest) across the country and remains within the expected range.



1.3 RWT SHMI trend

Time period	SHMI Value *	SHMI Crude Mortality %
Feb-22 to Jan-23	0.897	2.33%
Mar-22 to Feb-23	0.905	2.36%
Apr-22 to Mar-23	0.900	2.34%
May-22 to Apr-23	0.906	2.35%
Jun-22 to May-23	0.887	2.30%
Jul-22 to Jun-23	0.897	2.33%

*NHS Digital Previewer November 2023

1.4 SHMI in comparison with neighbouring Trusts

Trust	July 2022 to June 2023
The Royal Wolverhampton NHS Trust	0.8973
The Dudley Group NHS Foundation Trust	1.081
Walsall Healthcare NHS Trust	1.045
Shrewsbury And Telford Hospital NHS Trust	0.984
University Hospitals Of North Midlands NHS Trust	1.007
Sandwell And West Birmingham Hospitals NHS Trust	1.088

1.5 RWT Diagnostic Groups with higher than expected SHMI*

In the table below, there are no diagnostic group which is red so there are no outliers. Amber diagnosis groups are not outliers but with SHMI just outside the confidence limit to be deemed as an alert.

July-2022 - June-2023 Diagnostic Group (SHMI)	SHMI	SHMI 95%CI Lower	Number of patients discharged who died in hospital or within 30 days	Expected number of deaths	Number of mortalities occurring in the hospital	Number of total discharges	Percentage of mortalities occurring in hospital
50 - Epilepsy; convulsions	168.08	97.9	17	10	12	627	70.6%
73 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	107.34	95.9	323	301	239	1,767	74.0%
66 - Acute cerebrovascular disease	109.84	94.5	184	168	150	1,059	81.5%

* July 2022 to June 2023, Source - HED Summary Hospital-level Mortality Indicator, NHS Digital based SHMI, diagnostic groups with <5 expected deaths are excluded

For the diagnosis groups outlined above the following actions are being taken:

- Epilepsy and Convulsions – An action plan was developed for this diagnosis group. The Mortality Lead is meeting with Epilepsy Consultant and Nursing lead with work being undertaken with a coding audit. This diagnosis group are scheduled to present at present at the Clinical Pathway meeting on 24th January 2024.
- Pneumonia – Please refer to update for Pneumonia in Section 4.2 of this report.
- Acute Cerebrovascular Disease – Please refer to update for Stroke in Section 4.1 of this report.

NHS Digital and HED data is reviewed monthly to identify any alerting or near to alerting diagnosis groups.

2. Directorate Learning / Feedback

At the Mortality Review Group (MRG) meetings May, June, July, October, November and December 2023 several Directorates presented learning and feedback for cases which were graded by a mortality reviewer as poor care.

Directorate	Learning
Gastroenterology	The learning identified was in relation to the ReSPECT plan which should have been completed earlier and it would have avoided the unsuccessful cardiac resuscitation. Further clarification was sought regarding management of Covid and whether timely information on positive result was available. IP team subsequently confirmed that there was process in place for Covid test results to be promptly communicated to ward teams.
Haematology	Case 1 – the learning identified was in relation to documentation which was lacking around management of nutrition including nasogastric feeding. The challenge with delayed completion of ReSPECT plan due to complex care issues was acknowledged by the clinical team and learning shared within the directorate. Case 2 – this case was subject to an RCA and learning identified was shared trust-wide. This included cautious potassium replacement in patients with renal impairment and the risk of digoxin toxicity in patients with renal impairment and receiving calcium channel blockers. It highlighted the importance of checking digoxin level and not relying on the colour scheme for pending results. In addition, Clinical Chemistry has revised the process of sharing urgent and unexpected results with clinical teams out-of-hours to avoid delays in dealing with the results. on-call.
Older Adults	The Older Adults Medicine Directorate presented two cases to the MRG and following presentation of both cases at the directorate mortality and morbidity meeting the following learning was identified: - Improvements in the management of sepsis in the Emergency Department including appropriate escalation of care. This was during the winter months when operational pressures were noted. - The directorate launched a quality improvement project to increase compliance with oxygen prescriptions on ward rounds and there has been

	further teaching and circulation of information to the nursing staff within the directorate.
Diabetes	The learning related to a patient with type 2 respiratory failure with increasing oxygen requirement where blood gases was not monitored. The importance to check ABG in patients with T-2 respiratory failure when oxygen requirement increases, to determine if they would be suitable for ventilatory support. The learning was shared trust-wide via communication from CMO office.
AMU	The learning was in relation to delay in escalating care and following discussion at the departmental mortality/governance meeting the following learning/actions were taken: - A teaching session has been delivered to the medical staff on escalation/ monitoring and the use of NEWS score. - Safety briefing every day to ensure awareness of early recognition of deteriorating patient and escalation in timely manger to doctors and Outreach Team. - Nurse in charge to be made aware all patients whose NEWS score is high and if the staff nurse in bay requires support. - Doctors must make it clear how often observations / vitals must be recorded for deteriorating patients, and clearly communicate the plan to the nursing team.
General Surgery	Case one- mortality review highlighted issues around recognition of the unwell patient as well as the use of the sepsis pathway in a timely manner in the ED department. There was a delay in availability of diagnostic test results and potentially delayed intervention due to due to theatre availability. It was agreed at MRG that a more detailed investigation was required as per the Patient Safety Incident Response Framework (PSIRF) and this is underway.
Ophthalmology	The directorate acknowledged that VTE assessment/ prophylaxis should have been completed at the time of admission although it did not impact the outcome. The directorate has put in measures to improve access to their medical team to promptly respond and address issues highlighted by nursing colleagues. In addition, the directorate will review the arrangements for joint management or earlier input from medical teams when patient is admitted under Ophthalmology team and if they have complex medical needs.
Cardiology	RCA was undertaken for a missed diagnosis of an acute myocardial infarction. The recommendations of the investigation included personal reflection to be undertaken by the relevant individual with their educational supervisor/line manager; reminder to all relevant staff that such cases must be discussed with the Consultant-on-call as per process; reinforce medical staff to review all results overnight that have been requested; universal STEMI criteria to be reinforced by education across the Cardiology and Cardiothoracic Directorate.
Renal	The learning from this case was to share the pathway for inter-hospital transfer of renal patients during induction to highlight the need for OOH transfers to be clerked and discussed with the Renal Consultant on call. The importance of reviewing EPMA daily has been shared with the medical team along with better documentation of the decision regarding antiplatelet therapy.
RWT Primary Care Network	The learning identified was that a face-to-face appointment should have been offered especially in this case where the patient was at home and the relative was not tech savvy. A new process has been implemented and all GPs have been made aware. If a patient is not under a care home, where RWT PCN have a designated nursing team that can assess patient face-to-face or they are in their own home and medical teams (RITS, HV team or paramedics) haven't seen them and carried out an adequate assessment, then the practice should offer a face-to-face appointment / home visit. Further learning identified was that an early referral to Compton Hospice should have been made who could have provided further advise and supported the palliative care needs.

Neonatal Mortality Reviews	The Neonates Mortality Lead presented an update to MRG in July 2023. The period presented was from June 2022 to June 2023, during this time there were 5260 live births, 17 still births, 579 NICU admissions and 34 deaths. The 34 deaths have undergone a case review and have been graded as follows: A. No issues in care in 7 cases B. Issues in care which didn't make a difference to the outcome in 26 cases. C. Different care may have resulted in a different outcome in 1 case. D. Different care would definitely have resulted in a different outcome in 0 cases. The learning from cases was as follows: - Low blood sugars and low carbon dioxide levels should be rechecked within thirty to sixty minutes and the review identified that on occasions the checks were every couple of hours. - The Trust are an outlier for temperature monitoring, however, there are plans in place but there are issues with monitoring this on the neonatal unit. - Audit planned on blood transfusions and awaiting feedback from the blood bank re guidelines. - Documenting clear reasons why we are starting infusions e.g. morphine. - To be aware of the type of language used around parents or documentation in notes and should not use terms which may cause distress. From a network point of view, West Midlands is an outlier for neonatal deaths. There is a rolling programme of reviews due to take place. RWT mortality rate is coming down, however, it is not coming down faster than the rest of the UK who have a lower mortality rate.
Child Mortality	No updates available from the National Childhood Mortality Database. A childhood traumatic deaths thematic report is due to be published and will be presented at a future MRG meeting. The number of child deaths within RWT for 2023 is in line with expected figures. One case was presented to MRG whereby an RCA was undertaken to investigate the course and management prior to the child's deterioration. The findings of the RCA was the impact of POLG mutations, and the need to check LFTs in patients on sodium valproate who present with GI symptoms. The paediatric epilepsy team are liaising with their genetics colleagues to consider a formal testing protocol based on NICE guidelines to try and avoid similar events in the future. Any learning generated from child death reviews are shared within the paediatric mortality and morbidity meeting. Any significant learning is shared with the teams involved.

<u>LeDeR</u>

At the October MRG meeting a Learning Disability update was presented by the LeDeR Lead. This is the 5th annual LeDeR report with data collected from reviews following deaths of patients with Learning Disabilities (LD) or Autism; local LeDeR reviews and national reports. The report focuses on all four areas within the Black Country. The Black Country LeDeR strategy is based on three long-term objectives supported by specific areas of work which aim to: improving health, delivering better care and improving quality.

There were 80 notifications for reviews in 2022-23 of which 1 was for an autistic person and 79 for people with Learning Disabilities. For Wolverhampton there were 8 initial reviews and 6 focused reviews. The main learning points from the Black Country were as follows:

- Compliance with the Mental Capacity Act
    - Common theme for improvement identified by the reviews is poor record keeping, lack of evidence of capacity assessments being completed, lack of evidence for best interests decision making and no family or IMCA involvement. The reasons identified

were due to the assumption that people have opted out of treatment, treatment is unlikely to be tolerated and it is not in the best interests due to performance status.
    - The good practice notes for RWT were for regular audits to take place on Mental Capacity Act compliance and training to be made available for all staff and the safeguarding team to support the Mental Capacity Act process.
- Lack of Advanced Care Planning discussions impacting on End-of-Life Care
    - Common themes from reviews was that there was no advance care planning discussions considered despite evidence of multiple co-morbidities and/or evidence of increasing frailty, deterioration and multiple admissions to hospital etc; care staff or family having limited experience of dealing with death and call 999 which can result in transfer to hospital if advance care planning is not available; delayed discharge home from acute hospital as it has been assumed the person lives in a care home but in reality there may not be the support they need at home.
    - The good practice notes for RWT include palliative teams working with families and care providers alongside Learning Disability nurses to ensure a good death. Work with SWAN champions and the Trust has a SWAN pathway. Mental Capacity Assessments and Best Interests meeting well documented to show treatment decisions. IMCA's involved where no family are involved.
    - Reviews identified that DNACPR Forms with inappropriate rational were reviewed appropriately and removed where necessary. The Learning Disability nurses challenged inappropriate documentation, and this was then changed. The majority of the ReSPECT documents were completed with family members, IMCAS and in line with the Mental Capacity Action. However, a small number did not evidence this. There was some evidence that family members did not fully understand what the documentation was for. RWT haven't seen any inappropriate forms which is a positive.
- Aspiration Pneumonia remains main cause of death.
    - Work underway within the Black Country to raise the importance of Speech and Language Referrals (SaLT). The Integrated Care Board have set up specific groups to look at dysphagia and choking.
    - The LeDeR Lead is to look at the British Thoracic Society clinical guidance on Pneumonia and People with a Learning Disability published in 2023 to see if there is anything we should be exploring as an organisation.
- 75% of deaths report in 2022-23 were people under the age of 65.
- 43% of all deaths were aged 50-64
- Median age of death 56 years old

There has sadly been an increase in the deaths of younger people with complex needs which has influenced these figures.

Areas of good practice identified for RWT include:

- The Trust has an electronic flagging system that identifies autistic people with LD.
- Support the Trusts Primary Care GPs with the annual LD Health Checks for young people ages 14-17
- Have implemented a service improvement programme to reduce the number of DNA/was not brought to outpatient appointments.
- Have introduce a LD and Autism symbol on the teletracking system.
- Have developed a "reasonable adjustments" tab on the patient's electronic record for individual requirements.

Overall the majority of people with Learning Disability died in hospital. There are developments within the hospitals to improve the outcomes and support for people with LD and Autistic people. Access to LD nurses does make a difference.

3. Analysis of Excess Deaths for Wolverhampton 2020 to 2023

The MRG Chair invited the Trust Public Health Consultant to MRG in November 2023 to present the analysis of excess deaths in Wolverhampton over the period 2020 to 2023. This included comparison of Wolverhampton's rates with other local authority areas, and analysis of trends and driving factors behind excess deaths, including the impact of the Covid-19 pandemic.

Wolverhampton entered the pandemic in March 2020 with a population vulnerable to infection due to existing health and economic factors. These include a dense deprived population (around 50% of our population living in the 20% most deprive neighbourhoods in the country) with high rates of pre-existing illnesses and risk factors such as obesity. Workforce settings such as manufacturing, health and social care, food processing and transport also carried a higher risk of exposure.

The term "excess deaths" refers to the number of deaths above the "expected" level, which is calculated from a five-year average. The findings of the report demonstrated that the pandemic resulted in an increase in deaths across the country and Wolverhampton was no exception. Excess deaths in England continued to be high throughout the pandemic despite effective control measures, including the vaccination programme and several lockdowns. The spikes in excess mortality in Wolverhampton during the first waves of the pandemic broadly follows the national trends, but in 2022 mortality in Wolverhampton was around the level expected (-0.7%), whereas nationally it was still high, at 6.2% above expected levels.

There is a large peak in excess deaths in April 2020 (around 300 more than expected in April) during the first wave of the pandemic. Although the total number of excess deaths (blue line) is higher than those attributed to Covid-19, it is likely that some Covid-19 related deaths at the start of the pandemic may not have been coded as such, because of limited testing availability outside of hospitals. The second peak in January 2021 shows a closer match between Covid-19 attributed deaths and total excess mortality, due to increased testing and diagnosis of Covid-19 infections.

Excess deaths, deaths per month as a percentage above or below the expected level

The conclusion of the report and analysis was that the Covid-19 pandemic led to a significant excess in mortality over the years 2020 and 2021, nationally and in Wolverhampton. Wolverhampton was not an outlier compared with regional peers. Most of the excess was explained by the two peaks in Covid-19 mortality. Mortality was higher among the elderly and men and there was an excess of deaths occurring outside of hospital. Although mortality levels returned to around the non-pandemic average in 2022, early signs for 2023 suggest that post-pandemic there may be an increase in mortality associated with non-communicable diseases such as cardiovascular disease and alcohol-related liver disease, possibly exacerbated by unmet health needs during the pandemic and ongoing social and health service pressures. Further in-depth analysis will be conducted to explore the trends in age-standardised mortality rates for individual conditions and to identify subgroups of the population where prevention efforts can be focussed for maximum impact.

These findings support the strategic approach set out by Health and Wellbeing Together to focus on Starting and Growing Well, Getting Wolverhampton Moving, Mental Health and Wellbeing, and Reducing Addiction Harm. These areas of focus will ensure that we collectively tackle ongoing preventable causes of premature mortality. Alcohol and Tobacco Dependency are areas of focus with national and local investment. The longer-term impact of the pandemic due to delayed care, capacity issues, backlogs, social impacts of Covid-19 and cost of living crisis is yet to be determined. The MRG Chair requested an annual update.

4. Clinical Pathway Meeting

During the report period there were four Clinical Pathway Meetings with presentations from the following:

4.1 Stroke

At the April 2023 meeting the Stroke Clinical Director presented at the Clinical Pathway meeting. Over the last four years the SHMI has come down even though it has risen there is a downward trend. There is no significant overall change over the last four years and the crude mortality has remained stable. Regarding the workforce, the service has fully recruited to Advanced Nurse Stroke Practitioners positions with cover for the service 24 hours a day 7 days a week. The service has six substantive consultants, two locums and four fully recruited to Physician Associate positions. The service now has 7-day physio and occupational therapy offered with increased working hours on the ward. Nationally there is a mandate for 7-day Speech and Language Therapy (SALT) service provision to enable direct access to high quality care, however, at present the service only offers a 5-day service and there is a business case which is currently being developed by SALT for this.

The Trust has appointed a lead for Sentinel Stroke National Audit Programme (SSNAP) and the Stroke team have weekly MDT teams. The Trust SSNAP score has improved to a C rating and has seen improvements in several individual metrics also, however, there is still work required across all domains especially the Stroke Unit, Thrombolysis and SALT. The Clinical Director demonstrated there is continued work in progress to reduce scan and thrombolysis times. The data demonstrates improvements in the metric for patients being taken to the Stroke unit within 4 hours as there are ringfenced beds. Huddles are taking place first thing each morning to identify discharges with a further huddle at mid-day to discuss where to move patients through the ward and to maintain capacity. An improvement in data capture whereby information is added directly onto the SSNAP database provides accuracy, so thrombolysis patients are not lost due to delayed data entry. The Stroke department are exploring a way to analyse some of the issues in relations to time lost from the front door. The clock start to thrombolysis time has stalled but there is ongoing work with this. Paramedics are pre-alerting the Stroke specialist nurses to facilitate patient meet and greet at the ED front door and CT scans can be pre-requested with a pre-alert. Patients with potential thrombolysis / thrombectomy go directly to ED Resus so there is no time delays and non-time critical Stroke patients go into ARC. Work is underway to see if ARC admissions are causing any significant delays in achieving the four-hour ED to Stroke Ward admission time. With the full establishment of Stroke Specialist Nurses there has been a reduction in the median time from clock start to stroke nurse.

There have been radiological developments with same day MRI scans at TIA clinics for a one stop clinic, improvements in CTA access, CT Brain access and Rapid AI installation from November 2022. The future areas of focus for the Stroke team are actions from the Stroke away day, radiology and stroke developments and ongoing mortality reviews.

4.2 Pneumonia

At the September 2023 meeting the Trust Pneumonia lead presented an update on the Pneumonia pathway. The Pneumonia SHMI for the period March 2022 to April 2023 to 1.109 which is much lower than previous reporting periods. The Trust SHMI has reduced to pre-pandemic (around 110 or just below) and it has steadily rose around the pandemic period to 130 during that time. In the last few quarters from June 2021 to May 2022 the SHMI value has declined and has been steadily decreasing since then. Within the current SHMI as 1.10 the Trust had 300 expected deaths with 330 observed deaths in this period. Significant work has been undertaken within the pneumonia pathway over the last year. The crude mortality pre-pandemic was around 18-20% and during the pandemic rose to around 30%. Over time the crude mortality has decreased. The Trust crude mortality is consistent at about 19% which is similar to the Trust pre-pandemic crude mortality in terms of the data set.

There is work underway across the Black Country which was launched in April 2023 for the Pneumonia pathway. An audit was undertaken assessing compliance with the BTS Pneumonia Care Bundle and the proposed BCWB CAP Pathway. A retrospective data collation exercise was undertaken focusing on patients who were seen in hospital and coded with a diagnosis of pneumonia and the electronic records were reviewed for inclusion or exclusion criteria as patients needed to have CXR infiltrates, no hospital admission in the last 10 days, and excluded aspiration pneumonia. The results of the compliance assessment focus on a data collection from October 2021 to July 2023 with each data set reviewing 40-55 patients. The results demonstrate improvements in the CURB score which has increased over time from around the 55-60% mark to now being 80%. The chest x-ray within four hours compliance metric target is 90% and this has not been consistently achieved as achievement around this metric is about 80%, this is satisfactory but further improvements are required to increase performance against this target as ED and occasions where there is significant pressure impact this metric. Patients coming through ED, SDEC and Resuscitation time to x-ray duration is shorter with this being around three hours. Antibiotics within four hours delivery has been relatively consistent throughout the auditing period at around 80% getting antibiotics within the four hours which is reassuring. Antibiotics as per standard guidelines or clinical judgement data suggests tendency to overtreat patients and taking into account adjustments, the data is reassuring that the Trust are not undertreating patients. Oxygen prescription has improved in ED and included within the drug chart for prescription.

A number of quality improvement actions have been undertaken with education provided to AMU and ED colleagues and DiTs, messages sent within clinical WhatsApp groups and posters. Data is shared to empower staff demonstrating what they are doing is working and there is further work planned to improve x-ray efficiency. The Respiratory Team are working to do in-reach in AMU and ED for four hours in the morning which is new and should potentially show some benefits. A Pneumonia Business Case for a nurse is still in development. SJR data has been reviewed in the year and there no real evidence of missing aspects of the option management tool and no real harm with nothing alerting from that perspective.

Death validation work has been undertaken with the Coding team and 60 cases were reviewed, and 4 cases had the primary diagnosis changed. From a learning perspective there was limited opportunities, and it was agreed by the clinical pathway meeting that the death validation exercise for pneumonia no longer needs to be pursued. If there are any spikes in the SHMI then the death validation exercise will recommence.

4.3 Chronic Ulcer of Skin

The Trust identified CCS diagnosis group Chronic Ulcer of Skin had higher than expected SHMI. The TV lead reviewed a random selection of cases to explore trends and lessons. The review of cases identified that each admission had complex health needs, and medical team considered the wound as primary source of infection until excluded, but some cases were still listed as the infected wound on the death notification that differed from the opinion of the wound specialist. This has been a similar finding with recent pressure ulcer RCAs. There are lessons to be learnt as listed below but there is good assurance that patients were medically well managed. All patients died in hospital and had end-of-life care in place. Areas of improvement have been identified with an action plan as demonstrated below:

- Wound assessment compliance across all wards and community services to ensure fundamentals of wound assessment is completed with 90% training compliance used as a measure and an audit.
- Referral to TVN – escalation of non-healing and infected wound to TVN – relaunch the referral criteria with comms.
- Availability of low air loss mattress or TOTOs on standard equipment list for patients with complex health needs.

- International wound infection continuum – medics understanding of international wound infection continuum versus devitalised tissue associated with pressure damage. Action is to review e-learning options.
- Wound swabbing guide in community when there are covert and overt signs of wound infection is an area of improvement and therefore an action is to review and relaunch this guide.
- Wound infection pathway – the use of the wound infection pathway and the review of the pathway. An action was to review of the pathway.
- To improve discharge communication and pressure ulcer awareness. An action sent to communicate the learning back to Russell's Hall Hospital.
- Medic pressure ulcer categorisation awareness to prevent inappropriate wound infection diagnosis. To circulate categorisation poster.

4.4 Renal

Chronic Renal Failure was discussed at the Clinical Pathway meeting and the actions agreed following this meeting was for the issues related to the conservative pathway being added onto the risk register and to continue progressing the implementation of a conservative pathway. Further it was agreed that the death validation process should continue.

5. Medical Examiner Service

In Hospital Deaths

The percentage of deaths reviewed by the Medical Examiner (ME) over the eight months is as follows: April 2023 – 96%, May 2023 – 96%, June 2023 – 93%, July 2023 – 97%, August 2023 – 95%, September 2023 – 98%, October 2023 – 97% and November 2023 – 97%. The percentage of cases that had an ME assessment which included discussions with bereaved families/carers is consistently reaching over 90% of cases.

Community Deaths

The roll-out of the current Medical Examiner Service out into the community is progressing on target. The statutory date has been postponed to April 2024. All GP practices in Wolverhampton and Compton Hospice are on-board/referring into the RWT Medical Examiner service. There are a further four Primary Care Networks which are outside of Wolverhampton and form part of South Staffordshire area which are to come on board and join the RWT Medical Examiner Service and work is ongoing to bring these practices on board by March 2024. Of the 31 practices there is 12 on-board, 8 currently in the process of on-boarding and 11 yet to come on-board.

Detail regarding the number of community deaths reviewed by the RWT ME Service and contacts with bereaved over the last eight months has been provided below:

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Community Deaths – ME scrutiny undertaken	70	75	72	73	55	66	97	99
Community deaths scrutinised by an ME that had a discussion with bereaved relatives/carer (%)	93%	93%	93%	97%	96%	98%	95%	99%

Other Medical Examiner Updates

The Trust is waiting on updates from the Regional team regarding the requirment for the ME assessments to be completed on a national digital system. Once the Trust has had sight of this, we will

develop processes how this system will work complimentary and in parallel to the internal Learning from Deaths IT Platform.

6. Mortality Reviews - Structured Judgement Reviews (SJRs)

As of 19th December 2023, outstanding SJRS for in hospital deaths is as follows:

- 39 SJR1s outstanding of which 21 are allocated to a mortality reviewer and 18 which are unallocated but will be allocated shortly.
- 7 SJR2s outstanding of which 5 are allocated to a mortality reviewer and 2 which is unallocated but will be allocated shortly.

The Mortality Review SJR process has now been rolled out into RWT PCN practices. The Trust has begun using a selection criterion in the same way for in-hospital deaths (as per Learning from Death Policy OP87) for Mortality Reviews. Learning identified from reviews was presented back to the PCN in August 2023 with themes around documentation, respect forms, coding, and clinical monitoring. The learning was fed back to the PCN, and one case was discussed at MRG as outlined above. As at 19th December 2023, outstanding RWT PCN SJRs is as follows:

- 10 SJR1s outstanding of which 3 are allocated to mortality reviewers and 7 which are due to be allocated shortly.

7. SJR – Poor Care Thematic Report

The Governance Department presented a poor care thematic report to MRG in June 2023. The report looks at the 21 deaths occurring between 1st April 22 and 31st March 23, that have been through the SJR process and given the overall care score of 'Poor'. The report presented areas of concern for each case and any subsequent lessons emerging from the findings after presentation to MRG. The repeated words and phrases used throughout the Mortality Reviewers and Mortality Leads findings were as follows:

- 'Sepsis', 'Management', and 'Delay' were included most frequently in the SJR reviewers' comments. This refers to delays in medical management, delays in issuing of prescriptions, and delays in sepsis screenings.
- 'Documentation', 'Management', and 'Team' were included most frequently in the Mortality Lead's response to the reviewer's findings. This refers to medical management in relation to knowledge of guidelines, the importance of accurate record keeping, the importance of timely prescribing of meds, and out of hours management of complex patients.

There have been positive outcomes following presentation at MRG, which include additional training for clinical staff and changes to policies/procedures. Learning in some cases has been shared Trust-wide. It is important to note that this relates to a small number of records when compared with the number of SJRs completed within the time range. From over 600 SJRs completed only 21 cases were given an overall care score of less than adequate. Outcomes of SJR2s and Root Cause Analysis (RCA) have not been included within this report.

The MRG Lead advised that the information within this report will feed into Patient Safety Incident Response Framework (PSIRF).

The Royal Wolverhampton NHS Trust

Public Trust Board February 2024		
Title of Report:	**Board Assurance Framework and Trust Risk Register**	Enc No: 8.11.1
Author:	Kevin Bostock, Group Director of Assurance Keith Wilshere, Group Company Secretary	
Presenter/Exec Lead:	Kevin Bostock, Group Director of Assurance Keith Wilshere, Group Company Secretary	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☒No☐

Recommendations:

- For the Board Committees/Board to note the updates to the Board Assurance Framework (BAF) and Trust Risk Register (TRR).
- For the Board Committee to highlight to the Board areas of significant Assurance, Advisory or Alert issue.
- For the Board Committees/Board to consider and/or commission further action relating to BAF and/or TRR Risks.

Implications of the Paper:			
Risk Register Risk	Risk Description: The risks identified in the Board Assurance Framework (BAF) and Trust Risk Register (TRR) are risks that are deemed to be appropriate for the BAF and are regularly reviewed and revised.		
Changes to BAF Risk(s)	Associated risks are identified in the BAF/TRR. Change resulting from a review of the BAF/TRR are listed in the BAF/TRR and the revised risks.		
Resource Implications:	None from the BAF or TRR.		
Report Data Caveats	This report contains the latest Director reviews; however data and positions may change in real-time.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led Standards
	NHSE	Yes☒No☐	Details: Well-led Standards
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☒No☐	Details: Well-led Standards, Licence assessment, Code of Governance
	NHS Constitution	Yes☒No☐	Details: Well-led Standards, Licence assessment, Code of Governance
	Other	Yes☐No☒	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	The BAF incudes a specific Risk relating to the pursuit of greater equality, diversity, and inclusion at the Trust. This is evidenced in the relevant Risk SR17.		
Report Journey	Working/Exec Group	Yes☒No☐	Date: TMC Nov 23
	Board Committees - All	Yes☒No☐	Date: w/c 20.11.23
	Board of Directors	Yes☒No☐	Date: December 23 Board
	Other	Yes☐No☒	Date:

The Royal Wolverhampton NHS Trust

Summary of Key Issues using Assure, Advise and Alert - BAF
Assure • The risks identified in the BAF are regularly reviewed and revised.
Advise • All BAF Risks have been reviewed and updated. • BAF Risk SR 18 continues to illustrate the level of ongoing cyber-attack threats to systems and data.
Alert • BAF Risk SR 15 includes further areas of challenge that will impact on the Trust Financial position. • BAF Risk SR 16 highlights further multiple and continued pressures on activity and performance.

Summary of Key Issues using Assure, Advise and Alert - TRR
Assure: • The report ensures that the Audit Committee receives summary information on the Trust Risk Register (TRR) • The TRR is reviewed monthly at a Confirm and Challenge meeting.

Advise:
• Of the 21 agreed risks that sit on the TRR∆:
  ○ 6 risks have a current Red/ **High** rated risk score (9-12)
  ○ 15 risks have an Amber/medium score (15-25) - 1 of which has reduced score.

Alert:
• Of the 21 agreed risks that sit on the TRR∆:
  ○ Current TRR levels risks are reviewed by the Risk Owner.
  ○ One risk has reduced in score in this reporting period.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

The Royal Wolverhampton NHS Trust

Board Assurance Framework (BAF) and Trust Risk Register (TRR)

Report to Trust Public Board Meeting February 2024

1.1. TRR Details

There are currently 21 agreed risks that sit on the Trust Risk Register.
6 Risk score between 15-20 (High) and these have not changed in score when reviewed in December 2023.

15 medium Risks score (9-12). 1 of which has reduced score (Risk 5315) Consultant Microbiologist Shortage.

Details of the Trust Risks is shown in *Appendix 1* for information.

The table below highlights the 6 Trust Risk Register and shows movement up to 29 January 2024 in the 'High Risk' category.

High Risks								
Movement	Risk Number	Rating score	Brief Headline	Date last update	Target score	Origin Date	Target date	QGAC Assure Rating
➡	1984	4x4	Ophthalmology Review Patients	12/01/24	2x2	29/08/08		Y
➡	4900	4x4	Histology Cases Breaching	07/12/23	4x2	10/11/17		Y
➡	5849	4x4	Reduced Scan Capacity	12/01/24	2x2	26/05/22		Y
➡	5802	4x4	Div 2 MFFD patient numbers	14/12/23		09/03/22		
➡	6053	4x4	Lack of Consultant cover	08/11/23				
➡	5667	4x4	Cancer Backlog	15/12/23		23/06/21		

Medium Risks								
Movement	Risk Number	Rating score	Brief Headline	Date last update	Target score	Origin Date	Target date	QGAC Assure Rating
→	5984	4x3	Urology Renal Surgery	21/11/23	1x4	02/12/22		Y
→	5479	4x3	Cath Labs Capacity Risk	08/12/23	2x1	21/07/20		Y
→	4596	3x4	Gallstone Disease	29/08/23	2x2	09/08/16		Y
→	5980	3x4	Back Log of New Gynae Patients	14/11/23	2x3	01/12/22		Y
→	5961~	4x3	Shortage of ICCU Consultants	13/12/23	2x2	09/11/22		Y
→	5182~	4x3	Vascular Services	08/12/23	2x2	11/03/19		Y
→	5058	3x4	BCPS QMS	06/12/23	3x2	02/07/18		Y
↓	5315~	3x3	Consultant Microbiologist Shortage	08/12/23	3x1	24/10/19		Y
→	5316	3x4	RTT Breaches	12/01/24	2x3	31/10/19		Y
→	5633	3x4	Continued use of paper records	12/01/24	2x2	07/05/21		Y
→	5482	3x4	Emergency CT Brain Scanning	04/01/24	1x1	24/07/20		
→	5448	3x4	CQC Medicines Report	15/09/23	3x2	11/05/20		
→	5677	3x4	SLT staffing levels	12/01/24	3x3	16/07/21		
→	5751	4x3	Spiking of tender costs/awards	01/01/24	3x2	19/11/21		
→	5388	3x5	Mental Capacity Assessment	07/12/23	2x3	12/02/20		

The Royal Wolverhampton NHS Trust

Summary of Board Assurance Framework entries as of January 2024

			RISK SCORES: LIKELIHOOD x CONSEQUENCE = TOTAL															Aims			
REF	STRATEGIC RISK	ASSURANCE	INITIAL	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	First to current	SINCE LAST UPDATE	Current 2023	Target	1	2	3	4
SR15	Impact of future funding flows resulting in potential deficit position & financial challenge	Chief Finance Officer	9	20	20	20	20	20	20	20	20	20	20	20	20	→	→	20	12	✓			✓
SR16	Restoration of services (including Cancer services) post-pandemic	Chief Operating Officer	20	20	20	20	20	20	20	20	20	20	20	20	20	→	→	20	16	✓	✓	✓	✓
SR17	Promotion and achievement in staff equality, diversity, and inclusion	Chief People Officer	16	16	16	16	16	16	16	16	16	16	16	16	16	→	→	16	12	✓	✓	✓	
SR18	Data and systems loss (Cyber attach)	SIRO, Group Director of Digital Technology	15	15	15	15	15	15	15	15	12	12	12	12	12	→	→	12	8	✓			✓

Reviews

The respective updates, BAF Risks and red risks are reviewed in depth at the following Board Committees. The Board Committees are provided with the whole BAF in case they need to refer to areas of potential overlap or duplication with other BAF Risks.

- SR15 is reviewed by Quality and Finance Committees.
- SR16 is reviewed by Quality and Finance Committees.
- SR17 is reviewed by People, Quality and Finance Committees.
- SR18 is reviewed by Finance Committee.

Potential revisions to BAF Risks

None proposed at this review.

RECOMMENDATIONS

The Board is asked to receive and note the Board Assurance Framework and Trust Risk Register.

END OF REPORT

Report to the Trust Board Meeting – to be held in Public on 13th February 2024		
Title of Report:	Board Level Metrics – Support our Colleagues December 2023	Enc No: 9.1
Author:	Performance Manager ext. 86746 Email: lesley.burrows2@nhs.net Deputy Chief Strategy Officer – Planning, Performance and Contracting ext. 85914 Email: timothy.shayes@nhs.net	
Presenter/Exec Lead:		

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☒No☐	Yes☒No☐	Yes☐No☒
Recommendations: The Board is asked to note the contents of the report and in particular items referred to the Board for decision or approval.			

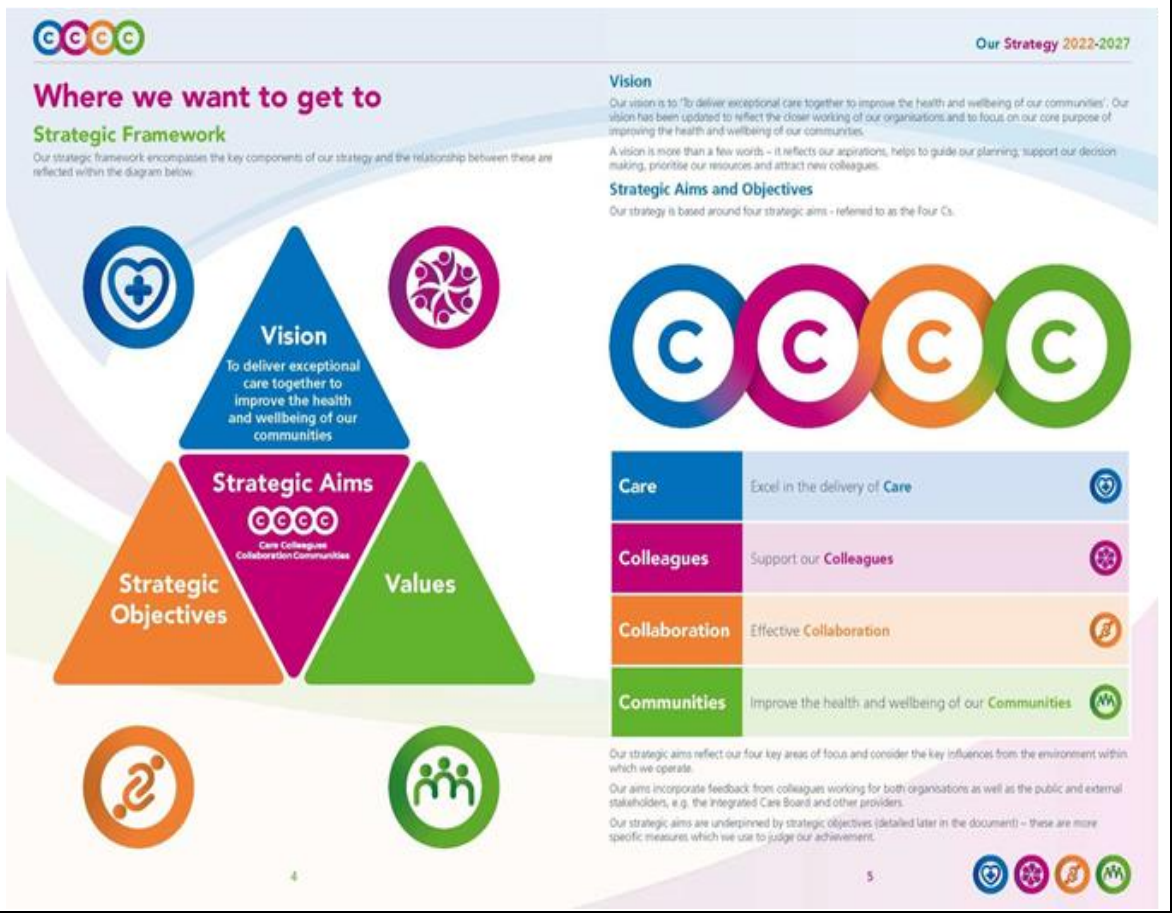
Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☐ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: Capital: Workforce: Funding Source:		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☐	Details:
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board		

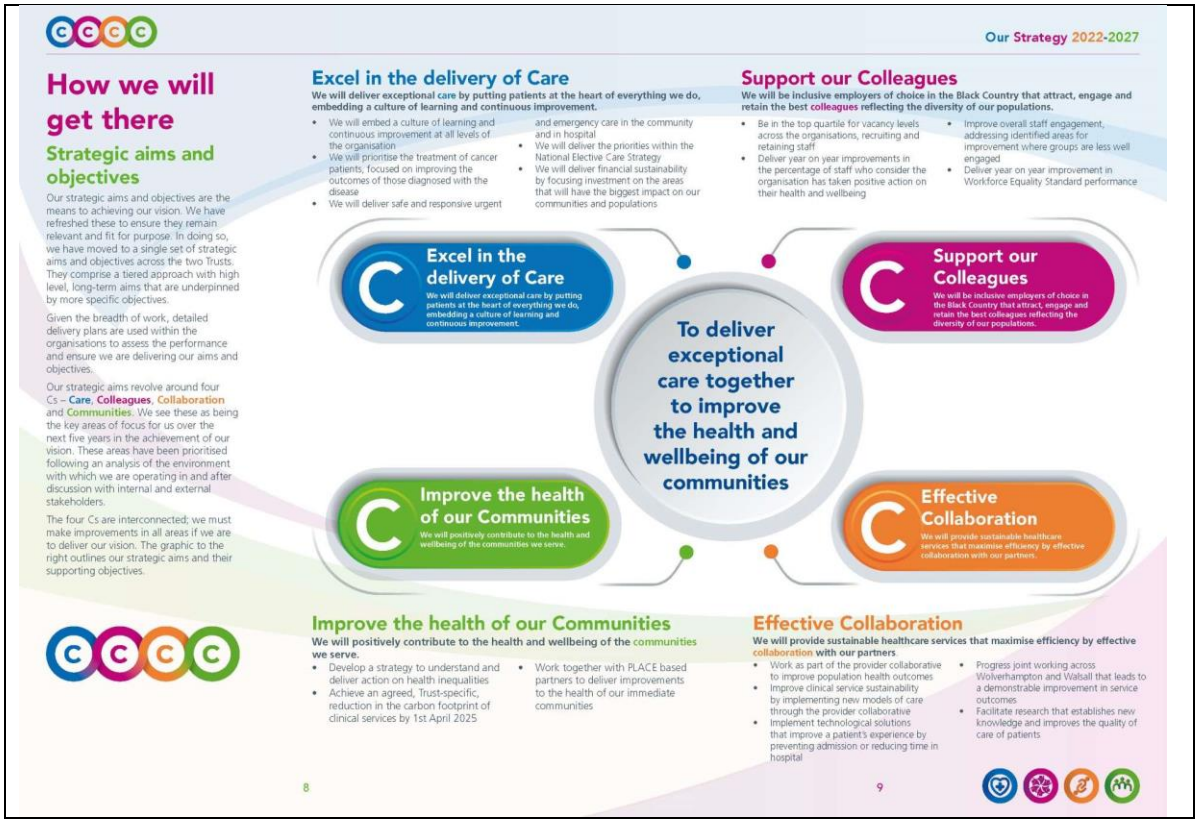
	& Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☐No☐	Date:
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Introduction

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





Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
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Support our Colleagues	• 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
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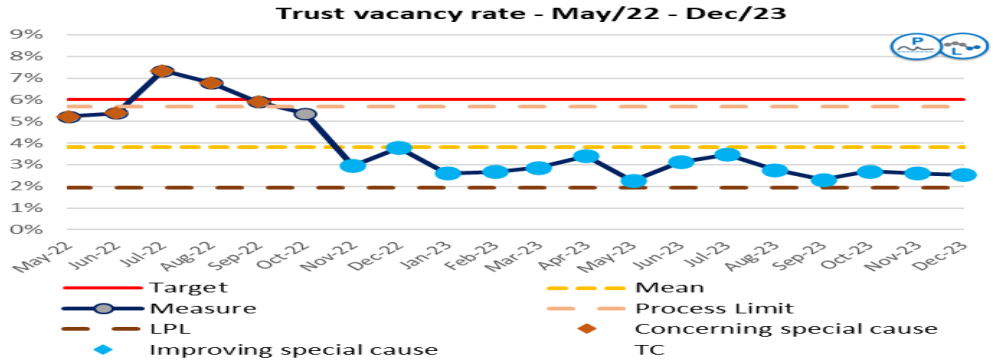
		Assurance			
					No Target
Variation	 	Trust vacancy rate			
					
	 				

Strategic Aim: COLLEAGUES

Strategic Objective: Be in the top quartile for vacancy levels across the organisations, recruiting and retaining staff.

Board Level Metric(s): Be in the top quartile for vacancy levels across the organisations, recruiting and retaining staff by March 2024.



Analyst Narrative:

Showing an overall improving trend for past 14 months, remaining within target.

SUPPORTING METRIC

Whilst the vacancy levels are performing well overall, there continues to be hotspots and 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.

Executive Director Lead: Adam Race/Alan Duffell

Executive Narrative:

The trust vacancy levels have sustained the target over the last 12 months as a result of successful recruitment and targeted campaigns which have contributed to this position. Trust turnover has met the target continually over the last 5 months and the trust retention rate has met the target consistently since the start of the year.

Actions:

To review the hard to fill positions across the trust, focussing on roles of strategic importance, progress report to Operational Workforce Group in January 2024 - Complete

ACTION	BY WHO	BY WHEN
Review Applicant Packs for Hard to Fill Posts	Head of Resourcing	Mar-24
Review Hard to Fill Posts across Provider Collaborative	Group Chief People Officer	Mar-24

Strategic Aim: COLLEAGUES

Strategic Objective: Deliver year on year improvements in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing.

Board Level Metric(s): Deliver an improvement on 2022/23 in the percentage of staff who consider the organisation has taken positive action on their health and wellbeing by March 2024.

	Analyst Narrative:
SUPPORTING METRIC	**Executive Director Lead:** Adam Race/Alan Duffell
	Executive Narrative: This objective is measured on an annual basis and information is not yet finalised so an updated position cannot be reported at this time.

ACTION	BY WHO	BY WHEN

Strategic Aim: COLLEAGUES

Strategic Objective: Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged.

Board Level Metric(s): Improve overall staff engagement, addressing identified areas for improvement where groups are less well engaged.

	Analyst Narrative:
SUPPORTING METRIC	**Executive Director Lead:** Adam Race/Alan Duffell
	Executive Narrative: This objective is measured on an annual basis and information is not yet finalised so an updated position cannot be reported at this time.

	ACTION	BY WHO	BY WHEN

Strategic Aim: COLLEAGUES

Strategic Objective: Deliver year on year improvement in Workforce Equality Standard performance.

Board Level Metric(s): Deliver an improvement on 2022/23 in Workforce Equality Standard performance by March 2024.

	Analyst Narrative:
SUPPORTING METRIC	**Executive Director Lead:** Adam Race/Alan Duffell
	Executive Narrative: This objective is measured on an annual basis and information is not yet finalised so an updated position cannot be reported at this time.

ACTION	BY WHO	BY WHEN

Metric	Target	Variation	Assurance	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Trust Vacancy Rate	6%	L	P	3.48%	2.77%	2.31%	2.70%	2.60%	2.54%
Turnover (normalised)	10%	L	F	10.13%	9.97%	9.79%	9.65%	9.66%	9.45%
Retention (12 months)	88%	H	?	89.86%	89.93%	90.13%	90.23%	90.11%	90.12%
Appraisals	90%	H	F	85.50%	85.40%	84.80%	84.90%	84.00%	84.40%
Mandatory Training (generic)	85%		P	95.30%	95.00%	95.10%	95.00%	94.80%	94.80%
Sickness (in month)	5%		?	5.00%	4.99%	4.94%	5.18%	5.38%	
Sickness (rolling 12 months)	5%	L	F	5.09%	5.08%	5.06%	5.03%	5.02%	

The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting to be held in Public on 13 February 2024

Title of Report	Exception Report from the People Committee	Enc No: 9.2
Author:	Emma Ballinger, Associate Director or People	
Presenter:	Allison Heseltine, Non-Executive Director & Chair of the People Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	26 January 2024	

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

Recommendations:
The Board is asked to note the contents of this report and approve the Joint People Strategy and Behaviourial Framework

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	No change. SR17 reviewed. Risk Description – Equality and Diversity Is Risk on Risk Register: Yes☒No☐ Risk Score (if applicable): 16		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Safe, Effective, Caring, Responsive, Well-Led.
	NHSE	Yes☒No☐	Details: EDI High Impact Actions
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☒No☐	Details: Annual EDI Report required under Equality Act.
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:

Summary of Key Issues:

Key Issues discussed by the Committee were:

- Black Country Provider collaborative work progress update.
- NHS England People Promise Exemplar funding.
- Joint People Strategy
- Behaviourial Framework
- National NHS Staff Survey 2023 and Pulse Survey.
- The Committee reviewed the Workforce Grip and Control Checklist and is assured that actions are in place as appropriate.
- Workforce Plan discussed and 22/23 trajectory reviewed.
- Deep Dive - Division 2
- Sexual Safety Charter update
- The Board Assurance Framework reviewed.

- Executive Workforce report discussed and reviewed.

Links to Trust Strategic Aims & Objectives (Please delete those which are not appropriate)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall

Report Journey/ follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: 26 January 2024
	Board of Directors	Yes☐No☒	Date
	Other	Yes☐No☒	Date:
Any Changes to Workplan to be noted	Yes☐No☒		Date:

The Royal Wolverhampton NHS Trust

EXCEPTION REPORT FROM PEOPLE COMMITTEE CHAIR

ALERT

The consultant pay deal in England has been rejected with the outcome of the vote 51% to 49% to reject the pay rise. No announcements have been made in relation to further industrial action dates as it was agreed whilst the offer was being considered no dates would be announced. The consultant strike mandate expires 18th June 2024.

Junior doctors are also planning a further ballot for industrial action which if it is voted in favour of will enable further industrial action until September 2024.

ADVISE

The Grip and Control checklist was reviewed, current ratings were agreed as accurate. 'Closure of escalation wards' remains red on the checklist due to the trust requiring the wards to remain open. There are no current plans for closure due to significant clinical pressure. It was noted in relation to this point that in Division 2 a unit is now operating 24/7 which would usually be a 12-hour unit.

National NHS Staff Survey 2023 and Pulse Survey updates were delivered. Initial areas of focus and themes within the responses was provided based on the executive summary report provided by Picker. Details are currently embargoed, and a follow up report will be provided once the embargo is lifted. At the time of the meeting there had been 471 responses to the quarterly pulse survey which aligned to previous response rates for the same period last year.

The 23/24 Workforce Plan was discussed including the revised trajectory for the remainder of this financial year. The trajectory and workforce plan are reviewed monthly by workforce, finance and operational colleagues to provide an accurate position. The month 9 position is that the actuals are meeting the trajectory. Workforce Planning for 24/25 has commenced but finalised guidance and timelines are yet to be published.

ASSURE

Black Country Provider collaborative work is progressing, an MOU is in place to support the movement of people operating across multiple organisations, the MOU is being reviewed to incorporate additional requests for inclusion. A People Digital Group has been implemented to review workforce system alignment across the collaborative.

Following a successful bid, the trust has been awarded national funding from NHS England. The funding is part of the People Promise Exemplar programme and will support the trusts work around the retention agenda. There is a launch event being hosted in February 2024 and an update report will be provided at a future meeting as this work progresses.

MATTERS FOR THE BOARD's ATTENTION
Information, issues et.al that either require bringing to the Board's attention or that Board may need to deal with, any matters requiring Board delegation

The Deep Dive for the committee this month came from Division 2, it was a detailed thorough report. The report did highlight the challenging balance between ensuring workforce plans are

met and maintained verses the management of clinical pressures and emergency situations. This was also evident during grip and control discussions around the closure of escalation wards.

Through discussions around the National NHS Staff Survey 2023 it was evident that action plans at a divisional level would help to focus activity. Further planning leading up to the staff survey was also discussed and a review of the survey delivery method following a survey of manager across the trust. Further details to be provided within the March 2024 Staff Survey responses report.

ACTIVITY SUMMARY
Presentations/Reports of note received including those Approved

Joint People Strategy
The strategy has been presented at management meetings across the trust and feedback received. Additionally, strategy development sessions were held within the HR directorate. The committee was asked to approve the content of the strategy, the committee approved this. The strategy will now have input from clinical illustration to generate the final version.

Behavioural Framework
This is a collaborative piece of work with Walsall and the final version of the framework was presented to the committee. It was noted that the framework has gone through several focus groups with feedback from these groups being taken into consideration. The framework was approved for implementation by the committee.

NHS Staff Survey 2023
A high-level overview of the responses to the survey was presented to the committee and it was noted that the response rate was lower than anticipated. Due to the content being under embargo details cannot be shared at this time, a detailed report will be presented in March once the embargo is lifted.

Sexual Safety Charter
An updated position on the work to ensure the trust adheres to the implementation of the charters principles and commitments was provided. A group implementation group has been established with RWT and WHT colleagues involved. Terms of reference have been developed and will be ratified at People and OD Group. An action tracker has been developed and agreed for use to monitor progress.

Matters presented for information or noting

- WDES Annual Report
- Minutes and Action Log of Operational Workforce Group – December 2023
- Minutes of the People and Organisational Development Group – December 2023
- Attract and Retain Steering Group Minutes and Action Log
- Staff Survey Oversight Group Action Log
- NHS Digital Staff Passport Update Paper

Chair's comments on the effectiveness of the meeting:
The committee was noted as being beneficial and effective, a balanced discussion of strategic information and direction whilst assessing performance from a workforce perspective.

The Royal Wolverhampton NHS Trust

Chairs Summary Log for People Committee, date of Log 26/01/2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Consultant rejection of pay offer which may lead to further industrial action. • Junior Doctors balloting for further strike mandate.	• Workforce Planning, planning for 24/25 is under way and it was agreed for a further update to come to committee in March 2024. • Staff Survey responses being worked through and will be further updated on once embargo lifted.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Deep Dive from Division 2 • Black Country Provider Collaborative progress. • People Promise Exemplar funding awarded.	• Joint People Strategy ratified. • Behavioural Framework ratified. • Update on Workforce Planning to be reported to the People Committee in March 2024 with bi-monthly updates continuing thereafter. • Update paper on Sexual Safety Charter implementation to be brought back to People Committee in July 2024.

The Royal Wolverhampton NHS Trust

Report to the Trust Board Meeting – to be held in Public On 13 February 2024		
Title of Report:	Joint People Strategy	Enc No 9.2.1
Author:	Adam Race, Director of Operational Human Resources and Organisational Development Clair Bond, Interim Director of Operational Human Resources and Organisational Development	
Presenter/Exec Lead:	Alan Duffell, Group Chief People Officer	

Action Required of the Board/Committee/Group (Please remove action as appropriate)			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☒No☐	Yes☐No☒	Yes☐No☒
Recommendations: The Trust Board is asked to **approve** this draft Joint People Enabling Strategy.			

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: There are a number of workforce risks associated predominantly with workforce supply in particular areas. The delivery of this strategy supports work to mitigate those risks. Through the delivery of the strategy a log of risks will be maintained. On Risk Register: Yes☐No☒ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	No change Risk Description: SR17 sets out a risk associated with delivery of the Equality Diversity and Inclusion agenda. Delivery of this strategy will mitigate that BAF risk. Is Risk on Risk Register: Yes☒No☐ Risk Score (if applicable): 16		
Resource Implications:	None identified		
Report Data Caveats	None		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Safe, Caring, Responsive, Effective, Well-Led.
	NHSE	Yes☒No☐	Details: Safer staffing, NHS People Plan, NHS Long Term Workforce Plan, Our NHS People Promise.
	Health & Safety	Yes☒No☐	Details: HSE management standard in relation to stress.
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☒No☐	Details:
	Other	Yes☐No☒	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate. The draft strategy recognises specifically a number of the key challenges in relation to the diversity of our organisations. It will be noted that not only does equality diversity and inclusion feature as a key theme, there are specific EDI considerations across the themes.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: 27 October 2023 26 January 2024
	Board of Directors	Yes☒No☐	Date: 13 February 2024
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure This draft enabling strategy is a product of considerable engagement and review of contemporary strategic thinking from within the organisation and national and system partners. There was early engagement with the People Committees across RWT and WHT, followed by workshops with the People and OD Teams in our organisations, alongside review of developing drafts with Divisional leadership teams and finally approval at the January People Committee for further approval by the Board.
Advise This Joint People Enabling Strategy has been approved by People Committee for consideration at Trust Board.
Alert None

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Effective Collaboration	• Improve clinical service sustainability • Progress joint working across Wolverhampton and Walsall

Care Colleagues
Collaboration Communities

NHS

Joint People Enabling Strategy

The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust

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

Foreword

Support our Colleagues

I am pleased to introduce the Wolverhampton & Walsall Joint People Strategy which sets out our overall direction for how we support our colleagues in delivering the Trust strategy.

This sets out how we will achieve our goal of being **inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations.**

This strategy is based on 4 key strands of work; **Leadership & Culture, Equality, Diversity & Inclusion, Health & Wellbeing** and **Recruitment & Retention**, and it recognises that our staff are our most important asset, who through dedication and commitment provide excellent care for our patients.

This enabling strategy helps our staff to understand our direction of travel and focus, as well as creates a clear picture of where we are and where we want to be in four years.

Our aim with this strategy is focus on our organisations being a place where we look after our staff, be clear on how we support and develop them whilst they collaborate with us and create a workplace culture where we treat each other with respect, ensuring equal opportunities and celebrating diversity.

Our values and the new joint behavioural framework are core to supporting our staff and how we embed these within all elements of the people strategy, through positive engagement, strong collective leadership and accountability and an inclusive culture that encourages and enables colleagues to be their best every day.

Alan Duffel
Group Chief People Officer

1.0 Introduction

Welcome to our new Joint People Enabling Strategy which belongs to all our colleagues across The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust ('the Group').

Our enabling strategy Plan has been created based on feedback and engagement with colleagues and leaders and supports our Joint Trust Strategy to deliver exceptional care together to improve the health and wellbeing of our communities.

The focus of our enabling strategy will be to **"Support our Colleagues"** and achieve our strategic aim to **be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations**. Our success against this aim will be recognised, through the delivery of our strategic objectives:

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

Delivery of these objectives will enable us to meet our ambition for our group to be a great place to work. We will achieve our aim and objectives through the delivery of our Joint People Ambitions to create a great place to work and thrive through:

- **Leading by putting our people first**
- **Ensuring equality, diversity and inclusion in all that we do**
- **Being a safe and healthy place to work**
- **Recruiting and retaining the workforce of today and of the future**

We know through the delivery of Our Joint People Enabling Strategy we will be expecting a lot of our people and especially our leaders. We cannot create a great place to work and thrive without the contribution of each and every person. Through the delivery of this enabling strategy we will bring about the sense of belonging and to reflect on how we behave towards one another using the Joint Behaviour Framework, consider the culture we want to create and the level of focus we give to our people as well as our patients.

Our enabling strategy has also been designed to embrace the ethos of the NHS People Promise and to address the relevant actions outlined in the Future of HR and OD in the NHS report and the We are the NHS: People Plan 2020/21 - action for us all.

NHS **People Plan** pillars

To develop **more** people, working **differently**, in a **compassionate** and **inclusive** culture

Our **People Promise**

People Promise

We are more than 1.3 million strong.
We are all walks of life, all kinds of experiences.
We are the NHS.

The **future** of **NHS human resources** and **organisatonal development** 2030 vision

2.0 National Context

The NHS Long Term Plan was published in 2019 it recognised concerns about funding, staffing, increasing inequalities and pressures from a growing and ageing population. Recognising we must tackle the pressures our staff face head-on, while making our extra funding go as far as possible whilst accelerating the redesign of patient care to future-proof the NHS for the decade ahead.

The NHS People Plan was published in 2021 outlining a clear direction in delivering better support to our NHS staff to ensure the NHS is a modern, supportive, and inclusive employer. The focus is on 4 themes: Looking after our people, belonging in the NHS, growing for the future and new ways of working. Embedded within the NHS People Plan are the seven elements of the NHS People Promise which details what we must do to provide a supportive work environment for our staff.

The NHS Future of HR and OD (November 2021) reviewed how people function should provide the support needed to enable the delivery of the People Plan and People Promise setting clear expectations of how we should deliver people services to our staff. It includes expectations that we continue to be forward thinking, professional and embed the values and behaviours within the People Plan in how we develop and deliver our people services.

The Messenger Review (June 2022) provides a renewed commitment to leadership development within health and social care with a focus on seven key deliverables. These are included throughout our journeys and are focused on leadership behaviours, action on equality diversity and inclusion, consistency in management, high quality appraisals, career development and supporting potential.

The Long Term Workforce Plan (June, 2023) sets out how the NHS will address existing and future workforce challenges by recruiting and retaining thousands more staff over a 15-year period, and working in new ways to improve staff experience and patient care. The plan sets out the strategic direction over the long term as well as short- to medium-term actions to be undertaken locally, regionally and nationally. Those actions fall into three priority areas: Train, Retain and Reform.

The NHS Equality, Diversity and Inclusion (EDI) improvement plan (June 2023) sets out targeted actions to address the prejudice and discrimination, direct and indirect, that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

3.0 Local Context

3.1 Joint Strategy

Our five-year strategy for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) reflects the closer working relationship between the two Trusts under the leadership of a joint Chair and Chief Executive. Uniting us is our shared vision "to deliver exceptional care together to improve the health and wellbeing of our communities."

3.2 Black Country Integrated Care System

The Black Country has 1.26 million residents, is made up of four distinct places: Dudley, Sandwell, Walsall, and Wolverhampton and is a hugely diverse system; as such there is no "one size fits all" approach to working with local people or partners. The Black Country Integrated Care System (ICS) is made up of several partners including the Integrated Care Board (ICB), the Local Authorities across the four places, health and social care provider organisations from all sectors and other stakeholders (e.g. Healthwatch).

The ICB People Strategy aims to make the Black Country the best place to work. Working under two key themes – 'Workforce Optimisation' and 'Inclusive Culture' – workforce leaders from across the system are driving improvements to deliver the principles of 'one workforce'; enabling a culture of belonging where all colleagues in the Black Country can thrive and continue to deliver high quality patient care.

Black Country Provider Collaborative

3.3 Black Country Provider Collaborative

Black Country Provider Collaborative (BCPC) enables collaborative working between the four acute hospital Trusts across the Black County to achieve the vision of 'One healthcare system, across multiple sites, working in partnership to provide better, faster and safer care to the population of the Black Country and beyond.' The BCPC also collaborates with non-NHS Partners such as schools, universities, and local authorities to meet the requirements of the NHS workforce plan and the national goals within the People Plan and Promises. Collaborative working between providers/ within the Integrated Care System and place-based partnerships means the movement of our staff across organisations should be easier and less organisation focused. Over time, we may develop ways to deliver this together.

OneWolverhampton
Working together for better health and care

Walsall Together
Collaborating for happier communities

3.4 One Wolverhampton and Walsall Together

We recognise that our group sits in two 'places', the Wolverhampton Place, and the Walsall Place. Place based working is through One Wolverhampton in Wolverhampton and Walsall Together in Walsall and each of the collaborations has its own identity and priorities, borne out of the wider needs of the local populations. We fully recognise that this strategy will deliver best where is learns from successes across the places we serve with delivery for the local population such that our organisations support local priorities.

4.0 Our Joint People Ambitions

Our Joint People Enabling Strategy is underpinned by our Joint People Ambitions, centred on our Group being a great place to work and thrive. We see this as critical to delivering our strategic aim of supporting our colleagues through ensuring low levels of vacancies, an effective approach to health and wellbeing, ensuring high levels of engagement and, critically, ensuring our organisations are truly diverse where all our people can belong.

4.1 Leading by putting our people first

The delivery of this enabling strategy requires leaders and managers to create the conditions locally for those they lead to be their best and to succeed. We will:

- Develop a clear vision of our expectations of leaders and managers, setting out what great leadership looks like.
- Implement a robust leadership and management development activities and programmes
- Embed compassionate leadership (West, 2021) in all that we do, including people practices such as recruitment and development
- Embed the joint behavioural framework across our organisations, in colleague behaviours and in all of our people practices including recruitment, promotion and appraisal.
- Ensure our people are trained in civility and respect to provide the best possible working environment for our people.
- Embed restorative, just and learning practices in partnership with our staff side colleagues, working with key stakeholders such as our employee voice groups and cultural ambassadors.
- Ensure effective job design, which provides rewarding work, enabling our people to maximise their potential and productivity.

4.2 Ensuring equality, diversity and inclusion in all that we do

Our organisations benefit from the diversity of our people, drawn from our local communities and beyond. This ambition sets out our commitment to embed equality, diversity and inclusion in not only our policies and procedures but also in the expected behaviours and way we do things. We will:

- Grow a workforce that is truly representative of the communities we serve.
- Ensure policies and procedures are developed and implemented in a people centric way to truly deliver a 'people before process' culture which ensures consistency and fairness across our group.
- Boldly set out what it means to be an ally and recognise those who stand-up and call out unwanted and uncivil behaviours.
- Maintain our accreditation with the RACE Equality Code and continue to deliver improvement embedding anti-racism and a zero tolerance to discrimination of any kind.
- Work closely with our employee voice groups ensuring real impact on the ground and contribution to collective decision making.

4.3 Being a safe and healthy place to work

Being a healthy and safe place to work enables colleagues to be their whole selves at work and to provide the very best experience for staff, service users, patients and their carers. In the delivery of this ambition we will:

- Ensure all leaders have the knowledge and tools to demonstrate responsibility towards the health and wellbeing of colleagues through their actions and decisions.
- Establish and deliver a joint health and wellbeing delivery plan across our organisations.
- Ensure our people are able to safely raise concerns.
- Embed the 'Sexual Safety Charter' across our organisations.
- Strengthen safeguards for staff against abuse, aggression and violence
- Support our people to maximise their attendance at work

4.4 Recruiting and retaining the workforce of today and for the future

Through robust workforce planning from service to organisational and system level our colleagues will be supported to build careers and access development and opportunities to learn new skills to increase retention and support system working across the Black Country. We will:

- Develop our role as anchor employer within our communities, to deliver health equality through employment opportunities and engage young people to consider working for the NHS
- Seek to identify and address the drivers for turnover to minimise vacancies and reliance on temporary staff
- Enable development and implementation of new roles and new ways of working and training to harness flexibility of roles
- Provide clear career frameworks and support progression of people through structured appraisal and talent planning processes.
- Further enhance our approach to flexible working supporting to enable our people to have greater choice in when, where and how they work in a way that supports the delivery of services.
- Provide a clear reward and recognition approach which values the contribution of all staff and supports new ideas and innovation.
- Embrace digital ways of working to release time to care and to provide a truly 'customer grade' employee experience, supporting our staff as required.

6.0 Governance and success measures

The strategy will be governed through the People Committees in each Trust and delivery against our joint people ambitions will be measured by a variety of people metrics. The actions plans that are developed to achieve our joint people ambitions will set clear timescales for delivery of outputs and we will ensure this is reported through an appropriate governance structure.

Together with this, we have a significant number of outcome measures such as:

- Key staff survey metrics in relation to learning, compassion, wellbeing and inclusion
- Operational People metrics, such as turnover, retention and attendance
- Equality metrics including the workforce race equality scheme, workforce disability equality scheme, gender pay gap and RACE Equality Code.

Updates on the strategy delivery will be provided to the People Committees on at least an annual basis. A summary of the strategy is shown at appendix 1 with an overview of activity over the four years shown at appendix 2.

Risk and Mitigations

Risk	Mitigations
Ongoing operational pressures (including industrial action) impacting on progress with defined priorities	Oversight of progress via the delivery groups and timely escalation to People Committees. Consideration of profiling/ scheduling of activity and delivery of the enabling strategy.
Workforce challenges impacting on progress with defined priorities	Ongoing staff recruitment and retention activities. Oversight of progress via the delivery groups and timely escalation to People Committees Consideration of profiling/ scheduling of activity and delivery of the enabling strategy.
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 via the delivery groups and timely escalation to People Committees Consideration of profiling/ scheduling of activity and delivery of the enabling strategy.

Equality Impact Assessment

This Joint People 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 4-year strategy, which will be overseen by People Committees at both Trusts. Progress updates will be provided on an annual basis.

Appendix 1

Our Joint People Enabling Strategy Summary Overview: Creating a great place to work and thrive

Our Joint People Priorities and Ambitions… we will great a great place for all our staff to work and thrive by: -			
Leading by putting our people first	Ensuring equality, diversity and inclusion in all that we do	Being a safe and healthy place to work	Recruiting and retaining the workforce of today and for the future
Outcomes			
- Clear vision of great leadership in place. - Robust leadership activities and programmes in delivered. - Compassionate leadership embedded in all people and organisational practices. - Joint behavioural framework embedded across our group. - Our people are trained in civility and respect - Embed restorative, just and learning practices across our group. - Effective job design, providing rewarding productive work.	- Workforce that is truly representative of the communities we serve. - 'People before process' culture which ensures consistency and fairness across our group. - Embed ally ship and recognise those who stand-up and call out unwanted and uncivil behaviours. - Maintain our accreditation with the RACE Equality Code - Embed anti-racism and a zero tolerance to discrimination. - Enhance the role of our employee voice groups in collective decision making.	- Leaders have the knowledge and tools to support the health and wellbeing of colleagues through their actions and decisions. - Joint health and wellbeing delivery plan in place across our organisations. - People are able to safely raise concerns. - 'Sexual Safety Charter' embedded across our organisations. - Safeguards in place for staff against abuse, aggression and violence - People supported to maximise their attendance at work.	- Clear role as anchor employer within our communities, delivering employment opportunities and engage young people to consider working for the NHS. - Identify and address the drivers for turnover, minimised vacancies and reliance on temporary staff. - New ways of working and training developed to harness flexibility of roles - Clear career frameworks in place with support for progression of our people. - Best in class approach to flexible working. - Clear reward and recognition valuing contribution and innovation. - Effective use of apprenticeships to develop our current and future workforce. - Embrace digital to provide a customer grade employee experience with support for our people.

Specific Measures of success for each ambition			
People processes fully reviewed and in date. Development programmes, people policies and practices in place and reviewed as effective. Top quartile performance in the national staff survey for we are compassionate and inclusive. 90% of colleagues have and appraisal and agreed development plan, with, over the life of the strategy top quartile performance in the staff survey for quality of appraisals	Continued RACE Equality Code accreditation Organisation representative of the community we serve. No unwarranted variation in key equality measures e.g. WRES & WDES. Appropriate accreditations in place e.g. veteran aware, disability confident.	Single Occupational Health Service in place across our group. Joint delivery plan in place, monitored tracked and working. Top quartile performance in the 'We are safe and healthy' score for the NHS Staff Survey Sexual safety charter – joint actions delivered. Sickness absence reduced to <4% over the life of this strategy.	Career support in place Development programmes in place with top quartile performance in the 'We are always learning' score for the people promise TBD% utilisation of apprenticeship levy. Workforce and talent plans in place. Staff survey scores for access to development and progression opportunities in the top quartile for all groups. Top quartile performance for 'Reward and Recognition' Top quartile performance in the staff survey for flexibility. Agreed career frameworks in place for key staff groups. Vacancy levels below 6% Over 60% of our workforce from the local community

Appendix 2

Our Joint People Enabling Strategy Summary Annual Plan

	2024/25	2025/26	2026/27	2027/28
Leading by putting our people first	- Clear vision of great leadership in place. - Robust leadership activities and programmes in delivered. - Joint behavioural framework	- Compassionate leadership embedded in all people and organisational practices. - Effective job design, providing rewarding productive work.	- Our people are trained in civility and respect	- Embed restorative, just and learning practices across our group.
Ensuring equality, diversity and inclusion in all that we do	- Maintain our accreditation with the RACE Equality Code - Embed anti-racism and a zero tolerance to discrimination. - Enhance the role of our employee voice groups in collective decision making.	- Embed ally ship and recognise those who stand-up and call out unwanted and uncivil behaviours.	- 'People before process' culture which ensures consistency and fairness across our group.	- Workforce that is truly representative of the communities we serve.
Being a safe and healthy place to work	- Joint health and wellbeing delivery plan in place across our organisations. - Safeguards in place for staff against abuse, aggression and violence - 'Sexual Safety Charter' embedded across our organisations.	- Leaders have the knowledge and tools to support the health and wellbeing of colleagues through their actions and decisions. - People supported to maximise their attendance at work.	- People are able to safely raise concerns.	
Recruiting and retaining the workforce of today and for the future	- Identify and address the drivers for turnover, minimised vacancies and reliance on temporary staff. - Clear career frameworks in place with support for progression of our people.	- Clear role as anchor employer within our communities, delivering employment opportunities and engage young people to consider working for the NHS. - New ways of working and training developed to harness flexibility of roles.	- Best in class approach to flexible working. - Clear reward and recognition valuing contribution and innovation. - Effective use of apprenticeships to develop our current and future workforce.	- Embrace digital to provide a customer grade employee experience with support for our people.

The identified outcomes are to be achieved by the approximate dates and work will commence ahead of the delivery dates in line with the work plans for each ambition.

References

Civility Saves Lives (undated) Civility Saves Lives (website) [online] available here: https://www.civilitysaveslives.com (accessed 10 September 2023)

Department of Health and Social Care (2022) Health and social care review: leadership for a collaborative and inclusive future [online] available at: https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future (accessed 14 December 2023)

House of Lords (2017) The Long-term Sustainability of the NHS and Adult Social Care [online] available here: https://publications.parliament.uk/pa/ld201617/ldselect/ldnhssus/151/15102.html (accessed 10 September 2023)

National Guardian (undated) FTSU Index (website) [online] available here: https://nationalguardian.org.uk/learning-resources/speaking-up-data/ftsu-index

NHS England (2019) The NHS Long Term Plan [online] available here: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf (accessed 31 July 2023)

NHS England (2020a) We are the NHS: Our People Plan [online] available here: https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf (accessed 31 July 2023)

NHS England (2020b) Our People Promise [online] available here: https://www.england.nhs.uk/our-nhs-people-promise (accessed 31 July 2023)

NHS England (2021) The Future of NHS human resources and organisational development [online] available here: https://www.england.nhs.uk/wp-content/uploads/2021/11/B0659_The-future-of-NHS-human-resources-and-organisational-development-report_22112021.pdf (accessed 31 July 2023)

NHS England (2021) Violence prevention and reduction standard [online] available here: https://www.england.nhs.uk/publication/violence-prevention-and-reduction-standard/ (accessed 14 December 2023)

NHS England (2023a) NHS equality, diversity and inclusion (EDI) improvement plan [online] available here: https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/ (accessed 31 October 2023)

NHS England (2023b) NHS Long Term Workforce Plan [online] available here: https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf (accessed 31 July 2023)

Social Partnership Forum (2023) Violence Reduction [online] available here: https://www.socialpartnershipforum.org/articles/violence-reduction (accessed 14 December 2023)

The Royal Wolverhampton NHS Trust (2022) Our Strategy 2022 – 2027 [online] available here: https://www.royalwolverhampton.nhs.uk/about-us/our-joint-trust-strategy.html (accessed 16 January 2024)

West, M (2021) Compassionate Leadership, London, The Swirling Leaf Press

Care Colleagues
Collaboration Communities

01266 v0.1 06/02/24

Report to the Trust Board 13 February 2024		
Title of Report:	Caring for All- Our standards of behaviour	Enc. 9.2.2
Author:	Amy Sykes, Head of Organisational Development and Workforce Transformation (RWT) Email: amy.sykes1@nhs.net Gail Parry, Deputy Head of Organisational Development (RWT) Email: gail.parry@nhs.net Karen Bendall, Staff Engagement and Organisational Development Lead (WHT) Email: k.bendall1@nhs.net	
Presenter/Exec Lead:	Alan Duffell, Chief People Officer: a.duffell1@nhs.net	

Action Required of the Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐ No☒	Yes☒ No☐	Yes☐No☒	Yes☐ No☒
Recommendations: The Trust Board are asked to approve the content and design of a joint behavioural framework for staff at The Royal Wolverhampton Trust (RWT) and Walsall Healthcare Trust (WHT).			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: No ☒ Risk Score (if applicable) : NA		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None		
Report Data Caveats	This is a standard report using Quarterly Pulse Survey Data		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Safe, Effective, Caring, Responsive and Well-led
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

Equality and Diversity Impact	The framework makes reference to 'we are inclusive' as a top priority for encouraging the behaviour we want to see from all our staff.		
Report Journey/Destination or matters that may have been referred to other Board/Committees	Working/Exec Group	Yes☒No☐	Date: People and OD Group: 14th September 2023. RWT Executive Team: 29th November 2023. People and OD Group: 19th December 2023.
	Board Committee	Yes☒No☐	People Committee: 26th January 2024 Trust Management Committee: 26th January 2024
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure • Following the launch of the first joint strategy, 'Our Strategy' 2022-2027' it was agreed through a Committee in Common, that both organisations would retain their existing Trust values and progress working on a set of joint behaviours. • The Behavioural Framework, that all staff can adhere to will form part of the cultural aspects of the people plans, policies and procedures, which supports both Trusts to develop and maintain a cohesive and positive culture and expected behaviours to work towards. • The framework can be utilised by managers when promoting the behaviour they want to see and when challenging unwanted and unacceptable behaviour.
Advise • A detailed implementation plan for launching and embedding the behavioural framework will be shared once the framework design and content is approved.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement
Support our Colleagues	• 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
Effective Collaboration	• Progress joint working across Wolverhampton and Walsall

Caring for All- Our Standards of Behaviour

1.0 Introduction

In October 2022, The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) launched the first joint strategy, 'Our Strategy' 2022-2027, which reflects collaborative working between the two organisations. It was agreed through a Committee in Common, that both organisations would retain their existing Trust values (**Appendix 1**), and progress working on a set of joint behaviours.

The purpose of this report is to provide assurance to the Trust Board that the behavioural framework has been developed jointly by RWT and WHT, involving feedback from colleagues across both Trusts. The Trust Board is asked to approve the design and content of the framework known as Caring for All- Our standards of Behaviour. This will support the planned launch of the framework in March 2024 and allow for the framework to be embedded as a core feature of cultural aspects of the people plans, policies and procedures, promoting the expected standards of behaviour for staff to work towards.

2.0 Development

Following an initial scoping exercise, undertaken by the Associate Director of People at RWT, a phased approach to developing the framework was agreed, with the Organisational Development (OD) leads for each Trust being involved. The OD Leads met in January 2023 to discuss the design and delivery options for this work and to agree on the following timelines.

High Level Milestones	When
Cross-site listening events for staff to share what they would want to see in a behavioural framework.	March 2023/April
Thematic analysis of findings and draft behavioural framework	May 2023
Develop draft behavioural framework	July- August 2023
Further consultation period on framework design	Sept- October 2023
Papers to People and OD Group, People Committee and Trust Management Committee for approval, discussion at Exec Meetings and Inaugural Group Joint Partnership Forum	November- February 2023
Launch behavioural framework	March 2024
Embed Joint Behavioural Framework	March- December 2024

3.0 Initial Consultation

To ensure the framework was developed in a consultative way, a series of in person and online engagement events were held in March and April 2023. The workshops were co-facilitated and although they yielded low attendance, staff provided valuable contributions and input, sharing their lived experiences of working at both organisations.

Staff agreed on the importance of having a robust behavioural framework in place, that all staff can adhere to, and importantly, that managers can utilise when promoting the behaviour they want to see and when challenging unwanted and unacceptable behaviour.

Following discussion with workshop attendees, a general consensus of words and phrases emerged and main themes are highlighted below and have informed the content of the framework.

Professional	Engagement	Inclusive	Approachable
Responsive	Adaptable	Caring	Respectful
Visible	Engaged	Supportive	Compassionate

4. Design

4.1. Initial Draft

The framework outlines the behaviours we want to see from all our staff in their interactions with each other, and in the way they behave with patients, their relatives and friends. These behaviours map on to both organisations' values. This framework is also aligned to the NHS People Promise and the NHS Leadership Way. The framework will supersede the existing Professional Values and Standards for RWT and the Values and Behaviour Standards at WHT, which both outline expected staff behaviours, however, both Trusts will retain their agreed values.

The OD leads for RWT and WHT worked collaboratively to produce a plan on a page and complementary supporting guidance to support staff to implement the framework. The Chief People Officer, who gave the brief for the work, provided input and clarity on the requirements going forward, and four key headings were agreed: Listening; Kind; Inclusive and Professional. These behaviours provide the foundation of the framework and more detailed content will fall under these headings and will be included in a supporting guidance document. The supporting guidance includes an introduction to the work, a message from our Chair, Sir David Nicholson, detail of the behaviours we want to see from our staff, the behavioural framework in practice and how to raise concerns if staff see behaviour that is contrary to the expected standards.

4.2. Further Consultation

Further consultation with colleagues in the Communications Team led to timelines being agreed for the overall design of the framework. A first draft of the framework was produced, and it was agreed with the Chief People Officer that further consultation with key stakeholders was required to gain feedback on the content and structure of the documents. Further consultation with RWT and WHT colleagues took place in September and October 2023. Stakeholders were invited to feedback via a brief online survey and feedback was sought in a variety of meetings. Overall, the feedback was positive and has helped with making further improvements to the content and design.

4.3. Final Design

The final design for the behavioural framework includes:

- Caring for All- Our standards of behaviour plan (**Appendix 2**): this document shows our 'plan on a page'. This will be used as a poster design and distributed across the Trust to support promotion of the framework
- Caring for All- Our standards of behaviour guidance (**Appendix 3**): this document provides an introduction to the framework, the key behaviours we expect to see from our staff and additional information about what these behaviours will look like. Information on how this will be put into practice and how staff can escalate concerns is included.
- Caring for All- Our standards of behaviour pledges (**Appendix 4**): this document can be used by individuals, managers and leaders to reflect on how they currently behave in the workplace and to reflect on what they might do differently against the four behaviour headings of Listening; Kind; Inclusive and Professional.

5.0 Implementation

The following areas will be focused on during implementation to ensure the framework is sufficiently embedded.

- **Recruitment**: Behavioural based interviewing will support the Trust to find excellent candidates who are a suitable cultural-fit as well as job-fit.
- **Corporate awards**: Staff demonstrating outstanding behaviour and those who are an advocate for the values and culture of the organisation are recognised.
- **Performance management**: Staff are managed, supervised and appraised for their work performance, not only in terms of task delivery, but related to their behaviours and approach taken to work.
- **Learning and development**: Personal development will include conversations about behaviour. Corporate learning materials and training will be available to support staff to deliver the required behaviours.
- **Policy**: Our policies e.g. dispute resolution and the disciplinary policy, will reference and align to the behavioural framework. Processes and guidance will be designed to support the workforce and our managers with embedding the framework.
- **Well-being initiatives**: We recognise that an individual's well-being can be affected by negative behaviour and we will ensure support is available and easy to access.

Please see **Appendix 5** for more detail on the engagement and communications plan to support the framework being embedded across both Trusts.

6. Recommendation

The Trust Board is asked to approve the joint behavioural framework for staff at The Royal Wolverhampton Trust (RWT) and Walsall Healthcare Trust (WHT).

Appendix 1: Our Joint Vision, Goals and Values

The Royal Wolverhampton NHS Trust

Walsall Healthcare NHS Trust

Caring for All

Our Standards of Behaviour

We will be a
Listening, **Kind**,
Inclusive and **Professional**
organisation.

Listening

Actively listen to others, showing an interest in their perspective and how they think and feel.

Be present and engaged when others are talking to you.

Listen to people's feedback with an open mind and without judgement.

Kind

Role model civility and respect.

Be understanding of others, showing compassion and empathy.

Look after my own and others' health and wellbeing.

Inclusive

Promote equality, value diversity and help everyone to feel they belong.

Treat people with dignity and respect and value everyone's contribution.

Respectfully challenge inappropriate behaviour.

Professional

Lead by example, communicating clearly and honestly and by maintaining a professional attitude and behaviours.

Always look for opportunities to learn, develop and improve.

Escalate concerns appropriately and be honest if something goes wrong.

These are the behaviours we value and expect our staff to display when interacting with colleagues, patients, and relatives.

Visit the Trust intranet for more information on our Joint Behavioural Framework.

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

Care Colleagues
Collaboration Communities

01077 v10.1 02/01/24

Care Colleagues
Collaboration Communities

NHS

Caring for All

Our Standards of Behaviour

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Introduction to our Joint Behavioural Framework

Our Joint Behavioural Framework for **The Royal Wolverhampton NHS Trust (RWT)** and **Walsall Healthcare NHS Trust (WHT)** outlines the behaviours we value and expect all our staff to follow.

In October 2022, RWT and WHT launched the first joint Strategy, 'Our Strategy 2022-2027', which reflects the closer working taking place between the two organisations. It was agreed that both Trusts would retain their existing values and develop a set of joint behaviours.

RWT values:
Safe and Effective, Kind and Caring, Exceeding Expectation

WHT values:
Respect, Compassion Professionalism, Teamwork

We have engaged with our workforce in this process and identified four behaviours that we value and expect our staff to adhere to when supporting colleagues and treating patients. These behaviours replace the previous standards of behaviours held at each Trust.

We want individuals and teams to perform at their best, for our staff to feel valued and to provide safe and effective patient care. How we treat each other is one of the strongest determinants of the culture of our workplace and can help create a great employee experience.

This Framework sits alongside the Professional Code of Conduct and has been developed as a self-assessment guide to promote the behaviours we want to see from all our staff. This will help us cultivate a safe and healthy working environment that everyone can thrive in and receive great care and service from.

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

A message from our Group Chairman

"I want our organisations to be the very best they can be – to be recommended as great places to work, where we deliver high standards of patient care, offer ample development opportunities for our staff, and have a demonstrable commitment to teamworking and quality improvement.

"Being an employer of choice means developing and maintaining a positive and inclusive working culture – so that our staff feel supported and valued for the work they do, and in turn are better equipped to deliver safe and effective care to the people we serve.

"A good culture starts with how we treat each other.

"It's not always easy to be at our best, especially if we are feeling stressed because of pressures at work or at home. The aftermath of the pandemic is still affecting the NHS, and we know that everyone is working incredibly hard amid sustained pressures on our services. Outside work, the cost of living continues to have an impact for many, as do events happening at home and abroad.

"It's therefore more important than ever to support each other, as we never know what challenges a colleague may be dealing with beneath the surface. Even the simplest act of courtesy can make a huge difference to someone's day.

"Following our most recent NHS Staff Survey results, and after reviewing feedback gathered in our Trust-led 'civility and respect' and staff engagement sessions, we have developed our new behavioural framework. This document outlines how we expect staff to speak and act toward one another, so that we can all live up to the organisational values for both The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.

"I'd like to thank those staff members who took the time to let us know about the types of behaviours they value the most: your feedback is invaluable."

Sir David Nicholson KCB CBE
Group Chairman

Making people feel they belong

These are the behaviours we value and expect our staff to display when interacting with colleagues, patients, and relatives.

We will be a **Listening**, **Kind**, **Inclusive** and **Professional** organisation.

Listening

Actively listen to others, showing an interest in their perspective and how they think and feel.

Be present and engaged when others are talking to you.

Listen to people's feedback with an open mind and without judgement.

Kind

Role model civility and respect.

Be understanding of others, showing compassion and empathy.

Look after my own and others' health and wellbeing.

Inclusive

Promote equality, value diversity and help everyone to feel they belong.

Treat people with dignity and respect and value everyone's contribution.

Respectfully challenge inappropriate behaviour.

Professional

Lead by example, communicating clearly and honestly and by maintaining a professional attitude and behaviours.

Always look for opportunities to learn, develop and improve.

Escalate concerns appropriately and be honest if something goes wrong.

Visit the Trust intranet for more information on our Joint Behavioural Framework.

Our framework in practice

This section provides more detail on what these key behaviours mean in practice, focussing on the 'how' so we can all be sure of what is expected of us.

To show I am **listening**, I will...

Actively listen to others, showing an interest in their perspective and how they think and feel

- Listen with interest.
- Listen with the intent to understand, listen patiently, and enable others to express themselves.
- Ask curious questions to understand how others are thinking and feeling.

Be present and engaged when others are talking to me

- Pay attention to what people are saying and doing.
- Communicate back to people what I think they have said, to make sure I have understood them.
- Use body language and facial expressions to show others I'm engaged in the conversation.

Listen to people's feedback with an open mind and without judgement

- Consider any barriers I may have when listening to others, for example, any bias or judgement.
- Recognise how my responses can impact on others.
- Avoid interrupting or talking over people, asking too many questions or trying to control a conversation.

To be **kind**, I will...

Role model civility and respect

- Treat patients and colleagues with care and kindness.
- Be welcoming, courteous, helpful, and approachable, creating a sense of belonging for others at work.
- Introduce myself by saying 'hello, my name is…' and remember the importance of appreciating others.

Be understanding of others, showing compassion and empathy

- Be curious about other people's experiences and show compassion and empathy towards them.
- Apologise if I have offended or misunderstood someone.
- Involve others in decisions that impact them, considering their needs and perspective.

Looking after my own and others' health and wellbeing

- Promote safe and effective working by checking in with my colleagues regularly.
- Value people's strengths and abilities and be reasonable about what is expected from colleagues.
- Take action or ask for support to resolve conflicts that impact myself or others, ensuring everyone has the opportunity to be the best they can be in work.

To be **inclusive**, I will...

Promote equality, value diversity and help everyone to feel they belong

- Respect everyone's individual differences.
- Be considerate of people's protected characteristics and how these might impact their experiences of care and work.
- Value and encourage everyone's contribution and seek diverse views when making decisions.

Treat people with dignity and respect and value everyone's contribution

- Build healthy relationships at work based on humility, integrity, respect and trust.
- Make decisions in a fair and honest way, always considering the impact on others.
- Listen with empathy and care if someone tells me about a difficult experience they have had.

Respectfully challenge inappropriate behaviours

- Support others when they courageously speak up about poor behaviour, helping the voices of those affected to be heard.
- Challenge inappropriate behaviour courteously and try to prevent patients and colleagues from experiencing intimidation, abuse, bullying or discrimination.
- If challenged on my behaviour, I will be prepared to accept feedback and the positive intentions of others in sharing their perspective.

To be **professional**, I will...

Lead by example, communicating clearly, honestly, and by maintaining professional attitudes and behaviours

- Show positive attitudes and behaviours towards colleagues and patients, showing I am approachable, I communicate well, and I am reliable.
- Demonstrate good judgement and make decisions ethically.
- Lead by example in living by the organisation's strategic aims and values.

Always look for opportunities to learn, develop and improve

- Get involved in improvement by sharing your ideas and learning.
- Embrace change, be open to new ideas and show a willingness to adapt and be flexible.
- Use opportunities to give and receive feedback to support learning and improvement.

Escalate concerns appropriately and be honest if something goes wrong

- Be accountable for my personal learning and development, recognising my limits and any areas for growth and when I may need support or advice.
- Be honest, open and transparent about mistakes, take responsibility and ensure lessons are learned and opportunities for improving practices are highlighted.
- Escalate concerns appropriately, promptly, and safely if something goes wrong, recognising that speaking up is crucial to providing safe care.

What can I do next?

This framework can be used as a tool for you to think about your own behaviours.

All staff

Asking self-reflective questions such as: Is this how I work? Is this how I treat others? Is this how I expect to be treated? Let's put this to practice.

Managers

Share this Framework with your team and agree what you need to do differently and acknowledge what you are doing well.

These behaviours are intended to help us create a compassionate workplace for everyone. Evidence shows this helps engage and motivate colleagues, improves wellbeing, and leads to high-quality care being provided.

Actively engage with colleagues to ensure you have a joint understanding of what you expect to see; recognise and reward others when these behaviours are present and agree what you are going to do if someone is not displaying these behaviours. This will help you to create a strong leadership team that inspires and enables others to live by our expected values and behaviours.

Our Behavioural Framework will be embedded in key processes and policies, for example, our recruitment practices, our approach to reward and recognition, our appraisal process, our performance management process, our learning and development offers and our approach to partnership working.

Supporting documents and guides will be produced to complement this Framework and support our leaders and managers to enable and inspire all staff to adhere to the behaviours included. We also encourage staff to 'call it out' when others behave in ways that are inconsistent with this Framework, to support us in creating the right culture for staff to thrive and for patients to receive excellent care.

Both organisations are focused on creating the best workplace culture for our staff, so they have a great experience of coming to work and are supported to provide the best possible standard of care.

If you are interested in finding out more about our approach to improving civility and respect across the organisation, search 'civility and respect' on the staff intranet and on My Academy.

Where can I raise concerns?

If you see behaviours that fall short of those outlined in this guidance, for example, if staff are being unkind, unprofessional, excluding others or not listening, you can raise concerns in the following ways:

1. Speak to your manager, or the next manager in line if they are not available. Your manager may want to address what you raise informally to resolve the issue promptly. They may also want to consider a more formal process to address your concerns.

2. If you are unsure who to contact, don't feel confident speaking to your manager, or have already done this with no success, then you can speak to a Freedom To Speak Up (FTSU) Guardian who may be able to assist.

RWT email:
rwh-tr.freedomtospeak@nhs.net

WHT email:
wht.freedomtospeakup@nhs.net

Notes

Care Colleagues
Collaboration Communities

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Caring for All
Our Standards of Behaviour

NHS

Our pledge

This Framework is a resource for self-reflection and objective setting for colleagues to use for self-development.

Have you considered the impact of your own behaviour and that of others in work? Use some of the reflective questions below to think about this and then use our staff and manager pledges to think about what you will commit to do differently?

- **How do you think you come across to others?**
- **How do you make people feel around you?**
- **How do you respond to constructive feedback?**
- **What will you do to recognise and reward others when they behave in a way that is aligned to our standards of behaviour?**

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Caring for All
Our Standards of Behaviour

NHS

Staff pledge

As a colleague, to show I am **listening** I will…

To be a **kind** colleague I will…

To be an **inclusive** colleague I will...

To be a **professional** colleague I will...

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Caring for All
Our Standards of Behaviour

NHS

Manager and leader pledge

As a manager, to show I am **listening** I will…

To be a **kind** manager and leader I will…

To be an **inclusive** manager and leader I will...

To be a **professional** manager and leader I will...

01077 12/23

Appendix 5: Proposed engagement and communications activities

What	Why/content	Channel	Dependencies
Internal bulletin content	• Launch of Behavioural Framework and call to action. • 'Making everyone feel they belong' plan on a page. • Monthly pledges- appeals and showcasing of pledges	Dose and Brief	Approval of details and content from key contacts.
Staff intranet	• Dedicated pages– including access to printed materials. • Monthly pledges to be housed on the intranet.	Trustnet.	Colin Cranfield, Web Content Officer.
Social media - Internal staff Facebook	• Joint Behavioural Framework is coming. • Launch of Joint Behavioural Framework. • Video from chosen senior colleague to share the launch of the framework. • Feature of a monthly pledge.	Trust Brief.	Content from OD Team.
Screensaver	• Launch of Joint Behavioural Framework. • Call for pledges. • 'Making everyone feel they belong' plan on a page.	Electronic screensavers.	Medical Illustration.
Senior manager email	• Guide on embedding the framework within their team and within colleagues 1:1 meeting – making a difference within their area. • Identify potential issues within their area and how can they address/solve this using the framework.	Email.	NHS Mail.
David's Despatch	Launch of Joint Behavioural Framework – including 'making everyone feel they belong' and how this is important to him.	All user email from David.	Depending on content submissions
Video	Film variety of staff speaking about the importance of the framework and why everyone should be involved, making RWT and Walsall great places to work.	Staff FB group, link to be shared on internal comms.	Depending on availability.
Roadshows/ward walks	OD Team to do ward walks to discuss framework with mainly clinical colleagues. Comms team to capture and promote.	Internal comms.	Availability of OD Team.
Printed materials	Print posters, pull-ups, and other suggested materials to support the launch of the behavioural framework.		Confirmation on budget amount.

The Royal Wolverhampton NHS Trust

Report to the Public Trust Board On 13th February 2024		
Title of Report:	Executive Summary Workforce Report	Enc No: 9.3
Author:	Emma Ballinger, Associate Director of People	
Presenter/Exec Lead:	Alan Duffell, Group Chief People Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☐No☒	Yes☒No☐
Recommendations: The Committee is asked to note the contents of the report.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☒ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Safe, Caring, Responsive, Effective, Well-Led.
	NHSE	Yes☒No☐	Details: Safer staffing
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion

	and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☒No☐	Date: 24th November 2023
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure This report provides the Committee with information and assurance on key workforce metrics and an update on key workforce matters. Four of the six workforce indicators are meeting the agreed targets/ thresholds vacancy rate, turnover, 12-month retention and mandatory training. Appraisal compliance and sickness absence are rated amber, however the in-month sickness rate does meet the trust target.
Advise Vacancy rates meet the target at 2.54% Retention is meeting the target at 90.12% Mandatory training compliance is above target at 94.80% Turnover has improved slightly again in month to 9.45% and is meeting the target.
Alert The Committee is alerted to: - Sickness absence rates for the rolling 12 month period are slightly above the target at 5.02%. Actions are in place and the Trust benchmarks favourably. - Appraisal compliance is not meeting the target, the paperwork has been streamlined and divisions are progressing plans to ensure delivery.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	
Support our Colleagues	• 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
Improve the Healthcare of our Communities	
Effective Collaboration	

The Royal Wolverhampton NHS Trust

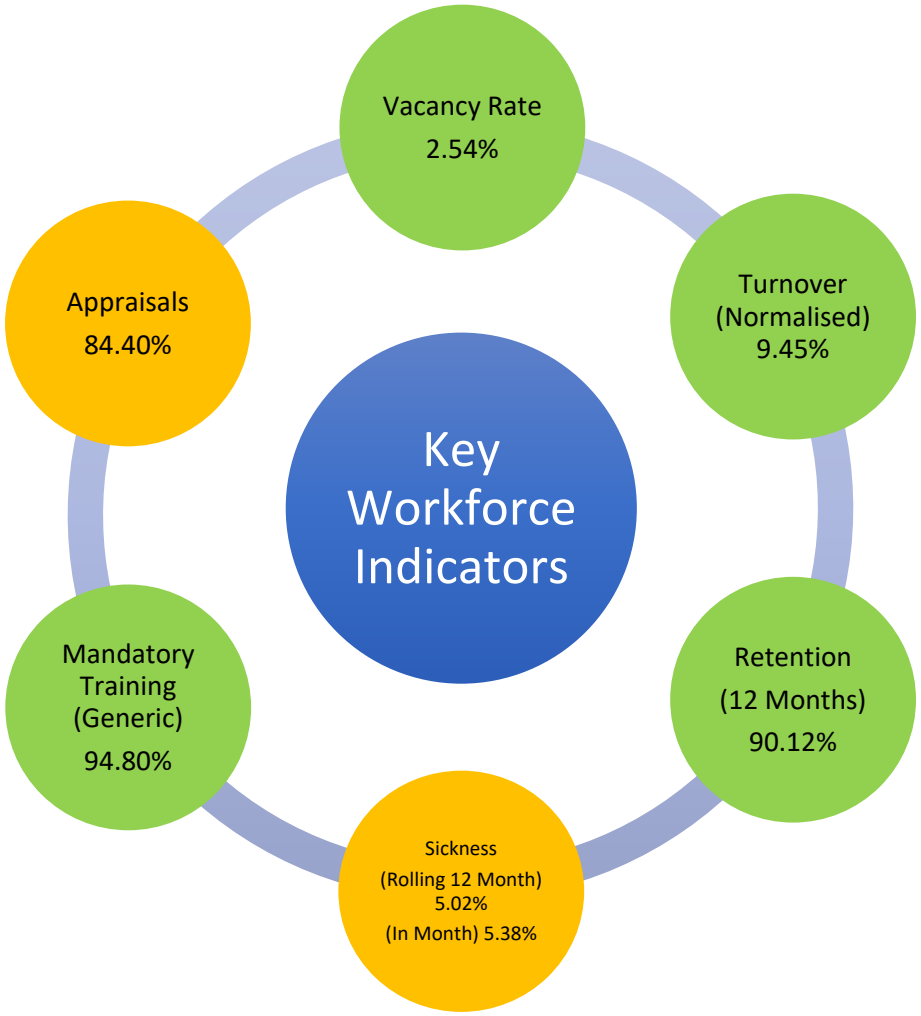
Executive Summary :

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

- Four of the six workforce indicators are meeting the agreed targets/ thresholds - vacancy rates, turnover, 12 month retention and mandatory training.
- Appraisal compliance and sickness absence are rated amber.
- Normalised turnover is 9.45%, improving slightly in month and consistently since the start of the financial year. The retention rate is meeting the agreed standard at 90.12%, maintaining improvements made in year.
- The vacancy rate has improved slightly in month and continues to meet the target at 2.54%. Over the last month the number of staff employed has increased by 36 WTE, linked to planned developments, including the Trust taking on the hosting of the West Midlands Cancer Alliance. Recruitment continues to outpace turnover. The number of international/ newly qualified nurses working towards their pin is decreasing as the individuals qualify and the pipeline slows in response to the Trust's favourable vacancy position.
- Attendance levels (rolling 12 months) have improved in November and is now only slightly above the 5% target at 5.02%. The in month performance for this indicator is above target maximum at 5.38%.
- Performance in relation to generic Mandatory Training continues to meet the external target of 85%. Current performance is stable at 94.80%. Role specific mandatory training compliance has increased to 94.60% and above the target. In relation to appraisal, compliance rates are improving and are now at 85.40%, a slight improvement in month. This indicator is rated amber and below the target of 90%.
- The fill rate through the bank in August was 75% for registered nursing staff and 86% for healthcare assistants (below target). The medical bank fill rate was 71% exceeding the target of 70%.

The Royal Wolverhampton NHS Trust

Key Workforce Metrics:



Four of the six workforce indicators are meeting the agreed targets / thresholds; vacancy rate, turnover, retention rate and mandatory training compliance. Sickness absence and appraisal compliance are rated amber.

Turnover has improved slightly to 9.45% and continues to meet the target. Turnover performance is now meeting the standard for all but AHP and Healthcare Scientist staff groups.

The vacancy level has improved in month and continues to meet the target. This indicator is meeting the target for all but the AHP staff groups.

In month absence levels remain high and have increased in month due to seasonal illness. Absence levels for rolling 12-month attendance levels continue to be impacted by COVID-19 absence and are slightly above target at 5.02% showing an improvement over the last month.

Mandatory training (generic) compliance rates have remained stable and continues to exceed the 85% target.

Appraisal compliance has improved slightly in month but is not meeting the Trust target of 90% so this remains amber.

The Royal Wolverhampton NHS Trust

Summary Items:

Industrial Action

In December and January there was further strike action from junior doctors, with January being the longest strike in NHS history. To date there has not been an agreement between the Government and the unions on pay.

The current junior doctors strike mandate is due to expire in February 2024. However, it has been reported that there are intentions from the BMA and Junior Doctors to conduct a third ballot for industrial action, if passed then this could mean a further strike mandate until September 2024.

Consultants in England have voted to extend the industrial action mandate after a ballot took place between 6th November and 18th December 2023. The extended mandate will now expire on 18th June 2024. Presently no further strike dates have been announced due to the Government making a pay offer to consultants.

Whilst Consultants are considering this offer the BMA have agreed not to announce any further strike dates for consultants in England. The voting for the pay offer closed on 23rd January 2024 and it was announced a few days later that the pay offer has been rejected, no further strike dates have been announced at this time.

Staff Survey

The 2023 NHS staff survey closed the end of November 2023, the results were then processed by survey providers and an executive summary report was provided to the Trust the end of December.

The survey provider for the Trust in 2023 has been Picker, this is a change from last year, but aligned the provider across the four Acute hospitals within the Black Country ICS.

The results of the staff survey are currently embargoed until March 2024, once the embargo has been lifted details of the survey results will be shared with relevant committees and boards within the Trust and communicated with colleagues across the Trust.

Pulse Survey

The national quarterly pulse survey is currently open for anonymous feedback from colleagues across the Trust. The survey allows colleagues provide feedback and share their experiences at RWT, including how motivated colleagues feel and what support would make the biggest difference.

To date there have been 472 responses to the survey, once the survey has closed further information on response will be communicated. The closing date for the survey is 5pm on the 31st January 2024.

Executive Summary Workforce Report

The Royal Wolverhampton NHS Trust

Trust Board
13th February 2024

Safe & Effective | Kind & Caring | Exceeding Expectation

Alan Duffell
Group Chief People Officer

Executive Summary

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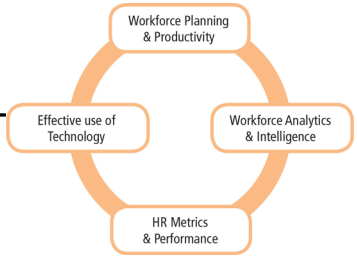
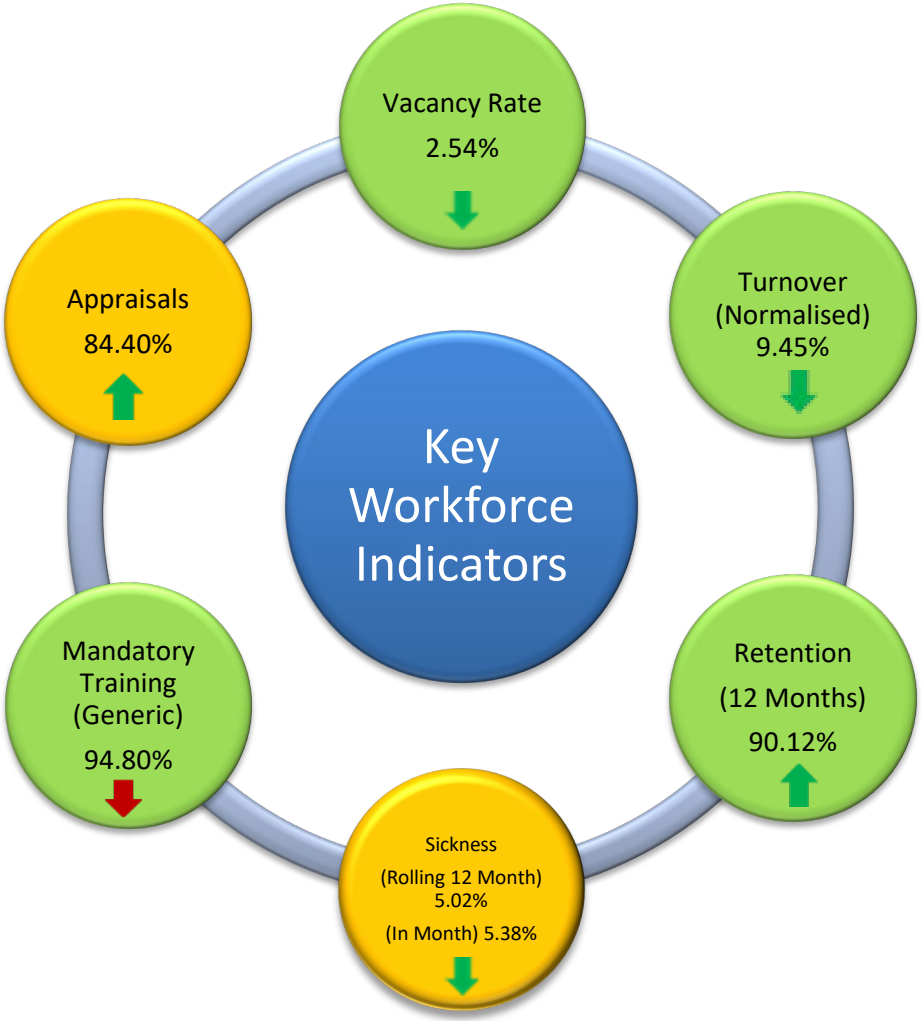
Key Workforce Metrics





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Key Items

Summary Items

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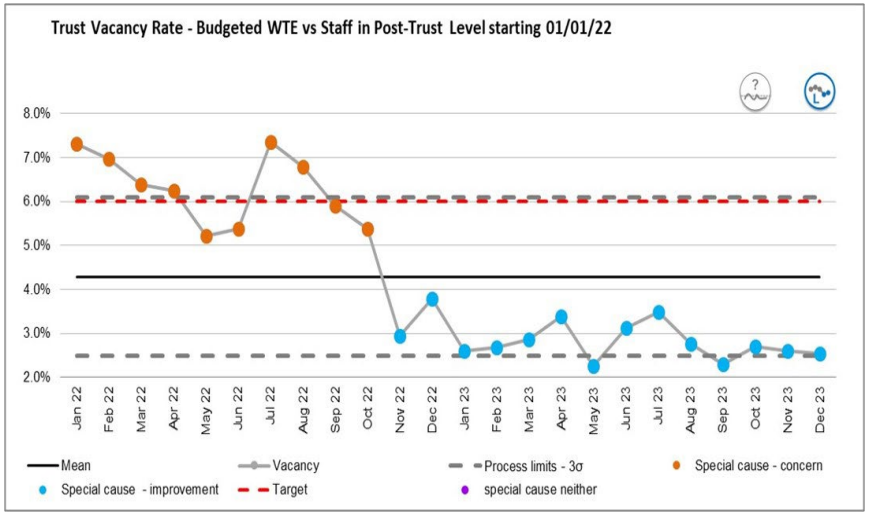
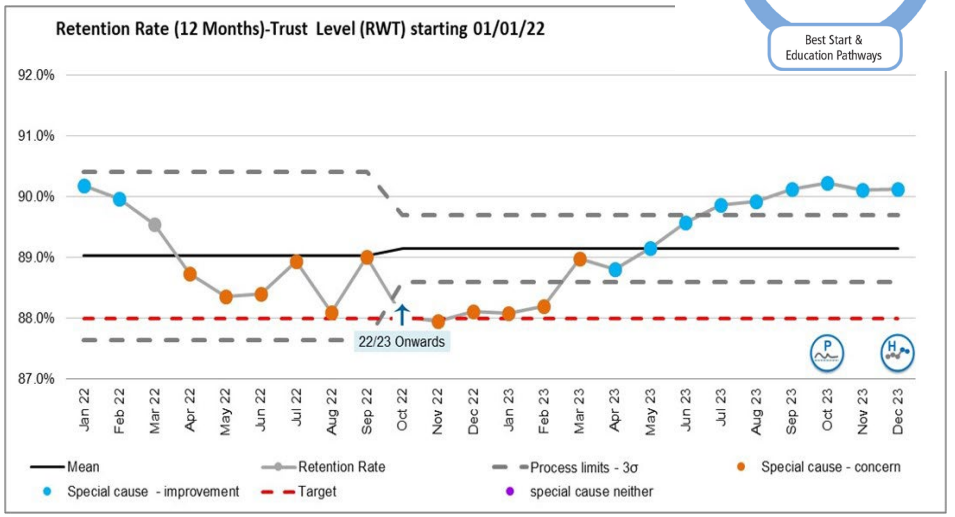
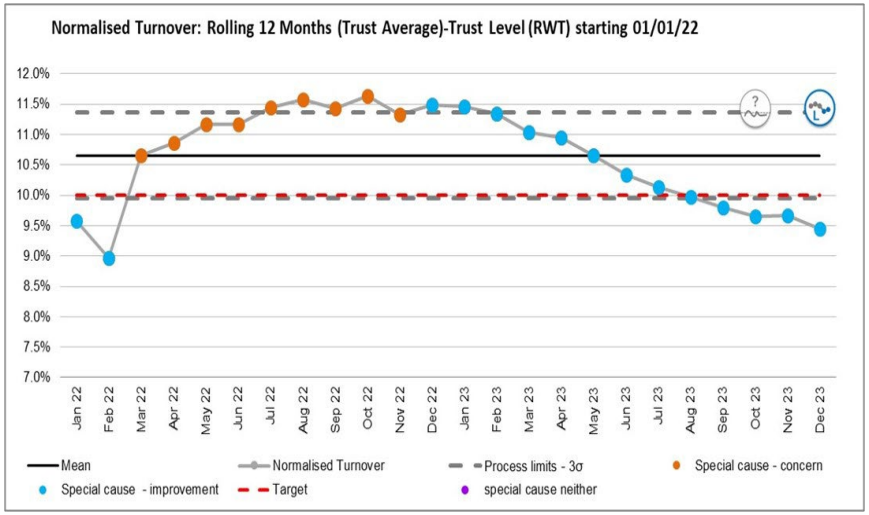
Attract, Recruit & Retain

What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better







Key Issues & Challenges

- Whilst the vacancy levels are performing well overall, there continues to be hotspots and there is a lead time, particularly in relation to international and newly qualified nurses where the recruitment will have reduced the vacancy level, the number of international/ newly qualified nurses working towards their pin is decreasing as the individuals qualify and the pipeline slows.

Key Actions & Progress

- The Retention Rate at 12 months is meeting the 88% target at 90.12%.
- Turnover is below target at 9.45%.
- The vacancy rate is now meeting the target consistently for all staff groups except AHPs.
- Active work continues to identify hard to fill posts and with a focus on on AHP, and Healthcare science posts.
- Starters continue to outpace leavers with the net increase in month predominantly in medical staff group.
- In month, leavers has exceeded starters slightly by 3 WTE. New starters in month are predominantly in medical and nursing staff group.

Attract, Recruit & Retain

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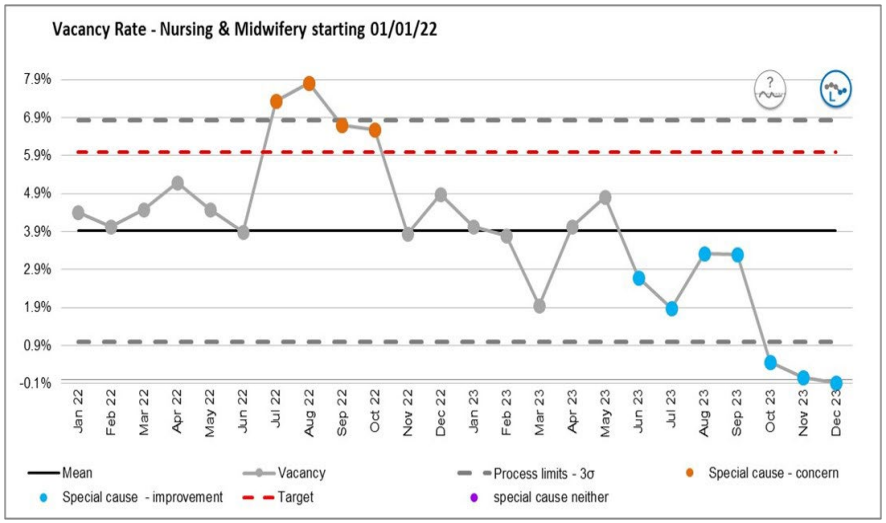
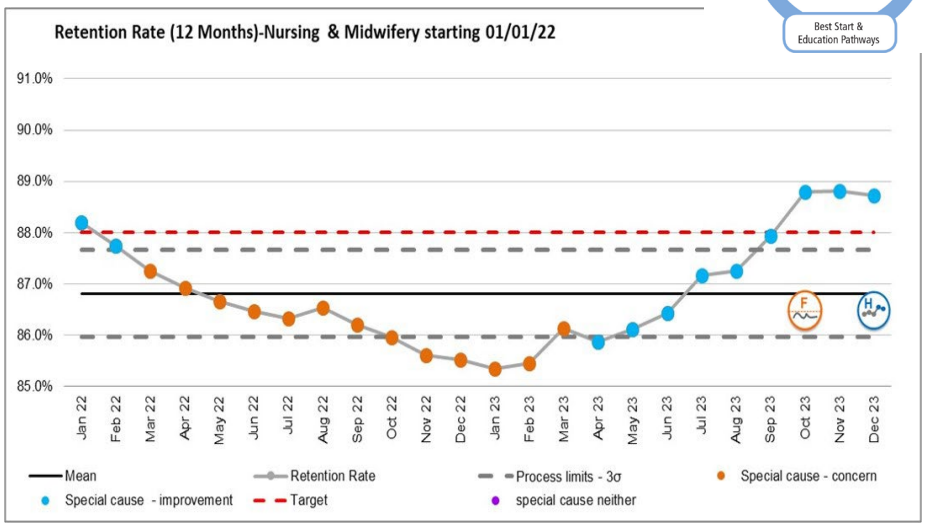
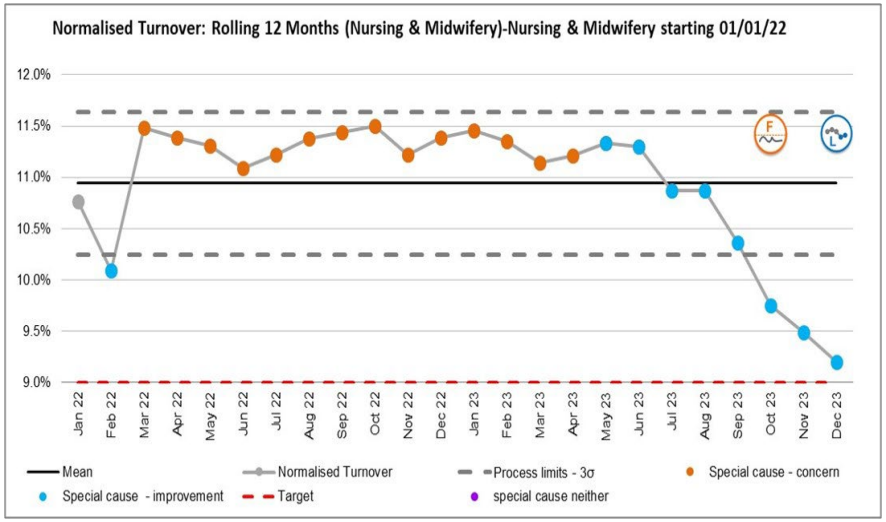
Sometimes	Yes	No	Yes	Getting Worse	Getting Better







Key Issues & Challenges

- The decreased number of the nursing workforce awaiting their NMC pin will have contributed to the Trust's favourable vacancy position. This can be seen from the downward curve.
- Retention rates for nursing have continued the upward trajectory and have exceeded the Trust target for the last three months. This is likely to be due to the number of international/ newly qualified nurses working towards their pin decreasing as the individuals qualify and are included in the nursing workforce numbers.
- Nursing turnover has reduced each month and has been below the 10% Trust target for three consecutive months.

Key Actions & Progress

- There are now only 2 WTE international nurses in the pipeline working towards their pin. The number of nurses yet to obtain their pin continues to be monitored by the Resourcing team.
- Recruitment has slowed for this staff group given the favourable vacancy position.

Attract, Recruit & Retain

What Does The Data Tell Us?					
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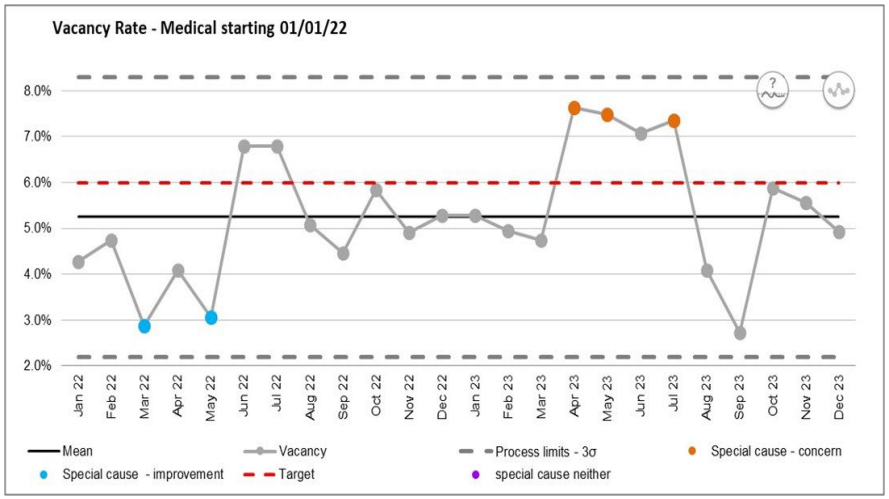
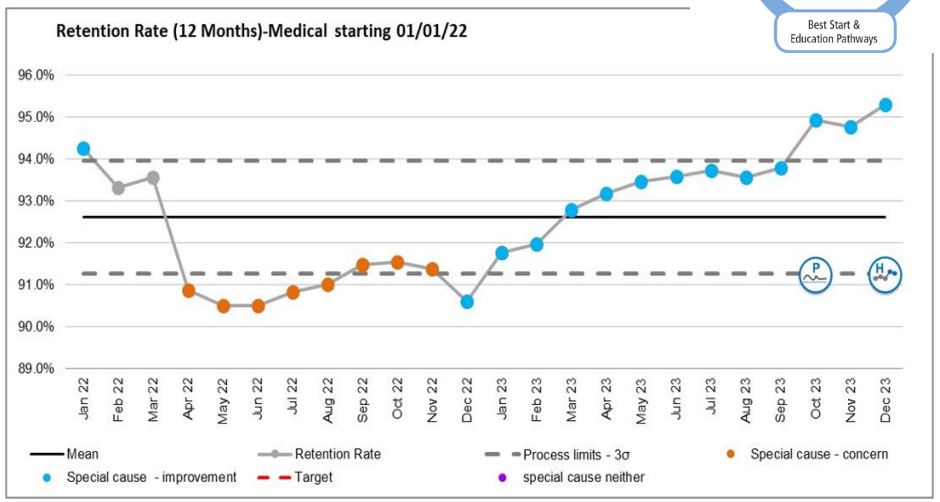
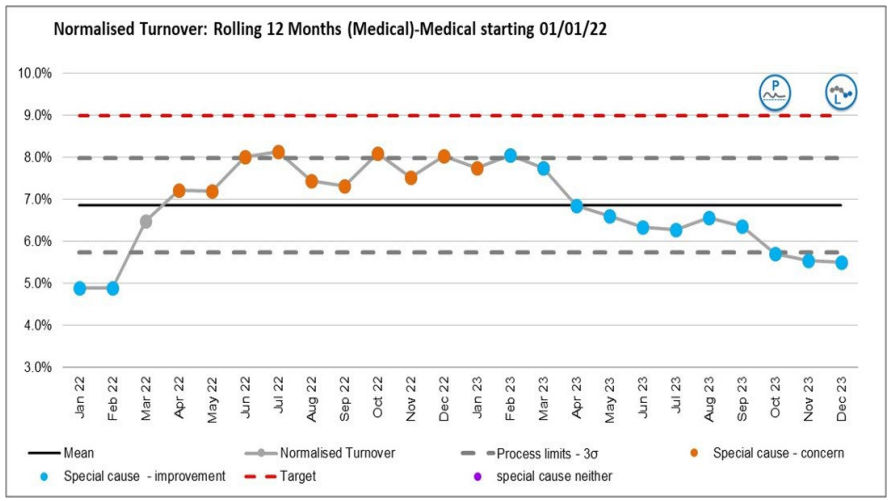
Sometimes	Yes	No	Yes	Getting Worse	Getting Better







Key Issues & Challenges

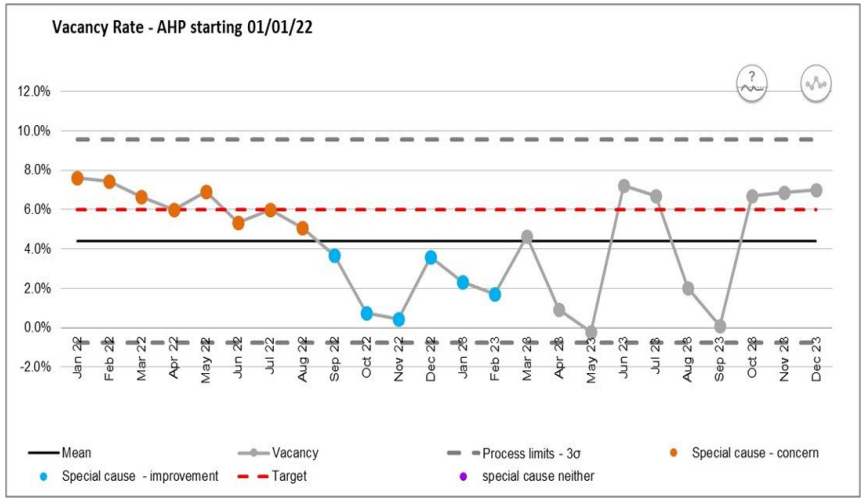
- Whilst the overall position is hugely positive, there are some hotspots in key services where vacancy levels give cause for concern.

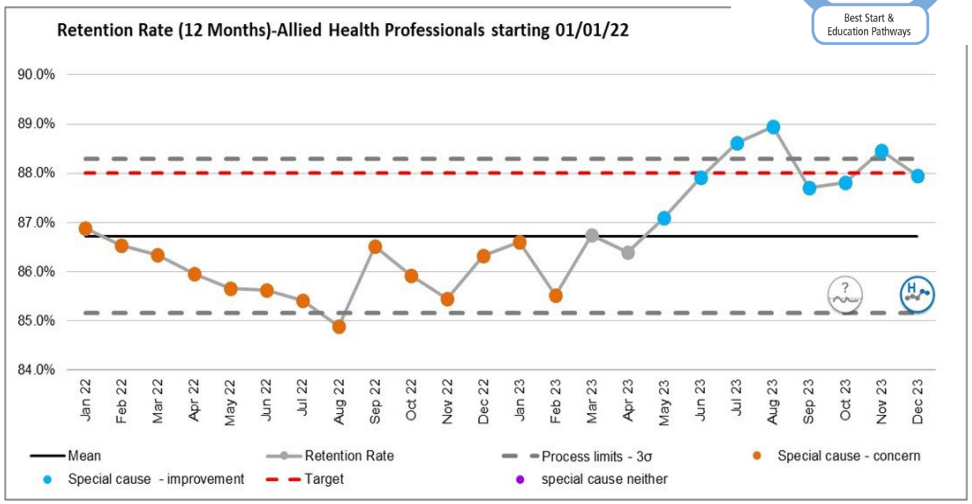
Key Actions & Progress

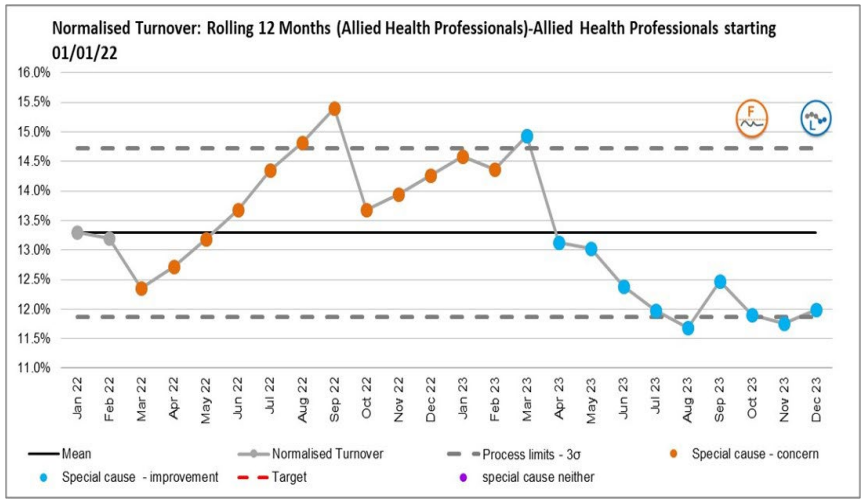
- The Medical vacancy rate has continued to improve over the last three months and has met the Trust target for the last 5 months but with some fluctuation.
- All recruitment and retention metrics for medical staff are being met.

Attract, Recruit & Retain

What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better





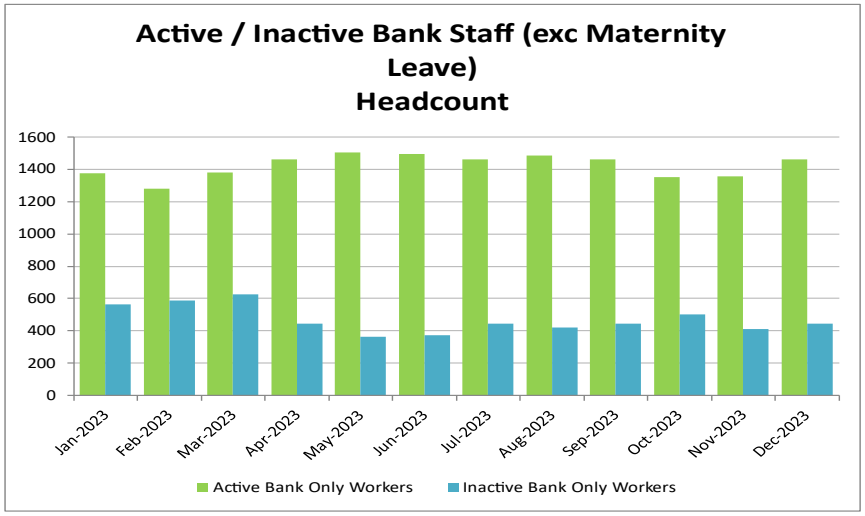


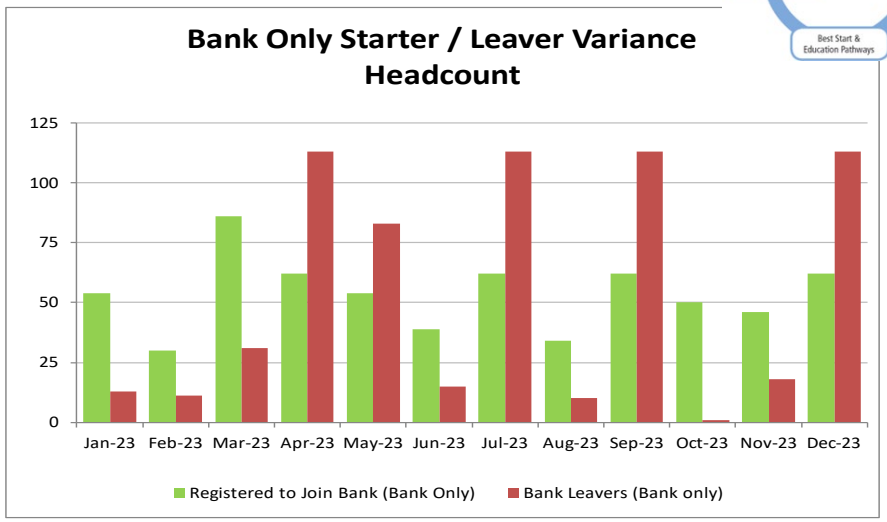
Key Issues & Challenges

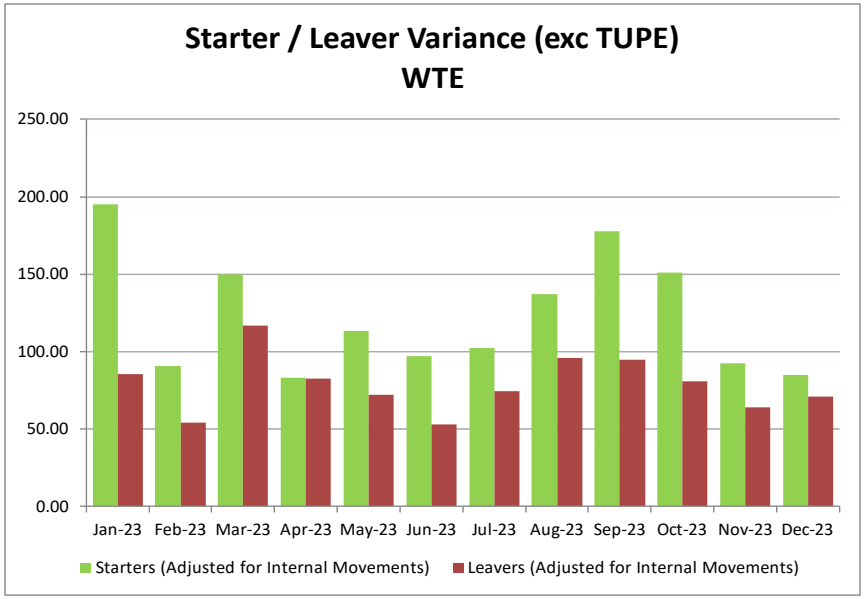
- Metrics for AHPs cover Podiatry, Dietetics, Occupational Therapy, Physiotherapy, Orthoptics, Radiography (diagnostic and therapeutic), Orthotics, Speech and Language Therapy (SaLT), and Operating Department Practitioners (ODPs).
- Turnover for AHPs is elevated and has increased slightly in month to 12%.

Key Actions & Progress

- AHP vacancy levels overall are not meeting Trust target and there are currently 46 WTE vacancies.







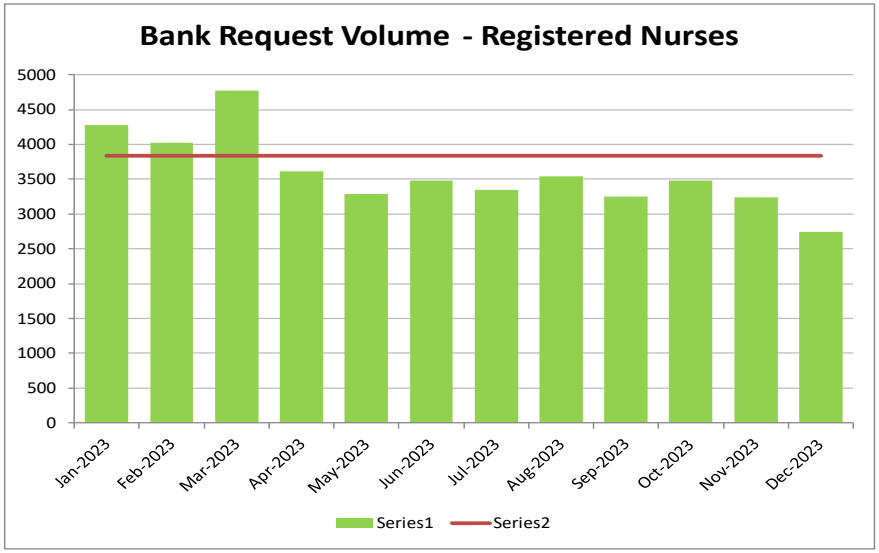
Key Issues & Challenges

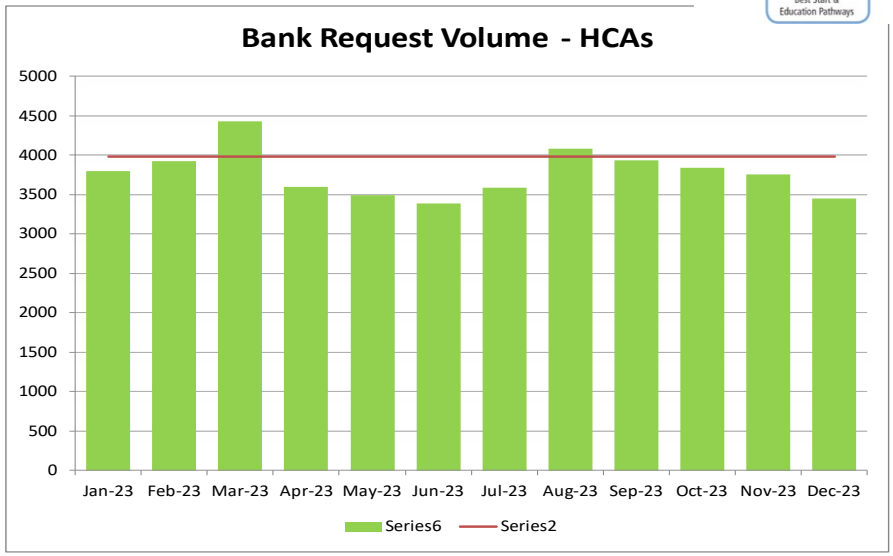
- 557 Late requested shifts (within and over 24 hours of the start time of the shift), 381 of these shifts have been identified that prior notice may have been given, in addition 142 requests were requested more than 24 hours after the start time of the shift which is having a negative impact on fill rate

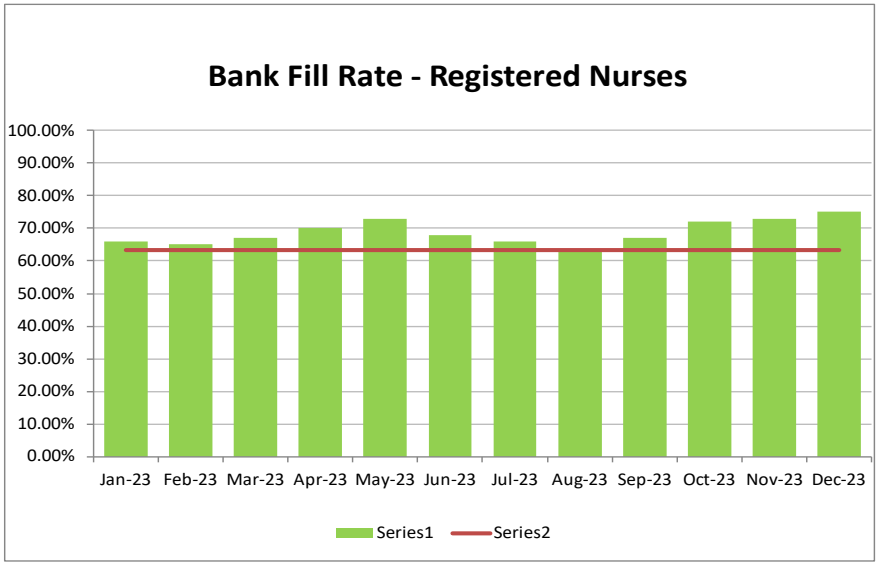
Key Actions & Progress

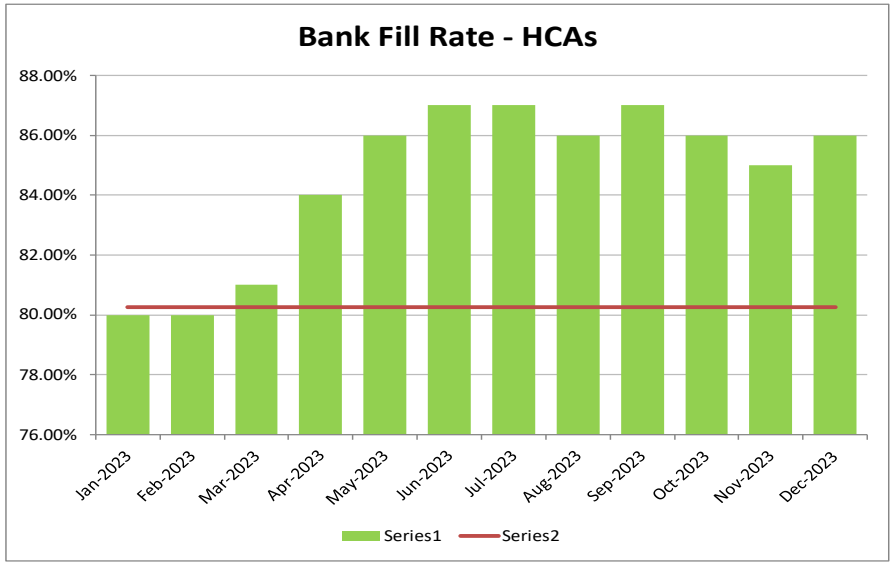
- £45 per hour Enhanced Rate for Sonographers in Maternity between 1st and 21st December. Temporary increase to £57 per hour until 31st January 24 before reverting back previous £45 rate
- Fill Rate increased by 4% for registered nurse bank staff in December from 72% in November, Fill rate trust wide has increased to 90%
- Students on placement with the Trust – 9 Conditional Offers made, 12 completed pre-employment checks and ready to start work
- 111 Internal new starters registered – 73 Registered, 29 Unregistered and 9 Admin

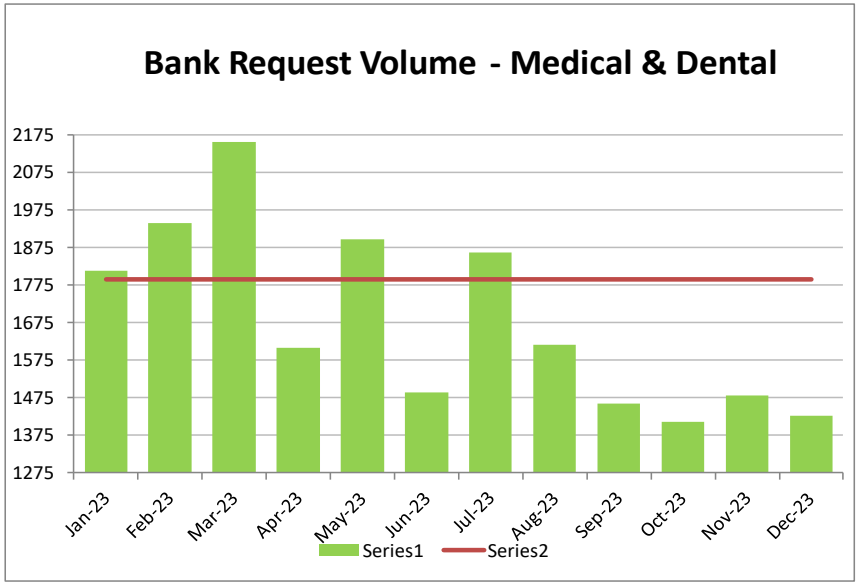

Employer Branding, Attraction, Recruitment & Retention
Career Pathways & Succession Planning
Best Start & Education Pathways
Apprentices & Graduates


Bank Request Volume - Registered Nurses
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
Jan-2023
Feb-2023
Mar-2023
Apr-2023
May-2023
Jun-2023
Jul-2023
Aug-2023
Sep-2023
Oct-2023
Nov-2023
Dec-2023
Series1
Series2


Bank Request Volume - HCAs
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Series6
Series2

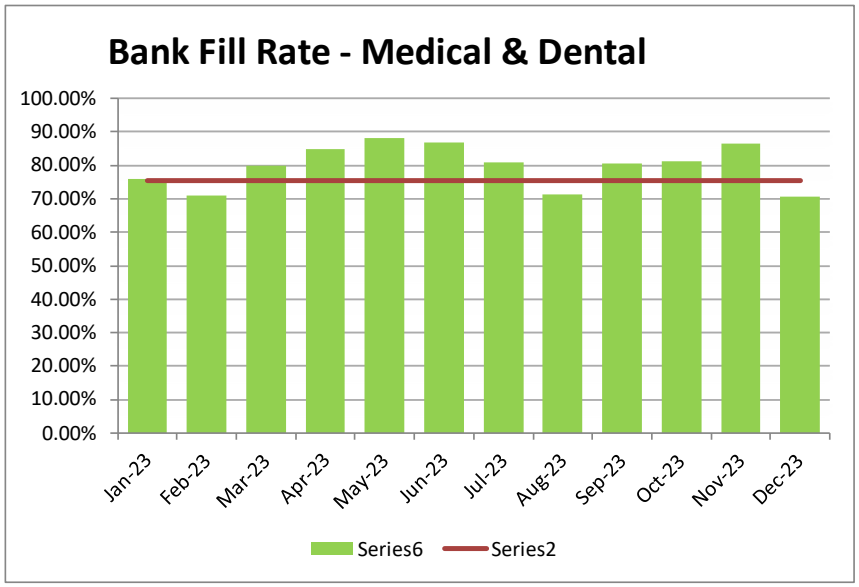

Bank Fill Rate - Registered Nurses
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Series1
Series2


Bank Fill Rate - HCAs
88.00%
86.00%
84.00%
82.00%
80.00%
78.00%
76.00%
Jan-2023
Feb-2023
Mar-2023
Apr-2023
May-2023
Jun-2023
Jul-2023
Aug-2023
Sep-2023
Oct-2023
Nov-2023
Dec-2023
Series1
Series2



Key Issues & Challenges

- Departmental requests for bank shifts has fallen slightly. The majority of the requests are to fill gaps on the rota due to sickness.
- ED continue to rely heavily on bank doctors to fill the rota. The plan is to recruit ANP's to fill the vacancies.
- Health Roster rollout and training currently being reviewed and junior Doctor roll out to begin in coming months.
- We have internally streamlined onboarding process for bank workers making it a quicker process to join the medical bank
- Improvement in onboarding process has reduced payment delays for new bank workers.



Key Actions & Progress

- Medical bank fill rate has reduced slightly to 70% in December. Medical staff continue to join the medical locum bank internally and externally, improvement has been made with the streamlining of the on boarding process.

Education / Organisational Development	BCPS	Corporate	Division 1	Division 2	Division 3	Estates	West Midlands Cancer Alliance	Grand Total
Mandatory Training - Statutory Topics	92.30%	95.90%	94.30%	94.20%	95.50%	97.00%	0.00%	94.80%
Mandatory Training - Policy Required	95.30%	97.00%	93.50%	93.20%	95.90%	98.20%	0.00%	94.60%
Appraisal	80.90%	82.40%	83.20%	83.40%	86.50%	90.80%	0.00%	84.40%

Mandatory Training - Statutory Topics	Oct-23	Nov-23	Dec-23
225 Black Country Pathology Service	91.40%	91.40%	92.30%
225 Corporate Division	96.00%	95.90%	95.90%
225 Division 1	94.40%	94.10%	94.30%
225 Division 2	95.00%	94.40%	94.20%
225 Division 3	95.80%	95.60%	95.50%
225 Division 4			
225 Estates & Facilities Division	97.10%	97.40%	97.00%
Grand Total	95.00%	94.80%	94.80%

Appraisals	Oct-23	Nov-23	Dec-23
225 Black Country Pathology Service	80.40%	79.50%	80.90%
225 Corporate Division	81.90%	80.40%	82.40%
225 Division 1	83.90%	82.80%	83.20%
225 Division 2	86.40%	84.40%	83.40%
225 Division 3	85.40%	85.10%	86.50%
225 Division 4			
225 Estates & Facilities Division	90.90%	92.70%	90.80%
Grand Total	84.90%	84.00%	84.40%

Mandatory Training - Policy Required	Oct-23	Nov-23	Dec-23
225 Black Country Pathology Service	94.50%	94.40%	95.30%
225 Corporate Division	97.10%	97.30%	97.00%
225 Division 1	93.50%	93.20%	93.50%
225 Division 2	93.80%	92.90%	93.20%
225 Division 3	95.90%	95.80%	95.90%
225 Division 4			
225 Estates & Facilities Division	98.40%	98.60%	98.20%
Grand Total	94.70%	94.40%	94.60%

Key Issues & Challenges

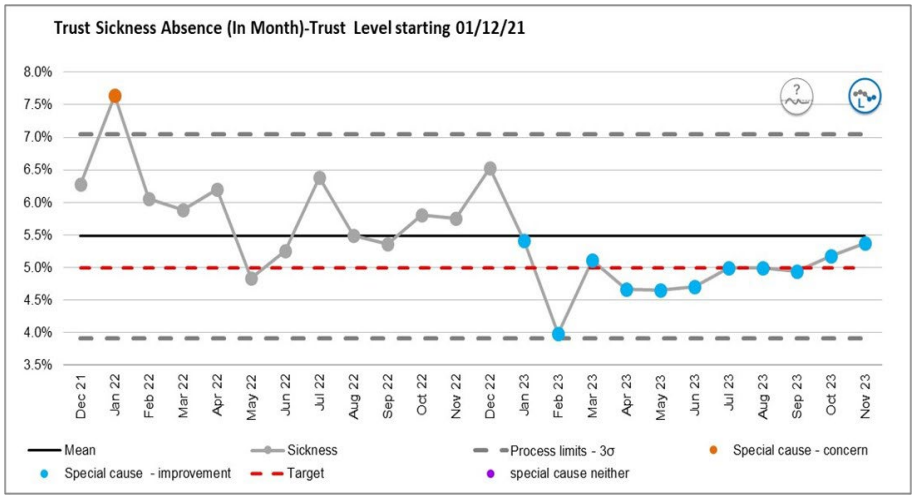
- Appraisal compliance is not meeting the target across the board and the last time this target was met was in December 2019.
- Focus is needed in BCPS, Corporate and Divisions 1 and 2 where performance is most challenged, although some of these areas have seen slight in month improvement further work required.
- It is noted that service pressures will have continued to have a profound effect on the ability to undertake timely appraisals

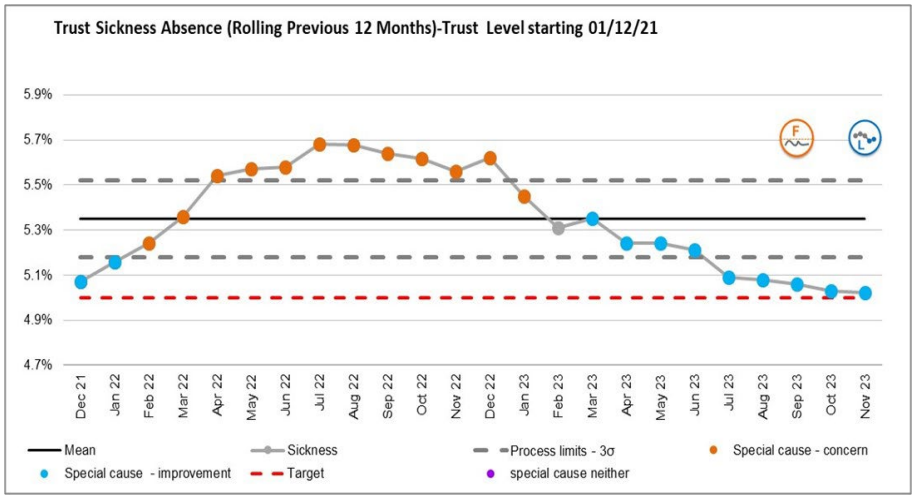
Key Actions & Progress

- This matter is regularly discussed at Operational Workforce Group with commitment from Divisions offered to deliver improvements in appraisal compliance. Estates and Facilities continue to maintain the appraisal trust target of 90%.
- Mandatory training, both Tier 1 and Tier 2 continues to meet the Trust target.

Health & Wellbeing

What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better





Key Issues & Challenges

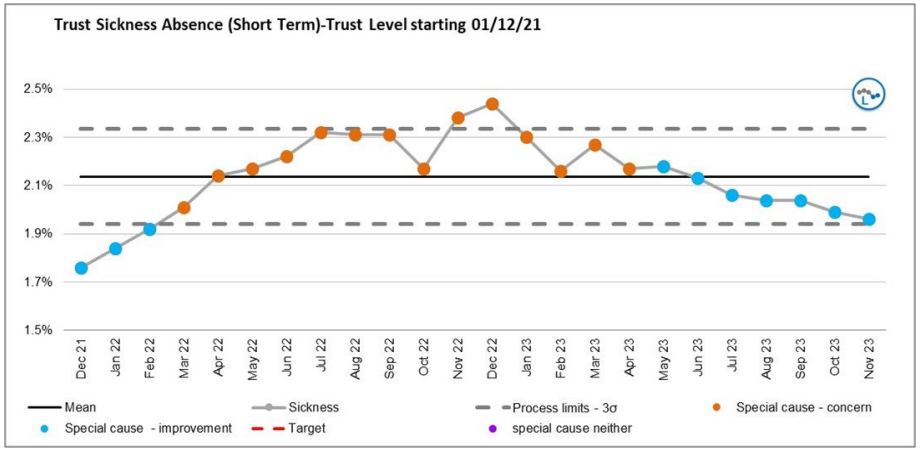
- The rolling 12-month absence rate remains just above the Trust target at 5.02% despite an improvement in month and for the fifth consecutive month.
- In month sickness absence has increased to 5.38%, this increase could be because of seasonal illness.
- Occupational Health referrals decreased in from 233 in November to 206 in December. The average for 2022/23 was 213 referrals per month and 2023/24 is showing an increase on that with an average of 229 referrals per month.

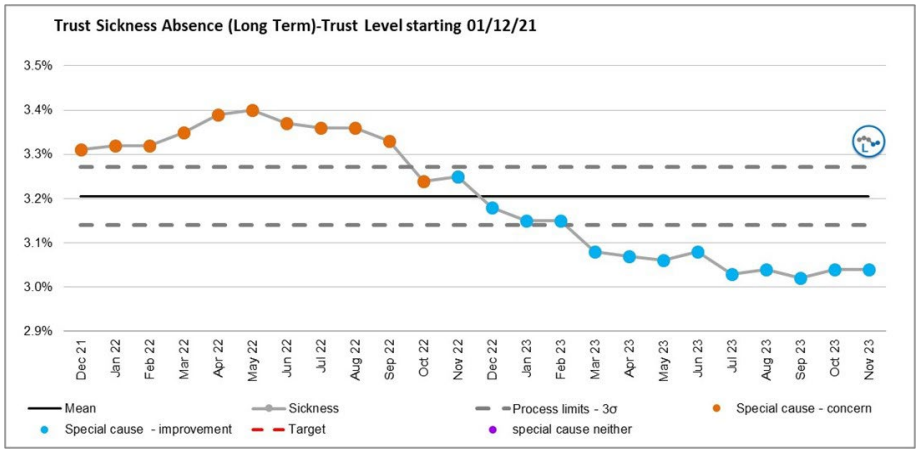
Key Actions & Progress

- HR colleagues have been reviewing cases where staff are experiencing the highest levels of absence to ensure appropriate escalation within divisional structures.
- HR teams continue to sensitively support the management of long and short-term sickness absence cases as appropriate in the current circumstances. Monitoring discussions also take place at the monthly Absence Monitoring meeting.
- 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 continues and the last date for the COVID-19 vaccination is 31st January 2024.
- Due to the vaccination campaign being prioritised by Occupational Health colleagues, it has impacted upon the time that appointments have been made from referral date.

Health & Wellbeing

What Does The Data Tell Us?					
Will We Meet The Target?			Is Performance Stable?		
Sometimes	Yes	No	Yes	Getting Worse	Getting Better





Key Issues & Challenges

- Of the 5.00% target for sickness absence, it is typical for around 60% of the threshold (3.00%) to be attributable to long-term sickness absence and the remaining 40% (2.00%) to short term absence.

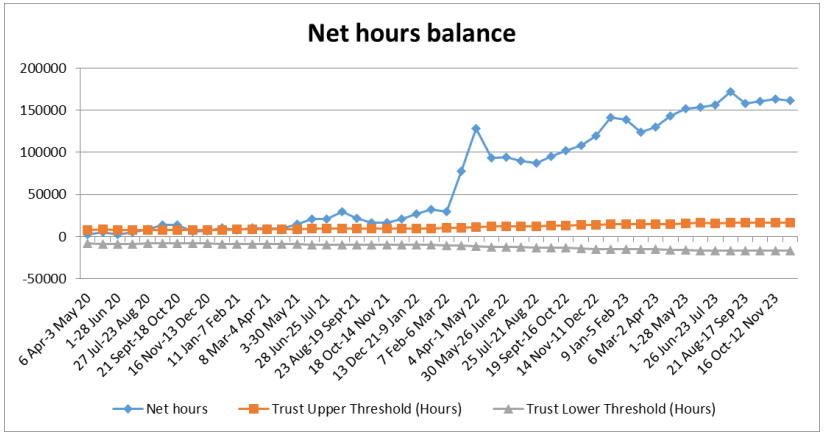
- Both absence lengths continue to be above this indicative 'targets' in November 2023. November's short-term sickness is 1.96% and long-term sickness is 3.04%

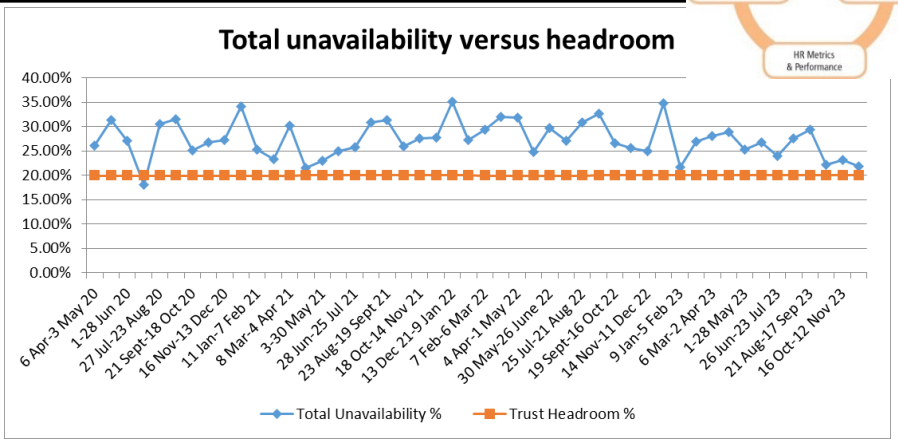
- There is a continued downward trajectory for both short and long-term sickness absence.

Key Actions & Progress

- A detailed sickness absence management plan has been put in place to ensure robust management of all cases.
- A monthly absence management group has been established which includes representative from HR advisory, Occupational Health and Workforce Intelligence and planning teams.
- Divisions shall need to focus particularly on short term absence.
- The HR Advisory Team are working through the NHS England's Improving Attendance Toolkit, further updates will be provided through regular updates to the People 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 161k of unused contracted hours; a slight increase from the previous report (for November TMC). However, it is a month on month decrease which is very positive.

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, 9.74% - below policy thresholds (11-17%)
- Sickness, 5.78% - outside of policy thresholds (3.24%)
- Study, 1.93% - within policy thresholds (2%)
- Other leave, 0.92% - not factored into headroom
- Working day, 0.87% - not factored into headroom
- Parenting, 2.45% - not factored into headroom

Total unavailability remains outside of the Trust headroom percentage (20%) at 21.74%. However, this is very close to the threshold, an improvement from last month's report (23.07%) and positive in comparison to last year's figures (24.85%).

Key Actions & Progress

- Net hours continue to be prioritised as part of training sessions. Staff are also advised to view the extra net hours training video.
- Dedicated remote and face to face net hours sessions continue to identify net hours issues and bring the department's net hours balances down. Net hours sessions have take place with: LCRN SSS, LCRN Industry, LCRN RDM, LCRN WTD and Dermatology
- **Net Hours by Division:**
- BCPS continues to remain within thresholds very close to zero. Division 1 has increased by around 700 net hours.
- Division 2 has reduced by around 300 net hours.
- Division 3 has reduced by around 550 net hours.
- Corporate has reduced by around 300 net hours.

Overall a much more stable month, with greatly reduced of numbers of net hours. There are two main contributory factors; the work of the rostering and nursing workforce teams offsetting the increases through targeted net hours sessions, and the general training and education work. The aim is to continue this positive trend with further improvements, especially with the upcoming theatres rebuild over the next few months.

E-Job Plan

Currently 87% of job plans sit in the discussion stage with a further 12% sitting in various further stages of sign off.

e-Rostering Update

Currently Medical E rostering is on hold and is not currently rolled out to any area.

Job Plan Status		
Column1	Number	Percentage
Not published	1	0%
Users with expired job plans	2	0%
In discussion	443	87%
Awaiting 1st sign off by Manager	20	4%
Awaiting 1st sign off by Clinician	11	2%
Awaiting 2nd sign off	26	5%
Awaiting 3rd Sign off	7	1%
Locked Sown	1	0%

Fully Live

Non

Changes/Issues with Rota's

N/A

Activity Manager Update

Activity manager is currently on hold

Workforce Metrics - Trust Board
M9: Data Effective 31st December 2023
Full Trust

The Royal Wolverhampton NHS Trust

B01	Workforce Profile	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Change Out-turn	Comments
B01.1	Substantive Staff WTE	9999.33		10002.13	10043.43	10086.45	10114.26	10154.55	10234.30	10303.52	10330.89	10367.03				304.19	Inc Permanent, Fixed Term, & Locums with WTE on Payroll
B01.2	Substantive Staff WTE (Exc Rotational Doctors)	9682.42		9687.54	9722.82	9768.75	9795.87	9787.26	9852.83	9925.11	9956.40	9995.09				242.69	Inc Permanent, Fixed Term, & Locums; Exc Rotational Drs
B01.3	Substantive Staff Headcount	11,371		11,379	11,428	11478.00	11496.00	11550.00	11636.00	11727.00	11751.00	11769.00				356	Inc Permanent, Fixed Term, & Locums with WTE on Payroll
B01.4	Bank Staff Only Headcount	2,017		1,918	1,881	1883.00	1898.00	1931.00	1883.00	1866.00	1836.00	1879.00				-151	
B01.5	Agency LMS Headcount	156		157	156	156	156	166	169	167.00	160.00	157.00				11	
B01.6	% Staff from a BME background	35.66%		36.41%	37.08%	0.36	0.36	0.37	0.37	0.37	0.37	0.37				1.31%	
B01.7	TUPE In WTE	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	2.00				0.00	
B01.8	TUPE Out WTE	19.11		10.08	1.00	2.33	3.33	2.00	7.33	8.27	10.08	10.08				56.37	
	Data Owner: Workforce Planning & Business Intelligence																

B02	Changes to Workforce Profile	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Change Out-turn	Comments
B02.1	Change in Workforce Profile WTE (Exc Rotational Doctors)			-31.47	-6.23	21.65	14.09	60.74	55.93	16.53	-10.98	17.66				16.53	
B02.2	Starters WTE (Exc Rotational Doctors)			114.67	119.62	75.30	87.96	75.70	121.82	134.58	103.56	67.08				900.30	Leavers current month target calculated as 1/12th of 10.5% of in-month Staff in Post
B02.3	Leavers WTE (Exc Rotational Doctors)			82.70	72.09	52.93	74.24	96.15	95.01	80.89	64.14	70.75				688.90	
	Data Owner: Workforce Planning & Business Intelligence																

B03	Workforce Profile by Staff Group	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Change Out-turn	Comments
B03.1	Add Prof Scientific and Technic WTE	276.83		275.48	279.64	279.36	278.70	284.20	288.52	290.06	284.43	285.75				13.23	
B03.2	Additional Clinical Services WTE	1,907.91		1,895.79	1,910.29	1,906.21	1,897.02	1,878.92	1,874.79	1,857.97	1,869.69	1,852.68				-49.94	
B03.3	*Add Clin Serv: Newly Qualified / Overseas Nurses Awaiting PIN*	114.52		*111.60*	*146.23*	*123.69*	*92.59*	*93.27*	*90.33*	*76.13*	*76.73*	*67.36*				-38.39	
B03.4	Administrative and Clerical WTE	2,162.10		2,170.84	2,172.89	2,175.61	2,179.55	2,185.26	2,200.42	2,214.88	2,224.88	2,233.41				52.78	
B03.5	Allied Health Professionals WTE	568.46		566.16	564.26	565.01	578.98	581.78	584.21	603.89	606.40	606.24				35.43	
B03.6	Estates and Ancillary WTE	596.55		600.58	602.90	610.40	613.48	613.77	612.95	612.30	610.44	609.81				15.75	
B03.7	Healthcare Scientists WTE	499.42		499.13	501.73	504.20	506.26	509.95	518.32	515.48	506.64	510.04				16.06	
B03.8	Medical and Dental WTE (Exc Rotational Doctors)	788.59		794.69	798.53	804.85	800.81	795.07	795.83	796.57	805.33	814.60				7.98	
B03.9	Medical and Dental WTE (Rotational Doctors)	316.91		314.59	320.61	317.70	318.39	367.30	381.47	378.41	374.50	371.94				61.50	
B03.10	Nursing and Midwifery Registered WTE	2,863.55		2,865.87	2,873.58	2,905.12	2,923.07	2,920.30	2,962.80	3,019.96	3,035.67	3,047.49				156.41	
B03.11	Students WTE	19.00		19.00	19.00	18.00	18.00	18.00	15.00	14.00	12.92	21.92				-5.00	
	Data Owner: Workforce Planning & Business Intelligence																

B04	Vacancy Rate by NHSI Staff Group	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Average	Comments
B04.1	Total	2.87%	6.00%	3.40%	2.26%	3.12%	3.48%	2.77%	2.31%	2.70%	2.60%	2.54%				2.80%	
B04.2	Allied Health Professionals	4.66%	6.00%	0.93%	-0.20%	7.23%	6.71%	2.04%	0.09%	6.70%	6.88%	7.03%				4.16%	Staff in Post WTE vs Budgeted WTE in ESR
B04.3	Healthcare Scientists	15.00%	6.00%	1.29%	-1.78%	5.57%	-1.27%	2.79%	3.02%	3.68%	6.19%	5.80%				2.81%	Refined calculation 2019/20: removal of recharges and reserves from Budgeted WTE therefore not directly comparable to previous figures
B04.4	Medical & Dental	4.75%	6.00%	7.63%	7.48%	7.08%	7.36%	4.08%	2.72%	5.88%	5.57%	4.93%				5.86%	Staff Group definitions determined by NHS Improvement
B04.5	NHS Infrastructure Support	5.98%	6.00%	3.65%	4.91%	4.57%	5.34%	5.49%	4.73%	2.98%	3.18%	3.00%				4.20%	Staff in Post ajusted for St Helen's employed Rotational Doctors and removal of Chair / NEDs
B04.6	Other ST&T	-10.47%	6.00%	-0.26%	-1.07%	-2.79%	2.84%	5.80%	-2.75%	-3.08%	-6.22%	-7.11%				-1.63%	
B04.7	Registered Nursing, Midwifery and Health Visiting Staff	1.96%	6.00%	4.03%	4.80%	2.69%	1.89%	3.33%	3.31%	0.47%	0.06%	-0.08%				2.28%	RAG ratings updated effective May 21
B04.8	Support to Clinical Staff	-0.04%	6.00%	2.18%	1.68%	0.71%	1.46%	0.55%	1.20%	2.87%	2.68%	3.04%				1.82%	
	Data Owners: Finance & Workforce Planning & Business Intelligence																

B05	Vacancies by NHSI Staff Group	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Average	Comments
B05.1	Total	296.27		352.02	352.11	325.05	315.85	289.31	244.44	285.74	263.82	270.20				299.84	
B05.2	Allied Health Professionals	27.98		5.36	-1.13	44.73	41.78	12.18	0.55	43.47	44.96	45.96				26.43	Staff in Post WTE vs Budgeted WTE in ESR
B05.3	Healthcare Scientists	91.08		6.70	-8.86	30.12	-6.51	14.90	16.35	20.01	34.01	31.84				15.40	Refined calculation 2019/20: removal of recharges and reserves from Budgeted WTE
B05.4	Medical & Dental	56.40		93.90	92.55	87.48	91.05	49.46	32.99	73.42	69.48	61.48				72.42	Staff Group definitions determined by NHS Improvement
B05.5	NHS Infrastructure Support	86.86		52.08	68.66	63.98	77.77	79.48	66.19	41.36	44.29	42.30				59.57	Staff in Post ajusted for St Helen's employed Rotational Doctors and removal of Chair / NEDs
B05.6	Other ST&T	-22.04		-0.60	-2.53	-6.26	6.69	13.52	-5.99	-6.73	-13.12	-15.01				-3.34	
B05.7	Registered Nursing, Midwifery and Health Visiting Staff	57.44		120.91	145.65	80.70	56.51	101.09	105.13	14.46	1.89	-2.53				69.31	
B05.8	Support to Clinical Staff	-1.45		73.67	57.77	24.30	49.57	18.68	41.45	99.75	93.43	106.16				62.75	
	Data Owners: Finance & Workforce Planning & Business Intelligence																

B06	Turnover	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Average	Comments
B06.1	% Total Workforce Turnover (Rolling previous 12 months)	12.56%		12.50%	12.18%	11.83%	11.49%	11.27%	11.02%	10.92%	10.93%	10.77%				11.43%	Exc Rotational Drs (reflects NHS Digital Benchmarked data)
B06.2	% Normalised Workforce Turnover (Rolling previous 12 months)	11.03%	10.00%	10.95%	10.66%	10.34%	10.13%	9.97%	9.79%	9.65%	9.66%	9.45%				10.07%	
B06.3	% Normalised: Additional Professional, Scientific, and Technical	12.36%	10.00%	10.72%	9.61%	9.04%	8.39%	7.55%	7.68%	7.85%	9.60%	9.39%				8.87%	
B06.4	% Normalised: Additional Clinical Services	10.95%	10.00%	10.91%	10.16%	10.17%	10.44%	10.33%	9.98%	10.29%	10.30%	9.91%				10.28%	
B06.5	% Normalised: Administrative and Clerical	10.37%	10.00%	10.55%	10.36%	9.42%	9.04%	9.06%	9.26%	9.45%	9.47%	9.23%				9.54%	Exc Rotational Drs, Students, TUPE Transfers, End of Fixed Term
B06.6	% Normalised: Allied Health Professionals	13.12%	10.00%	13.29%	13.03%	12.38%	11.97%	11.68%	12.47%	11.90%	11.76%	12.00%				12.27%	
B06.7	% Normalised: Estates and Ancillary	11.39%	10.00%	10.88%	10.10%	10.00%	10.03%	9.14%	9.42%	10.18%	10.56%	10.77%				10.12%	RAG ratings updated effective May 21
B06.8	% Normalised: Healthcare Scientists	13.68%	10.00%	13.40%	13.03%	12.61%	12.53%	11.56%	10.50%	9.76%	10.13%	9.91%				11.49%	
B06.9	% Normalised: Medical and Dental (Exc Rotation Drs & Clinical Fello	7.75%	10.00%	6.86%	6.61%	6.35%	6.29%	6.57%	6.37%	5.71%	5.56%	5.50%				6.20%	
B06.10	% Normalised: Nursing and Midwifery Registered	11.14%	10.00%	11.21%	11.33%	11.30%	10.87%	10.87%	10.36%	9.75%	9.49%	9.20%				10.49%	
	Data Owner: Workforce Planning & Business Intelligence																

B07	Retention Rate	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Average	Comments
B07.1	Retention Rate (12 months)	88.98%	88.00%	88.81%	89.15%	89.57%	89.86%	89.93%	90.13%	90.23%	90.11%	90.12%				89.77%	No. Employees with 1 or more years service now / No. Employees employed one year ago x 100. Exc Rotational Drs, Students, TUPE Transfers, Clinical Fellows, & Fixed Term
B07.2	Retention Rate (18 months)	84.27%		84.01%	94.04%	84.49%	84.40%	83.70%	84.81%	84.97%	85.24%	85.21%				85.65%	
B07.3	Retention Rate (24 months)	80.41%	0.00%	80.08%	80.05%	80.37%	80.28%	80.32%	80.64%	80.62%	80.56%	80.66%				80.40%	
	Data Owner: Workforce Planning & Business Intelligence																

B08	Sickness Absence (1 month in arrears)	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Average	Comments
B08.1	% Sickness Absence (In Month)	5.00%	5.00%	4.67%	4.65%	4.71%	5.00%	4.99%	4.94%	5.18%	5.38%	Avail Feb				4.94%	
B08.2	% Sickness Absence (Rolling previous 12 months)	5.00%	5.00%	5.24%	5.24%	5.21%	5.09%	5.08%	5.06%	5.03%	5.02%	Avail Feb				5.12%	
B08.3	WTE Days lost to Sickness	11,084.90		13,643.37	14,431.76	141,194.97	15,599.04	15,643.10	15036.58	15940.85	16625.92	Avail Feb					
B08.4	% Short Term Sickness	2.16%		2.17%	2.18%	2.13%	2.06%	2.04%	2.04%	1.99%	1.96%	Avail Feb					
B08.5	% Long Term Sickness	3.15%		3.07%	3.06%	3.08%	3.03%	3.04%	3.02%	3.04%	3.04%	Avail Feb					
B08.6	Estimated Cost of Sickness (£)	£1,091,089		£1,278,411	£1,434,332	£1,411,327	£1,517,389	£1,514,615	£1,467,121.40	£1,582,164.19	£1,647,757.00	Avail Feb					
	Data Owner: Workforce Planning & Business Intelligence																

B09	Flu Campaign	2022-23 Season Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Cumulative	Comments
B09.1	Front Line Staff Vaccinated (Cumulative)	3828							802	2973	2870	3410				3410	
B09.2	Non Front Line Staff Vaccinated (Cumulative)	1619							355	882	1032	1109				1109	Seasonal reporting only.
B09.3	Total (Cumulative)	5051							1157	2,973	3907	4519				4519	Figures reported here those submitted to Public Health England for month-end periods. Figures can fluctuate due to leavers percentage.
B09.4	% Front Line Staff Vaccinated (Cumulative)	61.73%	TBC						8.88%	22.79%	29.77%	34.36%					
	Data Owner: Workforce Planning & Business Intelligence																

B10	Open Employee Relations Cases - Number of Cases	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Average	Comments
B10.1	Open Formal Grievances Cases + Open Bullying & Harassment Cases	41		32	19	17	20	22	22	19	24	34				23	
B10.2	Open Capability Cases	2		2	3	1	1	1	2	2	2	2				2	
B1103	Open Disciplinary Cases	36		36	35	34	31	31	26	29	26	30				31	
	Data Owner: HR Employee Relations																

B11	Freedom to Speak Up	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Cumulative	Comments
B11.1	New Genuine Whistleblowing Cases Raised	0														0	Cases reviewed and confirmed as Whistleblowing by FtSU Guardian. Discu
B11.2	Number of Concerns Raised through FTSU Guardian In Month	14		9	15	15	17	13	30	23	24	18				164	
	Data Owner: Freedom to Speak Up Guardian																

B12	Apprenticeships	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Cumulative	Comments
B12.1	Number of New Apprentices Started in Month	3		35	2	4	0	5	15	4	2	2				69	
B12.2	Number of Existing Staff Converted to Apprentices in Month	2		5	4	0	5	5	40	25	7	2				93	
	Data Owner: Education & Training																

B13	Education / Organisational Development	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Average	Comments
B13.1	Trust Induction	90.00%	0.00%	89.80%	90.10%	90.10%	90.50%	90.50%	91.70%	91.40%	91.20%	90.50%				86.08%	
B13.2	Local Induction	94.30%	0.00%	94.50%	94.90%	95.10%	95.10%	95.00%	95.00%	94.70%	89.90%	91.10%				81.91%	
B13.3	Mandatory Training - Tier 1 - Statutory Topics (Formerly "Generic")	85.00%	85.00%	95.10%	95.40%	95.60%	95.30%	95.00%	95.10%	95.00%	94.80%	94.80%				95.13%	
B13.4	Mandatory Training - Tier 2 - Policy Required (Formerly "Specific")	94.30%	85.00%	94.30%	94.50%	93.40%	94.10%	94.40%	94.50%	94.70%	94.40%	94.60%				92.91%	
B13.5	Appraisal	90.00%	90.00%	83.70%	83.60%	84.80%	85.50%	85.40%	84.80%	84.90%	84.00%	84.40%				79.62%	
	Data Owner: Education & Training																

B14	Temporary Staffing Spend - Agency	2022-23 Total	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Cumulative	Comments
B14.1	Agency Spend - Total	£7,594,396		£721,813	£716,067	£675,764	£787,028	£697,280	£641,515	£865,739	£767,503	£664,495				£6,537,204	
B14.2	Agency Spend - Nursing & Midwifery	£0					£59,311	£19,720	£4,521	£0	£0	£0				£83,552	
B14.3	Agency Spend - Medical Staff	£6,298,177		£607,200	£618,914	£494,966	£555,732	£548,651	£519,996	£756,735	£634,122	£585,135				£5,321,452	
B14.4	Agency Spend - Other	£1,296,219		£65,325	£97,153	£180,798	£171,985	£128,909	£116,997	£109,005	£86,033	£79,360				£1,035,565	
	Data Owner: Finance																

B15	Temporary Staffing Spend - Bank	2022-23 Total	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Cumulative	Comments
B15.1	Bank Spend - Total	£37,183,785		£3,594,410	£3,766,081	£2,900,147	£3,517,677	£3,619,858	£2,809,823	£3,556,219	£3,395,284	£3,587,343				£30,746,841	
B15.2	Bank Spend - Nursing & Midwifery	£7,607,648		£751,216	£670,679	£526,752	£546,802	£671,645	£528,839	£676,196	£493,202	£556,258				£5,421,588	
B15.3	Bank Spend - Medical Staff	£13,584,214		£1,193,826	£1,672,126	£1,059,523	£1,448,222	£1,181,245	£777,284	£1,277,814	£1,571,708	£1,493,784				£11,675,531	
B15.4	Bank Spend - Other	£15,991,923		£1,649,368	£1,423,277	£1,313,873	£1,522,653	£1,766,969	£1,488,407	£1,601,366	£1,330,374	£1,537,301				£13,633,587	
	Data Owner: Finance																

B16	Bank Fill Rate	31st Mar 2023 Out-turn	Target	2023-2024 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2023-24 Average	Comments
B16.1	Registered Nursing Shifts Filled	67.00%	85.00%	70.00%	73.00%	68.00%	66.00%	63.00%	67.00%	72.00%	73.00%	75.00%				69.67%	Previously reported as number of shifts, now reporting fill rate
B16.2	Unregistered Nursing Shifts Filled	81.00%	90.00%	84.00%	86.00%	87.00%	87.00%	86.00%	87.00%	86.00%	85.00%	86.00%				86.00%	
B16.3	Medical Staff Shifts Filled	80.00%	60.00%	85.00%	88.00%	87.00%	80.88%	71.39%	80.56%	81.30%	86.35%	70.50%				81.22%	
	Data Owner: Resourcing and LMS																

B17	e-Rostering	6th Mar 2023 Out-turn	Target	2023-2024 6 Apr 23 - 5 May 23	6 May 23 - 5 Jun 23	6 Jun 23 - 5 Jul 23	6 Jul 23 - 5 Aug 23	27 Jun 2022 - 24 Jul 2022	6 Sep 23 - 5 Oct 23	6 Oct 23 - 5 Nov 23	6 Nov 23 - 5 Dec 23	6 Dec 23 - 5 Jan 24	6 Jan 24 - 5 Feb 24	6 Feb 24 - 5 Mar 24	6 Mar 24 - 5 Apr 24	2023-24 Average	Comments
B17.1	% Rotas Set 6 Weeks in Advance (42 Days)	63.00%	80.00%	57.00%	64.00%	45.00%	71.00%	67.00%	71.00%	70.00%	69.00%	73.00%				53.36%	Reporting periods 4 weeks (28 days)
B17.2	Unused Hours	130152.80	Roster WTE * 6h	143,274	151,847	93,941	157,071	173,323	160,374	163,479	166,635	165,299	0	0	0	125,022	RAG ratings updated effective Jan 21
B17.3	% Staff on Annual Leave	15.60%	14.00%	16.78%	16.78%	16.02%	12.57%	16.91%	18.60%	10.46%	11.29%	9.74%	0.00%	0.00%	0.00%	11.74%	Jump in Net Hours explained in relevant PPT slide
	Data Owner: e-Rostering																

Report to the Trust Board Meeting – to be held in Public on 13th February 2024		
Title of Report:	Board Level Metrics - Effective Collaboration December 2023	Enc No: 10.1
Author:	Performance Manager ext. 86746 Email: lesley.burrows2@nhs.net Deputy Chief Strategy Officer – Planning, Performance and Contracting ext. 85914 Email: timothy.shayes@nhs.net	
Presenter/Exec Lead:		

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☒No☐	Yes☒No☐	Yes☐No☒
Recommendations: The Board is asked to note the contents of the report and in particular items referred to the Board for decision or approval.			

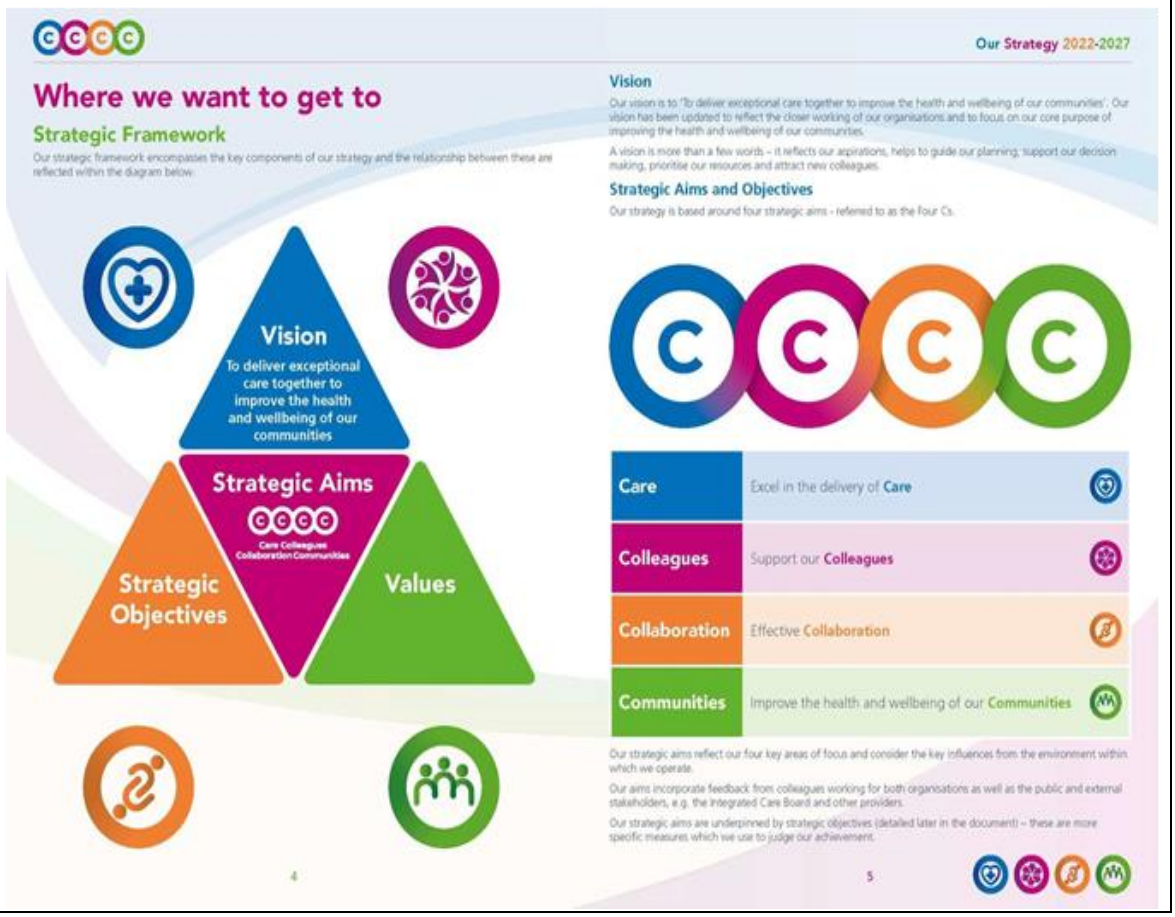
Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☐ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: Capital: Workforce: Funding Source:		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☐	Details:
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board		

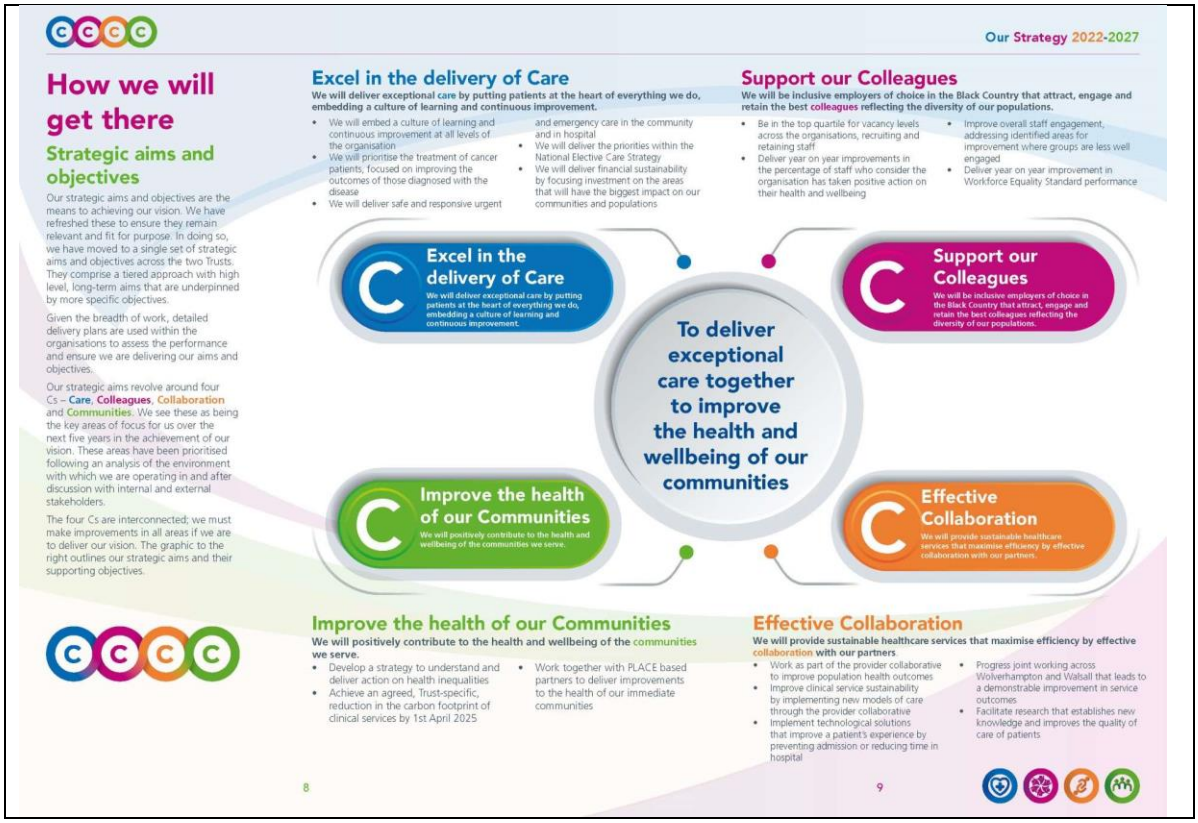
	& Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☐No☐	Date:
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

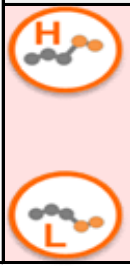
Introduction

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





Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Variation	Assurance			
				No Target
				Virtual ward
				
		Urology waiting list		

Strategic Aim: COLLABORATION

Strategic Objective: Work as part of the provider collaborative to improve population health outcomes.

Board Level Metric(s): Identify, implement and report on an agreed set of outcome measures for each of the projects within the provider collaborative programme.

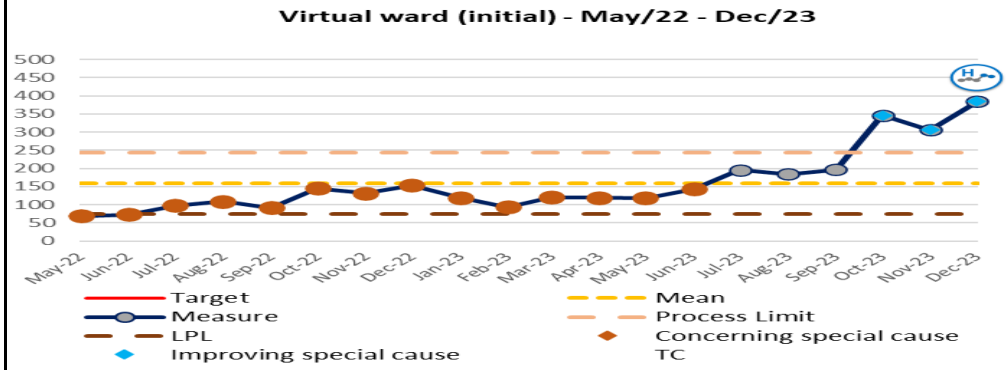
	Analyst Narrative: There is no single metric to provide analyst commentary on.
SUPPORTING METRIC	**Executive Director Lead:** Jonathan Odum **Executive Narrative:** The BCPC has agreed a set of metrics to assess the performance of the Black Country Provider Collaborative. These are reported on through the Chief Strategy Officer's, BCPC Report.

ACTION	BY WHO	BY WHEN

Strategic Aim: COLLABORATION

Strategic Objective: Implement technological solutions that improve a patient's experience by preventing admission or reducing time in hospital

Board Level Metric(s): Increase from March 2023 in the number of patients being cared for in virtual wards by March 2024



Analyst Narrative:

Overall the performance is demonstrating improving special cause variation and is currently above the upper control limit.

SUPPORTING METRIC

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

There are continual service developments and virtual bed expansion. In addition to this there is an expansion of pathways in line with nationally submitted plan with review of activity and coding to ensure accurate reporting.

A dashboard is used to monitor use against national submission, and evaluation of the impact.

Executive Director Lead: Gwen Nuttall

Executive Narrative:

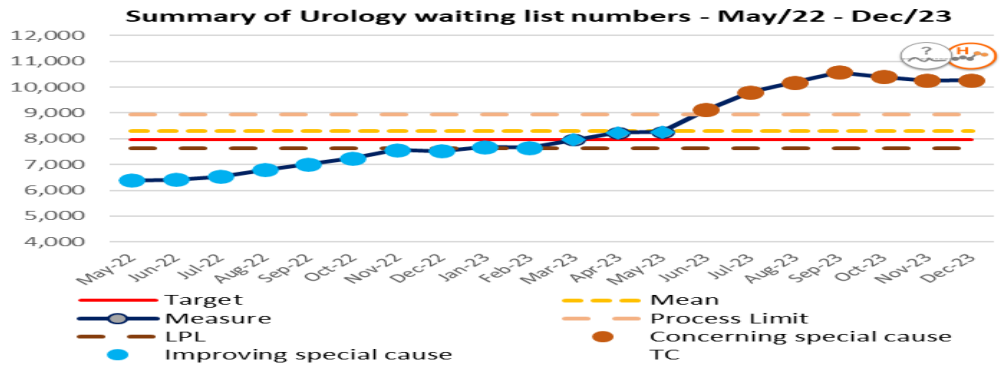
The virtual ward continues to perform well and supporting the delivery of flow throughout the organisation. The number of patients being care for through the virtual ward continues to increase as additional clinical pathways come onboard.

ACTION	BY WHO	BY WHEN
1. Continued roll out of applicable pathways	Community services Division	Ongoing

Strategic Aim: COLLABORATION

Strategic Objective: Progress joint working across Wolverhampton and Walsall that leads to demonstrable improvement in service outcomes

Board Level Metric(s): Reduce the Urology waiting list across both Trusts by March 2024, compared with the position at the end of March 2023



Analyst Narrative:

The urology waiting list grew steadily between June and September 23, however, this has now plateaued out over the past 3 months.

SUPPORTING METRIC

The urology waiting list is monitored on a daily basis (particularly long waiting patients). Mutual aid continues to be utilised from nearby Trust's to help with the pressure on this service with a view to improving performance and bringing down the waiting times.

Executive Director Lead: Gwen Nuttall

Executive Narrative:

Although higher than we would aspire for it to be, we have now started to reverse the trend, previously seen, of month on month growth. This is attributable to the insourcing in place as well as the mutual aid on offer from Sandwell and the independant sector in particular. Work is ongoing to assess the additional capacity required going into the new financial year as well as maximising theatre utilisation at Walsall.

ACTION	BY WHO	BY WHEN
1. Quantify and plan additional capacity	Directorate	End of February 24
2. Continue to review and transfer	Performance Team	Ongoing
3. Work with Walsall colleagues to maximise	Directorate	End of February 24

Strategic Aim: COLLABORATION

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

Board Level Metric(s): Increase the number of researchers and participant numbers beyond the level of achieved in 2019/20 by March 2024

Number of researchers:

RWT have 87 staff currently registered as Principal Investigators on hosted open studies (2019/20 number is not available at the time of reporting). The number of staff accessing research training has increased from 57 in 21/22 to 170 year to date and we currently have 344 staff who hold a valid GCP training certificate (no date available for 2019/20).

Analyst Narrative:

The Research and Development department currently have 7 active Chief Investigators (CI's) where RWT staff are leading a research study, with a further 9 potential CI's with studies going through the review process/seeking study funding, compared with 7 active CI's in 2019/20.

SUPPORTING METRIC

Research participation:

2023/24 (to date): 1,346 overall participants recruited into NIHR adopted studies.
2019/20: 4,350 participants recruited into NIHR adopted studies (this includes 1,918 children recruited into a large, observational community dental study).
2023/24 (to date): 74 participants recruited to commercial studies. Prediction is 134 year end comparted to 125 in 2019/20.

Executive Director Lead: Brian McKaig

Executive Narrative: The number of Chief Investigators (those leading research) has increased. Overall participants recruited remains lower than performance in 2019/20 even after excluding the large recruiting dental study (1,918 recruits). The year end predicted recruitment is 1,800. The focus is currently on delivering commercial studies as this will offer our patients the opportunity to access new novel treatments, save NHS resources and income generate. Recruitment into commercial studies is 74 with a year end prediction of 134 which exceeds the 2019/20 performance of 125.

Actions:

1. Increase the support available to researchers both within the Trust and through University collaborations.
2. Provide each Directorate with information on all potential studies available to them.
3. Appoint to a Business Development Lead (within existing resource) across RWT and WHC in order to attract more studies to the two organisations.

ACTION	BY WHO	BY WHEN
1	Pauline Boyle	Apr-24
2	Pauline Boyle	Apr-24
3	Pauline Boyle	Jun-24

The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting to be held in Public on 13th February 2024

Title of Report	Charity Committee Board Report Update, including Arts and Heritage progress	Enc No: 10.2
Author:	Professor Martin Levermore MBE	
Presenter:	Professor Martin Levermore MBE	
Date(s) of Committee/Group Meetings since last Board meeting:	Arts and Heritage Group 17/01/2024, and Charity Committee 23/01/2024	

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

Recommendations:

- That Board **receive and note** Appendix 3 within Charity manager's report pertaining to Charity hub.
- That the Board **endorses and approves** the business cases being presented under report titled 'The Royal Wolverhampton NHS Trust Charity Spend Over £50,000'.

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	None if none. Risk Description: None Is Risk on Risk Register: Yes☐No☒ Risk Score (if applicable): N/A		
Compliance and/or Lead Requirements	Charity Commission	Yes☒No☐	Details: Well-led, financially sound and undertakes is charitable objectives
	Health & Safety	Yes☒No☐	Details: Provides a safe environment for its staff and volunteers
	Legal	Yes☒No☐	Details: Meets its statutory obligations
	Other	Yes☐No☒	Details:

Summary of Key Issues:

- The Art and Heritage Coordinator is receiving several artefacts, as such consideration on how these assets are valued, protected, and stored needs to be considered. If such artefacts are permanent items to the Charity, then due thought around appropriate level of insurance cover should be investigated should thereby lost or damage.
- An acquisition policy surrounding artefacts need to be produced to prevent being inundated with items that may not have an appropriate fit with the project objectives.
- The Art and Heritage project has been funded for 18 months through Heritage Lottery Fund, early consideration and plans should be investigated to establish along term funding mechanism that can maintain and develop upon the existing work of the project.
- Staff Wellbeing Hub has been operating for the past 12 months and offers a food bank to staff. Cash donations of £2,799.68 have been received and the Charity has contributed £7,223 towards maintaining the food bank. The funding will end in March, as such an immediate review is needed to consider whether to continue the food bank activities.

- The cost-of-living crisis remains high in the mind of the Charity, the economic climate will remain challenging for some time which will have an impact on fund raising, donations and how the charity can continue to support staff,
- There is some need for improved communications around the Charity's purpose and objectives since there remains some concerns that hospital staff are not aware of the Charity's existence, this information has been gathered from the Charity team when speaking with hospital staff,
- Some departments are independently fundraising, not realizing that the Charity may hold funds to support their cause.
- The charity has outgrown its office space, and it is currently struggling for storage capacity.
- Thought should be given to the Charity having a more prominent position that is visible for both staff and patients.

Links to Trust Strategic Aims & Objectives (Please delete those which are not appropriate)	
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Report Journey/ follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date:23/01/2024
	Board of Directors	Yes☒No☐	Date 13/02/2024
	Other	Yes☒No☐	Date:
Any Changes to Workplan to be noted	Yes☐No☒		Date:

The Royal Wolverhampton NHS Trust

EXCEPTION REPORT FROM CHARITY COMMITTEE CHAIR

ALERT

- Charity's food bank currently funded until 31 March 2024, removal may cause additional concerns and discontent with some staff that have needed to use the facility**.**

ADVISE

- Month 9, the total income for year, as of 30th December 2023, stood at £531,403.

ASSURE

- The Charity has a total of 19 Key Performance Indicators (KPIs) to which it is measured against. All KPIs are RAG (Red, Amber, Green) rated, there are currently 14 KPIs green rated and 5 ambers.
- The Charity is on track towards achieving its targets. The team remains working well together and a focus remains on staff wellbeing across the trust.
- Charity funds under management with Sarasin and Partners as an aim of Portfolio to enhance the Portfolio's Capital Value over the longer term whilst generating sufficient income to meet the requirements of Charity. The long-term portfolio is current yielding 2.8% whilst the short-term portfolio is yielding 3.8%. Both a in-line with the Charity's expectations.
- The Paediatric Art Murals have been completed in the corridor of A21, the images are attracting considerable positive feedback from patients and staff.

MATTERS FOR THE BOARD's ATTENTION
Information, issues et.al that either require bringing to the Board's attention or that Board may need to deal with, any matters requiring Board delegation

- Continuity or ceasing staff wellbeing hub.

ACTIVITY SUMMARY
Presentations/Reports of note received including those Approved

- Terms of Reference of the Arts and Heritage Group (A&HG) version 3.0 was approved, the basis of the document is meeting governance requirements and to provide a guide for the work of the Project Coordinator and advising on fundraising to deliver the A&HG strategy.
- A&HG has successfully received grant funding of £139k from National Lottery Heritage Funding to deliver 18 months program around 'Care, Create, Conserve'.
- Several business cases were presented to the Charity's committee, those requiring approval by the board have undergone scrutiny with a recommendation for approval via the committee.

Matters presented for information or noting

- Note Charity manager's report in library.

Chair's comments on the effectiveness of the meeting:

The meeting was well attended by Trustees, a good level of scrutiny of the information presented to the committee. All attendees had adequate time to input into the agenda items of the meeting, sufficient level of discourse to allow consensus and for any recommendations for approval to the board unanimously supported.

The Royal Wolverhampton NHS Trust

Chairs Summary Log for Charity Committee, date of Log 02/02/24

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Staff Wellbeing hub – food bank	• Investigating the possible relocation and design of the Charity hub. • Platform 81 selected to undertake Charity website construction.
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• KPIs on track • Paediatric Art Murals completed. • Funds under management reported upon regularly.	• Approved A&HG TORs • Recommend for approval by the board business cases present to the committee.

The Royal Wolverhampton NHS Trust

Report to Trust Board Meeting – The Royal Wolverhampton NHS Trust to be held in Public On Tuesday 13th February		
Title of Report:	Group Chief Strategy Officer Report: - Black Country Provider Collaborative Update - Quality Improvement Team Update	Enc No: 10.3
Author:	Simon Evans - Group Chief Strategy Officer Report	
Presenter/Exec Lead:	Simon Evans	

Action Required of the Board/Committee/Group (Please remove action as appropriate)			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☒No☐	Yes☐No☐	Yes☐No☐

Recommendations:

1. **Note the continued progress of the BCPC**
2. **To support QI Board Action plan**
3. **Note the progress on the green plan and acknowledge a costed delivery plan is being produced to support the delivery of all recommendations.**

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ On Risk Register: Yes☐No☒		
Changes to BAF Risk(s) & TRR Risk(s)	None		
Resource Implications:	None		
Report Data Caveats	None		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led
	NHSE	Yes☒No☐	Details: Response to NHS Impact
	Health & Safety	Yes☒No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

Equality and Diversity Impact	None as a result of this paper		
Report	Working/Exec Group	Yes☒No☐	Date: BCPC Executive Group

Journey/Destination or matters that may have been referred to other Board Committees	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☒No☐	Date: Improvement and Research Sub-Group

Summary of Key Issues using Assure, Advise and Alert

Assure

-
- Work in the BCPC is progressing and senior clinicians and executives have oversight of all work programmes.
- All divisions are actively engaged in improvement work, the reading room pack provides full details
- Work continues with partners who have co-designed the Black Country Improvement approach, now working through this and our Wolverhampton and Walsall action plan to align the approach
- The Trust's Green Plan is aligned with the priorities of the Greener NHS agenda and will enable the Trust to evidence that we are working towards achieving the NHS commitment to achieve net zero carbon status by 2040.
-

Advise

- The ICB operating model is progressing and will demonstrate the governance and delegated responsibility for each partner within the system including the BCPC
- Division 1 held a successful leadership away day to improve their CI knowledge and skills and to define their priorities for improvement work for the coming year
- Work continues on non-elective flow, learning from the junior doctor strikes and MADE events.
- The first QI quarterly star was awarded to the Obstetric and Neonatal directorate recognising their investment in staff improvement training and several successful QI projects.
- To highlight the new regulations and strategies that will impact on Trust resource in relation to the Greener NHS targets.

Alert

- Discussions around the delivery of the Financial Recovery Plan are taking place across the BCPC. Resource will be required to support the implementation of the plan.
- The QI team are retrospectively mapping the improvement work that they are supporting to the recently published strategic framework short term goals. This reveals an opportunity to better match support to organisational goals and could potentially inform the next round of strategic goal setting.
- Investment will be required to fully deliver the requirements of the NHS green Plan – this will need to be risk assessed and prioritised

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Group Chief Strategy Officer Report:

Report to Committee/Trust Board Meeting to be held in Public on 13th February.

EXECUTIVE SUMMARY

This report provides an update on three key areas of work:

- Black Country Provider Collaborative Update
- Continuous Improvement Team Update (item 10.1.1 Reading Room)
- Sustainability and Green Plan Progress Report (item 10.1.2 Reading Room)

Firstly, an update on the progress of the Black Country Provider Collaborative work programme. This covers the key meetings held over the period and provides an update on the relevant work streams.

Secondly, the report contains an update on the Continuous Improvement Programme. This demonstrates the continued good progress made with the collaborative approach with Walsall Healthcare NHS Trust and includes the NHS England maturity matrix self-assessment, which assesses the Trusts' state of readiness against the 5 domains for quality improvement. This has to be completed by all Trusts, approved by the board and returned by end of October 2023.

BACKGROUND INFORMATION

Section One: The Black Country Provider Collaborative (BCPC) Update – January 2024

The following are the key messages from the Black Country Provider Collaborative (BCPC) activities during January 2023.

a) Clinical Improvement Programme

- Appointed Anna Pierson (DGFT) as pre-operative medical optimisation lead for the BCPC, for a period of 6 months, Anna is linking with network leads for the programme of work.
- Centralisation of Bariatric Surgery at WHT (Walsall Healthcare NHS Trust) discussed at the last Clinical Leads Group (CLG). Awaiting a formal paper to articulate this with possible repatriation from Birmingham & Solihull (BSol), Stoke and Shrewsbury agreed in principle but need to agree further details.
- Further work still required to agree a Networked Service Solution for vascular and stroke services between SWBT (Sandwell & West Birmingham NHS Trust) and DGFT.
- Centralisation of renal robotics service to DGFT is work in progress, work to centralise MDT (multi-disciplinary team) at Dudley, discussion with RWT (Royal Wolverhampton NHS Trust) surgeon moving to Dudley.
- As part of modernisation of urological work, pelvic oncology work is to be centralised formally at RWT, which includes prostate cancer, mini prostate cancer and bladder cancer work, will become further facilitated with other developments.

- Percutaneous Nephrolithotomy (renal stone) work – looking to be centralised at either SWBH or DGFT. A formalised process is needed on how this decision will be made.
- Review of existing clinical leads and networks is underway, to ascertain need for future years work plan to retain a clinically led momentum. Important to recognise the excellent work that has been done through these Clinical Leads, and the significant improvement in trust and relationships across the system.

b) Corporate Improvement programme

- Payroll – looking at consistency work and ESR (electronic staff record) automation standards, investigating alignment within both areas. Exploring structures and benefits of WHT payroll team going to RWT.
- Procurement – Work ongoing to support MOU (memorandum of understanding) agreed with BC Metrics, savings, joint savings and workplans, work on track although limited due to SWBH focus on MMUH (Midland Metropolitan University Hospital). Focussing on Financial Recovery Plan (FRP) opportunities and joint work plan. PA Consulting work establishes a procurement board. Undergoing discussions with provider collaboratives with regards to this. Working with CFOs (Chief Financial Officers) on contract management case as part of the FRP.
- Mandatory Training – a draft business case is in development and will be presented to the Collaborative Executive shortly.

c) Financial Recovery Plan

All partners have now received the latest versions of the FRP along with a draft FRP Board paper. Work continues to refine and test the deliverability of proposed solutions with implications of proposals being reviewed for better understanding.

A joint meeting between the BCPC JPC (Joint Provider Committee) and the BC ICB (Integrated Care Board) is being pursued, with the possibility of a further joint Board workshop to be held in early March also being considered.

d) BCPC Case for Change

A ‘case for change’ is being developed as a key component of the service modernisation and transformation journey that the BCPC has commenced.

A draft will be circulated shortly for review and comment, and upon agreement will be followed by a (pre-consultation) strategic business case, alongside an overall modernisation / transformation timeline / map in due course.

e) Joint Board Development programme

A brief paper on the development of a Joint Board programme was shared. Request is that any suggestions for what might form part of these development sessions should be forwarded to lead Director for Governance as soon as possible.

Further discussion on reviewing suggestions to finalise a programme will take place at the February JPC.

f) Communications workstream

- ICB drafting a paper to establish a joint ‘JHOSC’ (Joint Health & Overview Scrutiny Committee), following this can have one single conversation with the four chairs of the four ‘JHOSC’.

- Awaiting the output of a 'listening exercise' undertaken by STAND (*this is the name of a company*), who have concluded their findings, with the report hopefully to be presented at February's meeting.
- Anticipation of pre-elective period from the 20th of March, in the process of establishing what we can and cannot do prior to this period.

g) Workforce Workstream

- The Collaborative Executive received a Closure report for the ESR (Electronic Staff Record) project, with lots of lessons to learn from and a clear set of recommendations to consider, which were agreed 'in principle'.
- The Collaborative Executive received a proposal for the pursuit of Centralised Recruitment Function as the next part of the consolidation work within the HR & Workforce. It was agreed to move forward in a two-stage process, starting with the delivery of the standardised model function with each partner Trust still having their own, and over time moving to a centralised approach with one Trust being the host/ leading organisation.

h) Black Country Operating Model Implementation

The latest version of the draft BC Operating Model was shared with the Collaborative Executive, with concerns expressed despite comments being made. It was stated that this was more of a 'governance and decision making' structure than an Operating model, but that we would continue to work with the ICB in an iterative way to make local arrangements workable.

Section Two: Continuous Improvement Update.

1. Delivering Continuous Improvement DCI Review[1] – NHS Impact

1.1

Dr Amar Shah (Chief Quality Officer & Consultant Psychiatrist) from East London Foundation Trust has been appointed as the National Clinical Director for Improvement (NHSE) and will be part of the National Improvement Board. The aims of the National Improvement Board are as follows:

- Promote NHS vision and aims
- Inspire and encourage trusts, places systems on improvement journeys
- Strengthen delivery of key priorities using an improvement led focus
- Mobilise network of support partners
- Engage, support and encourage NHS England's improvement journey

1.2

A monthly Improvement Directors Network has been established (1st meeting February) which will be a forum for director-level improvement leads in each provider, system, and region, chaired by Dr Shah. Mr Simon Evans will represent both trusts and will also meet Dr Shah, along with members of the CI team, in April 2024 to discuss the progress of our organisations, learning from the self-assessment process, and to discuss future opportunities.

1.3
The national lead for the NHS Annual Staff Survey has mapped the 5 domains of the NHS Improvement Review as they have a strong emphasis on human factors, such as leadership behaviours, culture, and staff engagement.

There is an opportunity to draw on existing, publicly available data from the NHS national Staff Survey to map certain questions to the five domains to provide insights on the extent to which these are in place and to track progress over time. Progress has been made to develop and test this tool so this information can be used to validate the 'maturity self-assessment' against the five elements of the Impact improvement approach to support an evidence-based response.

2. **QI Board Action plan updates**

- Four volunteers have been recruited at WHT to be the patient voice on QI projects and provide the lived experience referred to and encouraged in NHS Impact domains. They will undertake QSIR Practitioner training and receive an induction into the team, the recruitment process was done in conjunction with the Patient Experience team lead.

- The joint Behavioural framework has been updated to include the following: 'To be Professional, I will….. *Get involved in improvement, sharing my ideas and learning.*

- Monthly QI Forum – The QI Team are developing, with staff, the format of a monthly QI forum with the objective of sharing learning internally and across organisations. The idea is taken from the Virginia Mason programme where all executives hear presentations from teams who are doing, or have finished QI projects. It is emphasised by NHS Impact ie. organisations need a forum to share learning and celebrate successes but learn from projects that may not have gone so well. This will be a joint forum across both trusts which will be powerful.

- **Role descriptors/annual appraisal etc**

  Role descriptors have been developed by the Black Country Improvement System with a proposal to adopt these across all 4 acute trusts (paper to be submitted to Executives for approval). This emphasises to staff moving within the system that 'this is how we do things around here'. The proposal includes a generic statement for all trusts to include within JDs prospectively.

Section Three: Sustainability and Green Plan Progress Report

NHS England-Midlands circulated the draft 2023/24 Greener NHS Midlands Systems Ambition document which was discussed and commented on by the Black Country ICS Sustainability Network. Attached in the reading room is a document that summarises the Trust current position against the deliverables as well as the delivery and resource risks.

Out of 19 deliverables, ten has been delivered. Based on current data only one of the of the deliverables is unlikely to be delivered. This is:

1. Ensuring that the region's owned and leased fleet is made up of at least 90% Low Emission Vehicles by March 2024. Including 11% of the fleet being made up of Ultra-Low Emissions (ULEV) and Zero Emission Vehicles (ZEV) by March 2024

Prescribing of Metered Dose Inhalers within RWT Primary Care Network (RWT PCN) has decreased significantly (see reading room pack). The PCN will achieve the required 25% reduction target if MDI prescribing activity remains at the current level. Communications campaign to raise awareness on overused of SABA inhalers is also in the pipeline.

Entonox and Nitrous Oxide usage and carbon emissions are showing notable reductions (see reading room pack), the Trust is still the highest user of nitrous oxide and the third highest user of Entonox within the Black Country. To deliver the long-term reduction target particularly for Entonox, the Trust needs to invest in destruction technology which will cost around £400k plus annual revenue cost of £15k

Capital funding will be required to transition 90% of the Trust owned and/or leased vehicles to Low Emissions Vehicle (LEV) by March 2024. Business cases for replacement of current IT vans and Waste and Recycling Services vehicles to zero emissions vehicles are being finalised for submission to the capital review group.

Green Plan implementation

1. The Trust Desflurane usage has remained zero since December 2022.
2. Sustainability initiatives implemented by the greening services teams are still ongoing. A detailed report of the initiatives with corresponding carbon reduction and cost improvement delivered will be available by April 2024.
3. On 21 October 2023, the Department for Environment, Food and Rural Affairs (Defra) announced new food waste disposal measures. The new rules state that recycling through composting or anaerobic digestion will be the only approved method for food waste management. Therefore, prohibiting food waste from being sent to landfill or incineration alongside general waste. It is also not permitted to macerate or digest food waste. Current Trust practice is disposal through maceration at ward kitchen level and incineration at production level which is now prohibited.

   The Trust Catering Department and Waste Management and Recycling Services ran a successful pilot food disposal scheme in selected areas in its hospitals (New Cross, Cannock, and West Park) to determine the best way to collect, store and dispose waste to comply with the new measures. The success of the pilot enabled the expansion of the scheme to all wards and areas within Trust premises where food is served. Violia has won the contract to recycle the food waste which will be converted to energy and fertiliser. The contract cost is a revenue cost pressure for the Trust catering department. A full calculation of the impact of this new measure to the Trust finances and carbon emissions will be available after 6 months of implementation.
4. Updated guidance on the application of the Carbon Reduction Plan (CRP) and Net Zero Commitment (NZC) requirement has now been published on NHS England website. These requirements are part of the NHS net zero supplier roadmap, which ensures that the NHS Supply Chain plays its crucial part in helping NHS become a net zero health service by 2045.
5. NHS England Net Zero Travel and Transport strategy was published by NHS England on 31 October 2023. The strategy will enable the NHS to have a fully decarbonised fleet by 2035, with its ambulances following in 2040. Several key steps will mark the transition of NHS travel and transportation:

   - **By 2026**, sustainable travel strategies will be developed and incorporated into trust and integrated care board (ICB) green plans.
   - **From 2027**, all new vehicles owned and leased by the NHS will be zero emission vehicles (excluding ambulances).
   - **From 2030**, all new ambulances will be zero emission vehicles.
   - **By 2033**, staff travel emissions will be reduced by 50% through shifts to more sustainable forms of travel and the electrification of personal vehicles.

- **By 2035**, all vehicles owned and leased by the NHS will be zero emission vehicles (excluding ambulances) and all non-emergency patient transport services (NEPTS) will be undertaken in zero emission vehicles.
- **In 2040**, the full fleet will be decarbonised. All owned, leased, and commissioned vehicles will be zero emission.

There is no central funding support to implement the strategy. Each Trust is expected to fund the transition through its own resources.

Action priorities of the next 6 months are the following:

1. Update Green Plan carbon reduction targets and action plan to reflect results of sustainability initiatives by 30 April 2024
2. Provide progress on the carbon reduction delivered by sustainability initiatives.
3. Recruit clinical and non-clinical services in "Greening Services Scheme".
4. Complete roll out of food waste disposal and recycling scheme to comply with disposal regulations
5. Roll out the nitrous oxide manifold decommissioning
6. Publish EV charging strategy

These priorities may require both revenue and capital funding as well as other resources such as staffing.

RECOMMENDATIONS

1. **Note the continued progress of the BCPC**
2. **To support QI Board Action plan**
3. **Note the progress on the green plan and acknowledge a costed delivery plan is being produced to support the delivery of all recommendations.**

References to Reading Room Information/Enclosures:

a) **QI quarterly update including action plan**
b) **Sustainability pack**

The Royal Wolverhampton NHS Trust

Report to the Public Trust Board on 13th February 2024		
Title of Report:	QI Team Update	Enc No: 10.3.1
Author:	Kate Salmon, Deputy Chief Strategy Officer – Improvement & Collaboration Dr Lee Dowson, Associate Medical Director for Quality Improvement	
Presenter/Exec Lead:	Simon Evans, Group Chief Strategy Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☒No☐
Recommendations: The Board is asked to note the contents of the report.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☒ Risk Score (if applicable) : The QI team is not an owner of any risks but their involvement in QI projects address various risks raised through Divisional teams.		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None.		
Resource Implications:	None.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Well-led KLOE 8
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☒No☐	Details: NHS Staff Survey
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☒No☐	Date: QSAG 18-01-24
	Board Committee	Yes☐No☐	Date:
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

- 599 Wolverhampton staff received QI training last year.
- There are currently 16 active QI projects on our central registry.
- All divisions are actively engaged in improvement work and the report provides details demonstrating some great examples of this.
- We continue to collaborate with our Black Country partners and have co-designed the Black Country Improvement approach and are working through this and our Wolverhampton and Walsall action plan steadily building the foundations that support improvement.
- Huddle boards continue to be taken up, particularly in non-clinical areas with great feedback about how it's improving communication and engaging staff in improving the services they work in and their working lives.

Advise

- Division 1 continue to develop their improvement capability and capacity and following a very successful leadership away day which they used to improve their knowledge and skills and to define their priorities for improvement work for the coming year.
- Division 2 continue to focus on non-elective flow, learning from the junior doctor strikes and MADE events. Their data shows improvements and favorable outcomes compared with peers but this is in the context of a deteriorating position nationally and they often find themselves running to stand still.
- The first QI quarterly star was awarded to the Obstetric and Neonatal directorate recognizing their investment in staff improvement training and several successful QI projects.

Alert

- There is significant variation in the number of QI projects between divisions with the variation matching the numbers of people trained.
- The QI team are retrospectively mapping the improvement work that they are supporting to the recently published strategic framework short term goals. This reveals an opportunity to better match support to organisational goals and could potentially inform the next round of strategic goal setting.

Links to Trust Strategic Aims & Objectives	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas

	that will have the biggest impact on our community and populations
Support our Colleagues	• Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement
Improve the Healthcare of our Communities	• Reduction in the carbon footprint of clinical services by 1 April 2025
Effective Collaboration	• Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall

Quality Improvement Team

The Royal Wolverhampton NHS Trust

Quality Improvement Update

Quality Improvement Team

Kate Salmon - Deputy Director of Strategy & Improvement

Dr Lee Dowson - Associate Medical Director for Quality Improvement

January 2024

Safe & Effective | Kind & Caring | Exceeding Expectation

Quality Improvement Team

The Royal Wolverhampton NHS Trust

Contents

Quality Improvement Team

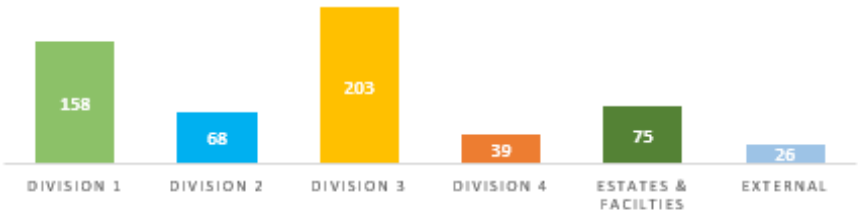
The Royal Wolverhampton NHS Trust

Capacity & Capability

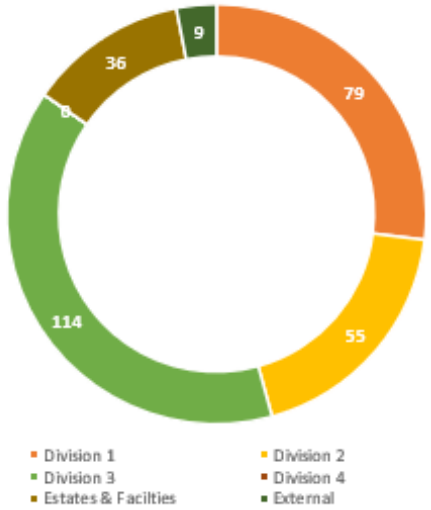
Total number of people completed or undertaking QSIR training

599

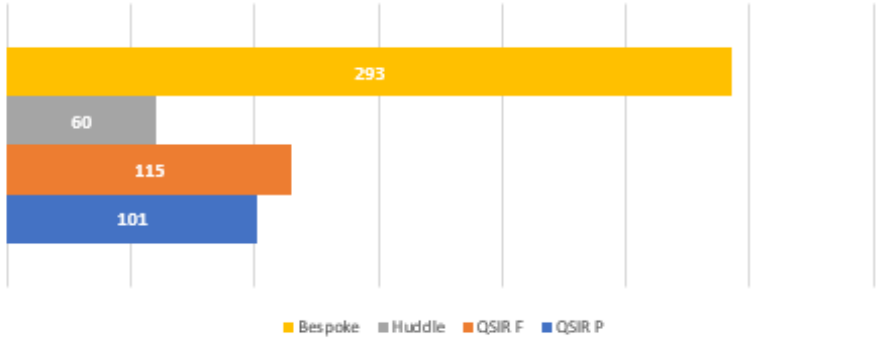
Number of Trainees by Division (Completed)



Away Days & Bespoke Training (Completed)



Trainees by Course Undertaken (Completed)



Quality Improvement Team

The Royal Wolverhampton NHS Trust

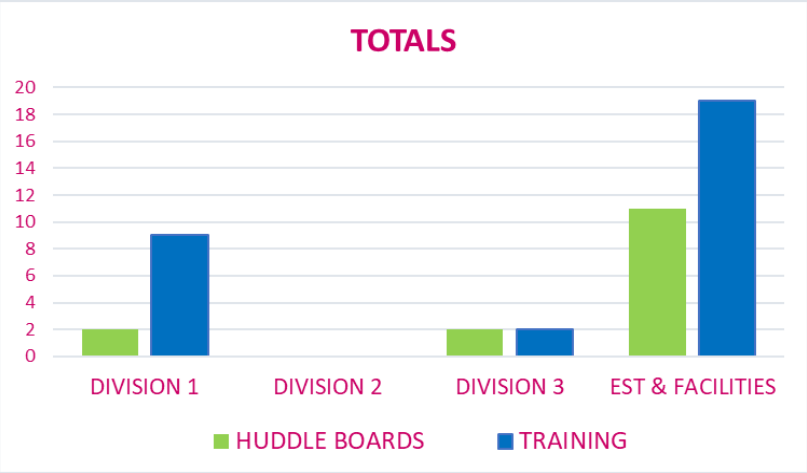
Capacity & Capability Active Projects

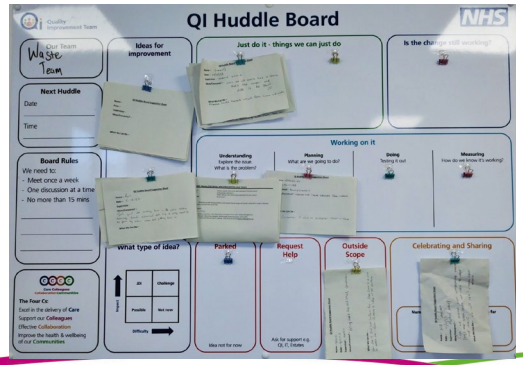
Quality Improvement Team

The Royal Wolverhampton NHS Trust

Capacity & Capability - Huddle Board Update

During quarter 3 the QI team have seen an increase in requests for QI Huddle Boards. The requests have followed the bespoke QI training for estates as demonstrated in the data below however it is noted that word of mouth is now contributing to the number of enquiries.





The departmental team identify facilitators who are then trained by the QI team to lead the Huddle Board session with their team.
Ongoing support is provided by the QI team who monitor the development of resulting action logs as agreed in the initial discussion with the team lead and facilitators

Quality Improvement Huddle Boards are now in the Nucleus Theatres and at Beynon.

Following the introduction of the Huddle Board, the Radiology (CT) Team are working on a Quality Improvement Project to Improve scanning response times for EDCT.

The Waste Management Team have successfully implemented QI Huddle Board meetings within their team and have seen excellent support and engagement within the team.

Quality Improvement Team

The Royal Wolverhampton NHS Trust

Capacity & Capability – Huddle Board Update

The Huddle Board is proving to be a great tool for identifying QI initiatives as well as improving communication across the team. The issues and ideas discussed during the Huddle originate from the team – the focus of the Huddle is to facilitate the discussion resulting in the team identifying the solutions and where appropriate taking responsibility and ownership.

The below examples provide a flavour of some of the issues raised at a recent Huddle Session -

- "Can we please get waterproof gloves, which have inners?"

Following discussions with procurement the team will be trialling new gloves

- "Can we work more as a team ?"

Team to think of any working differently ideas and bring them to next huddle

- "Issues on Saturday with process"

Large compactor to be used at the weekend, all staff will have training that will help with packing away for collection

•" More confidential waste sacks please (not green or blue ones as do not fit data safes). "

Team lead to work with procurement and order original sacks

Quality Improvement Team

The Royal Wolverhampton NHS Trust

Capacity & Capability - QI Quarterly Star

This month we have launched our new quarterly QI Stars award. The QI star award recognises a teams' contribution to Quality Improvement at RWT.
Our inaugural winners of the QI Start Award are: **the Obstetric and Neonatal Directorate**

L-R back row: Shelley Rose – Advanced Neonates Nurse Practitioner, Dr Richard Heaver – Neonatal Consultant and Clinical Director of Neonatal Services, Professor David Laughton – Chief Executive

L-R front row: Laura Brookes - Maternity Triage and Induction Manager and Dr Nina Johns - Clinical Director for Obstetrics.

The Obstetric and Neonatal directorate have supported staff to develop their QI skills and knowledge by encouraging colleagues to attend the Trust's 5-day and 1-day QSIR training programmes.

The directorate have implemented various QI projects, including:

- Improving the quality, safety and experience for planned Obstetric Surgery
- Improving the quality and safety of Obstetric Triage through the implementation of the Birmingham Symptom-specific Obstetric Triage System
- Improving quality of developmental care practice in the neonatal unit

The team have held QI café drop-in sessions for staff to attend to access QI support, advice and guidance and to share successes and learnings.

Women and families are at the heart of improvements, and in September and October women attending antenatal clinics were invited to take part in an improvement survey – the results of which have been used to design improvements such as reducing DNA rates and improving the environment of the antenatal clinic.

Quality Improvement Team

The Royal Wolverhampton NHS Trust

Team Events & Away Days

Team Away Day	Themes	Outcomes
Division One Divisional Management Team (10/11/2023) 9 people in attendance	To develop QI skills and knowledge using QSIR methodology to support local leaders to cultivate a culture for improvement across Division One. Objectives: 1. Explore and understand the Model for Improvement 2. Understand Measurement for Improvement 3. Explore how to generate sustainable change 4. Set and plan Divisional improvement priorities for the next 12 months.	1. Divisional QI priorities agreed 2. Support for colleagues to develop their QI skills and knowledge through attending the Trust's QSIR training programmes 3. Commitment to reviewing the sustainability of QI projects with a focus on long-term gains and impact 4. Reviewing and committing to divisional improvement metrics to monitor improvements over time.

Quality Improvement Team

The Royal Wolverhampton NHS Trust

Division One Spotlight

Improving trans-urethral resection of bladder tumour (TURBT) day case rates

The problem:

- RWT is an outlier for TURBT day case rates, with 8.7% of TURBTs being day case (April-June 2022, Model Hospital data).
- Increasing day case TURBTs will:
  - Improve patient experience
  - Improve length of stay
  - Shorten waiting times and reduce cancellation rates
  - Reduce risk of hospital acquired infection

PDSA cycles to improve day case TURBT rates:

- Improving the criteria for day case when listing patients – testing the use of a day case sticker for TCI cards.
- Improving time between resection and instillation of Mitomycin.
- Implement a dedicated day-case ward to support same day discharge.

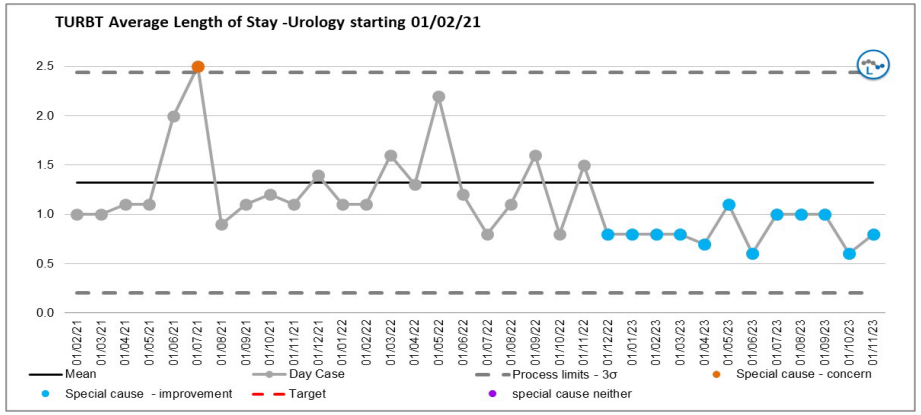


Fig 2: SPC Chart demonstrating improvements to Length of Stay

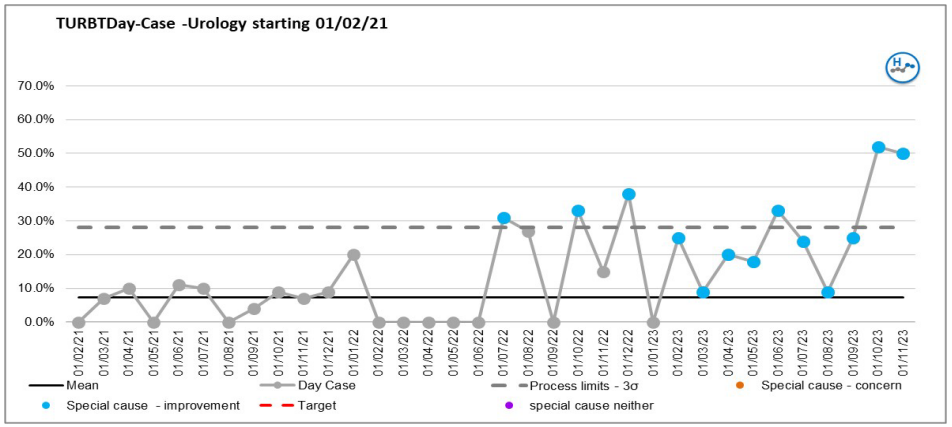


Fig 1: SPC chart demonstrating improvements to TURBT Day case rates

Outcomes and Learnings

- Day case TURBT rates have increased consecutively over a 12 month period. RWT is now achieving above the regional median of 13.1% with RWT achieving an average of 25.25% of TURBTs as day case.
- Length of stay has reduced from an average of 1.32 days to 0.83 days since the implementation of improvements
- GIRFT are arranging a meeting in the New Year to share learnings and ideas for further improvement
- Consistent message across pathway to consider day case suitability first.

Recommendations for next steps:

- Exploring reasons for conversions from day case to overnight stays to develop next PDSA cycle
- Develop exclusion criteria for TURBT day case
- Undertake sustainability review to ensure improvements are sustained and spread

Quality Improvement Team

The Royal Wolverhampton NHS Trust

Division One Spotlight

Reducing Length of Stay for Adult Appendicitis

The opportunity to improve Length of Stay:
RWT is currently an outlier for length of stay for emergency appendectomies, with 4.1% of patients achieving a length of stay of less than two days (Model Hospital, Q1 23/24).

A Baseline audit has been conducted from June 2022 – May 2023 and the following observations have been made:

- 169 cases – 142 had acute appendicitis.
- 20.4% of these patients had a length of stay less than 2 days (Fig.1).
- Median length of stay is 5 days over 12 months (38 days is the maximum length of stay).
- IV antibiotics are given to the majority of patients.
- 92% of acute appendicitis is laparoscopy – should be discharged faster but patients are staying in hospital
- Majority of patients have imaging (120 patients) CT scan/ultrasound (Fig 2).
- Not classifying low, medium or high (as per GIRFT pathway) patients could be scored without having to wait for scans.

QI project aim: To reduce length of stay for emergency appendectomies from the current baseline of 4.1% (Model Hospital Data) patients achieving a length of stay less than 2 days to 36% of patients achieving a length of stay less than 2 days.

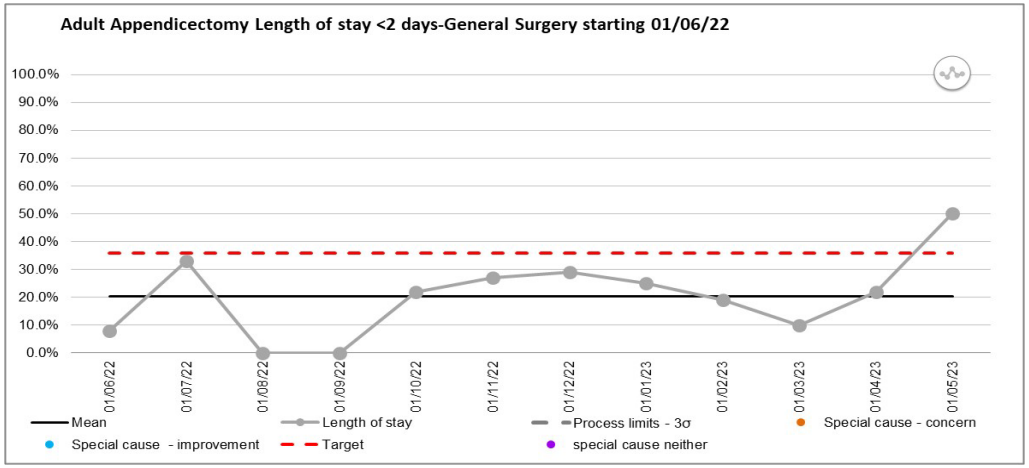


Fig 1: SPC chart demonstrating baseline % of patients with a length of stay <2 days

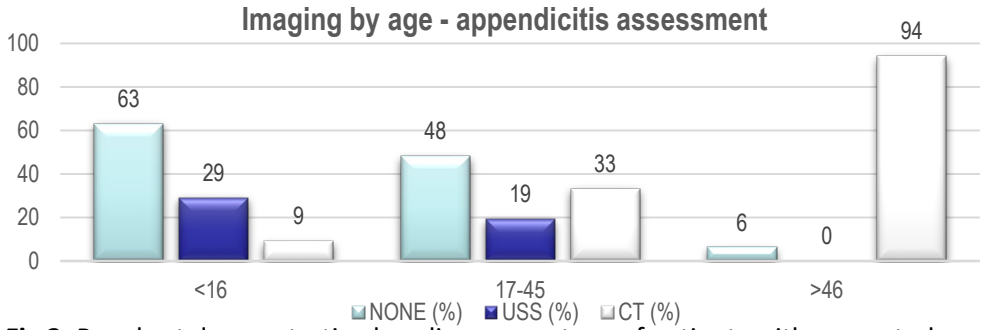


Fig 2: Bar chart demonstrating baseline percentage of patients with suspected appendicitis having imaging

Quality Improvement Team

The Royal Wolverhampton NHS Trust

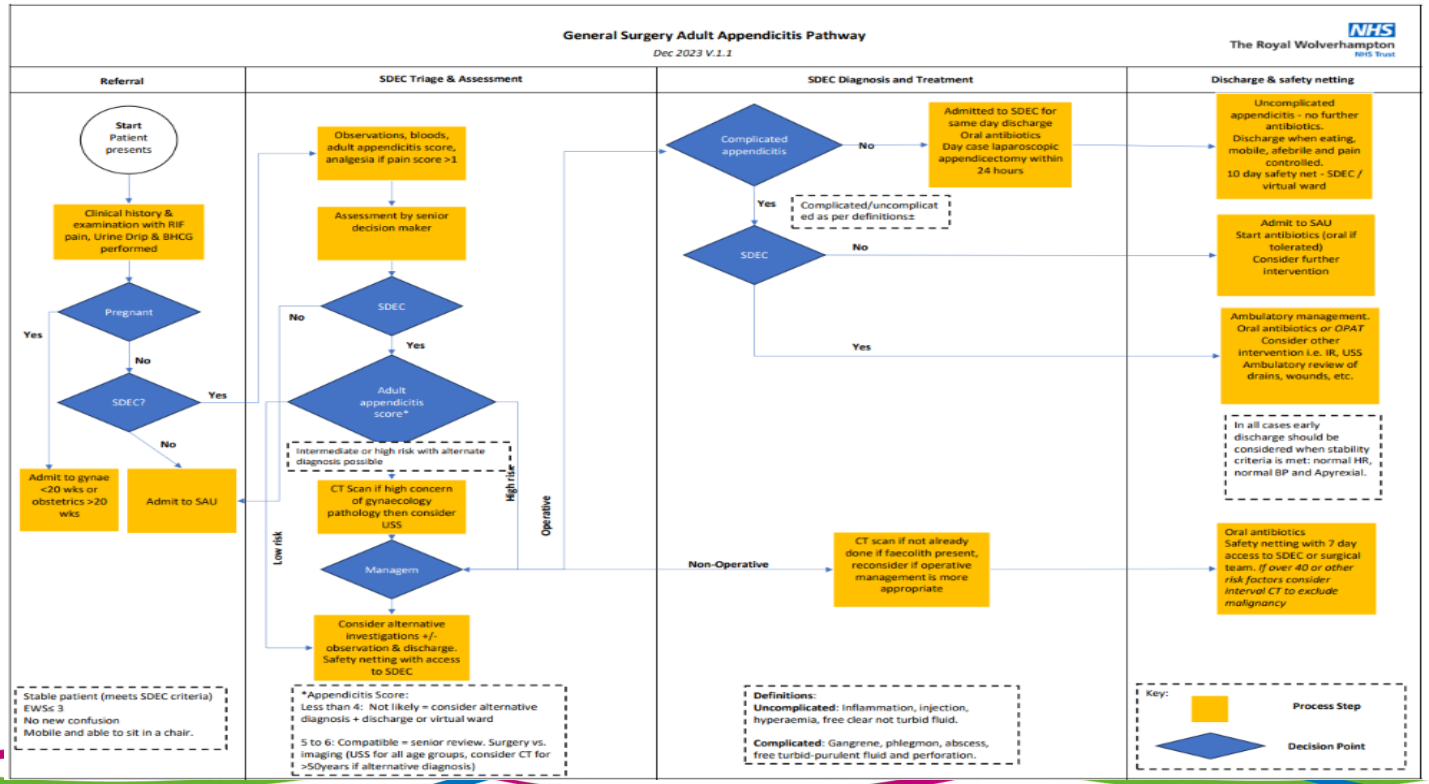
Division One Spotlight

Reducing Length of Stay for Adult Appendicitis

PDSA cycles starting 30/11/23

- Engaging with stakeholders to develop a new pathway to reduce length of stay (Fig 3.)
- Reduce CT scanning activity to improve scanning capacity.
- Reduce use of IV antibiotics.
- Reduce the use of drains and bringing patients into SDEC for drain removal rather than having an inpatient stay.
- Introduce classification of low, medium, high risk (triage and assessment) to support decision making for diagnosis and treatment.

Fig 3: New Adult Appendicitis Pathway



Quality Improvement Team

The Royal Wolverhampton NHS Trust

Division Two Spotlight

The Medicine Model of Care

A reminder of the new model of care:

The MMC aims to build on the Division's work to date under the Right Patient Right Place programme of work and in summary means that:

- Specialist consultants are rostered to cover all floors in Emergency Services, specifically to avoid admission; redirect activity; and facilitate timely discharge
    - *Implemented 6 November 2023*
- An integrated Medical SDEC will be established, with a separate adjacent Frailty SDEC
- A Same Day Discharge Centre will be established to step patients down from base wards, ED and AMU, more efficiently than now
    - *Implemented 6 November 2023*
- The Trust's Acute to Community Vision is supported by rebalancing Division 2 bed capacity to Division 3 bed capacity
    - *Implemented 1 November 2023*

Benefits	Indirect benefits
Clinically driven solution	Unlocks Trust's Acute to Community Vision
Creates flow throughout Emergency and Medicine	Protects Surgical beds
Improves patient safety and experience	Reduction in inappropriate diagnostics
Reduced LoS	Better use of Radiology hubs, freeing up acute inpatient diagnostics
Div 2 cost saving opportunity due to the reallocation of bed capacity to Division 3	
Aims to improve recruitment and retention and workforce morale	
Speciality training opportunities	
Supports reduction in dependency on 18 Weeks in Endoscopy	

Fig. 1 – Benefits of MMC

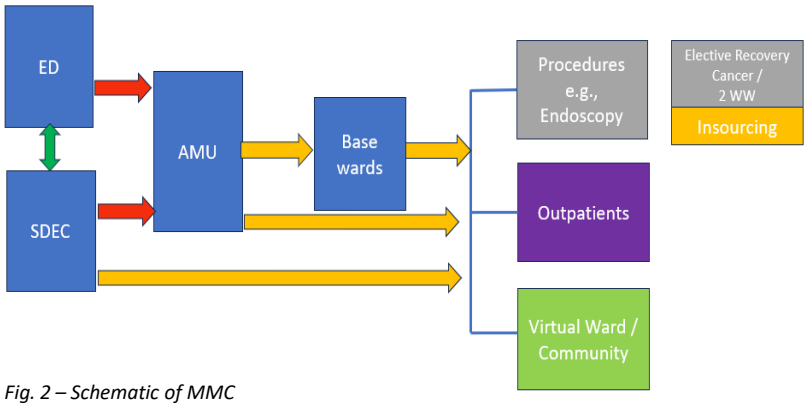


Fig. 2 – Schematic of MMC

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Division Two Spotlight

The Medicine Model of Care

Progress since implementation on 6 Nov 23

Group / Area	Actions complete	Actions outstanding / issues	RAG status
Ward Efficiencies	• Agreed aim of group to ensure patients are discharged earlier in the day • Commenced auditing of ward huddles and dedicated Jr Dr to focus on TTO's to support earlier discharge of patients	• Medic to chair group going forward	
Bed Configuration	• All moves completed, formal handover to Div 3 on 1 November		
Specialist Input	• Agreed operational hours to be 09:00 to 17:00 Monday to Friday with a view to increasing this into the evening in the near future • Formally commenced from 6 November	• Inconsistencies across Directorates in terms of how the cover is operationalised • Plan for evening cover to be worked through and agreed • Formal plan required for Cardiology and Onc & Haem input	
Integrated SDEC	• Initial proposal shared with teams at follow up away day on 25 October	• Development of new model • Currently paused until AMU workstream concluded	
Same Day Discharge Centre (SDDC)	• Operational on C41 from Monday 6 November.	• Requires additional funding for Pharmacy	

Fig. 1 – MMC progress to date

Next steps:

- Ongoing monitoring and review of metrics
- Continued engagement with teams
- Development of AMU workstream – workshop scheduled for 31 Jan 2024
- Specialist input cover to be increased into evenings

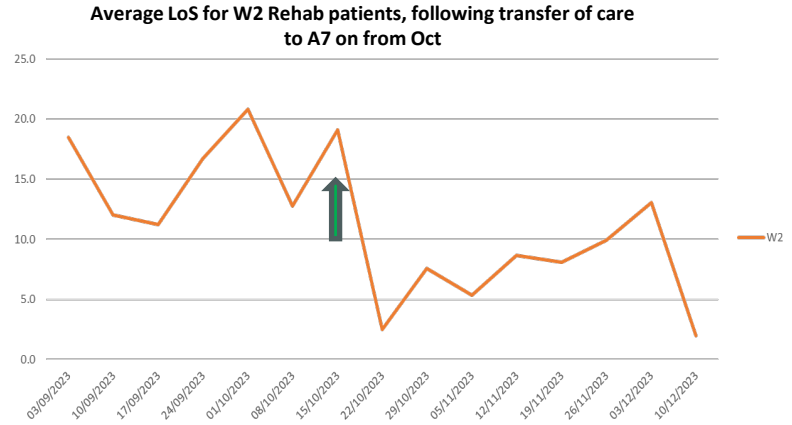

Fig. 2 – Average LoS forW2 Rehab patients, following transfer of care to A7 from 16 Oct

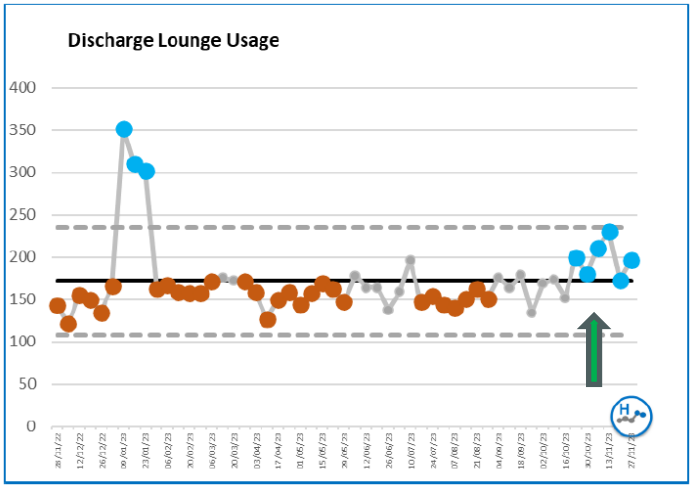

Fig. 2 – SDDC usage

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The Royal Wolverhampton NHS Trust

Division Two Spotlight

MADE Event

A Multi Agency Discharge Event (MADE) was held at across Medicine during the week of 27 November 2023. A MADE event brings together the local health system to:

- support improved patient flow across the system
- recognise and unblock delays
- challenge, improve and simplify complex discharge processes.

MADE teams reviewed all patient journeys, with particular focus on any patient who has been an inpatient for seven days or more. Key questions were:

- The progress for each patient's care
- What is the next critical step?
- Is that next critical step happening today?
- If not, what can be done to enable this to happen today?

MADE teams documented and fed back challenges and delays at a daily escalation call.

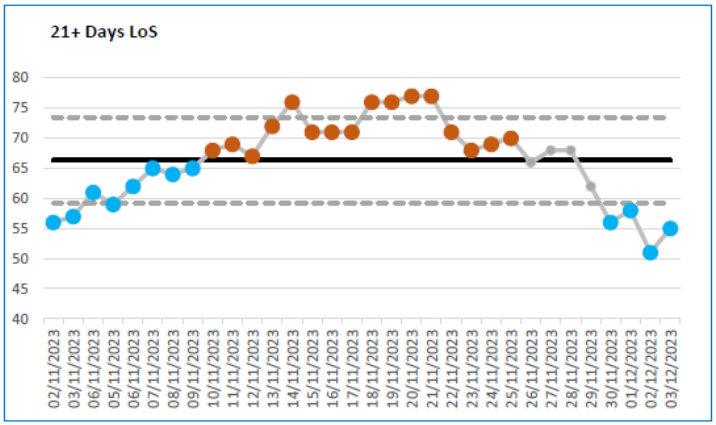


Fig. 2 – Impact of MADE on 21-day LoS

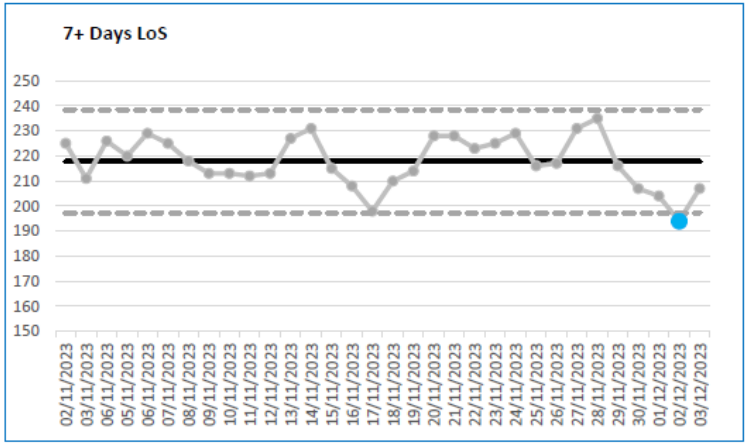


Fig. 1 – Impact of MADE on 7-day LoS

We can see from the two charts that the MADE event has had a positive impact on our 7-day and 21-day LoS. This is due to having a more intense focus at ward huddles, with MADE team members covering different areas. There was also an increased presence from Division 3's Adult Community Services team, therefore patients were pulled more actively into community services.

Next steps:

- Learning from MADE to be progressed
- Further MADE events to be held during winter period

Quality Improvement Team

The Royal Wolverhampton NHS Trust

Division Three Spotlight

Cancer Services – Streamlining Cancer MDTs Improvement Scheme

Project Overview

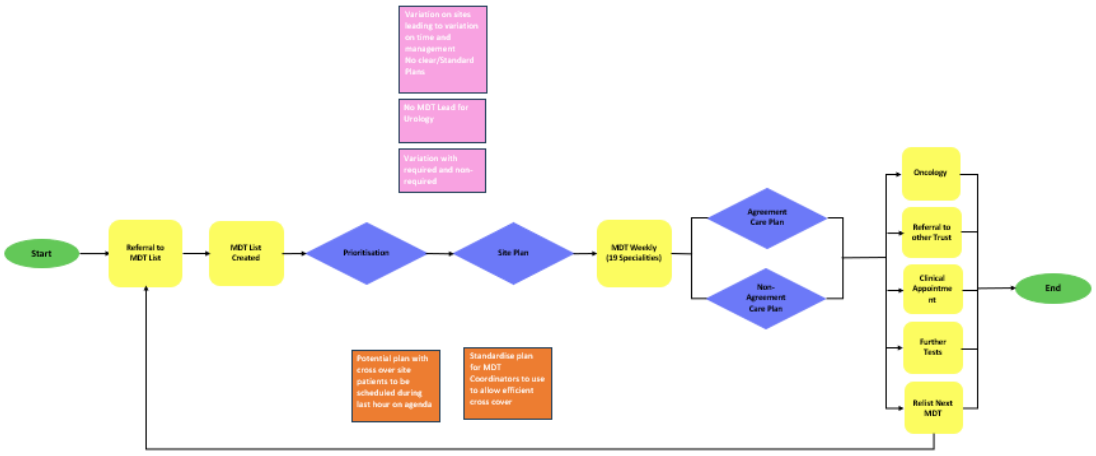
The overall aim is to reduce the time required for the MDT meetings by improving attendance and streamlining the management through MDT coordinators across both RWT and WHT. The project has been initiated to review and improve the quality of the Cancer MDTs, as there are some current issues with required attendance and the schedule of the current lists, leading to session taking up to 6 hours + and patients being rescheduled.

Change ideas were identified after process mapping current state with QI team. First change identified was to use a timed agenda, which is to be trialled in one speciality (Head & Neck), reviewed and then potentially shared out to all 19 MDTs

Quality Improvement Outcomes

The measurement data reviewed shows the attendance and time required can be improved with adoption of timed agendas, and a core structure adapted within the MDT meetings. This will allow required attendees to join and enable decision making at specific points rather than the whole meeting. This will also omit duplication where patients case is being discussed numerous times for the outcome plan

There is also some workforce time saving allocation with the Nursing team.



Next Steps

- Review the current state process map with the team to finalise draft the Project brief using the agreed data
- Agree the first PDSA cycle with the key stakeholders (Head & Neck) for change with timed agenda
- Set up the Project working Group including key stakeholders
- Create the structured agenda and communicate out to all around the changes and expectation of attendance
- Finalise data pack to review the improvement measurements periodically
- Draft the communications plan and align with the MDT coordinators for organisation and prep of the patient lists

Quality Improvement Team

The Royal Wolverhampton NHS Trust

Division Three Spotlight

Community Children's – Referral Data Improvement Scheme

Project Overview

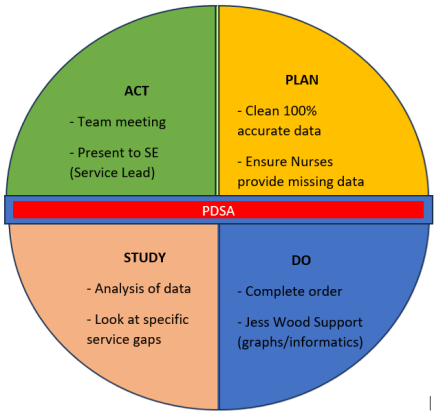
A project was defined and initiated post a Quality Improvement away day to review referral data and identify the gaps. The gaps in the referral data created an issue with reporting due to an historical pathway, which has now been changed to mitigate around acceptance of referrals without inclusion of required information.

The changes were made with the Paediatric CCN team, around the referral pathway where missing information was identified due to an ineffective historical process. A robust process was developed and embedded to prevent this issue continuing.

Quality Improvement Outcomes

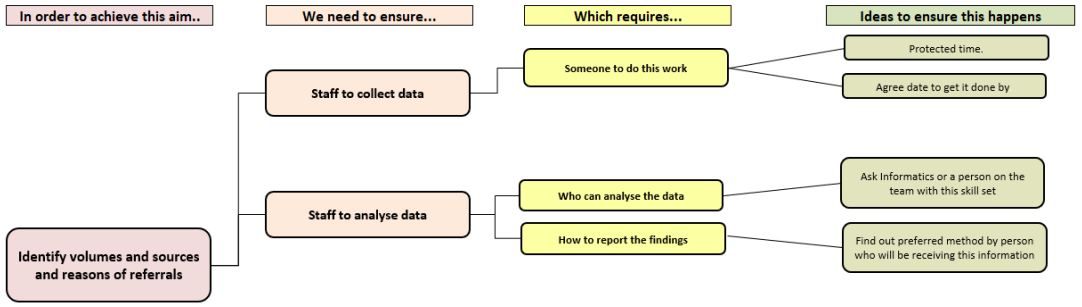
There is now validated caseload information historically, and a robust process which ensures that the correct information is received for 100% of referrals. This also ensures the patient receives the correct quality of care from the service and reporting is sent correctly to all required

The quality of the reporting information has now improved, without gaps in referral information for 100% of cases, which assist with both clinical and administrative use. The way in which the information is collected and reported has also been improved with the use of protection and filters with 3 key holders.



Next Steps

- Ensure that this is embedded with the allocation of roles and responsibility with the management of the referral information
- Share with other teams both locally and regionally as best practice will be a collation of information to ensure quality reporting and care pathway of the patient



Areas of Focus During Next Quarter

Key areas of focus over the next 3 months include:

Division 1

- Defining Divisional improvement priorities. Including scoping a project to increase day case activity (right procedure, right place) across the Division using learnings from TURBT QI project.
- Implementation of PDSA cycles in Obstetrics to reduce over running of Obstetric operating lists.
- Collaborating with One Wolverhampton to improve interface between primary and secondary care. Focus will be on Gynaecology where the aim will be to improve referrals, managing DNAs and re-referrals and managing patient care and investigations. Workshops are in development and will be delivered in January, co-facilitated by the QI team
- Delivery of QI away days for Gynaecology and Upper GI teams.

Division 2

- Continued monitoring of Medicine Model of Care
- Maximise opportunities for streaming/navigating away from ED
- Build on learning from MADE events
- Additional throughput/uptake of Div 2 colleagues on QI training

Division 3

- Support Cancer Services as recently joined Division 3, and priority is a large quality improvement programme for streamlining Cancer MDTs to be trialled (1st PDSA cycle) in January 2024
- Support all teams with a QI Bus Tour delivering drop-in sessions focusing on the QI tools for clinical and non-clinical to support their current and potential quality improvement projects
- Identify areas where QI Training can be embedded as part of the induction planning for new starters and development plans for current staff within all teams
- Quality Improvement support for improvement of the referral process in many specialities across the division, to identify key changes and enablement

The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting – to be held in Public On 13 February 2024		
Title of Report:	Sustainability Report	Enc 10.3.2
Author:	Janet Smith - Head of Sustainability	
Presenter/Exec Lead:	Simon Evans – Group Chief Strategy Officer	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☒No☐	Yes☐No☐	Yes☒No☐	Yes☐No☐

Recommendations:

The Committee is asked to note and discuss the:

- 2023-24 Greener NHS nationally and regionally set priorities and deliverables Trust position as of 31 December 2023 and the resources required to deliver the priorities.
- Trust Green Plan implementation progress

Implications of the Paper:			
Risk Register Risk	Yes ☒ No ☐ Risk Description: Lack of resources to transition the Trust owned and leased vehicles to Zero Emissions Vehicle (ZEV) and the EV infrastructure required to support such transition On Risk Register: Yes☐No☒ Risk Score (if applicable):		
Changes to BAF Risk(s) & TRR Risk(s) agreed.	State None if None Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: Compliance with the new Clinical Waste Strategy will result in revenue cost pressure for Estates & Facilities Division Capital: Capital required to transition Trust owned and leased vehicles to ZEV, the installation of EV infrastructure to support the ZEV transition and installation of nitrous oxide and Entonox destruction technology. Workforce: Funding Source: To be decided		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☐	Details: Safe, effective, and well-led
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☒No☐	Details: Compliance with new Clinical Waste Standards
CQC Domains			

The Royal Wolverhampton NHS Trust

Equality and Diversity Impact	There are no legal or equality & diversity implications associated with this paper		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☐No☐	Date:
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert
To provide assurance that the Trust's Green Plan is aligned with the priorities of the Greener NHS agenda and will enable the Trust to evidence that we are working towards achieving the NHS commitment to achieve net zero carbon status by 2040.
• To advise on the ability of the Trust to deliver the 2023-24 Greener NHS national and regional deliverables and priority areas • To highlight the capital and revenue investment requirements to deliver the Green Plan. • To strengthen the working relationship with the Black Country ICS Sustainability Network, Midlands Net Zero Delivery Hub, and other national and international Sustainability Groups to maximise opportunities for shared learning and best working practices.
To note, react and adapt to emerging factors affecting the delivery of Sustainable Healthcare in the next five years

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025
Effective Collaboration	• Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall

Appendix 1

Greener NHS Midlands System Ambition
01 April 2023- 31 March 2024

Regional Target	System Position March 2023	RWT Position 31 March 2023	System Ambition	Regional Support	Comments
Priority 1 - Governance and Assurance (Nationally set priority)					
Every Trust and ICB to have a board-approved Green Plan aligned with the "Delivering a Net Zero NHS" report	All organisations have a board-approved Green Plan.	Trust Green Plan approved by the Trust Board March 2021	System to provide an update to the regional team on progress towards the ICS Green Plan and this document at least every quarter through 1-2-1s, Boards or highlight reports.	Regional representatives will attend Boards, book 1-2-1s and review highlight reports. Regional team will highlight any areas of concern and share great practice. Regional team to attend ISRMs and provide update on progress.	**Delivered**
Priority 2- Travel & Transport (Nationally set priority)					
Collaboration with Local Authorities: All ICSs should be engaging with local authorities and/or local transport authorities and working together to explore funding opportunities and deliver at least one SMART	Awaiting results from Midlands ROC return (Aug-Sept 2023) to confirm system position	The Trust has a long-standing collaborative relationship with Wolverhampton City Council & TFWM particularly on sustainable travel initiatives. WCC assisted in establishing the Trust cycle to work and	All organisations to establish and develop relationships with LA to support collaboration, funding opportunities, and to explore SMART sustainable travel objective plans.	Facilitate support and engagement with specific partners. Develop case studies and share best practice. Highlight any funding opportunities and support access.	**Delivered**

sustainable travel objective, agreed with regional teams. These engagements could include, or be led by, the relevant ICBs and Trusts where appropriate.		discounted travel card schemes	System to explore collaboration with the Integrated Care Partnership with suggested area of focus around	Supporting monitoring completion rates of staff travel surveys as appropriate.	
Low Emission Fleets: Ensuring that the region's owned and leased ***fleet is made up of at least 90% Low Emission Vehicles by March 2024.*** Including **11% of the fleet being made up of Ultra-Low Emissions (ULEV) and Zero Emission Vehicles (ZEV) by March 2024**	Awaiting results from Fleet Data Collection 2023 (Sept 2023) to confirm system position	From the result of the Greener NHS Fleet Data Collection (May 2023) showed that only 53% of the Trust fleet are low emissions vehicle.	Improve the response rate to future Fleet Data Collections from organisations. Increase % of LEVs in fleet where possible to meet 90% target. Increase % of ULEV/ZEVs in fleet where possible to meet 11% target. Outline in the Midlands ROC return (Aug-Sept) any current barriers for meeting this target.		**To achieve the target, a significant amount of capital would need to be invested to transition our current fleet (estimated 85 vehicles) to LEV by March 2024.** **No national funding support is forthcoming as confirmed by the NHS England Travel and Transport team**
Staff travel survey: 100% of Trusts and ICBs to complete a staff travel survey at least every 24 months, and ideally annually.	43% of Trusts have completed a staff travel survey in 2022/23.	A staff survey was completed around autumn 2021. A new Travel survey needs to be completed before April 2024 to comply with requirement.	100% of organisations to complete staff travel survey in 2023/24 or to confirm plan to complete in 2024/25 via Midlands ROC return (Aug-Sept).		**To be delivered. Staff Survey is ready for distribution to staff.**
Modal Shift: 100% of Trusts have three or more of the following schemes/interventions in	43% of Trusts have three or more schemes or interventions in place to support modal shift.	The Trust currently implements 7 out of the 9 schemes/interventions listed.	100% of Trusts to have three or more schemes or interventions in place to support modal shift.		**Delivered**

place to support modal shift: • Salary sacrifice cycle-to-work scheme • Discounted public transport scheme • Shuttle buses between two or more sites • Park & Ride • Cycle training Third party operated car club (wording to be finalised based on data collection q) • Sustainable travel options included within staff induction • Staff webpage focused on promoting sustainable travel options • Only ULEV/ZEV available for salary sacrifice schemes			Share learning from Trusts already meeting or exceeding this target		
Priority 3- Medicines (Nationally set priority)					
Desflurane: In all trusts, limit the use of desflurane to only exceptional circumstances2, in line with the NHS' commitment to eliminate its use by early 2024	0% at June 2023	0% at June 2023.	Work with Trusts to ensure 2% target is met. Ensure relevant system leads attend the Midlands Greener Medicines meetings	Share national explicit guidance on what desflurane exceptional circumstances are. Work with outlier Trusts and clinicians as required.	**Delivered. Desflurane use has been at 0% since December 2022**

(aiming for 1st April 2024). • As a minimum requirement, all trusts should ensure that the proportion of desflurane to all volatile gases used in surgery is reduced to 2% or less by volume across 2023/24.				Share great practice and examples. Facilitate Greener Medicines Deep Dive conversations. Lead on a suite of work on primary care, to include work supporting inhaler switching.	
Nitrous Oxide Waste: Reduce emissions from nitrous oxide (N2O) and mixed nitrous oxide products by 19-23% in 2023/24 against a 2019/20 baseline, by : • ensuring 100% of trusts have either assessed their Nitrous Oxide waste or taken action to reduce waste3, and; • ensuring that at least 75% of Trusts using nitrous oxide have started waste reduction activities, such as: o Removing supply of nitrous oxide or mixed nitrous oxide in clinical areas where it is not used o Decommissioning manifolds and branches	2019/20 baseline: 8742.06 tCO2e Total for 2022/23: 8186.25 tCO2e 6% reduction from 2019/20 baseline 80% of Trusts have assessed their Nitrous Oxide waste or taken action to reduce waste. Remaining Trust is Ambulance Trust where Nitrous Oxide	**<u>Nitrous Oxide</u>** 2019/20 Trust baseline: 635.70tCO2e. 2022/23 total is 616.6tCO2e. ***A 4% increase from 2019/20 baseline.*** **<u>Entonox</u>** 2019/20 Trust baseline: 994.1tCO2e. 2022/23 total is 1005.3tCO2e. ***A 1.13 increase from 2019/20 baseline***	Reduce emissions from nitrous oxide (N2O) and mixed nitrous oxide products in 2023/24 against the 2019/20 baseline. Ensure 100% of Trusts have either assessed their Nitrous Oxide waste or taken action to reduce waste Ensuring that at least 75% of Trusts using nitrous oxide have started waste reduction activities. Ensuring that at least 75% of Trusts using nitrous oxide have started waste reduction activities.	**Plans are in place to continue to reduce nitrous oxide use such as decommissioning multiple under used manifolds and switching to smaller size canister.** **The proposed solution to reduce the carbon footprint of Entonox use within maternity services is to install an Entonox Destruction Unit. Options are mobile destruction units (MDU) or Central Destruction Unit (CDU). This proposed solution will require between**

where nitrous oxide products are currently supplied via piped medical gas systems and replacing with smaller portable supply Identifying and repairing leaks for piped nitrous oxide systems where decommissioning is not appropriate o Removing demand valves when not in use					**£250k to £600k capital investment.**
Inhalers: Reduce emissions from inhalers by 25% in 2023/24 against a 2019/20 baseline, by rolling out the principles of high-quality low carbon respiratory care, including: • Supporting the prescription of non-salbutamol DPI or SMI when clinically appropriate for patients aged 12 or over (target: 25% of all non-salbutamol inhalers Supporting the prescription of lower carbon salbutamol	2019/20 total emissions baseline: 27163 (tCO2e) Total emissions for 2022/23: 24586.72 (tCO2e) 9.5% reduction from 2019/20 baseline	Metered dose inhalers 2019/20 baseline: 957.24tCO2e 2022/23: 768.21tCO2e ***19.5% reduction from 2019/20 baseline achieved by RWT PCN*** Trust is piloting a safe disposal and recycling of metered dose inhalers. Plans to expand the scheme to other Trust within the Black Country ICS is already in place. Communications campaign to raise awareness on overused of SABA inhalers is also in the pipeline. This	Reduce emissions from inhalers in 2023/24 against the 2019/20 baseline. Engage with PCN on Green Practice for switching inhalers. Understand PCN issues and challenges in switching inhalers. Ensure relevant individuals attend the Midlands Greener Medicines meeting.		**The timeframe set to achieve 25% reduction is to narrow given that there is only 5 months left of the financial year. RWT PCN will need to achieve an additional 6% reduction in metered dose inhaler prescription.** **Wolverhampton is the best performing in the ICS in reducing inhalers carbon footprint.**

inhalers (lower carbon MDIs or DPIs) (target: 13.4kg CO2e per salbutamol inhaler on average) • Continue to support good disease management through the regular prescribing of ICS inhalers and reduction in SABA overreliance, inhaler technique checks and adherence.		will help decrease the overused of SABA which will help decrease the use of metered dose inhaler and will result in corresponding decrease in carbon emissions.	Share system learning with other systems within the Midlands.		
Priority 4- Estates & Facilities (Nationally set priority)					
Assist preparation for future readiness for low carbon heating systems, including collating information[4] on readiness to share with the national E&F team by March 2024	Awaiting results from Midlands ROC return (Sept 2023) to confirm system position	The Trust is yet to prepare a Heat Decarbonisation Plan which will outline how the Trust is planning to reduce its reliance to fossil fuelled heating system. Although several schemes are already underway to replace boilers with air source heat pumps from successful PSDS funding bids	Maximise bids for E&F funding across different schemes available.	Highlight funding available and support access. Share best practice on bidding for funding. Link with E&F teams on NOF4 who can't apply for funding to support access. Define requirements and monitor completion rates through ROC return (due end Sept 2023).	**Amber as the Trust is yet to develop its Heat Decarbonisation Plan**
Promote and raise awareness of the NHS Net Zero Building Standard, and NHS Estates Net Zero Carbon Delivery plan	Awaiting results from Midlands ROC return (Sept 2023) to confirm system position	Head of Sustainability briefed the ICS Estates Strategy Group on NHS Net Zero Building Standard, and NHS Estates Net Zero	Share requirements with Trusts and ensure completion. All organisations to continue engagement		**Delivered**

		Carbon Delivery plan. Recommended for members to the team to attend national webinars on Net Zero Building Standards	with Midlands Net Zero Estates Delivery Hubs.		
Promote and coordinate Trusts' & ICBs' access to funding opportunities supporting estates decarbonisation, including PSDS, LCSF, the Green Heat Network Fund, the Boiler Upgrade Scheme (BUS) and other locally-identified funds.	System has successfully secured £74,227,349 in total funding, with system bid in Phase 3b	RWT has been successful in securing funding from PSDS and led the successful systems bid for PSDS Phase 3b	Share funding opportunities and regional support to access. Support Trusts that have not utilised the PSDS funding previously. Share learning from system bid in Phase 3b.		**Delivered**
Priority 5- Procurement (Nationally set priority)					
Support Trusts and ICBs to adopt **PPN 06/20** so that 100% of new NHS procurements where relevant & proportional5 include a minimum 10% net zero and social value weighting	100% of organisations have 10% net zero and social value included in every tender	100% of organisations have 10% net zero and social value included in every tender but KPI's are yet to be set for each contract	100% of organisations to have PPN 06/20 requirements embedded in contract management approach and defined KPIs for each contract. Completion of monthly ROC return to provide more data on progress.	Chair the monthly Clinical Procurement Sustainability Group (CPSG) alongside the Regional Procurement Lead, to include regular presentations from the national procurement team. Run monthly ROC return to gather data.	**To be delivered. Defined KPI's need to be set for each contract to achieve the target**
Support procurement colleagues in Trusts and ICBs to ensure all new procurements over £5 million per annum	37.5% of organisations have identified suppliers impacted by the requirements of PPN 06/21.	Procurement has identified Trust suppliers impacted by PPN06/21 and have shared the list with the Net Zero Procurement Team.	100% of organisations to have identified suppliers impacted by the requirements of PPN 06/21 and to have	Run workshops and events as needed to support learning and spread of great practice.	**Delivered.** **Procurement will continue to submit**

include the Carbon Reduction Plan requirement aligning with PPN 06/21.		100% completion of required monthly returns	shared the list with the Net Zero Procurement team. Completion of monthly ROC return to provide more data on progress.		**the monthly returns as required.**
65% of trusts in the region (where relevant) to operate walking aid refurbishment schemes, by March 2024.	100% of Trusts operate a walking aid refurbishment scheme. All other Trusts do not issue walking aids.	The Trust Walking Aids Reuse and Recycling scheme has been successfully implemented.	Continuation of walking aid refurbishment schemes at relevant Trusts in the system		**Delivered**
Support Trusts & ICBs to be ready for implementation of the 2024 Net Zero Supplier Roadmap requirements, including supporting national and local action to improve supplier readiness for this requirement.	System position to be confirmed.	Procurement Team is waiting for national guidance	Awaiting National guidance on approach		N/A
Priority 6- Net Zero Clinical Transformation (Nationally set priority with regionally set deliverables)					
Develop a detailed plan to support all staff in Primary Care, and especially leadership, to incorporate greener actions into their professional lives and embed into system and regional ways of working	N/A		Highlight PCNs and GPs struggling with inhaler switching Cascade comms and training opportunities	Run the Greener Primary Care Week in November 2023. Run regular L&Ls focussed on issues related to primary care. Continue to host the GP Fellow.	

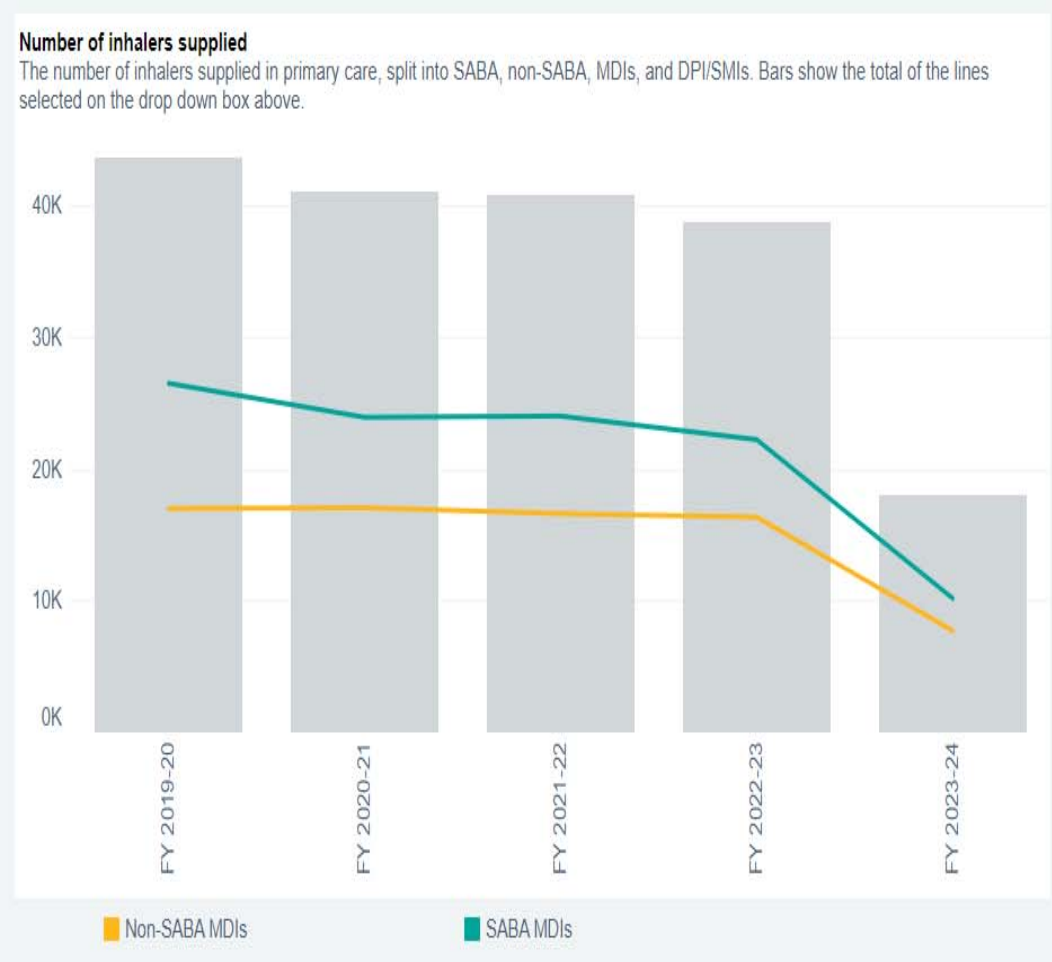
(plan available in appendix)				Investigate other primary care fellows.	
Agree appropriate NZCT deliverables for the systems agreed area of focus and begin delivery. Suggested areas of work: Primary care, virtual wards, GreenED	System confirmation of agreed area of focus to be Virtual Wards.	Head of Sustainability to work with Virtual Ward Team to measure the impact of virtual ward using the toolkit	To measure the carbon impact of ICS Virtual Wards using the toolkit and to begin to tackle identified hotspots associated with Virtual Wards to implement at least one change. Provide a brief system case study on roll out and implementation in 23/24 by 31 May 24 to share regionally (and nationally)		**Assessment on the impact of virtual ward is yet to commence**
Priority 7- Workforce and leadership (Regionally set priority)					
Strategically influence at least 3 leaders per organisation at regional, system and provider level to be visible leaders on this agenda.6	Two attendees at previous senior leadership training	Determine the Trust compliance level.	At least 3 members of each organisation's Board has attended senior leadership training. Establishment of a system-wide workstream to focus on Education and Training, to improve the engagement and traction from staff across all organisations.	Design and roll out training for senior leadership, learning from previous experience.	Training yet to be rolled out

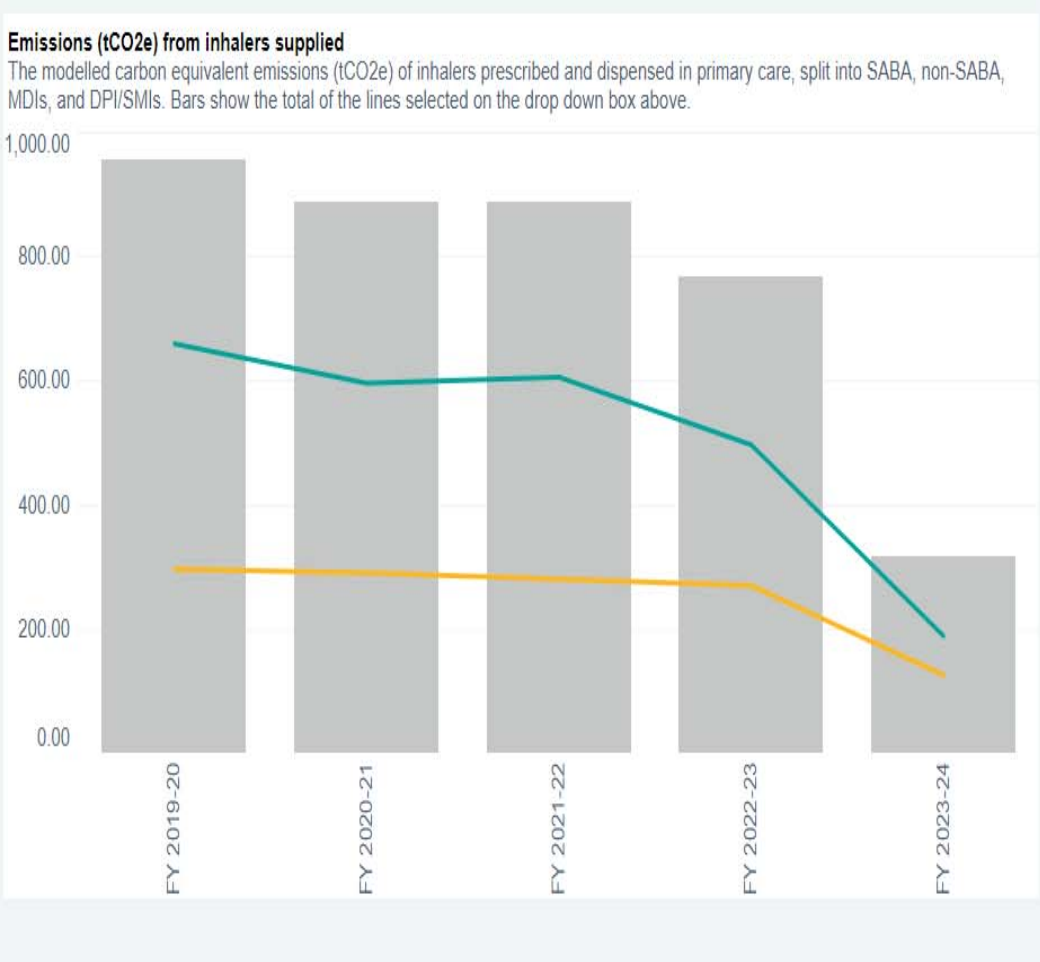
Engage at least 60%7 of the regional workforce through education, training and a Champions programme.	Awaiting Data		At least 60%7 of all staff across the region have completed Environmentally Sustainable Healthcare on e-learning for Health/ESR	Share comms about training available. Monitor uptake.	Identify the number of staff who has completed the training
Deliver engaging and well-attended events throughout the year receiving at least 80% positive feedback, to include at least 3 Regional Roadshows with 50 or more attendees, and at least 12 lunch & learn sessions with 15 or more attendees.		The Trust currently conduct a monthly Sustainability Lunch hour to engage with staff and share ideas and lessons learned.	Advertisement and attendance at Regional Roadshows and relevant lunch and learn sessions	Roll out regular L&Ls and at least 3 Roadshows per year. Monitor uptake and feedback to design future opportunities.	**Trust activity delivered**

Appendix 2

Metered Dose Inhaler Prescribing Volume and Carbon Emissions

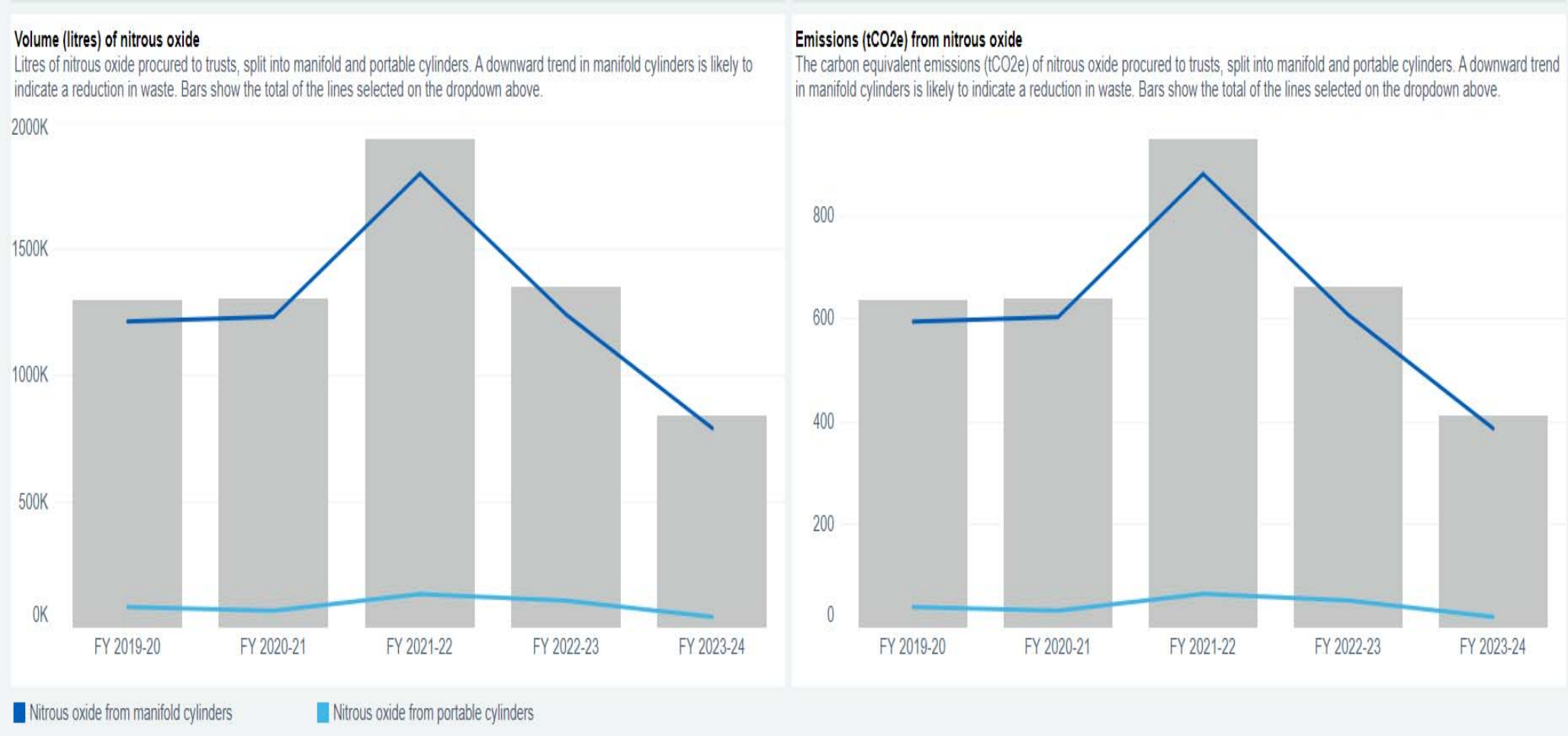
1 April 2019 – 1 October 2023





Appendix 3

Nitrous Oxide Use
1 April 2019 – 1 October 2023



Entonox Oxide Use
1 April 2019 – 1 October 2023

Report to the Trust Board Meeting – to be held in Public on 13th February 2024		
Title of Report:	Board Level Metrics – Improve the health and wellbeing of our Communities December 2023	Enc No: 11.1
Author:	Performance Manager ext. 86746 Email: lesley.burrows2@nhs.net Deputy Chief Strategy Officer – Planning, Performance and Contracting ext. 85914 Email: timothy.shayes@nhs.net	
Presenter/Exec Lead:		

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☒No☐	Yes☒No☐	Yes☐No☒
Recommendations: The Board is asked to note the contents of the report and in particular items referred to the Board for decision or approval.			

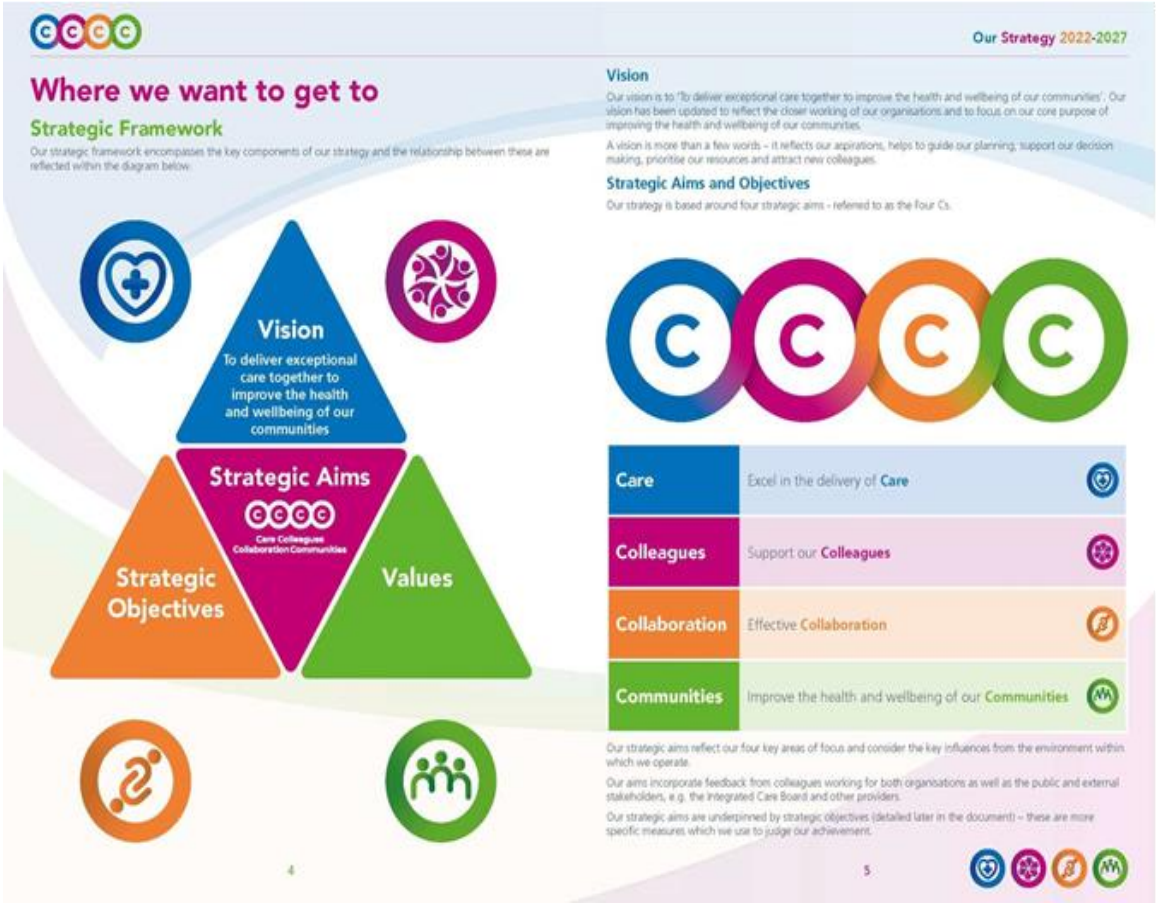
Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☐ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None Risk Description Is Risk on Risk Register: Yes☐No☐ Risk Score (if applicable):		
Resource Implications:	(if none, state 'none') Revenue: Capital: Workforce: Funding Source:		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☐	Details:
	NHSE	Yes☐No☐	Details:
	Health & Safety	Yes☐No☐	Details:
	Legal	Yes☐No☐	Details:
	NHS Constitution	Yes☐No☐	Details:
	Other	Yes☐No☐	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and	In being awarded the Race Code mark, the Trust agreed to		

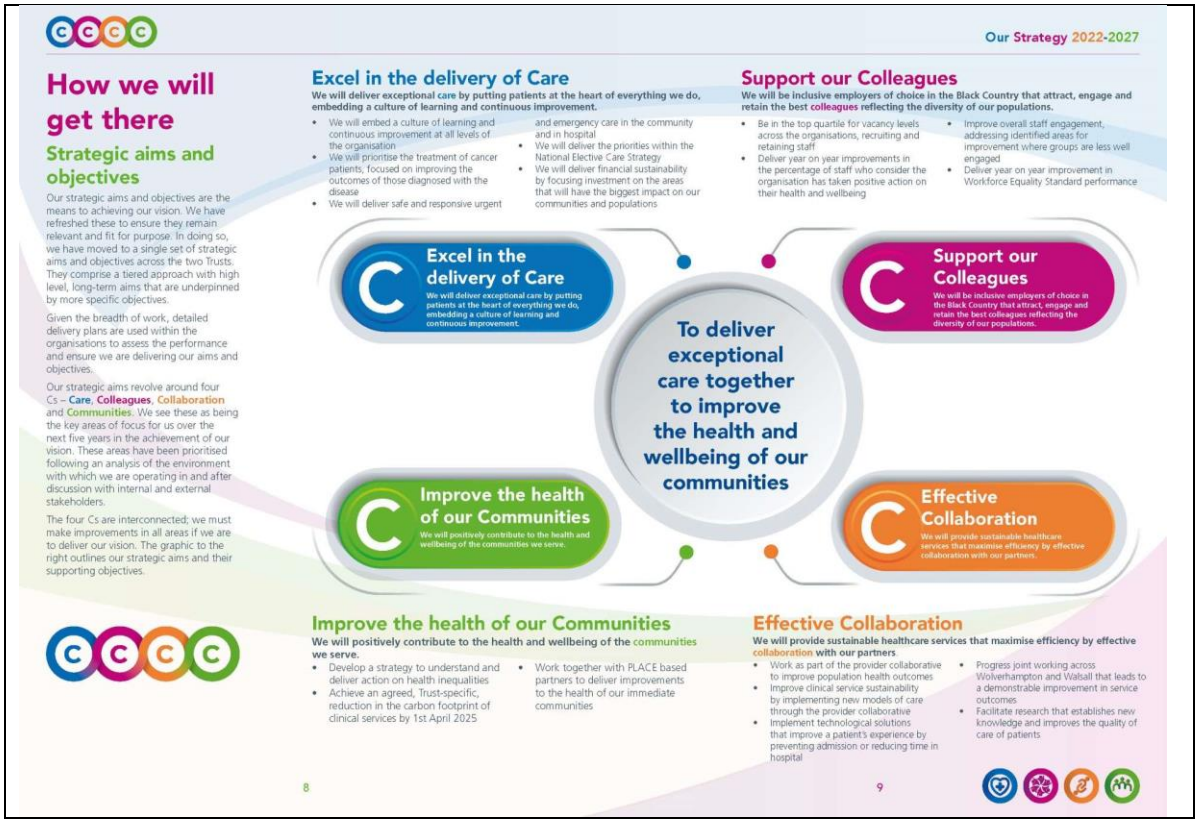
Diversity Impact	increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☐	Date:
	Board Committee	Yes☐No☐	Date:
	Board of Directors	Yes☐No☐	Date:
	Other	Yes☐No☐	Date:

Summary of Key Issues using Assure, Advise and Alert

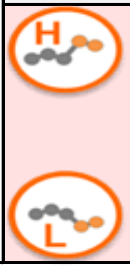
Introduction

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





Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• 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
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Variation	Assurance			
				No Target
				
				
				

Strategic Aim: COMMUNITIES *Strategic Objective: Develop a strategy to understand and deliver action on health inequalities.* *Board Level Metric(s): Develop and implement a Health Inequalities Strategy with measurable outcomes in 2023/24.*		
	Analyst Narrative:	
SUPPORTING METRIC	**Executive Director Lead:** Jonathan Odum	
	Executive Narrative: The development of a health inequalities strategy is being led by the health inequalities steering group and due for completion by the end of March 24.	
ACTION	**BY WHO**	**BY WHEN**

Strategic Aim: COMMUNITIES

Strategic Objective: Achieve an agreed, Trust-specific, reduction in the carbon footprint of clinical services by 1st April 2025.
Board Level Metric(s): Achieve a 15% reduction in the carbon footprint in RWT by the end March 2024 compared to 2020/21.

Category	2020/21 (Baseline tCO2e)	2021/22 (tCO2e)	2022/23 (tCO2e)	2021/22 Reduction (tCO2e)	2022/23 Reduction (tCO2e)
Scope 1	14,286	13,600	12,251	-686	-2,035
Scope 2	4,044	2,582	2,828	-1,462	-1,216
Scope 3	45,493	45,324	43,873	-169	-1,620
Total Carbon Emissions	63,823	61,506	58,952	-2,317	-4,871
				-3.63%	-7.63%

SUPPORTING METRIC

Above is the data for the implementation of the Green Plan/Sustainability.
Data is usually updated on a bi-annual basis this is due to the source data not being available monthly.

Analyst Narrative:
Total reduction seen at the end of 2022/23 financial year is 7.63% compared with the baseline year of 2020/21.
The majority of the reduction came from decrease in gas consumption, decommissioning the use of desflurane in theatres and reduction in metered dose inhalers prescription.
The March 2024 15% reduction target includes the anticipated annual reduction from the solar farm (1,583tC02e) and Public Sector Decarbonisation Schemes(6.1tC02e). A sanity check is being conducted on Scope 3 emissions figures particularly the capital carbon emissions. Capital carbon emissions are calculated based on spend, it is anticipated that the increase in capital investment will drive up emissions associated with capital. An update will be provided in the next Sustainability Trust Board report.

Executive Director Lead: Simon Evans
Executive Narrative: The Trust is on course to deliver all of the 2023-24 national and regional deliverables except for the requirement to ensure that 90% of Trust owned and leased vehicles are low emission vehicles. From 1st of April 2024, the NHS will proportionally extend the NHS Reduction Plan and Net Zero commitment requirements to cover all procurements. Our Procurement Department is aware of the change and will implement the necessary changes to our procurement processes as to comply. Desflurane is fully decommissioned in the Trust which is well ahead of the NHS target. The Greening Services Club members are delivering significant carbon reduction and cost savings by implementing schemes that are targeted to improve business as usual processes and practices which did not require capital investment. The outcome of their work allowed the Trust to be recognised as one of top performing Trust in greening its services. However, to achieve net zero in 2040 and realise recurrent cost improvement, the Trust needs to allocate both revenue and capital resources to implement carbon reduction schemes particularly in medicines, estates, waste, transport and travel and equipment. The Head of Sustainability has done a excellent job in leading implementation of the Trust sustainability agenda but requires additional support to sustain the momentum and results achieved in delivering the Trust Green Plan.

ACTION	BY WHO	BY WHEN
Update the Green Plan reduction targets and action plan to reflect results of the sustainability initiatives	Sustainability Group/Head of Sustainability	June 2024
Provide progress on the carbon reduction delivered by sustainability initiatives	As above	Monthly
Recruit clinical and non-clinical services to join "Greening Services Club"	As above	Monthly
Roll out theatre caps scheme to other theatres - Cannock and New Cross	Theatre Management Team/Clinical Lead for	March 2024
Roll out information campaign on the overuse of SABA inhalers	Sustainability Communications Lead/iNSPIRE Project Team/BC ICS	January 2024-ongoing with bi-annual assessment of impact
Complete roll out of food waste disposal and recycling scheme to comply with disposal regulations	Catering Department/Waste & Recycling Services Team	February 2024
Roll out decommissioning of nitrous oxide manifolds in selected clinical areas	Medical Gas Group/Sustainability Group/Head of Sustainability	March 2024-ongoing for the next 12 months
Develop an options appraisal for nitrous oxide/Entonox destruction technology use	Medical Gas Group/Sustainability Group/Head of Sustainability	February 2024
Implement the expanded requirement for Carbon Reduction Plan and Net Zero Commitment requirement for all procurement	Procurement Department/Sustainability Group	From April 2024
Expand the use of reusable torniquet	Procurement/Infection Prevention Team/Clinical Lead for	March 2024

Metric - Sexual Health (a month in arrears)	Target	Variation	Assurance	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Total number of appointments against block contract	>/=4,500			3,275					
% appropriate patients offered HIV test	>/=95%			98.3%					
Metric - Community Nursing (Rapid Intervention Team)	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Referrals received				1,072	1,178	1,059	1,364	1,466	1,561
Patients accepted and seen (actuals)				1,062	1,154	1,052	1,355	1,454	1,549
Number of patients sent to ED/admitted to hospital by RIT's				75	53	74	67	94	102
% of referred patients who are sent to ED/admitted				7.06%	4.67%	7.03%	4.94%	6.46%	6.58%
Number of referrals from West Midlands Ambulance Service				63	68	56	62	48	58
Rapid response (initial)				1,014	1,099	1,019	1,287	1,418	1,448
Crisis response (within 2 hours)	>/=70%			83.9%	81.7%	81.7%	69.3%	73.9%	67.8%
Metric - Virtual Ward	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Virtual ward (initial)				196	184	197	346	306	384
Metric - Rapid Access Care	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Rapid access social care (initial)				87	92	73	80	72	70
Metric - Care Co-ordination	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Total number of referrals accepted				2,609	3,152	2,998	3,329	3,343	3,525
Number of referrals closed				441	458	476	441	354	561
Number signposted to ED				52	46	61	57	59	63
Number referred onto SDEC				63	47	37	109	135	84
Number referred on to community				2,043	2,587	2,416	2,709	2,793	2,812
Number of referrals sustained (admission avoidance)				6	12	5	8	1	1
Number of referrals admitted to hospital				4	2	3	5	1	4

The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting to be held in Public on 13th February 2024

Title of Report	Integration Committee Chairs Report	Enc No: 11.2
Author:	Lisa Cowley, Non-Executive Director, Chair of Integration Committee	
Presenter:	Lisa Cowley	
Date(s) of Committee/Group Meetings since last Board meeting:	30.01.2024	

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

Recommendations:

The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or approval in relation to delegation.

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	There are two proposed new risks for consideration these are yet to be added to the risk register as there is further validation required. Right Care Right Person - There was a discussion regarding the implementation of this with partners, it has also been discussed at Quality Committee and it is proposed that the potential risk is managed by the Quality Committee and the Integration Committee are kept updated via Debra Hickman, Chief Nurse Virtual Ward Technology Solution – The committee were made aware that there is a lack of clarity regarding the contract for the technology solution for Virtual Wards. Currently this runs until the end of March 2024, but there may have been an extension applied until the end of June 2024. The contract is managed by the BCICB and there are discussions as to whether the longer-term procurement is managed at a system or regional level. The team have sought clarity from ICB partners but at this stage this has not been clarified. There is a risk to continuity of service for the Virtual Wards if this technology solution is not secured and appropriate. The committee are proposing that a new risk should be considered for inclusion whilst a resolution plan is agreed.		
Compliance and/or Lead Requirements	CQC	Yes☐No☒	Details:
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:

The Royal Wolverhampton NHS Trust

Summary of Key Issues:
The key issues/discussion areas were: • Delegation to One Wolverhampton and hosting arrangements • Resource and capacity within One Wolverhampton structure • Place Performance and Board Metrics • Potential Emerging Risks

Links to Trust Strategic Aims & Objectives (Please delete those which are not appropriate)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
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Report Journey/ follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes☐No☒	Date:
	Board Committee	Yes☒No☐	Date: February 2024
	Board of Directors	Yes☐No☒	Date
	Other	Yes☐No☒	Date:
Any Changes to Workplan to be noted	Yes☐No☒		Date:

The Royal Wolverhampton NHS Trust

EXCEPTION REPORT FROM INTEGRATION COMMITTEE CHAIR

ALERT There are two potential emerging risks in relation to Right Care Right Person and Virtual Ward Technology, which require further discussion and validation.
ADVISE Progress continues in relation to the delegation to the place-based partnership One Wolverhampton and the hosting arrangements.
ASSURE Positive developments noted in relation to collaborative working at One Wolverhampton and the resulting impacts for patients and partners.

MATTERS FOR THE BOARD's ATTENTION **Information, issues et.al that either require bringing to the Board's attention or that Board may need to deal with, any matters requiring Board delegation** The board are asked consider the two potential emerging risks and consider any action required to validate them.
ACTIVITY SUMMARY **Presentations/Reports of note received including those Approved** The Integration Committee is continuing to evolve and develop, and we have sought insight from comparable committees within the Black Country. There was a healthy discussion regarding the proposal that has been made by the place-based partnership OneWolverhampton to the Black Country ICB regarding delegated responsibilities. The partnerships preferred host is RWT and there were further discussions regarding the implications of this role for the Trust. There was a consensus that there needed to be a review of the resources allocated to OneWolverhampton to ensure they are sufficient and there is clarity on roles and capacity to enable delivery of additional responsibilities. The committee were assured that the place-based partnership is operating effectively and there are positive results visible in initial programmes of work. Positive progress is being made in the place-based performance metrics, although as highlighted in the risk section there are two potential emerging risks which require consideration. It was agreed that the place and board performance metrics would be discussed within a linked agenda item to ensure consistent focus and review. There is further work required to establish the situation with criteria to reside board metric and influencing factors. A further update was provided on the behaviour insights work discussed at the December 2023 committee and there is progression on this key cultural work strand. A verbal udpate was provided in relation to wider place based activity in Staffordshire and in relation to the BCPC.

Matters presented for information or noting • Wider Place Update
Chair's comments on the effectiveness of the meeting: This is a new committee and agenda and relationships are evolving, the committee are working well together and we are actively exploring how the committee can learn from other Trusts and systems.

The Royal Wolverhampton NHS Trust

Chairs Summary Log for xxx Committee, date of Log xx/yy/zz

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
• Right Care Right Place potential emerging risk • Virtual Ward Technology procurement potential emerging risk	• Delegation proposal to One Wolverhampton • Hoisting arrangements for One Wolverhampton •
POSITIVE ASSURANCES TO PROVIDE	**DECISIONS MADE**
• Place Based Performance metrics	

Please note all items in red, once completed must be replaced and/or deleted.
Please note any other precise items referred to can be included in this report (in brief within 6 pages allocation) or as a reference pack item (B Pack) if more extensive.

The Royal Wolverhampton NHS Trust

Paper for submission to the Trust Board Meeting – to be held in Public on 13th February 2024		
Title of Report:	Group Director of Place Update	Enc No: 11.3
Author:	Stephanie Cartwright – Group Director of Place;	
Presenter/Exec Lead:	Stephanie Cartwright – Group Director of Place	

Action Required of the Board/Committee/Group			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☐	Yes☐No☐	Yes☐No☐	Yes☒No☐

Recommendations:

The Board is asked to note the contents of the report and the ongoing development work across Wolverhampton Place in the form of OneWolverhampton partnership.

The Board is asked to note the delegation proposal that has been made to the Black Country Integrated Care Board on behalf of the place-based partnership.

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☐ Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes☐No☒	Details:
	NHSE	Yes☐No☒	Details:
	Health & Safety	Yes☐No☒	Details:
	Legal	Yes☐No☒	Details:
	NHS Constitution	Yes☐No☒	Details:
	Other	Yes☐No☒	Details:
CQC Domains	**Safe: Effective: Caring: Responsive: Well-led:**		
Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board		

	Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert
Assure Conversations relating to the delegation of services from the Black Country Integrated Care Board (ICB) to Place are continuing and initial agreement has been reached by the OneWolverhampton Board for services that could be in scope for Place in 24/25. The feedback generated through the effectiveness surveys and governance reviews is being enacted. This will support the effectiveness of OneWolverhampton in readiness for the delegation of responsibilities. The closer working between partners continues, with greater integration of Care Coordination and Adult Social Care and the development of a city-wide dementia strategy detailed below.
Advise In preparation for the delegation of services, conversations are ongoing with partners to support the additional resources required to support delivery.
Alert The delegation of activity to place presents considerable opportunities for the development of OneWolverhampton through a hosted model. The OneWolverhampton Board has reviewed in detail the opportunities for delegation and have submitted a delegation proposal to the ICB (detailed below). The delegation proposal has been reviewed by the Integration Committee on 30th January 2024.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
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Support our Colleagues	• 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
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The Royal Wolverhampton NHS Trust

Group Director of Place Report

Report to Trust Board Meeting to be held in Public on 13th February 2024

EXECUTIVE SUMMARY

This report provides an overview of the portfolio of the Group Director of Place.

Several changes have been made to the OneWolverhampton governance structure, including the development of the Place Development Group to replace the Place Management Committee.

A proposal has been made to the Black Country ICB in relation to the delegation of various responsibilities to the OneWolverhampton place based partnership.

Governance and Infrastructure

Following on from the governance review that was undertaken prior to Christmas, several changes are taking place across the OneWolverhampton governance structure. These changes will support the effectiveness of OneWolverhampton in readiness for the delegation of additional services.

Firstly, Board membership will be reviewed annually to ensure it remains representative and aligned with the OneWolverhampton priorities.

In addition to this, the Place Development Group (PDG) will be established. Acting on feedback from Strategic Working Group (SWG) Chairs and the Board, this meeting replaces the Place Management Committee (PMC) and sits between the SWGs and the OneWolverhampton Board. The Place Development Group (PDG) will be chaired by Stephanie Cartwright (Group Director of Place) and membership will consist of the Chairs of the SWGs, plus the Partnership Director, Head of the Programme and Transformation Office, a GP and ICB place development representative. The focus of the PDG will be on supporting and ensuring the effective development of each of the groups while also maximising opportunities for working collaboratively and supporting the sharing of good practice.

It has also been recommended that the Wolverhampton Digital Partnership and OneWolverhampton Digital Expert Reference Groups are merged to form the OneWolverhampton Digital Partnership. Conversations are ongoing to support the realisation of this.

Following the success of our initial Stakeholder Forum, this will be held quarterly to ensure engagement with wider stakeholders across the city.

Beyond the above, we will also be using our Partnership Commitments to anchor our priorities and ensure strategic alignment throughout OneWolverhampton. These are drawn from the Partnership Agreement that all partners have signed:

1. We commit to develop a shared understanding of the needs and preferences of our population
2. 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
3. We commit to collaboratively (re-)design the services that respond to population need so they better align to our shared outcomes
4. We commit to establish a sustainable model for the governance and management of OneWolverhampton that optimises the integration of partnership delivery and commissioning processes

5. We commit to continuous learning from the work we do together
6. We commit to developing an integrated workforce model for health and care

Updates from the Strategic Working Groups:

Falls Service

Following the successful trial of an integrated falls pick-up service earlier in the year, this service recommenced in December 2023. The service provides a pick-up service as part of the Urgent Community Response (UCR) and helps to prevent unnecessary conveyance to hospital while enabling people to receive care in their homes if this is clinically appropriate. Wolverhampton is delivering an innovative model with integrated Occupational Therapy support – this aims to reduce the risk of repeated falling by addressing immediate risks in the home environment. The service is being extended and now accepts direct referrals from care homes as well as the wider public. The City of Wolverhampton Council is currently tendering a telecare service and discussions are being with a view to these two services taking an integrated approach.

Closer integration between adult social care front door and care co-ordination

The first of a series of information-sharing sessions has been held between Care Coordination, hosted by RWT, and the Adult Social Care Front Door. These sessions are the first step in closer working between these two services and the development of a 'no wrong front door' approach in the city. They are building a mutual understanding of each of the services and exploring opportunities for working together – including harmonised referrals and the ability to refer directly to a wider range of services.

Dementia Strategy Workshop

Acknowledging the increasing trajectory of dementia referrals across the city, a multi-partner workshop was held in early January to support a long-term strategy for dementia. Existing services have been mapped, including both commissioned and non-commissioned services, to identify areas of opportunity to improve the experience of those diagnosed with dementia and their carers. This work will align with the wider Integrated Care System (ICS) strategy for dementia while ensuring a Wolverhampton-centric approach.

Partnership Work Placement Programme

The OneWolverhampton partnership have worked closely with the University of Wolverhampton to develop a work placement programme across the partnership. This programme is open to individuals on non-vocational courses who are keen to gain experience across the health and care system. Interviews for prospective candidates were held in early January with the first cohort starting their placements in March. Individuals will rotate through Partner organisations – giving them first-hand experience of a wide variety of public sector settings and roles. It is hoped that this support the creation of a talent pipeline for the city and bolster recruitment into non-registered roles.

Delegation from the ICB to OneWolverhampton Place Based Partnership

The process for delegation and how it sits in the wider system is described in the System Operating Model that is currently being finalised by ICB colleagues following extensive consultation with partners.

Work continues with the ICB and Black Country system colleagues on the progress towards delegation of some ICB responsibilities to place based partnerships from April 2024. The intention is that this would be through a hosted model. The OneWolverhampton partnership have expressed a preference for The Royal Wolverhampton NHS Trust to be the host of the partnership with an expectation that decisions in relation to hosted functions would be managed through Place governance. Further clarity on the role of "host" for delegation is expected through the next stages of the delegation process.

As a result of a detailed discussion at the OneWolverhampton Board in December on the ambition of the OneWolverhampton partnership with regards to delegation, a proposal was sent to the ICB on behalf of the place-based partnership which is summarised as follows:

Delegation to OneWolverhampton place based partnership from April 2024:

- Adult and Children's NHS Community Health Services
- Palliative/End of Life Care
- UTC/GP Out of Hours/ARI hub
- Discretionary (non-GMS) primary care services
- BCF funded services not covered elsewhere
- Voluntary and Community Sector Services

In addition, and via the ICB Place Managing Director:

1. That the Place Partnership will have delegated the responsibilities for Place Development, including PCN development, that are currently carried out by the ICB Head of Primary Care and Place Development and their team.

2. That the Place Partnership will have lead responsibility for development and implementation of the Wolverhampton Winter Plan

3. That the Place Partnership will have lead responsibility for the development and implementation of the Wolverhampton Health Inequalities Plan.

The next stage of the process is awaiting clarity from the Black Country ICB. It is expected that this will include a readiness assessment for the place-based partnership.

RECOMMENDATIONS

The Board is asked to note the contents of the report, particularly in relation to the proposal for delegation of responsibilities from the ICB to the place-based partnership, and the continued development of OneWolverhampton place based partnership.

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Integrated Quality and Performance Report December 2023

Contents

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: slight decrease in performance seen during December 23. A dashboard for incorporating and triangulating different metrics is being discussed. Amendments have been sent to informatics to be developed with a prototype presented to Deteriorating Patient Group.

C.diff: 3 cases in month against a target of 4, however, the annual trajectory is 53 for 2023/24, the cumulative total at end of December 2023 is 59. A collaborative Quality Improvement project with ED continues, this is encouraging timely sampling of symptomatic patients on admission.

MRSA: no cases during December 23.

CHPPD (total nursing): remains stable and above target. New Workforce metrics report giving future projections (2 months) now implemented.

Smoking at delivery: performance saw some deterioration in month. Smoking is monitored monthly on the maternity dashboard and element 1 of the 'Saving Babies Lives Care Bundle' SBLCB V3.

RTT incomplete pathway: the overall target has seen some slight deterioration due to holiday/bank holiday periods and reduction in activity. This remains in the lower control limit.

RTT 78+ week wait: we saw a month end position of 38, however, this remains just Urology patients. This continues to be monitored daily and reviewed 3 times per week at PTL meetings. We are using mutual aid where appropriate and available and are working towards being at zero by the end of February 2024.

Diagnostics: performance continues to show an overall improving trend. The largest waits continue to be in non-obstetric ultrasound. Remedial action plans are in place with an expectation that performance improves throughout 2023/24 and these continue to be monitored against individual trajectory targets and are reported at the weekly performance meeting.

ED 4 hour: overall we continue to see a large number of attendances for both walk in and ambulance conveyances. This is a similar pattern to previous years as we see a gradual rise in attendance over winter. Ambulance numbers into ED were up by 18.77% during December 23 when compared with the same period last year (daily averages of 131 this year compared with 106 the previous year). Daily average attendance numbers during December 23 were 403 compared to 421 in the previous year.

Cancer: The reporting of cancer targets changed on 1st October 23 with the focus only being on 31 day combined, 62 day combined and 28 day FDS targets, however, we continue to monitor the 2ww target at this has a significant impact on all targets. Referrals remained high during December 23 particularly in Paediatrics, Gynaecology, Head & Neck and Skin. Overall referrals in month were 14% higher than we saw in the same period last year.

Executive Summary (continued)

RIT referrals/patients accepted and seen: referral numbers remained high during December 23. These numbers now include the Night Visiting Service as this has now been taken over by the Rapid Intervention Team to form a more collaborative way of working.

Virtual ward: overall the performance is demonstrating an improving trend. There is to be an expansion of pathways in line with nationally submitted plan with review of activity and coding to ensure accurate reporting.

Care Coordination: this centre streamlines all referrals into Adult Community Nursing Services. They are there to help patients, relatives and other professionals ensure they access the right services they need. Once the referral has been accepted the patients are streamed to alternative/appropriate pathways more suitable for the patient, thereby reducing ambulance conveyancing, ED attendance and aiding admission avoidance.

Trust vacancy rate: showing overall improving trend, this indicator continues to meet the target.

Turnover (normalised): this target continues to show overall improvement, remaining within target.

Retention (12 months): remaining stable and above target.

Appraisals: overall this continues to show an improving trend, although 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): showing an overall improving trend, however, remains slightly above target during December 23. Considerable work has been undertaken to develop the wellbeing support offer, including psychological and practical wellbeing support for staff.

Corporate Scorecard Summary

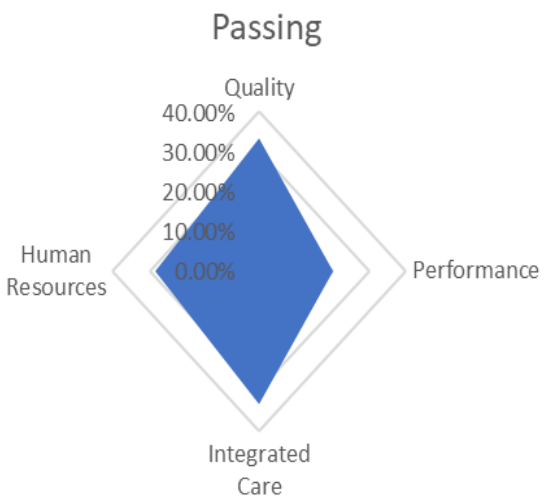
Quality				
Key Performance Indicators	Plan	Actual	Variation	Assurance
Observations on time	>90%	87.8%		
Clostridioides difficile	4	3		
MRSA Bacteraemia	0	0		
CHPPD (total)	>/= 7.6	8.2		
Smoking at delivery	<7%	10.1%		

Performance				
Key Performance Indicators	Plan	Actual	Variation	Assurance
RTT - Incomplete Pathway	92%	54.16%		
RTT - 78+ Weeks	0	38		
Diagnostic 6 week wait	>99%	61.70%		
ED - 4 hour wait	76%	76.00%		
Cancer 2 week wait	93%	94.19%		
Cancer 62 day combined	85%	40.92%		

Integrated Care				
Key Performance Indicators	Plan	Actual	Variation	Assurance
RIT referrals received		1,561		
Patients accepted and seen		1,549		
Virtual Ward		384		
Care Coordination referrals accepted		3,525		

Human Resources				
Key Performance Indicators	Plan	Actual	Variation	Assurance
Trust Vacancy Rate	6%	2.54%		
Turnover (normalised)	10%	9.45%		
Retention (12 months)	88%	90.12%		
Appraisals	90%	84.40%		
Sickness (monthly)	5%	5.38%		

Indicator Summary

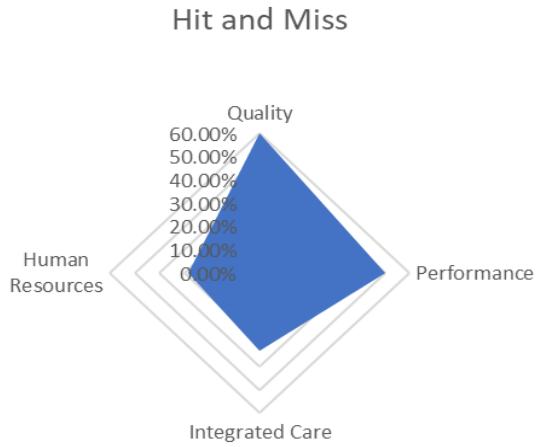


Quality - Duty of candour elements 1&2, serious incidents reported within 48 hours, CHPPD registered nursing and midwife to birth ratio.

Performance - Cancelled ops as % of electives, urgent cancelled ops for 2nd time, BADS day surgery and E-discharge summary.

Integrated Care - Patients offered HIV test.

Human Resources: Vacancy rate & mandatory training (generic)**.**

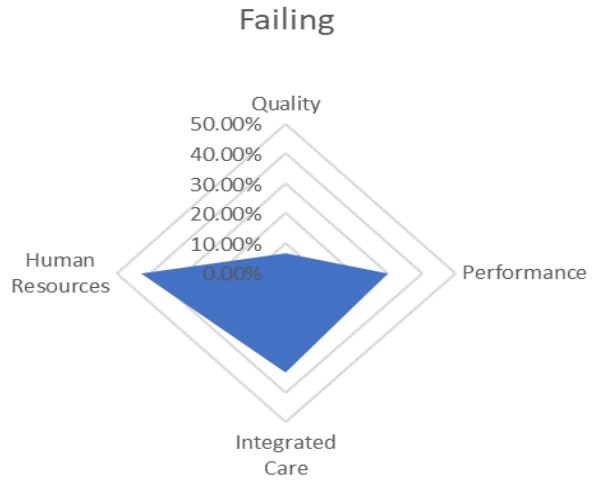


Quality - Complaints against policy, C.diff, MRSA, medication incidents causing serious harm, never events, CHPPD total, sepsis ED/inpatient & smoking at time of delivery.

Performance - Cancelled ops not rebooked within 28 days, ED 4 hour wait, ambulance handover <15, <30 & >60 minutes, patient stay on Stroke Unit, stroke patients within 24 hours, theatre utilisation, cancer 2ww and 28 day FDS.

Integrated Care: Crisis response.

Human Resources: Retention & sickness rate monthly**.**



Quality - Observations on time.

Performance - RTT incomplete %, RTT 78+ weeks, diagnostic waits, ED attend >12 hours, cancer 31 day combined and 62 day combined.

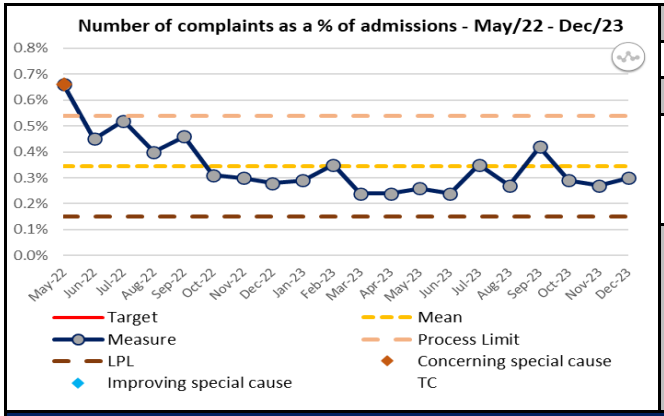
Integrated Care - Sexual health appointments offered**.**

Human Resources: Turnover, appraisals & sickness rate (rolling 12 months)**.**

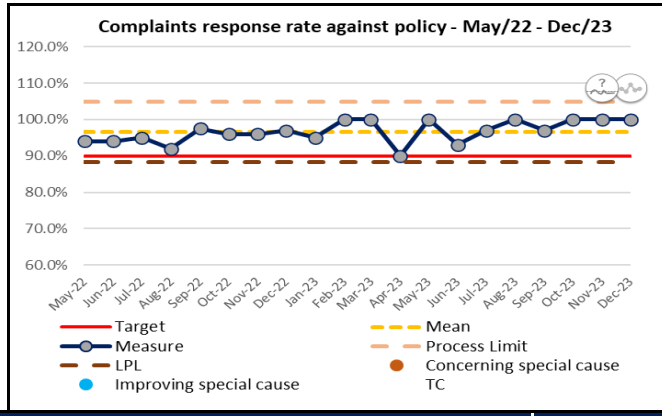
Quality

Metric - Patient Experience	Target	Variation	Assurance	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Number of complaints as a % of admissions	Surveillance			0.35%	0.27%	0.42%	0.29%	0.27%	0.30%
Complaints response rate against policy	90%		?	97.0%	100.0%	97.0%	100.0%	100.0%	100.0%
FFT response rates - Trust wide	Surveillance			14.0%	16.0%	15.0%	15.0%	14.0%	13.0%
FFT recommendation rates - Trust wide				85.0%	87.0%	85.0%	86.0%	85.0%	84.0%
Observations on time (Trust wide)	>90%	H	F	87.6%	86.0%	87.3%	89.9%	88.4%	87.8%
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		P	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		P	0	0	0	0	0	0
Metric - Patient Outcomes	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Pressure ulcers - STEIS reportable cases	Surveillance			1	0	0	0	0	0
Pressure ulcers per 1,000 occupied bed days				1.03	1.61	1.32	2.10	1.24	1.40
Falls rate with harm per 1,000 occupied bed days				0.00	0.00	0.04	0.00	0.00	0.00
Patient falls - rate per 1,000 occupied bed days		L		3.29	2.68	3.43	2.32	3.14	3.25
Crude mortality rate				1.49%	1.76%	1.63%	1.80%	1.83%	2.14%
RWT SHMI		L		0.8973	0.9013				

Metric - Patient Safety	Target	Variation	Assurance	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Clostridioides difficile	4			10	4	10	10	8	3
MRSA Bacteraemia	0			0	0	0	1	0	0
E.Coli	Surveillance			19	27	28	34	27	26
Medication error - incidents causing serious harm	0			0	1	0	0	0	0
Serious incident reporting - report incidences within 48 hours	0		P	0	0	0	0	0	0
Never events	0			1	0	0	0	0	0
Mental Health ED patient attendance numbers	Surveillance				416	383	407	350	348
Metric - Patient Safety (continued)	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Care hours per patient - total nursing & midwifery staff actual	>/= 7.6	H		8.3	8.3	8.3	8.1	8.1	8.2
Care hours per patient - registered nursing & midwifery staff actual	>/= 4.5	H	P	5.1	5.1	5.2	5.0	5.1	5.2
Midwife to birth ratio	</=30	L	P	29.0	28.0	26.0	26.0	26.0	26.0
Sepsis screening - ED	>/= 90%	H		100.0%	100.0%	100.0%	100.0%	100.0%	96.0%
Sepsis screening - Inpatients (reported quarterly)	>/= 90%	H		87.50%					
Thrombus - Hospital acquired (VTE numbers) per 1,000 occupied bed days (reported quarterly 1 month in arrears)	Surveillance			0.69					
Metric - Maternity	**Target**	**Variation**	**Assurance**	**Jun-23**	**Jul-23**	**Aug-23**	**Oct-23**	**Nov-23**	**Dec-23**
Smoking at delivery	<7%			11.6%	11.1%	8.8%	9.3%	10.2%	10.1%
Babies being cooled (born here)	Surveillance			0	0	1	2	1	0

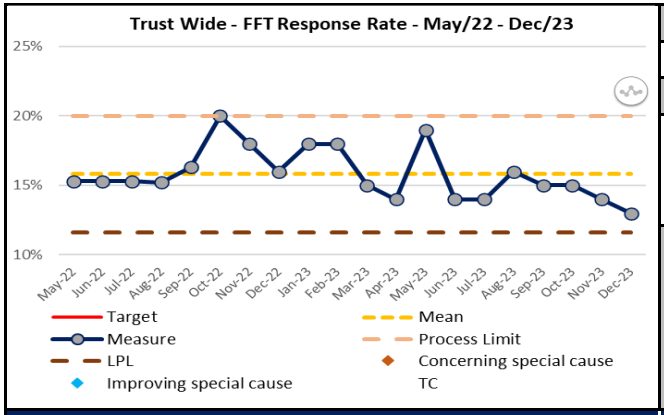


Dec-23
0.30%
Variance Type
Metric is showing common cause variation

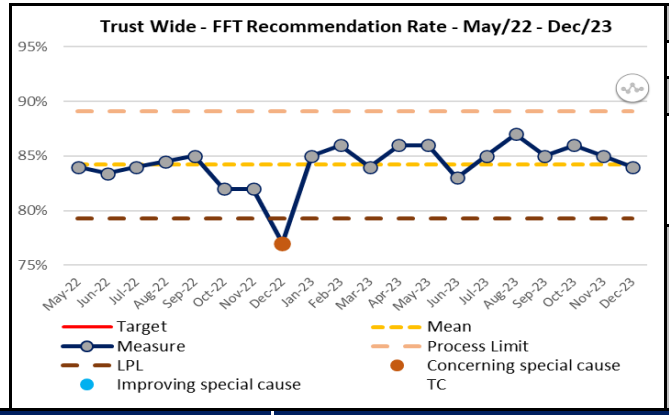


Dec-23
100.0%
Variance Type
Metric is showing common cause variation
Target
90.0%
Achievement
Metric is currently passing the target

Summary	Actions	Assurance
Complaints: There were 35 formal complaints received in December 2023. This represents a 3% increase when compared with the previous month. As with the previous month's performance there has been minimal fluctuation in the volume received with most directorates experiencing a decrease. Oncology and Haematology have seen an increase with the volume of complaints received (4 cases) in comparison to 1 case the previous month. The themes for these cases relate to Clinical Treatment (2 cases), Delay (1 case) and Information (1 case). In terms of themes from closed cases, the categories of General Care of Patient and Attitude have experienced notable decrease when compared with the previous month. The theme of General Care of Patient continues to feature highly, however when compared to the previous month, it is noted that it has seen a 58% decrease. The category of Clinical Treatment has also been subject to receiving a high volume of complaints (7 cases). Further analysis of these cases has established that the sub category of appropriateness of treatment was the highest area of dissatisfaction (4 cases). **Complaints Response:** 28 complaints were closed, of which 10 were closed within 30 working days. Of the 18 complaints that took longer than 30 days, all gained consent to breach from the complainant.	The themes and trends of concern will be discussed with relevant Directorates, at PFOG (Patient Feedback Oversight Group) and at quarterly Divisional governance meetings, to agree remedial actions. Oversight of improvements, trends and actions will also be maintained through the Patient Experience Group (PEG). The PE team have regular meetings with divisional staff where it has been highlighted that there is an increase in negative feedback. An assessment is undertaken to decide which would be the most appropriate tools available to PE to support that service. An example of this includes a preliminary conversation with Matron of Ophthalmology to support in a variety of ways including the delivery of bespoke training to address conflicts between staff and communication styles. Other methods of support include location specific outreach to raise feedback in relation to Friends and Family Test.	The Patient Experience Team will continue to monitor complaints performance and provide proactive support to the Directorates and Divisions. Attendance at Divisional Governance meetings by the Patient Experience Team to discuss complaints and FFT performance, trend analysis and agree actions is custom and practice.

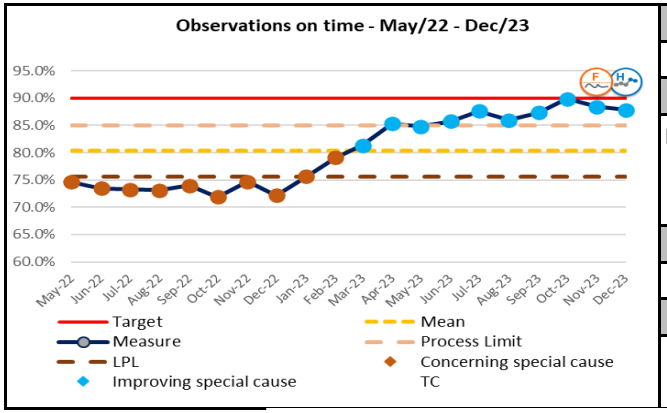


Dec-23
13.0%
Variance Type
Metric is showing common cause variation

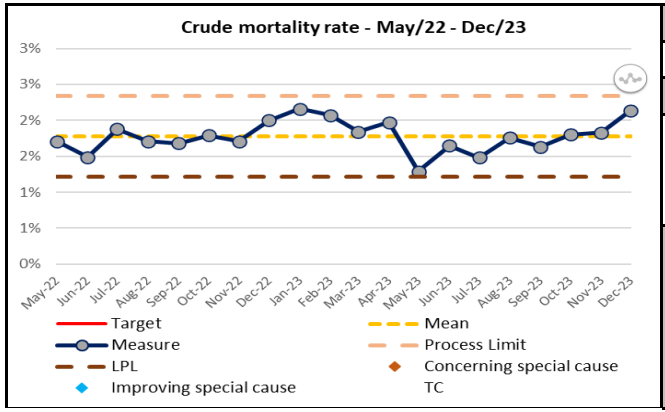


Dec-23
84.0%
Variance Type
Metric is showing common cause variation

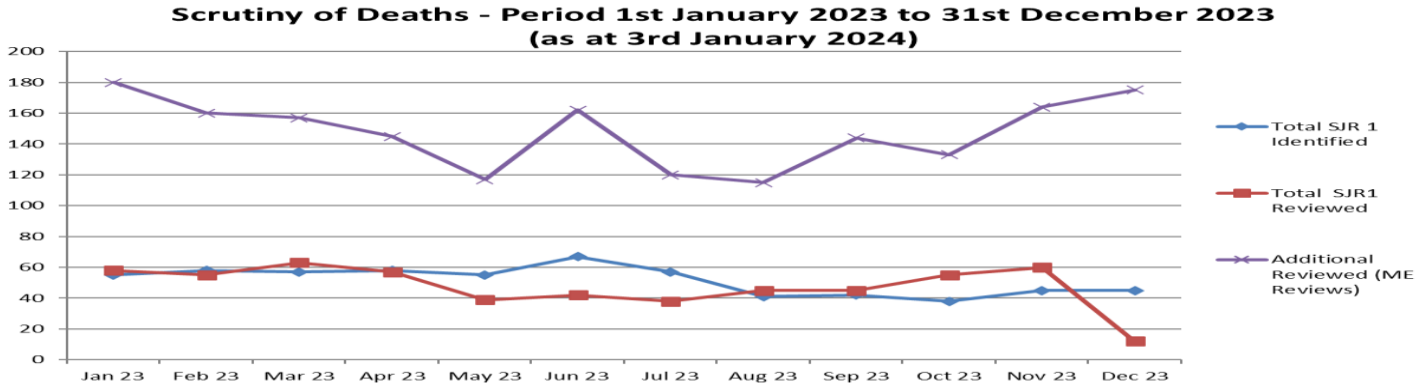
Summary	Actions	Assurance
FFT: The overall Trust wide response rate for December 2023 was 13% with 84% recommending and 10% not recommending the Trust. Both the recommendation and response rate have seen a decrease of 1% each, which is consistent with the previous month. The non recommendation rate has remained static.	Noting the reduction in the Trust wide response rate, the Patient Experience Team are currently scoping the benefits of patient information posters by each bedspace with a direct link to the FFT survey. Once designed, this will be trialled in a couple of areas for impact. An audit will also be undertaken to ascertain which wards are using the patient placemats which also contain QR codes for patients to feed back.	The Patient Experience Team will continue to monitor FFT performance and provide proactive support to the Directorates and Divisions and triangulate with other feedback mechanisms. Attendance at Divisional Governance meetings by the Patient Experience Team to discuss complaints and FFT performance, trend analysis and agree actions is custom and practice.



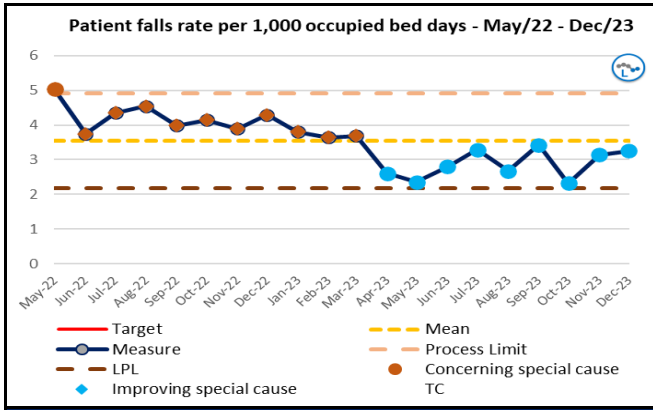
Dec-23
87.8%
Variance Type
Metric is showing higher cause variation (improving)
Target
90%
Achievement
Metric is currently failing the target



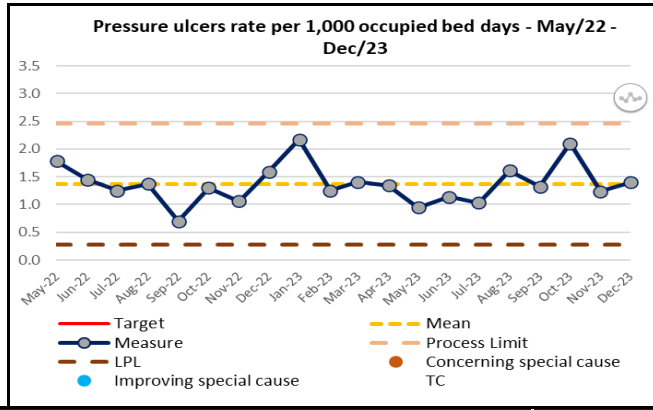
Dec-23
2.14%
Variance Type
Metric is showing common cause variation



Summary	Actions	Assurance
Observations on time: Performance was 87.8% in December 2023 and this represents an decrease of 0.6% when compared with the previous month. NEWS2 Scale 2 report is now available on the Information portal, Scale 2 e-Learning teaching package should be available by January/February 2024 at RWT.	Amendments to the deteriorating patient dashboard have been sent to informatics, with the latest version awaited which will be discussed at the Deteriorating Patient Group (DPG). A sticker has been approved at DPG on the use of NEWS2 Scale 2.	Monitoring and progress continue to be discussed at the Deteriorating Patient Group and other relevant forums. The Quality team continues to work with wards individually regarding tips to improve observations on time and correct application of NEWS2 Scale2.
Mortality: The SHMI was 0.9013 and remained within the expected range. At last reported position to MRG Chair as at 3rd January 2024, there were 46 outstanding SJRs awaiting review.	Of the SJRs completed during quarter 3 reported to MRG Chair on 11th January 2024, 11 cases were assessed where an element of poor care has been identified at the overall phase of care. Learning from these cases is disseminated via the established sharing mechanisms.	SHMI remains within the expected range and oversight of the learning from SJRs and the wider mortality agenda continues via the Mortality Review Group.

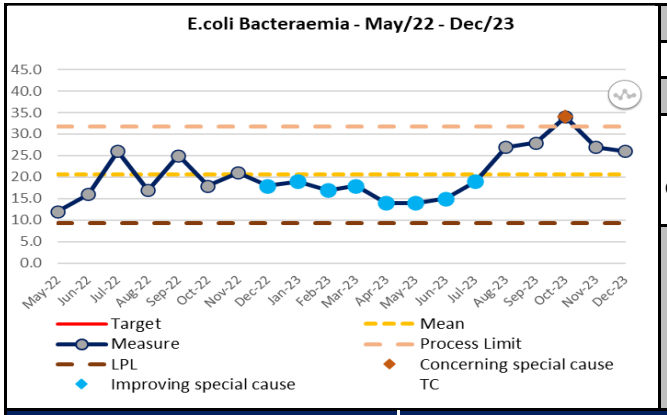


Dec-23
3.25
Variance Type
Metric is showing lower cause variation (improving)

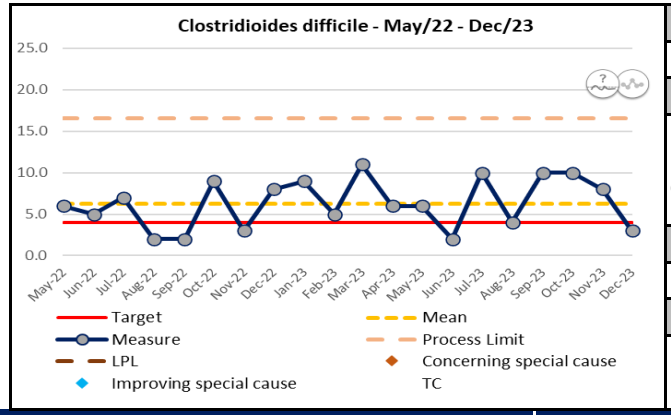


Dec-23
1.40
Variance Type
Metric is showing common cause variation

Summary	Actions	Assurance
Falls: In total, there were 108 falls reported in December 2023, compared to 103 in November 2023, which represents an increase of 4.6%. Ongoing main themes from incidents include: - Omissions in Nursing documentation. - Bedrail use outside of guidance.	Bed and Trolley Rails Policy for RWT has been reviewed and is going through the approval process, to ensure it is compliant with the latest NatPSA Bed Rails alert. Falls assessment and enhanced risk assessment tool have been reviewed, as part of the wider nursing documentation, this is currently in the process of being signed off. Ongoing provision of support and staff training remain in place.	Progress with improvement actions remains in line with the agreed improvement plans, with additional actions and learning as required. Oversight is maintained via the Falls Steering Group.
Pressure Ulcers: In total, 39 pressure ulcer incidents were reported in December 2023, in comparison to 34 reported in November 2023. From a moisture associated skin damage (MASD) perspective, 61 MASDs were reported in December 2023, in comparison to 63 reported in November 2023. Ongoing main themes from incidents include: - Omissions in Nursing documentation. - Complex end of life patients.	Ongoing support to clinical areas remains in place from an improvement perspective, with targeted quality improvement work and wider sharing of learning with other clinical areas. Pilot for MASD assessment tool continues. In regards to continence, a review of products and staff training is in progress, which is being overseen by the Catheter and Continence group.	

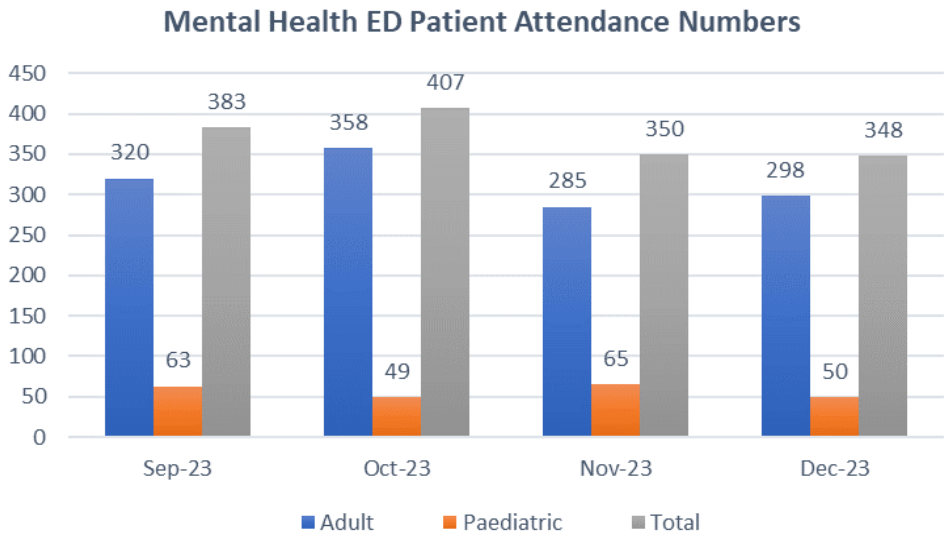


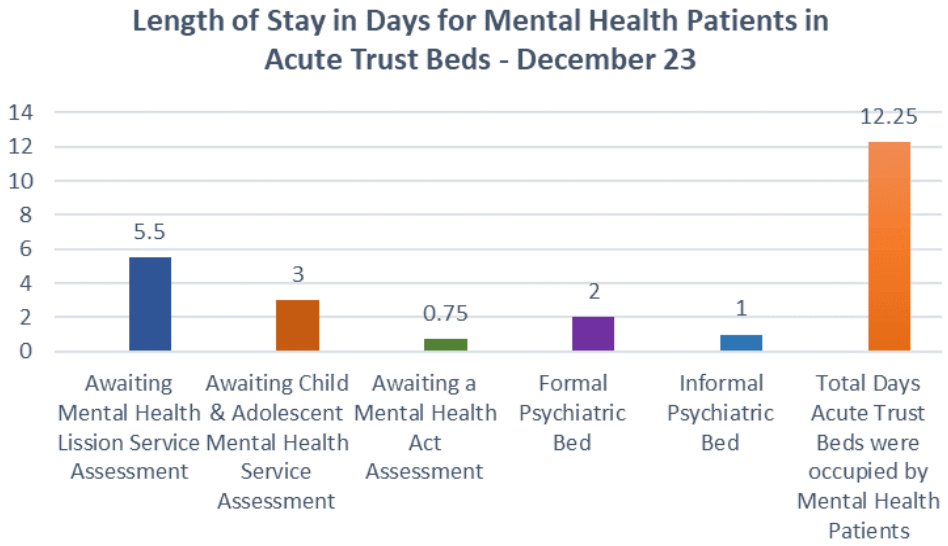
Dec-23
26
Variance Type
Metric is showing common cause variation



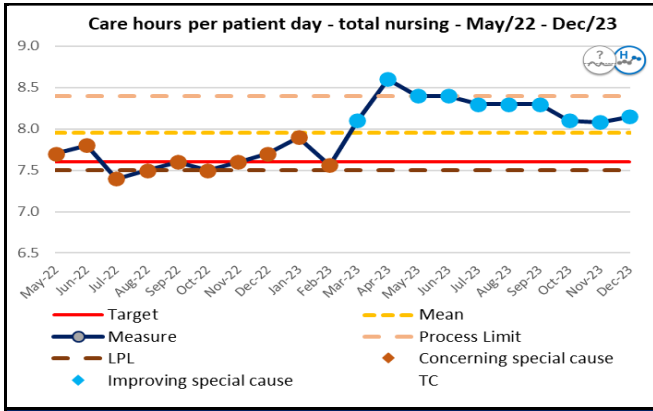
Dec-23
3
Variance Type
Metric is showing common cause variation
Target
4
Achievement
Metric is currently passing the mth target

Summary	Actions	Assurance
HCAI: C.difficile saw 3 cases against the target of 4 during December 2023. The annual trajectory is 53 for 2023/24, the cumulative total at end of December 2023 was 59. In addition, there were a total of 26 E.coli cases reported. There were 0 cases of MRSA Bacteraemia cases during December 2023.	An ICB quality visit is planned on the 11th January 2024, to specifically review the pathway for patients with loose stools and known C. difficile. Recommendations arising from this visit will be added to the Trust C. diff action plan. IP team continue to support all areas to reduce delays in sampling for C. difficile for patients with Type 5-7 stools. A collaborative Quality Improvement project with ED continues, this is encouraging timely sampling of symptomatic patients on admission. IP team are involved in collaborative working groups with NHSE for Gram negative bacteraemia, C. difficile and Surgical Site Infection. The IP team are playing an active role in the newly formed ICB C. difficile task and finish group. There is currently a thematic review of all toxin positive cases to identify any themes or trends. Revised National Guidance is awaited alongside revised methodology regards calculating organisational thresholds.	An action plan is in place for Clostridioides difficile which includes, increased education for staff, increased audits including commodes and antimicrobial ward round is informed by the regional c.difficile collaboration work, this is reviewed monthly and updated accordingly. An overarching IP Delivery Plan is being progressed.

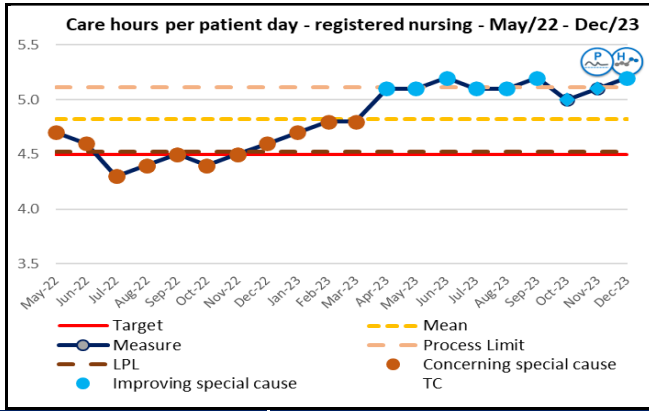




Summary	Actions	Assurance
Mental Health: The data has remained reflective of the on-going persistent challenges in Mental Health care, emphasising the high acuity of patients attending the Emergency Department. There is high acuity within the emergency department with multiple factors resulting in increased attendance, long delays and challenges to safely manage complex patients. This is a system wide challenge that impacts on the quality of patient care delivered. There has been reported, zero numbers of patients absconding from the department within the month of December 2023. In terms of sections, the activity in December 2023 was as follows: Section 17 leave: 5 patients Section 5(2): 1 patient Section 2: 1 Transferred to specialist bed shortly after the on-call Manager and on-call Executive had accepted the patient out of hours, without being able to appoint RC. Section 3: 0 patients.	The Mental Health team based at RWT and Mental Health Act Administrators have continued to monitor Mental Health Act activity trust wide and enhancing all reporting through governance processes. The Trust continues to work collaboratively with external partners, to ensure transparency, discussions around incidents occurring within RWT and collective actions required. This meeting reports to the Mental Health Steering Group bi-monthly.	RWT has invested in specialist Mental Health staff, who are now fully recruited. The team has established a Duty nurse system contactable via mobile phone, 8.00am – 4.30pm, 7 days a week, this is to offer extra support to the frontline staff. Moving forward, the team will work closely with the MH team at WHT to review services and design clear pathways for mental health patients to support safe, high, quality care.

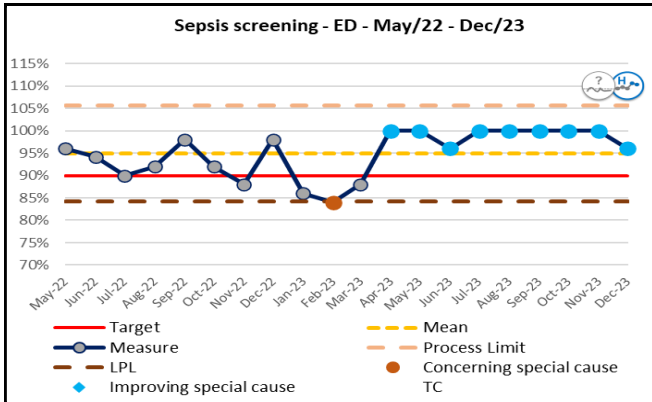


Dec-23
8.2
Variance Type
Metric is showing higher cause (improving)
Target
>7.6
Achievement
Metric is currently passing the target

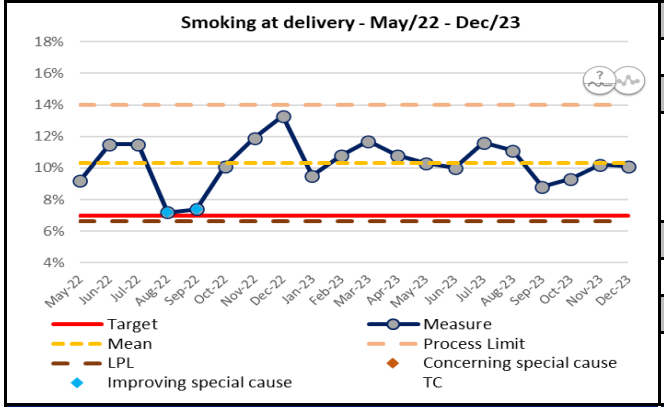


Dec-23
5.2
Variance Type
Metric is showing higher cause (improving)
Target
>4.5
Achievement
Metric is currently passing the target

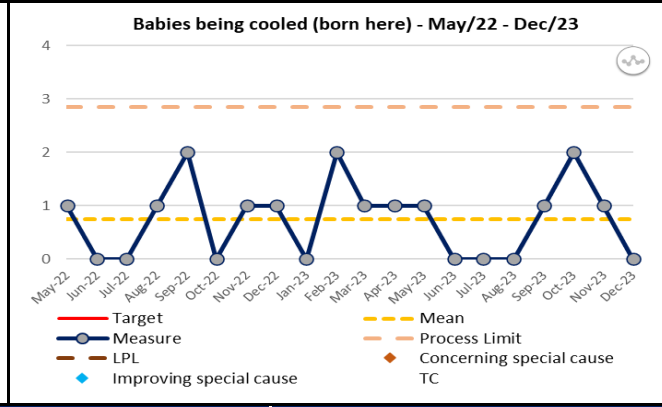
Summary	Actions	Assurance
Care Hours per Patient Day (CHPPD): The Trust's average for December 2023 was 8.15, which represents a small increase of 0.06 in month. The model hospital dashboard shows a national median to be 8.3 (October 2023). Adult inpatient range was between 4.5 - 11.1 (Mean 6.9) Critical care/Neonatal range was between 27.2 - 27.4 (Mean 27.3) Emergency portal range was between 7.9 - 8.7 (Mean 8.3)	Monthly review of supernumerary shift and unavailability by the Divisional Heads of Nursing. Monthly review of Net hours is shared with the Divisional heads of Nursing as an additional challenge from finance at budget meetings. A new workforce metrics report, providing future projections (2 months) has been implemented. Monitoring and update is reported via the workforce operational group chaired by CNO.	The overall position with regards to registered and non-registered Nursing and Midwifery staff vacancies remains positive. All newly qualified Nurses have been allocated.



Dec-23
96.0%
Variance Type
Metric is showing higher cause (improving)
Target
90%
Achievement
Metric is currently passing the target



Dec-23
10.1%
Variance Type
Metric is currently showing common cause variation
Target
<7%
Achievement
Metric is currently failing the target



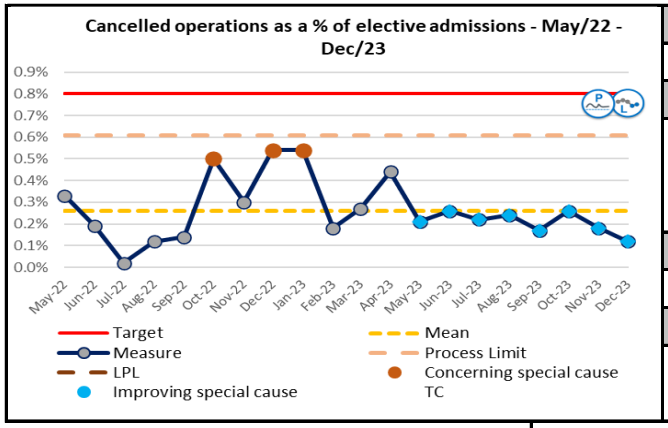
Dec-23
0
Variance Type
Metric is currently showing common cause variation

Summary	Actions	Assurance
Sepsis screening in ED: Although the performance reduced slightly in December 2023, it continues to indicate an overall improving trend and remains above target.	Ongoing focus on improving sepsis performance remains.	Oversight of sepsis and deteriorating patient agenda and specific actions remain via the Deteriorating Patient Group.
Maternity: Smoking times at delivery (SATOD) - Smoking at time of Delivery rates has decreased slightly this month to 10.1% - this remains higher than the national ambition (<7%).	Since the introduction of a maternity lead tobacco dependency service in 2019, the rates of smoking at time of birth have fallen faster than the National average. However, they remain above the National average.	Smoking is monitored monthly on the maternity dashboard and element 1 of the 'Saving Babies Lives Care Bundle' SBLCB V3.
Babies being cooled - there were no babies cooled during December 2023.		

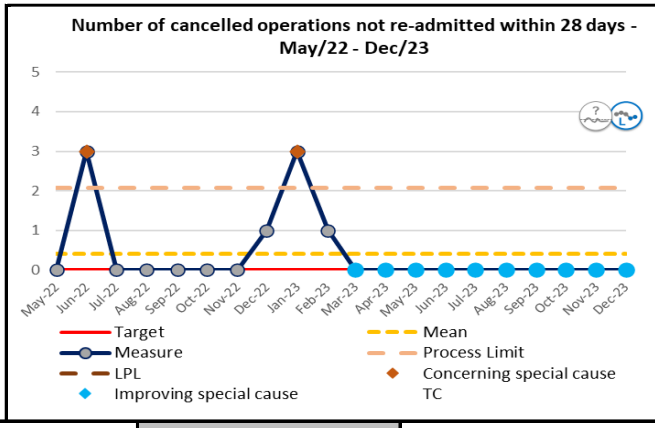
Performance

Metric - Patient Experience	Target	Variation	Assurance	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Number of cancelled operations on the day of surgery for non-medical reasons				11	12	9	15	11	6
Cancelled operations as a % of elective admissions	<0.8%	L	P	0.22%	0.24%	0.17%	0.26%	0.18%	0.12%
Number of cancelled operations not re-admitted within 28 days	0	L	?	0	0	0	0	0	0
Number of urgent cancelled operations cancelled for a 2nd time	0		P	0	0	0	0	0	0
Patients with no criteria to reside				83	89	107	68	100	80
Metric - Waiting Times	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
RTT - % of patients on an incomplete pathway	92%	L	F	55.88%	54.99%	54.75%	55.90%	56.10%	54.16%
RTT - number of patients waiting 78+ weeks		L	F	53	39	50	61	19	38
Total Incomplete Number		H		83,699	85,933	86,959	86,605	88,111	88,275
Diagnostic Test - % of patients waiting 6 weeks or more	>99%	H	F	57.86%	53.60%	56.82%	60.67%	62.84%	61.70%
Metric - Urgent Care	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Total time spent in ED (4 hours) - New Cross Hospital	76% (from Apr 23)		?	68.84%	68.05%	67.84%	68.41%	66.84%	65.22%
Total time spent in ED (4 hours) - Combined				78.34%	77.93%	77.79%	77.05%	77.19%	76.00%
% of ED attendances >12 hours	0		F	6.75%	6.41%	8.18%	9.90%	11.17%	9.09%
Ambulance handover within 15 minutes	65%		?	58.34%	55.19%	51.54%	43.54%	39.92%	49.62%
Ambulance handover within 30 minutes	95%		?	87.85%	88.60%	82.64%	77.46%	70.77%	80.62%
Ambulance handover >60 minutes	0%		?	4.29%	3.46%	7.91%	10.85%	16.04%	9.61%
% of emergency admissions via Emergency Department				41.62%	41.85%	40.03%	39.35%	40.29%	40.22%

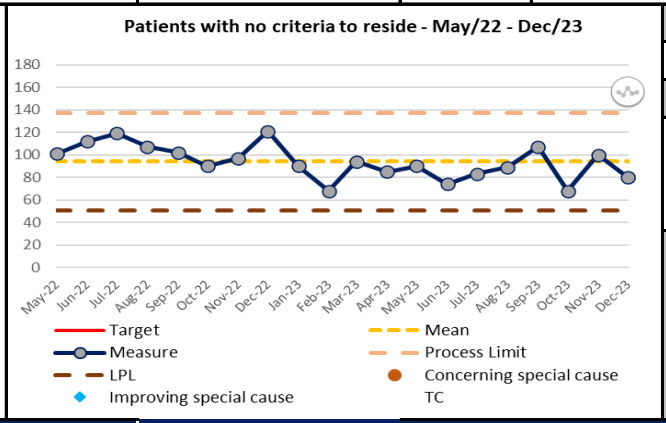
Metric - Stroke	Target	Variation	Assurance	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Patients admitted with primary diagnosis of stroke should spend greater than 90% of their hospital stay on a dedicated stroke unit	80%			100.00%	90.14%	81.25%	71.00%	N/A	N/A
Stroke patients will be assessed and treated within 24 hours	60%			66.01%	76.00%	83.33%	75.28%	74.43%	80.83%
Metric - Organisational Efficiency	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Theatre Utilisation (Trust Wide)	>/= 90%			88.15%	90.53%	88.94%	91.01%	90.00%	91.54%
British Association of Day Surgery	>/= 75%			96.89%	95.10%	95.15%	96.89%	96.55%	95.91%
Electronic discharge summary within 24 hours of patient discharge	>/= 90%			95.23%	94.25%	96.02%	95.31%	95.43%	95.46%
Metric - Cancer Waiting Times	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
2 Week Wait - Cancer Referrals	93%			73.53%	75.62%	75.86%	76.23%	86.83%	94.19%
31 Day Combined	96%			84.70%	86.79%	83.89%	85.23%	83.54%	89.53%
62 Day Combined	85%			38.53%	47.31%	42.86%	40.43%	47.62%	40.92%
28 Day Faster Diagnosis Standard	75%			74.43%	75.02%	73.58%	73.20%	75.63%	76.35%



Dec-23
0.12%
Variance Type
Metric is showing lower special cause (improving)
Target
<0.8%
Achievement
Metric is currently passing the target

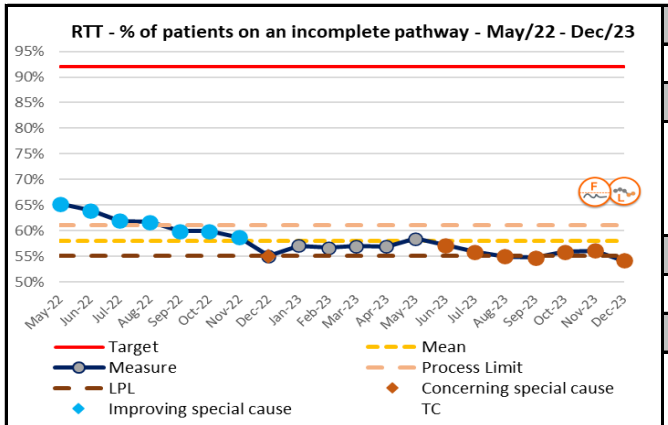


Dec-23
0
Variance Type
Metric is showing lower special cause (improving)
Target
0
Achievement
Metric is currently passing the target

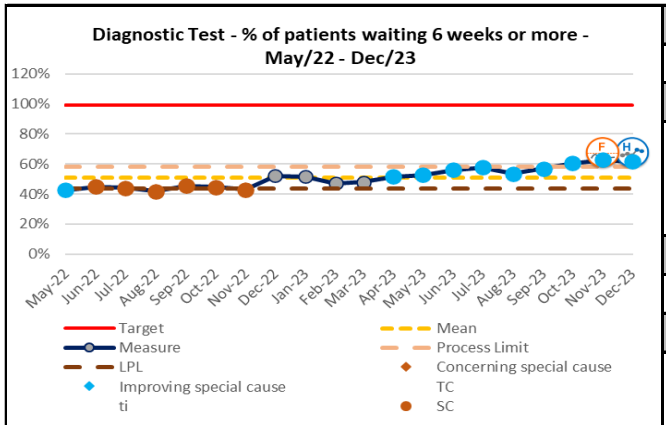


Dec-23
80
Variance Type
Metric is showing common cause variation

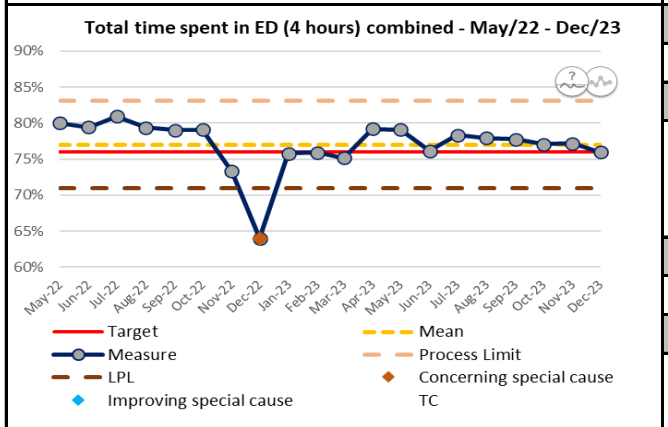
Summary	Actions	Assurance
Cancelled Operations: We remain below target. There were no patients who had been cancelled on the day that were not rebooked within 28 days.	All cancelled operations on the day of surgery are reported daily and root cause analysis (RCA) is completed	RCA's are circulated to Deputy COO's on a weekly basis as part of the weekly performance meeting.
Patients with no criteria to reside: at the end of December 23 we had 80 patients in a hospital bed that were medically fit for discharge. This is an improvement of 20 patients when compared with the previous month.	Daily medically fit for discharge meetings where every patient is reviewed. Daily escalation telephone calls to local authority and community teams.	The huddle tool is used internally to communicate between all departments.



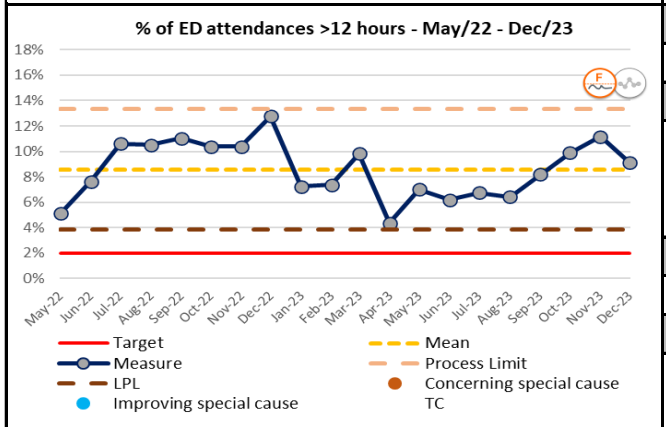
Dec-23
54.16%
Variance Type
Metric is showing lower special cause (concern)
Target
92%
Achievement
Metric is currently failing the target



Dec-23
61.70%
Variance Type
Metric is showing higher special cause (improving)
Target
>99%
Achievement
Metric is currently failing the target

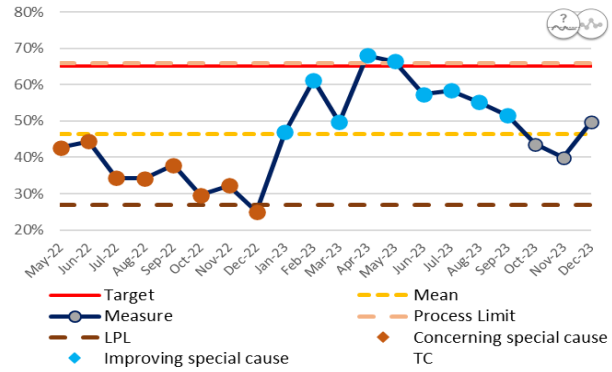


Dec-23
76.00%
Variance Type
Metric is showing common cause variation
Target
76%
Achievement
Metric is currently passing the target

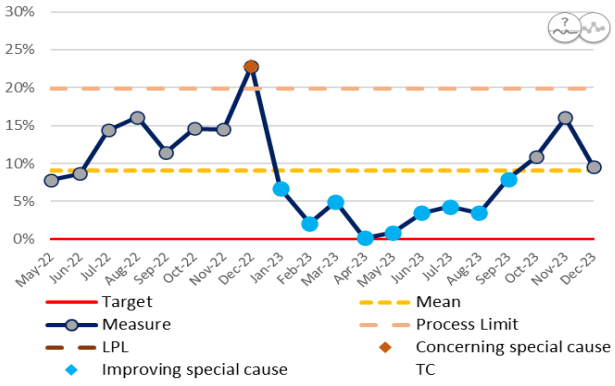


Dec-23
9.09%
Variance Type
Metric is showing common cause variation
Target
<2%
Achievement
Metric is currently failing the target

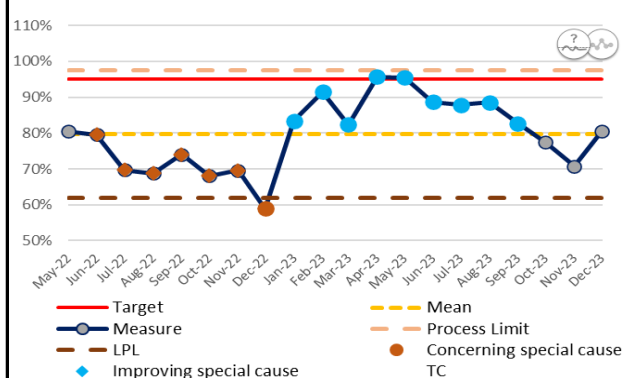
Summary	Actions	Assurance
RTT: 38 patients were reported as waiting 78+ weeks at month end. This number is now all Urology patients.	Daily reporting and monitoring of long waiting patients. We continue to use mutual aid where appropriate and available.	These patients are monitored at the PTL meetings 3 times per week where each patient is reviewed on an individual basis.
Diagnostics: This continues to show an overall improving trend over the past 9 months, although this currently remains below target.	U/S scans remain the biggest issue due to large backlog (overall performance excluding U/S is 76.64%). Overall endoscopy overdue planned numbers are continuing to improve.	All modalities have individual trajectories and action plans to work towards. This is monitored at the weekly performance meeting.
ED: Nationally RWT ranked 14th out of 122 Trusts for the month (compared with 10th in the previous month), and locally RWT ranked 1st out of 14 Trusts (static position from the previous month).	We have a workstream specifically focusing on improving 4 hour performance, this includes a review of administrative processes of discharging patients, barriers to achieving 4 hour target and patterns in breaches.	The Trust has maintained a strong position regionally and nationally.



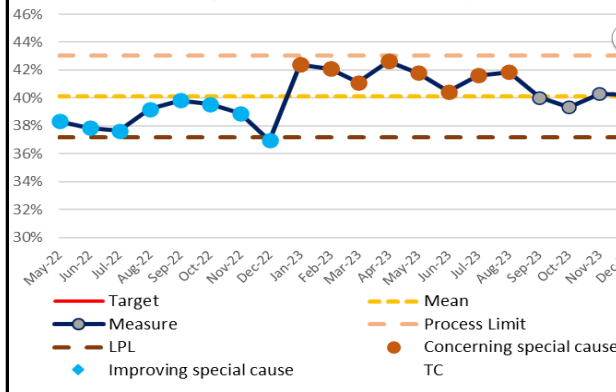
Dec-23
49.62%
Variance Type
Metric is showing common cause variation
Target
65%
Achievement
Metric is currently failing the target



Dec-23
9.61%
Variance Type
Metric is showing common cause variation
Target
0%
Achievement
Metric is currently failing the target

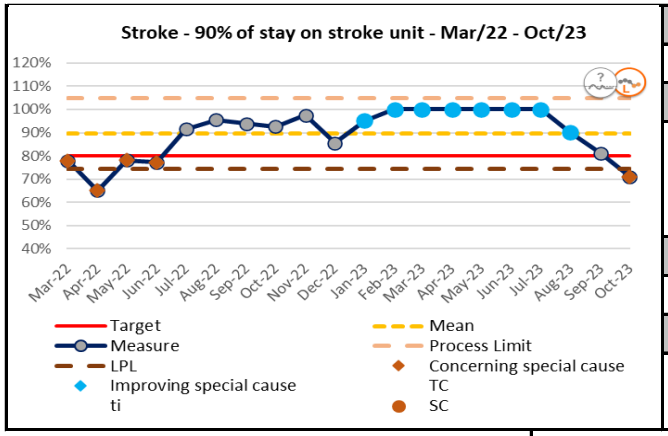


Dec-23
80.62%
Variance Type
Metric is showing common cause variation
Target
95%
Achievement
Metric is currently failing the target

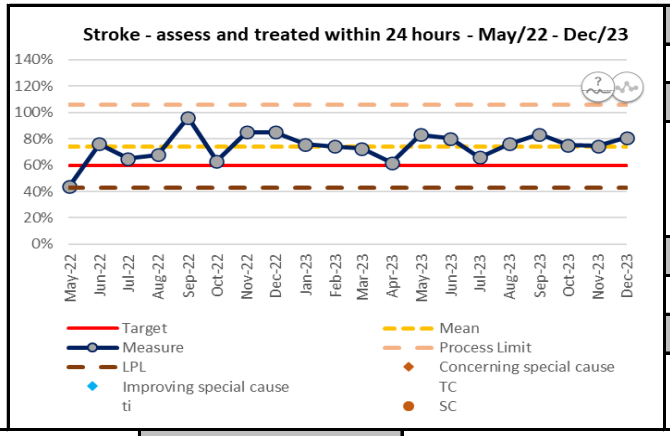


Dec-23
40.22%
Variance Type
Metric is showing common cause variation

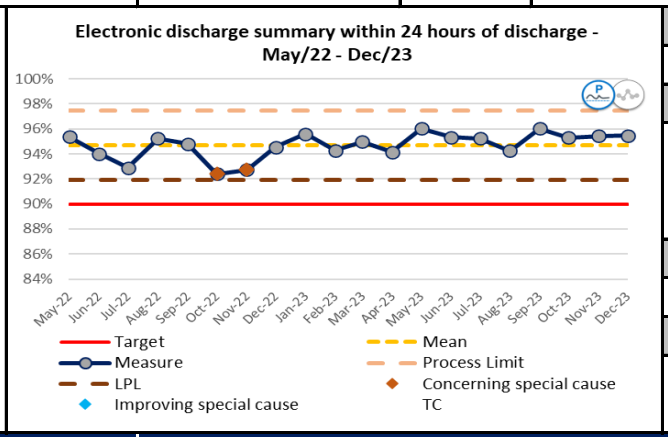
Summary	Actions	Assurance
Ambulance Handover: Overall ambulance handover showed improvement in all targets during December 23. The longest waiting ambulance in month was 6 hours and 26 minutes**.** Ambulance numbers were up by 18.77% when compared with the same period last year.	A workstream specifically focusing on improving 4 hour performance is in place with a review of administrative processes of discharging patients, barriers to achieving 4 hour target and patterns in breaches. 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 – this is extended into the afternoon when required as part of Trust response to Level 4.	Ongoing recruitment and retention of Nursing and Medical workforce to ensure timely review and treatment of patients.
Emergency Admissions via ED: We saw a slight decrease in the emergency admission rate during December 23. This was mainly seen in SDEC to discharge.		Discussed in detail at the weekly performance meeting.



Oct-23
71.00%
Variance Type
Metric is showing lower special cause (concern)
Target
80%
Achievement
Metric is currently failing the target

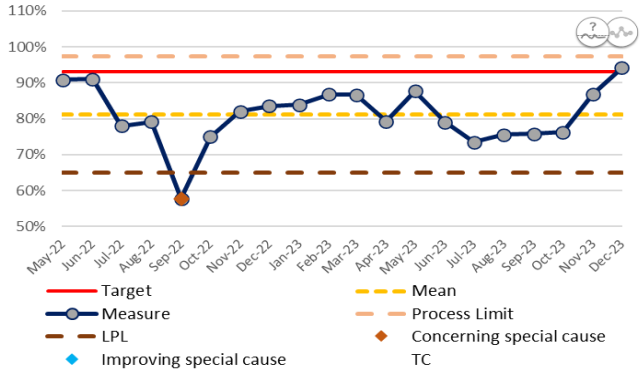


Dec-23
80.83%
Variance Type
Metric is currently showing common cause variation
Target
60%
Achievement
Metric is currently passing the target

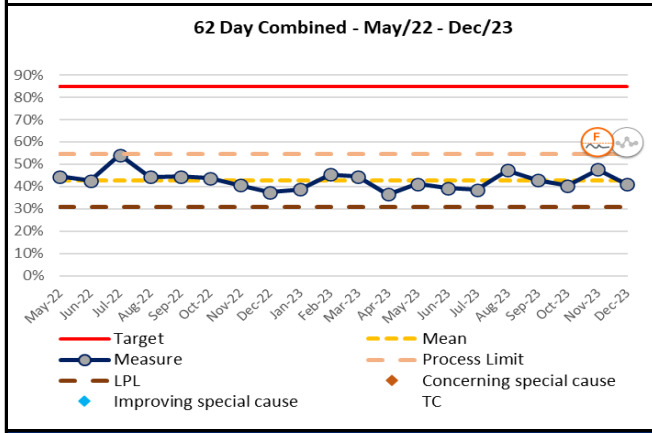


Dec-23
95.46%
Variance Type
Metric is currently showing common cause variation
Target
90%
Achievement
Metric is currently passing the target

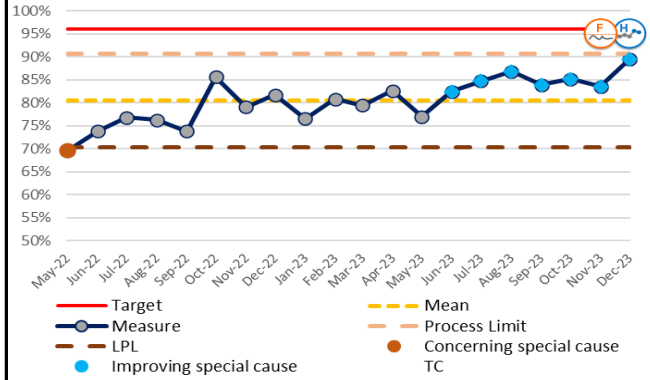
Summary	Actions	Assurance
Stroke: Patients spending 90% of time on a stroke ward performance was not available at the time of reporting.	A data quality issue has been identified for this metric. The team are currently working with the information department to rectify this and resume accurate timely reporting.	
Stroke: Performance showed some improvement during December 23. This indicator remains above target for patients being assessed and treated within 24 hours.	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.



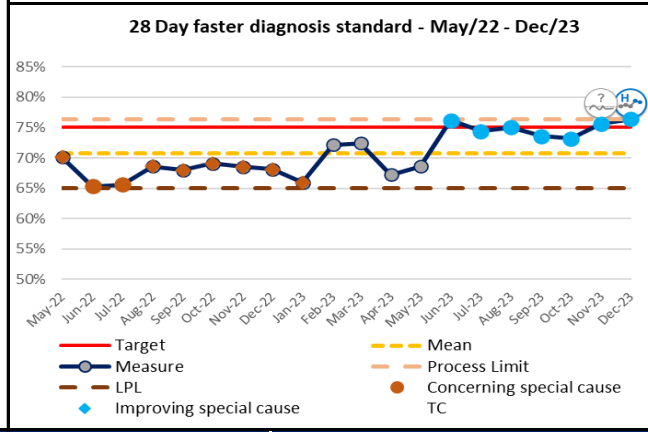
Dec-23
94.19%
Variance Type
Metric is showing common cause variation
Target
93%
Achievement
Metric is currently passing the target



Dec-23
40.92%
Variance Type
Metric is showing common cause variation
Target
85%
Achievement
Metric is currently failing the target



Dec-23
89.53%
Variance Type
Metric is showing higher special cause (improving)
Target
96%
Achievement
Metric is currently failing the target



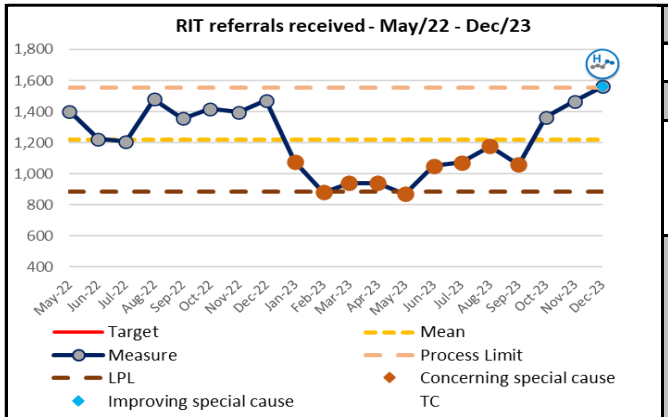
Dec-23
76.35%
Variance Type
Metric is showing higher special cause (improving)
Target
75%
Achievement
Metric is currently passing the target

Summary	Actions	Assurance
Cancer: 2ww referrals remained high during December 23 particularly in Paediatrics, Gynaecology, Head & Neck and Skin. Overall referrals in month were 14% higher than we saw in the same period last year. **The reporting of cancer targets changed on 1st October 23 with the focus only being on 31 day combined, 62 day combined and 28 day FDS targets, however, we will continue to monitor the 2ww target at this has a significant impact on all targets.**	Gynaecology are looking at mapping a different pathway (Pipelle Clinics) to run separately alongside PMB clinics to help increase capacity. Head & Neck have a 3 month pilot with GPs to improve quality of referrals. Asking the GP's to request USS or investigations prior to referring the patient, ensuring the patient is seen with results.	All cancer indicators are monitored at the weekly Trust performance meeting along with a separate weekly PTL meeting focussing on individual pathways and patients.

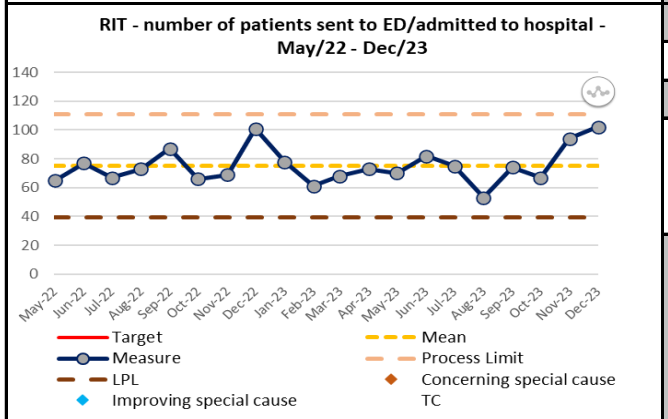
Integrated Care

Metric - Sexual Health (a month in arrears)	Target	Variation	Assurance	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Total number of appointments against block contract	>/=4,500	H	F	3,275					
% appropriate patients offered HIV test	>/=95%	H	P	98.3%					
Metric - Community Nursing (Rapid Intervention Team)	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Referrals received		H		1,072	1,178	1,059	1,364	1,466	1,561
Patients accepted and seen (actuals)		H		1,062	1,154	1,052	1,355	1,454	1,549
Number of patients sent to ED/admitted to hospital by RIT's				75	53	74	67	94	102
% of referred patients who are sent to ED/admitted				7.06%	4.67%	7.03%	4.94%	6.46%	6.58%
Number of referrals from West Midlands Ambulance Service				63	68	56	62	48	58
Rapid response (initial)		H		1,014	1,099	1,019	1,287	1,418	1,448
Crisis response (within 2 hours)	>/=70%		?	83.9%	81.7%	81.7%	69.3%	73.9%	67.8%
Metric - Virtual Ward	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Virtual ward (initial)		H		196	184	197	346	306	384
Metric - Rapid Access Care	**Target**	**Variation**	**Assurance**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**
Rapid access social care (initial)		H		87	92	73	80	72	70

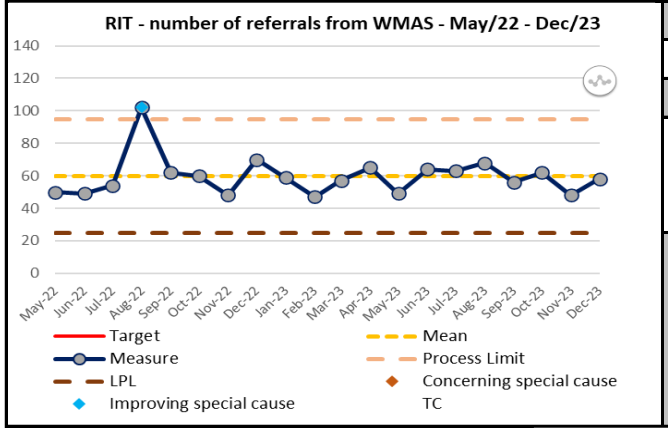
Metric - Care Co-ordination	Target	Variation	Assurance	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Total number of referrals accepted				2,609	3,152	2,998	3,329	3,343	3,525
Number of referrals closed				441	458	476	441	354	561
Number signposted to ED				52	46	61	57	59	63
Number referred onto SDEC				63	47	37	109	135	84
Number referred on to community				2,043	2,587	2,416	2,709	2,793	2,812
Number of referrals sustained (admission avoidance)				6	12	5	8	1	1
Number of referrals admitted to hospital				4	2	3	5	1	4



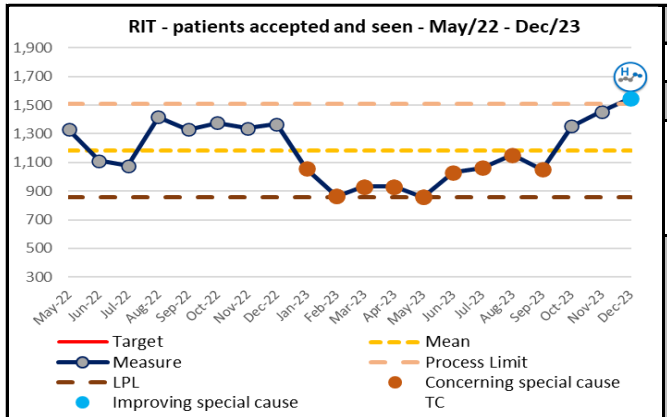
Dec-23
1,561
Variance Type
Metric is showing higher special cause (improving)



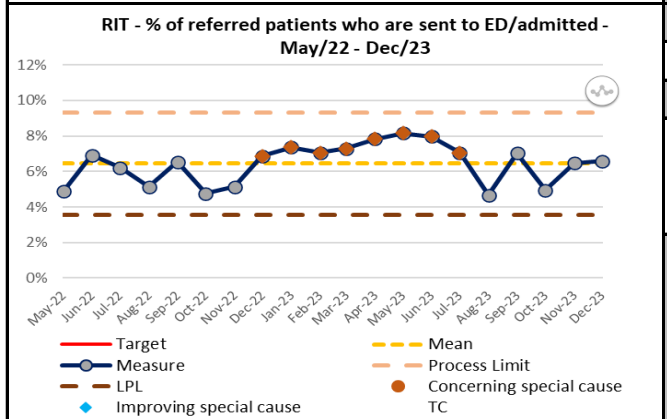
Dec-23
102
Variance Type
Metric is showing common cause variation



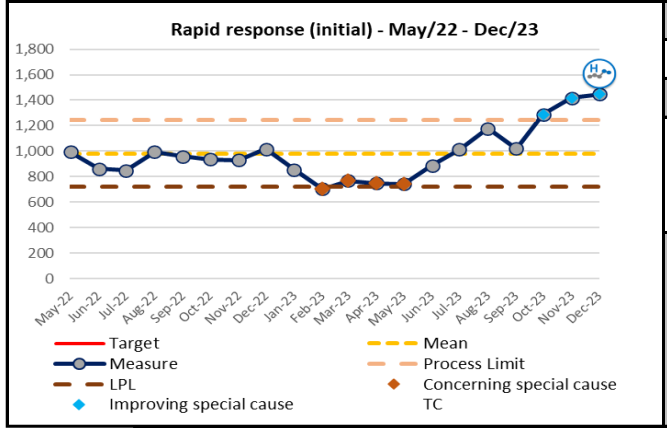
Dec-23
58
Variance Type
Metric is showing common cause variation



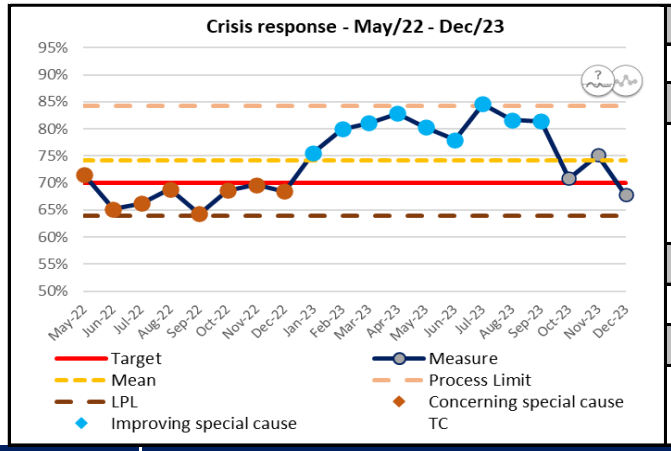
Dec-23
1,549
Variance Type
Metric is showing higher special cause (improving)



Dec-23
6.58%
Variance Type
Metric is showing common cause variation

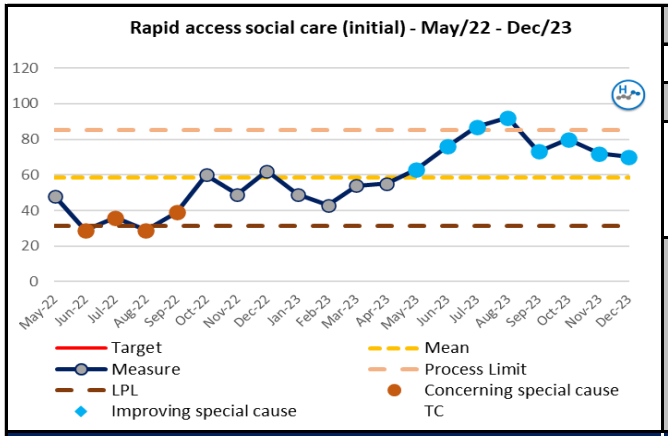


Dec-23
1,448
Variance Type
Metric is showing higher special cause (improving)

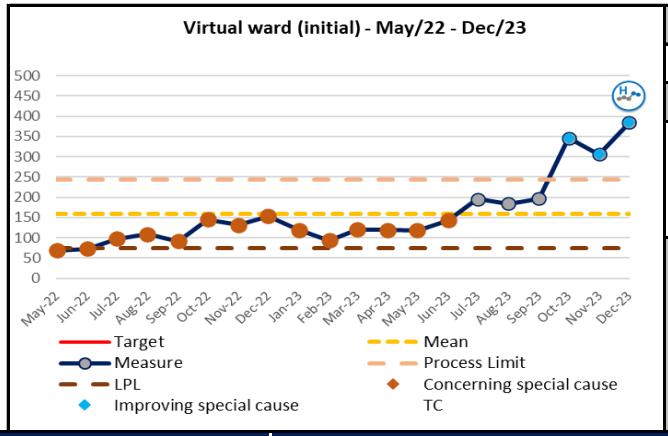


Dec-23
67.8%
Variance Type
Metric is showing common cause variation
Target
70.0%
Achievement
Metric is currently failing the target

Summary	Actions	Assurance
Community Nursing (Rapid Intervention Team): Referral numbers remained high during December 23. These numbers now include the Night Visiting Service as this has now been taken over by the Rapid Intervention Team to form a more collaborative way of working. We continue work with WMAS and care homes and the use of docobo for appropriate escalation into the team.	Ongoing promotional work with WMAS to maintain use of community pathways. Care homes are encouraged to use the service when possible and appropriate. Falls response has been suspended whilst new procedures are being drawn up.	WMAS DOS lead aware and continues to promote service and alternate pathways to crews.
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.	Establish process for non-compliance and breach reporting mechanism on a daily basis. Develop KPI for referral to triage time and triage to escalation.	Performance has remained consistently high and remains above target.

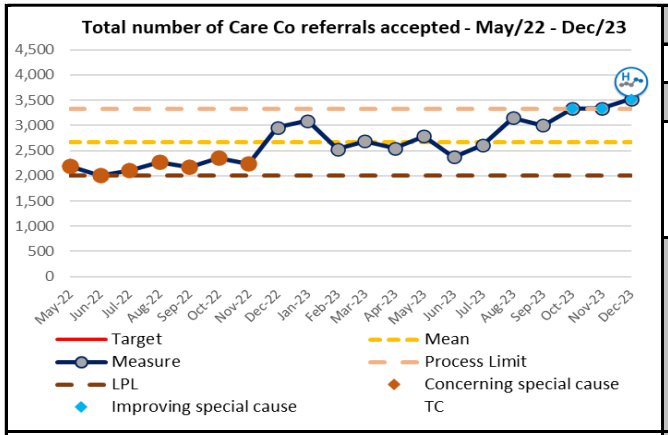


Dec-23
70
Variance Type
Metric is showing higher special cause (improving)

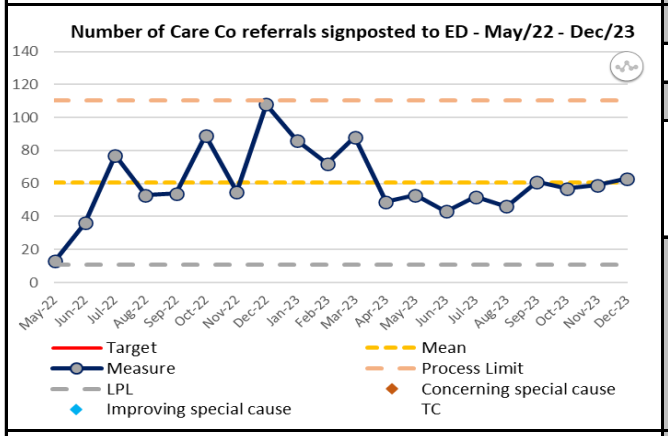


Dec-23
384
Variance Type
Metric is showing higher special cause (improving)

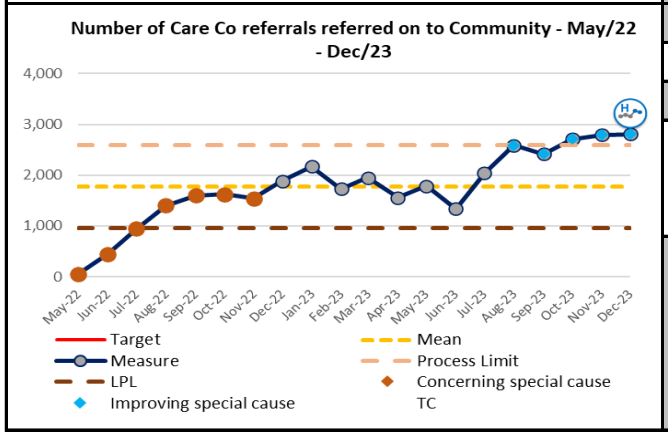
Summary	Actions	Assurance
Rapid access to social care: Increased End Of Life patients on the caseload. This is showing an overall improving trend for the past 7 months. Handoff to Social Care continues to be an on-going cause for concern.	An escalation processes is in place for handover delays.	Capacity issues are reported in the bed meetings and D2A daily Performance monitored by Directorate and Division.
Virtual Ward: is currently performing and managing its referrals within the current pathways. Overall the performance is demonstrating an improving trend.	Continual service developments and virtual bed expansion. Expansion of pathways in line with nationally submitted plan with review of activity and coding to ensure accurate reporting.	A dashboard is used to monitor use against national submission, and evaluation of the impact.



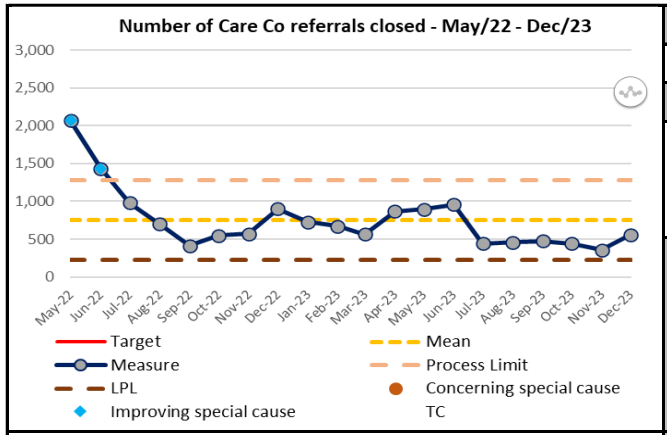
Dec-23
3,525
Variance Type
Metric is showing higher special cause (improving)



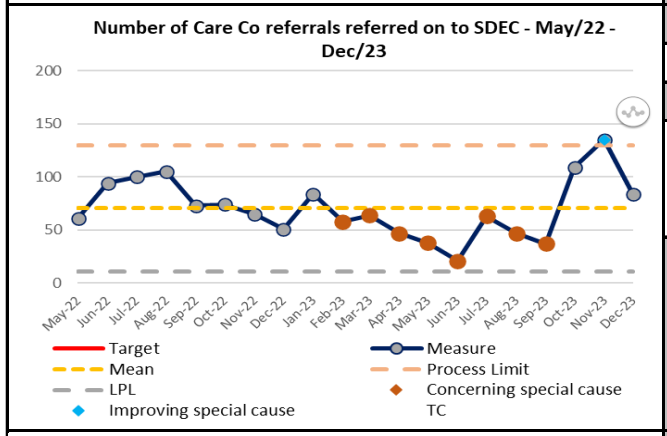
Dec-23
63
Variance Type
Metric is showing common cause variation



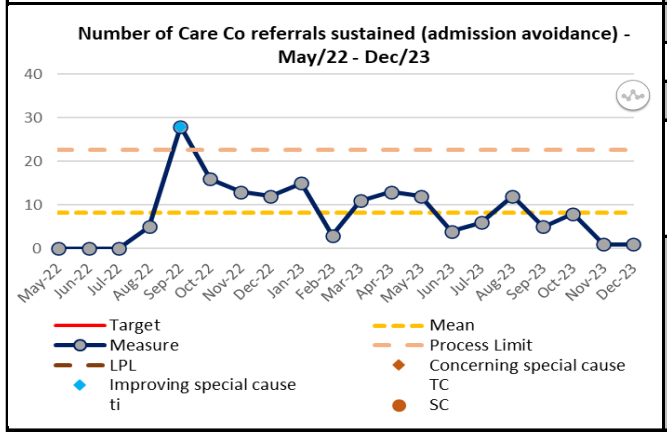
Dec-23
2,812
Variance Type
Metric is showing higher special cause (improving)



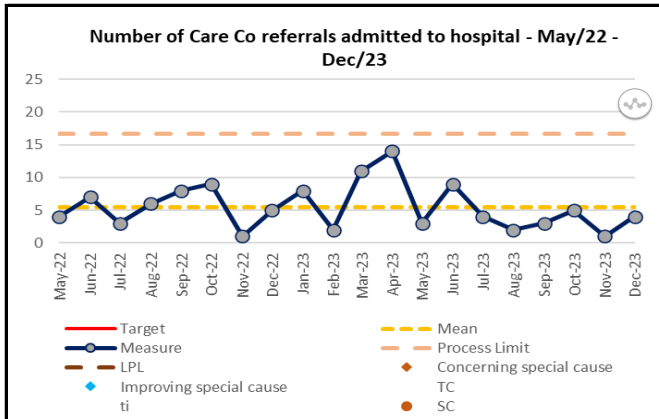
Dec-23
561
Variance Type
Metric is showing common cause variation



Dec-23
84
Variance Type
Metric is showing common cause variation



Dec-23
1
Variance Type
Metric is showing common cause variation

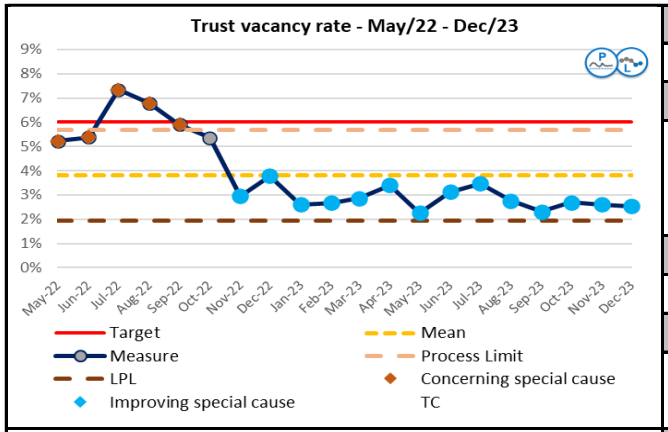


Dec-23
4
Variance Type
Metric is showing common cause variation

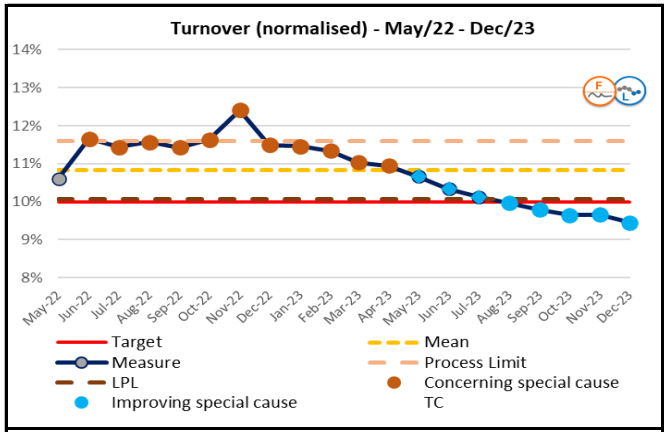
Summary	Actions	Assurance
The Care Coordination Centre streamline all referrals into Adult Community Nursing Services. They are there to help patients, relatives and other professionals ensure they access the right services they need. They triage all contacts made to the service, ensuring onward referrals are made as needed but also give health advice and education. The above graphs show the total number of referrals received into the service and the amount of referrals rejected as not appropriate.	Monitor referrals to ensure they are appropriate and not out of the area.	The Care Coordination team works 24 hours a day, 7 days a week.
Once the referral has been accepted by the service the further graphs show what numbers are streamed to alternative/appropriate pathways for the patient, thereby reducing ambulance conveyancing and ED attendance.	To support admission avoidance where possible. Support planned discharge for patients who are admitted to hospital to ensure seamless, safe and timely discharge back home is achieved.	To achieve this the Care Coordination Inreach Team visit ward areas, working collaboratively with their colleagues in the acute setting.

Human Resources

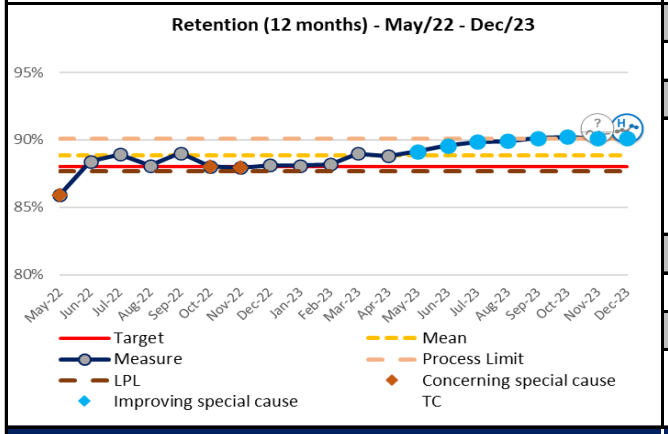
Metric	Target	Variation	Assurance	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Trust Vacancy Rate	6%	L	P	3.48%	2.77%	2.31%	2.70%	2.60%	2.54%
Turnover (normalised)	10%	L	F	10.13%	9.97%	9.79%	9.65%	9.66%	9.45%
Retention (12 months)	88%	H	?	89.86%	89.93%	90.13%	90.23%	90.11%	90.12%
Appraisals	90%	H	F	85.50%	85.40%	84.80%	84.90%	84.00%	84.40%
Mandatory Training (generic)	85%		P	95.30%	95.00%	95.10%	95.00%	94.80%	94.80%
Sickness (in month)	5%		?	5.00%	4.99%	4.94%	5.18%	5.38%	
Sickness (rolling 12 months)	5%	L	F	5.09%	5.08%	5.06%	5.03%	5.02%	



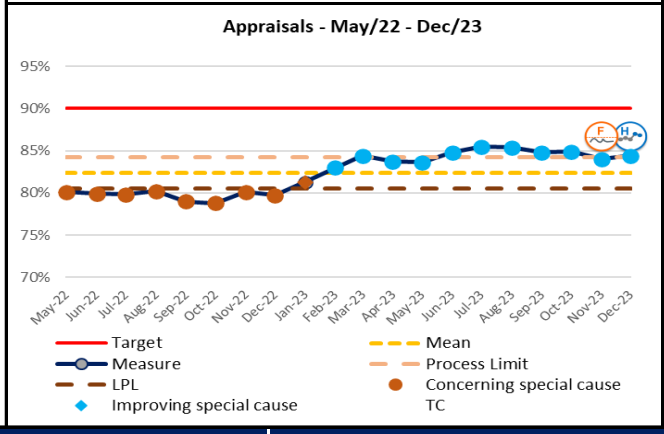
Dec-23
2.54%
Variance Type
Metric is showing lower special cause (improving)
Target
<6%
Achievement
Metric is currently passing the target



Dec-23
9.45%
Variance Type
Metric is showing lower special cause (improving)
Target
<10%
Achievement
Metric is currently passing the target

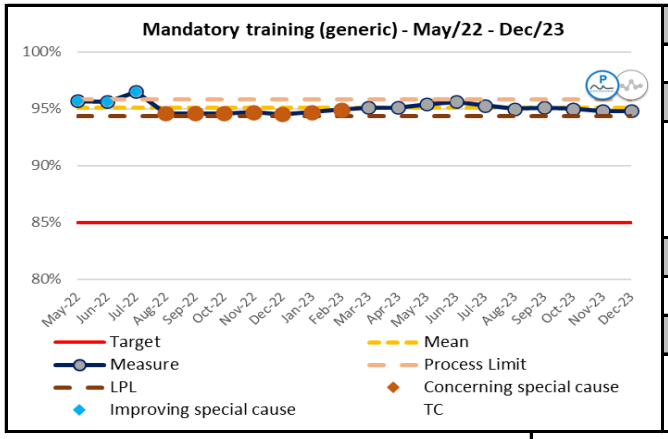


Dec-23
90.12%
Variance Type
Metric is showing higher special cause (improving)
Target
>88%
Achievement
Metric is currently passing the target

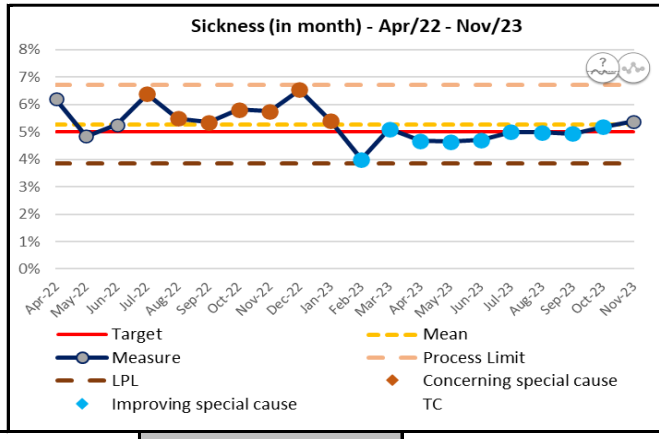


Dec-23
84.40%
Variance Type
Metric is showing higher special cause (improving)
Target
>90%
Achievement
Metric is currently failing the target

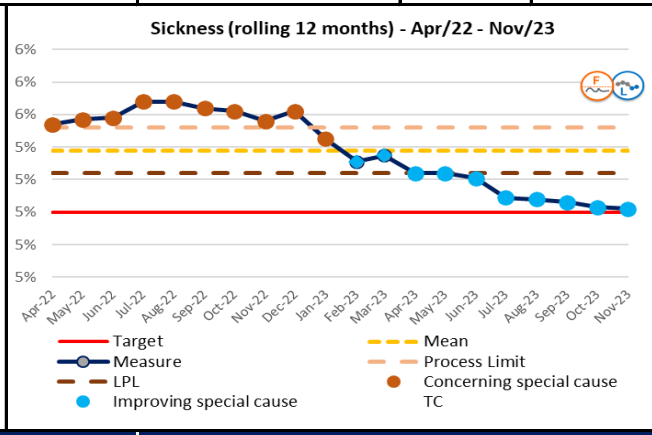
Summary	Actions	Assurance
Trust Vacancy Rate: showing an overall improving trend for past 14 months, and remains within target.	The 'effective rostering' project continues. The focus is shifting to ensuring effective rostering and confirm and challenge meetings have been established with the Rostering Lead and Head of Nursing Workforce with Divisional Head Nurses.	The vacancy and turnover rates are continuing to meet the targets.
Retention/Turnover: Both turnover and retention continue to show overall improvement. Both of these indicators are currently achieving their respective targets.		
Appraisals: appraisal performance is showing an overall improving trend, however, compliance remains static and below target. Service pressures have had and continue to have a profound effect on the ability to undertake timely appraisals.	Divisions, directorates and departments have been required to produce recovery plans for the delivery of appraisal activity and this will be managed through the Divisional structure.	This matter has been discussed at Operational Workforce Group in some detail with commitment from Divisions offered to deliver improvements in appraisal compliance.



Dec-23
94.80%
Variance Type
Metric is showing common cause variation
Target
>85%
Achievement
Metric is currently passing the target



Nov-23
5.38%
Variance Type
Metric is showing lower special cause (improving)
Target
<5%
Achievement
Metric is currently failing the target



Nov-23
5.02%
Variance Type
Metric is showing lower special cause (improving)
Target
<5%
Achievement
Metric is currently failing the target

Summary	Actions	Assurance
Mandatory Training (generic): compliance rates remain static when compared with the previous month, and continues to be above target.		
Sickness: Both indicators are showing an overall improving trend. However, both targets remain slightly above target.	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 undertaken to develop the wellbeing support offer, including psychological and practical wellbeing support for staff.

The Royal Wolverhampton NHS Trust

Minutes of the People Committee

Date	**Friday, 24th November 2023**	
Venue	**Via MS Teams**	
Time	**10:30am**	
Present:	**Name**	**Role**
	Emma Ballinger	Associate Director of People – Transformation & Culture
	Umar Daraz	Associate Non-Executive Director
	Alan Duffell	Group Chief People officer
	Sally Evans	Group Director of Communications and Stakeholder Engagement
	Kerry Flint	Lead Freedom to Speak Up Guardian and Interim Head of EDI
	Angela Harding	Associate Non-Executive Director
	Allison Heseltine (Chair)	Non-Executive Director
	Lyndsey Ibbs-George	Divisional Manager, Estates & Facilities
	Ros Leslie	Chief Allied Health Professional (AHP)
	Martina Morris	Deputy Chief Nurse
	Adam Race	Director of Operational HR and OD
	Kate Shaw	Deputy COO, Division 2
	Ananth Viswanath	Deputy Medical Director
	Keith Wilshere	Group Company Secretary
	Claire Young	Group Deputy Director of Education & Training
In Attendance:	Maria Dent	Executive PA to Group Chief People Officer
Apologies:	Chrissla Davis	Head of Nursing - Workforce
	Mark Ondrak	Staffside Lead
	Laura Willis	Acting Group Head of Corporate Learning Services
	Cath Wilson	Deputy Chief Nurse
	Cath Wilson	Deputy Director of Nursing

Agenda Item No		Action
1.	**STANDING ITEMS**	
1.1	**Apologies for Absence** Apologies were noted and recorded as above.	
1.2	**Declarations of Interest** No additional declarations of interest were recorded.	
1.3	**Confirmation of the Minutes from the Last Meeting, 27th October 2023** A Heseltine advised that she and other Non-Executives had recently attended a training session on document writing which had highlighted that any confidential data in formal minutes should be redacted given that these were shared within the public domain, however, she did not believe this would apply to the notes in question. M Morris advised that C Davis's correct title should read Head of Nursing – Workforce. With the above amendment, the minutes from the 27th October 2023 were agreed as a true record of the meeting.	
1.4	**Review of Action Log and Matters Arising:**	
	Action 2023/022 – Strategic Objectives – Review against the New People Strategy A Race advised that the new People Strategy was due back to the Committee in January and as part of that the strategic objectives would be reviewed.	
	Action 2023/048 – Sickness Absence A Race advised that this action related to the non-synergy of absence reporting for nursing. He advised that the data for the two separate reports was received from two different sources, one from ESR, the other from the e-rostering dashboard, essentially the same data but in a different format, however, this was now being used to scrutinise absence within the divisions with the HR Managers. He advised that an update would be brought to the January meeting.	**Action 2023/048 C/fwd**
1.4.1	**Grip and Control Check List (Action 2023/037)** A Race advised that the report submitted was an amalgamation of a number of checks ie NHS England's grip and control check list, the HFMA grip and control check list and also the requirements from Nicola Hollins, Regional Director of Finance. All controls were reviewed regularly internally and also with colleagues within the Black Country. From an assurance perspective, he advised that • there was a robust vacancy control process in place which was overviewed by the Chief Operating Officer and the Director of Operational Finance. • There were enhanced controls in place to sign off for bank, particularly for nursing. • There were low levels of agency use generally across the Trust, the target was at 3.5% of the pay bill and the Trust was at 1.5%. • There was a robust sickness policy in place.	

Agenda Item No		Action
	• Further work was still required to ensure full compliance within the main areas on rostering and the governance and grip and control in this area. He stated from an alert perspective, one of the controls was around closing all escalation wards, but RWT had wards open following on from the covid pandemic and there were no plans to close these, so this checkpoint was rated red. M Morris stated that in regards to the rosters and oversight of the rosters, she advised that Support and Challenge meetings were in place with a focus on the hot spot areas going forward. A Heseltine asked for reassurance that the top 10 overtime earners were being reviewed and monitored; A Race advised that he received the report directly from Payroll and recognising the sensitivity of this data, followed up directly with the Exec Directors.	
1.5	**Update / Feedback from Trust Board** A Heseltine commented that • The financial shortfalls were an increasing concern and as all were aware this position was under scrutiny, therefore, the Board were pleased to receive and view the grip and control data. • There had been an improvement in sickness absence and it was helpful to understand the hot spot areas. The deep dive reports to this committee had also provided additional information. • As reported by A Race, the vacancy approval panel was in place and all posts were reviewed before sign off.	
2.	**Key Updates and Workforce Performances**	
2.1	**Key Updates**	
2.1.1	**Industrial Relations** A Duffell highlighted the latest position on industrial relations.	
2.1.2	**Workforce Planning** A Duffell reported that workforce planning for the next financial year had commenced and he proposed that a regular monthly update report was brought to future Committee meetings to provide the narrative of where the Trust was placed against plan.	**Action: 2023/051 A Race S Smith-Cox**
2.1.3	**National NHS Apprenticeship Framework:** A Duffell reported that he had been advising a national task and finish group set up by Staffside and NHS England to look at an apprenticeship pay and framework within the NHS to ensure a more consistent and co-ordinated approach across all organisations. In response to a question raised by C Young as to whether there was any consideration to use the apprenticeship levy to pay apprentices at first entry into	

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	the NHS, A Duffell advised that this had been raised, however, it was recognised that there were different organisations involved in these arrangements. U Daraz commented that as part of his work at the university around digital skills and Allied Health Professionals, he queried the contact within NHS England to drive this work forward. A Duffell reported that this project was not currently looking at any particular type of apprenticeship or skills gap but was more around driving towards a common framework for anyone undertaking an apprenticeship so they were not disadvantaged. C Young advised that she was currently co-chairing a group to explore digital literacy and exploring using apprenticeships to upskill the workforce and U Daraz was welcome to join.	
2.1.4	**PA Consultancy Work** A Duffell stated that, he would bring further updates on the PA Consultancy work on the workforce elements and impact once this had been signed off.	
2.1.5	**Regional Agency Submission** A Duffell reported that the Trust had had to submit a regional report on its agency use and he had asked for this to be incorporated into the Executive Workforce report as there was now a requirement to provide an update to the Board.	
2.1.6	**Band 2 HCA Clinical Staff** A Race informed that challenges had arisen nationally in relation to Band 2 Health Care Assistant (HCA) posts regarding the clarification of the job role and responsibilities and the banding for this role. He advised that essentially, if clinical care was provided, rather than personal care, it had been proposed that the role should be remunerated at band 3. A Race stated that he had started working in partnership with Staffside colleagues at RWT. He advised that there had been national news articles recently on this issue in central Manchester and Liverpool, and Unison were campaigning within Birmingham. A Duffell stated that there was some risk associated to this, both financially and organisationally, should this progress, with a possible knock-on effect to other banded roles.	
2.2	**Executive Workforce Report** A Race provided a brief update on the Executive Workforce report noting that the general organisational performance was reporting in a good position overall. To note: • The vacancy rate remained low, with turnover and retention heading in the right direction. • Mandatory training remains high despite a slight dip. • Appraisal compliance rates were slightly up and operational colleagues were aware that continued focus in this area was still required. The streamlined paperwork had been hugely positive and he thanked colleagues for the development of this. • Sickness absence was heading in the right direction. • E-rostering metric, also linked to the grip and control checklist, was significantly over where it should be and a lot of work was required on data cleansing and on the historical data through the E-rostering working groups with nursing colleagues. He advised that any identified data exceptions were to be taken through to the Executive team.	

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	• Job planning data had been reintroduced due to the commencement of the new job planning round.	
2.2.1	**Annual Appraisals** In response to a question raised by A Harding on the timescale for the appraisal compliancy rates, A Race advise that appraisals were reported over a rolling 12 month period and the operational teams had prioritised staff who had not had an appraisal over a two year period. He reported that the Divisions had taken ownership of their data and looked to provide the right support for their staffing groups in order to progress and reach an identified trajectory, bearing in mind the impact of industrial action and winter pressures. K Shaw advised that one of the biggest challenges was the nursing workforce capacity to keep on top of appraisals and currently the band 7's were working alongside their teams on day to day basis, which although reduced the capacity for appraisals, benefited the individual teams they were working with. She agreed that the streamlined documentation was definitely helping and progress was being made. A Duffell stated that it was important to improve compliancy rates, however, it was important to note the benefits of an appraisal and the quality of the conversation it stimulated rather than the process becoming a tick-box exercise. He remarked that having an electronic based system rather than paper based, may support compliancy going forward. C Young advised that the electronic appraisal was in beta form and would be tested within Education and Training over the next couple of months with a view to going live in the New year. L Ibbs-George advised that the Estates and Facilities directorate would be trialling the e-appraisal format and it would be interesting to see whether this had any impact on the compliancy rates. M Morris commented that having recently used the revised appraisal documentation she had found that it had made the process easier and enabled quality discussion to take place with the individual rather than having to focus on populating the narrative. She thanked the team who had developed the revised form.	
2.2.2	**Job Planning** A Viswanath advised that the annual job planning cycle for last year had been extended up to 18 months due to the industrial action and operational issues. At the end of the 18 months, there had been 65% of consultants with a signed job plan. He proposed to bring an update report to the next meeting, if required. It was agreed for A Viswanath to present an update report on: • the job planning process, • a summary of last year's round and • on the future direction of travel.	**Action: 2023/052 A Viswanath**
3.	**Formal Review / Sign Off** No items put forward this month.	

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4.	**Strategic Focus Areas**	
4.1	**Deep Dive – Allied Health Professionals** R Leslie, Chief AHP, presented key highlights from the deep dive report : • Currently 672 registered AHPs were employed across the Trust cover roles such as Orthoptists, operating department practitioners, therapeutic radiographers, physiotherapists, Occupational therapists, speech and language therapsits and radiographers. • There was a growing paramedic workforce working across emergency urgent care. • Age profile – 53% were aged 40 and under, 23% were aged 41 to 50 and 18% were aged 51 to 60. 40 staff had been retained beyond 60 years and succession planning was in place where necessary. • Similar to the national picture, 27% of staff were from Black, Asian or minority ethnic background. • 77% of the workforce was female but the national AHP workforce was highly feminised as per the HCPC report from March 2023. • There had been an increase in training offered at Level 6 apprenticeships. • Vacancies were within Trust target at 3.5%. Long term hotspot areas were podiatry, dietetics and occupational therapy. • Agency spend via the internal bank was predominantly in diagnostic radiography. • Turnover over a rolling 12 months was at 13.5% with the highest leavers in dietetics. The new Acute and Community AHP Group manager was currently completing exit interviews with leavers to identify any trends of concern. • Mandatory training for tier 1 and tier 2 was at around 96%. Appraisals were at 84.5% but these were being monitored through Directorate and Divisionals governance meetings. • The Black Country ICS was one of only three ICS's with either substantive or interim chief AHP roles which R Leslie shared with Karen Lewis of Dudley Group and they had been tasked with putting together a proposal for AHP leadership. In response to a question raised by A Harding on staff leaving in order to work closer to home, R Leslie advised that the Trust recruited students who trained at universities in Birmingham, Keele, Wolverhampton, and from across the country. However, for various reasons, staff would often stay for 18 months to 2 years but would leave once they had secured a job closer to their home base. She informed that Wolverhampton University now offered physiotherapy, occupational therapy, podiatry and paramedicine so it was hoped to see more recruitment of staff from the local area. The directorate was also looking to offer more apprenticeships to people within the local area. A Race queried the opportunity for home working within the AHP cohort; R Leslie advised that this was extremely difficult, but was easier for AHPs who worked in outpatient areas and advised that during covid, virtual clinics had been implemented and a number of these had continued in areas such as dietetics and first contact practitioners within the PCN. K Shaw advised that within Division 2 it had been discussed and agreed to carry out a medical staff skill mix review with a view to invest any identified savings into future development of staff, particularly AHPs in pharmacy, therapy and OT. R	

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	Leslie advised that she was due to go out to advert for two Chief AHP Fellows to focus on workforce and advanced practices and these roles would help to support this proposed work. In response to a question by A Heseltine, R Leslie advised that the paramedic AHPs fitted within the department they worked within and there were several based within ED, emergency care, ARC and critical care. A Heseltine queried the risk raised at Quality Committee around the shortage of speech and language therapists, R Leslie advised that over the past 12-18 months there had been issues with recruitment and staffing levels for the required activity, but work was ongoing to address and to attract new staff in this field. C Young queried whether it would be appropriate to provide a run through programme for those joining at band 5 for escalation to band 6 after competencies were met in order to retain these staff, R Leslie advised that she would follow up with Charlotte Colsesby, Deputy Chief AHP, although believed that this was already covered. She advised that when Speech and Language therapist joined the organisation, they were Newly Qualified Practitioners (NQPs) and would have gone through a number of competencies. They were also part of RWT preceptorship programme and the Black Country wide AHP preceptorship programme and were supported with the relevant training to fast track to band 6. In regards to a question on the AHP staff bank by A Heseltine, R Leslie confirmed that the although the AHP staff bank was decentralised, ie not part of the central bank, the process was driven through the temporary staff system, therefore, there was full oversight and RWT Trust policy was followed.	
4.2	**WRES Action Plan and WRES Annual Report** K Flint, Interim Head of EDI, presented an update on the report submitted on the WRES action plan and annual report. Key points to note: • Some of the results were reported against the previous year's data, as awaiting the outcome from the national staff survey results due out early 2024. • The plan set out plans for targets over the next 12 months to support inclusion. • The plan outlined plans to make recruitment more inclusive throughout the Trust and there were plans to recruit more Cultural Ambassadors to assist with this. • The plan outlined how the Employee Relations team would be supported by Cultural Ambassadors to ensure that staff were getting a fair process. • The plan showed how the Trust was continuing to educate its leaders by adding EDI Objectives to appraisals. • The plan showed how the Trust would continue to cut out bullying and harassment by using resources such as FTSU team, Datix, Training and Education and EDI Campaigns • The plan showed how the Trust would continue to work with its Leaders to promote EDI and work closely with the ICB and neighbouring Trusts. A Race advised that the Trust had one single overall EDI action plan and this update was around Race Equality section.	

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	In response to a query from A Heseltine on the action plan format, K Flint confirmed that the format was provided by NHS England for all Trusts to submit their WRES action plan and this would be shared with Trust Board members for information.	
5.	**KEY RISKS**	
5.1	**New Risks** The committee agreed that from the discussions during the meeting, no new risks had been identified.	
5.2	**Board Assurance Framework (BAF) - SR17 Equality, Diversity, Inclusion** A Race reported that BAF SR17 had been reviewed by K Flint, K Wilshere and himself and there was no recommendation to change the risk rating at this point in time. A Heseltine and the committee agreed with this proposal noting that there would be further review and consideration of this risk rating upon receipt of the results from the staff survey. A Heseltine commented that the risk around recruitment may need further discussion given the current financial position and asked A Duffell and A Race to consider. K Wilshere proposed that this was discussed outside of the meeting and the text updated for the next amendment.	**Action: 2023/053 A Race K Wilshere**
6.	**Committee's Objectives – Areas of Focus** • To examine the issues, data and impact in relation to staff turnover and retention • To monitor the ongoing sickness absence position and the wellbeing of the workforce, and actions being taken to address • To monitor Equality, Diversity & Inclusion areas of concern A Heseltine reported that the Committee had briefly discussed the retention position and this had also been covered off within the Deep Dive report. Sickness absence had briefly been discussed and the Committee had had a discussion around EDI. A Heseltine commented that the committee would need to consider the objectives for the new financial year and asked members to consider. M Morris proposed that the objectives should be aligned to the new enabling strategy.	
7.	**Any Other Business** No further items raised.	
8.	**Evaluation of Today's meeting** K Shaw commented that there had been a good discussion on areas of high priority around current workforce issues and on future workforce development. A Race concurred with this, commenting that during the meeting there had been information given and supportive challenge and expertise provided from colleagues and NEDs.	

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9.	**Items for Escalating in the Chair's Report to Trust Board** Items noted for escalation to the Trust Board as part of the Chair's report : • Grip and control update • Continued scrutiny on Bank • EDI update • Deep Dive from AHPs • Workforce skill mix and apprenticeships • Review of the BAF • Review of workforce plan • Staff survey position and response rate In response to a question raised by U Daraz as to whether a deep dive report would be presented on the staff survey position at the next meeting in January, A Duffell advised that initial early raw data would be made available to the Trust but the full national report would not available until March. A Race advised that he would be happy to share the raw data when available, but noted that this information was strictly embargoed. He advised that in terms of the response rate, he and E Ballinger would be working up a report to share at the Staff Survey Oversight Group as he was keen that operational colleagues were able to provide their input, but he did not think that this would be available for the January People Committee meeting. He, therefore, proposed that the position report, which would also include the final comparative results, would be brought to the March meeting, as per the meeting workplan. A Heseltine agreed with this proposal. A Viswanath suggested that staff should be asked as to why they did not complete the survey this year; E Ballinger advised that as part of the Trust wide communications, the team had asked for any feedback, M Morris suggested that survey monkey was a good platform for providing anonymous feedback. A Viswanth commented that staff found the survey too lengthy and the questions unclear and a different way of collecting data should be considered. A Duffell acknowledged the comments given, but stated that neighbouring Trusts' response rates had been near to 40%. A Race stated that the NHS national survey had been running for over 20 years and was one of the largest surveys and, by keeping the questions the same, were able to provide significant academic research. although feedback could be given.	**Action: 2023/054** **A Race** **E Ballinger**
10.	**Date and time of Next Meeting** 9.30am-11.30am, 26th January 2024 via MS Teams	

The Royal Wolverhampton NHS Trust

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 22nd November 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
	Kevin Bostock **(KB)**	Director of Assurance
	Allison Heseltine **(AH)**	Non-Executive Director
	Debra Hickman **(DH)** Part	Chief Nursing Officer
	Dr B McKaig **(BM)**	Chief Medical Officer
	Martina Morris **(MM)**	Deputy Director of Nursing
	Gwen Nuttall **(GN)**	Chief Operating Officer
	Tracy Palmer **(TP)**	Director of Midwifery & Neonatal Services
	Dr G Pickavance **(GP)**	Non-Executive Director
	Keith Wilshere **(KW)**	Group Company Secretary
	Alison Lathe **(AL)**	Meeting Administrator

Apologies:	Julie Jones	Non-Executive Director
	Michelle Metcalfe	Group Deputy Director of Assurance
	Dr J Odum	Group Chief Medical Officer
	Iresha Pathirage	International Leadership Fellow
	Catherine Wilson	Deputy Director of Nursing

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1	**Apologies for absence** Apologies were noted.	
1.1	**Declarations of Interest** There were no declarations of interest.	
2	**Minutes of the Previous Quality Governance Assurance Committee dated 27th September 2023**	
2.1	**Quality Committee Minutes – October 2023** Accepted as a true record.	
2.2	**Committee Issue Log** Actions **1486**, **1485**, **1483** are now closed, as AH has liaised with DH. Action **1484** has been addressed and the Committee agreed to close.	
3	**Matters arising from the Minutes** Action log updated accordingly.	
4	**Regular Reports**	
4.1	**Cancer Overview – G Nuttall** To provide assurance, the 28-day faster diagnosis performance continues to achieve the national target. For Quarter 3, which covers October, November and December, the Trust must achieve 72.5%. This has been achieved in October and is forecast to achieve over this in November. The end of year target is 75% which the Trust is forecast to be achieved this. This may be affected by pathology, as it is not off the alert list in turnaround times, however improvements are starting to be seen. As turnaround times improve and throughput is increasing, if diagnosis is decided and the backlog is worked through, that will impact the time frames of achieving the faster diagnosis standard. For benchmarking in the Black Country, Dudley, Walsall and RWT are achieving the target, Sandwell and West Birmingham are just below the trajectory due to Sandwell clearing some Skin pathologies. In the 62-day backlog, the Trust were to have no more than 217 patients waiting over 62 days. The Trust has achieved this and are below this number. From the Finance & Performance (F&P) meeting for the Trust's resubmissions with the financial trajectories made, the Trust will aim to improve 217 patients to 205, which is based on the current performance and improvements made. LT asked if the Trust receives additional funding because of the performance. GN clarified that the reference to F&P is in relation to a letter all organisations received about rebasing of the financial forecasts and the operational delivery against certain	

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	metrics. The 62-day backlog was something the Trust was asked to review regarding any measures taken to achieve the financial forecast and what the impact these would have on performance metrics. LT asked if there is any indication of when this will be achieved, GN said it varies by tumour site. Gynae and Urology are forecasting it will be next September to achieve 70%, which GN is putting a health warning on based on the current modelling. Outsourcing is continuing for prostates, with a further five patients choosing to transfer to Northampton, taking the total number to 13. The work with Russells Hall to establish renal surgery regarding nephrectomy and partial nephrectomy services continues, with a start date for the transfer of the surgical element of the service only, from the beginning of April 2024 from an RWT perspective. There are a few elements to be resolved before this can go ahead, including specialist commissioning to give approval to Dudley to be accredited as a robotic surgical site, which has not yet happened. GN alerted that in the 62-day constitutional standard the Trust should be at 70% by the end of March, however this will not be achieved. Urology, Gynae, and Lung tumour sites are most at risk. The Lung pathways are because the Trust receives late tertiary referrals from other organisations and is not an RWT internal process. The Skin pathways are starting to show reductions and improvements, and GN expects this will be de-risked in terms of risk tumour sites next month. LT asked how this has happened, given the previous position with Skin in relation to Primary Care. GN explained that the teledermatology aspect for Skin referrals is not working, which is being discussed, however the current process of referrals through the two week wait route is still maintained and in place. From an acute perspective teledermatology is the way forward but there are challenges for colleagues in Primary Care. GP said the numbers have not gone up since the end of the pilot study, with use in Wolverhampton being low. AH asked about a General Practitioner training event held by the Integrated Care Board (ICB), and whether there were significant numbers with training that will support the Trust. GP said it was well attended with a good mix of speakers and was more informative rather than teaching. There were ideas about how to take part in pilots to try and reduce fast track referrals to head and neck, and also Gynae. LT asked about the challenges with histopathology in Gynae and Skin. GN said the turnaround times for Skin are improving; when the histopathologies are received with a diagnosis it has an impact on the 62-day metric and can have an impact on 28 days. The patients who are on long waits are reducing significantly; three months ago there were over 30 patients waiting over 62 days, now this number is down to single figures. RWT continues to provide mutual aid in terms of the two week wait for Walsall. From the Black Country perspective Skin provides a challenge; Sandwell and West Birmingham are struggling, however Russells Hall is providing mutual aid. GN summarised that of the three metrics, two are on track while the 62-day wait still requires work.	

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	AH mentioned the CEO Brief as it spoke of patients being on multiple wait lists for various surgeries, and work is being done with that, and asked if this is a significant issue in relation to achieving the metrics. GN advised that she does not believe it to be significant; there are duplications on the waiting list which is why validation is important, but that it is not a significant issue affecting the Trust's performance. BM agreed and said sometimes there can be a patient who has been referred through a fast track process and have also been sent through a screening process. This does tend to come through the same area and is identified to avoid unnecessary appointments. LT asked about the urgent requesting in histopathology, and how the ICE system was being changed to combat this, in addition to stopping paper requests, and asked how this was progressing. BM said that it has been introduced at RWT that only cancer or cancer screening pathways now go through as urgent. The other three Trusts involved do not use ICE so this cannot be implemented there, but RWT numbers should show improvements, with data coming through soon. The paper requesting this is still in progress, as some theatre areas do not have sufficient printers, and samples are required to have the paper request attached. This should be resolved in January.	
4.2	**Board Assurance Framework – K Wilshere** KW took the paper as read. Quality Committee have a part share in SR16 and 17. All have some impact, including 17 and 18, but nothing that is the sole preserve. 9B is on the watch list. KW asked if the committee are happy to have reviewed and accept the revised and updated BAF risks as they stand, given that they will be reviewed by other committees, and if Quality Committee wishes to do anything in regard to the watch list item 9B, which relates to the Maternity insight reports from September 2022. He also asked for the committee to say if they have identified any new or changed risks. LT said that she had not identified any new risks, with KW confirming that there are no new BAF risks. The team continue to update the Trust Risk Register risks in conjunction with the Assurance team who update and cleanse the Risk Register. Each of the responsible directors have completed their scheduled reviews and updates. LT said the restoration of services, particularly from the cancer point of view, has been discussed. The financial deficit has an impact on the whole Trust, as has staffing, but does not believe there is anything that needs amending in the report, to which AH and GP agreed. KB noted that the Trust is in Segment 3 of the NHS England Standard Oversight Framework, which means there must be quarterly meetings around areas of performance, including good areas and areas for improvement. The content is reviewed, some externally and some internally driven through data sources to ensure it aligns with what is on the Risk Register. This does align currently and provides a good source of assurance that the Trust is aligned with the external view. KB also expanded on the segments, in Segment 1 is the best and requires an annual review, Segment 2 are six-monthly, Segment 3 are quarterly, and Segment 4 are monthly.	

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	KW asked if the committee wish to keep the currently watched potential future risk, 9B, or do they wish to escalate or deescalate it from the watch list. KW also said this has not been escalated in 15 months and there is no evidence that it is becoming a greater risk. LT considered de-escalation, but also kept in mind the issues and scrutiny with Maternity Services currently. MM and TP agreed, with TP saying that the scrutiny has continued, and it seems sensible to keep it as it is. KW accepted to keep 9B at the current level.	
4.3	**Trust Risk Register – K Bostock** KB took the paper as read. A new Risk Management Framework is being written, which will cover Walsall and Wolverhampton to align them. The difficulty is that the escalation point in Wolverhampton is 12 and in Walsall is 15. An agreement must be made with the relevant stakeholders whether to standardise 12 or 15; across the country the most common level to escalate is 15, although 12 is not unprecedented, and KB and M Metcalfe will update around this consultation. LT asked about some of the risks being on the register for many years and sought clarification at what point these risks are accepted as unchangeable. There has been a suggestion that these risks may be recategorised so while they are on the report they are not discussed. KB said this would be an optimised risk; if it cannot be reduced any further, a decision has to be made whether to continue to treat it and continuously look for new opportunities to bring the score down, or whether it is tolerated at that level and it stays on the monitoring system. As the policy and framework around Risk Management is reviewed there will be provision in the new policy and the way in which Risk Registers operate to have a monitoring area so that these are not brought up as active risks. Much of this relates to how it is configured in Datix. Currently these risks need to be kept on for monitoring but until the reorganisation happens they should not be cause of too much concern. AH asked about Risk **5677**, there is an abbreviation for 'SLT' (Speech and Language Therapist) but no explanation for what this is and requested that abbreviations and acronyms include what the stand for. KB agreed that abbreviations should include what they stand for. AH asked for more detail about the risk. BM said it has relevance in two areas recently, one being the Sentinel Stroke National Audit Programme (SSNAP) audit for stroke patients around assessment of their swallowing, and the other in a National Confidential Enquiry into Patient Outcome and Death (NCEPOD) about Parkinsons Disease and the assessment of swallowing. The SSNAP metrics have improved likely due to the mitigations in place with the training of individuals to assess a patient's ability to swallow certain types of foods. SSNAP recommends a Speech and Language Therapy (SALT) assessment within 24 hours, which can be difficult at weekends and is where the risk has been escalated. In the Parkinsons Disease audit, there has been an SLT appointed and the service has shown a significant improvement. There is a national shortage of SLTs, and there are difficulties expanding the team. LT mentioned that there are Speech and Language apprenticeships routes available, as well as shortened courses for existing graduates. LT also noted that in Birmingham City University (BCU) there is no issue in recruiting to the undergraduate programme and pre-qualifying masters. DH asked LT to provide the details of who BCU she should contact to determine a way forward.	

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	AH asked about Ophthalmology and the outsourcing from March 2024; when looking at the rate of increase of patients, is that date acceptable. BM believes this was the earliest the provider was able to come in, and there is a concern over the increasing backlog. Due to the Red, Amber, Green (RAG) rating in place, in Glaucoma patients there was no harm being seen, unlike that seen immediately post Covid. There is a significant number of patients in the backlog, which is being seen on a national level. In Staffordshire the use of contracting appears to be effective, and RWT are attempting to use this as leverage to encourage Wolverhampton commissioners to commence the same service. This will remove 5000 patients from the follow up cohort , which will allow some capacity for new patients and those who have been triaged but not yet seen. LT asked about Risk **5633** - Electronic Patient Record (EPR) and there being a delay due to a financial aspect. BM said this has been agreed, funded, and signed off and is now actively recruiting. There will be a significant amount of work involved with the hope for completion by the end of 2025. LT asked about **5479** Cath Lab capacity, and the two lots of bi-monthly extra pacing sessions at Walsall and wondered how many patients this would affect and whether it makes a significant benefit. BM said the numbers that go through are small as they have to be a specific type, such as arrhythmia patients or those with pacemakers. This is due to the infrastructure in the Cath Lab at Walsall. The Division are developing a business case around a further lab at RWT, which may be a challenge as it is currently estimated around £2 million. Work is being done to make the Cath Labs as efficient as possible, but there are challenges regarding space, capital costs and manpower.	
4.4	**CNO Report – D Hickman** DH took the paper as read. There is an improving position around retention, and also a strong vacancy position. It should also be recognised that the maternity leave and sickness are above the threshold that is included in the uplift. Work is ongoing to support junior staff and those who are new to the country. There has been some focus in some forums outside the organisation around workforce ratios, however, the Trust do not work on ratios from a skill mix perspective. The Trust uses national guidance, National Quality Board (NQB) workforce safeguards, National Institute for Health and Care Excellence (NICE) guidance, and a safer nurse staffing Care tool which is evidence based. RWT are in a robust position with skill mix, There is work ongoing with the quality metrics around falls, nutrition, and hydration, and there have been improvements seen in the use of the Malnutrition Universal Screening Tool (MUST), and continued improvements in late obs and falls. Pressure ulcers continue to be worked on and links in to the fundamentals, with the Tissue Viability (TV) nurses working on the audits, the mattress reviews, etc.	

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	LT enquired about the new pressure ulcer guidance that is due to be implemented by April 2024. DH said while the guidance is altered and the references of the grading change, the basic care and the fundamentals of prevention will remain the same. AH asked about the improvements in MUST as the QSAG report indicated non-compliance in NHSE standards for food and drink with errors on MUST Vitals and asked for clarification. DH said the work being undertaken by nursing is around the completion of documentation, which is where the improvement is being seen. The wider framework and expectation around MUST with nutrition and hydration is a bigger piece of work and there are some elements that need to be focused on. MM added that the Nutrition Steering Group are carrying out an assessment against the framework where there are gaps and are developing an action plan, which will be reporting to QSAG in February 2024. MM said there will be a review undertaken of the CNO dashboard, and if the Committee have any views or suggestions on the current dashboard these would be welcomed. The dashboard in its current form has been in place for some time, and there are metrics that may need revision to align with IQPR. There is also some exploration with the Assurance team to create a dashboard that provides the team with trends as this is not possible at the moment. LT asked about neonatal staffing being a challenge, and that this is a national issue. TP said she has provided an update in the maternity report about the qualified in speciality nurses, but to summarise in Wolverhampton the British Association of Perinatal Medicine (BAPM) standards for numbers are being met for nurses on shift, being in the high 90s. What is not being met is the Qualified in Speciality (QIS) in line with the BAPM standards. There is a plan in place, which will take time as staff need to be released from clinical areas to undertake the training. The aim is to recruit staff that are already QIS, which will speed the process. DH added there is some work being done regionally looking at this, with a focus on numbers, and potentially there will be some funding provided. LT asked if there was any new information regarding the overseas staff members and the Computer Based Test (CBT) situation. DH said the Trust have not been informed of any more, but there is a pipeline to work through to complete the due diligence. There has been notification around those where the International English Language Test System (IELTS) could not be verified, and there is a process with HR and the legal team which is in progress.	
4.5	**Integrated Quality & Performance Report August 2023 – D Hickman** Numbers of e coli bacteraemia continue to rise, with work being done to investigate those cases. What is being seen is the complexity of the cases with their pathway journey and the backlog having some impact, however, there does not appear to be an underlying theme. The work that underpins this, particularly from a catheter perspective, continues to progress at pace. The IP delivery plan has been launched inclusive of C Difficile; there has been communication, education, and support around the back to basics, particularly in the area of hand hygiene, uniform compliance, and Personal Protective Equipment (PPE). There was the opportunity to do some deep cleans with the decant ward, focusing on hotspot areas. The Patient Equipment Cleaning Centre (PECC) is currently operated from the	

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	vacated discharge lounge and utilised to deep clean equipment and beds, as well as some ED trolleys. The Ambulance Receiving Centre (ARC) whilst it was closed was also able to have a deep clean completed. The team are ensuring a deep clean process is carried out, and are responsive when areas become available. Anti-Microbial Awareness Week is approaching with communications going out jointly from DH, GN and BM around antimicrobial, prescribing, and back to basics. GP asked about the Rapid Intervention Team (RIT) and Virtual Ward, as the referral numbers have gone up, and whether there are enough staff to provide the service. DH said the aim with the Virtual Ward team was to grow so there are the staff there to support the referrals. Currently there are no escalations for either team, and the referrals are positive. BM added that there is close monitoring by the ICB of utilisation, as the Virtual Ward have 98 beds and are currently running at just over 80% capacity, which is the highest in the ICB. The other three Virtual Wards are around 40% to 50% capacity currently. The metrics are being examined as to how the value is monitored, looking at length of stay, admission avoidance, earlier discharge, etc., which is yet to be determined. GN commented that the Wolverhampton Virtual Ward is doing very well, however there seems to be a utilisation issue with Staffordshire Virtual Ward and were perhaps over commissioned. This will be looked at in the winter plan, and to advise the group, the work will continue with Staffordshire around access and utilisation of the Virtual Ward. AH noted that the number of patients staying on the Stroke Unit is coming down over the last three months, and there is a note in the report stating there are some data quality issues, and asked if this is correct or is there an issue. GN does not believe there is an issue, and that over the last few weeks there have been more patients on the Stroke Ward who have not had a stroke but are there due to bed availability and pressures on the Trust. There is the belief that there is a data quality issue of recording, which is currently being validated. AH also asked about the Crude Mortality being an increasing trend, and whether this was good or bad. BM said that in isolation it does not mean a great deal, as it is dependant on other factors for what the denominators are with the Crude Mortality, which is an aspect of what alerts on the Summary Hospital Mortality Indicator (SHMI). The month-on-month variation would not be looked at as anything of significance. GN provided assurance to the committee that winter planning, pressures and emergency pressures were discussed at F&P. Clarification was sought around the new Integration Committee focussing on the Community, and while the IQPR will remain the same, the integration committee will be looking at the Community related metrics. DH, GN and BM will be members of that committee, and there will be a dashboard, so the information will continue to be available.	
5	**Subgroup Reports**	
5.1	**Quality & Safety Advisory Group Meeting – November 2023 – Chair's Report – B McKaig** There were concerns from the Quality Review Visit to the Clinical Haematology Unit (CHU) and Durnall around some of the quality of care in CHU. The Divisional team have taken	

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	action around the nursing leadership, the distribution of patients and the types of patients between Deanesly and CHU to ensure patients who require chemotherapy are getting the appropriate care in the right environment. This is an ongoing process with work being done with the individual teams around improving quality standards. AH asked if there are any financial risks to CHU and Durnall being split. DH clarified that they have not exactly split and rather the pathways have been reorchestrated, which is based on a quality and safety view. There have been ongoing challenges across the organisation around skill mix, junior leadership, etc. For Durnall and CHU with the amount of support and intervention that has taken place the transition has not come to fruition. The Trust has been responsive to put in more constructive change that enables both teams to develop, the staff to get the support they need, and ensure there is safeguarding for the patient activity and safety. AH noted on her visit to Durnall it was very positive. Following the incidents with Lucy Letby, there is a Thirwall request, with a response to come individually from BM as the Chief Medical Officer, and individually from the Directorate manager in charge of neonates. These independent reports will be about how the Trust is able to be cited on and escalate concerns around neonates. It has been noticed locally and within the region that there has been a spike in term stillbirths, and the ICB have commissioned a review over a six month period of all stillbirths. This has been submitted to a panel of the ICB and the report is due to come back early in the new year. Patient Safety Incident Response Framework (PSIRF) launched in November, and the metrics that relate to the SUI report that comes to QSAG will be altering. Currently it is not clear what this will look like, and BM wanted to note that the Committee may notice some changes. KB added that there is currently work being undertaken to develop reporting methods under PSIRF, and the reports usually seen will cease. From 1st November there will not be any SIs declared. Significant patient safety incidents, that will be investigated in a similar way to what would have previously. The number of SIs will be fewer as the threshold is different and based on the Trust's safety profile rather than a national criterion. LT asked about sepsis and antibiotics being administered within an hour in ED having 64% compliance; while this is an improvement LT thought there was a team in place to aid in compliance. BM said the screening performance is very good at nearly 100% and is maintained, the difficulties come with the capacity of the team and how busy they are. The delays with patients being triaged and moved to cubicles to get treatment contributes to the delay in getting antibiotics. The team have put in place an Immediate Care Clinician who will work with the triage team and will be able to give that initial dose of treatment, which will hopefully improve the performance even when there are delays to moving into a cubicle. BM also noted that the metrics are altering around sepsis and the one-hour target will be removed as part of this, however it is still important to ensure patient receive the antibiotics early. LT raised the Venous Thromboembolism (VTE) compliance being good in some areas but not so good in other areas and asked if there is ongoing work to try improve compliance. BM said the Paediatric numbers are very small, so the percentages can change dramatically	

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	based on one or two patients. Cardiology Day Cases have been a persistently difficult area and the Divisional team have been doing a lot of work to find ways to improve that. It is partly around ensuring the right workforce is in place, including junior medical staff who can prescribe and do the VTE compliances.	
6	**Assurance Reporting / Themed Reviews / Business**	
6.1	**Infection Prevention Control Report inc. BAF – D Hickman** DH stated that some areas from the report were covered within the IQPR. C diff will be over trajectory at the end of the year, however in comparison with other organisations the Trust has stayed below the threshold target much longer. There is a steady state with Covid, and it is the time of year for Respiratory Syncytial Virus (RSV), which has not been to have a negative impact. With the BAF, some of the dates were from September, which is down to challenges with the timing of microbiology and linking with some of the medical actions. DH will liaise with colleagues to update the position statement with updated dates. AH said it was good the see the Trust involvement in antimicrobial week. The gaps in the BAF were around the antimicrobial work and this provides some assurance of progression towards it being green. DH said there is active work around the antimicrobial aspect, with ward rounds, conversations with Directorates, and finding what actions work best for the Trust. AH asked whether the C diff will incur any fines for the organisation. DH responded that there will not be.	
6.2	**Litigation and Inquests Report – K Wilshere** The paper was taken as read. KW summarised that the general trend is that there is more of everything and it is costing the Trust more to resolve. LT asked about the amount paid in some circumstances, as the Trust is part of the NHS Resolution which the Trust contributes to. KW confirmed that contributions are made to the clinical negligence scheme for Trust which covers over and above a minimum excess limit for certain types of cases. The cost of this continues to increase as it is a pooling scheme rather than an insurance scheme and the scheme must cover its costs. There are a number of factors taken into account; the profile of services, the size of the organisation, the number of staff, and the claims settlement history of the organisation two years prior to the year of contribution. The issue is that the contributions this year are based on claims two years ago, and the cost of settling legal matters continue to increase inexorably. There are also cases where interim payments have to be made, e.g., in the case of young people injured at birth, the payments can be considerable and multiple until the extent of the injury or potential loss is quantified. LT said the figure the Trust pays does not seem that much, KW clarified that the figures is the Trust's element of the liability, and the figure paid out on its behalf is much greater, probably in the tens of millions.	

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	LT asked if the learning from these would have already happened before it came to the financial stage. KW said these are fed back on a case by case basis, particularly if they have been subject to an internal investigation. A closer note is also issued at the closure point to the individual lead people involved to reinforce the learning. The issue is that the only way to know if the actions have been effective is in future claims profiles. The situation is fairly common to most organisations, particularly acute organisations. The team looks at the Getting it Right First Time (GiRFT) feedback and that information is fed back to the clinical specialities. AH asked about the Gynae post-hysterectomy issues, as this seems to be the highest claims. AH asked if this should be something to be looked at historically, or if it was related to a known problem. KW said a lot of these are a historical accumulation over time, and in most cases there are not common factors. KW offered to contact AH outside of the meeting of there were any specific cases she was querying.	
6.3	**Trust Clinical Audit Plan – B McKaig** The Trust Clinical Audit came through QSAG, and the presenter was unable to attend Quality Committee, therefore BM gave a summary within the QSAG report. Overall, Trust audit completion rates are 76%, which is an increase from last of around 7%. The main factors in this were firstly the industrial action and operational pressures having an impact. Secondly there was a lack of resource in the audit team, which has come through in the last few years. M Arthur gave an update at QSAG in terms of plans to develop, however this is not finalised. There was 4%, nine audits, where there was significant noncompliance, however none of those were of a significant safety concern, nor was there anything the Trust was not aware of. There was a challenge to the audit leads as to why t services are being commissioned to undertake audits when they are a part of a wider action plan within the organisation. BM believes the audits carried out need to be refined to ensure there is no duplication and the right areas are focused on. The majority of audits had been completed with reasonable action plans and were linked with Quality Improvement Projects (QIP) where appropriate. There were two anonymous concerns raised to the CQC around paediatric staffing and equipment. A robust response was submitted recently, and the ICB were invited to visit the paediatric staff which has now taken place. DH expanded on the visit, saying that it was positive and that the ICB recognised some strong leadership and the work that has taken place. They picked up that with the amount of work, the team needs to ensure that everyone at every level is informed and aware of the initiatives that they partake in and why, and what the outcomes are, and that outcomes are fed back. Overall there was nothing significant that was concerning, and a report will be received ten days from the visit. LT asked if the normal process of concerns being expressed is a visit. DH said while these concerns had not led to the visit, it was repeated concerns raised to CQC which culminated	

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	in the request. The Integrated Care Systems (ICS) were also due to visit and are planning to extend the Terms of Reference to pick up some of the quality issues and concerns featured. There was a concern around staffing in Maternity which has been responded to. KB said that WHT have a dedicated audit team, whereas in RWT these are carried out by the Divisions. There are plans to create a central audit support function from the team that currently exists with some additional posts early in 2024. LT noted that the report stated there were 54 audits abandoned, and only 10 of 55 national audits were completed. She enquired if there are any penalties if the national audits are not completed, or any actions taken or concerns expressed. BM assured that all the national audits are being completed but given the time frame in the reporting cycle some are still ongoing. AH asked about the decline in CQC Core Services, and was interested in the obstetrics one, as during the Non-Executive Directors meeting there was noted an expectation for a Maternity CQC visit. BM said these are completed by the Assurance team based on systematic and timely reviews. Where there is a reduction it is picked up with the service via an action plan so that it can be increased. There is an ongoing series of monitoring with fluctuations throughout the year. The Assurance team have an up-to-date picture of where the organisation is sitting which is reflected in the well-led group. The actions are being completed and the Trust is in a strong enough position that the well-led meeting has been stood down while the actions are still monitored.	
6.4	**Health Inequalities Report** Deferred to January 2024.	
6.5	**Maternity Services Governance Report and Single Delivery Plan – T Palmer** Midwifery staffing and workforce is an improving picture as the new recruits are starting. Previously there were 11 whole time equivalent vacancies, this is now down to 0.7 so there is a significant improvement. Some of these staff members are taking more time to integrate into clinical areas; there is a robust support network and TP will be receiving reports in the next week with assurance that this has been addressed. The action plan is included in the report for the neonatal workforce for Clinical Negligence Scheme for Trusts (CNST) compliance. On the maternity dashboard, the exceptions are the bookings and the births, as bookings have gone up significantly as the team are booking before ten weeks. This is not a concern and is explainable. Births will be just over 5000 at the end of the year, which TP said is manageable for the team. It is monitored very closely and there are no concerns around capacity. All perinatal deaths are being reported in line with the national best practice standards and there is 100% assurance that the reporting, review and monitoring is as it should be. This will be validated through the CNST maternity incentive scheme.	

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	There is a concern across the Black Country around stillbirth rates in all four Trusts. RWT has done a local review which showed some themes, however the Black Country review is welcome, as some of the women are out of area, and it will help to understand in its entirety any themes that can then be worked on together. This report should be released at the end of January. The Trust currently have five Maternity and Newborn Safety Investigations (MNSI) (formerly Healthcare Safety Investigation Branch [HSIB]) cases, which are currently being processed. There are two SUI going through Trust process. The CNST maternity incentive scheme is in year five. At the present time the team are confident they will meet all ten standards. The report gives an overview for where the team are, however, this has changed in the week since the report was submitted and there is more compliance in there. Standard 8 is the only one of concern, which is around getting the staff through the training in the timescales that are set by NHS Resolution (NHSR). The strikes have hindered the training this year, however, there has been provision in the guidance over recent months. The anaesthetic team are still outstanding; however, TP has been assured that this will be resolved imminently. The Single Delivery Plan has been looked at as a quad perinatal leadership team, examining the priorities for the next three years and the high-level review has been included. TP will continue to report through Quality Committee and Board the progress. Internal auditors have given the team a sample of the assurance that the team are compliant on and TP is working with them to provide the evidence of that assurance. As it is a three-year plan it is a significant piece of work. DH reminded the Committee that there was a conversation this time last year around CNST and the devolved sign off for Board, and the check and challenge date is booked to go through this in mid-December. TP said the Board Declaration submission is early February, and the intention is to bring it to Quality Committee in January for sign off. LT confirmed that this will need approval from the Board in December's meeting.	
7	**Themed Review Items**	
	None to report.	
8	**Issues of Significance for Audit Committee** None noted. **Issues of Significance for the Trust Board** LT will raise the cancer metrics.	
9	**Any Other Business** KB asked on behalf of the executives at WHT that it be noted at both RWT and WHT Quality Committees that the Urology pathway quality issues are being controlled. Some discussion was had regarding this and BM elaborated from the QSAG Chair's Report that there are	

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	citations on the challenges around cancer performance and the merging of RWT and WHT. There is an extensive action plan to work with the team and prioritise tasks. GN suggested that there was an action for her, DH and BM from the Quality Committee relating to Urology updates. GN suggested that GN, DH, BM, and KB put together the relevant elements from the various organisations involved in a paper for review by Quality Committee in January that can be escalated to Trust Board if needed. This was agreed.	**GN, DH, BM, KB**
10	**Evaluation of Meeting** LT felt there was some good discussion around the items on the agenda.	
11	**Date and time of Next Meeting:** **Wednesday 24th January 2024 at 1.00pm to 3.00pm, Via MS Teams**	

Minutes of the Finance & Productivity Committee

Date	Wednesday 22nd November 2023
Venue	via MSTeams
Time	8.30am

Present:	
John Dunn	Non-Executive Director & Deputy Chair (Finance & Productivity Committee Chair)
Lisa Cowley	Non-Executive Director
Gwen Nuttall	Chief Operating Officer & Deputy Chief Executive Officer
Professor Martin Levermore	Associate Non-Executive Director
Kevin Stringer	Group Chief Financial Officer
Alan Duffell	Group Chief People Officer
James Green	Operational Director of Finance
Tim Shayes	Deputy Group Chief Strategy Officer
Mark Greene	Deputy Chief Finance Officer
Dean Gritton	Group Manager, Oncology, Haematology, Radiotherapy & Palliative Care
Adam Race	Director of Operational Resources & Organisational Development
Lord Patrick Carter	Specialist Advisor to the Board
Claire Richards	Executive PA to Group Chief Strategy Officer (Minutes)
Julie Jones	Non-Executive Director
Keith Wilshere	Trust Secretary
Claire Richards	PA to Chief Strategy Officer

Attendance	
Kate Shaw	Deputy Chief Operating Officer – Medicine & Emergency Care Services

116/2023	**Apologies for Absence** Apologies were received from S Evans and N Bruce. Julie Jones (Non-Executive Director) was welcomed to the Committee as a new member. J Dunn clarified that this meeting follows two extra-ordinary Finance & Performance Committee Meetings took place to discuss the Medium Term Plan and a 1 hour meeting to discuss due diligence on the Trust's forecast outturn and the submission that the Trust will make to the ICB. Sir David Nicholson asked that the due diligence be completed so that a full Trust Board response would not be required. J Dunn stated that the Trust will need to achieve the forecast outturn and that there will be a need to revise some of the monitoring and control put into place for ERF, CIP 80% target and each of the Divisional run rates as they meet the requirement to hit the forecast outturn.	
117/2023	**Declarations of Interest** There were no declarations of interest.	
118/2023	**Minutes of Meeting Held on 25th October 2023** The minutes of the meeting from 25th October were agreed.	
119/2023	**Action Points from the Previous Meetings** The following action points were repeated and re-circulated for electronic update prior to the next meeting.	
119.01	Home Office Announcement (Action 1405) – G Nuttall and M Levermore to discuss the potential influx of migrants impact on planning assumptions outside of the meeting once the Home Office clearance has been granted.	**ML**

119.02	Financial Improvement Communications Additional Narrative (Action 1464) – L Cowley asked that Communications narrative be included within the status. J Green confirmed that the narrative had been added to the update. **Action closed.**	
119.03	Workforce & Pay Update (Action 1465) – A Duffell to report back on the recording of rostering and contracted hours. A Race confirmed that the action, along with the full grip and control checklist, has been reviewed with executive colleagues. There is a piece of work ongoing to further develop and embed rostering practice across nursing and AHP areas which covers this action, and through this work there is a high degree of scrutiny on the 'net hours balance' indicator, which is outside of tolerances. (Net hours balance is the number of hours owed to the Trust by staff or that the Trust owes to staff). A significant driver for the above tolerance performance is the number of hours built up during various waves of COVID where staff were redeployed and roster solutions were not used to best effect. The work further embedding use of the system and good rostering practices is scrutinising the variance at roster and individual level to cleanse the data. At local level managers are ensuring staff undertake their contracted hours. Further updates will be brought to the committee as part of the ongoing review of the checklist. **Action closed.**	
119.04	Headcount Bridge Data Breakdown (Action 1466) – J Green stated that there is a breakdown of the bridge dating back to 2018/19 and that further work is taking place to look into the data. J Green confirmed that this was still in progress as at 22/11/23. The deadline date has been updated for the next meeting.	**JG**
119.05	Outturn Quantified Risk (Action 1467) – J Dunn queried what the risk was of the Trust not achieving the "Most Likely" outturn. J Green stated that the remaining risk was the run rate, delivery of ERF and Winter pressures. J Dunn asked J Green to quantify the amount. J Green updated that this has been completed and identified in the forecast outturn update presented at the Extraordinary Committee Meeting on 16/11/23. **Action closed.**	
119.06	PA Consultancy Risk & Reward Query (Action 1468) – K Stringer confirmed that he had raised the contents of the PA contract with Tom Jackson at the end of October and was informed that there were clear deliverables against the terms of reference for production of report and ensuring the system accepted Financial Recovery Plan and had in place a Performance Management Office. No monies at risk unless non delivery is evident. **Action closed.**	
119.07	Long Term Financial Plan Extraordinary Meeting (Action 1469) – J Green to arrange a separate 1 hour workshop meeting within 2 weeks of the October Finance & Productivity Meeting to discuss the financial plan in more depth. The meeting was arranged. **Action closed.**	
119.08	LTFP Unfunded Inflation Line (Action 1470) – L Cowley asked that the unfunded inflation line be identified and added within the plan going forward. J Green confirmed that this would be included within the plan. **Action closed.**	
119.09	Wrekin House (Action 1471) – J Dunn to meet with S Watson to discuss the Wrekin House project outside of the meeting.	**JD**
120/2023	**Performance**	
120.01	Elective Care Recovery (ECR) Programme – J Dunn requested an update on forecast outturn and an update on 78 and 65 week performance and the potential impact of Industrial Action/lack of IA on performance. G Nuttall clarified that there had not been any changes to the submission for the year-end forecast since 16th November to today's meeting.	

T Shayes provided the following highlights from the report:

Advise:

- At the request of NHS England, the trajectories for 65 week breaches, total waiting list size, cancer backlog reduction and 28 day faster diagnosis have been updated.
- A further 2% reduction has been made to our ERF target by NHS England to account for the industrial action post April Our revised target now stands at 104.5% with our forecast for the year being 107%.
- Our waiting list has risen steadily since the turn of the year, primarily because of the continued instances of industrial action. We now expect the waiting list to remain static for the remainder of the year with the assumption that no further industrial action takes place – this is the expectation set by NHS England.
- The Trust delivered 100% of activity in October (compared to 2019/20) compared to a plan of 104%. On a value weighted activity basis, this equates to 104% (compared with a plan of 107%).
- Year to date, our activity performance stands at 104% (versus plan of 105%) and our value weighted activity performance at 106% (versus plan of 108%).
- The Trust has reforecast its trajectory for 65 week breaches. The plan remains to clear these by the end of March 24 but T Shayes stressed that insourcing support is needed to achieve this. T Shaye also clarified that insourcing and outsourcing contracts make a contribution and are not a cost pressure so the Trust still anticipates utilising the support to meet the trajectory.

Alert:

- The Trust remains in Tier 2 for cancer performance with no further clarity over the criteria for existing.
- The Trust is not currently achieving the 78-week breach standard with 61 breaches at the end of October compared to a target of zero. A plan remains in place to clear these by the end of November.
- The Trust has fallen below its trajectory for diagnostic recovery – this is isolated to non-obstetric ultrasound in particular with a recovery plan in place to utilise an insourcing provider.

Assure:

- The Trust has a route to zero for 78-week patients – it is expected that this will be achieved by the end of November 23.
- Our capped theatre utilisation in October was the fifth highest in the country and our uncapped utilisation was the fourth highest.
- The Trust is in line with its recovery trajectories for cancer backlog and the faster diagnosis standard.
- Detail is provided within the report to demonstrate the Trust is maximising the usage of the independent sector.
- The Trust is meeting the national target to validate patients waiting over 12 weeks without an appointment/TCI date.
- There has been positive reduction in the diagnostic recovery waiting list which, if it continues, will allow the Trust to get to 85% by the end of the financial year.

J Jones queried that the 52 week performance, stating that the chart was that the expected trajectory was to go up but that the 2nd paragraph stated that it had plateaued and that this was expected to continue. T Shayes clarified that the Trust has made progress with the 52 week actuals due to the current trend and that the Trust would be around 3,000 by the end of the financial year. G Nuttall clarified that the Trust has not had to re-submit a 52 week forecast. However, due to insourcing initiatives in Urology it is assisting with the 52 week reduction so work will continue to progress to assist with next year's performance.

L Cowley queried the cost of validating the waiting list (approximately £30k) against the 3% return rate and questioned whether this was the expected return rate and whether it was costing more to text patients. G Nuttall clarified that there is a national expectation to

	validate patients over 12 weeks and that the Trust has had to pay out additional funding for texting and to reach patients who have not provided telephone numbers, so there is increased cost associated with it. There has been a one off reduction and numbers are very static. G Nuttall stated that there has been system pushback regarding the Prime Minister initiative to contact patients waiting over 40 weeks for treatment to see if they would like to travel within 50, 100 miles or anywhere in the country for treatment. The return from patients replying to that request is 1% nationally which is minor against the amount of input and effort involved. Overall validation of the waiting list is fine and the Trust completes it on a 12 week basis with 3% being the norm. T Shayes clarified that the £20k cost for the text messaging service was funded but that 3% equates to 900 patients and if those patients did not attend for appointments (DNA) it would have also paid for itself. **Chair's Summary for Trust Board:** J Dunn clarified that the Trust's performance is linked to the financial outturn, there is a clear plan to hit the 65 week target, the 78 week target is tight but still on track to achieve the end of November. Issues around the waiting list are some assumptions from NHSE but the generally they are sound. Cancer is on track and there is a good view of the Trust's theatre utilisation.	
120.02	National & Contractual Standards (IQPR Extract) – J Dunn requested an update on the Emergency Department and flow. G Nuttall stated that maintaining urgent and emergency care performance has been highlighted, specifically the achievement of the 4 hour target. G Nuttall informed the Committee that she would provide an update on the targets and the Winter Plan as a joint update. G Nuttall referred to page 19 of the report, which indicates that the 4 hour performance metric remains static and continues to be above the new national standard of 76%. G Nuttall stated that the requirement is to achieve 76% by the end of March and that the Trust has been achieving that target all year. October performance is the 7th best nationally. The metric for type 1 is also very good. However, there has been significant deterioration for attendances over 12 hours and ambulance handovers within 30 minutes in October and has continued into November. G Nuttall informed the Committee that this is a national deterioration and the Trust has an action plan in place to work towards improving this but stated that there has been an increase in the number of ambulance conveyances to The Royal Wolverhampton. A total of 85% are local within our catchment area and some are from Shropshire but those have reduced as of late. G Nuttall also clarified that within the last 2 weeks the Trust has conveyed ambulances to Walsall. G Nuttall stated that the increase in ambulances is linked to winter pressures and acuity and that there are other challenges within the Winter Report, there is a small increase in covid cases (average of 20 – 25 patients) and one ward was closed this week due to an outbreak of Norovirus. The Committee noted the report.	
120.03	Winter Plan Action Plan Update – K Shaw provided an update on the Winter Plan and stated that the Trust was running at over occupancy with Paediatrics. The Winter Plan has been formed around building the capacity for those Services, there has been good progress in terms of virtual ward, SDECs and streaming to alternatives. The Paediatrics capacity has been funded from January 2024 but it is already being utilised so there is some risk there and across the whole of the Winter Plan around bed mitigation and the reliance on Winter Plan alternatives. The Trust is now looking at additional actions such as clinically led conversations around an ambulance audit and walk-in audit. The Winter Plan was partially assured at the UEC Board due to the capacity gap. There has been good progress with a hugely challenged position and there has been a real focus across the Divisions. G Nuttall stated that Place UEC Group met yesterday, there was good engagement and multi-disciplinary and external stakeholder attendance. G Nuttall stated that costs are escalating for social care packages and nursing home care. G Nuttall informed the Committee that Acute Respiratory Infection Hubs are going to be Primary Care Led and will be Led in	

	Wolverhampton by Kam Ahmed which will commence in December. G Nuttall will bring an update on the impact. **Chair's Summary for Trust Board:** High number of ambulance and walk-in figures in the Emergency Department, this is providing challenges to 12 hour and 60 minute performance. The Trust is still meeting the 4 hour turnaround well but the Trust is in high occupancy with beds, starting to see an increase in covid which is impacting on length of stay at the start of the winter position. J Dunn expressed concerns regarding high utilisation without any reserve beds at the start of Winter and asked if the Trust was targeting any length of stay to improve flow and ease occupancy issues. G Nuttall confirmed that the Trust does not have any additional bed capacity but that West Park Hospital are under the management of Division 3 to have more focus on discharge. There is a need to continue to utilise the Same Day Discharge Lounge and improve weekend discharges. L Cowley informed the Committee that Dudley have frozen social care packages unless an emergency situation and asked if any funding had been found for the unfunded mitigation schemes. G Nuttall confirmed that there was £600k worth of schemes that have not been funded and that there has been a high degree of challenge from all providers around cuts made to SDF funds. L Cowley stated that stroke performance had decreased and queried why. G Nuttall stated that the Trust tried to ring fence 2 stoke beds to meet the target and performance dipped. L Cowley stated that there has been some work around stroke pathways in community provision in relation to lack of social care assessment patients re-stroking that she would share with G Nuttall. L Cowley asked if mental health ED presentations were funded. G Nuttall confirmed that it was not and that there was significant agency cost in this area and that it is not funded. J Dunn queried if funding could be requested from the Mental Health Trust. J Green stated that if the severity of the patient requires specialist support costs could be recouped, however, if it is due to general acute care costs fall to the Trust. J Dunn asked if this could be continued to be explored or if staffing could be transferred in to cover agency costs. J Jones asked what the ratio split was between those presenting in ED via ambulance and walk-in who present with mental health issues and physical issues. K Shaw stated that it was a fairly even split and not much of a pattern. G Nuttall confirmed this and said that the presentation of adult and children patients with associated mental health conditions has increased nationally and needs further monitoring. J Dunn queried the percentage of patients presenting with mental health conditions. G Nuttall stated that the number of patients are in single figures but once assessed by the Trust Team they require a mental health assessment from a small team and then length of wait is significant and if they require a bed the pressures on mental health beds means that patients could be in the department over 12 hours and sometimes several days. M Levermore queried what the statutory obligation was if unfunded mitigation schemes high risk materialised. G Nuttall stated that the safety of patients and staff was a priority and that a risk assessment and discussion would take place with operational colleagues and that money would be spent to ensure the safety of staff and patients. L Cowley suggested tracking if patients presenting with mental health conditions had tried to seek mental health support from the Mental Health Trust and are we seeing a trend of individuals who are waiting for support or who didn't know it existed. K Shaw stated that there was a mix, patients who need higher level support and also challenges around bed pressures. K Shaw confirmed that lots of conversations were taking place about working together and MDTs are taking place to keep patients safe. L Cowley felt that this presented a social care implication and expressed concerns regarding the issue with Dudley from April as there will be no specialist commissioning.	**LC**

The report highlighted the following areas:

Assure:

- Risks to delivery of the Winter Plan, along with their mitigations are detailed in the table below.

Risk	Mitigation
IC's above current levels	• Continuous monitoring and escalation
Staff sickness	• Trust processes in place • Winter vaccination programme launched • Divisional and Trust staff allocation meetings • Prioritising the wellbeing of our staff
Transport failure	• Escalation and utilisation of alternative provider as now
Covid, Flu, Norovirus, etc. impacting on inpatient flow and nursing home closures	• IP processes and guidelines in place • Joint work with Capacity • IP input to Nursing Homes
Continued industrial action	• Strike planning to continue if further strikes announced • Team engagement and comms

Advise:

- Additional paediatric beds have been funded from January 2024. (£305k)
- Delivery of the Winter Plan will be monitored through Finance and Productivity Committee and the Trust Management Committee.
- Delivery of the OneWolverhampton Winter Plan will be monitored through the OneWolverhampton UEC Strategic Group, the ICB UEC Operational Group and UEC Delivery Board.

Alert

- Potential mitigation schemes identified in the report are not funded (£596K) and will not be progressed.
- Schemes identified in the OneWolverhampton plan (to which the RWT plan is aligned) are funded through Service Development Funds (SDF).
- The bed mitigation plan in the document was initially assessed as Amber/Red in September 2023 as the identified bed gap was not fully mitigated. The plan was therefore given partial assurance at the UEC Delivery Board in October with a verbal update to the Trust Board on the 10 October 2023. The same rating remains in place following the ICB UEB Board in November 23.

The Committee noted the report.

121/2023 **Financial Performance**

121.01.01 Trust Income & Expenditure Position (within the report) – K Stringer provided an update and outlined the contents of the letter received from NHSE on 8th November. The Black Country were allocated £18.8m and were asked to ensure Winter Pressure Plans are underwritten and can be delivered. Meetings took place with ICB, DoFs and CEOs to come back to a route to get back to the deficit plan -£69m. Sir David Nicholson has given delegated authority to Finance & Productivity Committees to send the submission. K Stringer presented some slides which displayed the reviewed improvements that will allow the system to get back to its financial plan position of -£68.8m with the receipt of additional funding from MMUH, which was assumed within the financial plan and has not yet been received.

The revenue benefit of capital to revenue transfer will be allocated to the organisation giving up capital, with the current split of this as follows:

	The Dudley Group	£1.736m	
	The Royal Wolverhampton	£2.550m	
	Walsall Healthcare	£2.541m	
	ICB	£6.633m	(relating to the allocation received for achieving 22/23 performance targets)
	TBC	£3.954m	(TBC following Trust review prior to submission)

K Stringer confirmed that the ICB will be submitting a plan that will be £9.95m greater than the deficit plan because of Midland Met, but the Trusts will deliver what was said will be delivered on 1st April when signing up to the deficit plan. K Stringer confirmed that it has been submitted today.

Chair's Summary for Trust Board:
The plan goes forward and the Committee will now be relating reporting to the forecast outturn, there are some pressures on run rate, ERF, CIP and there is a need to ensure we can demonstrate we have strong grip and control measures in place.

121.01.02 M Greene provided an overview of financial performance. The Trust is reporting an in month adjusted deficit of £5m, this is £3.26m adverse to plan, this leads to a year to date deficit of £33.8m which is £7.6m behind plan.

121.01.03 Income & Expenditure Position –

	In Month Actual	YTD
Income	£'m	£'m
Patient Income	59.05	411.56
Other Income	14.74	96.68
Total	**73.79**	**508.24**
Expenditure	**78.77**	**542.02**
Surplus/(Deficit)	**(4.98)**	**(33.78)**
Planned Surplus/(Deficit)	**(1.72)**	**(26.17)**
Variance to Plan	**(3.26)**	**(7.61)**

121.01.04 Cash – J Green stated that cash balance is £41.7m actual against £29.4m planned. The Trust is forecasting in the new financial year that the Trust will require cash loan support within the first half of the financial year.

121.01.05 Covid 19 Expenditure – In month 7 there was expenditure of £135k on testing and £41k on Covid Medicines Delivery Unit. (Year to date £784k and £286k respectively). Income is received for both of these services to offset the costs.

121.01.06 ERF – There was some underperformance on ERF in month due to Industrial Action as the forecast is based on no strike action going forwards.

121.01.07 J Dunn asked M Greene to provide a summary for J Dunn to take to Trust Board regarding the forecast outturn. **MG**

121.01.08 **Chair's Summary for Trust Board:**
The Trust has a risk of £4.5m, the Trust is developing a plan to achieve this which will be monitored by Finance & Productivity Committee. The challenges are from 3 sources, ERF; Divisional Run Rate and CIP. There is very little opportunity for balance sheet adjustment. J Dunn requested separate monitoring and control data to come back to Finance & Productivity Committee.

121.01.08	ICB Update – K Stringer updated the Committee on the letter that all CEOs had received from Mark Axcell on 29th November and informed them of the response. K Stringer agreed to circulate the response to the Committee members following the meeting. **Action update: the response has been circulated.** The committee noted the report.	
121.02	Financial Recovery Group Report & Deep Dive – Against an in-month target of £4.56m, £2.01m has been achieved, taking the year-to-date achievement to £15.9m against a target of £16.7m. £32.8m of CIP's are forecast to be achieved (73% of total CIP target), of which £13.9m is expected to be achieved recurrently (30% of the annual target). J Dunn emphasised the need to look to achieving over 80% of CIP. D Gritton informed the Committee that the team are working through a number of schemes and are liaising with PA Consultancy to ensure that any opportunities are utilised. Work is also progressing with PIDs that run into 2024/25 to try to achieve the 80% target. J Dunn stated that good progress had been made and queried if any part-year effect from approved business cases had been picked up. D Gritton confirmed that he meets with Finance on a monthly basis to ensure that this is captured. L Cowley queried if the MoHs Dermatology equipment was funded via the Goodyear provision through the Trust Charity. G Nuttall confirmed that this was the case. L Cowley queried if any other charitable opportunities had been explored. M Levermore agreed that this is a potential opportunity and that there is a need to synchronise the Charities Team with the Operational Team to effectively explore those options. M Levermore to explore the options as an action. J Jones requested clarification regarding the year to date savings. J Green confirmed that the forecast outturn identified is £32.8m and £15.9m has been delivered. The Committee noted the report.	**ML**
122/2023	**Board/Pre-Board Approval Reports**	
122.01	Linear Accelerator Combined Service Care (REAF 1431) – The report recommends the award of a contract renewal for the Linear Accelerator Combined Service Care to Elekta Ltd at a total 5-year value of £3,980,303. The proposed contract will begin 1st January 2024 subject to full Trust expenditure authorisation approval. Assure: • The procurement exercise has been conducted using the NHS Supply Chain Maintenance, Repair and Calibration of Medical Equipment framework. Alert: • Failure to have a maintenance contract will lead in the occurrence of machine failure to a significant reduction in cancer treatment, and to considerable cost for high-value replacement parts and specialist engineering work. J Jones queried if the next renewal of the contract could be handled nationally so that alternative providers could also be explored. K Stringer clarified that paragraph 3 identifies that this is a framework arrangement and that all suppliers have been subjected to a national framework agreement and that it has been through a competitive arrangement. The local procurement team have then negotiated inflation and there will be another national framework agreement in 5 years' time. J Jones queried why the period was set at 5 years. K Stringer stated that 5 years is a standard agreement but that he could check with the Procurement Team and will feedback via email.	**KS**

	M Levermore asked if carbon impact can be considered when the next renewal takes place. K Stringer confirmed that this would be a consideration when securing a new contract to procure the device in the future. J Dunn stated that there was a strong strategic requirement, there is operational concurrence to move forward with the contract, it has been through an exercise using a national framework and there is full procurement concurrence, the risk has been assessed and the price has been agreement and there is a funding source for the finances. **The Committee endorsed the business case for discussion at Trust Board.**	
122.02	Pathology Molecular Managed Service (REAF 1375) – The report recommends the award of a contract for the supply of a Molecular Managed Equipment Service for a 7-year period, to Roche Diagnostics Limited. Assure: • The procurement exercise has been undertaken against the Pathology Services Framework hosted by The Royal Wolverhampton NHS Trust, progressed as a direct award process, permissible under the framework and following the established BCPS evaluation model. Advise: This new BCPS wide Managed Service Contract provides a consolidated solution for all equipment platforms within the Molecular testing discipline. Alert: The agreement provides both significant savings and secures pricing over the term of the contract. L Cowley queried if the business case was the same that was submitted in October 2021 as a direct award or a subsequent procurement. K Stringer clarified that this was a subsequent procurement. L Cowley queried if a closed tender had then taken place with Roche. K Stringer confirmed that this was the case but under a framework arrangement that allows a direct award. L Cowley asked that the narrative be updated to clarify that the equipment had been provided at no capital cost. M Levermore queried if the overall income generation had been explored for the equipment to see what the income would look like over the period. K Stringer stated that this was across the Black Country and that there are income opportunities and that G Danks could provide the Committee with a BCPS income opportunity update at a development session. J Jones asked that the narrative be expanded to summarise why this is a direct award. J Dunn stated that there is strategic alignment, it has procurement and operational concurrence and is revenue generated. K Stringer to liaise with the Procurement Department regarding the changes to the narrative. **The Committee endorsed the business case for discussion at Trust Board, pending the updates to the narrative.**	**KS**
123/2023	**Governance**	
123.01 123.01.01	BAF Update – The revised BAF update was discussed and noted any issues for the following risks: SR15 – Achievement of plan position remains under review pending assessment of impact of funding streams from NHSE. Given the current forecast gap, it is highly unlikely that it will deliver to plan which could result in enhanced oversight and potential intervention.	

	K Stringer asked that the decision about the deferral of £2.5m capital this year and risks regarding back log consequences is reflected within the risks. K Wilshere confirmed that he would liaise with J Green to ensure that this is updated. **The Committee agreed with the overall score and amended criteria.**	
123.01.02	SR16 – The review recommendation has been updated to reflect an increase in the number of patients occupying beds who are medically fit for discharge or who do not meet the criteria to reside (from 60 per day to 70 per day). There has also been an increase in the number of over 1 hour ambulance delays. The impact of flu, Covid 19 and Norovirus is being monitored closely as there has been evidence of a spike in Covid and Norovirus in the Community and Nursing Homes in November 2023. Cases of Flu, Norovirus and Covid are also present in the Hospital. There is no further Industrial Action (IA) planned during November 2023 and the Trust will receive additional funding to compensate for the financial impact of the IA taken. The impact of these and other capacity issues have been assessed and the recommendation is no change to the risk rating. **The Committee agreed with the overall score and amendments.**	
123.01.03	SR18 – The current risk is being mitigated and controlled as far as possible in relation to current threats and near future proofing of device, systems, and communication threats and improving high level reporting, including 3rd party security. The initial risk indicates that 3 x 4 = 12 is the appropriate risk level and the target level has been revised. **The Committee agreed to review the risk once the first report has been submitted to the Committee in December.**	
123.01.04	9a Emerging Risk Wolverhampton ICP/Place Collaboration – **The Committee asked that this risk be allocated to the Integration Committee. L Cowley confirmed that Integration Committee accepted the risk to be transferred.** The Committee noted the BAF updates, there were no further risks identified.	
124/2023	**Reports to Note**	
124.01	NHSI Monthly Return – The report was noted.	
124.02	Annual Work Plan – The work plan was noted.	
124.03	Capital Report – The report was noted.	
124.04	Supplementary Finance Report – The report was noted.	
124.05	High Value Contract Report – High Value Contracts for upcoming approval: **Description** / **REAF** / **Contract Renewal Date** / **F&P Target Date** Teletracking system / TBC / 01/01/2024 / F&P TBC TB 12/12/23 Insourcing of Endoscopy Services / TBC / 01/04/2024 / F&P 24/0124 TB 13/02/24 Insulin Pumps & CGM / TBC / 01/01/2024 / F&P 20/12/23 TB Chair Approval L Cowley queried if a short term extension would be requested for the Teletracking system as there was not sufficient time to review the business case at Finance & Productivity Committee before the contact was due for renewal. K Stringer confirmed that this would be the case. L Cowley asked that a narrative links to the cost pressure for the Insulin Pumps when the business case is submitted. G Nuttall noted the concerns.	

124.07	Contracting & Business Development Report – The report was noted.	
124.08	Temporary Staffing Dashboard – The report was noted.	
125/2023	**Meeting Reflection Time**	
	There was nothing further raised.	
126/2023	**Date and Time of Next Meeting**	
	The next meeting is due to take place on Wednesday 20th December at 8.30am via MSTeams. Please email all reports in PDF format to claire.richards12@nhs.net by 12noon on Friday 15th December.	

Minutes of the Finance & Productivity Committee

Date	Wednesday 20th December 2023
Venue	via MSTeams
Time	8.30am

Present:	
John Dunn	Non-Executive Director & Deputy Chair (Finance & Productivity Committee Chair)
Lisa Cowley	Non-Executive Director
Professor Martin Levermore	Associate Non-Executive Director
Kevin Stringer	Group Chief Financial Officer
Alan Duffell	Group Chief People Officer
James Green	Operational Director of Finance
Tim Shayes	Deputy Group Chief Strategy Officer
Dean Gritton	Head of Out-Patient Transformation and Service Efficiency
Julie Jones	Non-Executive Director
Keith Wilshere	Trust Secretary (partial attendance)
Simon Evans	Group Chief Strategy Officer
Claire Richards	Executive PA to Group Chief Strategy Officer (Minutes)

Attendance	
Allison Heseltine	Non-Executive Director (partial attendance)
Dr Brian McKaig	Chief Medical Officer (partial attendance)
Kate Shaw	Deputy Chief Operating Officer, Division 3
Emma Ballinger	Associate Director of People – Transformation and Organisation (observer, partial attendance)

127/2023	**Apologies for Absence** Apologies were received from G Nuttall, Lord Carter, A Race, S Watson, N Bruce and M Greene. J Dunn welcomed A Heseltine to the meeting.	
128/2023	**Declarations of Interest** There were no declarations of interest.	
129/2023	**Minutes of Meetings Held on 9th, 16th and 22nd November** The minutes of the meetings from 9th, 16th and 22nd November were agreed.	
130/2023	**Action Points from the Previous Meetings** The following action points were repeated and re-circulated for electronic update prior to the next meeting.	
130.01	Home Office Announcement (Action 1405) – This action has been closed as Home Office approval is required. **Action closed**.	
130.02	Headcount Bridge Data Breakdown (Action 1466) – J Green had previously stated that there is a breakdown of the bridge dating back to 2018/19 and that further work is taking place to look into the data. J Green confirmed that this was still in progress and agreed to provide an update at the next meeting. J Dunn asked for clarification regarding the alignment of performance, headcount and finances and ensure that a change control procedure is in place if either of them changes which impacts on the others a change control is in place for escalation.	

	K Stringer queried if a robust review of business cases had taken place with Divisions, reviewing the outcomes and looking at business cases that required disinvestment. J Green to provide an update on the actions at the next meeting.	**JG**
130.03	Stroke Pathways (Action 1523) – L Cowley confirmed that a discussion has taken place with G Nuttall re stroke pathways. **Action completed and closed.**	
130.04	Forecast Outturn Summary (Action 1523) – M Greene provided a summary for J Dunn to take to Trust Board regarding the forecast outturn. **Action completed and closed.**	
130.05	Charitable CIP Opportunities (Action 1525) – M Levermore to explore the possibility of synchronising the Charities Team with the Operational Team to effectively explore CIP opportunities. **Update:** ML confirmed will actively explore charitable CIP opportunities as they arise, **action closed**.	
130.06	Linear Accelerator Combined Service Care (REAF 1431) – 5 Year Contract (Action 1526) – J Jones queried why the period was set at 5 years. K Stringer stated that 5 years is a standard agreement but that he could check with the Procurement Team and will feedback via email. **Update:** D Allison confirmed that due to the value and complexity of the equipment this is a standard term/length of agreement. S Price also stated that a 5-year term is more cost-effective, and competition after a shorter term is not an option due to the service being possible only by the OEM. **Action completed.**	
130.07	Pathology Molecular Managed Service (REAF 1375) – Narrative (Action 1527) – K Stringer liaised with the Procurement Department regarding the changes to the narrative. The paper was updated. **Action completed and closed.**	
130.08	Additional Meeting (Action From Extraordinary Meeting on 9/11/23) (Action 1538) – J Dunn confirmed that need to have the logistics for the meeting on Thursday and asked K Stringer to control the agenda. K Stringer to approach Sir David pending his agreement to discuss this with F&P members. Update: meeting took place. **Action completed and closed.**	
130.09	Booking Additional Meeting (Action From Extraordinary Meeting on 9/11/23 (Action 1539) – J Dunn suggested for a meeting to take place on Thursday 16 November to have a detailed discussion. It was agreed a meeting would be arranged for 8.00am on Thursday and for a room to be booked at the Copthorne and an option to join via MS Teams. J Green to ask admin support to arrange this and book a room. **Update: Action completed and closed.**	
130.10	Planning Round (Contribution by Speciality) (Action From Extraordinary Meeting on 9/11/23) (Action 1540) – K Stringer suggested picking up in the Planning Round the contribution by specialty and having a set of numbers and looking at the bottom line suggested the specialty doesn't make a contribution. **Update: M Greene confirmed that this will be picked up in planning, action closed.**	
130.11	Additional Extraordinary Meeting (Action From Extraordinary Meeting on 9/11/23 (Action 1541) – J Dunn suggested having another extraordinary meeting in December to pick up where the Trust is. Update: a further meeting took place in November. **Action completed and closed.**	
130.12	Forecast (Action from Extraordinary Meeting on 16/11/23) (Action 1542) – K Stringer to notify D Loughton and Sir D Nicholson that an Extraordinary F&P meeting had taken place and that the due diligence had been undertaken and a recommendation for the adoption of this forecast to be presented to the Board. **Action completed and closed.**	

131/2023	**Junior Doctor Industrial Action (IA) Update**	
	Dr B McKaig and K Shaw provided an update, stating that the Junior Doctor IA is planned to take place from 0700 hours 20th December to 0700 23rd December and 0700 hours 3rd January to 0700 hours 9th January 2024. K Shaw stressed that priority will be given to ensuring the safe delivery of care within the emergency portals and inpatient capacity, Cancer outpatients, surgery and treatments and elective care of long wait patients (65 weeks and 78 weeks). K Shaw highlighted that the Industrial Action planned in January will pose the greatest risk due to this always being a very difficult week in terms of demand and capacity post-Christmas but also due to the reduced availability of Consultant colleagues as a result of long standing agreed annual leave. Work continues to progress to try to minimise the impact as much as possible. B McKaig informed the Committee that a decision had been made by the organisation to pay the BMA rate card to ensure appropriate and safe cover is in place for patients via Consultants and Speciality and Specialist (SAS) Doctors during the planned Industrial Acton in December 2023 and January 2024. B McKaig informed the Committee that it was unlikely the organisation would declare derogations for the December IA but that the impact of the January IA is not yet clear. However, the use of the BMA rate card is likely to improve the position regarding the impact of the January IA but that this still remains a risk due to the time of year. The Trust's trajectories for delivery of 65 weeks and 78 weeks is at risk. The associated financial cost of the Industrial Action is estimated to be £2.988m based on the average cost of previous Industrial Action, with the impact of introducing the BMA Rate Card being a further estimated £1.0m (total £3.988m). Work will continue to minimise the impact of the Industrial Action. Advise: Priority will be given to the Trust's emergency portals, inpatient care, cancer and long waiting patients. Assure: Risks to delivery of 65 weeks, 78 weeks and the total; the financial impact is £3.9m. Pre-arranged Christmas leave will impact on the availability of Consultants to cover the gaps as a result of Junior Doctors taking action, particularly in January. Plans will continue to be worked up to ensure patient safety. Alert: Elective activity will be rearranged to ensure delivery of care in the priority areas. The recovery of key targets by the end of March 2024 will be at further risk. The loss of income and the cost of ensuring the safety of emergency portals and inpatient care will result in a further deterioration in the Trust's financial position. **Chair's Summary:** J Dunn summarised that the Trust is expecting to see the same levels of Doctors participating in the December and January IA as previous IA. Cover is in place for all critical rotas during the IA in December. The Trust has agreed to pay the BMA rate card across all Consultants and SAS. J Dunn queried if there were any areas of concern regarding Consultants providing cover or acting down during the IA. B McKaig assured the Committee that following the decision regarding the BMA rate card there are no more concerns regarding rota cover arrangements during the planned IA in December. A Duffell clarified that following a national call which took place on 19th December it is likely any derogations will be referred back to a regional position and then escalated to a national position from a union perspective. A Duffell agreed that the BMA rate card payment will need to be in place before any decisions take place regarding derogations.	

	J Green clarified the costs of the planned IA to be averaging at £3 – 4m. J Green clarified that the costs for the planned IA are not expected to be included within H2 plans recently submitted to NHSE and that it is likely this will be covered in excess of funding already received, or as an exception to the revised forecast outturn. L Cowley queried if other Trusts were paying the BMA rate card. A Duffell stated that Sandwell and West Birmingham are paying the rate card and that Dudley are not. L Cowley queried if the request for the BMA payment was reflected to wider staff engagement or an isolated situation. B McKaig further clarified that this was regarding a specific situation. L Cowley and J Dunn extended an offer of support to Executive colleagues during the planned Industrial Action. M Levermore requested an update on the cash position following the loss of income from the planned IA. J Green stated that this would be forecast in Q1 or Q2 and that the Trust is forecasting in excess of £20m cash balance this financial year. J Green assured M Levermore that cash balance is being closely monitored. J Dunn requested an IA update for Trust Board over the Christmas/New Year period. B McKaig and K Shaw assured the Committee that the relevant returns are being completed and circulated as required. K Stringer asked that B McKaig and K Shaw provide a brief summary of the impact of the IA and readiness state for the January IA to Trust Board towards the end of next week. K Wilshere agreed to circulate a copy of the summary to Trust Board members. The Committee noted the report. Dr B McKaig left the meeting.	**BM/KS** **KW**
132/2023	**Performance**	
132.01	<u>Elective Care Recovery (ECR) Programme</u> – T Shayes provided the following update: Advise: • As previously advised, our trajectories for 65 week breaches, total waiting list size, cancer backlog reduction and 28 day faster diagnosis were updated on the request of NHS England. Trusts were asked to model these trajectories on the assumption of no further industrial action. Junior doctor industrial action has now been announced for December 23 and January 24 meaning not all of these trajectories will be achievable. • Having risen steadily during consecutive periods of industrial action, the Trusts waiting list has now plateaued. This follows a pause in industrial action and the commencement of insourcing in Urology and Gynaecology. The expectation had been for this trend to remain for the remainder of the financial year however the industrial action now announced for December and January will result in the waiting list rising further. • The Trust delivered 107% of activity in November (compared to 2019/20) compared to a plan of 107%. On a value weighted activity basis, this equates to 104% (compared with a plan of 110%). • Year to date, our activity performance stands at 105% (versus plan of 106%) and our value weighted activity performance at 106% (versus plan of 108%). Alert: • The Trust remains in Tier 2 for cancer performance with no further clarity over the criteria for existing – we remain ahead of our trajectory for backlog reduction and faster diagnosis performance but will not reach the 70% 62 day performance target by March (primarily due to the clearance of the backlog). • The Trust is not currently achieving the 78-week breach standard with 19 breaches at the end of November compared to a target of zero. A plan had been in place to clear these by the end of November but did not achieve as a result of insufficient inpatient capacity. The industrial action announced for December means we do not now have a route to zero.	

	• The Trust has fallen below its trajectory for diagnostic recovery – this is isolated to non-obstetric ultrasound where performance is improving but not at the rate required to achieve 85% by the end of March 24. The Trust has applied for external funding to insource the capacity required to recover this position. Assure: • The Trust is in line with its recovery trajectories for cancer backlog and the faster diagnosis standard. • The Trust has seen a reduction in the number of 78, 65 and 52 week breaches. • The Trust is achieving its diagnostic trajectories in all one but one modality. • Detail is provided within the report to demonstrate the Trust is maximising the usage of the independent sector. • The Trust is meeting the national target to validate patients waiting over 12 weeks without an appointment/TCI date. • The Trust is on course to achieve its trajectory for clearing 65 week first outpatients by December. **Chair's Summary for Trust Board:** J Dunn expressed concerns that the Committee have informed Trust Board that a plan is in place to achieve the 78 week performance target by the end of November and that this has not been achieved and that 19 patients are out of target. J Dunn clarified that a Urology Deep Dive was being submitted to Quality Committee January 2024 and requested an update to Finance & Performance Committee on what the key constraints are, the number of patients treated in Urology each month and queried if the outstanding long waiters could be prioritised. T Shayes clarified that priority is being given to long waiting patients alongside cancer patients and that there were risks to achieving the December target due to capacity issues. T Shayes stated that the Urology paper due to Quality Committee would describe the Urology challenges in further detail and he would speak to Gwen about providing a copy to Finance & Productivity Committee. J Dunn queried if a clear plan was in place to maximise ERF performance. T Shayes confirmed that a plan is in place, which was presented to the Committee in July to achieve 107%. However, some of the stretch schemes within the plan have been delayed or are not always being achieved universally. T Shayes stated that he would include more detail within next month's report. M Levermore queried if the issue with Urology was due to capacity or capability. T Shayes clarified that it was a capacity issue. M Levermore queried if other departments were experiencing similar issues. T Shayes clarified that the Urology challenges were different to other specialities but confirmed that there were challenges within Gynaecology and General Surgery when achieving the 65 weeks performance, they are not posing a challenge to 78 weeks. T Shayes highlighted the challenges within a number of surgical specialities were due to the number of steps a patient has within the pathway before receiving the first treatment, which is not specific to RWT only. A Heseltine queried the number of patients on the waiting lists who were breaching and presenting via Emergency GP or A&E. T Shayes confirmed that this information was tracked by the Directorate Teams. K Shaw confirmed that this information was tracked and if a patient presents to an emergency portal they will have surgery in a non-elective bed stream rather than elective, as separate elective wards are maintained. J Dunn asked T Shayes to include numbers against the waiting list graph in the next report. J Dunn queried if the Urology collaboration had provided additional capacity and expertise. T Shayes stated that it had provided additional capacity but that additional activity is not being delivered at the moment.	**TS/GN** **TS** **TS**

	M Levermore queried if the finances within the pricing model were identified when elective surgery patients are diverted to the non-elective route. J Green confirmed that this would then form part of the block arrangements in place and it would be recorded as missed income opportunity. J Jones queried if the Trust was maximising opportunities for Insourcing to reduce the waiting list. T Shayes confirmed that Insourcing is being maximised across a variety of specialities.	
132.02	National & Contractual Standards (IQPR Extract) – A discussion took place regarding the terminology for medically fit patients recorded within the IQPR. T Shayes clarified that this is recorded as 'patients with no criteria to reside' to align with national terminology. K Shaw provided an update stating that Urgent and Emergency Care is under huge pressure due to increasing numbers, the Trust received 156 ambulances on 18th December. Walk in activity is high, there has been a slight shift in acuity and covid numbers are on the increase with a number of patients with flu and norovirus. Community Services are increasingly busy and continue to develop the virtual ward usage. The ICB have asked organisations to contact a centralised Care Coordination hub (manned by Sandwell & West Birmingham) for ambulance conveyances for patients over 75 years age. Services are experiencing a lot of pressure given the time of the year, however, the Trust is managing to maintain 76% performance in the Emergency Department. Ambulance performance is significantly challenged in terms of the over hours. **Chair's Summary:** J Dunn summarised that the ED performance is standing up to huge demand, noted good cooperation between community and acute. Noted that the Trust was in the top 10% for ambulance performance and that ED performance is very good. J Dunn noted lots of pressures due to the increases in covid, flu and norovirus. The Committee thanked the team on the good performance and all their hard work for the continuing performance. L Cowley asked for figures to be included within the report when referring to the busiest ED day along with a comparison figure. L Cowley stated that there had been an improvement in stroke performance but that it had recently started to decline. L Cowley queried if this was due to an increase in stroke patients or whether the Trust was struggling to manage with similar levels of provision. K Shaw provided L Cowley with an update on Stroke performance. L Cowley asked for the stroke numbers and a watching brief to be included within future reports. The Committee noted the report and thanked the teams for their work.	**TS** **TS**
132.03	Agency Report – A Duffell presented the report. The report provided details of long term and highest cost agency staff across the Trust. Work continues to secure alternative workforce supply in these areas particularly. It was noted that many, if not all of these areas are shortage occupations nationally and, in many cases, internationally. A summary of admin and clerical agency usage in November 2023 was also provided with narrative describing the current position and steps being taken to ensure exit plans are in place. Alert: Agency price cap compliance remains challenging, driven in large part by the skill mix requirements for agency staff (mainly medical). The remains off-framework agency usage in one area. Assure: The report provided the Finance and Productivity Committee with details of agency expenditure across the Trust and assurance on the controls in place.	

	A Duffell stated that the price cap compliance remains at just over 50% and that it is being driven by the majority of agency demand for medical staff, agency staff are recruited where possible. A Duffell highlighted that the price cap was set in 2016 and costs have inflated since that time. Cap compliance for the staff group is 16% with good cap compliance for other staff groups. Framework compliance is high at 96% overall. The report was noted.	
133/2023	**Financial Performance**	
133.01.01	Monthly Financial Report – K Stringer provided a system update. The H2 return has been completed and none of the figures submitted include the second round of strike action figures within the forecast. The figures submitted by the ICB is forecast year end deficit of £96m against a deficit plan of £69m, although K Stringer felt that this could be an improved position of £90m. Dudley are showing a surplus against their original deficit plan and RWT and WHT have a challenge of achieving the additional stretch put into the last forecast year end.	
133.01.02	Income & Expenditure Position – J Green provided an update on the Income & Expenditure position. The Trust is reporting an in month adjusted surplus of £2.4m, this is £2.85m favourable to plan, this leads to a year to date deficit of £31.4m which is £4.8m behind plan. The surplus in month arising due to the recognition of YTD funding received from NHS England to support costs of Industrial Action. Income is £1.4m adverse to plan in month and £3.8m adverse YTD. In month pay expenditure has under spent by £0.8m. This is due to funding being received to cover Strike action occurring earlier in the year. This has, however, been offset by ongoing overspends largely related to temporary staffing cover including bank and agency doctors covering rota gaps £1.4m and £243k in nursing areas where bank has been used to cover sickness, maternity and acuity related issues. Non-pay is overspent in month by £1.3m. £0.5m of this is in hosted services where pathology has increased spending on cancer diagnostics. There are also overspends on activity related to ERF performance £0.5m. £210k of previous underspends have been taken to CIP causing an in month overspend and Utilities has also overspent by £46k due to planned downtime of the CHP for routine maintenance. Year to date the position is also overspent, Pay is £8.3m overspent including, £5.7m medical staffing cover, £4.7m nursing cover for sickness etc, vacancies in other areas partially offset this cost. Non pay is underspent by £0.7m and Drugs is £1.4m overspent.	

	In Month Actual	YTD
Income	£'m	£'m
Patient Income	68.85	480.41
Other Income	13.37	110.05
Total	**82.22**	**590.46**
Expenditure	**79.82**	**621.84**
Surplus/(Deficit)	**2.40**	**(31.38)**
Planned Surplus/(Deficit)	**(0.45)**	**(26.62)**
Variance to Plan	**2.85**	**(4.76)**

133.01.03	Cash – Actual £29.5m v £28.1m Planned.	
133.01.04	CIP – CIP is forecasting £42m against £45m target.	
133.01.05	Covid 19 Expenditure – In month 8 there was expenditure of £155k on testing and £47k on Covid Medicines Delivery Unit. (Year to date £939k and £334k respectively). Income is received for both of these services to offset the costs. The committee noted the report.	

133.02	Forecast Outturn – J Green provided an update on the forecast outturn. At the Finance & Performance Extraordinary Committee meeting on 15th November 2023, members received the proposal to revise the forecast outturn position for the Trust following the announcement of additional resources released by NHS England. Assure: The report provided members with a briefing on the revised forecast outturn calculations for the 2023/24 financial year. Advise: Members were briefed that the revenue forecast outturn deficit position is revised to an outturn of £38.9m compared to the original plan of £26.75m deficit. Alert: Further work is required to develop the plan to deliver the £4.5m stretch reduction in run rate. J Green stated that the submitted revised plan was for a £36.4m forecast deficit by the end of the year but NHSE rejected a proposed £2.55m capital to revenue transfer so that has been removed from the position putting the Trust back to £38.9m deficit. J Green informed the Committee that there remains a significant challenge for both the Trust and the System as a whole in trying to contain growing expenditure and deliver the outturn position for 2023/24 within forecast. The Trust has a stretching £4.5m target improvement which is yet to be supported by firm delivery plans, however work continues to identify efficiency opportunities where possible. J Green stated that the Trust will invoice for out of system emergency activity that has been growing since the block was agreed (based on 2019/20 activity levels), in particular for Shropshire and BSOL and that discussions will need to take place with Staffordshire. J Dunn queried if a plan was in place to deliver the £4.5m stretch. J Green stated that a fully developed plan was not yet in place. J Dunn stated that the financial challenge has been agreed by the Board, there is a £4.9m challenge (as November was £400k behind plan in month) and there isn't a plan in place. K Stringer stated that when the ICB requested the improved position the Trust accepted the additional request under duress and the Trust Board approved this. The Executive Team were asked to develop a plan, part of the solution on the run rate was further grip and control around bank and the team have been working hard to ensure the bank position improves. K Stringer stated that the challenge has been accepted and the team will come back to the Committee in January with some suggestions. J Dunn stated that if there wasn't an improvement by the January meeting he would need to notify Trust Board of the risk. J Green informed the Committee that monthly meetings continue to take place with the Divisions, there has been a pause on recruitment during December (with a handful of exceptions) and that any benefit would be visible February/March 2024. J Jones asked for some transparency over which targets are harder to achieve than others going forwards to understand the pressures. J Jones asked for further clarity over the figures due to the distortions going forwards and asked for the core figures to be presented in future. J Jones asked if the CIP could be spread out to show the effect if it would have been moved in previous months. J Jones asked if there were any other CIP savings that was due to be transferred out in future months. J Green acknowledged the concern regarding the rate figures and that this would be addressed in future reports. J Green stated that in terms of CIP it is removed as soon as he is aware of the saving and that he is not aware of any further savings, but they will be transferred as soon as any arise. K Stringer informed the Committee that if the headcount increases the average spend on the pay bill will increase. Further time will be allocated to the January agenda for an in-depth forecast outturn discussion.	**KS/JG**

	The Committee noted and received the report for assurance. The content of the report and level of risk was noted and discussed. A Heseltine left the meeting.	
133.03	Grip & Control Update – In light of the significant financial challenges faced by NHS organisations, NHS England released a refreshed version of the Grip & Control measures to assist organisations to ensure maximum cost control opportunities are deployed. J Green presented the report, giving a status update on the grip and control measures work which have been taking place. J Green stated that a further Executive Meeting Review will take place early January 2024. Assure: The report provided members with a briefing on the progress made on implementing the Grip & Control measures and offered assurance that the Executive Team are undertaking a cycle of reviews. Advise: The report advised that there remains to be some Amber and Red assessed measures – further work continues to address these deficiencies. J Jones queried if there is sufficient clarity between the definition of agency and consultancy treatment. J Green stated that all recruitment goes through the Vacancy Panel and that measures are in place to identify this. L Cowley noted some elements where staff are not following a process or a process is not totally embedded and queried if there were any digital processes which could eliminate any issues and if there was an implementation. J Green stated that there are some digital opportunities which are being developed as a targeted approach for each one. A Duffell raised a question on behalf of A Heseltine. Of all the business cases which require additional staffing funding is it clear whether the costs are required via the ICB, national or local. J Green stated that he would pick this up as part of the process, each business case would identify funding, the majority would be local but that external funding support would be picked up. J Dunn asked J Green to action outside of the meeting. K Stringer stated that since 2019/20 the Trust has had significant staffing costs and that the majority of this isn't funded, which leaves a large underlying deficit across the ICB. Organisations are being asked to justify the significant underlying financial position. J Green informed the Committee that PA Consultancy have reduced their findings to £250m, most of which are an estimate on CIPs and the Trust in not fully aligned with their methodology. The amount identified for RWT is £70 – 75m, which is being worked through with PA Consultancy as again the Trust does not agree with the methodology used. The Committee noted the report and took assurance that the Executive Team are actively implementing and monitoring adherence to the control measures.	**JG**
133.04	Financial Recovery Group Report – D Gritton provided an update and stated that some additional slides were included within the pack i.e. exception reports for schemes that have been revised, details for any of the schemes that have been removed which have been validated with finance team cost avoidance savings. D Gritton stated that Divisional Finance Meetings are being used as an opportunity to discuss the PA Consultancy opportunities, look at methodology, validity and numbers. Assure: Assurance was given that the Trust is working to achieve its CIP target for 2023/24. Improvement has been seen in the year to date achievement in October 23. Additional PIDs are in the process of being approved and signed off for 23/24 delivery. Advise: The report advised on areas that continue to be reported on and/or where some assurance has been noted/further assurance sought. Work continues on the identification of financial delivery, aligned with PA workstreams.	

<table>
<tr><td></td><td>Alert: The report highlighted matters of concerns, gaps in assurance or key risks to escalate to the Committee. Forecast 100% delivery is not likely to be achieved, alongside recurrent savings.

2023/24 CIP Summary – Against an in-month target of £4.6m, £9.5m has been achieved, taking the year to date achievement to £25.5m against a target of £21.3m. The significant in-month achievement relates predominantly to income schemes and non-recurrent vacancy savings that have been achieved relating to the full year and therefore the M1-8 values are reflected in month. Following a review of all CIP schemes and the addition of a number of stretch CIP schemes being included within the forecast, the CIP forecast is £42.0m, of which 35% is expected to be achieved recurrently (£14.7m).

L Cowley queried if the patient reluctance to switch to biosimilar was consultant/clinical reluctance. K Shaw stated that further engagement needs to take place with consultants so that they can articulate the benefits to patients. Work is underway to develop some pro-active communication/engagement.

L Cowley highlighted Renal Welfare Rights and expressed concern around programmes supporting additional and supporting effective management for individuals with conditions being removed if risk factors haven't been mapped out. K Shaw stated that Welfare Rights on Renal have been funded via Charitable Funds for a number of years and that the Trust is exploring the development of a pro-active plan to run the service in a different way. K Shaw agreed to discuss this with L Cowley outside of the meeting to provide some additional assurance. L Cowley stated that this is also being explored via Integration Committee.

The Committee received the report for assurance and it was noted.</td><td>KS</td></tr>
<tr><td>134/2023</td><td>Reports to Note</td><td></td></tr>
<tr><td>134.01</td><td>NHSI Monthly Return – The report was noted.</td><td></td></tr>
<tr><td>134.02</td><td>Annual Work Plan – The work plan was noted.</td><td></td></tr>
<tr><td>134.03</td><td>Capital Report – The report was noted.</td><td></td></tr>
<tr><td>134.04</td><td>Supplementary Finance Report – The report was noted.</td><td></td></tr>
<tr><td>134.05</td><td>Temporary Staffing Dashboard – The report was noted.</td><td></td></tr>
<tr><td>134.06</td><td>High Value Contract Report – High Value Contracts for upcoming approval:
<table>
<tr><th>Description</th><th>E-Reaf Number</th><th>£- Value inc. VAT</th><th>Procurement Lead</th><th>Contract Renewal Date</th><th>RAG</th><th>Target Date of F&P/TB</th></tr>
<tr><td>Insourcing of Endoscopy Services</td><td>TBC</td><td>Approx. £9m (based on current costs)</td><td>Emma Viola</td><td>01/04/2024</td><td></td><td>F&P 24/1/24
TB 13/2/24</td></tr>
<tr><td>Insulin Pumps & CGM - Adults</td><td>TBC</td><td>Approx £1.2m</td><td>Gloria Bird</td><td>01/04/2023</td><td></td><td>F&P 24/1/24
TB 13/2/24</td></tr>
</table></td><td></td></tr>
<tr><td>135/2023</td><td>Meeting Reflection Time</td><td></td></tr>
</table>

	A discussion took place regarding the need to have a more in-depth discussion to debate bigger issues around finance, workforce, activity planning and wider transformational change to develop a plan for 2024. S Evans informed the Committee that planning guidance was due October 2023 and has since been pushed back to 22nd December 2023. The Trust will be required to respond once it has been made available and that sessions will be required in Q4 to develop a plan for 2024. J Dunn thanked everyone for their hard work throughout 2023.	
136/2023	**Date and Time of Next Meeting**	
	The next meeting is scheduled to take place on Wednesday 24th January at 8.30am via MSTeams. Please ensure that all reports are emailed to claire.richards12@nhs.net in pdf format by 12noon on Friday 19th January.	

The Royal Wolverhampton NHS Trust

Minutes of the Trust Management Committee of the Board

Subtitle	RWT TMC
Date	24/11/2023
Time	13:30 - 15:28
Location	MS Teams Virtual Meeting
Chair	Gwen Nuttall
Attendees	Maria Arthur, Doreen Black, Nick Bruce, Carly Craddock, Kevin Darcy, Angela Davis, Keely Evens, Simon Evans, Kerry Flint, James Green, Debra Hickman, Clare Hope, Lindsay Ibbs-George, Dr McKaig, Michelle Metcalfe, Andrew Morgan, Alison Dowling, Dr Leslie, Hannah Murdock, John Murphy, Tracey Palmer, Adam Race, Kate Shaw, Tim Shayes, Sian Thomas, Ananth Viswanath, Keith Wilshere, Suneta Banga, Bev Morgan, Radhika McCathie, Lee Dowson

1 **Apologies for absence Dr Odum, Grant Lewis, Prof. Loughton, Catherine Wilson, Prof Singh, Kate Cheshire, Stew Watson, James Cotton, Louise Nickell, Alan Duffell, Stephanie Cartwright, Kevin Bostock, Kevin Stringer, Fiona Pickford, Nicki Ballard, Alvina Nisbett**

2 **Declarations of interest**

There were no new or changed Declarations of Interests to those published on the Trust Web Site

3 **Minutes of the meeting of the Trust Management Committee held on 24 October 2023**

The minutes were approved unchanged.

4 **Matters arising from the minutes**

There were no matters arising from the minutes.

5 **Action Points list**

Action item 2. Black Country Pathology Service (BCPS) Report

"Dr McKaig to provide an update at the next TMC meeting following his scheduled meeting with Sally Roberts to discuss how to link all governance elements of BCPS back into the 4 acute organisations. Ms Arthur and Mr Danks to be included in that meeting"

Dr McKaig confirmed a meeting had taken place between himself, Sally R, BCPS team and Ms Arthur. Ms Arthur coordinated a series of further meetings to develop robust process around BCPS governance to which all Trusts were aware of and the process was agreed.

Resolved: it was agreed the action be closed

Action item 4. Finance Position Report

"Mr Green and Prof. Singh to arrange a meeting to clarify figures for bank, agency staff Clinical Fellows for the Medical workforce and Clinical workforce."

Mr Green said a meeting had been arranged. Mr Green to confirm once the meeting had taken place

Resolved: it was agreed the action be closed

Acton item 7. Business Case for Additional Staffing within Acute Paediatrics

"The Business Case for Additional Staffing within Acute Paediatrics be approved subject a discussion between the Division on the financial budget and be presented virtually at an investment group meeting for approval."

Mr Green said the matter had been dealt with.

Resolved: it was agreed the action be closed

Action item 1. EPR System

"*Mr Bruce and members of his team to provide a presentation at the TMC Meeting on the EPR system for the replacement of the PAS system."*

Resolved it was agreed the action be closed

Action item Finance Position Report

"Mr Green to provide the presentation slide which refers to the drivers of the difference of the deficit slide"

The presentation slide was circulated to TMC attendees

Resolved: it was agreed the action be closed.

Action item Flow in Emergency Department

"Ms Morgan and Ms Shaw to provide information as to whether processes needed to be changed by the way patients were assessed to assist with flow of patients at ED"

Ms Shaw said further work was required on processes and would update on the agenda item.

Resolved: it was agreed the action be closed

Action item Stroke Performance Data Analysis

"Ms Shaw to provide information on any key issues identified once the analysis of data had been completed for stroke. To identify why time spent in dedicated stroke area had deteriorated."

Ms Shaw said the technical, timing issues and reporting of data had been resolved. She said there was a risk as there were non elective

pressures on getting stroke patients onto stroke wards as quickly as possible. She said the issue on data quality had been resolved. Ms Nuttall asked whether that would effect the report for November. Ms Shaw said that was correct there should be improvement.

Resolved: it was agreed that the action be closed

6 Key Current Issues/Topic Areas

6.1 Electronic Patient Records (EPR) Presentation

Mr Bruce introduced the presentation. He said the Trust was successful in securing NHSE funding which rationalised core IT systems into the single platform. Introductions were made by Ms K Evans and Mr Darcy. They went through presentation slides highlighting an overview of the EPR System, estimated timelines for implementation of the system, the teams and groups involved in the work. He said regular updates would be provided to TMC from the EPR Steering Group. Ms K Evans said work was being undertaken to identify which member of staff from the each Division should be involved in different areas of implementation of the system. She said recruitment packs were to be sent to the individuals identified who were engaged or had shown interest in undertaking work.

Mr Darcy said delivery of the EPR solution would require data migration for the current Patient Administration System (PAS) system and Emergency Department System. He confirmed there would not be loss to any data and all valid data which was currently available would continue to be available in the new EPR. He said some may be legacy where it would be stored in an off line data depository. He asked all to ensure patient demographics continued to be up to date, any old clinic codes were closed down and to ensure any staff members who had moved, that their records had been suspended.

Ms Nuttall said this was one of the biggest projects being undertaken across the organisation.

Dr Dowson asked whether they were in a position to understand any high level metrics to identify whether the change was delivering an improvement. Ms K Evans said as part of the business case, high level benefits were identified which it was believed the system could deliver. She said as part of the programme a benefits realisation manager would be recruited who would oversee the benefits throughout the programme. Dr Dowson asked about measuring staff satisfaction with the system, ie saving of time, reduced duplication and feedback from staff. Mr Darcy said within the plan was a stage of optimisation where that data would be collated.

Dr McKaig said the Trust also needed to identify what the clinical benefits would be ie how would the use of the introduction of the new digital more efficient system improve patient outcomes. He said the important thing was how that was measured, factored and demonstrated.

Ms Hickman said preparation would be key for the system. She felt it would be revolutionary with significant benefits for Nursing and Allied Health Professions (AHPs) as significant part of the workforce were working on paper base.

Ms Dowling asked whether feedback from patients was to be taken and if so this could be presented at the next Patient Involvement meeting, Mr Darcy said he would be happy to discuss further with Ms Dowling. He said they were keen to have patient involvement and patients should be placed at the centre of decisions made operationally and from an efficiency prospective.

Ms Nuttall said the key message was to ensure staff were aware of the proposed implementation of the new system as it was a Trust priority and all to communicate to their team. Ms Nuttall said regular updates would be provided to TMC.

Resolved: the presentation was received and noted
Action: Ms Dowling and Mr Darcy to have a discussion on how to facilitate patient feedback for the EPR system.

7 Elective Care Recovery

Ms Nuttall highlighted the expectation nationally and locally was that there would be no patients waiting over 78 weeks by the end of November. She said currently the Black Country were forecasting breaches of approximately 50. She said RWT were forecasting zero. She said the largest risk for the organisation was in the speciality urological. She mentioned all patients did have appointments to be seen and treated by the end of November, but some may require further investigations which would not remove them from the waiting list of 78 weeks. She said there may be some breaches and there were 30 patients within that category.

Ms Nuttall mentioned the national expectation was that there would be no patients waiting over 65 weeks at the end of March. She said it had been decided by RWT as a system that it would still commit to that target for all specialties. She said all would have seen the request for rebasing of the financial position and one of the things that organisations had to take into account was the money that was being spent on either insourcing to achieve that target or the spend on Waiting List Initiatives

(WLIs) overtime. She said RWT had undertaken that work in conjunction with the Black Country. She said RWT had stated that it wished to continue treating patients and any activity that was undertaken, even with insourcing and WLIs a financial contribution would be made to the Trust.

Resolved: the report was received and noted

8 By Exception Papers

8.1 Medicine Model of Care Update

Mr Morgan highlighted consideration was being undertaken on how to approach the winter with limited the need for additional resources. He said it was identified during the Junior Doctor strikes there was a slight improvement in patient flow. He said data was received which identified trends in increase of empty beds, increase of discharges, reduction of length of stay and reduction of average time from decision to admit. He said the learning was collated and being reviewed. He said firstly it was felt that having Consultants working for the specialities closer to the front door working with the key medicine team was of benefit. He said it was proposed that there be speciality input into the Urgent Medical Care Centre 5 days a week, with the aim to increase discharge, i.e. divert to hot clinics and get the speciality plan in place to reduce length of stay for those patients. He said this commenced on the 6 November and positive feedback had been received from Acute Medicine Teams.

Mr Morgan said beds between Division 2 and Division 3 and the bed base had been reconfigured so Division 3 had taken over West Park in line with acute community strategy. He said acute rehab had been moved to 20 beds on A7. He said there was a suggestion that same day discharge be established on C41 which provided greater capacity and capability of managing patients. He said a number of workstreams were in the process of being commenced looking at ward efficiencies to ensure there was consistency of huddles to try and get early discharges in the morning. He said a group of the team attended Walsall Healthcare NHS Trust (WHT) to look at their streaming process to see whether any lessons could be learnt. He said efficiency of discharge pathways were being looked at.

Mr Morgan said on the previous discharge lounge there were only 3 inpatient beds and a waiting list of patients waiting to go into them. She said the Trust had opened a same day discharge centre on what used to be ward C21. She said there were now 10 inpatient beds, including 2

side rooms and 12 chairs. She said this would allow to cohort a patient who may have a Covid 19 infection or whom was waiting to go home. She said it was anticipated in the future patients would go to the centre for last dose of antibiotics or final infusion prior to discharge. She said the Trust was able to provide a hot meal service to patients who may be delayed waiting in the centre. She said the next 3 months there was a private ambulance service who was operating out of there which was positive. She said they had also included a social prescribing service into the centre where staff can offer numerous services to people who may be living alone or frightened for their recovery.

Ms Shaw said metrics were in place to monitor progress and there was positive engagement with the work involved. She said the Trust was engaging with wider One Wolverhampton and had shared the work with Primary Care Networks (PCN).

Resolved: the Report was received and noted

8.2 Winter Plan Update

Ms Shaw highlighted the acute respiratory illness service provided by Primary Care was due to be launched at the Phoenix Centre in December. She said two key metrics which formed the basis of the NHS Response to winter were 76% target for admission or discharge, the second being ambulance category 2 response. She said a few weeks ago the Trust was one of the organisations managing to delivery those targets. She said it had been challenging due to increase of ambulance, walk in activity and complexity dependency of patients. She said the plan was a wider OneWolvehampton response to winter. She said there was positive partnership alignment across Wolverhampton. She said the plan was high risk due to the mitigation plan did not involve any additional adult inpatient beds and was reliant upon the use of virtual wards, community services alternatives to admission and medicine model of care. She said there were 10 additional beds in Paediatrics which were funded.

Dr Dowson asked whether a balancing metric was being missed which reflected the number of patients waiting for a bed each morning which would give an idea of what the flow was from AMU out into the organisation. Ms Shaw said she would consider how that should be reported. She said that information was being reported into the ICB escalation calls.

Resolved: the Report was received and noted

9 Monthly Reports

9.1 Integrated Quality and Performance Report

Ms Hickman highlighted given the occupancy level at the Trust deep cleaning at the Trust was still significantly limted. She mentioned PEC had been relocated into the old discharge lounge, however there was still limited capacity. She said the new centre in the basement was being refurbished and would not be available until December. She said it had been seen that E-Coli bacteraemia's could be the linked to some of the complexity and severity of disease progression and more work was required. She said current challenges were impacting upon patient harm and quality and safety which was also being seen regionally. She said there had been an increase in pressure ulcers and ongoing work was being undertaken. She said there was challenges in linen supply in getting linen moved around the organisation and ongoing work was being done.

Ms Nuttall said she had covered the performance aspects of the report.

Resolved: the Report was received and noted

9.2 Division 1 Quality, Governance and Nursing Report

Ms Black highlighted the challenges with the backlog with Urology of 18 weeks. She said the Directorate was working with system partners using capacity across the Black Country and Northampton General Hospital. She said additional support was required for nurses regarding patients with complex care needs including those who were at risk of pressure related injuries she said additional training had been put in place with support from the Trust's Tissue Viability Nurses. She said there remained a risk on the Trust Risk Register which related to the backlog of Ophthalmology review patients and the risk had been downgraded from 20 to 16.

Resolved: the Report was received and noted

9.3 Division 2 Quality, Governance and Nursing Report

Ms Morgan introduced the report and highlighted there had been an improvement of screening of Sepsis for patients in the Emergency Department (ED). She said more work was required to reach the target of administering antibiotics within the hour. She said an immediate care clinician had been introduced to be available to administer the treatment. She also mentioned changes had been made to the configuration of haematology and oncology wards to enable the most critical treatment could be consolidated in one area. She said feedback would be

provided on progression. Ms Hickman was asked whether there was any immediate feedback staff should be aware about. Ms Morgan said it was work in progress and some feedback was received at IPCG from clinicians in relation to the change of environment and nothing specific had been escalated from nursing staff..

Resolved: the Report was received and noted

9.4 Division 3 Quality, Governance and Nursing Report

Ms McKathie highlighted paediatric observations on time were below target and an ongoing action plan was in place. She said there was a positive and steady increase in care home referrals where the outcome was that the vast majority were not being brought into the hospital which would have a significant impact on admission avoidance. She said there was an alert in staffing hotspots particularly in dietetics and health visitors which was on the Trust Risk Register.

Ms Hickman asked all to note the paediatric peer review visit took place this week and initial feedback received was positive.

Resolved: the Report was recieved and noted

9.5 Executive Workforce Summary Report

Mr Race highlighted the improvements for retention and turnover of staff. He said there were continued challenges with sickness absence. He asked all to ensure appraisals were up to date with staff members. He also mentioned industrial action. He said in relation to focus on rosta metrics, reports had highlighted there was an issue with data on the net hours balance.

Resolved: the Report was received and noted

9.6 Chief Nursing Officer Report

Ms Hickman highlighted the positive vacancy position. She mentioned the contract had been cancelled with Yeovil for international recruitment. She said there was a challenge with Skills Mix within the organisation. She said all nurse staffing establishments were calculated using national guidance. She said in terms of correlation the report quantified some of the quality metrics alongside the nursing workforce resource, the dashboard was being reviewed.

Resolved: the Report was recieved and noted

9.7 Finance Position Report

Mr Green highlighted a £5 million deficit position in month, £34 million year to date against the original deficit plan of £26.7 million. He mentioned in November confirmation had been received that the Government was to release additional resources, £800 million to support organisations with strike costs. He said the Trust had received £6.7 million of that resource. He said there was also a reduction to the Elective Recovery Fund (ERF) target of which was estimated at approximately £2.4 million for the Trust. He said across the system the Trust had been asked to revise the forecast position. He said it was a challenging position and work continued on how to reduce spend. He said the forecast was a positive cash balance for the Trust at the end of the year but would need support from NHS England into the new financial year, which would effect capital expenditure.

Ms Nuttall said the forecast on the Trust was on workforce growth and explained where there were increases in workforce which included the use of bank staff. She said NHSE were monitoring adverts being placed on NHS jobs.

Ms Hickman thanked Heads of Nursing and the wider Divisional teams on their engagement with the roster metrics and scrutiny through the workforce meetings.

Resolved: the Report was received and noted

9.8 Capital Programme Update

Resolved: the report was received and noted

9.9 Operational Finance Group Minutes

Resolved: the report was recieved and noted

9.10 Financial Recovery Group Update

Ms Nuttall asked all to note PA Consulting. Mr Green said PA Consulting had been engaged by the local Integrated Care Service (ICS) to work with all organisations to support to develop a long term plan ad recovery opportunities where possible. He provided a brief summary of the anticipated work involved.

Resolved: the report was recieved and noted

9.11 Black Country Provider Collaboration and System Operating Model Update

Mr Evans highlighted the Joint Provider Committee was now operational. He said the System Operating Model gave insight on how the Integrated Care Board (ICB) would be structured in terms of operating with all the relevant organisations and how commissioning decisions would be made.

Resolved: the Report was received and noted

10 Statutory or Mandated Reports (1/4, 6 monthly and Annual)

10.1 Infection Prevention and Control Report

Dr Macve highlighted the challenge with C'Difficile cases, there being currently 48 cases at the end of October for year, the annual target for year end being 53. She said 3 other Trusts had already breached their target by the end of August. She mentioned the target was based on performance from the previous year. She said good practice was being maintained in that cases were not spreading within patients. She said there was one MRSA Bacteraemia and an increase in E-Coli cases. She said there were 56 new positive CPE cases. She said there was focus on any flu cases, any swabs coming to the lab for testing for Covid RSV patients were also at the same time being tested for Flu.

Resolved: the Report was received and noted

10.2 Patient Experience Report

Ms Dowling introduced the report and highlighted there had been an increase in complaints the main area being the Emergency Department. She said 7 complaints had been upheld out of 70 complaints. The national average being 94%.

Resolved: the Report was received and noted

10.3 Contracting & Business Development update

Mr Evans highlighted contracts had not been signed for this year and the Trust was still active to secure any additional work where possible.

Resolved: the Report was received and noted

10.4 Freedom to speak up Guardian Quarterly Report

Ms Flint introduced the report and said the report highlighted over 60% of concerns raised were in relation to attitudes and behaviours and there was a decrease 35% in Quarter 2 based on attitudes and behaviours. She said a higher number of white employees were reporting compared

to BAME staff. She said work continued in communicating the service to all. She said the highest number of reporting groups were nursing, midwifery and admin and clerical and quarter two saw an increase in additional clinical services. She went through the heat map within the report which was sent out to Deputy Chief Operating Officers and HR managers on a monthly basis to idenfity whether any actions were required.

Resolved: the Report be received and noted

10.5 Safeguarding Adults and Children

Ms Hope highlighted the Mental Capacity Risk had been reduced from red to amber as a result of significant work which had been undertaken across the Trust. She said the number of deprivation of liberty safeguard applications had increased to 33%. She said there had been a reduction in Midwifery Safeguarding compliance from 93% to 80% due to staff absence she said the Trust was in the process of training supervised safe guarders.

Resolved: the Report be received and noted

10.6 Emergency Preparedness, Response & Resilience (EPRR) Annual Assurance 2023 – 2024

Ms Nuttall said the Trust had been assessed as having partial assurance. She said many confirm and challenge discussions had taken place around emergency response and work was being undertaken.

Resolved: the Report be received and noted

10.7 Research and Development

Ms Boyle highlighted Dr Sandeep Hothi had been awarded a Research Scholarship which was positive news. She said RWT had been awarded to host the Regional Research Leadership Office for the West Midlands together with hosting the West Midlands Reginal Research Delivery Network. She said Professor Matthew Brookes had been appointed Director of the Network. She said they were unable to appoint to Professor or Nursing and Professor of Midwifery posts and discussions were taking place as to whether to advertise for Associate Professor posts. She said recruitment remained below the 5 year average and 2018/19 performance. She said the positive news was governance processes were being undertaken quicker for commercial studies.

Resolved: the Report be received and noted

10.8 NIHR Clinical Research Network (CRN)

Ms Craddock highlighted the contract for hosting the network would be until 2029. She said staff engagement activities were taking place to look at transition going into the new network to ensure staff were ready of the culture change. She said the budget was £30 million and were forecasting a zero balance at the end of the financial year. She said in terms of the risk register the main risk was delay in payment for public contributors. She said a pilot process had taken place with 3 public contributors through that process and they were all paid.

Resolved: the Report be received and noted

10.9 Midwifery Services Report

Ms Palmer highlighted extended perinatal mortality rates were an outlier across the Black Country and the Trust had seen a reduction. She said there had been an increase in still birth rates at RWT and across the Black Country. She said due to this the ICB had formed an independent panel of multi disciplinary independent review which was due to take place soon with a timescale of April to September with results to be received in approximately January. She also said the Trust was on track with the Maternity CNST programme. She said there was a deadline for the 1 December to achieve all 10 safety actions. She said safety action 8 Multi disciplinary retraining, a plan was in place for those staff members to attend training.

Resolved: the Report be received and noted

10.10 Board Assurance Framework (BAF)

Mr Wilshere said the BAF was for noting

Resolved: the Report be received and noted

11 Business Cases

11.1 Division 1

11.1.1 TA679 Dapagliflozin for treating Chronic HF

Resolved: the Business Case for TA679 Dapagliflozin for treating Chronic HF be approved

11.1.2 TA773 Empaglifozin for treating Chronic HF

Resolved: the Business Case for TA773 Empaglifozin for treating Chronic HF be approved

11.2 Division 2 - none this month

11.3 Division

11.3.1 TA882 Voclosporin with mycophenolate mofetil for treating lupus nephritis

Resolved: the Business Case for TA882 Voclosporin with mycophenolate mofetil for treating lupus nephritis be approved

11.3.2 TA 916 Bimekizumab for treating active Psoriatic Arthritis

Resolved: the Business Case for TA 916 Bimekizumab for treating active Psoriatic Arthritis be approved

11.4 Corporate - none this month

12 Outline/proposals for change

13 Policies/Strategies

13.1 Policies, Procedures, Guidelines and Strategies Update

Mr Wilshere said feedback was being circulated to divisions and Direcorates regarding local procedures and asked all to review with a view of reducing them.

Resolved the policies, procedures, guidelines and strategies update be received and noted

13.1.1 IP08 Infection Prevention Operational Policy

Resolved: IP08 Infection Prevention Operational Policy be approved

13.1.2 OP09 Corporate Policy and Framework for the Governance of Partnership Agreement

Resolved: OP09 Corporate Policy and Framework for the Governance of Partnership Agreement be approved

13.1.3 New, OP04, Patient Safety Incident Reporting Policy & Updated, OP10, Risk Management and Patient Safety Reporting Policy

Resolved: New, OP04, Patient Safety Incident Reporting Policy & Updated, OP10, Risk Management and Patient Safety Reporting Policy be approved

13.1.4 OP10, Risk Management and Patient Safety Reporting Policy

Resolved: OP10, Risk Management and Patient Safety Reporting Policy be approved

13.1.5 **New, GDL09 Guidelines for Peri-Operative Management of Diabetes in Adults**

Resolved: New, GDL09 Guidelines for Peri-Operative Management of Diabetes in Adults be approved

14 **Any new Risks or changed risks as a result of the meeting**

Ms Nuttall said a risk was to be created on the supply of Linen due to there being issues.

15 **AOB**

Nothing was raised

16 **Date and time of the next meeting 26 January 2024**

The Royal Wolverhampton NHS
NHS Trust

Minutes of the Audit Committee

DATE Tuesday 12 September 2023
VENUE MS Teams Virtual Meeting
TIME 3.30 pm

PRESENT

Ms Julie Jones – Chair	Non-Executive Director
Professor Louise Toner	Non-Executive Director

IN ATTENDANCE

Mr Kevin Stringer	Group Chief Financial Officer and Group Deputy Chief Executive
Mr James Green	Operational Director of Finance
Mr Mark Greene	Deputy Chief Financial Officer
Mr Simon Evans (part)	Group Chief Strategy Officer
Mr Keith Wilshere	Group Company Secretary
Mr Kevin Bostock	Group Chief Assurance Officer
Mr Paul Smith (part)	Head of Security and Car Parking
Mr Asam Hussain	RSM – Internal Audit
Mr Kashif Azeem	RSM - Internal Audit
Mr Bradley Vaughan	RSM – LCFS
Mrs Katie Henry	KPMG – External Audit
Mr David Allison (part)	Group Director of Procurement
Mr Nick Bruce (part)	Group Director of Digital Technology
Ms Jo Watts (part)	Group Head of Cyber Security
Mrs Anne-Louise Stirling	Executive Assistant to Group Chief Financial Officer and Group Deputy Chief Executive (Administrator for the Committee)

Item No		Action
58/2023	The Chair advised that a Private meeting with committee members, Internal Audit, LCFS and External Audit had taken place prior to the full committee meeting commencing. She reported it had been a very positive meeting with acknowledgement to the Trust's openness and good working relationships and standards.	
59/2023	**Apologies for Absence** Mr John Dunn, Mr Nathan Joy-Johnson, Ms Sarah Brown, Ms Alison Heseltine, Ms Samantha Bostock	
60/2023	**Minutes of the Previous Meeting** The minutes of the Audit Committee meeting held on the 26 May 2023, were reviewed, and approved by the committee.	

Item No		Action
61/2023	**Matters Arising**	
61.1	Report and Action Plan – Renal Contract Award The Chair addressed the committee referring to the two papers presented regarding the Renal Contract Award – the original report produced by J Green on the 18 May 2023 which was presented to the P&FC and then an updated report produced a month later. The Chair asked that D Allison should be asked to join the meeting at this point in order that any questions raised by the committee could be answered. J Green advised that in May this year he was asked to undertake a review of the circumstances surrounding the awarding of the Renal Contract which was for a period of ten years at a cost of £16 million, which went live without following the formal process of obtaining Board approval. A full review was undertaken, including interviews with colleagues to understand the background to the process and J Green advised that the first report set out the findings to the contract award. J Green advised the committee that his assessment of the situation was that staff acted in the best interests of the patient to ensure the service was up and running, but unfortunately in doing so did not follow the proper governance arrangements that were in place. Members noted that a waiver had been presented to P&FC for approval, but due to the size of the value of the contract members were not comfortable with the sign off process as it should have been referred to Trust Board for approval. In summary, J Green advised that whilst there was no intent to avoid due governance process there were several missed opportunities to rectify the situation. He explained further that in the second report produced which had been requested by P&FC the findings and lessons learnt were put into an action plan. He informed members that in his opinion a lot of this revolved around training and informing managers responsible within the Trust of their procurement responsibilities and to factor the governance arrangements that have to be upheld into their timeframe/plan. Members noted that N Joy Johnson had provided an update on the action plan to J Green and some of the actions were now in place. The Chair asked about the missed opportunities which included bringing the contract award to various committees and asked if the SRO colleagues knew if there were opportunities or whether it had since been noted that there had been missed opportunities. J Green responded that this was down to responsibilities and training not being followed, but confirmed that the report could have been taken to the December 2022 and January 2023 P&FC meetings. He advised that one of the actions in the plan referred to Procurement Managers having the confidence to challenge and report if they were aware of due governance not being followed. The Chair referred to the data protection issues surrounding the contract not being signed off, but the service commencing. She expressed concern around the DPIA and the sharing of patient data and asked how comprehensive the training within the Trust was for someone to initiate and facilitate a DPIA.	

Item No		Action
	J Green advised that whilst he was unable to answer the question about the training of staff the issue of data sharing arrangements was covered off in Slide A of the second report. The Chair concurred that it had been fortuitous that the DPIA when completed had not thrown up any issues as the contract had already commenced. L Toner enquired who was leading on the contract award in the Trust and the key driver of the project. J Green responded that the Group Manager was responsible for the procurement, but clinical and service leads were also heavily involved in the planning of the service. J Green also advised that the role of the Procurement SRO was crucial and that they needed to be fully aware of their responsibilities to ensure that due governance was followed at all times and equally aware of the escalation process should it need to be followed. L Toner asked if the escalation process had been invoked in this process to which J Green confirmed that it wasn't. D Allison addressed the committee and confirmed that this had not been procurement lead. He advised that Procurement had been brought into the process too late and without sufficient information, which led to further problems down the line. He advised that the procurement team may not have fully understood the process or the power they had to challenge. He advised that legal advice was taken to ensure that certain aspects of the contract were compliant. Members were reassured that the procurement team involved had duly taken on board the lessons learnt from this contract award and would not be drawn into an award at such a late stage again in the future. Equally he reported that the clinicians were now aware that due diligence had to be adhered to and that a tender process had to be followed to ensure that the contract was awarded to the right supplier, at the right time with the right commercial detail. L Toner thanked D Allison for the detailed explanation, but queried whether the first time Procurement were not involved, but the second time they had become involved because of the results of the first exercise. D Allison confirmed that Procurement had a much bigger involvement in the second exercise as the first exercise had been minimal involvement. The Chair asked if the supplier was being paid to which D Allison confirmed no payment had been made as the contract had not yet been signed as it had not gone through proper governance procedures. K Stringer advised the committee that in order to get a full overview of the process the Chief Operating Officer and clinical colleagues would need to be involved to put forward their version of events. He advised that Trust procedures had not been followed and Procurement should have been involved much earlier in the process. Unfortunately, due to several factors there had been a pressing clinical urgency from the clinicians to the effect that there was a pool of renal patients that needed extra capacity urgently. K stringer advised that whilst this was done in good faith the whole process should have been started earlier with clear processes in place and an achievable timescale. K Stringer suggested to the committee that he draft a letter to be sent out to senior managers and clinician's copying in Procurement stating that there are proper procurement processes to be followed and adhered to and setting out the individual responsibilities for the individuals involved. K Wilshere referred to D Allison's discussion around meetings being held with potential supplier(s) and asked that this also be raised in the draft letter around the potential conflict of interests being declared as part of any future process.	

Item No		Action
	L Toner asked for assurance that the Trust did have clear processes to be followed for contracts of this size and magnitude and that on this occasion with this particular contract award this did not happen due to the urgency attached to patient care. However, of concern there had been missed opportunities to rectify the situation on several occasions. She enquired who should be held accountable for the lack of process followed and with regard to the learning exercise going forward how would this be managed. K Stringer responded that there would be no disciplinary action taken as it was being treated as a learning exercise with stern discussions held with both the operational, clinical and Procurement Teams involved. In order, that the matter could be concluded K Stringer reiterated that if the committee agreed he would draft a letter setting out the expectations and possible consequences of breaking SFI's if Trust staff did not follow due process. A Hussain addressed the committee to share his observations of the facts put forward. He advised that having been through the procurement process for IA and LCFS the process had been very robust with guidance from Procurement at all stages. He reported that the no purchase order (PO) pay process initiative acted as a catalyst to capture any areas where contracts were agreed to on behalf of the Trust, but where Procurement were not necessarily involved. He asked D Allison if in his opinion if there were any more potential contracts that were not captured as part of the contract database that may potentially surface as a waiver or a breach and secondly if as part of the budget setting process there was an opportunity to identify where contracts were going to be coming up for renewal and ensure that Procurement were involved as part of that process to ensure that they are captured on the contract database. D Allison responded that as far as he was aware there were not any further contracts of this size not captured and the no PO no pay was working well and did highlight any issues. With regard to breaches as per the report to be presented later in the meeting there was not a significant number circa .31%, so arguably the governance process was working well. Members noted that a new official system was being rolled out by NHS England across the country to upload all Trust contracts, which would facilitate an automatic reminder to the rightful owner at the right time with workplans being scheduled accordingly. D Allison confirmed that this new system would strengthen governance arrangements and highlight any issues to the Trust. Work to commence the data upload to the new system would start at the beginning of October. The Chair asked for an update on progress at the December meeting of the committee. Referring to J Green's second report the Chair asked for confirmation that all of the actions put forward had now been completed. J Green and D Allison confirmed that the procurement actions had been addressed and shared with the team. In summary, the Chair concluded that this matter was passed to Audit Committee from P&FC because of the internal control implications and because of the committee's remit to ensure that internal controls were followed to protect the Trust. She expressed the view that as this was a particular contract and was unlikely to be repeated by that particular team for ten years and due to the particular set of circumstances and challenges surrounding it, it was highly unlikely that this particular scenario would reoccur. Therefore, a strongly worded letter from K Stringer advising that this particular contract award had been presented to P&FC and escalated to Audit Committee and there were clear procedures and governance to be followed and clear consequences if these processes were not adhered to would be beneficial.	**D Allison/ N Joy-Johnson** **K Stringer**

Item No		Action
	RESOLVED: The committee concurred that at this point in time there was no requirement for any further work to be carried out on this issue and thanked everyone concerned with the detailed findings and update on the Renal Contract Award.	
62/2023	**Audit Committee Action Points Log** The committee reviewed the list of Action Points and agreed upon, which items had been actioned and could be closed.	
63/2023	**Declarations of Interest** No interests were declared.	
64/2023	**Quality Governance Assurance Committee (QGAC)** L Toner updated members of the committee on areas of interest following the last QGAC meeting. Members noted that there were no issues raised at QGAC that required escalation to Audit Committee. The main area of concern remained the Cancer Improvement Plan, the 62 day waits and the financial situation, which could have a potential impact on quality of services. **RESOLVED:** The Chair thanked L Toner for the update on issues of note arising from the business of QGAC.	
65/2023	**Finance and Productivity Committee (F&PC)** In the absence of J Dunn, the Chair updated members of the committee on areas of interest following the last P&FC meeting. She confirmed that one area of interest at the P&FC meeting would have been the Renal Contract which had been discussed by Audit Committee earlier. K Stringer advised that there had been concern voiced at the forecast yearend position and a piece of work was now underway by the Finance Team to assess the worst case and best-case scenario. This report will be presented to the F&PC meeting on the 20 September for review followed by an ICB meeting on the 22 September. **RESOLVED:** The Chair thanked K Stringer for the update on issues of note arising from the business of F&PC.	
66/2023	**Trust Management Committee (TMC)** K Stringer and J Green updated members of the committee on areas of interest following the last meeting of TMC. Members noted that it was a standard agenda/reports with no issues requiring escalation to the Audit Committee. **RESOLVED:** The Chair thanked K Stringer and J Green for the verbal update following the TMC meeting.	

Item No		Action
67/2023	**Board Assurance Framework (BAF) plus Collaborative Work with Walsall and BAF Risks** K Wilshere addressed members of the committee advising them of the ongoing work associated with the BAF. He advised members that a piece of work to review outstanding areas in terms of either evidence or assurance against the BAF risks had been undertaken at the Trust. Members noted that a similar exercise had been undertaken at Walsall. Referring to page 4, K Wilshere reported that all of the BAF risks had been reviewed along with all of the currently declared controls/assurances in place along with associated evidence. Members noted that the areas identified covered the areas of most concern to the Trust. In particular K Wilshere advised that there was nothing of concern that came out of the cyber risk, and this demonstrated the difference between the two Trusts in terms of maturity of cyber and systems. In relation to items that have been on the 'watch list' for some considerable time namely – maternity insights and reviews, medium-term recruitment and retention and the potential negative impact of Place and the ICB. K Wilshere advised that the Chairs of the appropriate committees will be asked to review and consider whether they want these items to remain on the 'watch list' or to be removed. L Toner responded that in relation to the 'maternity insights and reviews' she did not have any particular concerns given the results that the Trust had received from reviews that had taken place. However, advised that it was sensible to keep this particular item on the watch list for the foreseeable future. It was noted that in line with Walsall Trust the proposal put forward would be to repeat the exercise again in six months' time to see whether or not there had been any changes in the themes and profile of risks. The Chair confirmed that she was happy with this approach. K Wilshere confirmed that this would be added into the normal Internal Audit review of the BAF and the TRR. **RESOLVED:** The committee noted the detail of the BAF and agreed to the next review taking place in six months time. They also agreed that the exercise had covered off any potential items that had been missing on the 'watch list' and demonstrated how the Trust was managing all identified risks.	
68/2023	**Security Report** P Smith presented the quarterly progress report on security issues within the Trust to members of the committee. With regard to the security upgrade P Smith advised that following the securement of funding intruder alarms and access controls had been installed in some of the VI practices. This installation has enabled monitoring of the practices from the New Cross Hospital site.	

Item No		Action
	It was noted that during Quarter 1, the public parking installation was now in situ. P Smith advised that the enhanced features would improve the patient experience with regards to car parking. The new system is expected to increase income and be more reliable than the previous version members noted. P Smith advised that the Security team had received approximately 18,500 calls for assistance/attendance with approximately 1,015 emergency calls for assistance. Members noted that this was an increase of 267 from the previous quarter. The Chair concurred it was reassuring to see that the Security Team were able to facilitate such a comprehensive service, but worrying to see the increase on the previous quarter with regard to emergency calls for assistance due to violence and aggression. She advised that the committee will be monitoring this area going forward. K Stringer asked P Smith about the reinforcement of parking restrictions on site once the new parking terminals were fully up and running. P Smith acknowledged that the current parking situation on site was not ideal partly down to more staff coming back on to site and building works. He confirmed that this would be monitored, and restrictions would be reinforced in due course. **RESOLVED:** The committee thanked P Smith for the progress report on security issues within the Trust.	
69/2023	**IT Cyber Security Update Report** J Watts and N Bruce presented the Cyber Security Update report to members of the committee. J Watts highlighted to members the key areas of the report. It was noted that the collaborative Walsall/RWT cyber security services were now fully resourced and offered a 24/7 on call service. It was noted that the NHS England Cyber audit concluded at the end of August 2023 for Wolverhampton, that the report had been received and did highlight areas for improvement. J Watts advised that the overall 'Executive Summary – Organisational Risk' did comment that the overall security posture for the Trust was positive compared to its peer organisations across the country and that significant work had been carried out with regard to cyber security. Members noted that an improvement plan would be drawn up to address the identified areas for improvement. Members noted that as a result of the Phishing Training Simulation Exercise undertaken earlier in the year that significant communications had been circulated to staff on how to detect and react to phishing emails and this exercise would be repeated in further planned regular cyber communications. J Watts advised that cyber risk assessments had commenced across all Trust devices and there had been really positive engagement from users of those devices across the Trust in terms of resolving issues on local devices.	

Item No		Action
	Members noted that the Executive Summary had a typing error at point A "Collaborative cyber security service now in place including 24/7 265 on call response service". J Watts confirmed that this should read 365 and not 265 The Chair referred back to the committee's action log and enquired about the 'One Advance Forensic' reports being shared with members of the committee. J Watts advised that unfortunately she was not able to share this detail with members due to restrictions imposed, however, she could share the detail with members to apply for a copy of the report or alternatively do a high-level summary of the report. K Stringer asked for a high-level anonymised summary of the details and key actions to be drafted and shared with members of the committee. The Chair referred J Watts to the final action on the committee's action log which related to the results of the phishing exercise. J Watts confirmed that the detail and numbers were in the report presented, but confirmed that another exercise would be undertaken in approximately six weeks' time at both Walsall and Wolverhampton Trusts. The Chair confirmed that this would be an acceptable time frame and advised that the committee would be particularly keen to see the trends and outcome of the exercise. **RESOLVED:** The committee noted the detail of the report and thanked J Watts and N Bruce for the continual work being undertaken on Cyber Security.	**J Watts** **J Watts**
70/2023 70.1	**RSM - Internal Audit and Counter Fraud** Internal Audit Progress Report (including update on Recommendation Tracking) A Hussain presented the progress report to members of the committee for their information. It was noted that since the last meeting of the committee the following audits were currently in progress: - • Workforce Planning: Retention • Cost Improvement Plan (CIP) Programme Review • Care Quality Commission (CQC) Actions The committee noted that there were four proposed changes to the 2023/24 Internal Audit Plan since the last Audit Committee meeting in May, as follows: - • Group Governance and Value of the Group / Freedom of Information (FOI) Act Framework • Workforce Planning: Retention • Discharge Management • Data Quality A Hussain advised the committee that there had been good progress with regard to the 75 Management Actions with the vast majority being implemented/closed or superseded. The total number of outstanding actions now stood at 12 as a further action had been closed since the progress report had been issued.	

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	The Chair raised an issue from the Board session held recently with regard to the new 'Fit and Proper' rules and the responsibilities placed on the Group Chair of the Board and the potential involvement of Internal Audit at some stage. K Wilshere responded that consideration might be needed on the Code of Governance early next year and there would need to be a discussion at the next Private Trust Board meeting around the rules of the 'Fit and Proper' responsibilities in order that they could be applied. **RESOLVED:** The committee noted the detail of the Internal Audit Progress Report and approved the four changes detailed to the Internal Audit Plan. Members also thanked A L Stirling for the continual work undertaken on the Recommendation Tracking of Internal Audit actions.	
70.2	<u>Local Counter Fraud Specialist (LCFS) Progress Report</u> B Vaughan presented the LCFS Progress report to members of the committee. B Vaughan drew members attention to the Executive Summary on page 3 of the report highlighting the areas of note. Members noted that the Counter Fraud Culture survey had been released in August and noted that the link and QR code were embedded in the report. It was further noted that the details of the survey would be circulated across the Trust via the communications team and B Vaughan hoped that this would encourage a good response rate. It was noted that since the last meeting of the committee in May there had been five new referrals received relating to areas of working whilst off sick, recruitment and supplier frauds and these referrals were all currently being progressed. In addition, it was noted that four referrals had been closed since the May meeting of the committee with no further action as agreed with K Stringer. Referring to the 'Gifts and Hospitality Survey', at Appendix A, B Vaughan advised that there were some interesting findings; both positive and negative. He assured the committee that the areas classed as negative would be addressed to ensure that a positive result was achieved going forward. L Toner referred to page 14, 'Emerging Risks and Alerts Issued', and noted that the last column stated, "shared with the Head of Resourcing for consideration" and queried what the expectation of LCFS was and if HR responded with an explanation. B Vaughan responded that HR would come back to report if an issue has been identified which would then be referred to K Stringer and be investigated by LCFS or if no issue was identified the report would be updated accordingly to reflect this. K Wilshere enquired about the ABPI (Association of the British Pharmaceutical Industry) piece of work following an enquiry from a member of staff. He explained to members of the committee that an annual summary of declarations made to ABPI from Trust staff and/or people who identified themselves as Trust staff would be cross checked against the Trust's declarations register. Any anomalies picked up were shared with LCFS. B Vaughan advised that he would discuss this with S Bostock and get back to K Wilshere. **RESOLVED:** Members of the committee noted the LCFS Progress Report.	**B Vaughan RSM**

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71/2023	**External Audit – KPMG** K Henry confirmed to members of the committee that there was nothing to present or report from External Audit at the meeting.	
72/2023	**Governance Arrangements for ICS and ICB** S Evans gave a verbal update to the committee on the progress with the governance arrangements for the ICS and ICB. He advised that work continued on the target operating model and that the ICB had confirmed that they were going to restart the System Transformation Group (STG) meetings, which had been on hold whilst focusing on some of the financial issues. The STG would be discussing items for delegation that could come down to organisations – for Wolverhampton this would be a two-fold discussion. Members noted that the work being undertaken in 2023/24 was all preparation work and nothing legally could take place until 2024/25. **RESOLVED:** The committee thanked S Evans for the update and looked forward to future feedback on how the delegations will work with the various legal entities.	
73/2023	**Single Tender Waivers – SFI Breaches Report** D Allison presented the Single Tender Actions and SFI Breaches report to members of the committee. Members noted that the total number of Single Tender Waivers actioned for the period totalled eleven and that the overall number of Purchase Orders (PO's) identified as breaching SFI's due to being late/retrospective were 0.31%. The Chair reiterated that as discussed at the last meeting and as detailed on the committee's Action Log the term "retrospective approval" should not be used and asked that an alternative set of words that better reflected the situation be adopted. She advised that this cease the belief that retrospective approvals were an alternative option. **RESOLVED:** The Chair thanked D Allison for a very detailed report which gave assurance to the committee.	
74/2023	**Losses and Special Payments Report** K Stringer presented the Losses and Special Payments report to members of the committee. Members noted the new format of the report and acknowledged that the report now contained more detail as promised at the last committee meeting. The detail of the losses and special payments were noted and the losses and special payments over £5k were approved by the committee. **RESOLVED:** Members of the Committee noted that the Losses and Special Payments report would now be presented to the October 2023 meeting of the Trust Board for final approval.	

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75/2023	**Audit Committee Annual Cycle of Business 2023** Members of the committee reviewed and noted the Annual Cycle of Business for 2023. A L Stirling advised the committee that the External Audit section had been edited and that item - 'Annual Review of External Audit' would be an item for discussion as and when the contract was due for renewal. The Chair advised that a future item may be the 'Fit and Proper' rules and responsibilities, but this item would be added as and when it was deemed appropriate.	
76/2023	**Matters for Escalation** Following discussion by the committee it was agreed that there were no items for escalation arising from the meeting. The Chair informed the committee that she would feed back to J Dunn as Chair of F&PC the outcome of the committee's discussion around the Renal contract. K Stringer agreed to share a draft copy of the letter on the outcome of the investigation into the circumstances surrounding the Renal Contract to SROs with both the Chair and J Dunn, to ensure that it encompassed all of the points discussed by the committee prior to circulation.	**K Stringer**
77/2023	**Any Other Business** No additional business was raised by members of the committee.	
78/2023	**Review of the Meeting** 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. L Toner advised the discussion around the Renal contract had been very detailed and very helpful and it had been extremely beneficial to hear the comments from D Allison from a Procurement point of view. This was also acknowledged by the committee as being a very good comprehensive review and discussion element of the meeting. The Chair reiterated to the committee to complete the Self-Assessment Questionnaire upon receipt as soon as possible.	**Committee**
79/2023	**Date and Time of Next Meeting** 5 December 2023 – 10.00 am	

The Royal Wolverhampton NHS
NHS Trust

Minutes of the Charitable Funds Committee

DATE Tuesday 17 October 2023
TIME 2.00pm
VENUE Conference Room, Hollybush House and via MS Teams

PRESENT

Mr Martin Levermore	Non-Executive Director (Chair)
Ms Lisa Cowley	Non-Executive Director
Ms Julie Jones	Non-Executive Director
Mr Kevin Stringer (part)	Group Chief Financial Officer and Group Deputy Chief Executive

IN ATTENDANCE

Mr Mark Greene	Deputy Chief Financial Officer
Mrs Katy Ball	Charity Finance & Assurance Manager
Ms Sally Evans	Group Director of Communications and Stakeholder Engagement
Ms Hannah Murdoch	Head of Communications
Mrs Zoe Lees (observer)	Treasury & Charitable Funds Officer
Ms Amie Rogers (observer)	Fundraising and Lead Digital Engagement Officer
Mrs Katie Winchurch	PA to Deputy Chief Financial Officer

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1023/27	**Apologies for Absence** Ms Amanda Winwood	
1023/28	**Minutes of the previous meeting held on the 25 July 2023** The minutes of the Charitable Funds Committee meeting held on the 25 July 2023 were reviewed and approved by the committee.	
1023/29	**Charitable Funds Committee Action Log** The committee reviewed the list of Action Points and agreed upon, which items had been actioned and could be closed.	
1023/30	**Declarations of Interest** No interests were declared.	
1023/31 1023/32	**Charity Annual Report and Accounts 2022/23** Charity Annual Report and Accounts to be approved and signed by M Levermore K Ball presented the Charity Annual Report and Accounts. K Ball thanked all for their comments and feedback on the report. K Ball reported there are a few amendments to be made on the Annual Report	

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	and Accounts following feedback from the committee members. She advised that the Charity position was slightly higher than reported at the last Committee due to some year end audit work that had taken place. It was reported that there is £2.725m worth of assets in the position. K Stringer noted that the overall report looked good and details everything it needs to for the Charity. He confirmed with the amendments that have been suggested he is happy with the contents of the report. The Committee approved the Charity Annual Report and Accounts subject to the amendments being made.	
1023/33	<u>Representation Letter to be approved and signed by K Stringer and D Loughton</u> K Ball confirmed that the Representation Letter was the normal standard paragraphs and disclosure statements and there was nothing that the Trustees need to be made aware of.	
1023/34	**<u>External Auditors Report of WR Partners</u>** N Mason presented the External Auditors Report of WR Partners to the members of the Committee highlighting the key points and asked the Committee for approval of the Annual Accounts. N Mason referred to the overview in the report and confirmed the there was no changes from what had originally been communicated in the service planning and in the approach. She confirmed the majority of the work had been completed with just one outstanding item. N Mason confirmed that the bank letter was still outstanding, and this had been chased a number of times and they are hoping to receive it by the end of the week. This was the only outstanding item of the audit left then the audit will be able to be signed off by the end of October. Referring to the key audit findings there are two significant risks which are led by audit regulations. These are fraud management override controls and fraud and income recognition. N Mason confirmed there are no matters or issues with these areas. N Mason referred to the 'Going Concern' and noted that this risk is included in all audits. She confirmed the assessment had been reviewed along with the latest management accounts and the same conclusion had been reached. N Mason confirmed she had, had a 'Closure Meeting' with K Ball and M Greene and there were no other matters that needed discussing. N Mason referred to the corrected and uncorrected misstatements and confirmed there are no changes to the reported figures and on uncorrected there are two small potential adjustments in relation to legacy recognition and an over restatement of wage recharges. She noted to the Committee that these are both immaterial so doesn't propose adjusting them.	

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	N Mason referred to the 'Other Matters' pages and advised a traffic light system is used and this is all green. The Committee confirmed there has been no mass of material significance raised or reported since the audit. N Mason referred to the point in the management letter that had been raised in terms of recognition of legacies and confirmed this had been discussed with K Ball and M Greene. She advised they are happy that the treatment of legacies is now correct within the accounts and there are no further issues to raise. J Jones referred to the recommendation raised about the legacies and advised that often the solicitor will notify of the amount of money that is due to be received before finalising the estate or what the exact figure is. J Jones asked is it upon receipt of the notification of the figure that it should be credited to income. M Greene confirmed that the wording had been changed from the original policy and it is now worded that confirmation of the money is due to be received and not that the intention of the money is to be received. He confirmed the original policy was written on shadow of the Trust. L Cowley advised that there was a change in the Charity Accounts to when received the final estate accounts unless it's a pecuniary amount and confirmation has been received to confirm there are sufficient funds in the estate then that is when it should be accrued. K Ball confirmed there are no legacies accrued or unaccrued based on the change. The Chair thanked N Mason and her team for all the work during the Audit. N Mason thanked K Ball for all her help with the Audit. The Committee approved the Annual Report and Accounts.	
1023/35	**Report of the Charity Development Manager** H Murdoch presented the report of the Charity Development Manager report and her apologies for the late upload of the report to iBabs. H Murdoch referred to the Winter Wellness support confirming it is still open for staff to use and this includes the food bank too. H Murdoch gave good news that the Charity had been shortlisted in the Business of the Year category at the Black Country Awards and also, confirmed that A Winwood had won an award in her category at the local health awards following a nomination made by the Trust volunteers team. H Murdoch advised that the Task and Finish Group had taken place today for the Charity and Volunteer awards and that the organisation of them are going well. She noted the details would be circulated once finalised. She thanked	

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	all who have confirmed attendance for the awards on the 10 November. Arts and Heritage Group – H Mudoch confirmed that the lottery grant had been successful and work on an exhibition space for artefacts was due to commence. This would be owned by the Trust. The Heritage centre will be within the Mander Centre in Wolverhampton. H Mudoch to keep the Committee up to date with the progress on this project. H Murdoch advised all to read the general updates in the report and highlighted that there are some great stories on the weblinks that have also been shared with the local media. H Murdoch asked for the Committee to approve the Charity Development grant and advised this needs to make progress quickly. She confirmed that the rebrand exercise had been paused but confirmed they need to move on with the website build to ensure the grant money isn't lost. H Mudoch advised they would be going out and getting quotes if the Committee approve the grant. She also, noted that the Trust website is now with Procurement, and they would look to use the same provider for the Charity website. S Evans advised that if the potential changes do go ahead, they would not impact on the Charity for a considerable amount of time. S Evans asked for an offline discussion on this with the Chair and K Stringer. S Evans confirmed there is a very tight timeframe to get the grant and the work would need to start no later than the 1 December. She confirmed the need to progress with the web build and then A Winwood would pick up the rebrand together with the web build when she returned. L Cowley asked if it had been specified in the tender for the web build about having a payment portal built in. This follows on from the discussions that were had at the previous meeting relating to the bank details being on the website. S Evans advised that once the quotes have been received, she will request there are certain aspects to be included. The committee approved the grant and Charity web build. S Evans and A Winwood to ensure the quotes are sent to the committee members once received to approve. The committee noted the KPI's. S Evans asked K Ball and A Winwood to encourage the Divisions to submit their spend plans. L Cowley referred to the designated funds and advised that if the Divisions haven't submitted their spend plans then the designated funds should come back to the committee for approval for another team or department to utilise the funds. S Evans thanked A Rogers, L Goodall, and E Cole for their hard work in A Winwood's absence.	**H Mudoch** **S Evans** **A Winwood** **S Evans/ A Winwood** **K Ball/ A Winwood**

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	J Jones referred to point 4 in the report – Neonatal/Maternity Garden and asked if the project is still going ahead. S Evans confirmed that the delay in starting this project is due to location of the garden. In the location that was originally selected there is a marquee, and a member of the team had confirmed they do not wish to lose the marquee as this is where staff take a break. She confirmed discussions need to be had with the wider team in Neonatal and Maternity around if the marquee can be relocated for use of breaks somewhere else on site. S Evans advised that unless the team can come up with another area where they want to do the garden, they would need to look at what would be used more the garden or marquee. S Evans confirmed the money will be spent and used for this project once the location has been agreed. L Cowley asked if the location had been identified by the families or the team. She advised that if it was identified by the families, then as they had made the donation for the garden, the families would need to be contacted if the decision is to locate the garden somewhere else. S Evans to look into this and confirm.	**S Evans**
1023/36 1023/37	**Business Cases over £5k – For approval/discussion** Care, Create, Conserve – Funded by the National Lottery Heritage Fund CFR00538 K Ball presented the Care, Create, Conserve business case. She confirmed that this was an Arts and Heritage project that had been funded by the National Lottery but as part of the funding agreement the Charity need to contribute 5%. H Mudoch advised it provides the Chairty with an opportunity to display all the artifacts and art that had been collating and curating over the years in a publicly accessible space in the centre of Wolverhampton. She noted that the existing health hubs will be used as a location to create and tell the story of healthcare locally. S Evans confirmed that this was an 18-month contract and she would find out how long it would be displayed for. L Cowley asked what the long-term plan will be after the 18 months. S Evans confirmed it will be separated across the RWT sites and displayed in different areas. S Evans to ensure this will be worked into the plan. The Chair asked if it would add value to the Charity reputationally. H Mudoch confirmed that have already secured some positive press coverage on the announcement of the lottery grant in the Express and Star. K Stringer confirmed he supported this, and it gives a good increase in the reputation for the Trust. L Cowley advised that she feels it is a great opportunity, but it appears the National Lottery funding had already been signed off prior to the Committee approval. She confirmed the need to ensure that the correct process is	**S Evans** **S Evans**

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	followed in future. The Chair confirmed he would pick up the processes with the team. J Jones noted there was clearly a public benefit to doing this project, but she challenged that the paper doesn't cover how it meets with the Chairty objectives. She feels that if it were to be challenged, she wouldn't be as clear as to how this could be answered. S Evans responded in terms of how to meet the charitable objectives, that through the project we would be able to raise awareness of the Trust Charity and hopefully increase the income, donations and legacies. She confirmed they would be working with the local community, and this would include holding sessions in the Mander Centre where we would be able to get creative with people. S Evans advised that this would give an opportunity to talk through what the Charity and organisation do and give the public a clear awareness of how they can fundraise and support patients. S Evans confirmed she would link any fundraising that comes via this route to ensure the approach is working. M Greene asked if there is an opportunity to have local artists artwork up for sale where there could potentially be an evening arranged to sell the artwork and the Chairty take a small amount of commission. S Evans confirmed this is a good suggestion, but she doesn't think it can be done through this project. S Evans to link with the Arts and Heritage coordinator to look at this as a future project. The Committee approved the Care, Create, Conserve – Funded by the National Lottery Heritage Fund CFR00538 project.	**Chair** **S Evans**
0123/38	<u>Neonatal Chairs - £40.2k</u> S Crowshaw and K Haywood presented the Neonatal Chairs business cases. S Crowshaw confirmed the unit is a 26 bedded unit and they currently have a mixture of chairs. She advised that some of the chairs are recliners, and these are what they would like for the majority of the unit. S Crowshaw advised that the families have 24-hour access to the unit, and they would like to ensure that when they are on the unit, they are comfortable. She also, noted that having these chairs would give mum's who have just given birth the opportunity to go straight to the unit with having access to these more comfortable chairs. She noted these recommendations are in a lot of the reports and reviews and they are always promoting close and loving relationships, family centre care, bonding, and breast feeding. S Crowshaw confirmed that parents and staff have tried and tested the two chairs and they had received feedback for both chairs. J Jones asked how long the chairs are thought to last and have they spoken to other Trusts who use these chairs to find out how robust they are. S Crowshaw referred to the links in the presentation and confirmed they had spoken to Northampton Hospital, and they had received positive patient experience feedback.	

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	K Haywood confirmed they have got similar chairs now, but they don't have enough for every bed spaces so currently they have to move the chairs around the unit. She advised that having a chair at every bed would be amazing and much better for the patients and staff. S Crowshaw confirmed there is a 3-year warranty on the chairs. S Evan asked for clarity on which option they are asking for. S Crowshaw confirmed it is option 2 which is 6 electric chairs and 6 nonelectric chairs with the 3 years maintenance. J Jones asked S Crowshaw and K Haywood in their view if this was the best way that funds could be spent given that the chairs are going to cost £45k and there is only a total of £50k in Neonatal. K Haywood responded that they do have other funds that are allocated to other projects, and they do have a regular donor. She confirmed that some other work that they have planned will come from Capital. S Evans advised that Neonatal do have money donated quite often due to the nature of what they do. M Greene asked if checks had been done with Estates with the cleaning side of the chairs. K Haywood responded that this will be within the normal cleaning process. S Crowshaw confirmed they had looked in the catalogues that were provided by Procurement and a number of staff and patients have tried the chairs out and then it was put to a vote for the preferred chair. The Chair asked how the long-term benefit will be recorded. K Haywood confirmed there are always audits taking place and there is a national neonatal audit plan which measures lots of the benchmarks. She confirmed the data is captured daily and the consultants lead with these audits, and they get reported on a national scale. S Crowshaw advised that they are setting up Parent Advisors Group and this will provide feedback. The Committee approved option two of the business case.	
1023/39 1023/40	**Business Cases over £5k – Discussed at previous meeting.** Acute Paediatric Mural Artwork - £14.2k S Lewis and K Jenks presented the Acute Paediatric Mural Artwork Business Case. S Lewis confirmed that this business case was to ask for funding for artwork within Acute Paediatrics. She advised that they have had a lot of feedback from patients and carers to say that the Paediatric areas aren't child friendly and that the lobbies are dull and not a calming environment for children. She feels having this artwork will enhance all the children and young people's experience.	

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	S Lewis confirmed all the areas where the murals will be located. She noted that when they were looking for a company to do the work, they considered a number of different things and went through each company to see which one would be best to undertake this work. S Lewis confirmed that Mr Mural's artwork ticked all of the boxes and noted his artwork is child friendly, it would accommodate all areas and he is passionate about improving experiences for children within hospital settings. She confirmed he had previously completed work within Birmingham Children's Hospital, and she had seen the work which is amazing. Mr Mural had agreed to do the Phlebotomy Room for free and he is flexible in his working hours and can work overnight so doesn't disturb any services and close any of the areas. S Lewis presented Mr Mural's artwork to the committee. She confirmed they approached two other companies - Nozzle and Brush as well as Sweet Art Murals and their work was more graffiti based and not all age group friendly. S Lewis confirmed the artwork themes that had been chosen were following a vote from the children on the wards and on social media. The Chair asked about the length of time that the murals would be up for and maintained. K Jenks confirmed 20 years+ and noted that they hadn't decorated for the last 20 years and looked a very dull area for children when coming into the department. The Chair asked if the Trust would own the artwork in terms of if Comms wanted to take pictures and use the images. S Evans to pick this up and confirm back to the committee. L Cowley raised the cost with it being significantly higher than the other quotes and mentioned that it would have been good to reach out to a Wolverhampton or Black Country artist for a quote. L Cowley asked if anyone had spoken to Creative Black Country on the retender. S Evans confirmed she had spoken to A Winwood, who confirmed that she had reached out to Creative Black Country but hadn't had a response back from them. L Cowley noted that she was surprised they hadn't responded, and she felt it was a shame not to use a local company. She noted she does feel it is very expensive. J Jones also agreed with L Cowley and said it only feels like they have spoken to one company with the work they want as the others two companies that had been approached were a different style of artwork. K Stringer asked for confirmation on what is being raised here. He noted they had been out to three companies and only one was up to spec and they had engaged local companies and not heard back. He feels should be supporting colleagues on this. L Cowley to follow up with Creative Black Country on A Winwood not receiving a response as she thinks it would be a good link to use them for the Arts and Heritage work.	**S Evans** **L Cowley**

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	S Lewis advised that if had approval today Mr Mural could be booked for 2 weeks in December, and it will be completed within the 2 weeks as he would work out of hours. She confirmed she would also ensure she linked with Estates to ensure everything is done to follow process on ventilation etc. The Committee approved the Acute Paediatric Mural Artwork Business Case.	
1023/41	<u>Infrastructure, insights and interventions - £119k from New Cross General Purpose Legacies</u> K Ball confirmed this was the proposal D Singh brought to the previous Committee. K Ball confirmed she had spoken to HR and the understanding was that the Trust's training agreement triggers automatically in the study leave. She noted that the fees would be reclaimed for the study if the staff member leaves before the end of the course or less than six months after completing the course. K Ball noted that A Nisbett confirmed she would comply with the policy that the Trust follows. She confirmed they have also reworked the costings for the band 7 to include the uplift with inflation each year. The Chair confirmed these were the questions raised from the previous meeting and asked for K Ball to send round the final breakdown to the committee members. Following a previous conversation, L Cowley raised a query about the New Cross General Purpose legacies and whether this is a restricted fund. L Cowley advised that if it is only on the New Cross site then this business case is to support the whole of RWT so it would need to be checked. L Cowley confirmed she is supportive of the proposal, but it does need confirming if the fund is restricted to the New Cross site. K Ball confirmed the restriction was just for New Cross. L Cowley responded that if this is the case then this project can't be covered by this. M Greene to look into this and report back to the Committee. He did note that it is RWT patients. L Cowley advised the only issue would be that it could affect a number of legacies due to the nature of them stating they are to be spent at RWT. She asked if there is another pot that can be utilised for this funding. K Ball confirmed there had been two legacies that have come in 2023/24. There was one for £90k that didn't have any restrictions and it had been put in the New Cross pot and she confirmed notification of a further £40k legacy since September, again there are no restrictions. The committee asked why they are going in restricted pots. K Ball to look at what is going into the New Cross pot and any restrictions on legacies and update the Committee virtually. The Chair confirmed the committee approved the spend up to £125k. K Ball to confirm the appropriate governances to ensure it is within the approval status.	**K Ball** **M Greene** **K Ball** **K Ball**

Item No		Action
1023/42 1023/43	**Business Cases over £5k – Discussed at previous meeting.** Digital Capillaroscopy in Rheumatology (CFR00534) The Digital Capillaroscopy in Rheumatology was noted and had been approved outside the meeting.	
1023/44	**Report of the Charity Finance Team to 30/09/2023** K Ball presented the report of the Charity Finance Team to 30/09/2023. Net assets moved slightly up to £2.57m for the Charity. £330k income in year to date and a £91k legacy had been received and have started the Hope project of £60k. K Ball noted that the ex-Goodyear workers of The 5/344 Transport and General Workers union Benevolent Charity have agreed to donate £50k to the MOHS project which is a skin cancer project. K Ball confirmed she had been contacted by Health Space who had been working with CDC and they would like to donate to the Charity so they are looking at some projects that they can choose from. L Cowley asked if the Charity tracks legacy pledges as the majority of the income comes through legacies. K Ball confirmed she had spoken to A Winwood on legacies as she knows the NHS Charities Together were looking at doing a big thing on legacies. S Evans said from the Independent Review done that was another element just working through the stages and putting legacies in the action plan. K Stringer advised that Dudley do the classic buddying with Solicitors who write Wills for free and encourage contributions as part of that process. He feels this is an area that warrants some examination and asked people to come back to the committee about how they do it with sensitivity without reputational damage. L Cowley confirmed there are a lot of national organisations that do legacy support. L Cowley will have a chat with the appropriate people/organisations on this and feedback to the Committee. S Evans confirmed that A Winwood and K Ball will have a look at this in more detail. J Jones asked about the restricted funds and what the plan was for the money that the RWT singers are raising. K Ball confirmed this is ongoing to fund Martin Trotman's fees on a monthly basis.	**L Cowley** **A Winwood/ K Ball**
1023/45	**Annual Finance & Administration Recharge and Fundraising Budget 2023/24** K Ball confirmed this paper had been previously presented at the March Committee and it was agreed subject to the amended mileage rates. She confirmed the mileage rates have now been updated and the pay awards for 2023/24 have been confirmed. The Committee approved the Annual Finance & Administration Recharge and Fundraising Budget 2023/24.	

Item No		Action
1023/46	**Communications Recharge 2023/24** S Evans presented the Communications Recharge 2023/24. S Evans confirmed she had asked for this to be looked at due to the Communications Team supporting the Charity and offering support in the same way the Finance Team support the Charity. The figures have been looked at and produced by K Ball and H Murdoch. The Committee approved the Communications Recharge 2023/24.	
1023/47	**Review of financial controls and governance arrangements** K Ball asked for the Review of the financial controls and governance arrangements to be brought to the November Committee. The Chair agreed for this to be deferred to the November Committee.	**K Ball**
1023/48	**Consideration to Independent Charity** S Evans confirmed this is a standing item. She advised that a number of discussions have taken place previously as to whether the Chairty should seek independent status and it had always been agreed that it hadn't been the right time to go independent. M Greene advised this should be tied into the strategy that was agreed two years ago and when that comes up this gets reviewed. He feels that the Charity is not far enough along in the strategy to be an independent charity as a value for money prospect. L Cowley agreed with M Greene. J Jones suggested to get an external Trustee in, being someone who is not a board member or a non-executive director of the Trust. This would be to challenge on whether the Charity is acting in the best interests of the Charity and donors. S Evans to ask A Winwood to look into this. K Stringer noted the Trustees have a role in ensuring that the right decisions are being made. The Chair asked for this item to be taken off the agenda until the next strategy review.	**S Evans/ A Winwood**
1023/49	**Charitable Funds Committee Workplan 2024** The Charitable Funds Committee Workplan 2024 was noted. J Jones suggested a session is arranged prior to the October 2024 committee with the Trustees and Auditors to discuss anything they don't feel comfortable raising in the formal committee. K Ball to add this to the Workplan.	**K Ball**
1023/50	**Any Other Business** K Ball to liaise with M Greene on the meeting dates for 2023/24 to ensure there is enough time to review the papers. K Ball raised that Deanesly have an Aroma Therapist, who the Charity have funded on an annual basis and the department have asked for this to	**K Ball**

Item No		Action
	continued for a further year and will cost £16k. The Committee asked for a business case to be brought back to the November Meeting. K Ball raised that Cardiac Heart and Lung Centre are looking at doing a Ball to mark their 20th Anniversary. She confirmed they were going to fund this themselves but have asked if the Charity could support in terms of reduced ticket prices or a cake. The Committee asked for a business case to be brought back to the November Meeting. M Greene suggested a group to get to look at this and see if this is something could do together with the Trust and Charity to mark the 20th Anniversary. K Ball confirmed H Boyce from Division Two had been in contact with her as they are looking for some artificial intelligence for supporting of outlining in Radiotherapy planning. She confirmed it is a piece of software for £47k. K Ball confirmed the department had trialled it last year and want to continue using it. She noted that the funding will only be for 12 month and then it would be picked up by an alliance. The Chair said there are a lot of developments happening in the Trust and asked if the department had looked at developing some software within the Trust. K Ball confirmed that they will use the external company from November 2024 so are only looking for funding from November 2023 for 12 months. M Greene asked K Ball for a discussion on this following the meeting to understand why the Trust aren't funding it again this year. L Cowley asked about Staff Wellbeing and whether there is anything in the pipeline that the Charity will be asked to fund. S Evans advised that there is always an electronic card and chocolates handed out to staff over Christmas. J Jones suggested maybe doing a Christmas Holiday handout bag for staff. S Evans will pick this up and report back to the Committee in November.	**M Greene** **K Ball/ M Greene** **S Evans**
1023/51	**Meeting Evaluation** The Chair concluded that the meeting despite running slightly over had been a good productive session. Several items were discussed at the meeting, and it was agreed that a number of items would be picked up outside the meeting.	
1023/52	**Date and Time of Next Meeting** Additional Meeting - Tuesday 21 November 2023 at 1.00pm in the Conference Room, Hollybush House/MS Teams Next full Committee – Tuesday 23 January 2024 at 11.00am in the Conference Room, Hollybush House/MS Teams	

The Royal Wolverhampton NHS Trust

MEETING OF THE INTEGRATION COMMITTEE

HELD ON MONDAY 28TH DAY OF NOVEMBER 2023
VIRTUALLY VIA MICROSOFT TEAMS

Members Present

Mrs Lisa Cowley **(Chair)**	Non-Executive Director
Mrs Stephanie Cartwright	Group Director of Place
Mr Simon Evans	Group Chief Strategy Officer
Dr Brian McKaig	Chief Medical Officer
Mrs Debra Hickman	Chief Nursing Officer
Mrs Sian Thomas	Deputy Chief Operating Officer – Division 3
Mrs Gwen Nuttall	Deputy Chief Executive and Chief Operating Officer

In Attendance

Mr Brad Allen **(Minutes)**	Executive Assistant
Dr Simon Harlin	Divisional Director – Community Services, Walsall Healthcare NHS Trust

Apologies

Dr Gillian Pickavance	Non-Executive Director
Mr Umar Daraz	Non-Executive Director

013/023	**Welcoming Remarks, Apologies, and Confirmation of Quorum**
	Mrs Cowley welcomed all members and attendees to the meeting and declared the meeting to be quorate in line with the committee's draft terms of reference. Formal apologies were received and noted as above.
014/023	**Declarations of Interest**
	There were no declarations raised by members for noting.
015/023	**Minutes of the Previous Meeting**
	RESOLVED That the minutes of the meeting held on 28th November 2023 having been circulated prior to the meeting be approved as a true and accurate record of discussions and decisions that took place.
016/023	**Action Log**
	The action log was discussed and updated as set out.

017/023	**Revised Terms of Reference**
	Mrs Cartwright introduced the item and gave a brief overview of elements now included within the revised terms following discussions with colleagues and input from the Group Company Secretary. There were no comments from members. **RESOLVED** That the revised terms of reference be approved as set out and taken to the December Trust Board.
018/023	**OneWolverhampton Update and Delegation Position Update**
	Mrs Cartwright introduced the item and gave a brief overview of the paper, citing that the paper covered ongoing partnership development updates and that the request of the committee was to review and prepare for delegation/devolution. Mrs Cartwright referred members to the system operating model within the report for reference and handed the formal paper overview to Mrs Thomas. Mrs Thomas introduced the report as read and highlighted the following points for reference: • Increased levels of devolution had been noticed, with options being reviewed in terms of service delivery, with only two options of host providers on the table for discussion; the Local Authority and the Trust. • Devolution as a whole will happen in two stages, with a review of any risks that the Trust would need to onboard. • Meetings are taking place with organisations to review devolved responsibilities and governance structures for future learning. Mrs Thomas and Cartwright emphasised that the System Operating Model within the report was a private and confidential item that could be tabled at committee for reference, but not shared within any public domain. Both members advised that relevant sub committees would be given oversight for their reference. Members held wider conversations around how discussions around the system operating model and its developments could be discussed at committee to ensure colleagues have robust input, as well as learn from other organisations going through the same process. Mrs Cartwright advised that the Interim Director of Delivery for the Black Country Integrated Care Board, Geraint Griffiths, would be happy to attend the committee to provide any clarifications. There were no further items raised by members for discussion.

	RESOLVED That committee note the contents of the report for their assurance and that Delegation remain a standing item on all future agendas.
019/023	**Wider Place**
	Mr Evans introduced the item and gave an overview of the wider place, their reporting and insights into future formations. He advised that conversations had been held with other collaborative organisations to determine points of learning for the future. Mr Evans then went on to advise that the Executive of the Black Country Provider Collaborative was under review, with some positions being shared amongst other executive colleagues. Mr Evans advised that there would be a lead executive per functions, with a number of colleagues from Royal Wolverhampton being nominated to be included within the BCPC (Black Country Provider Collaborative). Members were then invited to ask any questions. Mrs Cowley queried what position members were in to provide an update on the development of Place Partnership negotiations outside of Wolverhampton. Mr Evans responded to advise that there were no defined Place Partnerships in areas such as Staffordshire, but evidenced positive steps being taken within areas across the Black Country. Mrs Cowley queried the level of risk, if any, should Wolverhampton engage with any other Place partnerships. Mr Evans replied to advise that the only impact could be financial, but his would be minimal as all partnerships work to different models. There were no further comments from members.
020/023	**Joint Vision for Community Services**
	Mrs Cartwright began by advising that an incorrect version of the report had been circulated and would be sent to members once the meeting had concluded. Mrs Cartwright then shared the correct presentation and gave an overview of each slide as set out. Committee noted the overall three ambitions for community services around population health, management, healthcare interventions, community health and the care command centre. Members then discussed these ambitions on a wider basis by presentation slide, with focus being made on both Walsall and Wolverhampton priorities of digital alignment, joint working on out of hours and joint working protocols. Members were invited to make any observations and ask questions.

	Mrs Cowley queried what colleagues had been involved in the vision planning and what the scope of the service was expected to look like. Mrs Cartwright responded to advise a joint piece of work between Walsall and Wolverhampton Trusts had been commissioned to identify learning points for services within the organisations themselves. Dr Harlin and Mrs Thomas both advised that members were utilising the OneWolverhampton Partnership as the main driver for integration, with one colleague from the Wolverhampton Primary Care Network working with social care to support integration efforts. Members noted that some sectors were more engaged than others and that continued efforts with those who aren't were being reviewed. Mrs Cowley added that there was an overall lack of digital awareness within social care systems, with the West Midlands Care Association reviewing this to co-ordinate provisions. Mrs Cowley also stated that there were some funds available from the City of Wolverhampton University that would enable the Trust to explore integration collaboration. There were no further points raised by members. **RESOLVED** That the contents of the report be noted for committee's assurance.
021/023	**Board Metrics and Corporate Risk Register**
	Mrs Cartwright introduced the reports as set out and advised members that the risk to 2-hour Urgency Community response had decreased slightly due to demand outweighing capacity. Mrs Cartwright updated members that there had been an increase in people being cared for under the virtual ward service. Mrs Nuttall advised that the majority of patients under the virtual ward were from the Wolverhampton Borough but advised that patients were being reviewed to monitor any trends and category breakdowns, in particular for any patients who may be being treated outside the borough. Mrs Cowley referenced figure decreases during the month of November and queried whether there were any particular issues that committee would need to discuss. Mrs Nuttall advised that based on the figures presented, there were no initial areas of concern requiring discussion, but informed members that a review of winter planning schemes would continue to be monitored for any themes. Dr Harlin stressed the importance of monitoring patient experience when reviewing data. There were no further comments from members.

	RESOLVED That committee **note** the reports as set out for their assurance.
022/023	**Board Assurance Framework**
	Mrs Cartwright tabled the report as set out on behalf of the Group Company Secretary, Mr Wilshere, and advised members that there was potential for an additional risk relating to delegation to be added to the register, but would be discussed with committee before any action should take place. Mrs Cowley emphasised the need for members to review risks of other committees should any need to be discussed and monitored at Integration Committee for reference. There were no further comments from members. **RESOLVED** That committee approve the Assurance Framework documents as set out, whilst continuing to monitor the risks of other groups should discussions need to be held amongst integration colleagues.
023/023	**Place Performance Highlights**
	Mrs Thomas highlighted the following points to committee for their reference: • An overall decrease in calls for the ambulance service had been recorded. • Patients involved in care co-ordination were having 48-hour analysis undertaken. • Overall urgent care UCR Compliance rates had decreased by two hours. • Wider Digital Care options continue to be explored to support patient care within their own homes to enhance patient care and reduce hospital admittance figures. • A review of all patients being stepped down in terms of care level to ensure those who are medically fit are stepped down to maintain front door capacity levels. • The ARI Hub for Wolverhampton was reported to launch during December 2023. Mrs Cowley queried whether sufficient communications were being sent to care providers to make them aware of the above. Mrs Thomas advised that a communications campaign had been devised to support with this, in particular around home monitoring initiatives.

	Members held wider discussions around the virtual ward service, what it achieves and how it is communicated amongst local populations. Mrs Thomas advised she had been working with the Director of Adult Social Care to support with initiatives, with some dedicated Nursing support being issued to support efforts within care homes, but are experiencing challenges with workforce capacity. Dr Harlin referenced the virtual wards in Walsall and advised members of the recently established discharge assessment that supports with points of escalation for care providers. There were no further comments from members.
024/023	**Escalations to the Trust Board and Meeting Reflections**
	Members agreed to the following highlights for further discussions at the next meeting of the Wolverhampton Trust Board: • Committee Terms of Reference • System Operating Model • Options appraisal for hosting There were further escalations raised by members.
025/023	**Any other Business**
	None
026/023	**Date and Time of the Next Meeting**
	Members noted the next meeting of the Integration Committee would take place at 15:00 on Tuesday 30th January 2024 via MS Teams.

Signed:

Committee Chair: Mrs Lisa Cowley

Date: