

Public Trust Board 16 April 2024

- 1 10:00 - Chair's Welcome, Apologies and Confirmation of Quorum
Lead: Sir David Nicholson, Group Chair
Action: To note

- 2 10:02 - Staff Voice Nurse Education Team
Lead: Alan Duffell, Group Chief People Officer
Action: To inform

- 3 10:17 - Register of Declarations of interest
Lead: Sir David Nicholson, Group Chair
Action: To receive and note

RWT Declarations April 24 v3docx
- 4 10:18 - Minutes of the Previous Meeting of the Board of Directors held in Public on 13 February 2024
Lead: Sir David Nicholson, Chair
Action: To approve

Draft RWT Public Trust Board Minutes 13 February 2024 v2 OP SB
- 5 10:20 - Board Action Points and Matters Arising and from the Minutes of the Board of Director Meeting held in Public on 13 February 2024
Lead: Chair Sir David Nicholson
Action: No outstanding actions items or matters arising

Action items - RWT Public Trust Board April 24 v2
- 5.1 10:22 - Update on Winter Plan
Lead: Gwen Nuttall, Chief Operating Officer
Action: to note

A Pack RWT Winter Plan update TB front sheet April 2024 v2

DRAFT RWT Winter Plan update TB April 2024 v3

B Pack Reading Room - OneWolverhampton Winter Plan Update 04042024 v1
- 6 10:27 - Chair's Report – Verbal
Lead: Sir David Nicholson, Group Chair
Action: To inform and assure
- 7 10:32 - Group Chief Executive's Report
Lead: Prof. David Loughton, Group Chief Executive
Action: To inform and assure

A PACK - RWT Trust Board - Group Chief Executive Report 16.04.24
- 7.1 10:37 - Trust Management Committee - Chair's Report
Lead: Gwen Nuttall, Chief Operating Officer
Action To inform and Assure

PACK A - RWT Trust Board TMC Chair's report 22.03.24

PACK A - RWT Trust Board TMC Chair's report 23.02.24
- 8 Support our Colleagues (SECTION HEADING)
- 8.1 10:40 - People Committee (PC) - Chair's Report

Lead: Allison Heseltine, Associate Non-Executive Director
Action: To inform, assure and approve People Committee Terms of Reference
Comprises

People Committee Terms of Reference (item 8.1.1 Reading Room)

RWT Chairs Report - People Committee February and March 2024 with NSS 2023 Appendix

8.1.1 B Pack - People Committee Terms of Reference

B PACK - FINAL & APPROVED RWT PC TORs - 2024-2025 V3 (22 March 2024)

8.2 10:45 - Group Chief People Officers Report by Exception Workforce Report

Lead: Alan Duffell, Group Chief People Officer

Action: To inform and assure

A PACK - Group CPO RWT TB (front cover) - 16 04 2024

9 Effective Collaboration (SECTION HEADING) - No items this month

9.1 10:50 - COMFORT BREAK 10 mins

10 Improve the Health of our Communities (SECTION HEADING)

10.1 11:00 - Integration (PLACE) Committee Chair's Report

Lead: Lisa Cowley Non-Executive Director Chair of Integration Committee

Action: To inform and assure

RWT Integration Committee Chairs Report - April 2024

10.2 11:05 - Group Director of Place Report - by Exception

Lead: Stephanie Cartwright, Group Director of Place

Action: To inform and assure

RWT Group Director of Place Report - April 24

11 Excel in the Delivery of Care (SECTION HEADING)

11.1 11:10 - Finance and Productivity Committee (F&P) - Chair's Report

Lead: John Dunn, Deputy Chair/Chair Finance Committee

Action: To inform and assure

A PACK - Final FPC Report to Board - Chairs Report Feb 24

A PACK- Final FPC Report to Board - Chairs Report Mar 24

11.2 11:15 - Group Chief Financial Officer Monthly Finance Reports - Months 10 and 11

Lead: Kevin Stringer Group Chief Financial Officer

Action: To inform and assure

A PACK GCFO M11 Board Report

B PACK GCFO M11 Board Report

A PACK GCFO M10 Board Report (1)

B PACK GCFO M10 Board Report (1)

11.3 11:20 - Audit Committee - Chair's Report

Lead: Julie Jones, Non-Executive Director/Chair Audit Committee

Action: To inform and assure

AC 6 February 2024 v3

11.4 11:23 - Quality Committee (QC) - Chair's Report

Lead: Louise Toner, Non-Executive Director/Chair Quality Committee

Action: To inform and assure

QC RWT Chairs Report February and March 2024

11.5 11:28 - Chief Nursing Officer Report by Exception

Lead: Debra Hickman, Chief Nursing Officer

Action: To inform and assure

Comprises

Developing Workforce Safeguards - Nursing and Allied Health Professionals (AHP) (item 11.5.1 Reading Room)

CNO report - TB version - March 2024 V3

- 11.5. Developing Workforce Safeguards - Nursing and Allied Health Professionals (AHP)
1 Developing Workforce Safeguards - Nursing and Allied Health Professionals (AHP) Report to TB April 2024
- 11.6 11:33 - Midwifery Services Report by Exception
Lead: Tracy Palmer, Director of Midwifery
Action: To inform and assure
A PACK Midwifery Services Summary Report Public Trust Board April v2 2024.final - front sheet
B PACK Midwifery Services Summary Report Public Trust Board April v2 2024.final
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- 11.7 11:38 - Chief Medical Officer Report by Exception
Lead: Dr Brian McKaig, Chief Medical Officer
Action: To inform and assure
CMO Report to Trust Board 16 April 2024
- 11.8 11:43 - Integrated Quality and Performance Review (IQPR) - Executive Summary
Lead: Gwen Nuttall, Chief Operating Officer and Debra Hickman, Chief Nursing Officer
Action: To inform and assure
A PACK Trust Board IQPR April 2024 Front Sheet
B PACK Trust Board IQPR April 2024 Reference Pack
- 12 11:48 - Any Other Business
- 12.1 11:53 - Questions Received from the public
- 14 11:58 - 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.
- 15 Date and Time of Next Meeting Tuesday 14 May 2024 at 10:00 am

RWT DECLARATIONS OF INTEREST – APRIL 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
Alan Duffell	Group Chief People Officer	Loyalty Interests	UK and Ireland Healthcare Advisory Board for Allocate Software (Trust Supplier)	Member (unpaid)
Alan Duffell	Group Chief People Officer	Loyalty Interests	Chartered Management Institute	Member
Alan Duffell	Group Chief People Officer	Loyalty Interests	CIPD (Chartered Institute for Personnel and Development)	Member

Alan Duffell	Group Chief People Officer	Outside Employment	The Dudley Group NHS Foundation Trust	Interim Chief People Officer
Alan Duffell	Group Chief People Officer	Outside Employment	Walsall Healthcare NHS Trust	Group Chief People Officer
Alan Duffell	Group Chief People Officer	Outside Employment	Black Country Provider Collaborative	Provider Collaborative HR & OD Lead
Alan Duffell	Group Chief People Officer	Outside Employment	NHS Employers Policy Board	Member
Allison Heseltine	Non Executive Director	Loyalty Interests		Son in law works for Hydrock South West as a Senior Electrical Engineer.
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. Unpaid role

David Loughton	Group Chief Executive	Outside Employment	West Midlands Cancer Alliance	Chair
David Loughton	Group Chief Executive	Loyalty Interests	National Institute for Health Research	Member of Advisory Board
David Loughton	Group Chief Executive	Outside Employment	Walsall Healthcare NHS Trust	Group Chief Executive
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

David Nicholson	Group Chairman	Outside Employment	Walsall Healthcare NHS Trust	Spouse appointed National Director of Urgent and Emergency Care and Deputy Chief Operating Officer of the NHS
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
Gillian Pickavance	Associate Non Executive Director	Loyalty interest		Daughter works an architect for Johnson Design Partnership a company which may be undertaking work at the Trust
Gwen Nuttall	Chief Operating Officer	Loyalty Interests	Calabar Vision 2020 Link	Trustee

John Dunn	Non-Executive Director/Deputy Chair	Nil Declaration		
James Green	Operational Director of Finance	Non-financial interests unremunerated	I3 Consulting Limited	Director of Company. The Company has never traded and will not trade whilst James is an employee at RWT
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	Walsall Healthcare NHS Trust	Group Director of Assurance
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
Lisa Cowley	Non Executive Director	Outside Employment	Ridge & Furrow Foods	Co-owner
Lisa Cowley	Non Executive Director	Outside Employment	Streetway House farms	Co-owner
Lisa Cowley	Non Executive Director	Loyalty Interest	Harris Allday EFG – Wealth Management arm of Private Bank	Partner employed by Harris Allday EFG – Wealth Management arm of Private Bank
Lisa Cowley	Non Executive Director	Loyalty Interests	HM Armed Forces	Partner employed by HM Armed Forces
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	Member 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	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	Her Majesty's Home Office	Independent Adviser to Windrush Compensation Scheme paid
Martin Levermore	Associate Non Executive Director	Outside Employment	Birmingham Commonwealth Associate Ltd	Chair of Trade and Business non-paid not for profit association
Martin Levermore	Associate Non Executive Director	Outside Employment	HDRUK	Chair of Black internship Program non-paid Charitable organisation
Martin Levermore	Associate Non Executive Director	Outside Employment	Cancer Research UK	Data Research Committee non- paid Charitable organization
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	Outside employment	Getaria Enterprise Limited	Director
Umar Daraz	Non Executive Director	Outside employment	Birmingham City University	Director of Innovation

Patrick Carter	Specialist Advisor to the Board	Director	JKHC Ltd (business services)	Director
Patrick Carter	Specialist Advisor to the Board	Director	Glenholme Healthcare Group Ltd	Director
Patrick Carter	Specialist Advisor to the Board	Director	Glenholme Wrightcare Ltd (Residential nursing care facilities)	Director
Patrick Carter	Specialist Advisor to the Board	Director	The Freehold Corporation Ltd (property; real estate)	Director
Patrick Carter	Specialist Advisor to the Board	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	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	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	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	Essilor International (health)	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	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	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)	Shareholder

and analytical instruments)

Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Microsoft Corp (tech)	Shareholder
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Becton Dickinson & Co	Advisor
Patrick Carter	Specialist Advisor to the Board	Outside Employment	Primary UK Ltd	Director
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	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	Copart Inc - automobile industry	Shareholder
Patrick Carter	Specialist Advisor to the Board	Shareholdings and other ownership interests	Lvmh Moet Hennessy Louis Vitton SE - luxury goods	Shareholder
Patrick Carter	Specialist Advisor to the Board	Land/Property Owner		Farms, farmland, residential and tourist activities in Hertfordshire
Patrick Carter	Specialist Advisor to the Board	Outside Employment	CAFAO Ltd	Director
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

The Royal Wolverhampton NHS Trust (RWT)

Minutes of the meeting of the Board of Directors held on Tuesday 13 February 2024 at 10:00 am virtually via Microsoft Teams (MT)

PRESENT:

Sir David Nicholson	Chair
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,
Ms S Evans	Group Director of Communications and Stakeholder Engagement
Dr B McKaig (v)	Chief Medical Officer
Prof M Levermore (v)	Non-Executive Director,
Dr J Odum	Group Chief Medical Officer,
Ms T Palmer	Director of Midwifery
Ms G Nuttall (v)	Chief Operating Officer/Deputy Chief Executive
Dr U Daraz	Associate Non-Executive Director,
Ms S Cartwright	Group Director of Place,
Mr J Green	Operational Director of Finance,
Lord Carter	Strategic Advisor to the Board,

*(v) denotes voting Directors, **

IN ATTENDANCE:

Ms S Banga	Operations Coordinator for The Company Secretary, RWT,
Ms O Powell	Senior Administrator for The Group Company Secretary Office
Ms K Flint	Interim Head of Equality, Diversity and Inclusion and Lead Freedom to Speak Up Guardian RWT for Staff Voice Item
Ms C Lissemore	RWT Corporate Education Transformation Lead
Dr W Hart	Consultant Orthopaedic Surgeon RWT, for Patient Voice Item
Ms A Dowling	Head of Patient Experience, RWT
Ms G Nightingale	Directorate Manager to the Group Chief Executive
Mr Tinsa	As a member of the public

APOLOGIES:

Mr S Evans, Group Chief Strategy Officer,
Mr K Wilshere, Group Company Secretary

Part 1 – Open to the public

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

Apologies were noted from Mr Evans and Mr Wilshere

TB. 9280: Patient Voice

Ms Evans said the story was of a Patient's experience with the virtual ward team and the previous care he had received at the Trust. She said it was identified there were aspects of care which required further areas of improvement and learning. Dr McKaig introduced Dr Hart. Mr Hart said the patient had one hip replaced with significant difficulties then attended to have his other hip replaced and went through the treatment received by the patient. He said following his second admission the patient raised concerns about the care received. He said once the wound had settled the patient received the benefits of the hospital at home team and his antibiotic treatment. Sir David felt details of the individuals care did not need to be included.

Ms Heseltine asked about future Pathways of patients coming back to the Trust for treatment. Dr McKaig felt it was a wider issue than orthopaedics. He said it linked into ongoing work being undertaken with OneWolverhampton. He said it was identified that the Emergency Department (ED) was one single port of entry and the preferred model of care but it was recognised that due to pressures in ED it was not an ideal pathway for patients to come through. He said the Trust had virtual wards and Same Day Emergency Care (SDEC) which were identified as more accessible pathways for patients to re-access care. He said ongoing work was being undertaken in relation to patient re-access of care. Ms Hickman said the strategic issue around pathways and global issue with access of the front door, a number of programmes of work around quality, culture and communication were embedded within workforce in recruitment. She said the issues raised by the patient were being addressed and supported by the Matron within the department.

Sir David said it was positive to note work was being undertaken at looking at pathways when patients attended the Trust to re-access care as it was an important issue to address.

Resolved: that the Patient Voice be noted

TB. 9281: Register of Declarations of interest

No new or changed declarations were noted.

TB. 9282: Minutes of the Previous Meeting of the Board of Directors held on 12 December 2023

Sir David confirmed there were no amendments to the minutes of the meeting of the Board of Directors held on the 12 December 2023.

Resolved: that the Minutes of the Board of Directors held on 12 December 2023 be approved as a true record

TB. 9283: Board Action Points and Matters Arising from the Minutes of the Board of Directors Meeting held in Public on 12 December 2023

12 December 2023/TB 9300

Emergency Preparedness assessment

"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."

Ms Nuttall confirmed a meeting took place with herself, Ms Preston, Ms Heseltine, and Ms Jones 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.

Action: It was agreed that the action be closed

12 December 2023/TB 9298

Cannock Chase Hospital - Fire Alarm Systems

“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”

Ms Nuttall confirmed the report would be presented at Finance and Productivity Committee

Action: it was agreed that the action be closed

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. An update will be provided to the December Board meeting.”

Ms Nuttall said a report was presented to the Quality Committee in January 24. She said the report contained update on the transfer of service from the Walsall Healthcare NHS Trust (WHT). She mentioned the paper reviewed Governance processes post transfer and improving position, use of facilities at WHT, management of waiting lists, including diagnostics, day case and achievement of 78, 65 weeks together with cancer performance. She said the Trust was committed to ensuring no patient waited over 78 weeks at the end of March 24. She was said it was agreed at Quality Committee that regular updates on Urology would be presented to ensure continued improvement.

Action: it was agreed the action be closed

TB. 9284: Winter Plan Update

Ms Nuttall highlighted the Trust focussed on 5 key actions on national recommendations with Urgent Care and Emergency Care Recovery Plan. She said there was a predicted bed shortage of 41 to 52 beds at the organisation with 52 beds being the worst-case scenario. She said the Trust had not managed to mitigate all the predicted bed deficit. She said the Trust had been successful in the opening of 10 additional paediatric beds, the use of the Virtual Wards together with utilisation of the same day discharge lounge. She mentioned up to 11% of patients had been waiting over an hour in ambulance off loads. She said there had also been an increase in delays and waits in ED for beds.

Ms Nuttall said there was national focus on ensuring the non-admitted pathways, patients who moved through Urgent and Emergency care portals and through ED were seen and treated within the national target at 76% for the 4-hour target. She said it was positive to note that the Trust did achieve that target. She said there was an increase of attendances to ED by 6% together with an increase in ambulance conveyances. She said there had been an impact on experience and delays due to the increase around acuity of some of the patients being transferred by ambulance. She said key area of focus was the medically fit for discharge. She said this had an impact on length of stay together with some challenges with infection prevention. She said the change in pathways and delays had been key factors. She said there was a change in acuity from patients needing more input from Social Care which had taken longer to provide. She mentioned actions continued and the Trust did not capacity within the RWT bed base which included West Park Hospital and Cannock to open additional beds. She said actions needed to focus on internal efficiencies together with working with external partners. She said there was also focus on reducing admissions, reducing ambulance conveyances were possible to ensure there were alternative pathways. Ms Nuttall asked that she provide an update at the April meeting.

Mr Dunn thanked staff at the Trust who had undertaken work during the challenging period. He asked about the impact of management on acute recovery i.e. not being able to discharge as many patients as required or not having enough beds available. He felt it meant capacity to undertake acute surgery was affected and asked what the impact was. Ms Nuttall said the Trust continued to protect elective ring-fenced wards at Cannock Chase Hospital and at New Cross Hospital for treatments of patients who were priorities 1 and 2 being predominantly cancer or urgent waiting list patients together with ensuring patients on the cardiology site were ring-

fenced and protected. She said discussions had taken place as to whether this needed to be reviewed in light of the pressures faced for ambulance services and people waiting in the community. She said the decision was taken at RWT and across the Black Country to ensure that treatment for those patients continued.

Prof. Toner asked about the medical model of care as it was mentioned it had the potential of creating 12 more beds but had not materialised. Ms Nuttall said that the Medical Model of Care had been introduced and most of the components had been successful. She said the configuration of rehabilitation beds around flow had been changed. She said there were challenges with length of stay and increase in patients waiting for discharge. She said that was the challenge where the Medical Model of Care had not generated those beds. Dr McKaig said that Medical Model of Care was predicated on the data by industrial action and strikes where 24/7 consultants were present in emergency portals. He said that would not have been sustainable and the Medical Model of Care was part of that speciality input during parts of the day. He said the speciality input had been helpful in optimising patient pathways where patients did not need to be admitted. He said the difficulty was the increase in acuity, dependency and the medical fit for discharge patients.

Prof. Toner asked about spend details within the OneWolverhampton Winter Plan update as some items mentioned an overspend and some did not have any figures against them. Ms Nuttall said it was all monitored through the Urgent and Emergency Care Committee, whom Ms Nuttall was the Chair. She said some of the figures were due to recruitment and following the last meeting there was not an indication of a forecast of an underspend. She said the intention was to spend all the money which may not be under all of the schemes listed but also identifying short term alternatives.

Dr Pickavance asked about patients coming in through ED, and ambulances increasingly asking patients to make their own way to ED rather than using an ambulance. She said there was mention that the process was to change with a triage nurse being available to assist. She asked whether that was in place and what the outcome was. Ms Nuttall said there was a change and people that were deemed walk ins, the expectation was that people were triaged within 15 minutes which was not always achieved. She said there was a presentation of high acuity of patients walking into the Trust. She said there was a triage process and a first assessment process, where the streaming element was key to direct patients to the relevant department. She provided assurance that patients who required a cubicle and needed to be transferred through to the ED were monitored in the same way as people waiting on the ambulances. She mentioned it was having an impact on same day emergency care.

Ms Hickman said screening pilots had been undertaken which were successful and the Trust was looking to secure that post as part of the overarching nursing workforce in ED and balance was required within clinical priority.

Dr Pickavance asked whether the Acute Respiratory Hub being undertaken within the Community was being utilised, had been helpful and could be used for other areas. Ms Cartwright felt other areas could also be looked at, however the issue was investment in the return. She said the more that could be offered within the Community settings for different community schemes as alternatives could potentially assist with reducing demand and focus on people who required emergency care. She felt a plan needed to be developed to identify what those alternatives would be.

Sir David thanked all the teams involved who worked under the pressures.

**Resolved: that the Winter Plan Update was received and noted.
Action: a further update be provided to the April Board meeting**

TB. 9285: Chair's Verbal Update

Sir David highlighted the Trust had not been successful in the first attempt of the appointment of Group Chief Executive. He said the position would be re-advertised and thought would be given on interim arrangements. He said in relation to the overall financial position across the Black Country, all the Chief Executives of Trust across the Black Country had been asked to produce a 3 year plan for opportunity for success. He said this would be discussed in more detail in the Private Board meeting.

Resolved: that the Chair's verbal update be received and noted.

TB. 9286: Group Chief Executive's Report

Prof Loughton highlighted the successful appointment of 9 Consultants in speciality areas, together with a Professor in Intensive Care. He thanked the Group Chief Medical Officer and Chief Medical Officer for the considerable amount of time spent with himself on recruitment of Consultants. He finally mentioned the positive decrease in mortality from 120 to 90 which he said was due to the quality of work of medical staff and nursing staff employed at the Trust.

Sir David said emphasis the Board undertook with appointment of Consultants was critical and important in getting the right staff to work at the Trust. He also mentioned he attended an awards day on Digital Healthcare organised by RWT and WHT. He said it was positive to see the amount of time the organisation took reflecting on what was done at the Trust and sharing good practice together with recognising the contribution of staff. He finally congratulated Prof. Loughton on the award for Digital Health Care Leader at the event.

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

TB.9287 : Freedom to Speak Up Guardian Report

Ms Flint said the report reflected Quarter 1 and 2 of the financial year. She said there were 101 concerns raised through the Freedom to Speak Up service, with attitudes and behaviours of staff being the most reported theme. She said this was also seen nationally as the highest cause of concern. She said the highest professional areas reporting concern were nursing and midwifery, Administration and Clerical and additional professional, scientific and technical services. She said a Heat Map was created showing hotspot areas with the highest number of reported matters each quarter. She said the information was shared with HR Managers and the organisational development team to identify any learning. She said 69 cases were reported during Quarter 3. She said the common theme was attitudes and behaviours. She said there was an increase in December with feedback on policies, procedures and processes and work was in place to monitor this. She said work continued to encourage people to speak up with drop-in sessions, pop up stands and Walkabouts, recruiting Freedom to Speak Up champions and working closely with the organisational development teams to deliver sessions on compassionate leadership, civility and respect and inclusive leadership.

Ms Pickavance asked if the number of reports for Quarter 3 was a reflection of Freedom to Speak Up month which took place in Quarter 3.

Ms Flint said several staff were unaware of Freedom to Speak up. She said that during October Freedom to Speak Up month there was promotion and communication had been circulated to staff. She said the team continued to monitor the number of reports and over time may have more data of increase of concerns during specific periods of time.

Resolved: that the Freedom to Speak up Report be received and noted

TB. 9288: Trust Management Committee - Chair's Report

Ms Nuttall said the report was for noting

Resolved: that the Trust Management Committee – Chair's report be received and noted.

Excel in the Delivery of Care

TB. 9289: Board Level Metrics Report - Care

Sir David said the report needed to be amended in the future to reflect what was measured against the Trust's Strategic Objectives and whether those measures had been achieved or not.

Resolved: that the Board Level Metrics Report – Care be received and noted

TB. 9290: Finance Committee (FC) – Chairs Report

Mr Dunn highlighted the pressures through the Winter Plan. He said a plan was in place for the long 78-week waits for Elective Recovery. He felt the issue was within Urology capacity, Gynaecology and General surgery and said plans were in place. He said a plan was in place for the outturn number which was on target to be met. He said production of next year's annual operating plan needed to be reviewed and mentioned there was to be a wider discussion at Private Board.

Sir David said focusing on the development of the annual plan was critical and asked who the lead was. Ms Nuttall confirmed Mr Evans was the lead.

Resolved: that the Finance Committee – Chairs Report be received and noted.

TB. 9291: Report of the Group Chief Financial Officer Months 8 and 9

Mr Stringer highlighted the in-year deficit plan was currently at £34.6 million. He said the forecast outturn was at £44.1 million which included some cost for industrial action. He said notification had been received for a potential 5 day strike and those costs would also be included. He said there were in year pressures and plans were in place. He said a further £1 million mitigation was required to ensure the Trust achieved the end of March position.

Resolved: that the Report of the Group Chief Financial Officer Months 8 and 9 be received and noted

TB. 9292: Financial Recovery Plan (FRP) Verbal update

Mr Stringer said FRP work was underway with PA Consultancy. He said the challenge financially next year was to identify circa 4% Cost Improvement Programme using recommendations from PA Consultancy's Report. He said the annual operating plan budget setting was being drafted.

Resolved: that the verbal Financial Recover Plan update be noted

TB.9293: Audit Committee - Chair's Verbal Update

Ms Jones highlighted the positive internal audit report on budgetary control. She said there was a change to the internal audit plan to add a specific one-off audit on discharge management and

data quality relating to 78 week waiting patients. She also mentioned the amendments to the Terms of Reference which were for approval.

**Resolved: the verbal Audit Committee Chairs update be received and noted
That the Terms of Reference for the Audit Committee be approved**

TB. 9294: Quality Committee (QC) - Chair's Report

Prof. Toner highlighted the challenges with quality and cancer performance, being the biggest challenge which remained in tier 2. She said there was improvement and requirements were being met for the 28-day faster diagnosis and the 62-day backlog. She said it was the combined target that was not being met and the Trust was unlikely to achieve the target by the end of March 2024. She said there were none compliance issues within radiology with adherence of assessment reviews. She said this was to be reviewed at the next meeting. She said it was identified that as a Trust an Estates Premises Assurance Group needed to be established to provide assurances to the Health and Safety Group. She said there were National Safety alerts around issues with valproate and anti-epileptic medications, which were being reviewed. She said the Clinical Negligence Scheme for Trusts (CNST) report demonstrated compliance in all aspects and was approved at Quality Committee.

Sir David asked what the underlying issue was for the performance of cancer treatment.

Dr McKaig said there had been an increase in referral patterns since Covid-19 with the average being a 130% increase in referrals. He said the faster diagnosis standard target was being met. He said the challenges were within the pathways, individuals starting treatment within 62 days. He said the two main areas with challenges were Urology and Gynaecology, but there were also challenges within skin and general surgery. He mentioned some patients were on complex pathways but there were also challenges with capacity and demand together with challenges with histopathology turnaround times. He said work continued on how this could be improved with urology networking together through ongoing work taking place with the provider collaborative.

Sir David felt a medium-term solution was required otherwise the issue would be reoccurring. He asked whether the work being undertaken with the Provider Collaborative would provide medium term solutions. Dr McKaig said some positive work was being seen and felt the workstreams provided by the Collaborative set up were based around those specialities which were the biggest challenges in cancer. He felt it was a significant challenge to be able to get to a sustainable position.

Sir David asked for discussion to take place at a further meeting about potential medium terms solutions to the challenges with cancer performance.

**Resolved: that the Quality Committee Chairs Report be received and noted
Action: A discussion to take place at a future meeting about the potential medium-term solutions to the challenges with cancer performance.**

TB.9295 : Chief Nursing Officer Report by Exception

Ms Hickman highlighted Nursing Vacancies remained in a positive position. She said the Trust was leading Simulated Practice Learning (SIM) work across the Black Country with Chief Nursing Officers (CNOs) around how policies and processes linked to establishment review were aligned together with the application of the rostering system. She said the Nurse Sensitive Indicator Dashboard had been revised. She said there was a challenge on trend data and accessing reports from the current platform. She said work was being undertaken with Governance colleagues looking at sourcing a revised system which would be utilised across

RWT and WHT. She said the pressure ulcer guidance was revised nationally. She said there was stability across the nurse sensitive indicators and quality metrics. She mentioned the Trust remained over trajectory for *C-difficile* in Quarter 3. She said there were delays with the PEC Centre due the supply of materials. She said the report had been received from the Integrated Care Service (ICS) following their visit around the *C-difficile* pathway. She said no immediate concerns were raised and positive feedback was received about staff knowledge and engagement, strong Infection Prevention (IP) presence, and with local issues which had been fed into to the Operational teams for resolution. She highlighted there had been a national and regional outbreak of measles and there had been a significant reduction in numbers of over recent weeks. She said there were no positive cases identified at RWT. She finally mentioned there was focus on vaccination uptake across the City. She said internal pathways had been validated around preparedness and there was positive oversight in the organisation around staff vaccination.

Ms Cowley asked how patterns were being assessed where there were significant areas of red recorded on the Nursing Quality dashboard.

Ms Hickman said trend data was reviewed on a monthly basis by Directorate and Divisional teams, which fed into the wider governance routes through data reporting which was received at QSAG and Quality Committee. She said work was undertaken with any individual team where concerns were identified.

Resolved: that the Chief Nursing Officer Report by Exception be received and noted

TB.9296 : Midwifery Services Report by Exception

Ms Palmer highlighted the positive zero vacancy rate in Midwifery services. She said there were improvements in acuity patient versus staffing data. She said RWT was the only Maternity Servicing region that had achieved birthright plus which was positive. She said there were minimal vacancies for maternity support worker workforce.

Ms Harding asked about delivery suite staffing levels and if there were any improvements with new recruits. Ms Palmer said that staffing levels were improving.

Prof. Loughton and Sir David congratulated Ms Palmer and the team for their continued hard work.

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

TB.9297 : Chief Medical Officer Report by Exception

Dr McKaig highlighted the launch of the Right Care Right Person initiative which commenced on 5 February for Mental Health. He said this focussed on how the Trust worked with the West Midlands Police and responded to concerns around missing persons. He said the Mental Health team were working with the Black Country Healthcare and West Midlands Police which was staged development over the course of the year. He said there was a long-standing issue with not having a responsible clinician, which was a required position in terms of detaining somebody on a section 2 or section 3. He said the Trust was working with the Black Country Healthcare and it was anticipated that legal position for all four acutes within the system would be resolved by the end of February for RWT.

Dr McKaig highlighted with Pharmacy the electronic prescribing system had been updated and thanked the teams involved with the update. He said the upgrade had been reviewed, it provided more stability and the risks which sat within pharmacy risk register around medicines optimisation were noted. He said it was recognised that the current Electronic Prescribing and

Medicines Administration (EPMA) system was not fit for purpose long term and as part of Digital Strategy the Trust would be looking at a new Electronic Patient Record (EPR) to seek a solution.

Dr McKaig mentioned the Mortality report and said currently the Summary Hospital-Level Mortality Indicator (SHMI) was at 0.9. He said there were no diagnostic groups which had a high unexpected SHMI. He said three groups, Pneumonia, stroke and epilepsy convulsions had alerts and action plans were in place. He asked all to note that it would be a statutory requirement for all deaths in the Community to be reported to a medical examiner within five days. He said the date of when this would come into effect had not yet been confirmed.

Prof. Levermore asked if there was a reduction of medicine incidents, would this provide a cost saving. Dr McKaig said it was positive that medicine incidents were being reported and it was seen as a positive culture. He said things could be put into place to reduce potentially medicine incidents. He said this was also related to some of the system issues with EPMA which did not allow electronic prescribing of certain drugs. He said minor incidents were reported where harm was caused.

Ms Heseltine asked if there were mitigations in place to support the lack of antimicrobial stewardship. Dr McKaig said the gap was due to a combination of people leaving their post to take on another post within the Organisation and Maternity leave. He said the Trust tried to provide additional support to microbiologist, supporting the antimicrobial stewardship and it was anticipated support would be available in April.

Mr Dunn asked if actions were in place to mitigate the impact of challenges with staffing levels. Dr McKaig said currently Pharmacy was fully established to their current establishment and the Royal College of Emergency Medicine guidance made a recommendation that there should be 7-day pharmacy support within ED. He said Pharmacy had submitted a Business Case which encompassed a wide-ranging number of issues within Pharmacy. He said the pharmacy team had been asked to separate information down into priority areas one being the 7-day support in ED Pharmacy support. He said work was being done with the contracting and investment committee to see how best that could be supported and the financial challenge was noted.

Sir David congratulated staff for their work on the SHMI target.

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

TB. 9298: Group Chief Assurance Officer by Exception Report Verbal Update

Mr Bostock said the Covid-19 National Inquiry module 3 was on hold. He said the Board Assurance Framework and the Trust Risk Register had been through all subcommittees. He said there were currently 21 risks on the Corporate Risk Register. He said 6 were graded above 15 and 15 were Amber. He said the consultant microbiologist shortages risk had reduced since the last period.

Resolved: that the Group Chief Assurance Officer by Exception Report Verbal Update be received and noted

Support our Colleagues

TB.9299 : People Committee (PC) - Chair's Report

Ms Heseltine highlighted the plateauing of the workforce data which was coinciding with the workforce plan being prepared. She said the staff survey was being reviewed internally. She said a positive deep dive took place with Division 2. She said the deep dive highlighted the

pressures for staff in relation to the strikes, increases in ED together with the opening of additional beds. She said staff mentioned the health and wellbeing support which was available at the Trust.

She also mentioned the Joint People Strategy and the Joint Behavioural Framework were agreed and recommended for approval.

Resolved: that the People Committee (PC) - Chair's Report be received and noted

TB.9300: Group Chief People Officers Report by Exception Workforce Report

Mr Duffell highlighted the vacancy rate was in a positive position of over 2 ½ %. He said turnover, retention and mandatory training remained in the green position. He said appraisal and sickness absence were within amber.

Mr Duffell said Joint People Strategy had been through various Committees, Staff Sides and Focus Groups together with the Employer Voice Groups and was for approval by the Board.

Resolved:

- **that the Group Chief People Officers Report by Exception Workforce Report**
- **that the Joint People Strategy be approved**
- **that the Joint Behavioural Framework be approved**

Effective Collaboration

TB. 9301: Charity Committee - Chair's Report

Prof. Levermore said a number of business cases required approval which were to be presented at Private Board. He said volunteers and management staff had been provided with a set of governances which the Charity was operating on.

Resolved: that the Charity Committee – Chair's Report be received and noted

Improve the Health of our Communities

TB.9302: Integration (PLACE) Committee Chairs Report

Ms Cowley said feedback was received from how the comparable Committee operated at Sandwell. She said positive discussions took place amongst NEDs on how the Committees interacted with each other. She said discussions took place on virtual ward technology solutions. She said there was a lack of clarity regarding the technology solution that was utilized on virtual wards and where it was being managed. She said it was currently managed at Integrated Care Board (ICB) level with potentially being moved to system or region.

Sir David asked who held the contract for the technological solutions. Ms Cartwright said that it was currently held by the ICB. She said it was raised at the Committee as a concern that if this was not resolved through the procurement there would be a risk to the virtual wards, and it had been recorded as an emerging risk.

Ms Nuttall said this related to standardising systems across the ICB and was work in progress as each Trust had different systems in place. Sir David asked who at the Trust had oversight of

the issue. Ms Nuttall confirmed Ms Thomas the Deputy Chief Operating Officer had oversight on an operation route and Mr Bruce had oversight from a clinical technical perspective.

Resolved: that that Integration (PLACE) Committee Chairs Report be received and noted

TB.9303: Group Director of Place Report - by Exception

Ms Cartwright highlighted a review had taken place on governance of the OneWolverhampton partnership. She said there was a change with regards to stepping down the place management committee and replacing it with the Place Development Group that would bring together the Chairs for the strategic working groups across the partnership. She said following the success of the stakeholder forum, the meetings were now to be held quarterly with wider partners across Wolverhampton. She said work had been undertaken on reviewing partnership commitments and ensuing those aligned to the priorities that had been identified through strategic working groups. She said the Wolverhampton Digital Partnership with OneWolverhampton and the Digital Expert Reference Group was being brought together to avoid duplication and focused on the digital footprint. She said the ICB had finalised the system operating model that was approved by the ICB Board at the end of January. She said the system operating model included reference to delegation to Place Based partnerships. She said OneWolverhampton had reviewed the options available and submitted their preferences for delegation from April 2024. She said OneWolverhampton had expressed a preference for the Trust to host the partnership for delegation from April. She said the Integration Committee had supported that proposal. She asked all to note that necessary resources would need to be available to undertake the work involved.

Ms Cowley said OneWolverhampton had significantly less resources allocated than the other Places within the system. She said the view of the committee was if it was going to be hosted by RWT it would be a risk in terms of whether there would sufficient capacity. Ms Cartwright said discussions were taking place with the ICB in this regard.

Sir David said it was important to have an Integration Committee to oversee those issues to be successful. He said getting resources correct, accountability and delegation right at the beginning was important. He said it would be an important cultural change for the organisation in the way in which the Integration worked and the way in which it engaged with partners across the Board.

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

TB. 9304: Any Other Business

There was no other business and no questions from members of the public.

TB.9305: Questions Received from the public

No questions had been received from members of the public.

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 16 April 2024 at 10:00 am

The meeting closed at 11:40 pm

List of action items

Agenda item	Assigned to	Deadline	Status
Public Trust Board 13/02/2024 8.7 Quality Committee (QC) - Chair's Report (A Pack)			
1745.	Cancer Performance	<ul style="list-style-type: none"> ● McKaig, Brian ● Nuttall, Gwen 	12/04/2024 ■ Completed
<p><i>Explanation action item</i> A discussion to take place at a future meeting about the potential medium-term solutions to the challenges with Cancer Performance</p> <p>UPDATE: 05/04/24 The item has been scheduled to be discussed at a Board Development Session</p>			
Public Trust Board 13/02/2024 5.1 Winter Plan Update (A Pack)			
1744.	Winter Plan Update	● Nuttall, Gwen	12/04/2024 ■ Completed
<p><i>Explanation action item</i> An update to be provided to the next Board meeting.</p> <p>UPDATE: 04/04/24 item is on the agenda for the April Trust Board meeting</p>			

Report to Trust Board, 16 April 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Recommendations:			
<p>The Board is asked to discuss progress on this year’s winter plan.</p> <p>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.</p>			

Implications of the Paper:		
Risk Register Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description: On Risk Register: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Score (if applicable) :	
Changes to BAF Risk(s) & TRR Risk(s)	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 – March 24 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Details: Safe, Caring, Effective, Responsive, Well-led
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Details: In line with NHSE Winter Plan
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 10 October 2023
	Board of Directors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 10 October 2023
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

- The Trust has performed well over Winter from the benchmark position, however high patient complexity and dependency and long lengths of stay in ED have continued
- ICB published data is not yet available for March although the 76% target was achieved – 78.03% actual

Advise

- Additional paediatric beds funded from January 2024 (£305k) have now closed (from 01 April 2024)
- Delivery of the OneWolverhampton Winter Plan has continued to be monitored through the OneWolverhampton UEC Strategic Group, the ICB UEC Operational Group and UEC Delivery Board – ‘Winter Wash Up’ Sessions are planned
- The OneWolverhampton UEC plan has been nominated for a Local Government Aware for collaborative working (Result due in June)
- The Trust could receive a proportion of the capital funding pot that has been made available in association with UEC delivery.

Alert

- Ambulance offload delays remain a challenge at times as a result of high numbers and delays in flow out of ED
- The number of patients waiting over 12 hours in the Emergency Department for a bed is also a challenge
- There is no evidence of harm to patients as a result of delays, however this will continue to be monitored
- C56 continues to be used for super surge capacity overnight despite not being funded
- The Trust is meeting the 76% 4-hour performance target despite high volumes of patients attending

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

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

RWT Winter Plan 2023/24 update

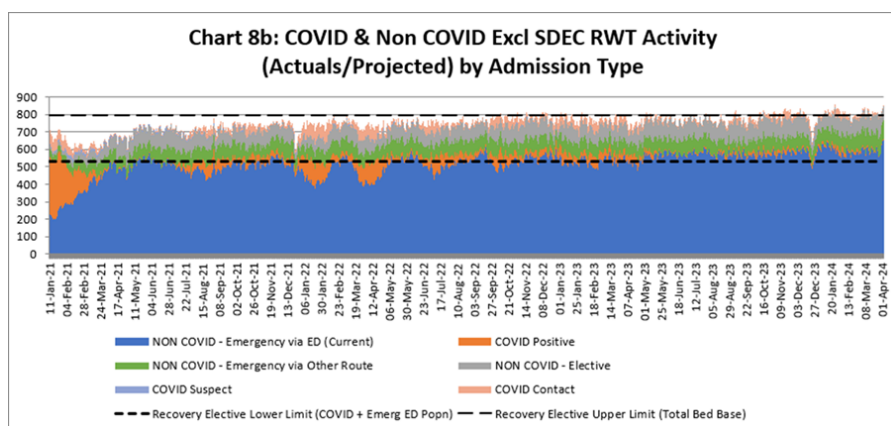
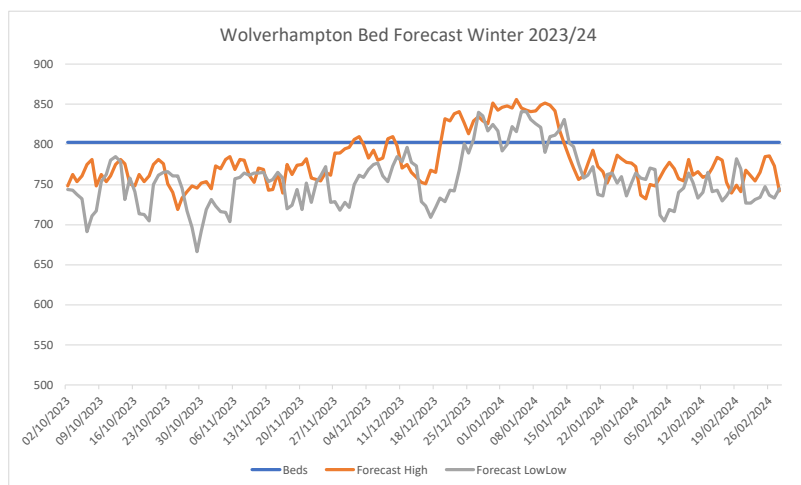
Report to Trust Board, to be held on 16 April 2024

EXECUTIVE SUMMARY

Following submission to Trust Board on 10 October 2023, and subsequent updates to Trust Board on 12 December 2023 and 13 February 2024, 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 was based on actual activity from August 2022 to March 2023 and showed a gap of between 37 and 53 inpatient beds. The plan assumed that elective and cancer activity continues throughout the winter - elective activity has only been cancelled during the three junior doctor strikes. The Trust has exceeded its bed capacity in recent months as shown below.



Indicator	26-Mar-24	27-Mar-24	28-Mar-24	29-Mar-24	30-Mar-24	31-Mar-24	01-Apr-24
Current Daily Non COVID Emerg Growth %	-3.24%	-5.25%	4.20%	-0.81%	3.41%	4.56%	5.71%
Daily Non COVID Emerg Growth Rolling 7 days	0.40%	-0.67%	-0.14%	-0.05%	-0.14%	0.09%	1.23%

A number of schemes and initiatives have progressed 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	Variable numbers peaking at 115. Now back at 80. Not achieved
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 to 01 April 2024. Now closed
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	Green
2.	Frailty	Green
3.	Inpatient flow and length of stay (acute)	Orange
4.	Community bed productivity and flow	Green
5.	Care transfer hubs	Green
6.	Intermediate care demand and capacity	Green
7.	Virtual Wards	Green
8.	Urgent Community Response	Green
9.	Single point of access	Green
10.	Acute Respiratory Infection Hubs	Green
11.	Paediatric Inpatient Capacity	Green

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 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

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.

SUMMARY

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

- Ambulance delays, particularly in January 2024 were a challenge. Performance is continuously monitored
- The number of patients waiting over 12 hours in the Emergency Department for a bed is a challenge, particularly after the weekends

There is no evidence of harm to patients as a result of delays, however this will continue to be monitored.

The predicted shortfall in bed capacity was realised. Levels of infection prevention, staff sickness, numbers of patients who are medically fit for discharge, incoming ambulance transfers and patient complexity and dependency all impacted on the bed deficit.

Work continues on the redesign of the current medical model of care, which commenced with changes to ward management and configuration for rehabilitation. A formal review of progress is underway

Elective operating has been retained throughout the winter period by utilising the ring-fenced capacity at New Cross and Cannock Chase Hospitals. This has meant the Trust has achieved the expected measure of having no patient wait over 78 weeks at the end of March 2024. Elective activity has only been cancelled during the three junior doctor strikes.

Only additional schemes that were funded have been agreed to progress. Other schemes without funding have not been able to progress apart from additional ED super surge capacity on C56 overnight. Funding was sought over and above that allocated for additional paediatric beds but was not received

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

Actions will continue to be monitored daily and weekly to assess success and impact in preparation for Winter 2025.

Division 2 winter wash up session was held on 15 March 2024. Teams fed back key actions for taking forward. This will feed into a system wide winter review of effectiveness of schemes and will form part of next year's winter plan

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
16 April 2024

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



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Introduction

- The RWT Winter Plan was presented to Trust Board on 10 October 2023, with further updates in December 2023 and February 2024
- It focused on the priority areas within NHS England's Winter Plan, which in turn was built on the Urgent and Emergency Care Recovery Plan published in 2023
- It was a subsection of the OneWolverhampton Winter Plan in recognition of the required joint working and responsibilities that needed to be taken across the Health and Care System



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Alignment to the UEC Recovery Plan - Recap

- 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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Context

What does this paper describe?

- How the Trust is progressing against the 2023/24 RWT Winter Plan, focusing on the priority areas within NHS England's Winter Plan

RWT – Key elements of the plan

- To increase Virtual Ward capacity
 - To implement the Medicine Model of Care
 - Reduce the number of discharge ready (MFFD) patients
 - Establish a Same Day Discharge Centre (SDDC) on C41
 - Increase paediatric inpatient capacity
- Summarises the UEC Activity and Performance, in terms of performance against achievement of 76% for admission, discharge or treatment and ambulance handover performance



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Executive Summary

Assure

- The Trust has performed well over Winter from the benchmark position, however high patient complexity and dependency and long lengths of stay in ED have continued
- Published data is not yet available for March 24 UEC performance, although the 76% target was achieved – 78.03% actual
- The Trust is meeting the 76% 4-hour performance target despite high volumes of patients attending

Advise

- Additional 10 paediatric beds funded from January 2024 have now closed (from 01 April 2024). Funding ceased.
- Delivery of the OneWolverhampton Winter Plan has continued to be monitored through the OneWolverhampton UEC Strategic Group, the ICB UEC Operational Group and UEC Delivery Board – ‘Winter Wash Up’ Sessions are planned
- The OneWolverhampton Winter Plan has been shortlisted for a national Local Government Award around partnership working.

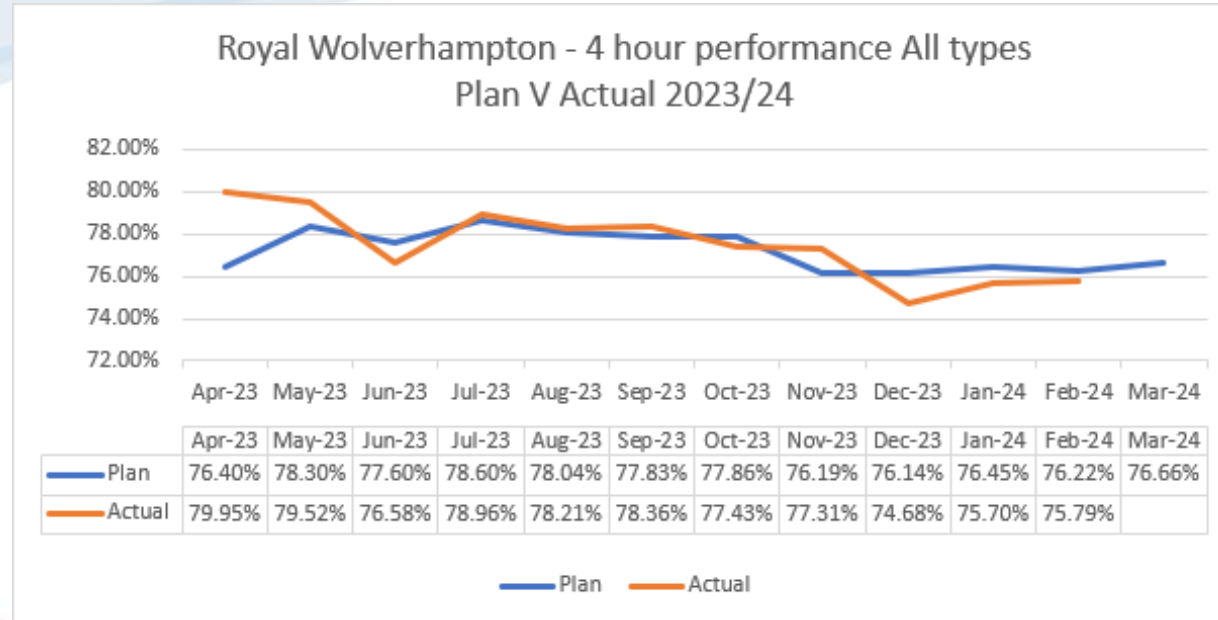
Alert

- Ambulance offload delays remain a challenge at times as a result of high numbers of conveyances and delays in flow out of ED
- The number of patients waiting over 12 hours in the Emergency Department for a bed is also a challenge
- There is no evidence of harm to patients as a result of delays, however this will continue to be monitored
- C56 continues to be used for super surge capacity over night despite not being funded



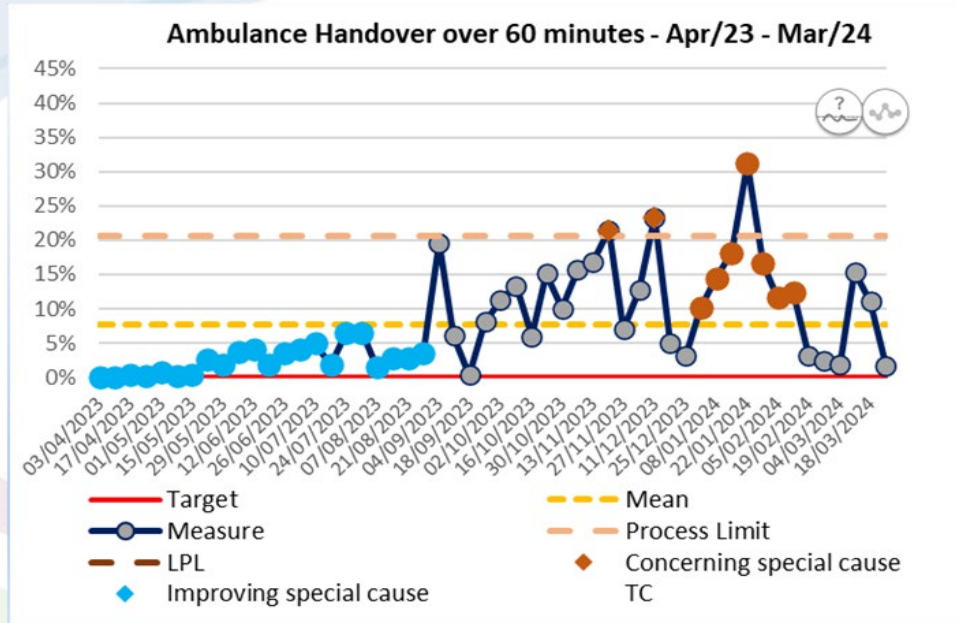
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UEC Activity and Performance



- The Trust is meeting the 76% 4-hour performance target and performed above its 77% performance trajectory for March
- Anomalies in ICB published data continue (as shown above) and work with NHSE and NHS Digital continues to address these differences

UEC Activity and Performance

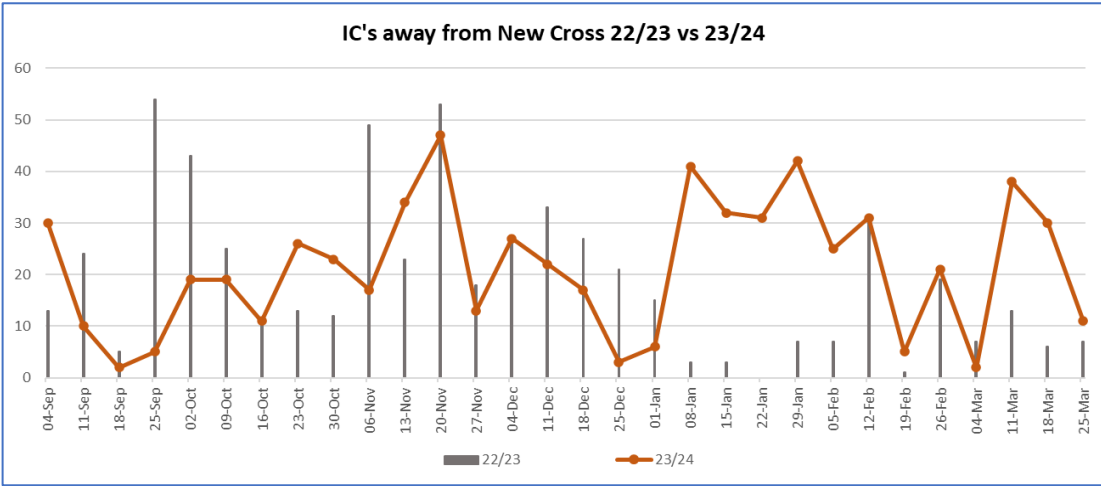
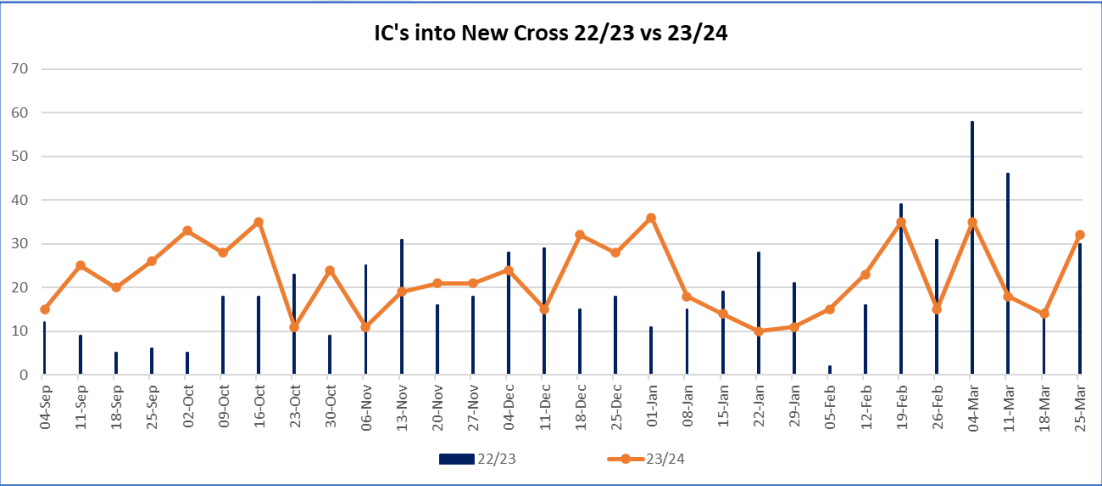


Nx Ambulance Handover > 60 mins

	Target	Actual
Oct-22		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	0%	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%
Jan-24		18.38%
Feb-24		8.13%
Mar-24		6.95%

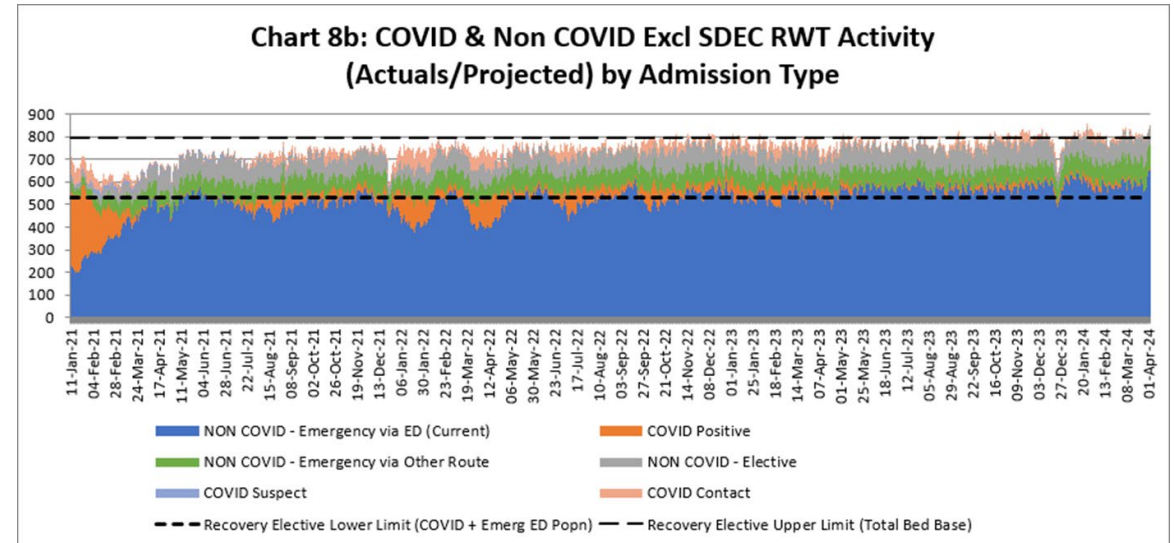
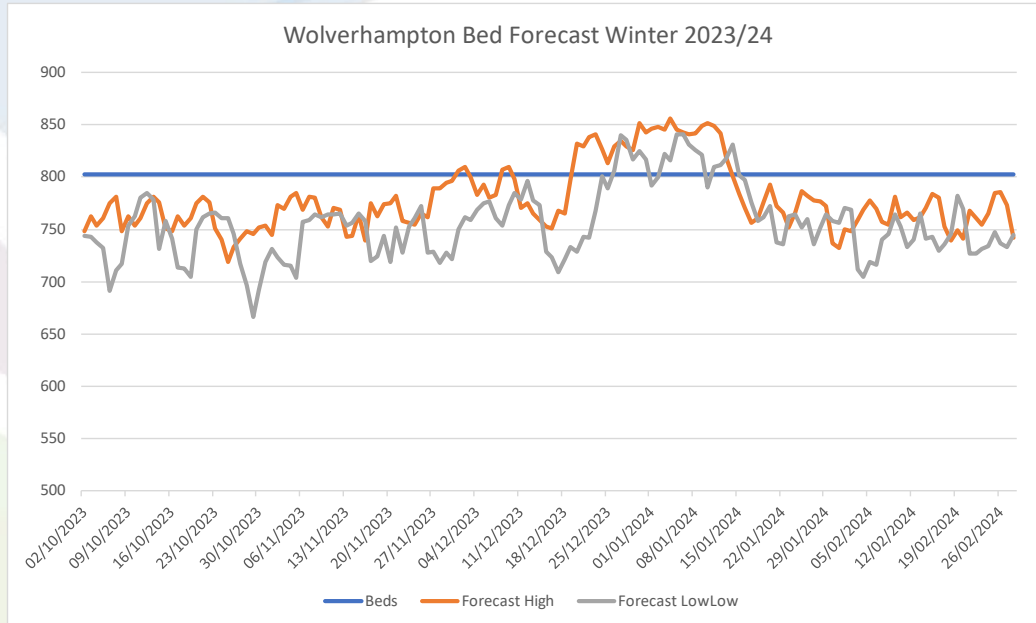
Offloading ambulances as quickly as possible remains a priority. Recent performance has been challenged as ambulance numbers, ED attendances (including walk-ins) and patient complexity have increased.

Intelligent Conveyances into and away from New Cross



Overall, the Trust is a net importer of intelligently conveyed ambulances, with the largest volume from Shropshire and Russells Hall.

Modelling and assumptions



Indicator	26-Mar-24	27-Mar-24	28-Mar-24	29-Mar-24	30-Mar-24	31-Mar-24	01-Apr-24
Current Daily Non COVID Emerg Growth %	-3.24%	-5.25%	4.20%	-0.81%	3.41%	4.56%	5.71%
Daily Non COVID Emerg Growth Rolling 7 days	0.40%	-0.67%	-0.14%	-0.05%	-0.14%	0.09%	1.23%

Capacity modelling for winter showed a gap of between 37 and 53 inpatient beds for winter. The plan assumed that elective and cancer activity continued throughout the winter period. Elective activity has only been cancelled during the three junior doctor strikes. The Trust has exceeded its bed capacity in recent months as shown above.

Mitigating the bed capacity gap

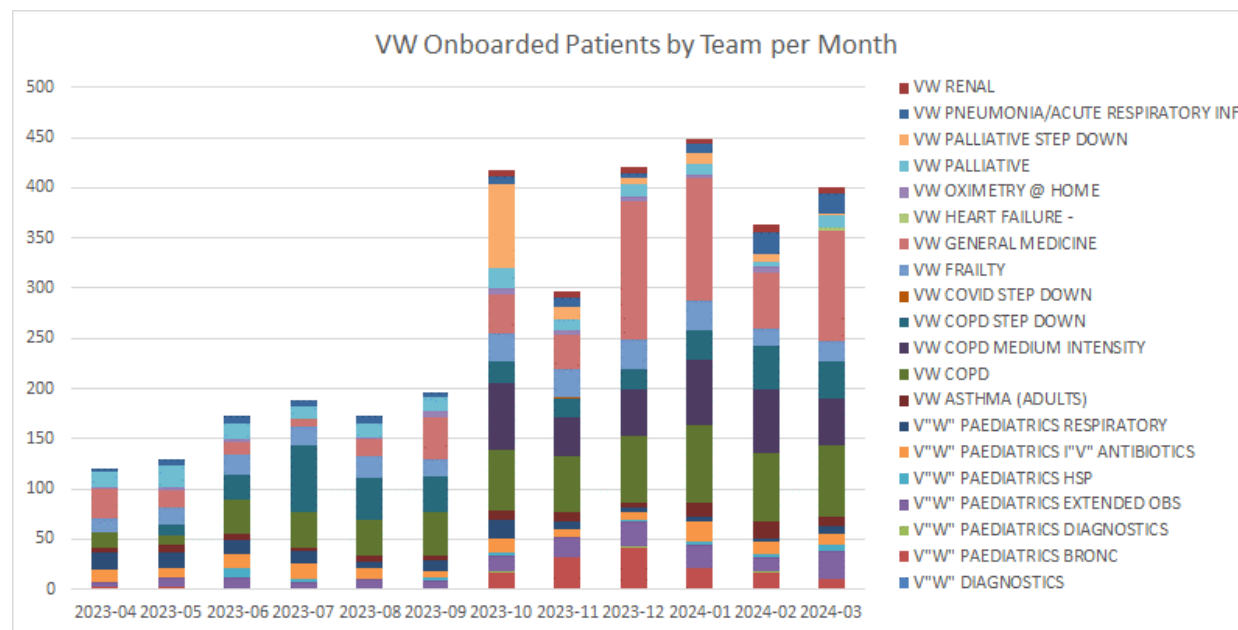
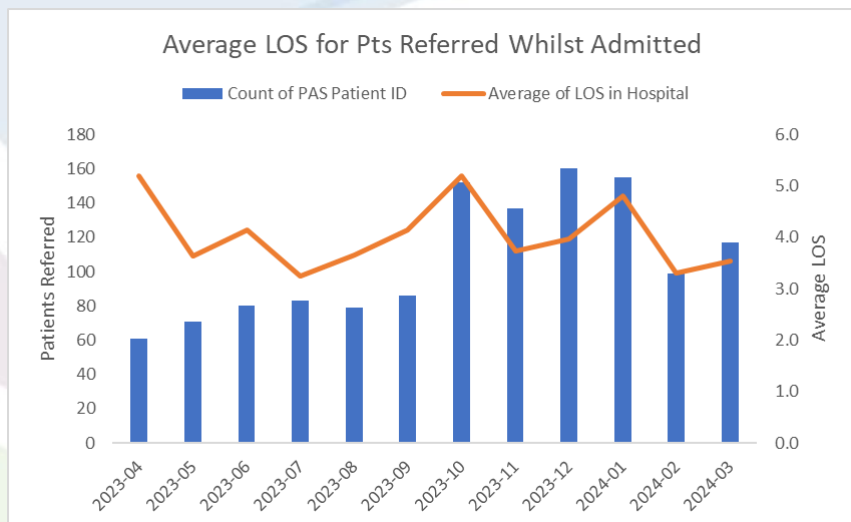
The plans and initiatives set out in the Winter Plan continue to be delivered to mitigate the bed capacity gap, except the increased Paediatric beds which have now closed. Further detail of each of the initiatives are on the following slides.

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	Variable numbers peaking at 115. Now back at 80. Not achieved
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 plus discharges per day (Mon-Fri) via the SDDC
Paediatric Inpatient Capacity	8	10	Additional inpatient capacity	10 additional beds open from 1 January to 01 April 2024. Now closed
Total	41	52		



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Virtual Wards



The length of stay chart illustrates the numbers of patients referred to Virtual Ward whilst being an inpatient and their average length of stay for those patients.

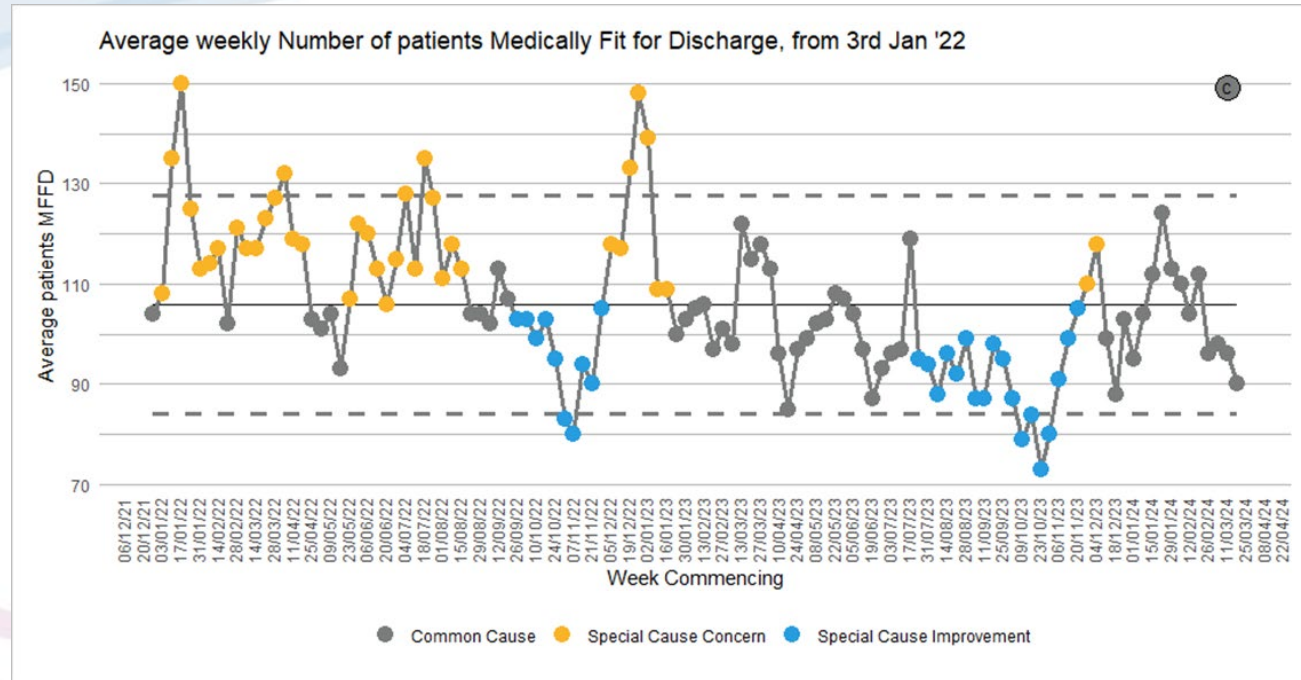
Referrals to the Trust’s Virtual Ward for General Medicine greatly increased over the winter period and the impact of senior nurse in-reach evidenced.

Medicine Model of Care (MMC)

The MMC continues to progress. An update on each of the workstreams is summarised below.

Group / Area	Actions complete	Actions outstanding / issues	RAG status
Ward Efficiencies	<ul style="list-style-type: none"> Agreed aim of group is 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 	<ul style="list-style-type: none"> Medic chairing the group Weekend Audit underway – C18 and C24 Scope of work to be reviewed and agreed – including handover days 	Red
Bed Configuration	<ul style="list-style-type: none"> All moves completed, formal handover to Div 3 on 1 November 	<ul style="list-style-type: none"> After Action Review undertaken in collaboration with Div 3 Further deep dive into effectiveness of transfer, along with refinement of existing processes/pathways underway 	Green
Specialist Input	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Plan for evening cover to be worked through and agreed Formal plan required for Cardiology and Onc & Haem input Careflow Connect to be utilised for managing patients and to measure effectiveness of service 	Green
Integrated SDEC	<ul style="list-style-type: none"> Initial proposal shared with teams at follow up away day on 25 October 2023 	<ul style="list-style-type: none"> Development of new model Currently paused until AMU workstream concluded 	Orange
Same Day Discharge Centre (SDDC)	<ul style="list-style-type: none"> Operational on C41 from Monday 6 November 2023 	<ul style="list-style-type: none"> Funding for Pharmacy input was not received Future location of SDDC to be agreed at Trust level 	Green

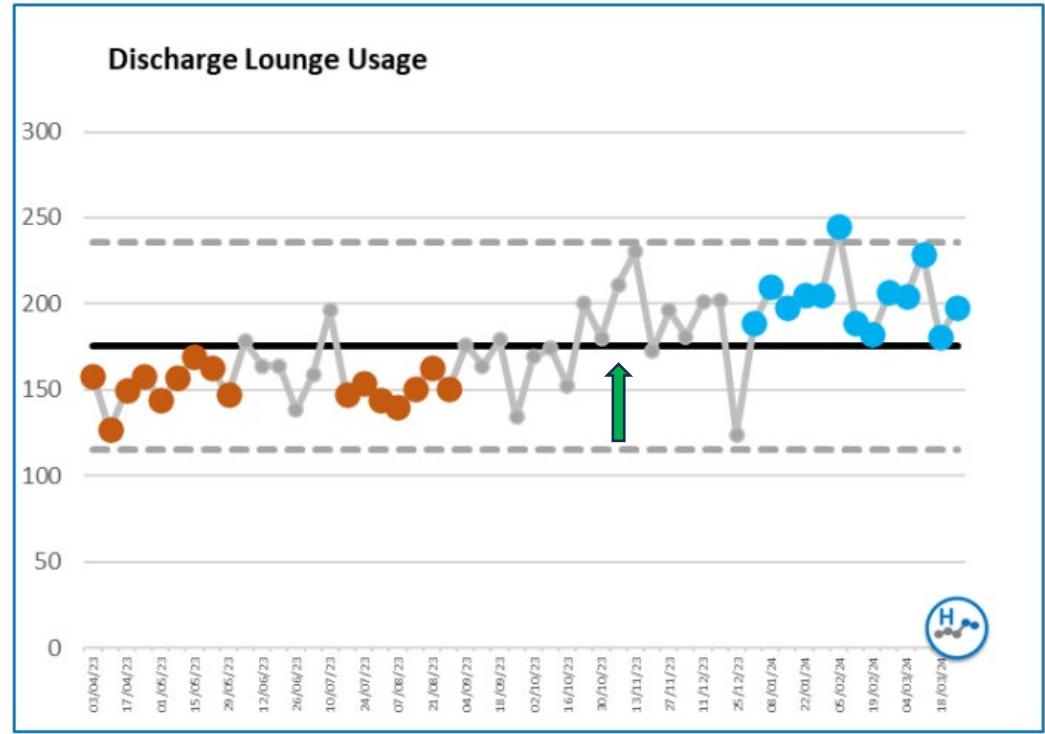
Discharge ready (MFFD) patients



The numbers of discharge ready (MFFD) patients had reduced since the beginning of 2023, with a consistent below average number from July 2023.

Numbers increased between mid-December and mid-February, although there has however been a decrease in recent weeks.

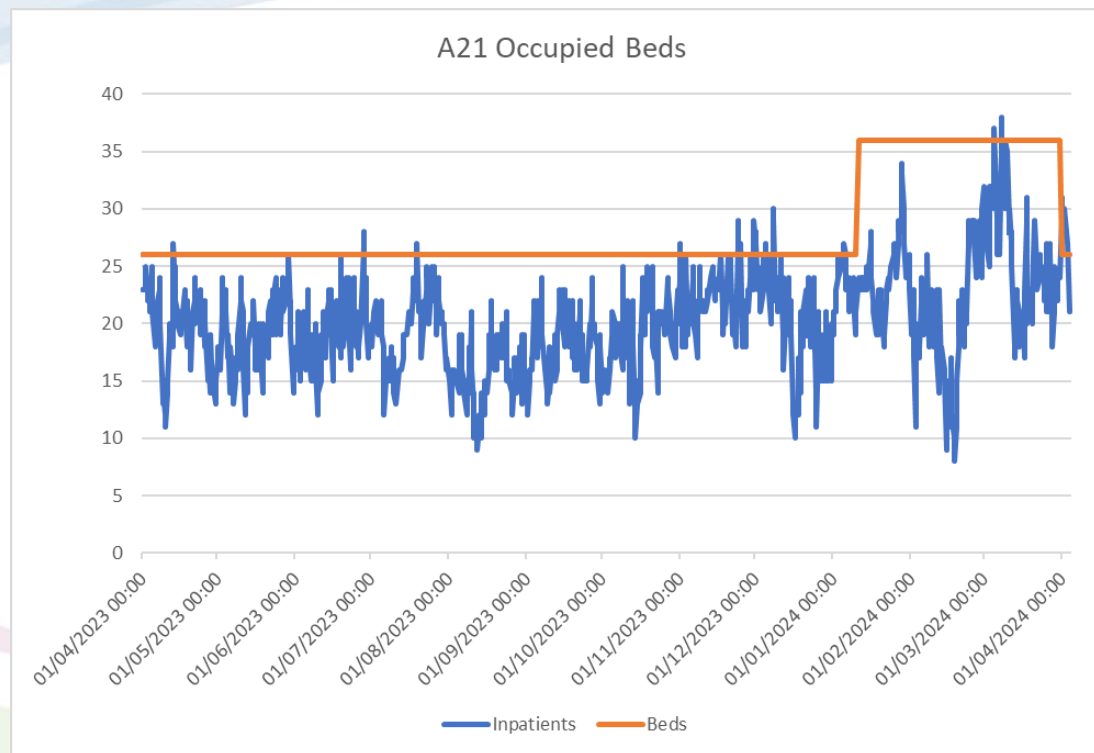
Same Day Discharge Centre



Since the SDDC opened on 6 November 2023, throughput has increased significantly, with a peak of 63 patients through in one day in January.

Routinely, there are an average of 40-50 people making use of this service. This compares to an average of 25 before the mobilisation of this service on C41.

Paediatric inpatient capacity



10 additional paediatric beds were commissioned from 1 January 2024 although they did open at the beginning of December 2023. The need for this additional capacity, taking the inpatient beds to 36, is shown above.

The 10 beds closed 01 April 2024.

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	<ul style="list-style-type: none"> 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 	Green
2.	Frailty	<ul style="list-style-type: none"> 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 	Green
3.	Inpatient flow and length of stay (acute)	<ul style="list-style-type: none"> 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 13.00. This has meant that our ambulance handover times have greatly reduced. Audit of walk-in patients to ED undertaken 6 and 7 Nov 2023 to understand opportunities for navigating away from ED; streaming nurse in place when available and recruitment underway, as recommended following ED Peer Review on 7 Dec 2023 	Orange



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Progress against the High Impact Priority Interventions (continued)

Ref	Action	Update	RAG status
4.	Community bed productivity and flow	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 • A thorough review of the mobilised winter plan schemes has been undertaken and is being taken to the UEC SWG for discussion in April. This will include recommendations for funding from 24/25 - in addition, a number of schemes will continue to be funded by City of Wolverhampton Council at risk to ensure continuity. This includes enhanced staffing within the hospital social worker team and the personalised support team. 	

Progress against the High Impact Priority Interventions (continued)

Ref	Action	Update	RAG status
7.	Virtual Wards	<p>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:</p> <ul style="list-style-type: none"> • Respiratory; COVID, oxygen weaning, asthma, COPD and ARI • Frailty • Paediatric • Palliative/ Supportive care • Awaiting diagnostics • General Medicine <p>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.</p>	
8.	Urgent Community Response	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Contract awarded, operational from beginning of December at the Phoenix Health Centre 	
11.	Paediatric Inpatient Capacity	<ul style="list-style-type: none"> • 10 additional beds open from 1 January 2024 	

Summary - 1

- The majority of actions planned as part of winter planning have been implemented successfully – however:
 - Ambulance delays, particularly in January 2024 were a challenge. Performance is continuously monitored
 - The number of patients waiting over 12 hours in the Emergency Department for a bed is a challenge, particularly after the weekends
- There is no evidence of harm to patients as a result of delays, however this will continue to be monitored
- The predicted shortfall in bed capacity was realised. Levels of infection prevention, staff sickness, numbers of patients who are medically fit for discharge, incoming ambulance transfers and patient complexity and dependency all impacted on the bed deficit
- Work continues on the redesign of the current medical model of care, which commenced with changes to ward management and configuration for rehabilitation. A formal review of progress is underway



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Summary - 2

- Elective operating has been retained throughout the winter period by utilising the ring-fenced capacity at New Cross and Cannock Chase Hospitals. This has meant the Trust has achieved the expected measure of having no patient wait over 78 weeks at the end of March 2024. Elective activity has only been cancelled during the three junior doctor strikes
- Only additional schemes that were funded have been agreed to progress. Other schemes without funding have not been able to progress apart from additional ED super surge capacity on C56 overnight. Funding was sought over and above that allocated for additional paediatric beds but was not received
- The plan is aligned with the OneWolverhampton Winter Plan, which has been signed off by the OneWolverhampton Place Board
- Actions will continue to be monitored daily and weekly
- Division 2 winter wash up session was held on 15 March 2024. Teams fed back key actions for taking forward. This will feed into a system wide winter review of effectiveness of schemes and will form part of next year's winter plan



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Summary - 3

- As a result of the challenges faced daily, additional actions were implemented to help support flow. The first 3 schemes below were up to the end of February 2024:
 - Development of super surge capacity, which provides additional capacity for the Emergency department. This utilises Frailty SDEC space (C56) and remains in use
 - Deployment of additional weekend support to maximise the number of discharges over the weekend (Medical and AHP) – this has ceased
 - Review of consultant supporting professional activities (SPA's) to provide additional in reach support to the emergency portals (ED and Medical SDEC) – this has ceased
 - 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.



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High Level - Plan for Winter 24-25

- Winter wash up across place and the Trust to be completed by end of May, critically appraised what went well, what hasn't gone so well
- Review of the bed modelling and activity, adult and paediatrics
- Continue work with Local Authorities to have a more comprehensive plan to reducing the number of patients who are discharge ready. This was one of the key points of failure.
- Work with WMAS to improve the call before convey and admission avoidance schemes with the community team.
- Continue with the internal refinement of the medical model of care across acute and community teams – linking in with local partners as required.
- Ensure that all other associated schemes that accompany winter planning, such as infection prevention good practice, flu immunisations, staff sickness management are included and updated for planning in 24/25



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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

At the end of March, a full review of the Adult Social Care Discharge Fund schemes has been undertaken. This involved all scheme owners presenting to a panel, including representatives from the Integrated Care Board, City of Wolverhampton Council and OneWolverhampton, to demonstrate the impact of their schemes. Feedback was gathered on effectiveness, challenges to mobilisation, the risk of not supporting the service in 24/25 and any suggested changes should the service be delivered in 24/25.

This review is due to be presented to the Urgent and Emergency Care Strategic Working Group in April 2024 for sign-off and will then be circulated further. This will include the recommendations for funding for 24/25.

The ASCDF allocation to the ICB has yet to be confirmed and, as such, no funding decisions have been made at this stage for 24/25 for the ICB-funded schemes. Instead, schemes have been prioritised for (re-)mobilisation when the funding value is confirmed. For the schemes funded by the City of Wolverhampton Council – a number of these will continue to be funded at risk, given the benefit they have demonstrated to supporting safe, timely and effective discharge. These schemes include the Enhanced Personalised Support Team; the Dedicated Social Worker at Penn Hospital; the Enhanced Hospital Social Worker team; and Additional Occupational Therapy Capacity.

As per previous updates, the 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.

No	Scheme Name	Brief Description of Scheme	Commissioner	Responsible Officer and Project Lead	Source of Funding	Year 1 (23/24)	Spend 31.03.24	Nov 23 RAG	Jan 24 RAG (based on spend against allocation)	Mar 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	£440,375		85.0%	100.0%
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	£41,000		68.8%	100.0%
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	£40,638		47.7%	100.0%
4	Additional OT Capacity	Recruitment of additional OTs to support timely discharge for pathways 1-3.	CWC	Parminder Bhandal	ASCDF	£300,000	£300,000		21.0%	100.0%
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	£157,678		51.9%	85.0%
6	Pathway 1 Seasonal Reablement at Home	Contingency funding to support additional winter demand / capacity pressures.	CWC	Rachel Murphy & Tracey Chappell	ASCDF	£125,000	£125,000		80.8%	100.0%
7	Pathway 2 Seasonal Spot Beds	Contingency funding to support additional winter demand / capacity pressures.	CWC	Rachel Murphy & Tracey Chappell	ASCDF	£400,000	£400,000		72.0%	100.0%
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	£90,000		119.4%	100.0%
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%	100.0%

No	Scheme Name	Brief Description of Scheme	Commissioner	Responsible Officer and Project Lead	Source of Funding	Year 1 (23/24)	Spend 31.03.24	Nov 23 RAG	Jan 24 RAG (based on spend against allocation)	Mar 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	£19,590		42.8%	100.0%
9**	Unallocated spend	This is funded not allocated to any specific scheme (Split over P1)	CWC	Rachel Murphy & Jane Cifti	ASCDF	£163,007	£134,000		33.3%	108.5%
	Unallocated spend	This is funded not allocated to any specific scheme (Split over P2)	CWC	Rachel Murphy & Jane Cifti		£163,007	£180,211		33.3%	110.6%

No	Scheme Name	Brief Description of Scheme	Commissioner	Responsible Officer and Project Lead	Source of Funding	Year 1 (23/24)	Spend 31.03.24	Nov 23 RAG	Jan 24 RAG (based on spend against allocation)	Mar 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	£164,373			100.0%
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. SERVICE DID NOT MOBILISE – FUNDING TRANSFERRED TO SCHEME 12	ICB	Marcus Law	ASCDF	£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%	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). SERVICE DID NOT MOBILISE – FUNDING TRANSFERRED TO SCHEME 12	ICB	Marcus Law	ASCDF	£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	£119,664		40.1%	100.0%
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	£650,000		72.1%	100.0%
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	£221,519		70.6%	100.0%

No	Scheme Name	Brief Description of Scheme	Commissioner	Responsible Officer and Project Lead	Source of Funding	Year 1 (23/24)	Spend 31.03.24	Nov 23 RAG	Jan 24 RAG (based on spend against allocation)	Mar 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%	100.0%
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%	100.0%
19	NWB Patients	Trial / test out alternative placement arrangements for NWB patients to determine future ongoing approaches / arrangements.	Joint CWC/ICB	Gurbi Cox & Jo Turnbull	ASCDF	£50,000	£25,000		50.0%	100.0%
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%	100.0%
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	10 additional paediatric beds in pace from 11 January 2024. Now closed.	ICB	Sian Thomas	ICB	£305,517				
25	Acute Respiratory Infection Hubs	ARI service commenced 4 December 2023.	ICB	Kam Ahmed	ICB	£186,000				

Trust Board Meeting – to be held in Public on 16 April 2024		
Title of Report:	Group Chief Executive's Report	Enc No: 7
Author:	Gayle Nightingale, Directorate Manager to the Group Chief Executive	
Presenter/Exec Lead:	Prof David Loughton CBE, Group Chief Executive	

Action Required of the Board/Committee/Group			
Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommendations:			
The Board is asked to note the contents of the report.			

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

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

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

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

Chief Executive's Report

Report to Trust Board Meeting to be held in Public on 16 April 2024

EXECUTIVE SUMMARY

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

BACKGROUND INFORMATION

As follows

RECOMMENDATIONS

To note the report.

1.0	Consultants
	<p>There has been seven Consultant Appointments since I last reported:</p> <p><u>Rheumatology</u> Dr Muhammed Hafis</p> <p><u>Oncology</u> Dr Devraj Pamoorthy Srinivasan</p> <p><u>Microbiology</u> Dr Muhammed Sedig Dr Kiranmai Bhatt</p> <p><u>Emergency Medicine</u> Dr Oliver Stokes Dr Anisha Dalvi</p> <p><u>Radiology</u> Dr Farah Sadrudin</p>
2.0	Policies and Strategies
	<p>Policies for February 2024</p> <ul style="list-style-type: none"> • Policies, Procedures, Guidelines and Strategies Update Report • CP16 – The Safe and Effective Use of Bed and Trolley Rails Policy • OP90 – Freedom of Information Policy <p>Policies for March 2024</p> <ul style="list-style-type: none"> • Policies, Procedures, Guidelines and Strategies Update Report • IP04 – Transportation of Clean and Contaminated Instruments, Equipment and Specimens Policy • IP05 – Linen Policy • OP82 – Prevention of Cancelled Operations on the Day of Surgery/ Admission Treatment Policy

	<ul style="list-style-type: none"> • GDL13 – New Guideline – Potassium Binders in the Management of Hyperkalaemia in Patients with Cardiorenal Syndrome • GLD14 – New Guideline – Amiodarone Regime • SOP15 – Standing Operating Procedure – Managing Autonomic Dysreflexia in Adults
3.0	Visits and Events
	<ul style="list-style-type: none"> • Since the last Board meeting, I have undertaken a range of duties, meetings and contacts locally and nationally including: • Since Monday 27 March 2020 I have participated in the following virtual calls: • 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 • 24 January 2024 – chaired the virtual West Midlands Cancer Alliance Board • 30 January 2024 - participated in the virtual Regional Cancer Board and participated in a virtual Integrated Care System (ICS) and Trust Chief Executives meeting • 31 January 2024 - met with Mark Axcel, Chief Executive (ICS) • 2 February 2024 - met with Mark Ondrak, Staff-side Lead • 5 February 2024 – participated in the national webinar on the Delivery of the A&E 76% Standard • 9 February 2024 – attended the Joint WHT and RWT Digital Innovation, Data and Technology Event • 12 February 2024 – participated in the virtual Local Estates Forum (LEF) • 13 February 2024 - participated in a virtual Integrated Care System (ICS) and Trust Chief Executives meeting • 22 February 2024 – participated in the virtual Senior Medical Committee • 23 February 2024 - participated in a virtual Black Country Joint Provider Committee and Exceeding Expectation award to Emily Cooper, Early Pregnancy Bereavement Nurse • 27 February 2024 – undertook Mental Health Level 4 training and Trust Chief Executives, Chief Financial Officers and Chief Strategy Officers meeting • 28 February 2024 - virtually met with Kerry Flint, Freedom to Speak Up Guardian and participated in a Joint Negotiating Committee (JNC) • 29 February 2024 - chaired the Joint WHT and RWT Staff Briefing • 1 March 2024 – participated in the Aston Medical School Quality Management Visit • 2 March 2024 – attended the Step Into Work Programme Celebration Event • 4 March 2024 – attended the Black Country Provider Collaborative Executive Meeting • 6 March 2024 - met with Mark Ondrak, Staff-side Lead and participated in a virtual Regional Roadshow: Planning and Priorities for 2024/25 - Midlands & East Regions • 7 March 2024 - participated in a virtual Integrated Care System (ICS) and Trust Chief Executives, Chief Financial Officers and Chief Strategy Officers meeting • 8 March 2024 – attended the NHS England (NHSE) Midlands - Inclusive Leadership and Accountability Conference • 11 March 2024 – participated in the RWT and WHT Oversight and Assurance meeting with the ICS • 12 March 2024 – attended the Joint RWT and WHT Board Development Event and participated in a virtual Integrated Care System (ICS) and Trust Chief Executives meeting • 13 March 2024 – opened Cohort 1 of the West Midlands Cancer Alliance System Leadership • 14 March 2024 – opened Cohort 2 of the West Midlands Cancer Alliance System Leadership and joined a panel discussion at the Green Surgery Community – Environmental Sustainability Event and participated in a virtual Integrated Care System (ICS) and Trust Chief Executives, Chief Financial Officers and Chief Strategy Officers meeting • 15 March 2024 - participated in a virtual Black Country Joint Provider Committee and participated in the virtual Local Negotiating Committee (LNC)s

4.0	Board Matters
	There are no Board Matters to report on this month.

Any Cross-References to Reading Room Information/Enclosures:

**Trust Board Meeting – to be held in Public
on 16 April 2024**

Title of Report:	Chair's report of the Trust Management Committee (TMC) held on 22 March 2024 – to note this was a virtual meeting	Enc No: 7.1
Author:	Gayle Nightingale, Directorate Manager 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Recommendations:

The Board is asked to note the contents of the report.

Implications of the Paper:

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

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 16 April 2024
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure	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

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

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

Report to Trust Board Meeting to be held in Public on 16 April 2024

EXECUTIVE SUMMARY

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

BACKGROUND INFORMATION

As per the below.

RECOMMENDATIONS

To note the report.

1	<p>Key Current Issues/Topic Areas/ Innovation Items:</p> <ul style="list-style-type: none"> • Elective Care Recovery
2	<p>Exception Reports</p> <ul style="list-style-type: none"> • There were none this month,
3	<p>Items to Note – all of the following reports were reviewed and noted in the meeting</p> <ul style="list-style-type: none"> • 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 • Midwifery Services Report • Finance Position Report – Month 11 • Financial Plan Report • Financial Recovery Board Update Report • Capital Programme Update Report • Operational Finance Group Minutes • Trust Risk Register (TRR)/ Board Assurance Framework (BAF) Heat Map Report • Wolverhampton Place Report • Black Country Provider Collaboration Verbal Report • Integrated Care Services (ICS) Development Report • Chief Strategy Officer Report
4	<ul style="list-style-type: none"> • Items to be Noted or Approved - Statutory or Mandated Reports (1/4, 6 monthly and Annual) – all of the following reports were reviewed, discussed* and noted in the meeting. • NHS National Staff Survey Results Report • Data Protection and Security Toolkit (DPST) Report • Patient Experience Report • Infection Prevention Report

	<ul style="list-style-type: none"> • Contracting and Business Development Report • Education and Training Report • Information Asset Project Trust-wide Report
5	Business Cases approved - Division 1 <ul style="list-style-type: none"> • There were none this month.
6	Business Cases approved - Division 2 <ul style="list-style-type: none"> • There were none this month.
7	Business Cases approved - Division 3 <ul style="list-style-type: none"> • There were none this month.
8	Business Cases – Corporate There were none this month.
9	Outline/proposals for change <ul style="list-style-type: none"> • There were none this month.
10	Policies approved <ul style="list-style-type: none"> • Policies, Procedures, Guidelines and Strategies Update Report • IP04 – Transportation of Clean and Contaminated Instruments, Equipment and Specimens Policy • IP05 – Linen Policy • OP82 – Prevention of Cancelled Operations on the Day of Surgery/ Admission Treatment Policy • GDL13 – New Guideline – Potassium Binders in the Management of Hyperkalaemia in Patients with Cardiorenal Syndrome • GLD14 – New Guideline – Amiodarone Regime • SOP15 – Standing Operating Procedure (SOP) – Managing Autonomic Dysreflexia in Adults
11	Other items discussed: <ul style="list-style-type: none"> • There were none this month.

Trust Board Meeting – to be held in Public on 16 April 2024		
Title of Report:	Chair's report of the Trust Management Committee (TMC) held on 23 February 2024 – to note this was a virtual meeting	Enc No: 7.1
Author:	Gayle Nightingale, Directorate Manager 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recommendations:			
The Board is asked to note the contents of the report.			

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

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 16 April 2024
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure	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

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

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

Report to Trust Board Meeting to be held in Public on 16 April 2024

EXECUTIVE SUMMARY

Chair’s report of the Trust Management Committee (TMC) held on 23 February 2024 – to note this was a virtual meeting

BACKGROUND INFORMATION

As per the below.

RECOMMENDATIONS

To note the report.

1	<p>Key Current Issues/Topic Areas/ Innovation Items:</p> <ul style="list-style-type: none"> • Elective Care Recovery
2	<p>Exception Reports</p> <ul style="list-style-type: none"> • There were none this month,
3	<p>Items to Note – all of the following reports were reviewed and noted in the meeting</p> <ul style="list-style-type: none"> • 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 10 • Financial Recovery Board Update Report • Capital Programme Update Report • Operational Finance Group Minutes • Black Country Provider Collaboration Verbal Report • Integrated Care Services (ICS) Development Report • Chief Strategy Officer Report
4	<ul style="list-style-type: none"> • Items to be Noted or Approved - Statutory or Mandated Reports (1/4, 6 monthly and Annual) – all of the following reports were reviewed, discussed* and noted in the meeting. • Electronic Patient Records Update Report • Cancer Services Report • Safeguarding Assurance Report • Joint Governance and Risk Management Enabling Strategy Report • Workforce Safeguards – Nursing and Allied Health Professionals (AHPs) Report

5	<p>Business Cases approved - Division 1</p> <ul style="list-style-type: none"> • Business Case for the funding of TA929 Empagliflozin for Treating Chronic Heart Failure with Preserved or Mildly Reduced Ejection Fraction
6	<p>Business Cases approved - Division 2</p> <ul style="list-style-type: none"> • There were none this month.
7	<p>Business Cases approved - Division 3</p> <ul style="list-style-type: none"> • CT Workforce Business Case • MRI Community Diagnostic Centre Workforce Business Case • Ultrasound Scan Workforce Business Case
8	<p>Business Cases – Corporate There were none this month.</p>
9	<p>Outline/proposals for change</p> <ul style="list-style-type: none"> • There were none this month.
10	<p>Policies approved</p> <ul style="list-style-type: none"> • Policies, Procedures, Guidelines and Strategies Update Report • CP16 – The Safe and Effective Use of Bed and Trolley Rails Policy • OP90 – Freedom of Information Policy
11	<p>Other items discussed:</p> <ul style="list-style-type: none"> • There were none this month.

Paper for submission to the Trust Board Meeting to be held in Public on 16 April 2024

Title of Report	Exception Report from the People Committee	Enc No 8.1
Author:	Emma Ballinger, Associate Director of People	
Presenter:	Allison Heseltine, Non-Executive Director & Chair of the People Committee - February 2024 Angela Harding, Non-Executive Director, covered as Chair of People Committee - March 2024	
Date(s) of Committee/Group Meetings since last Board meeting:	23 February 2024 & 22 March 2024	

Action Required of Committee/Group			
Decision	Approval	Discussion	Received/Noted/For Information
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recommendations: The Board is asked to note this report.			

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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable): 16		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Safe, Effective, Caring, Responsive, Well-Led.
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: EDI High Impact Actions
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Annual EDI Report required under Equality Act.
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:

Summary of Key Issues:

Key Issues discussed by the Committee were:

February 2024

- Industrial Action and Consultant rejection of pay offer.
- Workforce Plan 24/25
- EDI and EDS Domains
- Voluntary Services Deep Dive
- Job Planning Update
- Financial Position and link between People and Finance & Productivity Committees
- People Committee Objectives

March 2024

- Industrial Action and Consultant pay offer. Workforce Reduction Plan
- Deep Dive Division 3 Pharmacy
- AHP Strategic Workforce Supply Update
- Provider Collaborative HR Workstreams
- Staff Engagement and Surveys with a focus on NHS 2023 Staff Survey Results
- Health and Wellbeing
- Terms of Reference
- Annual workplan 24/25

Links to Trust Strategic Aims & Objectives

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

Report Journey/ follow up action commissioned (including discussions with other Board Committees, Working Groups, changes to Work Plan)	Working/Executive Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	23 February 2024 22 March 2024
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
Any Changes to Workplan to be noted	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date:

EXCEPTION REPORT FROM PEOPLE COMMITTEE CHAIR

ALERT

February 2024

Junior doctors announced the tenth round of full walkout strike action in England which will commence at 1am on 24th February 2024 and end 28th February 2024. The current Junior Doctor strike mandate expires February 2024; however, it has been reported that there are intentions from the BMA to conduct a further ballot for strike action.

The consultant pay deal in England was rejected and to date no further strike dates have been announced. The current consultant strike mandate expires on 18th June 2024.

March 2024

Following the tenth round of Junior Doctors strikes the ballot reopened and the Junior Doctors have voted for further strike action. There was a 62% turnout and 98% have voted in favour of continuing strike action. This means a further strike mandate for 6 months until September 2024.

After the narrowly rejected Consultant pay offer in January 2024 the government has put forward a revised offer. Unions are recommending this is accepted, ballots for the pay offer in England are due to close on 3rd April 2024 and an announcement expected shortly after.

ADVISE

February 2024

An updated position was provided and discussed regarding the 23/24 Workforce Plan. This has evolved at pace and the importance and impact of this on the workforce was recognised. The initial submission has been submitted to the ICS for review. It was agreed that this will need to be reported back to People Committee monthly and the final submission will be presented at the March People Committee meeting. It was agreed that the same report will go to both Finance and Productivity Committee and People Committee.

The annual 22/23 job planning update report was provided, this included detailed data analysis and a process overview. The report noted a slight increase in completion which was up from 60% to 64%. Job planning for 23/24 commenced November 2023 and due for completion the end of June 2024. To improve compliance monthly updates on job planning will be provided to divisions to inform divisional oversight.

An updated position was provided on the Equality Delivery System (EDS) for RWT. As part of the EDS review a range of people from areas across the Trust, both staff and patients, provided a score against set criteria. Lower scoring areas have been given actions to improve with agreed timescales. Evidence from the report demonstrates improvements over the last 18 months and the Trust is taking positive action to improve its EDS status.

March 2024

An updated position on Provider Collaborative work was delivered and detailed that work is under way regarding Policy alignment and updated version of the MOU which allows movement across BCPC organisations. There are discussions happening regarding the development of a BCPC bank rate card and a People Digital Group has been established to enable closer alignment of systems.

A detailed report was provided on the staff survey results and a brief report of the results has been provided as an appendix. It was noted that there has been a national issue with the 'We are safe and healthy' responses so these have not been published for any organisation. The response rate was lower than in previous years and was 23% for 2023, ideas were discussed around how to increase uptake and confidence in the surveys anonymity. An idea was put forward that the staffside lead with the HR teams supporting. Detailed action plans are being pulled together at a divisional level and an updated position will be brought back to people committee. The Committee noted that actions this time needed to be different to the past to ensure a significant step change in impact on colleagues' satisfaction.

Further developments in relation to the 24/25 Workforce Planning were discussed, there was no presentation of this as originally scheduled due to organisations now being asked to develop a workforce

reduction plan. This will come back to People Committee once this has been approved at ICS level. The reduction plan includes further reductions in bank and agency usage.

ASSURE

February 2024

The Deep Dive came from the RWT Voluntary Services team and was received extremely positively, the report was highly commended by the committee. It clearly demonstrated the value and impact of the work delivered and the influence this has on the workforce pipeline.

March 2024

An update report was provided in relation to the AHP 18-month strategic workforce supply plan which was implemented from April 2022 – October 2023. An updated position was provided against each of the 14 objective set out in the plan. Eight of the objectives had been fully met and the remaining 6 had been partially met with plans in place and work ongoing. There was a discussion around how this will be managed over the next 12-months balancing the workforce reduction plan requirements and the need for AHP vacancies to be filled for clinical delivery.

The Deep Dive report came from Division 3 Pharmacy team and there was a lot of positive outcomes detailed in the report. This included an upward trend with positive results in the Staff Survey 2023 and the team winning an award at the recent Royal Awards for RWT staff. The team were congratulated on their achievements by the committee. The workforce risks were described, and the highest risk is the low number in clinical pharmacy staffing and the impact this is having on current service provided, this includes no pharmacist in ED and limited service in AMU.

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

February 2024

The workforce plan and the financial position of the trust was discussed at length including the impact on clinical services as well as the requirement to review corporate back-office functions. Workforce planning linked in with other discussions within the committee around job planning and voluntary services work and how this will aid workforce planning and the workforce pipeline.

March 2024

There was significant discussion around the Workforce reduction plan and how this will be implemented and the impact this will have across the organisation. It was clear the committee felt the management of the communication of this message will need be handled sensitively and from an Executive level.

ACTIVITY SUMMARY

Presentations/Reports of note received including those Approved

February 2024

Executive Workforce Report

Key workforce performance metrics were reviewed at part of the report, and it was noted that four of the key metrics were meeting the trust target. These are vacancy rates, turnover, 12-month retention, and mandatory training. Appraisal compliance and sickness absence remain at amber despite improving in month and meeting the trust target for sickness in month.

Equality and Delivery System 23/24 Report

An updated position was provided for the NHS England EDS report, this covers three domains, Patient Experience and Maternity Services, Workforce Health and Wellbeing and Inclusive Leadership. RWTs current overall organisation EDS score was 16.5 meaning the organisation is currently in the developing category. A detailed action plan has been developed for each domain to increase the score over the next 12 months.

Employee Relations

An overview of the employee relations activity was delivered this included an update on casework, legal cases, sickness rates and suspensions. There has been a reduction of ten open cases from December to January. It

was noted some of the challenges was case manager and investigator availability with clinical duties taking priority over the winter period. Sickness absence rates were shown to be reducing month on month and were lower than the same period in 2022.

Job Planning

The job planning annual report was presented to the committee and it was noted that there was a higher level of detail provided in this report than in previous years. The uptake for completion has increased and there was a discussion regarding those not approved. Assurance was provided that the contractual aspects of job plans are still met for the job plans which are not approved.

Board Assurance Framework – EDI

This was discussed and reviewed as part of the meeting discussions.

March 2024

Executive Workforce Report

Key workforce performance metrics remain stable with four of the key metrics meeting the trust target. These are vacancy rates, turnover, 12-month retention and mandatory training. Appraisal compliance and sickness absence remain at amber despite improving in month and meeting the trust target for sickness in month. Although still meeting trust targets there were slight deteriorations in Vacancy Rate, Turnover and 12-month retention.

Health and Wellbeing

An update was provided including an overview on the management referrals data and themes identified from these. One area of development to note is the neurodiversity handbook created to support the neurodivergent workforce. This handbook should support Managers and those with a responsibility towards people if they are required to support a member of staff who is neurodivergent.

The handbook will be launched during the 'World Autism Acceptance week' which is scheduled for 2nd – 8th April 2024. This handbook will be the same across both RWT and WHT with this piece of work completed collaboratively.

NHS Staff Survey 2023

NHS 2023 Staff Survey results have now been published and despite the low uptake there have been some areas of improvement, albeit there are also some areas requiring improvement.

To summarise, in comparison to other Acute and Acute and Community Trusts, we scored higher than average on: We each have a voice that counts, we work flexibly and for morale. Our scores were below average on: We are compassionate and inclusive, we are recognised and rewarded, we are always learning, we are a team and for staff engagement. In a comparison of Trusts across the Midlands, RWT has been rated as the fourth best place to work by staff and those higher than RWT were all Foundation Trusts.

Matters presented for information or noting

February 2024

- Minutes and Action Log of Operational Workforce Group – February 2024
- Minutes of the People and Organisational Development Group – February 2024
- Attract and Retain Steering Group Minutes and Action Log – February 2024
- Academy Steering Group Minutes – October 2023
- Joint People Strategy – Final Version
- People Committee Terms of Reference – for final comment
- Workplan 24/25 – For review

March 2024

- Minutes and Action Log of Operational Workforce Group – March 2024
- Minutes of the People and Organisational Development Group – March 2024
- Attract and Retain Steering Group Minutes and Action Log
- Academy Steering Group Minutes – February 2024
- Absence Oversight Group Minutes and Action Log – January 2024
- National Policies Framework
- NHS Leadership Competency Framework for Board Members
- Board Assurance Framework – EDI

Chair's comments on the effectiveness of the meeting:

February 2024

The committee acknowledged the challenge of the workforce position in relation to finance. There was agreement of the importance of the oversight and alignment of this with other board sub committees.

Despite the challenges the committee were able to have helpful and considered discussions and considered how to operate and plan going forward from a workforce perspective.

March 2024

The committee focused on the key areas in particular workforce plan and had some significant discussions around this but was also able to focus on the health and wellbeing agenda and the staff survey results. It was noted as being a beneficial and effective committee meeting, a balanced discussion of strategic information and direction whilst assessing performance from a workforce perspective.

Chairs Summary Log for People Committee, date of Log 23/02/2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> Junior Doctors announcement of strike action and possible balloting for another strike mandate. Consultant rejection of pay offer which may lead to further industrial action. 	<ul style="list-style-type: none"> Workforce Planning, planning for 24/25 is under way and it was agreed for a further update to come to committee in March 2024. Job Planning 23/24 has commenced and is being monitored monthly at Divisional level. People Committee Objectives are being reviewed for the next financial year, to be brought back to People Committee for agreement in April 2024.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> Deep Dive from Voluntary Services 	<ul style="list-style-type: none"> Workforce Planning to be reported to the People Committee in March 2024. The committee revised the frequency of the report from bi-monthly to monthly. The same report will go to Finance and Productivity Committee. Agreed for Absence Oversight Group action log to be provided to People Committee for information purposes going forward.

Chairs Summary Log for People Committee, date of Log 22/03/2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> Consultant revised pay offer being considered and recommended by unions to agree, outcome due after 3rd April 2024. Junior Doctors have voted in favour of a further strike mandate, this will be for another 6 months until September 2024. 	<ul style="list-style-type: none"> Workforce Reduction Plan being further developed with ICS oversight. Plan on implementation currently in development. Staff Survey actions plans being developed as a result of the publication of the results on 7th March 2024.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> Deep Dive from Division 3 Pharmacy Black Country Provider Collaborative 	<ul style="list-style-type: none"> People Committee Terms of Reference approved.

<p>progress.</p>	<ul style="list-style-type: none">• Annual workplan 24/25 approved.• Agreed for a follow up paper on AHPs and rostering to come back to a future People Committee meeting.• Staff survey update position to come back to May People Committee.• Occupational Health to issue a communication relaunch of what is on offer.
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Appendix – 2023 Staff Survey Results Trust Board Briefing Paper

2023 NHS National Staff Survey results for The Royal Wolverhampton NHS Trust (RWT)

1.0 Introduction

The NHS Staff Survey provides an opportunity for organisations to understand staff experience, with the advantage of monitoring changes over time and in a way that is comparable for different staff groups and across similar organisations. The 2023 NHS Staff Survey ran from the 25th September to the 24th November 2023 and the results were published on 7th March 2024. The survey consists of 118 questions, 113 of which relate to the 7 People Promise elements and two themes of Staff Engagement and Morale.

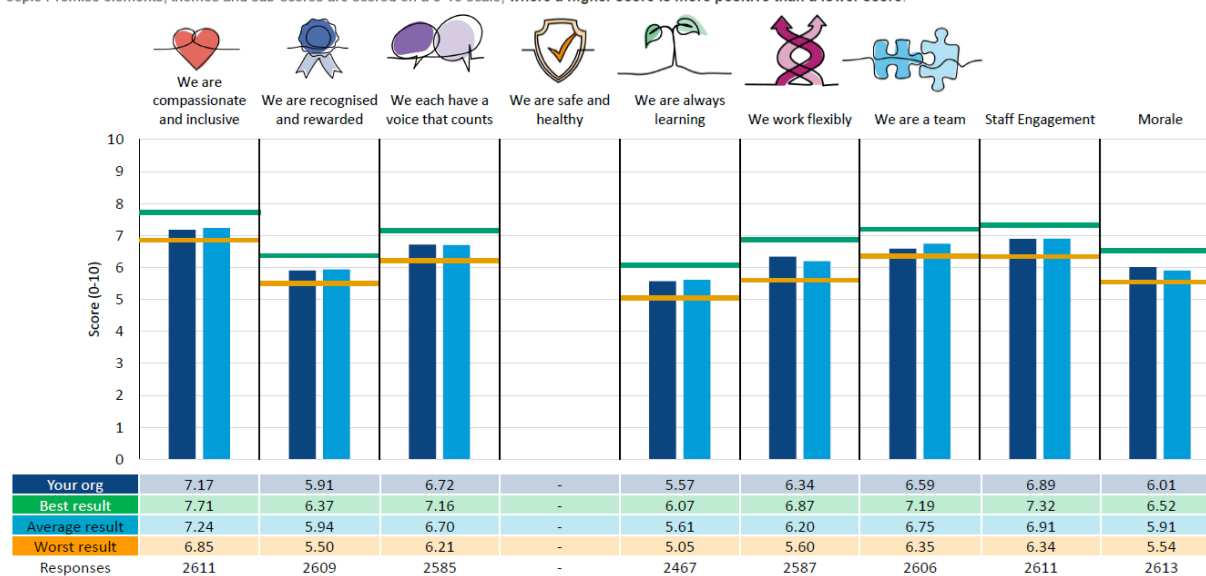
2.0 Response Rate

The survey was open to all staff employed by the Trust as of 1st September 2023 and for bank only workers. The substantive staff response rate was 23% and the bank only response rate was 8%, dropping from 34% and 11% in 2022. The marked drop for our substantive staff is significantly less than the average response rate of 45% for other Acute and Acute and Community Trusts. Response rates could not be reported on for 5 weeks due to a data issue with our survey provider Picker, which likely impacted the overall response rate.

3.1 Results: People Promise scores: national and local comparison

There are nine indicators for the scores, with 7 People Promise themes and 2 themes of Staff Engagement and Morale. The graph below is an extract from the benchmark report showing the RWT People Promise score against the worst, best and average scores for other Acute and Acute and Community Trusts.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



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

For 2023, the People Promise indicator of 'we are safe and healthy' has not been published with the results due to a data quality issue. In comparison to other Acute and Acute and Community Trusts, we scored higher than average on: We each have a voice that counts, we work flexibly and for morale. Our scores were below average on: We are compassionate and inclusive, we are recognised and rewarded, we are always learning, we are a team and for staff engagement.

Appendix 1 provides a comparison of our weighted People Promise scores with the national average and the scores for RWT in 2022. The People Promise scores for RWT show an improvement from the 2022 results in the areas of we are recognised and rewarded and for the theme of morale, with a statistically significant improvement for we are always learning and we work flexibly. There is a deterioration in the RWT scores from 2022 for we are compassionate and inclusive, we each have a voice that counts, we are a team and for staff engagement.

3.2 Areas to celebrate

There is a notable improvement for the appraisal sub-score for we are always learning, which is likely a result of the new appraisal process introduced last year. Staff have scored favourably for the flexible working and work-life balance sub-scores, which are both above the sector average. For morale, we have seen an improvement on the thinking of leaving and work pressure sub-scores, which are again above the sector average. Staff are advocating the organisation as a place to work with 65.66% of our staff recommending us. This has increased from last year and is higher than the sector average of 63.32%.

3.3. Areas to improve

We are compassionate and inclusive, we each have a voice that counts, we are a team and staff engagement have shown a continuous deterioration over the last three years. The inclusion sub-score of 'we are compassionate and inclusive', is low compared with the sector. Team working is also markedly lower than the sector average, and other survey questions that link to team working have also seen a deterioration. Whilst bullying and harassment from patients has reduced to 24.71%, the reported levels of bullying and harassment from managers and colleagues continues to increase and is above the sector average. Staff engagement scores have shown a downward trend since 2019. Staff recommending the organisation as a place to receive care has reduced from 67.71% to 65.62% and staff stating that patient care is the Trusts top priority has fallen below the sector average.

3.6 Black Country Comparisons

Appendix 2 provides an overview of the People Promise scores for the 4 Acute Trusts in the Black Country.

Key highlights are: Walsall Healthcare Trust (WHT) have shown the most improvement across all indicators since 2022; RWT continue to have slightly higher scores on some indicators compared with the other Acute Trusts; Sandwell and West Birmingham Hospitals NHS Trust score below the sector average on all indicators; and the Dudley Group NHS Foundation Trust score above sector average on 1/8 indicators, compared with RWT/ WHT scoring above sector average on 3/8 indicators.

3.7 Divisional results

Appendix 1, 2 and 3 explore how the divisional results compare to the People Promise national averages, RWT's Trust score, historical Trust and Divisional scores and Directorate scores. Key highlights from these comparisons are: Corporate results across the indicators are higher when comparing to the Trust results and compared to the sector, however, have deteriorated from last year; Division 3 results have shown continuous improvement since 2021 and are higher than the Trust score or national average for 7/8 indicators; BCPS, Division 1 and Division 2 score below the national average and the Trust score on all indicators; E&F results are mixed with some areas scoring above the national average/ Trust score and some below.

3.8 Bank only workers

Bank only workers are now mandated to complete the survey. RWT opted to run the survey in 2022, so scores can be compared with the Picker Average for Acute and Acute and Community Trusts RWT's score for 2022 (**Appendix 4**). RWT is above the Picker Average for 7/8 indicators.

6.0 Next Steps and Conclusion

From the 2023 staff survey results we will be focusing on priorities linked to the People Enabling Strategy:

- **Leading by putting our people first** by embedding the Joint Behaviour Framework and introducing Civility and Respect E-learning.
- **Ensuring equality, diversity and inclusion in all that we do** by maintaining the Race Equality Code.
- **Being a safe and healthy place to work** by introducing the NHS England Sexual Safety Charter.
- **Retaining and developing the workforce of today and for the future** by focusing on staff retention and line manager development.

Ensuring our staff each have a voice that counts is crucial to demonstrate we are an organisation that listens and acts on feedback and helps us achieve better outcomes for the Trust and for patients. The Trust Board are asked to note the contents of this report.

Appendix

Appendix 1	RWT Division – 2021, 2022 V 2023 People Promise and Theme Scores
Appendix 2	Black Country comparison for People Promise elements against National Average and historical scores
Appendix 3	RWT Divisional Improvement or Deterioration from 2021
Appendix 4	RWT Bank only worker comparison for People Promise scores against the National Average and historical RWT score

Appendix 1: RWT Division – 2021, 2022 V 2023 People Promise and Theme Scores

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

People Promise Themes	Lowest score	Highest score	National Average	RWT 2023	RWT 2022	BCPS			Corporate			E&F			Division 1			Division 2			Division 3			Division 4	
						BCPS 2021	BCPS 2022	BCPS 2023	Corporate 2021	Corporate 2022	Corporate 2023	E & F 2021	E & F 2022	E & F 2023	Division 1 2021	Division 1 2022	Division 1 2023	Division 2 2021	Division 2 2022	Division 2 2023	Division 3 2021	Division 3 2022	Division 3 2023	Division 4 2021	Division 4 2022
Responses	21.44%	69.45%	45.76%	2622	3642 (34%)	68%	48%	13.2%	54%	54%	37.8%	49%	41%	33.2%	28%	26%	19.4%	34%	29%	15.7%	34%	32%	26.2%	47%	43%
We are compassionate and inclusive	6.85	7.74	7.24	7.19	7.22	6.88	6.88	6.88	7.06	7.06	7.04	7.01	7.02	7.01	7.02	7.01	7.01	7.02	7.07	6.88	7.04	7.04	7.04	7.03	7.06
We are recognised and rewarded	5.50	6.57	5.94	5.95	5.88	5.83	5.83	5.87	6.05	6.04	6.03	6.06	6.06	6.04	6.08	6.05	6.09	6.09	6.06	6.06	6.01	6.09	6.09	6.09	6.09
We each have a voice that counts	6.21	7.16	6.70	6.73	6.77	6.85	6.83	6.85	7.03	7.01	7.09	7.08	7.08	7.09	7.07	7.07	7.02	7.09	7.07	7.05	7.08	7.08	7.08	7.08	7.01
We are safe and healthy					6.13	6.09	6.09	6.09	6.08	6.06	6.07	6.07	6.07	6.07	6.08	6.08	6.05	6.07	6.07	6.07	6.06	6.01	6.07	6.04	6.08
We are always learning	5.05	6.00	5.66	5.63	5.64	5.49	5.48	5.51	5.59	5.57	5.70	5.72	5.73	5.71	5.74	5.72	5.73	5.76	5.75	5.75	5.73	5.74	5.77	5.78	5.81
We work flexibly	5.60	6.87	6.20	6.09	6.02	5.83	5.82	5.88	7.01	7.01	6.90	6.94	6.95	6.97	6.99	6.99	6.92	6.96	6.99	6.96	6.91	6.93	6.92	6.98	6.96
We are a team	6.35	7.19	6.75	6.71	6.76	6.82	6.86	6.82	7.01	7.01	6.91	6.93	6.95	6.93	6.94	6.95	6.93	6.96	6.95	6.92	6.97	6.97	6.98	6.98	7.07
Staff Engagement	6.34	7.33	6.99	6.98	6.99	6.95	6.93	6.96	7.04	7.02	7.08	7.09	7.08	7.07	7.09	7.08	7.02	7.08	7.08	7.03	7.09	7.09	7.09	7.09	7.03
Morale	5.54	6.59	5.90	6.08	5.99	5.85	5.83	5.90	6.05	6.03	6.03	6.06	6.06	6.04	6.08	6.05	6.08	6.08	6.08	6.05	6.09	6.09	6.07	6.04	6.07
No. of Themes worse than the national average & worse than RWT						8	8	8	0	0	0	2	2	5	1	6	9	1	5	9	0	0	0	3	1

Appendix 2: Black Country comparison for People Promise elements against National Average and historical scores

We are compassionate and inclusive
We are recognised and rewarded
We each have a voice that counts
We are safe and healthy
We are always learning
We work flexibly
We are a team
Staff engagement
Morale


















2023			
DGH	SWBH	RWT	WHT
7.23	7.03	7.17	7.14
5.88	5.81	5.91	5.97
6.65	6.58	6.72	6.63
-	-	-	-
5.69	5.3	5.57	5.55
6.19	6.12	6.34	6.21
6.72	6.58	6.59	6.78
6.81	6.7	6.89	6.83
5.8	5.79	6.01	5.85

Red: indicates deterioration on 2022 score, Green: indicates improvement on 2022 score

Appendix 3: RWT Divisional Improvement or Deterioration from 2021

	BCPS			Corporate			E&F			Division 1			Division 2			Division 3		
	BCPS 2021	BCPS 2022	BCPS 2023	Corp 2021	Corp 2022	Corp 2023	E&F 2021	E&F 2022	E&F 2023	Div 1 2021	Div 1 2022	Div 1 2023	Div 2 2021	Div 2 2022	Div 2 2023	Div 3 2021	Div 3 2022	Div 3 2023
Deterioration of score from previous year																		
Same score as previous year																		
Better score than previous year																		
Responses	68%	48%	13.2%	54%	54%	37.8%	49%	41%	33.2%	28%	26%	19.4%	34%	29%	15.7%	34%	32%	26.2%
We are compassionate and inclusive	6.8	6.8	6.88	7.6	7.6	7.42	7.1	7.2	7.12	7.2	7.1	7.11	7.2	7	6.85	7.4	7.4	7.40
We are recognised and rewarded	5.3	5.3	5.47	6.5	6.4	6.33	6	6	6.04	5.8	5.5	5.69	5.9	5.6	5.56	6.1	5.9	6.19
We each have a voice that counts	6.5	6.3	6.45	7.3	7.1	6.97	6.8	6.8	6.69	6.9	6.7	6.62	6.9	6.7	6.52	6.8	6.8	6.84
We are safe and healthy	6	5.9		6.8	6.6		7	7		6.1	5.8		5.7	5.7		6	6.1	
We are always learning	4.9	4.8	5.12	5.9	5.7	5.70	5.2	5.3	5.31	5.4	5.2	5.33	5.6	5.5	5.50	5.3	5.4	5.77
We work flexibly	5.3	5.2	5.58	7.1	7.1	6.90	6.4	6.5	6.57	6	5.9	6.02	6	5.9	5.86	6.1	6.3	6.72
We are a team	6.2	6	6.12	7.1	7.1	6.98	6.3	6.5	6.43	6.5	6.4	6.43	6.6	6.5	6.28	6.7	6.7	6.85
Staff Engagement	6.5	6.3	6.66	7.4	7.2	7.08	7	6.9	6.87	7	6.9	6.82	7.1	6.8	6.73	6.9	6.9	6.95
Morale	5.5	5.3	5.60	6.5	6.3	6.30	6.6	6.6	6.54	6.1	5.8	5.88	6	5.8	5.85	5.9	5.9	6.07
No. of Themes deteriorated since 2022		7	0		6	6		1	5		9	2		6	6		1	0

Appendix 4: RWT Bank only worker comparison for People Promise scores against the National Average and historical RWT score

Comparator Information		Picker Average 2023	Organisation 2023	Organisation 2022
Section		n = 7884	n = 134	n = 138
We are compassionate and inclusive score		7.2	7.3	 7.6
We are recognised and rewarded score		6.1	6.1	 6.4
We each have a voice that counts score		6.5	6.9	 6.9
We are always learning score		6.1	6.6	 6.4
We work flexibly score		6.4	6.8	 6.8
We are a team score		6.6	6.8	 7.0
Theme: Staff Engagement	Motivation sub-score	7.5	7.7	 7.4
	Involvement sub-score	6.3	6.7	 6.6
	Advocacy sub-score	6.9	7.4	 7.4
	Staff Engagement Score	6.9	7.3	 7.1
Theme: Morale	Future intentions (Bank) score	5.4	5.9	 5.9
	Work pressure sub-score	5.9	6.5	 6.4
	Stressors sub-score	6.4	6.6	 6.7
	Morale score	5.9	6.3	 6.4
	Deteriorated from previous year	Red Score	Worse than national average	
	Stayed the same as previous year	Green Score	Better than national average	
	Improved from previous year	Orange Score	The same as the national average	

PEOPLE COMMITTEE

TERMS OF REFERENCE

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

<p>BAF & Trust Risks</p>	<ul style="list-style-type: none"> • Identify and monitor any new risks relating to Trust’s Workforce agenda. • Review the Board Assurance Framework (“BAF”) for risks within the ‘Support Our Colleagues’ strategic Objective on a frequency set out in the Risk Management Policy. • Be assured that there are plans in place to address gaps in controls and gaps in assurance, and oversight of such plans.
<p>Meeting Purpose/Remit</p>	<p>The purpose of the committee is to provide the Board with assurance that:</p> <ul style="list-style-type: none"> • There is an effective People Strategy in place underpinned by structures, systems and processes to support colleagues in the provision and delivery of high quality, safe patient care. • The outcomes set out in the People Strategy, approved by the Board are delivered. • The Trust is meeting its legal and regulatory duties in relation to its employees. • Where there are people risks and issues that may jeopardise the Trust’s ability to deliver its strategic objectives, that these are being managed in a controlled way through the Trust Management Committee. <p>To provide assurance on the following key areas as set out in the People Strategy:</p> <ul style="list-style-type: none"> • Leading by putting our people first to include: <ul style="list-style-type: none"> ○ Leadership ○ Organisational Development & Culture ○ Staff Engagement • Ensuing equality, diversity and inclusion on all that we do, to include: <ul style="list-style-type: none"> ○ Equality, Diversity and Inclusion ○ RACE Equality Code • Ensuring a safe and healthy place to work to include: <ul style="list-style-type: none"> ○ Wellbeing ○ Sexual Safety ○ Speaking up • Recruiting and retaining the workforce of today and for the future <ul style="list-style-type: none"> ○ Resourcing, attraction and retention ○ Skills ○ Workforce Planning

<p>Responsibilities</p>	<p>The Committee will lead on the assurance of the workforce and organisational development including ensuring that:</p> <ol style="list-style-type: none"> 1. There is an overarching people strategy that enables the Trust to deliver its strategy, vision and values. 2. There are processes in place to identify and develop organisational structures, leadership and management capability to ensure the delivery of the Trust's strategy. 3. Mechanisms are in place and effective to communicate with and inform the workforce in relation to strategy as well as constitution, values and ethos. 4. National reports and best practice relating to Human Resource Management and OD is shared, reviewed for relevant findings and actions and the necessary actions implemented. 5. Legal and regulatory requirements relating to the workforce are met. 6. Effective identification and mitigation of Human Resources risks within the supporting infrastructure of the Board Assurance Framework and Risk Register. 7. Workforce policies and procedures are aligned to the strategy and in date. 8. Monitor staffing levels, as well as monitor growth levels and reduction in bank and agency. 9. Workforce key performance indicators are monitored and where necessary recovery/ improvement actions are put in place and delivered, including: <ul style="list-style-type: none"> ○ Turnover ○ Retention ○ Attendance ○ Recruitment ○ Workforce plan and performance against <p>Supplementary areas for assurance:</p> <ol style="list-style-type: none"> 10. Receive assurance on the HR aspects of any external/internal compliance reviews that have raised concerns at Board and/or Executive Team. 11. By exception, consider concerns raised by staff and receive assurance on how these concerns are being dealt with. 12. Review the Board Assurance Framework/Trust Risk Register high scoring risks for assurance on traction of actions, and adequacy of controls and assurances taken e.g. staffing. 13. To review and monitor effectiveness of additional workforce related strategies and key performance indicators such as: <ul style="list-style-type: none"> ○ Staff survey results (local and national) ○ Demographic makeup of the organisation ○ Occupational health data ○ Annual Workforce plan 14. The Trust has in place the range of policies necessary to effectively manage the workforce and allow for fair and
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	<p>consistent treatment of staff as well as receives assurance and recommends support for policies relevant to HR/OD/Education/Training and Occupational Health, on behalf of the Trust.</p> <p>15. Ensure the Trust's people and organisational development policies and procedures are current, based on best practice, and compliant with relevant legislation and guidelines.</p>
Authority & Accountabilities	<p>The People Committee is established to evaluate and report on the workforce/OD agenda and the operation of risk management systems and controls to the Trust Board.</p> <p>The Committee is authorised by the Trust Board to investigate any activity within its terms of reference obtaining independent advice if necessary. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01).</p>
Reporting Arrangements	<p>The minutes will be submitted to the Trust Board, and the Chair shall report on the main issues discussed and decisions made, highlighting any matters of concern or significant risks identified.</p>
Membership	<ul style="list-style-type: none"> • Chair of the Committee (NED) • Group Chief People Officer • One other Executive Director to join on a rolling attendance basis • Two Non-Executive Directors • Director of Operational Human Resources and Organisational Development • Associate Director of People • One Deputy Chief Operating Officer (on a rotational basis) • Divisional Manager Estates & Facilities • Deputy Chief Nurse • Chief Allied Health Professional (AHP) • Deputy Chief Medical Officer • Staff side Lead
Attendees – as required	<ul style="list-style-type: none"> • Deputy Group Director of Education or nominated deputy • Head of Nursing - Workforce • Head of Occupational Health and Wellbeing • Security Manager • Other Leads, as required, which may include: Heads of HR Advisory, Resourcing, Equality, Diversity and Inclusion, Organisational Development, as appropriate • Other attendees may be requested to attend the meeting by the Chair or may attend with the permission of the Chair.

Chair	The Chair of the committee shall be the Trust board nominated Non-Executive Director and if he/she is absent, another NED from those present at the meeting
Quorum	Chair, (or nominated Deputy), and 4 other members, one of whom must be: <ul style="list-style-type: none"> • An Executive director • A Non-Executive director • A Deputy COO or nominated representative
Frequency of meetings	The committee will meet 10 times per year.
Administrative support	The HR & OD department will provide administrative support. Agenda and papers will be circulated 4 working days prior to the meeting.
Standards	<ul style="list-style-type: none"> • NHS Improvement Single Oversight Framework (to include Quality Governance and Well led guidance) • Equality Act, NHS Equality Delivery System, Workforce Race Equality Scheme, Workforce Disability Equality Scheme, Gender Pay Gap • NHS Employers Employment Checks Standards • NHS Terms and Conditions of Service • Medical & Dental and NHS Terms & Conditions
Standard agenda items	<ul style="list-style-type: none"> • Key Updates and Workforce Performance • Items for formal review and sign off • Strategic Focus Areas • Deep Dive Review • Key Risks • Review of Committee Objectives
Review of PC Performance & Effectiveness	<ul style="list-style-type: none"> • To be carried out on an annual basis
Subgroups	<ul style="list-style-type: none"> • Operational Workforce Group • People and Organisational Development Group • Equality & Diversity Steering Group • Academy Steering Group • Staff Survey Oversight Group • Attendance Oversight Group
Date Approved	22 nd March 2024
Date Review	March 2025

Report to the Trust Board

On 16th April 2024

Title of Report:	Executive Summary Workforce Report	Enc No: 8.2
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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recommendations:			
The Committee is asked to note the contents of the report.			

Implications of the Paper:

Risk Register Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description: On Risk Register: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Safe, Caring, Responsive, Effective, Well-Led.
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Safer staffing
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		

Equality and Diversity Impact

In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion

	and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 22 nd March 2024
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

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 rolling 12-month sickness rate does meet the trust target.

Advise

Vacancy rates meet the target at 2.54%, slight increase from previous month 2.40%

Retention is meeting the target at 89.97%

Mandatory training compliance is above target at 95.10%

Turnover is meeting the target at 9.27%.

Alert

The Committee is alerted to:

- Sickness absence rates in month for this period are above the target . 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)

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

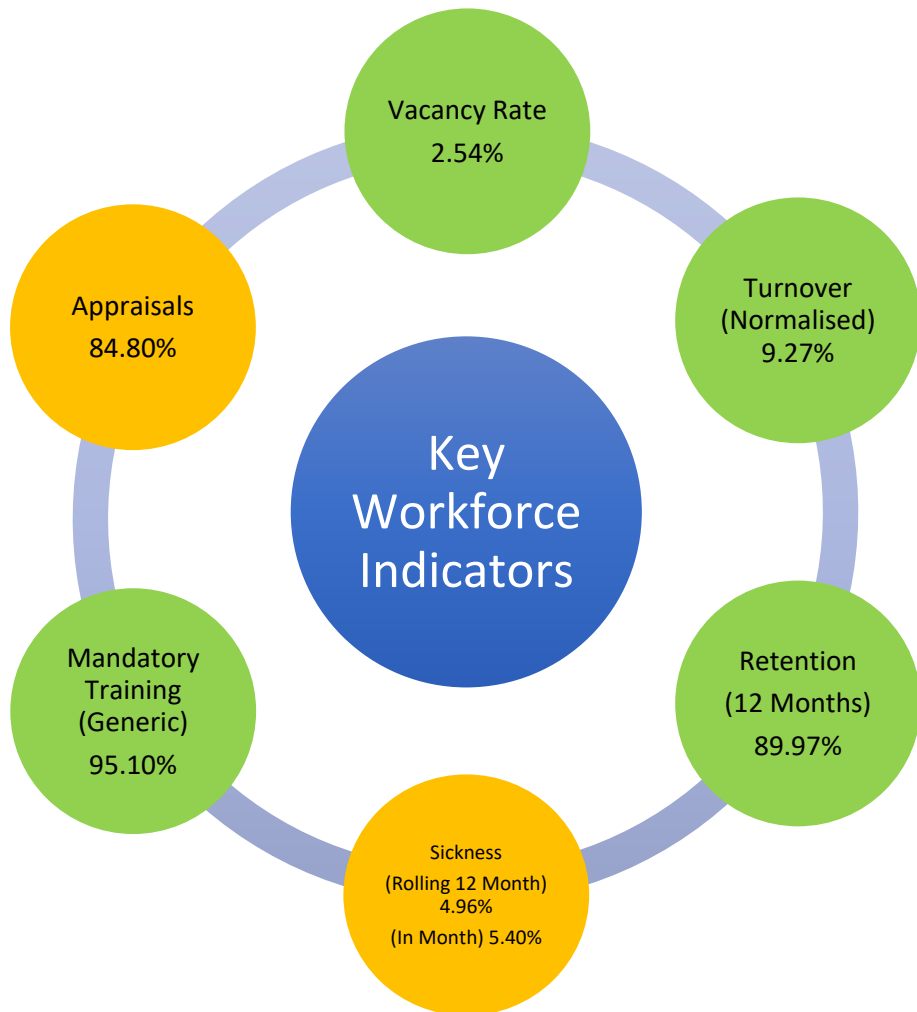
Executive Summary

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 rates, turnover, 12-month retention and mandatory training. Appraisal compliance and sickness absence are rated amber.

- Normalised turnover is 9.27%, increasing slightly in month, the retention rate is meeting the agreed standard at 89.97% and has decreased marginally within the month.
- The vacancy rate has increased slightly in month from 2.40% to 2.54% but continues to meet the Trust target. Recruitment outpaced turnover by 5 WTE (excluding rotational doctors). There were minimal variations in the WTEs in staff group workforce profiles, 'Additional Professional, Scientific, and Technical' was the biggest change in month increasing by 11 WTE.
- Attendance levels (rolling 12 months) has remained stable in month at 4.96% and is meeting the Trust target. The in-month performance indicator is exceeding the target maximum at 5.40%, this is reduced slightly in month by 0.3%.
- Performance in relation to generic Mandatory Training continues to meet the external target of 85%. Current performance is stable at 95.10%. Role specific mandatory training compliance has increased slightly in month to 94.30% and remains above target. In relation to appraisal, compliance rates are improving and are now at 84.80%. This indicator is rated amber and below the target of 90%.
- The fill rate through the bank in January was 74% for registered nursing staff and 83% for healthcare assistants. The medical bank fill rate was 70.47% exceeding the target of 60%.

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 increased marginally from 9.17% to 9.27% but continues to meet the Trust target. Turnover performance is now meeting the standard for all staff groups except AHP and Estates and Ancillary.

The vacancy level has increased by 0.14% in month and continues to meet the target. This indicator is meeting the target for all staff groups except AHP.

In month absence levels remains higher than the target maximum. Absence levels for rolling 12-month attendance levels are now meeting the Trust target of 5%.

Mandatory training (generic) compliance rates have improved and continues to exceed the 85% target. Appraisal compliance has improved slightly but remains amber as this is not meeting the Trust target of 90%.

Summary Items

Industrial Action

February saw Junior Doctors in England go on strike for the tenth time since March 2023. The strike action took place from 7am on Saturday 24 February to the end of Wednesday 28 February.

The current strike mandate expired the end of February 2024, but it has since been announced that the Junior Doctors have voted in favour of further strike action.

There was a 62% turnout and 98% have voted in favour of continuing strike action. This means a further strike mandate for 6 months until September 2024.

Following the narrowly rejected Consultant pay offer outcome in January 2024 the Government has put forward a revised offer for consideration. Unions are recommending that this offer is accepted and will come into effect from 1st March 2024 if accepted.

Ballots for the revised consultant pay offer in England are due to close on 3rd April 2024 and an announcement shortly after this will be expected.

Agenda For Change:24/25 Pay Round

The NHS Pay Review Body has also been tasked by the Government to make recommendations for the Agenda for Change workforce. A report is expected in May 2024 and any changes will be backdated to 1st April 2024.

Staff Survey Results 2023

On 7th March 2024 the staff survey results were published nationally. The survey was open to all staff employed by the Trust as of 1st September 2023 and for bank only workers.

2622 substantive staff completed the survey, which is a response rate of 23%. 134 bank only workers completed the survey, which is an 8% response rate. The RWT response rate has decreased from last year and planning for 2024 staff survey has commenced in the team.

The OD team will now work with Divisional leaders and managers to run some results spotlight sessions and pull together Divisional and Trust actions plans based on the results.

Paper for submission to the Trust Board Meeting to be held in Public on 16th April 2024

Title of Report	Integration Committee Chairs Report	Enc No: 10.1
Author:	Lisa Cowley, Non-Executive Director, Chair of Integration Committee	
Presenter:	Lisa Cowley	
Date(s) of Committee/Group Meetings since last Board meeting:	27.02.2024 and 26.03.2024	

Action Required of Committee/Group			
Decision	Approval	Discussion	Received/Noted/For Information
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recommendations:			
The Board is asked to note the contents of the report.			

Implications of the Paper

Changes to BAF Risk(s) & TRR Risk(s) agreed	<p>The previous report noted two potential new risks for consideration. As noted previously the Right Care Right Person potential risk will be monitored via the Quality Committee.</p> <p>The committee received confirmation that the Virtual Ward Technology Solution contract had been extended by the ICB for 2024/5 in advance of a regional procurement exercise. The committee do not feel that it warrants a risk currently, but will be monitored to ensure sufficient to meet the evolving needs of the service.</p>		
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Compliance and/or Lead Requirements	CQC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHSE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:

Summary of Key Issues:

<p>The key issues/discussion areas were:</p> <ul style="list-style-type: none"> • Committee development • One Wolverhampton 24/25 annual preview • Delegation to OneWolverhampton and hosting arrangements • Resource and capacity within OneWolverhampton structure • Place Performance and Board Metrics including GIRFT visit update
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Links to Trust Strategic Aims & Objectives <i>(Please delete those which are not appropriate)</i>	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> • Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> • Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> • Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

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

EXCEPTION REPORT FROM INTEGRATION COMMITTEE CHAIR

ALERT

Nothing to escalate

ADVISE

Confirmation has been received from NHSE national colleagues that there will be no formal delegations of ICB responsibilities to place based partnerships during the financial year of 2024/25. To support the further development of place-based partnerships, and the implementation of the System Operating Model, the ICB has developed a Memorandum of Understanding (MOU) between the ICB and the Place Based Partnership. The committee reviewed the MOU and are supportive of the approach. There is still further clarity required regarding the level of resource that will be aligned from the ICB to the place-based partnership.

ASSURE

The committee held a beneficial development session regarding the scope and purpose of the committee. It is acknowledged that this is an evolving landscape, but all committee members were in agreement that we need to ensure that it provides additionality rather than replication of OneWolverhampton or other board committees. The committee were in agreement that the scope of the committee is broader than the place-based agenda and should consider the wider integration agenda and potential for the Trust and ultimately our patients.

The committee received a positive verbal update regarding the recent GIRFT (Getting It Right First Time) visit to the RWT Virtual Wards. The GIRFT process in relation to Virtual Wards is still developing and as such it is not at the current level to provide performance benchmarking data. The team received positive feedback and as a result of the visit were asked to present at a regional meeting.

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 should note that there will not be formal delegation of ICB responsibilities to place based partnerships in 2024/5. However, RWT remain the preferred host when formal delegation is proposed to be in place.

ACTIVITY SUMMARY

Presentations/Reports of note received including those Approved

February 2024

- Wider Place update – verbal
- One Wolverhampton Update
- IQPR
- Committee Development session

March 2024

- Integration committee cycle of business 2024/5 – the board should note this is still an evolving piece of work as a new committee
- One Wolverhampton Update including MOU

<ul style="list-style-type: none"> • IQPR
<p>Matters presented for information or noting</p> <p>February 2024</p> <ul style="list-style-type: none"> • Kings Fund Report – Making care closer to home a reality – background reading to inform discussions <p>March 2024</p> <ul style="list-style-type: none"> • Development of Integration Committee summary
<p>Chair’s comments on the effectiveness of the meeting:</p> <p>The development session in February was beneficial to shape the committee and our cycle of business. There continue to be beneficial discussions and debate regarding the integration agenda.</p>

Chairs Summary Log for Integration Committee, date of Log 27/03/2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> • Nothing to escalate 	<ul style="list-style-type: none"> • MOU in relation to One Wolverhampton
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> • Place Based Performance metrics • Virtual Ward including GIRFT review 	

**Paper for submission to the Trust Board Meeting – to be held in Public
On 16th April 2024**

Title of Report:	Group Director of Place Update	Enc No: 10.2
Author:	Stephanie Cartwright – Group Director of Place; Matt Wood – Head of the Programme and Transformation Office, OneWolverhampton	
Presenter/Exec Lead:	Stephanie Cartwright – Group Director of Place	

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

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

Recommendations:

The Board is asked to note the contents of the work and the ongoing work across Wolverhampton Place in the form of OneWolverhampton.

Implications of the Paper:

Risk Register Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description: On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHSE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		
Equality and Diversity Impact	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	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

matters that may have been referred to other Board Committees	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert
<p>Assure</p> <p>A draft Memorandum of Understanding between the ICB and the place based partnership has been circulated to the OneWolverhampton Executive Team and the Trust Integration Committee for comment and review.</p>
<p>Advise</p> <p>The partnership work on winter planning has been recognised nationally and shortlisted for a Local Government Chronicle award.</p> <p>Conversations are currently taking place to review the possibilities around closer working within the integrated intermediate care and population health and what the opportunities for integration might look like in this space.</p> <p>Andrew Wolverson has been appointed as the Interim Director of Adult Social Care (DASS) for the City of Wolverhampton Council.</p>
<p>Alert</p> <p>Nothing for escalation.</p>

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

Group Director of Place Report for Trust Board

EXECUTIVE SUMMARY

Since the previous report, OneWolverhampton has continued its commitment to strengthen relationships with the City of Wolverhampton Council, including scoping the possibilities around closer working within the intermediate care and population health management space.

The partnership work on winter planning has been recognised nationally and shortlisted for a Local Government Chronicle award.

Further clarity around the delegation of services to place has also been provided and relevant details from a draft Memorandum of Understanding are detailed here.

BACKGROUND INFORMATION

Integrated working with the council

As the partnership continues to develop, plans are in development to support closer, integrated working between health and social care. These plans include the development of a revised operating model. This would include the City of Wolverhampton Council commissioning through the Integrated Commissioning Committee to demonstrate a strengthened commitment to partnership commissioning.

Conversations are currently taking place to review the possibilities around closer working within the integrated intermediate care space and what the opportunities for integration might look like in this space. These conversations are currently at an early stage and further updates will be provided as this work progresses.

LGC award

OneWolverhampton's approach to winter planning has been shortlisted in the health and social care category for a Local Government Chronicle (LGC) award.

The annual LGC Awards recognise outstanding achievements in local government. The health and social category recognises how groups have worked to improve or maintain services through facilitating integration and improving collaboration between the public, private and voluntary sectors.

Our submission demonstrated how we had worked in partnership to reduce hospital admissions and ensure people were able to return home at the safest, earliest opportunity.

The winter plan saw partners from health and social care take a joint approach to funding, using it in innovative ways to test out new ways of working, such as having dedicated welfare rights and social workers within mental health settings and running bespoke training events with care homes.

The King's Fund also highlighted Wolverhampton as an exemplar for sharing resources to drive improved outcomes and innovation.

It was noted that competition was particularly tough this year, with more than 900 entries. This represents a 24% increase in entries compared to the previous years. A delegation will be travelling to London in April to present our good work. The winners will be revealed at the awards ceremony in June.

Memorandum of Understanding (MoU) to support the delegation of services to place

The Black Country Integrated Care Board (ICB) has recently approved an Operating Model document, setting out how the organisations and partnerships that form the health and care system across the Black Country will work together in the design and delivery of services to drive improvements in the health and wellbeing of people in the Black Country.

Place Partnerships, such as OneWolverhampton, are central to this way of working, recognising the importance of local place and neighbourhood perspectives in the planning and provision of health and care services.

A draft Memorandum of Understanding between the ICB and the place based partnership has been circulated to the OneWolverhampton Executive Team and the Trust Integration Committee for comment and review.

This document outlines a series of roles and responsibilities that will be informally delegated to OneWolverhampton, including:

1. To provide a mechanism to connect with the full range of providers and stakeholders as appropriate to scope.
2. To support demand and capacity modelling and inputting information about patient need and preferences.
3. To lead on the development of credible delivery plans and models to implement the commissioning decisions developed by the programme boards.
4. To deliver agreed outcomes and performance targets
5. To share and promote innovation and good practice.
6. To enable the effective co-ordination and integration of services.
7. To promote the effective use of resource and support the delivery of balanced financial plans (budgets, estates, workforce).
8. To develop plans to tackle inequity of access, experience, or outcomes.
9. To comply with service change and business case processes.

The enhanced role of places will also include oversight of the performance for Wolverhampton in relation to: ICB priorities that are in scope for Place; agreed Local Authority priorities; and service quality and access.

The full extent of these roles and responsibilities will be confirmed in due course once the draft MoU has been agreed and ratified by the ICB and the OneWolverhampton Board.

Appointment to the Director of Adult Social Care post at the City of Wolverhampton Council

We are pleased to announce that Andrew Wolverson has been appointed as the Interim Director of Adult Social Care (DASS) for the City of Wolverhampton Council. Andrew was previously in post as the Deputy Director of Commissioning at Transformation at the Council and takes on the post as the previous DASS, Becky Wilkinson, takes up her position as the Executive Director of Adult Social Care and Health Partnerships at Salford City Council.

RECOMMENDATIONS

The Trust Board is requested to receive the update and acknowledge its contents.

Paper for submission to the Trust Board Meeting to be held in Public on 16th April 2024

Title of Report	Finance & Productivity Committee Chair	Enc No: 11.1
Author:	John Dunn	
Presenter:	Chair of Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	21 st February 2024	

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

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Compliance and/or Lead Requirements	CQC	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:

Summary of Key Issues:
<ul style="list-style-type: none"> • Impact of Industrial Action on elective care recovery and financial position. • ED performance and pressures resulting from the increase of patients not meeting the criteria to reside which is impacting on flow. • Increasing number of ambulance divers being received from out of area. • Increased drug costs. • Increase in workforce, agency and bank use. • The need to bridge the CIP gap. • Digital (DTS) Strategy Programme Update • Investigation into stroke metric data due to a validation flaw.

Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> • Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> • Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards

<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> • Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

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

EXCEPTION REPORT FROM FINANCE & PRODUCTIVITY COMMITTEE CHAIR

ALERT

Elective Care Recovery

- 1,175 patients either had their appointment/treatment date cancelled or rearranged as a result of the strike action across December/January. This compromised 951 outpatients and 224 inpatients. The impact of the industrial action announced in February is being worked through, however, the cancellation numbers are lower than the previous industrial action, 762 patient cancellation/reschedules with the majority in outpatient areas. The Trust is likely to carry a small proportion of long wait/78 week patients over into March 2024, this is due to the nature of the sub-specialty breakdown and diagnostic element of the pathway.
- The Trust remains in Tier 2 for cancer performance. The Trust remains ahead of the trajectory for backlog reduction but missed the faster diagnosis performance in January. The Trust will not reach the 70% 62 day performance target by March.
- 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 increase again in February because of the industrial action announced in the month. The increase will be partly offset by the exclusion of community paediatric waits which NHS England have advised should no longer be included in national RTT reporting.
- The Trust is not currently achieving the 78-week breach standard with 41 breaches at the end of January. 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. Whilst the Trust was confident of its ability to clear this cohort by this date, the industrial action announced since, has put this plan at risk.
- 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. The Trust is currently forecasting around 500 breaches with clearance in most specialties by the end of Quarter 1. The national target has been relaxed to at least the end of June 2024.
- The Trust has fallen below its trajectory for diagnostic recovery – this is largely attributable 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.

IQPR

- ED 60 minute wait remains a concern.
- Medically fit remains a pressure due to increases from 80 to 115 patients per day.
- There has been an increase in the number of patients not meeting the criteria to reside which is impacting on flow.
- The virtual ward is operating beyond full capacity.
- The Trust ED performance is in the top 15 nationally, however, there are concerns that the Trust 60 minute waits are at 18%.
- The Trust is receiving an increasing number of ambulance diverts from Trusts outside of the Black Country ICS and there is a need to consider how funding is received for that.
- Investigation into stroke metric data due to a validation flaw.

Forecast Outturn

- The forecast outturn of £39m excluding strike action is at risk.
- Workforce, bank and agency use has increased, this is being investigated and will be fed back to the Committee. A weekly data set has been requested.

Financial Planning

- The Trust's underlying deficit position for 24/25 is £98m, some pressures have been created which relate to safety, excess inflation, technical issues, associated conversions and last year's non-recurring CIP. Significant further work is underway to produce the 24/25 AOP and to underpin the CIP requirement,

ADVISE

- An extra-ordinary meeting will be held to discuss the requirements of Sir David Nicholson's letter to CEOs and to complete a deep dive into workforce numbers. IA structure and governance, review is taking place to propose changes in the monitoring and control
- The One Wolverhampton Story will be produced.

Elective Care Recovery

- The Trust delivered 105% of activity in January (compared to 2019/20) compared to a plan of 103%. On a value weighted activity basis, this equates to 102% (compared with a plan of 108%).
- Year to date, activity performance stands at 105% (versus plan of 106%) and value weighted activity performance at 106% (versus plan of 108%).
- All of the trajectories pre-date 3 instances of industrial action which have had a significant impact on the Trust's elective recovery plans and have caused many of the national targets to move.

Finance Report

- Drugs has an overspend in month of £998k this predominantly relates to high cost drugs that are funded on a block arrangement. Further investigation into the drug variance is taking place and will be reported back.

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.
- The Trust is achieving its diagnostic trajectories in a number of modalities.
- 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.

IQPR

- ED Performance continues at a high standard. The Committee thanked the team for their hard work.

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

N/A

ACTIVITY SUMMARY

Presentations/Reports of note received including those Approved

Elective Care Recovery Programme
National & Contractual Standards (IQPR Extract)
Monthly Financial report
Forecast outturn
Financial Planning 24/25
Financial Recovery Group Report
Digital (DTS) Strategy Programme Update

Matters presented for information or noting

NHSE/I Monthly Monitoring Return
Annual Work Plan
Capital Report
Supplementary Finance Report
Temporary Staffing Dashboard
High Value Contract Report
Back Log Maintenance Report

Chair's comments on the effectiveness of the meeting:

The Committee agreed that the key issues were discussed during the meeting.

Chairs Summary Log for Performance & Productivity Committee, date of Log: February 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> • Impact of Industrial Action on elective care recovery and financial position. • ED performance and pressures resulting from the increase of patients not meeting the criteria to reside which is impacting on flow. • Increasing number of ambulance divers being received from out of area. • Increased drug costs. • Increase in workforce, agency and bank use. • The need to bridge the CIP gap. 	<ul style="list-style-type: none"> • An Extra-ordinary Meeting is being arranged to review the monitoring and control system and to ensure full alignment between workforce numbers and the financial systems and to review governance. • An investigation into the rising drug costs. • Ongoing development of the CIP pipeline. • Investigation into stroke metric data due to a validation flaw.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE

Paper for submission to the Trust Board Meeting to be held in Public on 16th April 2024

Title of Report	Finance & Productivity Committee Chair	Enc No: 11.1
Author:	John Dunn	
Presenter:	Chair of Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	20 th March 2024	

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

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Compliance and/or Lead Requirements	CQC	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:

Summary of Key Issues:
<ul style="list-style-type: none"> • Impact of Industrial Action on elective care recovery and financial position. • ED performance and pressures resulting from the increase of patients not meeting the criteria to reside which is impacting on flow. • Increasing number of ambulance divers being received from out of area. • Increased drug costs. • Increase in workforce, agency and bank use. • The need to bridge the CIP gap. • Digital (DTS) Strategy Programme Update • Investigation into stroke metric data due to a validation flaw.

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<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> • Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

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

EXCEPTION REPORT FROM FINANCE & PRODUCTIVITY COMMITTEE CHAIR

ALERT

Elective Care Recovery

- 777 patients either had their appointment/treatment date cancelled or rearranged due to Industrial Action in February (657 outpatients and 120 inpatients).
- The Trust remains in Tier 2 for cancer performance – we are now below our year-end target for backlog reduction and achieved the faster diagnosis standard in February. The Trust will not reach the 70% 62-day performance target by March (primarily due to the clearance of the backlog) – this is not forecast until January 2025.
- The overall waiting list has risen in month because of the result of Industrial Action in February. It is envisaged that the waiting list will continue to rise into 2024/25 when a couple of significant insourcing initiatives come to an end.
- The Trust is not currently achieving the 78-week breach standard with 15 breaches at the end of February. Additional capacity from other system partners and the independent sector (in addition to that already insourced) has been sourced to support recovery by end of March 24 and we are on course to achieve this.
- The Trust is forecasting around 500-550 65 week breaches at the end of March 2024 – clearance is now expecting by September 2024, achieving the revised target set by NHS England.
- The Trust has fallen below its trajectory for diagnostic recovery – this is largely attributable 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 has been initiated to accelerate recovery. The Trust is forecasting to recovery performance to the 99% standard across all modalities other than audiology, by March 2025.

Forecast Outturn

- Following the performance seen in month 11 the achievement of the year end target deficit is now at risk. Funding has been received to support the impact of industrial action along with some additional support from NHS England. An improved month 12 position is required in order to achieve the £26.7m deficit target.
- The current assessment of risk is approximately £4m

Financial Planning

- Planning for the 24/25 financial year is well progressed with initial submissions made to NHS England in line with deadlines.
- The Trust is facing again facing a significant deficit as funding increases for 24/25 are limited to increases for price inflation only, along with further pressure from required efficiencies.
- Funding received non-recurrently in 23/24 will no longer be available in 24/25, again increasing the pressure on budgets across the Trust.
- Plans to deliver increases in elective activity are well developed and this should secure some increase in the level of income earned through the Elective Recovery Fund.
- The plans will continue to be refined and efficiency plans fully developed in advance of the final planning submission deadline which is expected to be towards the end of May 2024.

Capital Pressures

- As a result of ICS wide plans to invest system resources in pre-agreed capital schemes, along with the additional resources received in 23/24, the Trust capital resource limit will reduce by approximately £7m in 24/25.
- The impact of this reduced capital resource and the impact on the capital plan are being finalised with a report being presented to the next F&P Cttee.

ADVISE

- Drug costs continue at a higher level than expected and the Committee have requested a deep dive into drug

costs and management of volume and control of inventory.

Workforce/Temporary Staffing Dashboard

- The Committee requested assurance from the Divisions regarding the control, management and sharing of recruitment data to assist with the 4% workforce reduction and 25% bank reduction requirements.
- The Committee requested a deep dive into hours worked against hours paid and a review of the use of Allocate and the management of hours.

Elective Care Recovery

- The Trust delivered 106% of activity in February (compared to 2019/20) compared to a plan of 110%. On a value weighted activity basis, this equates to 102% (compared with a plan of 108%).
- Year to date, our activity performance stands at 106% (versus plan of 106%) and our value weighted activity performance at 106% (versus plan of 108%).
- The Trust has submitted an initial set of trajectories for 2024/25. Official planning guidance has not yet been released but interim draft assumptions have been. The Trust is forecasting achievement against all of the key metrics by the end of 2024/25.

Finance Report

- The Committee agreed a roll forward of the budget into the first quarter based on the 2023/24 exit position, as financial planning has not yet been finalised.
- Extra-ordinary Finance & Productivity Meetings are taking place regarding the Annual Operating Plan.

Financial Planning

- Work continues to progress to complete the Wolverhampton Story.

IQPR

- The Trust cleared 104 week waits in line with the national target and is on course to clear 78 weeks by the revised national target of end of March.
- The Trust has made further reductions in the 65 and 52 week wait cohort with a view to these being cleared in 2024/25.
- The Trust will exceed its cancer backlog target of 195 by year end and has achieved the cancer FDS trajectory throughout the year.
- The Trust has delivered 76% A&E 4 hour performance consistently and is in the top quartile of Trusts for this metric.
- The Trust has significantly improved ambulance handover performance in year
- Across 2023/24, the Trust cancelled 6,637 patients as a result of the industrial action (5,755 outpatients and 882 inpatients). The impact of the industrial action has been more significant than this though as these figures do not include capacity that wasn't booked to in anticipation of strike action.

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.
- The Trust is achieving its diagnostic trajectories in a number of modalities.
- 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.

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

N/A
<p>ACTIVITY SUMMARY</p> <p>Presentations/Reports of note received including those Approved</p> <p>Elective Care Recovery Programme National & Contractual Standards (IQPR Extract) Monthly Financial report Temporary Staffing Dashboard Financial Planning 24/25 Financial Recovery Group Report Capital Plan Pressures 24/25</p>
<p>Matters presented for information or noting</p> <p>NHSE/I Monthly Monitoring Return Annual Work Plan Capital Report Supplementary Finance Report High Value Contract Report Contracting & Business Development Report Back Log Maintenance Report Minutes and Action Log for Extra Finance & Productivity Committee Annual Operating Plan Meeting</p>
<p>Chair's comments on the effectiveness of the meeting:</p> <p>The Committee agreed that the key issues were discussed during the meeting.</p>

Chairs Summary Log for Performance & Productivity Committee, date of Log: March 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> Impact of Industrial Action on elective care recovery and financial position. ED performance and pressures Increased drug costs. Increase in workforce, agency and bank use. The need to bridge the CIP gap. Approximately £4m of risk to delivery of year end target deficit. 	<ul style="list-style-type: none"> An Extra-ordinary Meeting is being arranged to review the monitoring and control system and to ensure full alignment between workforce numbers and the financial systems and to review governance. An investigation into the rising drug costs. Ongoing development of the CIP pipeline.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> The Trust cleared 104 week waits in line with the national target and is on course to clear 78 weeks by the revised national target of end of March. The Trust has made further reductions in the 65 and 52 week wait cohort with a view to these being cleared in 2024/25. 	<p>The Committee agreed and authorised the roll over of budget into the new financial year, pending the agreed annual operating plan.</p>

- | | |
|--|--|
| <ul style="list-style-type: none">• The Trust will exceed its cancer backlog target of 195 by year end and has achieved the cancer FDS trajectory throughout the year.• The Trust has delivered 76% A&E 4 hour performance consistently and is in the top quartile of Trusts for this metric.• The Trust has significantly improved ambulance handover performance in year | |
|--|--|

Paper for submission to the Trust Board Meeting to be held in Public on 2nd April 2024

Title of Report:	Report of the Chief Financial Officer - Month 11	Enc No:	11.2
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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Recommendations:

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

Risk Register Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: SR15 23/24 is a significant challenge financial challenge, encompassing the following over a three-year period. <ul style="list-style-type: none"> • 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) : 20
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Changes to BAF Risk(s) & TRR Risk(s) agreed	None
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Resource Implications:	None
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Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.
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Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well-led
	NHSE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.
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Equality and Diversity Impact	N/A
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Report	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
Journey/Destination or matters that may have been referred to	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (F&P)	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other : TMC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 22nd March 2024

Summary of Key Issues using Assure, Advise and Alert	N/A
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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
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Overview of Financial Performance

The Trust is reporting an in month adjusted surplus of £8.9m, this is £8.7m favourable to plan, this leads to a year to date deficit of £32m which is £3.1m behind plan.

Income is £11.5m favourable to plan in month and £8.1m favourable to plan YTD. This is made up of Patient activity income being £11.2m favourable to plan in month due to deficit support funding of £11m, this is the main cause of the YTD Patient activity income variance of £13.3m. There are over recoveries on Education and Research income in month of £283k. and Directorate Income of £18k. Capital Grant funding is over by £50.5k. Year to date the Trust have recognised £5.3m less Capital Grant Funding Income than plan, as this is matched to capital expenditure profiles and there has been timing delays against this plan (this is excluded from National Performance monitoring).

In month pay expenditure has underspent by £1.2m. During the month additional funding has been applied to this budget to cover costs of Junior Doctors Strike action (£3.4m) relating to December to February. The actual expenditure includes costs incurred in February providing cover for the Junior Doctors Strike amounting to £1.2m as well as overspends in Divisions largely related to temporary staffing cover including bank and agency doctors covering rota gaps £1.35m and £0.6m in nursing areas where bank has been used to cover leave, sickness, maternity and acuity related issues, this is offset by vacancies to the value of £0.3m. The underlying rate of pay remains broadly consistent with the previous two months.

Non-pay is overspent in month by £0.7m. £0.4m of this is in hosted services where pathology has increased spending on cancer diagnostics. The balance is predominantly in Division 1 (£0.3m) due to activity levels and Estates and Facilities due to additional utility charges as a result of the Combined Heat and Power (CHP) plant being out of use.

Drugs has an overspend in month of £0.2m, this predominantly relates to high cost drugs in excess of block funding arrangements.

Year to date the expenditure position is also overspent, Pay is £10.5m overspent including, £10m medical staffing cover, £6.7m nursing due to additional urgent and emergency care activity and cover for sickness/absence, and vacancies; above funded levels.

Non-pay is overspent by £1.9m and Drugs is £2.6m overspent.

System Updates

M11 ICB system reports were unavailable at the time of writing - these will be updated when available. The ICB is still forecasting to meet its year-end control total despite a number of pressures.

Capital

The Trust has five types of capital programme with a combined plan of £63.6m for the year, (a decrease of £0.4m from M10 due to deferral of grant into 24/25 (£3.8m) offset by LED lightening PDC (£1.9m) and ICS additional CRL (£1.5m)); these are CRL totalling £26.8m, and PDC £10.5m, both monitored as part of our statutory duty by NHSE, and additionally Grant funding from PSDS and ERDF of £13.3m, IFRIC 12 related capital spend of £9.2m, and IFRS 16 new or renewed leases £3.7m.

YTD capital is underspent by £9.7m, with a capital spend of £45.2m YTD. ICS CRL spend is £1.6m ahead of plan due to timing of orders, with FOT forecasting to be met, including the additional £5.5m ICS CRL (£1.5m added in M10 and £4.0m in M9).

PDC capital - there is an underspend of £0.7m due to the movement in PDC projects during the year, however the Trust anticipates meeting assumed PDC CRL of £10.5m, an increase of £1.9m from month 10 for LED Lightening PDC.

Grant funding has a YTD variance of £5.0m, due to timing of orders combined with deferral of grant spend into 24/25 of £3.7m, with the Trust forecasting to spend all remaining Grant approved capital funding projects (£13.3m).

There was £3.7m spend YTD on IFRS 16 which is in line with Plan and no additional spend forecast for the year. IFRIC 12 YTD is £3.7m which is due to a delay in assets in being replaced causing a variance of £5.5m.

Reference Pack

Report of the Chief Financial Officer

Finance Report
February 2024 - Month 11



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Pay Expenditure	8
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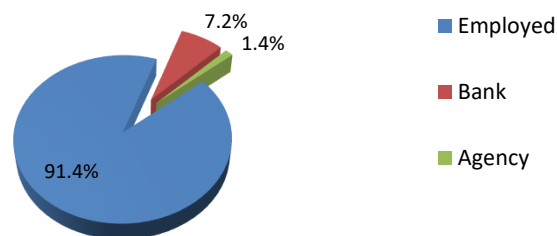
Income & Expenditure Position

(see page 5)

	In Mth Actual	YTD Actual
	£'m	£'m
Income		
1. Patient income	75.94	680.60
2. Other income	14.55	152.87
Total	90.49	833.47
Expenditure	81.58	865.45
Surplus/ (deficit)	8.91	(31.98)
Planned surplus/(deficit)	0.15	(28.88)
Variance to plan	8.75	(3.10)

Workforce

(see page 8)



Patient Income

Elective recovery fund activity to date is £3.6m 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)

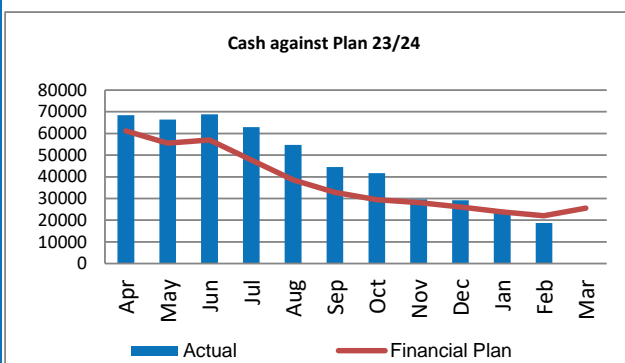
£8.9m surplus in month
(£8.7m favourable to plan)

£32m deficit year to date
(£3.1m adverse to plan)

Cash in the Bank

(see page 7)

Plan £22.1m
Actual £18.7m



Covid-19 Expenditure

In month 11 there was expenditure of £127k on testing and £57k on Covid Medicines Delivery Unit. (Year to date £1.393m and £491k respectively).

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

Cost Improvement Programme (CIP)

(see page 9)

In month delivery of £3.6m against a plan of £6.5m. In line with the previous month the forecast achievement against the CIP target is £44.7m. This equates to 99% of the target. 29% (£13.1m) is forecast to be achieved recurrently.

Overview of Financial Performance

The Trust is reporting an in month adjusted surplus of £8.9m, this is £8.7m favourable to plan, this leads to a year to date deficit of £32m which is £3.1m behind plan.

Income is £11.5m favourable to plan in month and £8.1m favourable to plan YTD. This is made up of Patient activity income being £11.2m favourable to plan in month due to deficit support funding of £11m, this is the main cause of the YTD Patient activity income variance of £13.3m. There are over recoveries on Education and Research income in month of £283k. and Directorate Income of £18k. Capital Grant funding is over by £50.5k. Year to date the Trust have recognised £5.3m less Capital Grant Funding Income than plan, as this is matched to capital expenditure profiles and there has been timing delays against this plan (this is excluded from National Performance monitoring).

In month pay expenditure has underspent by £1.2m. During the month additional funding has been applied to this budget to cover costs of Junior Doctors Strike action (£3.4m) relating to December to February. The actual expenditure includes costs incurred in February providing cover for the Junior Doctors Strike amounting to £1.2m as well as overspends in Divisions largely related to temporary staffing cover including bank and agency doctors covering rota gaps £1.35m and £0.6m in nursing areas where bank has been used to cover leave, sickness, maternity and acuity related issues, this is offset by vacancies to the value of £0.3m. The underlying rate of pay remains broadly consistent with the previous two months.

Non-pay is overspent in month by £0.7m. £0.4m of this is in hosted services where pathology has increased spending on cancer diagnostics. The balance is predominantly in Division 1 (£0.3m) due to activity levels and Estates and Facilities due to additional utility charges as a result of the Combined Heat and Power (CHP) plant being out of use.

Drugs has an overspend in month of £0.2m, this predominantly relates to high cost drugs in excess of block funding arrangements.

Year to date the expenditure position is also overspent, Pay is £10.5m overspent including, £10m medical staffing cover, £6.7m nursing due to additional urgent and emergency care activity and cover for sickness/absence, and vacancies; above funded levels.

Non-pay is overspent by £1.9m and Drugs is £2.6m overspent.

System Updates

M11 ICB system reports were unavailable at the time of writing - these will be updated when available. The ICB is still forecasting to meet its year-end control total despite a number of pressures.

Capital

The Trust has five types of capital programme with a combined plan of £63.6m for the year, (a decrease of £0.4m from M10 due to deferral of grant into 24/25 (£3.8m) offset by LED lightening PDC (£1.9m) and ICS additional CRL (£1.5m)); these are CRL totalling £26.8m, and PDC £10.5m, both monitored as part of our statutory duty by NHSE, and additionally Grant funding from PSDS and ERDF of £13.3m, IFRIC 12 related capital spend of £9.2m, and IFRS 16 new or renewed leases £3.7m.

YTD capital is underspent by £9.7m, with a capital spend of £45.2m YTD. ICS CRL spend is £1.6m ahead of plan due to timing of orders, with FOT forecasting to be met, including the additional £5.5m ICS CRL (£1.5m added in M10 and £4.0m in M9).

PDC capital - there is an underspend of £0.7m due to the movement in PDC projects during the year, however the Trust anticipates meeting assumed PDC CRL of £10.5m, an increase of £1.9m from month 10 for LED Lightening PDC.

Grant funding has a YTD variance of £5.0m, due to timing of orders combined with deferral of grant spend into 24/25 of £3.7m, with the Trust forecasting to spend all remaining Grant approved capital funding projects (£13.3m).

There was £3.7m spend YTD on IFRS 16 which is in line with Plan and no additional spend forecast for the year. IFRIC 12 YTD is £3.7m which is due to a delay in assets in being replaced causing a variance of £5.5m.

£m	22/23		23/24										YTD Avg	Movement	
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan			Feb
Patient Income															
1 Plan	58.41	97.46	54.90	58.57	57.27	58.21	60.31	61.30	58.31	70.22	61.69	61.84	64.75	60.26	4.49
2 Actual	58.18	100.44	53.48	59.49	59.09	58.41	62.18	59.87	59.05	68.85	63.39	60.86	75.94	60.47	15.48
3 Variance	(0.23)	2.99	(1.42)	0.92	1.82	0.20	1.87	(1.42)	0.74	(1.37)	1.70	(0.97)	11.20	0.21	10.99
Non Patient Income															
4 Plan	14.23	30.98	16.32	15.75	16.37	12.57	13.34	12.22	15.21	13.42	14.58	13.97	14.25	14.38	(0.13)
5 Actual	18.15	17.82	14.65	16.99	12.99	12.44	13.13	11.74	14.74	13.37	14.84	13.44	14.55	13.83	0.71
6 Variance	3.92	(13.16)	(1.67)	1.24	(3.38)	(0.13)	(0.21)	(0.48)	(0.47)	(0.05)	0.26	(0.54)	0.29	(0.54)	0.84
Pay Expenditure															
7 Plan	43.28	82.72	45.35	47.17	45.88	46.48	48.56	46.60	47.73	49.44	49.51	46.63	51.56	47.34	(4.22)
8 Actual	42.71	82.05	46.78	48.56	47.93	47.10	50.55	47.73	48.24	48.54	49.60	50.02	50.37	48.51	(1.87)
9 Variance	0.57	0.67	(1.43)	(1.39)	(2.05)	(0.63)	(2.00)	(1.14)	(0.51)	0.90	(0.08)	(3.38)	1.18	(1.17)	(2.35)
Non Pay Expenditure															
10 Plan	19.31	18.47	19.07	18.44	17.54	19.59	17.84	15.14	19.04	18.52	18.88	18.66	19.57	18.27	(1.30)
11 Actual	17.87	24.20	17.52	16.54	17.59	18.61	18.47	16.10	19.89	19.82	20.49	18.82	20.31	18.39	(1.92)
12 Variance	1.43	(5.72)	1.55	1.89	(0.05)	0.97	(0.63)	(0.95)	(0.85)	(1.30)	(1.61)	(0.16)	(0.74)	(0.11)	0.62
Drugs Expenditure															
13 Plan	5.70	6.03	5.89	6.08	6.31	6.21	6.16	6.44	6.44	6.35	6.38	6.39	6.22	6.27	0.04
14 Actual	5.83	6.56	5.66	6.09	6.59	6.27	6.40	7.00	6.33	6.98	6.39	7.39	6.42	6.51	0.09
15 Variance	(0.12)	(0.54)	0.23	(0.02)	(0.28)	(0.06)	(0.24)	(0.56)	0.11	(0.63)	(0.01)	(1.00)	(0.19)	(0.24)	(0.05)
CIP over/ (under) achievement															
16 Variance	(1.44)	0.58	(1.39)	(0.57)	(0.08)	(1.53)	0.88	4.42	(2.72)	4.81	(0.74)	(1.28)	(2.94)	0.18	3.12
BCPS Savings over/ (under) achievement															
16 Variance	(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	0.00	(0.00)
Reserves supporting position															
17 Actual	0.95	(0.31)	(1.39)	(0.57)	(0.08)	(1.53)	0.88	4.42	(2.72)	4.81	(0.74)	(1.28)	(2.94)	0.00	0.00
Other Non Operating Expenditure															
18 Plan	(3.84)	(3.83)	(4.99)	(5.05)	(5.10)	(5.10)	(4.73)	(4.80)	(5.08)	(5.53)	(5.52)	(5.62)	(11.25)	(3.93)	(3.18)
19 Actual	(3.52)	(2.04)	(4.92)	(4.95)	(4.89)	(4.88)	(4.98)	(5.04)	(5.08)	(5.17)	(5.30)	(5.39)	(11.08)	(3.87)	(3.07)
20 Variance	0.32	1.79	0.07	0.09	0.21	0.23	(0.26)	(0.24)	0.01	0.36	0.21	0.23	0.17	0.06	(0.10)
Total															
Plan	1.10	17.18	(1.29)	(1.27)	(1.05)	(3.53)	(5.39)	(8.30)	0.67	(5.82)	(2.54)	1.06	(3.73)		
Actual	6.41	3.42	(6.76)	0.33	(4.92)	(6.02)	(5.09)	(4.26)	(5.75)	1.71	(3.55)	(7.32)	2.31		
Variance	5.31	(13.76)	(5.46)	1.60	(3.88)	(2.49)	0.30	4.04	(6.41)	7.52	(1.01)	(8.38)	6.03		

Commentary on variances and trends:

Patient Income - In month increase due to deficit support funding £11m. In addition industrial action funding £3.3m which has also increased the plan in month. ERF performance was £0.6m higher than YTD average, increases in ERF performance were planned to take effect in the latter part of the year. In month ERF performance was below the national target by £182k.

Non-Patient Income - Excluding grant funding for capital schemes, in month non-patient income increased by £1.1m compared to prior month. This was partly due to a revised Education income schedule being received from NHSE (£773k) and last month being artificially low due to year to date adjustments being included.

In terms of variance, Non Patient Income was £290k above plan. Education and Research income accounted for £283k of this variance due to the revised values noted above. Grant Income was slightly over plan by £50k due to the timing of grant funded capital schemes (this element is excluded from the final reported position).

Pay - increased in month by £353k. Last month due to a reclassification from income the costs were artificially low by £358k. Strike costs were also £357 higher, These increases were partially offset by reductions in Mental Health cover £97k, Agency in Respiratory and Older Adults (£79k and £74k) as well as a £90k reduction in bank costs within emergency.

There was an underspend of £1.2m during February. This has been caused by funding being received in month totalling £3.345m relating to strike costs incurred between December and February. Offsetting this were actual costs in month of £1.2m for Junior Doctor strike cover payments, as well as other significant overspending areas:

Division 1: (£778k) Including £310k cover for Medical staff rota gaps and absences, £396k for nursing and midwifery acuity and absence cover.

Division 2: (£803k) Including £446k cover for Medical staff rota gaps and absences and £285k for nursing and midwifery acuity and absence cover.

Division 3: (£273k) Including £449k cover for Medical staff gaps and absences.

Non-Pay - An increase in the run rate compared to the previous month of £1.5m. A change to the accounting process for Maternity charges with Walsall was enacted which saw an increase cost of £540k in month, this YTD adjustment is off set within patient income. A non recurrent benefit on Molecular tests in month 10 has not been repeated £370k. There was an increase in Division one due to activity mix of £364k and a procurement contract YTD adjustment of £224k

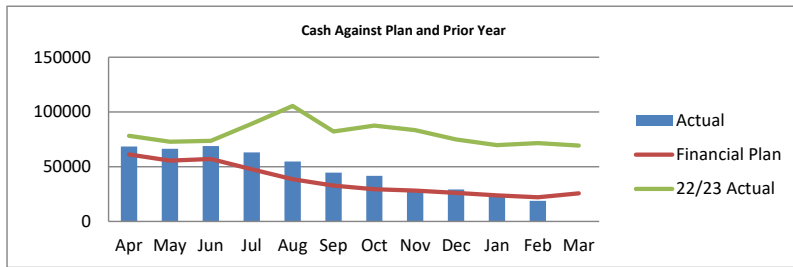
In terms of variance there is an overspend of £738k. One significant area was within BCPS (Hosted Service) £366k due to additional cancer diagnostic costs. This cost is recharged to partner organisations.

In addition to this Division 1 overspent by £340k, due to activity mix and Estates and Facilities by £222k mainly due to the CHP being out of service during the month.

Drugs - Expenditure was £975k lower in month 11 than in month 10. This was due to high cost drugs usage linked to activity.

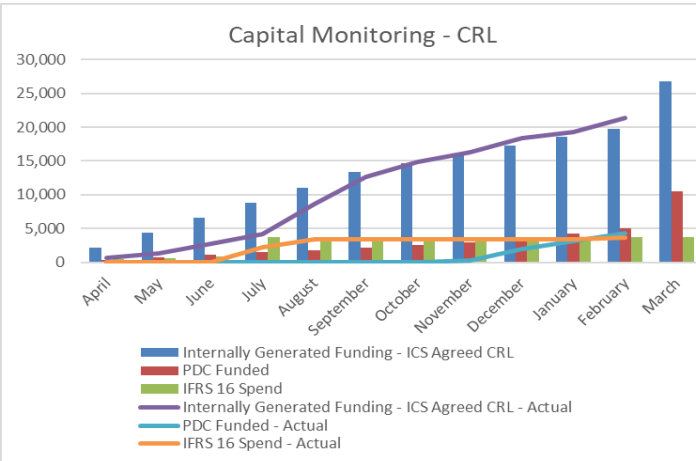
In month expenditure was overspent by £192k again linked to high cost drugs being used in excess of the values funded in block contracts with commissioners.

Cash Position

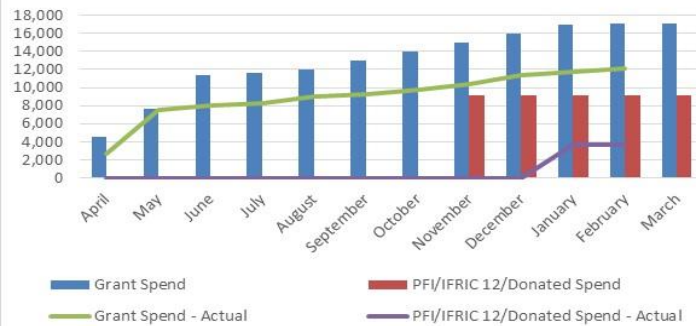


The cash balance as at 29th February 2024 was £18.7m, a £5.5m decrease on the previous month and a decrease of £3.3m on financial plan. The increase on plan is due to: £18.7m cash settlement of 22/23 pay award income netted out by £19.6m additional pay cost. Additional movements are £5.1m Staffs 22/23 income received in year; £6.5m additional LDA funding for 23/24 & £4.5m LDA Funding received earlier than planned; £38.6m higher ICS income; £20.0m cash benefit due to the aborted loan to DGFT; £4.2m Additional CRN income; £2.7m additional Vat recovery and £24.0m reduced capital spend (£7.0m due to timing on projects & £17.1m due to reduction in PDC). This is netted out by £16.8m less cash for PDC (£3.7m due to timing of EPR scheme & £13.1m reduction in PDC); £4.2m for PSDS due to timing of schemes; £45.9m additional pay costs and £47.2m additional non pay costs.

Capital



Capital Monitoring - no CRL



Better Payment Practice Code

The Better Payment Practice Code sets out a target for payment of 95%, in value and volume, to be paid within 30 days of receipt. The Trust's performance against this target is:

	M11 23/24	Cumulative	M10 23/24	Cumulative
Value	97%	95%	98%	96%
Volume	96%	94%	96%	94%

Debtor Days

Calculated Debtor Days for the year are:-

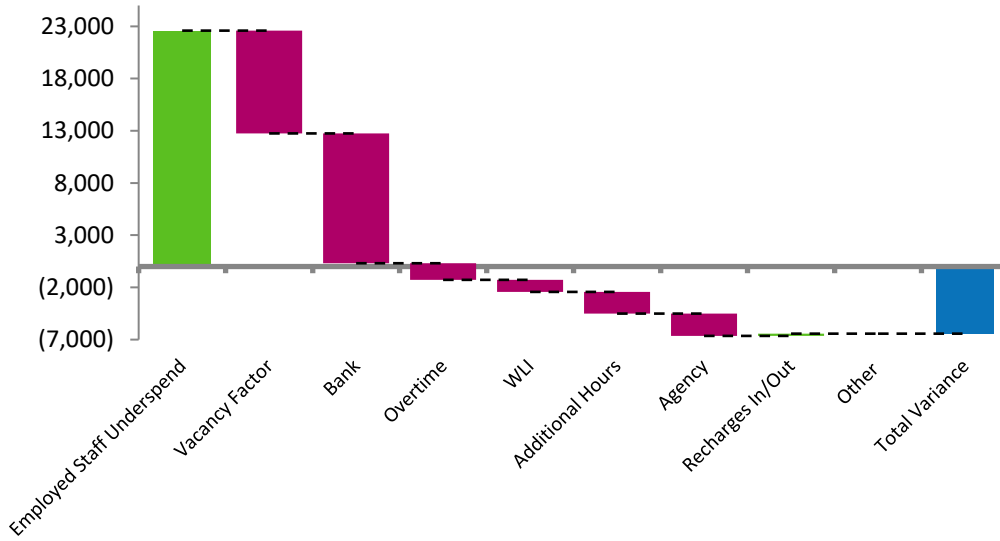
	M11 Actual	M10 Actual
Total	9.22	9.68
Being:-		
NHS	10.62	10.70
Non NHS	2.94	5.18

The Trust have spent £45.2m of capital YTD to 29th February 24, which is an underspend of £9.7m against forecast YTD capital spend of £54.9m. Of this £45.2m YTD spend:

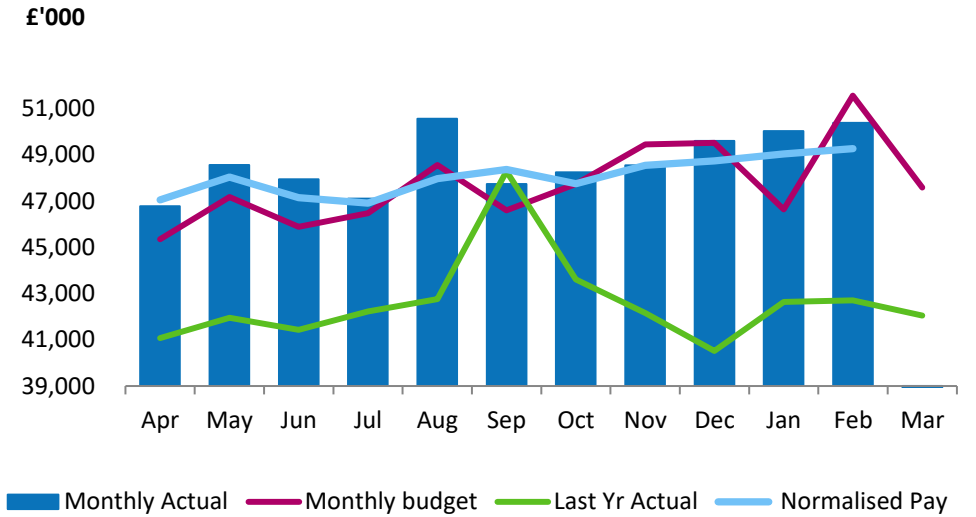
Capital CRL Monitoring - £21.4m relates to capital spend which the ICS is measured against, this is an overspend of £1.6m against Plan due to timing of orders. The Trust envisages meeting the ICS CRL of £26.8m, which is an increase from M10 of £1.5m due to additional ICS CRL allocation. There has been £4.3m spend YTD on PDC, creating variance to Plan of £0.7m, with additional £1.9m PDC for LED lightening. There was £3.7m spend YTD on IFRS 16 which is in line with Plan and no additional spend forecast for the year.

Capital Monitoring - non CRL - The balance of the capital YTD, £15.7m, relates to capital spend on grant funded items with £9.9m relating to PSDS Phase 3a; £0.9m ERDF grant and £1.3m relating to Phase 3b. This is variance of £5.0m against Planned Grant spend of £17.0m due to deferral of grant into 24/25 of £3.8m. There were no PFI additions in month, creating a variance against Plan of £5.5m. The Trust are forecasting to meet the reforecast capital expenditure spend for 23/24 of £63.6m, a decrease of £0.4m from M10 due to deferral of grant into 24/25 (£3.8m) offset by LED lightening PDC (£1.9m) and ICS additional CRL (£1.5m).

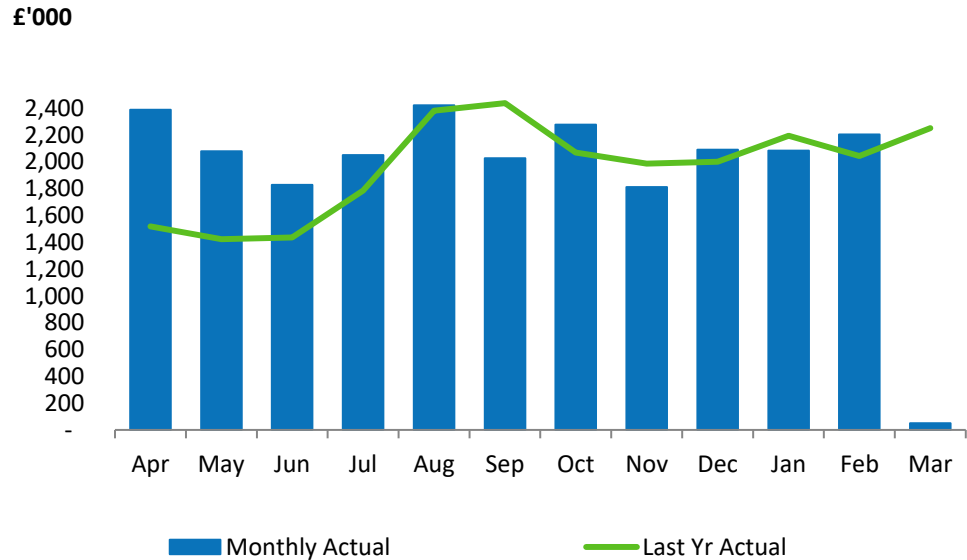
Year to Date Variance to plan



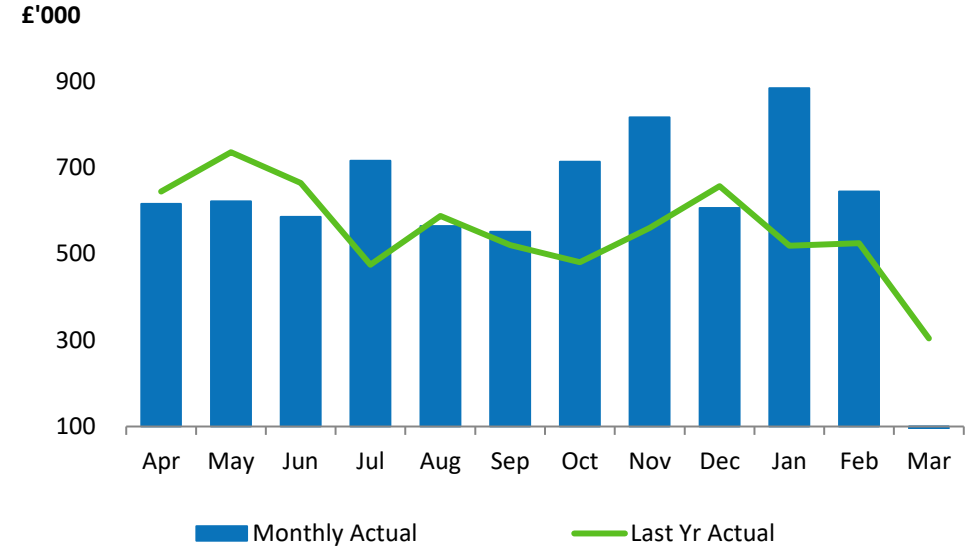
Total Pay Expenditure Trend



Bank Expenditure Trend



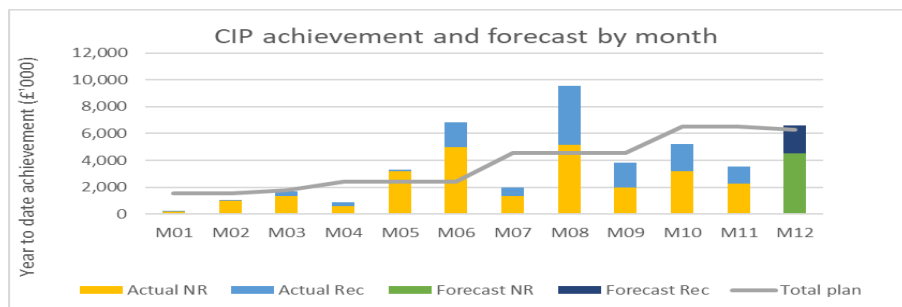
Agency Expenditure Trend



Cost Improvement

Division	YTD Plan	YTD Actual	Variance
Corporate	2,772	1,841	(932)
Division 1	12,785	5,412	(7,374)
Division 2	8,049	1,576	(6,474)
Division 3	5,919	4,163	(1,756)
Division 4	1	0	(1)
Estates And Facilities	2,816	1,336	(1,481)
Trustwide	6,515	23,727	17,213
(blank)	0	0	0
Grand Total	38,858	38,054	(804)

Division	Total target	FOT total	Variance
Corporate	3,270	2,055	(1,215)
Division 1	15,080	5,741	(9,339)
Division 2	9,494	1,703	(7,792)
Division 3	6,982	4,387	(2,594)
Division 4	1	0	(1)
Estates And Facilities	3,322	1,368	(1,953)
Trustwide	7,003	29,409	22,406
Grand Total	45,153	44,664	(489)



Against an in-month target of £6.5m, £3.6m has been achieved, which takes the YTD saving to £38.1m and £0.8m below plan.

The forecast is broadly in line with the Month 10 CIP forecast, with a slight reduction forecast in non-recurrent savings (£30k), however 99% of the total CIP target is expected to be delivered, with 29% (£13.1m) being achieved recurrently.

Work is ongoing to identify and start schemes that will deliver savings in 24/25 to ensure the CIP target can be met, with the focus on recurrent savings being identified and achieved and all non-recurrent savings achieved in year being reviewed to identify if they can be achieved recurrently.

Last Year to Date £'000	Current Month				Annual Budget £'000	Year to Date		
	Plan £'000	Actual £'000	Variance £'000			Plan £'000	Actual £'000	Variance £'000
				Income				
621,205	64,747	75,942	11,195	Patient Activity Income	729,975	667,341	680,600	13,259
1,107	127	81	(46)	Other Patient Care Income	1,521	1,394	1,261	(133)
4,299	0	0	0	Top Up Income	0	0	8	8
49,554	5,621	5,904	283	Education, Training & Research Income	56,989	52,296	53,385	1,089
28,722	322	373	51	Non Patient Care Other Income	17,321	17,321	12,069	(5,252)
357	64	52	(11)	Private Patient Income	988	933	817	(116)
77,379	8,117	8,135	18	Income on Directorate Budgets	94,393	86,070	85,331	(739)
782,623	78,997	90,487	11,490	Total Income	901,186	825,355	833,471	8,115
				Expenditure				
469,343	51,556	50,372	1,184	Directorate Expenditure Budgets - Pay	572,495	524,909	535,422	(10,513)
182,283	19,571	20,310	(738)	Directorate Expenditure Budgets - Non Pay	221,452	202,290	204,164	(1,874)
65,740	6,225	6,417	(193)	Directorate Expenditure Budgets - Drugs	74,897	68,879	71,520	(2,641)
0	(2,939)	0	(2,939)	Cost Improvement Savings	(4,290)	(1,151)	0	(1,151)
0	0	0	0	BCPS Savings	0	0	0	0
717,366	74,413	77,099	(2,686)	Total Expenditure	864,554	794,926	811,106	(16,180)
65,257	4,584	13,388	8,804	EBITDA Surplus/(Deficit)	36,632	30,429	22,365	(8,064)
26,961	2,971	2,809	162	Depreciation	33,099	30,141	29,614	527
2,422	3,640	3,674	(34)	Interest Payable	7,356	6,735	6,644	91
(1,700)	(121)	(145)	24	Interest Receivable	(2,763)	(2,626)	(2,790)	164
11,573	620	608	12	Other Charges	13,313	12,203	12,182	21
39,257	7,110	6,946	165	Other non operating items	51,005	46,454	45,651	803
26,000	(2,526)	6,442	8,968	Net Surplus/(Deficit) before Adjustments	(14,373)	(16,025)	(23,286)	(7,262)
(28,172)	2,681	2,467	(214)	Adjustments as per NHSI reported position	(12,377)	(12,856)	(8,694)	4,162
(2,172)	155	8,909	8,755	Adjusted Financial Performance as NHSI	(26,750)	(28,881)	(31,980)	(3,099)

Note : Adverse Variances in Brackets

2023/24 Balance Sheet as at 29th Feb 2024

	Feb 2024 Plan	Feb 2024 Actual	Jan 2024 Actual	Movement in Month	March 2023 Actual
	£000	£000	£000	£000	£000
NON CURRENT ASSETS					
Property, Plant and Equipment - Tangible Assets	523,118	502,734	501,476	1,258	486,739
Intangible Assets	8,619	5,458	5,542	(84)	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	1,597	1,597	0	4,634
TOTAL NON CURRENT ASSETS	533,146	511,215	510,041	1,175	498,660
CURRENT ASSETS					
Inventories	8,347	10,061	9,353	708	8,347
Trade and Other Receivables	48,913	66,488	51,836	14,652	59,564
Other Current Assets	0	0	0	0	0
Cash and cash equivalents	22,051	18,727	24,184	(5,457)	69,265
TOTAL CURRENT ASSETS	79,311	95,276	85,373	9,903	137,176
Non Current Assets Held for Sale	0	0	0	0	0
TOTAL ASSETS	612,457	606,491	595,414	11,077	635,836
CURRENT LIABILITIES					
Trade & Other Payables	(104,280)	(92,921)	(92,971)	50	(114,207)
Liabilities arising from PFIs / Finance Leases	(6,199)	(13,622)	(9,437)	(4,186)	(13,462)
Provisions for Liabilities and Charges	(3,098)	(7,934)	(7,752)	(182)	(4,201)
Other Financial Liabilities	(9,230)	(18,290)	(18,795)	505	(10,424)
TOTAL CURRENT LIABILITIES	(122,807)	(132,768)	(128,955)	(3,813)	(142,294)
NET CURRENT ASSETS / (LIABILITIES)	(43,496)	(37,492)	(43,581)	6,089	(5,118)
TOTAL ASSETS LESS CURRENT LIABILITIES	489,650	473,723	466,459	7,264	493,542
NON CURRENT LIABILITIES					
Trade & Other Payables	(287)	(193)	(208)	15	(287)
Other Liabilities	(16,118)	(22,360)	(8,124)	(14,236)	(5,470)
Provision for Liabilities and Charges	(1,780)	(1,780)	(1,780)	0	(1,780)
TOTAL NON CURRENT LIABILITIES	(18,185)	(24,334)	(10,112)	(14,221)	(7,537)
TOTAL ASSETS EMPLOYED	471,465	449,389	456,347	(6,957)	486,005
FINANCED BY TAXPAYERS EQUITY					
Public Dividend Capital	304,310	307,518	305,676	1,842	305,676
Retained Earnings	59,197	33,903	42,703	(8,799)	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	179	190	190	0	190
TOTAL TAXPAYERS EQUITY	471,465	449,389	456,347	(6,957)	486,005

2023/24 Cash Flow as at 29th February 2024

	Feb-24	Feb-24	Feb-24	Feb-24
	Plan £'000	Actual £'000	Variance £'000	In Month Movement £'000
OPERATING ACTIVITIES				
Total Operating Surplus/(Deficit) (gross of control total adjustments)	797	(7,249)	(8,047)	10,579
Depreciation	29,804	29,614	(190)	2,809
Fixed Asset Impairments	0	0	0	0
Capital Donation Income	(17,321)	(10,371)	6,950	0
Interest Paid	(3,250)	(1,636)	1,614	1,334
Dividends Paid	0	(6,226)	(6,226)	0
Release of PFI /Deferred Credit	0	0	0	0
(Increase)/Decrease in Inventories	0	(1,714)	(1,714)	(708)
(Increase)/Decrease in Trade Receivables	13,853	(7,611)	(21,464)	(14,652)
Increase/(Decrease) in Trade Payables	1,346	(12,611)	(13,957)	(723)
Increase/(Decrease) in Trade Payables Ann Leave Acc	0	(1,868)	(1,868)	(170)
Increase/(Decrease) in Other liabilities	0	7,866	7,866	(505)
Increase/(Decrease) in Provisions	0	3,825	3,825	182
Increase/(Decrease) in Provisions Unwind Discount	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	25,230	(7,980)	(33,210)	(1,853)
CASH FLOWS FROM INVESTING ACTIVITIES				
Interest Received	1,674	2,790	1,116	145
Payment for Property, Plant and Equipment	(70,012)	(52,785)	17,227	(3,740)
Payment for Intangible Assets	(4,085)	(953)	3,132	(45)
Receipt of cash donations to purchase capital assets	14,999	10,386	(4,613)	0
Proceeds from sales of Tangible Assets	0	30	30	22
Proceeds from Disposals	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	(57,424)	(40,533)	16,892	(3,618)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(32,194)	(48,513)	(16,318)	(5,471)
FINANCING				
New Public Dividend Capital Received	(8,146)	1,842	9,988	1,842
Capital Element of Finance Lease and PFI	(6,873)	(3,865)	3,008	(1,828)
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	(15,019)	(2,023)	12,996	14
INCREASE/(DECREASE) IN CASH	(47,213)	(50,536)	(3,322)	(5,457)
CASH BALANCES				
Opening Balance at 1st April 2023	69,265	69,265	0	0
Closing Balance at 31st December 2023	22,052	18,727	(3,324)	(5,457)

Paper for submission to the Trust Board Meeting to be held in Public on 16 April 2024 meeting

Title of Report:	Report of the Chief Financial Officer - Month 10	Enc No: 11.2
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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

Risk Register Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: SR15 23/24 is a significant challenge financial challenge, encompassing the following over a three-year period. <ul style="list-style-type: none"> • 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) : 20
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Changes to BAF Risk(s) & TRR Risk(s) agreed	None
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Resource Implications:	None
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Report Data Caveats This is a standard report using the previous month's data. It may be subject to cleansing and revision.

Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Well-led
	NHSE	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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
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Report	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
Journey/Destination or matters that may have been referred to	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (F&P)	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Other : TMC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: 23rd February 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
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Overview of Financial Performance

The Trust is reporting an in month adjusted deficit of £6.3m, this is £6.6m adverse to plan, this leads to a year to date deficit of £40.9m which is £1.9m behind plan.

Income is £1.5m behind plan in month and £3.4m adverse to plan YTD. This is made up of Patient activity income being £1.0m adverse to plan in month due to ERF performance below plan related to industrial action. YTD Patient activity income is above plan by £2.06m. There is an over recovery on Education and Research income in month £202k. This is offset by an underperformance on Directorate Income £77k (including hosted services) and Capital Grant funding £681k. Year to date the Trust have recognised £5.3m less Capital Grant Funding Income than plan, as this is matched to capital expenditure profiles and there has been timing delays against this plan (this is excluded from National Performance monitoring).

In month pay expenditure has overspent by £3.35m. This includes costs incurred in January providing cover for the Junior Doctors Strike amounting to £1.45m as well as overspends in Divisions largely related to temporary staffing cover including bank and agency doctors covering rota gaps £1.68m and £1.1m in nursing areas where bank has been used to cover leave, sickness, maternity and acuity related issues, this is offset by vacancies to the value of £768k. The underlying rate of pay remains consistent with the previous two months.

Non-pay is overspent in month by £187k. £0.45m of this is in hosted services where pathology has increased spending on cancer diagnostics. This is offset by an underspend in clinical areas due to lower than planned activity levels due to the junior doctors strikes.

Drugs has an overspend in month of £998k this predominantly relates to high cost drugs that funded on a block arrangement.

Year to date the position is also overspent, Pay is £11.7m overspent including, £9m medical staffing cover, £6.3m nursing cover for sickness etc, vacancies in other areas partially offset this cost.

Non pay is overspent by £1.2m and Drugs is £2.4m 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 £64.9m for the year, (an increase of £4.2m from month 9 due to additional diagnostic PDC and £4.0m additional ICS CRL); these are CRL totalling £25.3m, and PDC £8.8m, both monitored as part of our statutory duty by NHSE, and additionally Grant funding from PSDS and ERDF of £17.1m, IFRIC 12 related capital spend of £9.2m, and IFRS 16 new or renewed leases £3.7m.

YTD capital is underspent by £11.4m, with a capital spend of £41.2m YTD. ICS CRL spend is £0.9m ahead of plan due to timing of orders, with FOT forecasting to be met, including the additional £4.0m ICS CRL allocation.

PDC capital - there is an underspend of £1.1m 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 £8.6m, an increase of £0.4m from month 9 for diagnostic PDC.

Grant funding has a YTD variance of £5.3m, 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 £3.7m which is due to a delay in assets in being replaced causing a variance of £5.5m.

Reference Pack

Report of the Chief Financial Officer

Finance Report

January 2024 - Month 10



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Capital and Cash	7
Pay Expenditure	8
Cost Improvement Programme and Reserves	9
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Appendix A	Income & Expenditure Account 10
Appendix B	Statement of Financial Position 11
Appendix C	Cash Flow 12

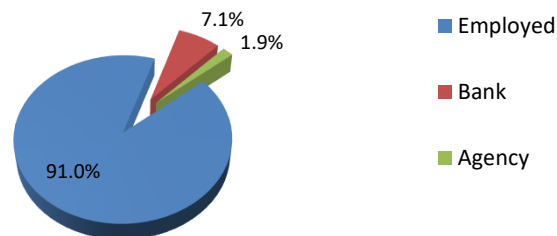
Income & Expenditure Position

(see page 5)

	In Mth Actual	YTD Actual
	£'m	£'m
Income		
1. Patient income	60.86	604.66
2. Other income	13.44	138.33
Total	74.30	742.98
Expenditure	80.60	783.87
Surplus/ (deficit)	(6.30)	(40.89)
Planned surplus/(deficit)	0.32	(29.04)
Variance to plan	(6.62)	(11.85)

Workforce

(see page 8)



Patient Income

Elective recovery fund activity to date is £3.9m above the revised national expectation. Other variable income is £1.1m above plan. All other income is within the block.

Actual Outturn

(see page 5)

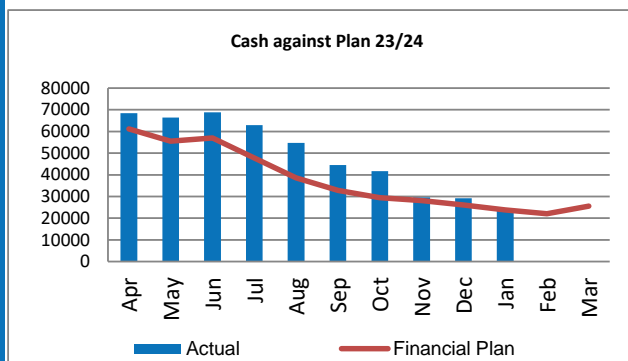
£6.3m deficit in month
(£6.6m adverse to plan)

£40.9m deficit year to date
(£11.9m adverse to plan)

Cash in the Bank

(see page 7)

Plan £23.9m
Actual £24.2m



Covid-19 Expenditure

In month 10 there was expenditure of £146k on testing and £51k on Covid Medicines Delivery Unit. (Year to date £1.266m and £434k respectively).

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

Cost Improvement Programme (CIP)

(see page 9)

In month delivery of £5.2m against a plan of £6.5m.

Forecast achievement of £44.7m against a plan of £45.2m, of which 29% (£13.1m) is recurrent.

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£m	22/23			23/24										YTD Avg	Move-ment
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
Patient Income															
1 Plan	58.17	58.41	97.46	54.90	58.57	57.27	58.21	60.31	61.30	58.31	70.22	61.69	61.84	60.08	1.75
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	60.86	60.42	0.44
3 Variance	(0.38)	(0.23)	2.99	(1.42)	0.92	1.82	0.20	1.87	(1.42)	0.74	(1.37)	1.70	(0.97)	0.34	(1.31)
Non Patient Income															
4 Plan	13.07	14.23	30.98	16.32	15.75	16.37	12.57	13.34	12.22	15.21	13.42	14.58	13.97	14.42	(0.45)
5 Actual	14.40	18.15	17.82	14.65	16.99	12.99	12.44	13.13	11.74	14.74	13.37	14.84	13.44	13.88	(0.44)
6 Variance	1.33	3.92	(13.16)	(1.67)	1.24	(3.38)	(0.13)	(0.21)	(0.48)	(0.47)	(0.05)	0.26	(0.54)	(0.54)	0.01
Pay Expenditure															
7 Plan	40.89	43.28	82.72	45.35	47.17	45.88	46.48	48.56	46.60	47.73	49.44	49.51	46.67	47.41	0.75
8 Actual	42.64	42.71	82.05	46.78	48.56	47.93	47.10	50.55	47.73	48.24	48.54	49.60	50.02	48.34	(1.68)
9 Variance	(1.75)	0.57	0.67	(1.43)	(1.39)	(2.05)	(0.63)	(2.00)	(1.14)	(0.51)	0.90	(0.08)	(3.35)	(0.92)	2.43
Non Pay Expenditure															
10 Plan	17.43	19.31	18.47	19.07	18.44	17.54	19.59	17.84	15.14	19.04	18.52	18.88	18.63	18.23	(0.40)
11 Actual	15.85	17.87	24.20	17.52	16.54	17.59	18.61	18.47	16.10	19.89	19.82	20.49	18.82	18.34	(0.48)
12 Variance	1.59	1.43	(5.72)	1.55	1.89	(0.05)	0.97	(0.63)	(0.95)	(0.85)	(1.30)	(1.61)	(0.19)	(0.11)	0.08
Drugs Expenditure															
13 Plan	5.97	5.70	6.03	5.89	6.08	6.31	6.21	6.16	6.44	6.44	6.35	6.38	6.39	6.25	(0.14)
14 Actual	6.47	5.83	6.56	5.66	6.09	6.59	6.27	6.40	7.00	6.33	6.98	6.39	7.39	6.41	(0.98)
15 Variance	(0.50)	(0.12)	(0.54)	0.23	(0.02)	(0.28)	(0.06)	(0.24)	(0.56)	0.11	(0.63)	(0.01)	(1.00)	(0.16)	0.84
CIP over/ (under) achievement															
16 Variance	(0.74)	(1.44)	0.58	(1.39)	(0.57)	(0.08)	(1.53)	0.88	4.42	(2.72)	4.81	(0.74)	(1.28)	0.34	1.62
BCPS Savings over/ (under) achievement															
16 Variance	(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	0.00
Reserves supporting position															
17 Actual	2.50	0.95	(0.31)	(1.39)	(0.57)	(0.08)	(1.53)	0.88	4.42	(2.72)	4.81	(0.74)	(1.28)	0.00	0.00
Other Non Operating Expenditure															
18 Plan	(3.80)	(3.84)	(3.83)	(4.99)	(5.05)	(5.10)	(5.10)	(4.73)	(4.80)	(5.08)	(5.53)	(5.52)	(5.62)	(3.89)	(0.40)
19 Actual	(3.54)	(3.52)	(2.04)	(4.92)	(4.95)	(4.89)	(4.88)	(4.98)	(5.04)	(5.08)	(5.17)	(5.30)	(5.39)	(3.84)	(0.26)
20 Variance	0.26	0.32	1.79	0.07	0.09	0.21	0.23	(0.26)	(0.24)	0.01	0.36	0.21	0.23	0.05	(0.14)
Total															
Plan	1.54	1.10	17.18	(1.29)	(1.27)	(1.05)	(3.53)	(5.39)	(8.30)	0.67	(5.82)	(2.54)	1.06		
Actual	3.69	6.41	3.42	(6.76)	0.33	(4.92)	(6.02)	(5.09)	(4.26)	(5.75)	1.71	(3.55)	(7.32)		
Variance	2.16	5.31	(13.76)	(5.46)	1.60	(3.88)	(2.49)	0.30	4.04	(6.41)	7.52	(1.01)	(8.38)		

Commentary on variances and trends:

Patient Income - The variable element ERF overperformance has been included in the position of £3.9m for this year so far, with the target increasing in January in line with national expectation. Due to industrial action ERF was below plan by £0.85m in month. Up to January the NHSE variable element is overperforming by £1.1m, £0.4m for diagnostic imaging and chemotherapy and £0.7m for devices.

Non-Patient Income - excluding grant funding for capital schemes, in month non-patient income decreased by £713k compared to prior month. This was partly due to moving £358k from income to net pay recharges and £262k also moved to patient income Private Patient income decreased by £25k.

In terms of variance, Education and Research income was over plan by £202k Hosted service CRN and internal research account for £100k of this, these are matched to additional expenditure. Education income from NHSE was also above plan. Grant income was also under by £681k due to the timing of grant funded capital schemes (this element is excluded from the final reported position).

Pay - increased in month by £423k. The cost of cover for the Junior Doctors Industrial Action increased by £782k to £1.46m. Christmas bank holiday enhancements were also paid totalling £385k. There was a reduction in costs due to reclassifying £358k from income (see above).

There was an overspend of £3.35m during the month. Within this there is £1.46m of Junior Doctor strike cover payments. Other significant areas were:

Division 1: (£878k) Including £372k cover for Medical staff rota gaps and absences, £379k for nursing and midwifery acuity and absence cover.

Division 2: (£1.24m) Including £716k cover for Medical staff rota gaps and absences, £240k for nursing and midwifery acuity and absence cover along with £122k for Mental Health nursing cover.

Division 3: (£81k) Including £588k cover for Medical staff gaps and absences.

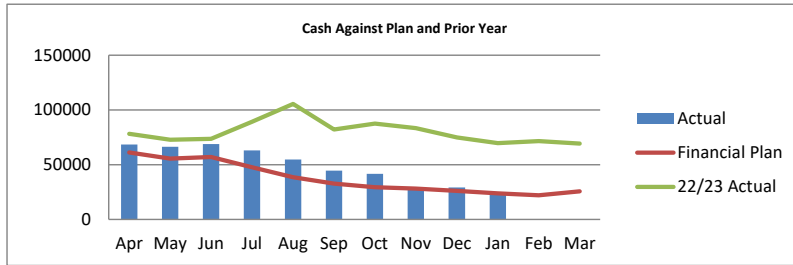
Non-Pay - A decrease in the run rate compared to the previous month of £1.67m. Of this £422k was in CRN Hosted Services. There was also a large decrease of £960k in Division 1 relating to reduced activity due to strike action. The balance was largely due to receiving invoices for molecular testing for Q1 and 2 which were lower than had been assumed in previous accruals.

In terms of variance there is an overspend of £188k. The significant area was within BCPS (Hosted Service) £451k due to additional cancer diagnostic costs. This cost is recharged to partner organisations.

Drugs - Expenditure was £1m higher in month 10 than in month 9. This was due to high cost drugs usage linked to activity.

In month expenditure was overspent by £998k again linked to high cost drugs being used in excess of the values funded in block contracts with commissioners.

Cash Position



The cash balance as at 31st January 2024 was £24.1m, a £5.1m decrease on the previous month and an increase of £0.3m 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; £35.1m higher ICS income; £20.0m cash benefit due to the aborted loan to DGFT; and £24.0m reduced capital spend (£8.7m due to timing on projects & £15.3m due to reduction in PDC). This is netted out by £16.8m less cash for PDC (£3.3m due to timing of EPR scheme & £13.5m reduction in PDC); £4.2m for PSDS due to timing of schemes; £40.4m additional pay costs and £38.7m 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:

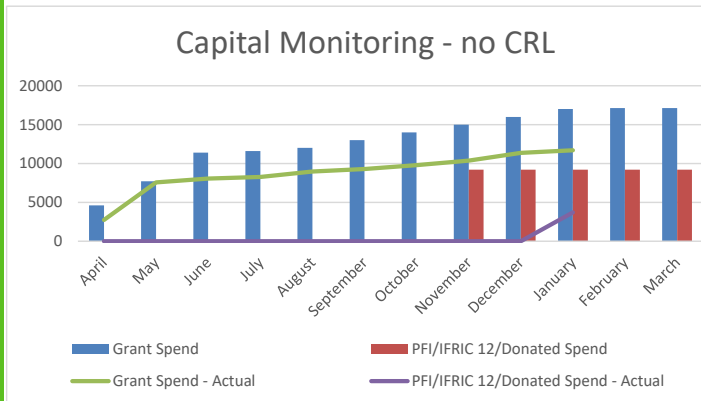
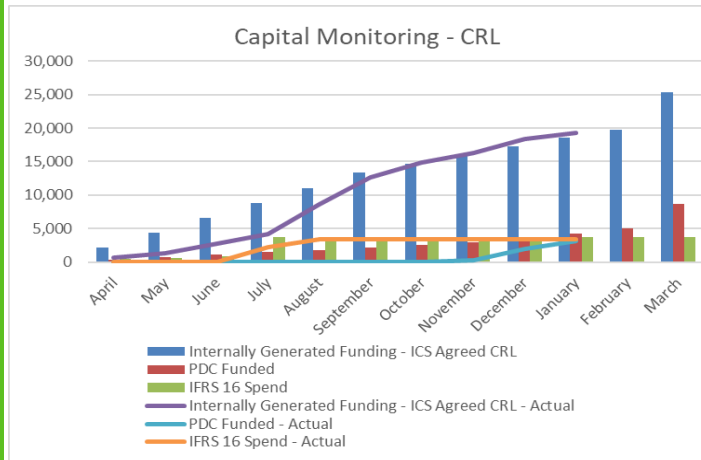
	M10 23/24	Cumulative	M9 23/24	Cumulative
Value	98%	95%	97%	95%
Volume	96%	94%	96%	94%

Debtor Days

Calculated Debtor Days for the year are:-

	M10 Actual	M9 Actual
Total	9.68	10.95
Being:-		
NHS	10.70	12.34
Non NHS	5.18	4.84

Capital



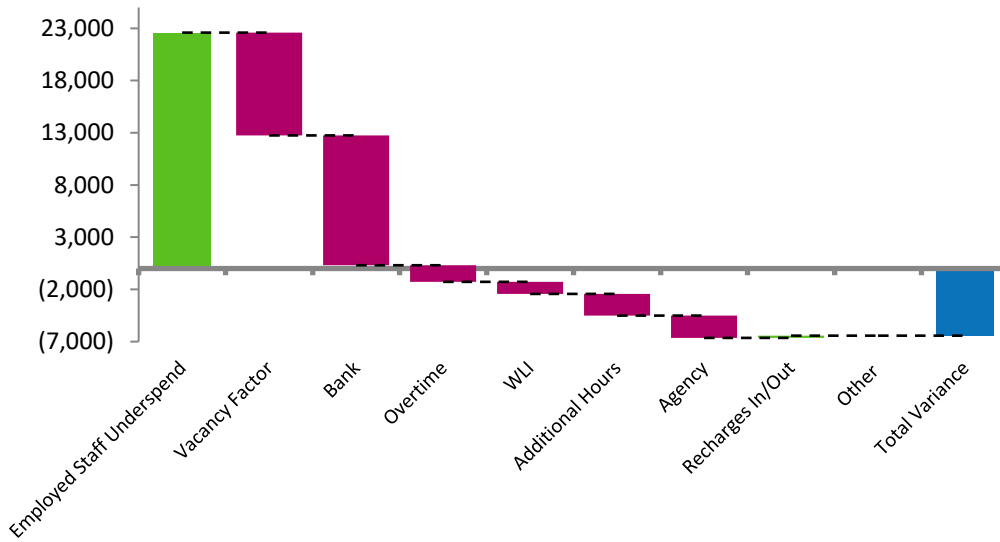
The Trust have spent £41.2m of capital YTD to 31st January 24, which is an underspend of £11.4m against forecast YTD capital spend of £52.7m. Of this £41.2m YTD spend:

Capital CRL Monitoring - £19.3m relates to capital spend which the ICS is measured against, this is an overspend of £0.9m against Plan due to timing of orders. The Trust envisages meeting the ICS CRL of £25.3m, which is an increase from M9 of £4.0m due to additional ICS CRL allocation. There has been £3.1m spend YTD on PDC due to delay in approval of EPR business case creating variance to Plan of £1.1m. There was £3.4m spend YTD on IFRS 16 with only one lease left to be commercial agreed (anticipating March 24).

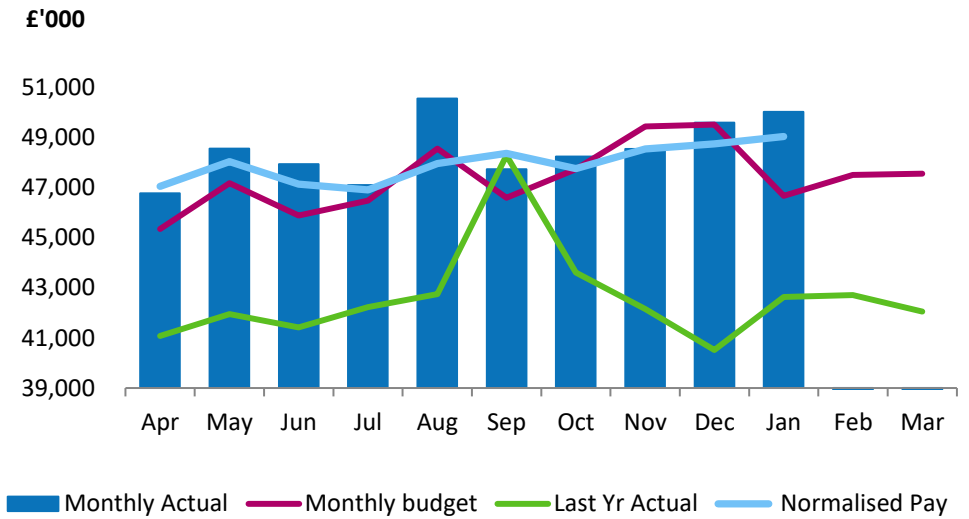
Capital Monitoring - non CRL - The balance of the capital YTD, £15.4m, relates to capital spend on grant funded items with £9.9m relating to PSDS Phase 3a; £0.9m ERDF grant and £0.9m relating to Phase 3b. This is variance of £5.3m against Planned Grant spend of £17.0m due to timing of orders. There were £3.7m PFI additions in month, creating a variance against Plan of £5.5m.

The Trust are forecasting to meet the reforecast capital expenditure spend for 23/24 of £64.0m, an increase of £4.2m from M9 due to additional ICS CRL and diagnostic PDC.

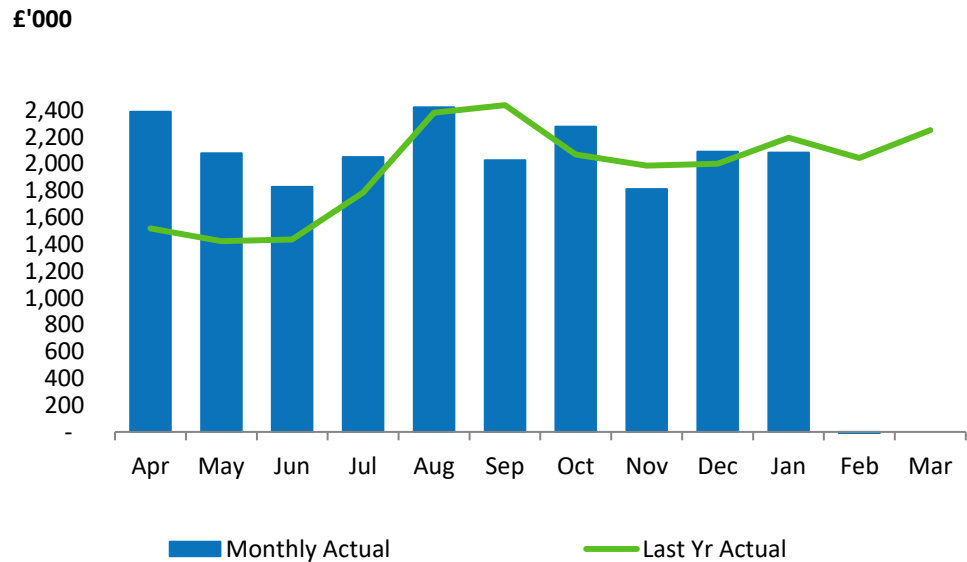
Year to Date Variance to plan



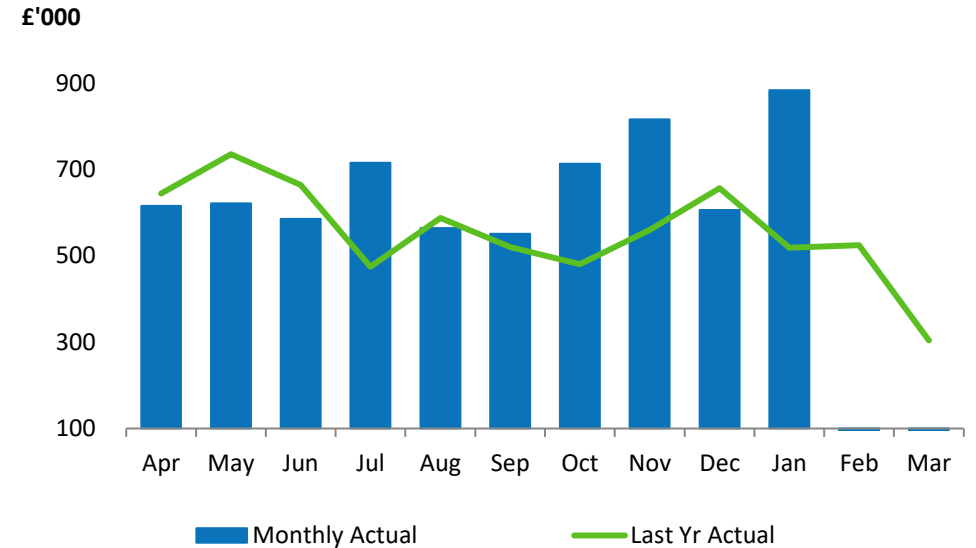
Total Pay Expenditure Trend



Bank Expenditure Trend



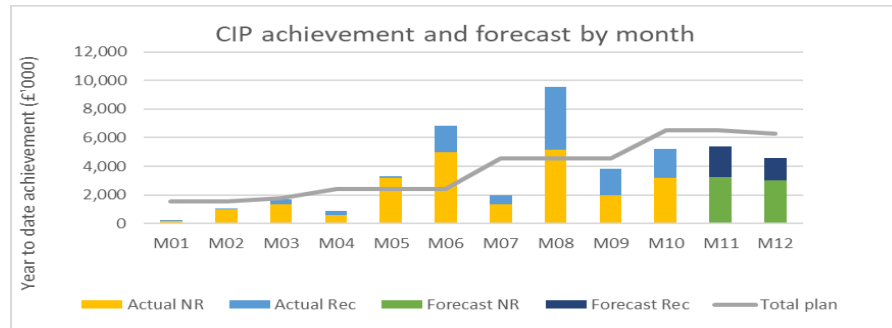
Agency Expenditure Trend



Cost Improvement

Division	YTD Plan	YTD Actual	Variance
Corporate	2,256	1,775	(481)
Division 1	10,405	4,938	(5,467)
Division 2	6,551	1,387	(5,164)
Division 3	4,817	3,890	(927)
Division 4	1	0	(1)
Estates And Facilities	2,292	1,301	(991)
Trustwide	6,033	21,232	15,199
(blank)	0	0	0
Grand Total	32,356	34,523	2,167

Division	Total target	FOT total	Variance
Corporate	3,270	2,106	(1,164)
Division 1	15,080	5,893	(9,188)
Division 2	9,494	1,526	(7,968)
Division 3	6,982	4,181	(2,801)
Division 4	1	0	(1)
Estates And Facilities	3,322	1,432	(1,890)
Trustwide	7,003	29,572	22,569
Grand Total	45,153	44,709	(443)



Following the identification of further non-recurrent savings, the forecast has been increased to £44.7m, however this has now reduced recurrent savings to 29% of the total savings achieved (£13.1m). Work is ongoing to support the identification of and planning for CIP schemes for 24/25.

Last Year to Date £'000	Current Month				Annual Budget £'000	Year to Date		
	Plan £'000	Actual £'000	Variance £'000			Plan £'000	Actual £'000	Variance £'000
				Income				
563,021	61,837	60,864	(973)	Patient Activity Income	725,724	602,595	604,658	2,064
949	127	172	45	Other Patient Care Income	1,521	1,267	1,180	(87)
3,865	0	0	0	Top Up Income	0	0	8	8
44,460	4,929	5,131	202	Education, Training & Research Income	55,931	46,675	47,481	806
24,700	1,000	319	(681)	Non Patient Care Other Income	17,321	16,999	11,697	(5,302)
330	123	98	(26)	Private Patient Income	979	869	765	(105)
68,964	7,793	7,716	(77)	Income on Directorate Budgets	93,936	77,953	77,196	(758)
706,289	75,810	74,300	(1,510)	Total Income	895,412	746,358	742,984	(3,375)
				Expenditure				
426,637	46,666	50,018	(3,352)	Directorate Expenditure Budgets - Pay	568,448	473,386	485,050	(11,665)
164,410	18,629	18,817	(188)	Directorate Expenditure Budgets - Non Pay	220,652	182,686	183,854	(1,168)
59,912	6,394	7,393	(999)	Directorate Expenditure Budgets - Drugs	74,514	62,654	65,103	(2,448)
0	(1,279)	0	(1,279)	Cost Improvement Savings	(4,821)	1,788	0	1,788
0	0	0	0	BCPS Savings	0	0	0	0
650,958	70,410	76,228	(5,818)	Total Expenditure	858,793	720,513	734,007	(13,493)
55,331	5,400	(1,928)	(7,328)	EBITDA Surplus/(Deficit)	36,619	25,845	8,977	(16,868)
24,444	2,971	2,813	158	Depreciation	33,091	27,170	26,805	365
2,216	310	301	9	Interest Payable	3,715	3,095	2,970	125
(1,453)	(146)	(170)	24	Interest Receivable	(2,763)	(2,505)	(2,645)	140
10,529	1,158	1,158	0	Other Charges	13,900	11,583	11,574	9
35,737	4,294	4,102	192	Other non operating items	47,944	39,344	38,705	638
19,594	1,106	(6,030)	(7,136)	Net Surplus/(Deficit) before Adjustments	(11,325)	(13,498)	(29,729)	(16,230)
(24,203)	(783)	(266)	517	Adjustments as per NHSI reported position	(15,425)	(15,537)	(11,161)	4,376
(4,609)	323	(6,296)	(6,619)	Adjusted Financial Performance as NHSI	(26,750)	(29,035)	(40,889)	(11,854)

Note : Adverse Variances in Brackets

2023/24 Balance Sheet as at 31st Jan 2024

	<u>Jan 2024</u> <u>Plan</u>	<u>Jan 2024</u> <u>Actual</u>	<u>Dec 2023</u> <u>Actual</u>	<u>Movement</u> <u>in Month</u>	<u>March 2023</u> <u>Actual</u>
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
NON CURRENT ASSETS					
Property, Plant and Equipment - Tangible Assets	522,551	501,476	497,830	3,645	486,739
Intangible Assets	8,371	5,542	5,503	38	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	1,597	4,634	(3,038)	4,634
TOTAL NON CURRENT ASSETS	532,331	510,041	509,394	646	498,660
CURRENT ASSETS					
Inventories	8,347	9,353	9,801	(448)	8,347
Trade and Other Receivables	48,913	51,836	55,687	(3,851)	59,564
Other Current Assets	0	0	0	0	0
Cash and cash equivalents	23,880	24,184	29,248	(5,064)	69,265
TOTAL CURRENT ASSETS	81,140	85,373	94,736	(9,363)	137,176
Non Current Assets Held for Sale	0	0	0	0	0
TOTAL ASSETS	613,471	595,414	604,131	(8,717)	635,836
CURRENT LIABILITIES					
Trade & Other Payables	(106,542)	(92,971)	(93,944)	973	(114,207)
Liabilities arising from PFIs / Finance Leases	(6,199)	(9,437)	(8,969)	(468)	(13,462)
Provisions for Liabilities and Charges	(3,190)	(7,752)	(7,630)	(122)	(4,201)
Other Financial Liabilities	(9,338)	(18,795)	(21,195)	2,400	(10,424)
TOTAL CURRENT LIABILITIES	(125,269)	(128,955)	(131,738)	2,784	(142,294)
NET CURRENT ASSETS / (LIABILITIES)	(44,129)	(43,581)	(37,002)	(6,580)	(5,118)
TOTAL ASSETS LESS CURRENT LIABILITIES	488,202	466,459	472,393	(5,934)	493,542
NON CURRENT LIABILITIES					
Trade & Other Payables	(287)	(208)	(222)	15	(287)
Other Liabilities	(16,743)	(8,124)	(8,013)	(111)	(5,470)
Provision for Liabilities and Charges	(1,780)	(1,780)	(1,780)	0	(1,780)
TOTAL NON CURRENT LIABILITIES	(18,810)	(10,112)	(10,016)	(96)	(7,537)
TOTAL ASSETS EMPLOYED	469,392	456,347	462,377	(6,030)	486,005
FINANCED BY TAXPAYERS EQUITY					
Public Dividend Capital	302,498	305,676	305,676	0	305,676
Retained Earnings	58,934	42,703	48,733	(6,030)	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	469,392	456,347	462,377	(6,030)	486,005

2023/24 Cash Flow as at 31st January 2024

	Jan-24	Jan-24	Jan-24	Jan-24
	Plan £'000	Actual £'000	Variance £'000	In Month Movement £'000
OPERATING ACTIVITIES				
Total Operating Surplus/(Deficit) (gross of control total adjustments)	(797)	(17,828)	(17,031)	(4,741)
Depreciation	26,894	26,805	(89)	2,813
Fixed Asset Impairments	0	0	0	0
Capital Donation Income	(16,999)	(10,371)	6,628	0
Interest Paid	(2,955)	(2,970)	(15)	(301)
Dividends Paid	0	(6,226)	(6,226)	0
Release of PFI /Deferred Credit	0	0	0	0
(Increase)/Decrease in Inventories	0	(1,006)	(1,006)	448
(Increase)/Decrease in Trade Receivables	13,853	7,041	(6,812)	3,851
Increase/(Decrease) in Trade Payables	5,079	(11,887)	(16,966)	(2,373)
Increase/(Decrease) in Trade Payables Ann Leave Acc	0	(1,698)	(1,698)	(170)
Increase/(Decrease) in Other liabilities	0	8,371	8,371	(2,400)
Increase/(Decrease) in Provisions	0	3,643	3,643	122
Increase/(Decrease) in Provisions Unwind Discount	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	25,074	(6,127)	(31,201)	(2,751)
CASH FLOWS FROM INVESTING ACTIVITIES				
Interest Received	1,575	2,645	1,070	170
Payment for Property, Plant and Equipment	(67,115)	(49,045)	18,069	(5,149)
Payment for Intangible Assets	(3,712)	(908)	2,804	(167)
Receipt of cash donations to purchase capital assets	14,999	10,386	(4,613)	0
Proceeds from sales of Tangible Assets	0	8	8	0
Proceeds from Disposals	0	0	0	0
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	(54,253)	(36,915)	17,338	(5,146)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	(29,178)	(43,041)	(13,863)	(7,896)
FINANCING				
New Public Dividend Capital Received	(9,958)	0	9,958	0
Capital Element of Finance Lease and PFI	(6,248)	(2,038)	4,210	2,832
NET CASH INFLOW/(OUTFLOW) FROM FINANCING	(16,206)	(2,038)	14,168	2,832
INCREASE/(DECREASE) IN CASH	(45,384)	(45,079)	306	(5,064)
CASH BALANCES				
Opening Balance at 1st April 2023	69,265	69,265	0	0
Closing Balance at 31st December 2023	23,881	24,184	304	(5,064)

Paper for submission to the Trust Board Meeting to be held in Public on 16 April 2024

Title of Report	Audit Committee Chair Assurance Report	Enc No: 11.3
Author:	Julie Jones, Chair of Audit Committee	
Presenter:	Julie Jones, Chair of Audit Committee	
Date(s) of Committee/Group Meetings since last Board meeting:	6 February 2024	

Action Required of Committee/Group			
Decision	Approval	Discussion	Received/Noted/For Information
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recommendations: The Board is asked to note the feedback from the meeting of the Audit Committee on 6 February 2024.			

Implications of the Paper			
Changes to BAF Risk(s) & TRR Risk(s) agreed	None.		
	Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):		
Compliance and/or Lead Requirements	CQC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Counter fraud
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details: External audit, counter fraud
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details: CIP, counter fraud

Summary of Key Issues:
See 'alert' section below.

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

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

EXCEPTION REPORT FROM AUDIT COMMITTEE CHAIR

ALERT

- The committee again discussed strategic risk 15 regarding the Trust and system deficit position and the negative assurances regarding the Cost Improvement Plan.

ADVISE

- Positive assurance was received from the Q2 Security & Car Parking Report although the issues around insufficient parking at New Cross were discussed together with the need to promote more use of off-site parking.
- The internal audit of Budgetary Control reported a negative assurance conclusion of '*partial assurance*'. Improvements are in progress to rectify the control weaknesses identified.
- The number of responses to the Counter Fraud Culture Survey was very low and work will continue with the Communications Team to promote the questionnaire to Trust staff.
- KPMG presented their external audit plan and noted their increased assessment of 'fraud risk' relating to the potential for management override of controls regarding the completeness of expenditure. This is in response to the forecast deficit position at 31 March 2024.

ASSURE

- Overall positive assurance was received from the NHS England Cyber Audit, with work having commenced to rectify the vulnerabilities highlighted.
- The results of the Phishing Training Simulation Exercise in December 2023 saw an improvement on previous exercises, with fewer staff clicking on the link. The results of the next upcoming exercise will be reported to May committee.
- The Local Counter Fraud Specialists are continuing to give positive assurance and drive a counter fraud culture at the Trust.
- The Committee obtained additional background information regarding two retrospective contract awards presented to F&PC for approval: the CDC extension and Diabetes Pumps and Continuous Glucose Monitoring.

MATTERS FOR THE BOARD'S ATTENTION

- The Board is asked to approve Losses and Special Payment write-offs as recommended by the committee.
- The committee approved to change the 2023/24 internal audit plan in order to include a review of Discharge Management and Data Quality – ICB Metrics.

ACTIVITY SUMMARY

Presentations/Reports of note received including those Approved

See assurance detailed above.

Matters presented for information or noting

Nothing of significance in addition to those mentioned above.

Chair's comments on the effectiveness of the meeting:

It was an effective meeting but would benefit in future from increased open discussion on the Trust's strategic risks.

Chairs Summary Log for Audit Committee, date of Log 6 February 2024

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> The Strategic Risk 15 regarding the Trust and system deficit position and the negative assurances regarding the Cost Improvement Plan 	<ul style="list-style-type: none"> Retrospective contract awards investigation ongoing.
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> Positive assurance was received from the Q2 Security & Car Parking Report although the issues around insufficient parking at New Cross were discussed together with the need to promote more use of off-site parking. Overall positive assurance was received from the NHS England Cyber Audit, with work having commenced to rectify the vulnerabilities highlighted. The results of the Phishing Training Simulation Exercise in December 2023 saw an improvement on previous exercises, with fewer staff clicking on the link. The Local Counter Fraud Specialists are continuing to give positive assurance and drive a counter fraud culture at the Trust. The Committee obtained additional background information regarding two retrospective contract awards presented to F&PC for approval: the CDC extension and Diabetes Pumps and Continuous Glucose Monitoring. 	<ul style="list-style-type: none"> Recommended losses and special payments report to Board for approval. Approved change to internal audit plan to include a review of Discharge Management and Data Quality – ICB Metrics.

Paper for submission to the Trust Board Meeting to be held in Public on 16th April 2024

Title of Report	Quality Committee	Enc No: 11.4
Author:	Louise Toner	
Presenter:	Louise Toner	
Date(s) of Committee/Group Meetings since last Board meeting:	21 st February 2024 20 th March 2024	

Action Required of Committee/Group			
Decision	Approval	Discussion	Received/Noted/For Information
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recommendations:			
The Board is asked to note the contents of the report.			

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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trusts compliance with CQC standards
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details: : Contribution to the Trusts compliance with NHS Oversight Framework Requirements
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details: : Contribution to the Trusts compliance with Health and safety Standards
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details: : Contribution to the Trusts compliance with legal frameworks
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details: : Contribution to the
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details: N/A

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

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

EXCEPTION REPORT FROM QUALITY COMMITTEE CHAIR

ALERT

The Trust remains in Tier 2 scrutiny in respect of our cancer performance, and as expected, the 62-day combined standard set for the end of March 2024, will not be achieved.

The Trust has received a Standardised Mortality Ratio (SMR) Letter from the National Stroke Team identifying that the trust is an outlier in respect of Stroke mortality between 2021 and 2023. An external review of the service is being undertaken by Kings College. Further updates will be provided as more information becomes available.

A repeat monitoring exercise regarding Nitrous Oxide levels in the Delivery Suite has identified more areas that are non-compliant in comparison with the result of an initial exercise over 12 months ago. The nature of the estate and associated ventilation challenges make this particularly challenging for the Trust to resolve. The issue has been escalated to the division and beyond with discussion taking place replacing this as a risk on the Trust Risk Register.

ADVISE

The Trust met the 28-day faster cancer diagnosis in February and is on track to meet in March 2024. The 62-day traditional backlog standard is also on track to be achieved by the end of March 2024.

C Difficile numbers remain above trajectory and the report following an ICS visit in January has now been received. This confirmed the verbal feedback at the time of the visit.

Following the attempted abduction of a baby from the Neonatal Unit, a tabletop review of the incident has been completed. The associated learning in respect of the neonatal unit and the wider hospital is being actioned.

Following a decision to set the Trust Risk Register at 15 as opposed to 12 moving forward, 16 risks are awaiting removal from the Trust Risk Register to the appropriate Divisional Risk Registers.

There have been 8 cases of MRSA on the Neonatal Unit and, as a result, education and training has been and continues to be delivered as a joint exercise with the Infection Prevention and Control Team. It is recognised that there are challenges with the Estate and a Business Plan has been submitted to facilitate improvements; there has been no decision on what action may be taken.

ASSURE

The Trust is meeting the 4-hour Emergency Care Standard is being met by the Trust.

Following the CNST submission, the Trust was asked to provide additional evidence regarding Safety Action 1 which has provided and, as a result, the Trust has been deemed compliant with all the CNST requirements

The Adult Safeguarding Team is now at to full establishment.

It is anticipated that the 78-week elective care target will be met by the end of March. (15 patients waiting).

MATTERS FOR THE BOARD'S ATTENTION

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

Histopathology turnaround times remain challenging and within RWT once printers are in place paper requests will no longer be accepted. This will be a pilot with the results used to encourage other trusts to use electronic request using the ICE system. Not all Trusts use ICE.

Other diagnostic modalities remain challenging, but some are showing small improvements

The SMR Letter received by the Trust does accurately reflect the situation regarding stroke data over the period 2021-2023. However, following an earlier alert a great deal of work has taken place which has resulted in improvements in the SMR and the SHMI. Further the SNAPP audit data has also demonstrated improvements. The Trust will respond to the National Stroke Team a copy of which will be forwarded to the CQC.

New Sepsis guidelines have been received and processes are in place to assist staff to apply the revised standard. However, the required upgrade to VITALS is not scheduled until December 2024; this is being challenged by the Chief Nursing Officers.

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

A further alert regarding the use of Valproate was received by the Trust. It was reported that the challenge relates to the requirement to have two signatories one of which must be a consultant. Patients are clearly identified so there is no associated patient harm.

This has been a very busy time for the team given their role within the Trusts and with the wider Community challenges e.g. Domestic Homicide Reviews. The team are now up to full establishment and whilst the Level 3 Safeguarding Training remains below target, the training package is nearing completion and will be rolled out as soon as it is finalised.

Maternity Bookings are increasing, and the birth rate is circa 5100 – this is being closely monitored.

Whilst the maternity workforce is good against 2021-2022 figures, a review of maternity staffing has been undertaken in accordance with the National Institute for Health and Care Excellence guidelines. This has identified a maternity workforce deficit with a Business Case being considered by the Division.

Integral to the introduction of the new Patient Safety Incident Response Framework (PSIRF), is the requirement for a significant number of individuals to undertake up to 30 hours of training from an externally accredited provider. This is a significant time commitment so a challenge for releasing clinical staff.

There are ongoing challenges with Ambulance Turnaround times given the increasing numbers of patients accessing ED, the Urgent Treatment Centre and the Phoenix Centre together with the high numbers of patients who do not meet the criteria to reside, circa 100.

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
- Infection Prevention BAF
- Integrated Quality and Performance Report
- Continuous Quality Improvement Report
- Quality and Safety Advisory Group Report
- Maternity Services Governance Report
- Learning from Deaths Report
- CQUIN Report
- Safeguarding Assurance Report (Adults and Children) Q2 &3 data
- RWT & WHT Joint Governance and Risk Management Assurance Enabling Strategy 2024
- Workforce Safeguards – Nursing and Allied Health Professionals (AHP's)

Matters presented for information or noting

See decisions box below.

Chair's comments on the effectiveness of the meeting:

Both meetings concluded within the set time frame with useful discussion regarding the papers presented. The February meeting was somewhat light on papers.

Chairs Summary Log for Quality Committee, from both February and March 2024 meetings

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE	MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY
<ul style="list-style-type: none"> • Tier 2 cancer performance scrutiny remains • Histopathology and other diagnostics remain challenging • Compliance issues with medicines management • Compliance re National Alerts on Valproate • Nitrous Oxide Levels on Delivery Suite • 8 MRSA Cases in the Neonatal Unit • Attempted abduction of a baby from the Neonatal Unit • 	<p>External Review by Kings Fund of Stroke Performance to be undertaken</p>
POSITIVE ASSURANCES TO PROVIDE	DECISIONS MADE
<ul style="list-style-type: none"> • CNST submission has been confirmed as meeting all of the required standards. • Adult safeguarding team now up to establishment • Anticipated achievement of 78-week target end of March 	<ul style="list-style-type: none"> • To maintain a Quality Committee meeting at RWT and WHT but look to have some joint papers with Trust specific elements. • To provide 1 Quality Committee report to Trust Board that is reflective of both meeting that occur between Boards • To review the frequency of the Quality Committee Meetings • Review the committees that feed into the Quality Committee to enable the Quality Committee to enable a focus on specific areas

**Report to the Trust Board to be held in Public on
16th April 2024**

Title of Report:	Chief Nursing Officer Report.	Enc No: 11.5
Author:	Catherine Wilson, Deputy Chief Nursing Officer	
Presenter/Exec Lead:	Debra Hickman, Chief Nursing Officer	

Action Required of the Board/Committee/Group

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

Recommendations:

- Trust Board are 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: Mental Capacity and Deprivation of Liberty Safeguards (DoLS) Assessments. On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable): 12 (Significant Risk)		
Changes to BAF Risk(s) & TRR Risk(s) agreed	The risk score for the Mental Capacity and Deprivation of Liberty Safeguards (DoLS) Assessments risk has been reduced to 12 (amber) from 15 (red) as a result of the positive impact made through the mitigations put in place.		
Resource Implications:	None		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with CQC fundamental standards.
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with NHS Oversight Framework requirements.
	Health & Safety	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with Health and Safety standards.
	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with legal framework such as complaints regulation.
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the NHS Constitution principles.
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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		

	<p>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.</p>		
Equality and Diversity Impact	<p>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.</p>		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date: N/A
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date: N/A
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date: N/A
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date: N/A

Summary of Key Issues using Assure, Advise and Alert

Assure	<ul style="list-style-type: none"> The overall position with regards to registered and unregistered Nursing and Midwifery staff vacancies remains positive, which continues to be reflected in Care Hours Per Patient Day. Non specialist band 5 Nurse vacancy adverts are being reviewed prior to advert to support the recruitment of the local Student Nurses qualifying in Spring 2024. 20 Clinical areas have now undertaken the Clinical Accreditation Programme. National Early Warning Score 2 (NEWS2) training completion compliance is at 95.9%. There has been improvement for parenting observations compliance within Maternity.
Advise	<ul style="list-style-type: none"> Maternity leave has increased in month from 2.61% to 3.94%. The overall compliance for the Standards for Student Supervision and Assessment (SSSA) is static at 82% in February 2024. There was a decrease in inpatient falls in February 2024. The Trust has participated in the special educational needs and/or disabilities (SEND) Ofsted/CQC inspection. The Breast Dressings Clinic Team have won the Innovate In Surgical Site Infection Award at the Journal of Wound Care Awards 2024.
Alert	Nil

Links to Trust Strategic Aims & Objectives	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> Embed a culture of learning and continuous improvement Prioritise the treatment of cancer patients Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> Be in the top quartile for vacancy levels Improve in the percentage of staff who feel positive action has been taken on their health and well-being Improve overall staff engagement Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> Develop a health inequalities strategy Reduction in the carbon footprint of clinical services by 1 April 2025

<i>Effective Collaboration</i>	<ul style="list-style-type: none">• Deliver improvements at PLACE in the health of our communities• 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
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Chief Nursing Officer Report.

Report to the Trust Board to be held in Public.

EXECUTIVE SUMMARY

This report provides an overview of February'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).

Executive Level Nursing Quality Dashboard

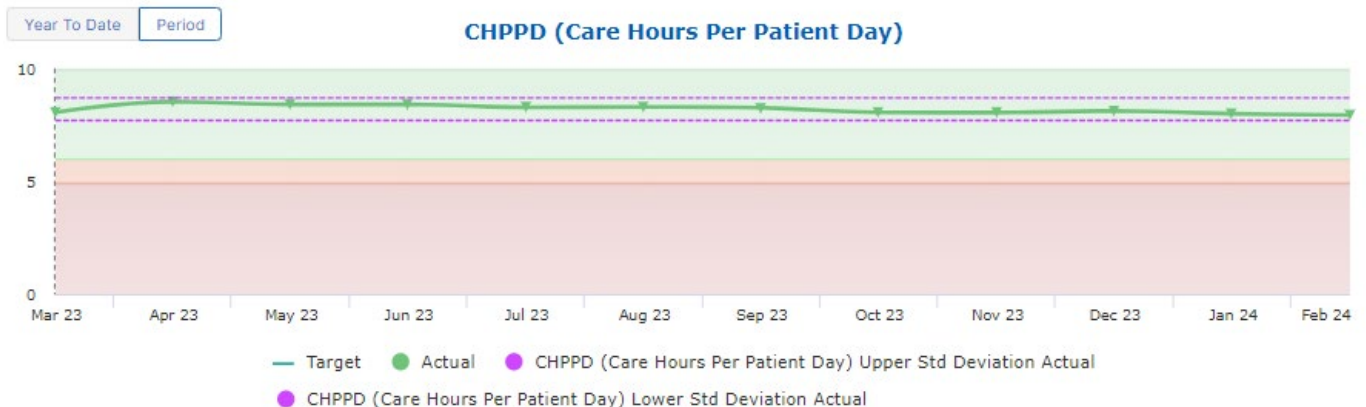
Based on data analysis in the latest Executive Nursing Dashboard, either issue specific actions are being taken or overarching action plans are in place for those areas noted as outliers. Key outlier indicators include combined sickness rate, pressure ulcers and moisture associated skin damage, observations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



Workforce

Vacancies and Recruitment – March 2024 position	Registered Nursing and Midwifery staff	Unregistered Nursing and Midwifery staff
The latest number of vacancies	-45.9 WTE. This position is an improved reduction on last month. This is in part due to a temporary hiatus of newly qualified Nurses and Clinical Nurse Fellows requiring placement allocation at the same time. A review of all adverts for generic band 5 positions continues in readiness for student out-turns throughout Spring 2024.	30.27 WTE
Latest vacancy %	-1.65%	2.66 %
Recruitment pipeline	65.0 WTE have a conditional offer and from this number, 12.0 WTE have start dates.	25.0 WTE have a conditional offer and from this number, 6.0 WTE have start dates.
Maternity leave (registered nurses and midwives)	Increased at 3.94% and this equates to 154.7 WTE for the 12 month Maternity leave.	Included within the overall workforce data set reported separately.
Combined sickness (registered nurses and midwives)	Slightly reduced at 7.02% and this equates to 275.7 WTE.	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.



The Allied Health Professionals (AHPs) vacancy rate remains static at 7.3%. Hotspots remain in Podiatry (11.2%), Dietetics (14.6%), OT (16.6%) and PT (9.8%). Recruitment is ongoing, including apprenticeships, return to practice and international recruitment. AHP services are attending careers events to promote the professions to support the future pipeline.

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. RWT is represented at the Black Country Nursing Workforce Alignment Group reporting against a joint workplan to the Black Country Chief Nursing Officer Group. AHP leads are also included and feature within the workplan aligned to the Terms of Reference.



Education

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

- The overall compliance for the Standards for Student Supervision and Assessment (SSSA) is static at 82% in February 2024.
- The NEWS2 training compliance is static at 95.5%.
- The Care Certificate compliance remains above 90% for substantive staff, 95% for bank staff and 91% for staff who have requested professional development.
- Fundamental Care e-learning package, My Focus, for adult registered Nurses acute and community compliance is 81%.



Excellence in care

February 2024 continued with winter pressure challenges with issues of flow, capacity and increased acuity.

Falls

Please see information contained within the latest IQPR demonstrating a decrease when compared with the previous month's position (January=137, February=115). 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.

Patient Observations

Please see information contained within the latest IQPR.

Malnutrition Universal Screening Tool (MUST) completion

The overall MUST assessment completion and re-assessment performance is static just over 60%. We have recently undertaken a housekeeping audit to identify any deficits in equipment or access to equipment for weighing and height measurements of patients to enable accurate data. This will be shared with the divisions for consideration for purchasing of additional equipment where required.

We undertake a monthly review of the MUST dashboard to identify highest performance and best improvers and share good practice via the MUST newsletter. Furthermore, we identify wards of concern, this ward is then supported by the Quality Team Nutrition and Hydration Lead. We are piloting a daily MUST report which will allow timely and accurate access and oversight for Ward managers.

The Nutrition and Hydration lead and Deputy Head of Nutrition and Dietetics provides MUST education via multiple forums. The Deputy Head of Nutrition and Dietetics has developed MUST competencies which have been worked through by ward-based dieticians, who are then using a train the trainer approach with the Practice Education Facilitators.

Nutrition and hydration week commences the 11th of March 2024 with lots of activities including best Tea Trolley Competition across both organisations promoting the importance of Nutrition and Hydration and recording MUST scores.

Wider quality activities

- **Eat Drink Dress Move to Improve** Posters have now been circulated to inpatient wards and an online training video is in development.
- **Medication Safety** A shared decision-making council has been established focusing on Controlled Drugs medications. Pocket guides to be brought to next Medicines Management meeting for approval and critical medication poster to pilot in the Emergency Department.
- **Tissue viability (TV)** the ambition/improvement plan continues and will be updated and reviewed at the Tissue Viability steering group. New national guidance reviewed implementation postponed currently following concerns raised by TV Leads regionally. The Patient Safety Incident Response Framework (PSIRF) process has been discussed at the Tissue Viability Steering Group in February to pilot with C24 in the first instance and evaluate.
- The Breast Dressings Clinic Team have won the Innovate In Surgical Site Infection Award at the Journal of Wound Care Awards 2024 event held at The Imperial War Museum in London. Sister Ann Harvey, Sister Rachael Longdon and Sister Emma Lewis established the clinic at New Cross Hospital six years ago.
- **Accreditation** The Clinical Accreditation Programme continues and below is the list of wards visited and status of accreditation. WTA= Working towards accreditation.

Date	Ward/ Dept/ Unit	Accreditation Level Awarded	Date	Accreditation Level Awarded	Date	Accreditation Level Awarded
5/4/23	A7	WTA	21/7/23	Ruby	Scheduled	
14/4/23	A8	Ruby	2/8/23	WTA	15/12/2023	Emerald
21/4/23	C14	Emerald	Scheduled			
28/4/23	C26	Emerald	Scheduled			
3/5/23	C18	Emerald	Scheduled			
19/5/23	Fairoak	Emerald	Scheduled			
31/5/23	C39	Ruby	20/10/23	WTA	Scheduled	
2/6/23	Amu	Emerald	Scheduled			
7/6/23	C35	WTA	30/8/23	WTA	Scheduled	
16/6/23	D7	Ruby	24/11/23	Ruby	Scheduled	
23/06/23	C19	Ruby	17/11/23	Ruby	Scheduled	
30/06/23	B11	WTA	Scheduled			
5/7/23	C22	WTA	29/11/23	WTA	Scheduled	
14/7/23	C24	WTA	8/12/23	WTA	Scheduled	
18/8/23	Ward 2 WP	Emerald	Scheduled			
6/9/23	NRU	Sapphire	Scheduled			
8/9/23	C15	Ruby	Scheduled			
15/9/23	C16	WTA	Scheduled			
22/9/23	C21	Emerald	Scheduled			
4/10/23	C25	Ruby	Scheduled			

Clinical Themes from Accreditation Visits include:

- Storage of medical notes when not in use and quality of storage containers locks often not working.
Action – mentioned to manager/fed back in report.
- NG Competency completion in addition to e-learning package.
Action – mentioned in clinical accreditation report to ward and discussed with education and Nutrition Nurse Specialist to present to senior nurse leader forum at both organisations and scope solutions for each trust.
- MUST Screening compliance at both organisations.
Action - rapid improvement event occurred in December.
- Quality of meal service for both organisations.
Action – continue to audit and work with wards to highlight best practice.
- Reposition adherence on intervention charts documented relieving pressure points.
Action – highlighted in clinical accreditation reports for individual wards/department, TV team incorporating into their training.

Patient Experience

- Complaint volumes remain stable with no complaints being accepted by the Parliamentary Health Service Ombudsman (PHSO), noting ED has seen a slight increase in month.
- FFT response and recommendation rate remain stable at 14% and 8% respectively and meeting the strategy ambition of 92% of inpatients recommending being met.
- Refer to the Maternity Services report for the link to the Care Quality Commission NHS Maternity Services Survey 2023 Benchmark report.

Maternity Latest updates for Maternity services are contained within the Maternity Report and IQPR presented to TMC and QC separately.

Adult and Children Safeguarding

- DoLs applications remain consistent.
- Safeguarding Children's level 3 training compliance requires a focus across the organisation and this scrutiny will be overseen by the Trust Safeguarding Group.
- The Trust has participated in the special educational needs and/or disabilities (SEND) Ofsted/CQC inspection. The initial feedback has been positive, and a formal report is awaited.

- RWT are hosting the appointment of the Health Co-ordinator role for Families First for Children Pathfinder Programme funded by the Department for Education.
- Within maternity the focussed improvement for parenting observations has been well responded to over the last month. This is a marked improvement from the previous quarter.
- X2 S42 enquiries made which remain low.
- Safeguarding responsibilities met as per the Black Country Assurance framework.
- Safeguarding supervision compliance remains above 90% for Senior Nurses/Health Visitors and Midwives.

Infection Prevention and Control (IPC)

- 2 Trust attributable MRSA bacteraemia's relating to indwelling devices have been reported. Actions/Education are in progress with the respective teams supported by Infection Prevention.
- *Clostridioides difficile* (*C difficile*), *Escherichia coli*, Klebsiella and *Pseudomonas aeruginosa* bacteraemia remain above external target at end of February 2024. Revised targets for *C difficile* were expected to be based on a suite of data to better inform, however, these are still in development, so it is anticipated the target will remain the same for 24/25 as 23/24.
-



Research and
innovation

Research and innovation

A paper reporting an Appreciative Inquiry project has been published in the British Journal of Nursing. The project was designed to support the analysis of, and learning from, bereaved family feedback routinely collected by RWT bereavement nurses/Medical Examiner service. The success of this project has led to adoption of the analytic process within the bereavement centre and on-going dissemination of findings via RWT SWAN Champions to guide and support the quality of end-of-life care.

<https://www.britishjournalofnursing.com/content/professional/in-hospital-end-of-life-care-an-appreciative-analysis-of-bereaved-family-feedback>

RWT has also had an abstract accepted for a Nursing Research conference at Keele University on 11th March 2024. The presentation will facilitate dissemination of an RWT nurse-led home-grown study exploring newly qualified nurses' experiences of transition to professional practice at RWT.

Digital

- The Digital Team continue collaborative work with various departments and colleagues integral to the Electronic Patient Record (EPR) programme.
- The Team has appointed its inaugural Digital Matron.

RECOMMENDATIONS

- QC and TMC are recommended to review and debate the information contained in this report and 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 report for more information:

1. Maternity Report

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 14 March 2024)

NB: Due to a technical issue, the data set pertaining to missed critical medication doses is currently unavailable until May 2024.

February-2024

		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	3,927.05	8.0	94.4	7.02	3.94	-1.65	-45.90	2.66	30.27	83	42	6	1	98	27	87.3%	15	7		
	Previous Period	3,905.94	8.0	94.0	7.25	2.61	-2.50	-69.28	1.79	22.62	84	40	8	2	80	23	87.9%	10	7		

		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	1,293.75	10.1	93.5	7.70	3.50	-3.69	-68.78	-0.08	6.66	93	17	2	0	36	4	88.8%	5	1		
A12 General Surgery	This Period	35.11	6.0	92.6	15.00	5.94	4.38	0.97	16.96	2.19	90	0	0	0	5	0	91.4%		0		
A14 General Surgery	This Period	35.23	6.1	94.7	2.48	3.03	-7.77	-1.73	26.16	3.38	86	1	0	0	3	0	86.4%		0		
A5 T & O ward	This Period	40.77	6.7	95.3	6.27	6.90	-12.96	-2.95	13.70	2.47	57	0	0	0	4	2	90.7%		1		
A6 T & O ward	This Period	40.73	6.6	93.2	10.42	4.50	-8.05	-1.83	-4.07	-0.73	89	0	0	0	1	0	82.8%		1		
B14 Cardiology ward	This Period	69.62	7.6	94.6	8.29	0.18	0.64	0.33	1.99	0.34	88	1	0	0	3	1	94.2%		0		
B15 Cath Labs and Day Ward	This Period	30.24	~	96.4	3.30	6.47	-5.39	-1.31	11.49	0.67	98	0	0	0	0	0			1		
B7 Head and Neck	This Period	43.27	8.7	92.7	11.81	4.47	-7.14	-2.16	6.42	0.83	94	0	0	0	2	0	84.7%		1		
B8 Cardiothoracic ward	This Period	43.21	7.4	93.2	3.70	3.83	-11.82	-4.20	-11.43	-0.88	96	0	0	0	4	0	90.8%		0		
Community Neonatal Unit	This Period	4.82		90.6	0.00	15.79	39.81	1.72	-140.00	-0.70									0		
D1 Antenatal OPD	This Period	26.95		88.71	14.93	0.00	-3.90	-0.73	19.97	1.66		0	0	0	0	0			0.00		
D10 Maternity Ward	This Period	44.15	7.8	84.5	4.34	2.55	-42.61	-12.49	-47.98	-7.12	89	1	0	0	0	0	~		0		
D7 ward	This Period	40.62	6.4	93.2	19.10	0.53	-15.78	-4.22	14.37	2.00	86	1	0	0	5	1	87.9%		0		
Delivery Suite inc MIU & MTU	This Period	90.09	~	93.5	2.59	7.59	-13.46	-9.69	14.98	2.70	100	2	0	0	0	0	~		0		
Hilton main CCH	This Period	46.70	6.5	94.1	6.89	4.76	7.76	6.40	-3.66	-0.56	97	0	0	0	1	0	92.3%		0		
ICCU	This Period	204.01	29.8	96.2	6.12	3.13	1.27	2.30	9.20	2.13	~	1	1	0	6	0	~		1		
Midwifery Led Unit	This Period	21.31		95.89	11.14	5.09	15.36	2.44	-18.52	-1.00		0							~		
Neonatal Unit	This Period	111.41	26.3	89.9	10.30	1.90	-6.60	-5.91	22.65	3.86	100	0	1	0	1	0	~		0		
SEU	This Period	80.50	9.5	95.3	7.56	3.11	-4.20	-2.13	10.64	3.18	91	0	0	0	1	0	85.5%		1		
Specialist Nurses - Neonates	This Period	6.10		86.5	4.33	0.00	-17.37	-1.06	0.00	0.00									0		
Transitional Care	This Period	20.49	~	91.7	7.11	0.00	43.78	6.40	-4.76	-0.28	100	0	0	0	0	0	~		0		
Theatres	This Period	258.42	~	94.9	7.57	3.47	-25.54	-34.98	-6.16	-7.49	~	0	0	0	0	0	~		0		

		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	638.73	6.4	94.3	6.65	4.46	1.39	6.04	5.18	22.80	90	19	3	0	36	21	86.4%	10	5		
A7 Gastroenterology	This Period	40.15		97.3	6.99	2.83	11.11	2.76	19.17	2.94	0	0	1	0	0	2	85.5%		0		
A8 Gastroenterology	This Period	40.15	4.3	98.6	1.42	6.64	-0.01	0.00	40.81	6.26	88	0	0	0	2	0	88.9%	1	0		
AMU	This Period	87.79	7.7	0.0	9.23	4.71	9.53	5.15	5.22	1.76	77	1	0	0	1	3	80.2%	4	0		
C14 Respiratory	This Period	33.49	6.2	90.7	5.17	0.00	3.35	0.73	-14.64	-1.71	100	0	0	0	2	0	84.2%		0		
C15 Diabetes	This Period	32.08	6.5	95.7	4.64	4.38	-5.71	-1.10	25.20	3.24	67	0	0	0	4	0	84.3%		0		
C16 Diabetes	This Period	37.57	5.4	92.8	7.40	0.00	-0.90	-0.20	22.35	3.53	86	2	0	0	0	1	82.2%		0		
C17	This Period	24.16	6.3	91.1	1.31	4.31	0.00	-2.82	0.00	3.77	100	2	0	0	3	0	94.2%		0		
C18 Elderly Care	This Period	37.23	7.2	0.0	5.22	2.42	3.93	0.86	-5.27	-0.81	100	1	0	0	3	2	93.4%		1		
C19 Elderly Care	This Period	37.23	7.1	95.4	8.84	2.46	-10.45	-2.28	-6.30	-0.97	100	1	1	0	1	0	87.0%		0		
C21 Acute Stroke Unit	This Period	61.58	6.3	95.0	10.80	2.86	-11.20	-4.02	17.04	4.38	100	2	0	0	3	1	84.9%		0		
C22 Renal	This Period	27.47	5.7	96.5	7.57	6.28	-17.08	-2.65	2.42	0.29	100	0	0	0	1	1	85.1%	2	1		
C24 Renal Ward	This Period	34.66	4.7	95.7	7.49	8.43	6.84	1.49	18.67	2.40	97	0	0	0	4	0	82.8%		0		
C25 Renal Ward	This Period	34.66	5.1	93.5	6.76	8.79	9.32	2.03	14.94	1.92	80	1	0	0	5	2	86.1%	1	0		
C26 Respiratory	This Period	45.45	7.7	93.7	9.59	3.66	-2.60	-0.88	-39.49	-4.62	80	0	1	0	4	2	85.3%		0		
C35 Deansley Ward	This Period	28.16	8.0	97.3	3.49	2.98	5.33	1.01	-19.80	-1.83	86	0	0	0	1	0	85.2%	1	0		
C39 ward	This Period	0.00	6.4	0.0	0.00	0.00	0.00	0.00	0.00	0.00	100	1	0	0	1	0	0.0%		0		
Clinical Haematology Unit	This Period	44.18	6.9	93.4	4.68	7.66	2.19	0.64	30.13	4.57	90	0	0	0	0	0	91.9%		0		
Durnall	This Period	22.22	~	95.3	10.41	2.60	13.21	2.41	-25.00	-1.00	92	0	0	0	0	0	95.8%		0		
ED	This Period	154.71	~	91.6	4.66	4.83	2.81	3.26	-10.40	-4.02	60	8	0	0	0	5	~	1	0		
Fairoak	This Period	32.08	5.2	90.8	4.55	3.26	-2.08	-0.35	17.51	2.70	100	0	0	0	1	1	91.0%		1		

		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	646.44	7.5	96.4	5.96	4.55	-4.35	18.95	-20.37	-0.47	73	6	1	1	26	1	80.7%		0	
A21	This Period	52.61	7.7	93.8	5.87	7.36	-6.35	-2.06	17.82	3.60	74	0	0	0	0	0	79.3%		0	~
Clinical Nurse Specialist	This Period	11.48	~	92.5	0.00	0.00	-2.56	-0.29	0.00	0.00					0	0	~	~		~
Community Children's Nursing Team - Generic Team	This Period	30.01	~	97.6	7.60	6.49	5.38	0.98	-14.90	-1.76			0	0	0	0	~	~	0	~
NRU West Park	This Period	22.62	9.6	97.3	0.33	0.00	7.72	0.81	15.69	1.90	100	0	0	0	1	0	97.1%		0	
PAU	This Period	29.33	7.3	90.5	8.17	12.98	20.97	3.99	-19.29	-1.99	74	0	0	0	0	0	79.4%		0	~
Ward 1 West Park	This Period	28.51	6.1	97.4	4.80	3.65	-7.01	-0.92	13.15	2.03	100	0	0	0	5	0	98.1%		0	
Ward 2 West Park	This Period	30.19	6.2	96.3	15.52	3.07	-1.86	-0.24	2.80	0.48	79	2	0	0	0	0	85.8%		0	
Planned Care	This Period	99.41	~	95.1	7.20	3.24	1.81	1.34	1.28	0.32		0	1	1	20	0	~	~	0	~
Urgent Care	This Period	88.73	~	96.2	7.35	3.88	22.96	13.03	-7.20	-2.30			0	0	0	0	~	~	0	~
Intermediate Care	This Period	0.00	~	98.9	0.00	0.00	0.00	0.00	0.00	0.00			0	0	0	0	~	~		~
Dermatology	This Period	14.30	~	97.3	15.51	0.00	-21.07	-1.95	28.85	1.46	100	0	0	0	0	0	~		0	~
Physio & OT	This Period		~	~	~	~	~	~	~	~		0	0	0	0	0	~	~	~	~
Primary Care Services	This Period	32.32	~	93.3	4.34	4.52	-4.09	-1.07	-29.70	-1.85		3	0	0	0	0	~	~	~	~
Radiology	This Period	8.38	~	98.5	0.00	16.01	-25.00	-1.60	-97.31	-1.93	85	1	0	0	0	1	~		0	~
Rehabilitation	This Period											0	0	0	0	0				
Rheumatology	This Period	3.61	~	99.7	8.66	0.00	0.00	-4.96	-73.96	-2.67	93	0	0	0	0	0	~		0	~
Sexual Health	This Period	19.90	~	0.0	8.02	5.17	1.09	0.13	5.69	0.43		0	0	0	0	0	~		0	~
Ambulatory Care	This Period	24.59	~	97.9	5.02	2.34	3.00	0.63	22.22	0.80			0	0	0	0	~	~	~	~

**Report to the Trust Board Meeting - to be held in Public
on 16th April 2024**

Title of Report:	Developing Workforce Safeguards - Nursing and Allied Health Professionals (AHP)	Enc No: 11.5.1
Author:	Rose Baker – Interim Senior Nurse - Workforce	
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Recommendations:

To Committee is asked to note the outcome of the annual self-assessment against the Developing Workforce Safeguards document for Nursing and AHPs.

Implications of the Paper:

Risk Register Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description: On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	None		
Resource Implications:	(if none, state 'none') Revenue: None Capital: None Workforce: None Funding Source: None		
Report Data Caveats			
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with CQC fundamental standards.
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with NHS Oversight Framework requirements.
	Health & Safety	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with Health and Safety standards.
	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with legal framework such as complaints regulation.
	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the NHS Constitution principles.
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details: N/A
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		

Equality and Diversity Impact	<p>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.</p> <p>Please provide an example/demonstration: No adverse impact is anticipated as a result of the points articulated in this report.</p>		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:NA
	Board Committee	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:NA
	Board of Directors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:NA
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:NA

Summary of Key Issues using Assure, Advise and Alert
<p>Assure:</p> <ul style="list-style-type: none"> Of the 14 recommendations within the NHSI Developing Workforce Safeguard document, the Trust is compliant with 12, recommendation 2 and 8 being partially compliant, from an AHP perspective. Recommendations 11 and 12 - governance processes are in place around the completion of Quality Impact Assessments (QIA) and Risk Assessments (RA) when changes are made to ward/department locations, skill mix or case mix of patients, and large-scale redeployment of staff. All Nursing workforce are on an electronic rostering system.
<p>Advise:</p> <ul style="list-style-type: none"> There is no single guidance or standard validated methodology to inform staffing levels required for services provided by AHPs, each of the professional groups provide their own guidance. Various tools are utilised for relevant areas. Scoping work has commenced in regards NHSI guidance to e-job plans for all clinical staff not working 24/7 shift system.
<p>Alert</p>

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> Embed a culture of learning and continuous improvement Prioritise the treatment of cancer patients Safe and responsive urgent and emergency care Deliver the priorities within the National Elective Care Strategy We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> Be in the top quartile for vacancy levels Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing Improve overall staff engagement Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> Develop a health inequalities strategy Reduction in the carbon footprint of clinical services by 1 April 2025

<i>Effective Collaboration</i>	<ul style="list-style-type: none">• Deliver improvements at PLACE in the health of our communities• 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
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**Workforce Safeguards - Nursing and Allied Health Professionals (AHP)
Report to the Trust Board to be held in Public
On 16th April 2024**

EXECUTIVE SUMMARY

NHS Improvement published 'Developing Workforce Safeguards' document in October 2018 it is used to assess Trusts compliance with the triangulated approach to staffing planning for all clinical staff in accordance with the National Quality Board guidance (NQB). This combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skill are in the right place and time.

Trusts compliance with these safeguards will be assessed through the Single Oversight Framework and specific inclusions within the annual governance statements.

There remains no single guidance or standard approach to inform staffing levels required for services provided by AHPs. Each AHP group has profession specific information and guidance available to support staffing levels of a particular type of service/speciality.

AHP staffing levels are generally determined via a range of methods which include the use of demand and capacity data, data collected on patient and non- patient related activity, patient outcomes, patient complexity, patient acuity and patient need. In addition, guidance that is nationally available for specific clinical services and/or conditions is also used e.g. stroke services, critical care and cancer services.

The extent to which allied health services employ and deploy allied health support workers varies according to the profession and clinical speciality. These roles can effectively support the registered AHP workforce to deliver patient care.

Although the 'Developing Workforce Safeguards' document guidance applies to all clinical staff; this paper will **only** outline Nursing/Midwifery and AHP's current compliance with the 14 safeguard recommendations and identify any areas for improvement.

Findings of the latest self-assessment

- The Trust has re-self-assessed against the recommendations and is compliant with recommendations 1; 3; 4; 5; 6; 7; 9; 10; 11; 12; 13 and 14. It is partly compliant with recommendation 2 and 8.

BACKGROUND INFORMATION

Recommendation 1 - Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.

– Compliant

Recommendation 2 - Ensuring the three components (see Figure 1 below) are used in safe staffing processes: – 1 evidence-based tools – 2 professional judgement – 3 outcomes.

– Partial Compliant

Figure 1: Principles of safe staffing



Figure 1 – Data source NHSI, 2018

Whilst the majority of Nursing and Midwifery reviews will be undertaken using the safer nursing care tool (SNCT) methodology, this is not appropriate for all clinical areas across RWT. The table 1 outlines where different methodologies and guidelines are available, and which will be used in each of the clinical settings.

Table 1

Area	Methodology
Wards – adults, paediatrics, AMU and SEU	Safer Nursing Care Tool (SNCT)
Emergency Department	ED specific Safer Nursing Care Tool (EDSNCT)
Outpatient and Day Care Departments	Professional Judgement as no current validated tool available
Neonatal Unit	BAPM guidelines
Intensive, Coronary & High Dependency Care Units (including outreach teams)	BACCN/RCN critical care forum/ICS guidelines
Theatres	Association for Perioperative Practitioners (AfPP)
Maternity services	Birthrate+
Community Services	Professional Judgement
Endoscopy	JAG guidance/Professional Judgement methodology
General Practice	Professional Judgement as no current validated tool available

<p>Physiotherapists</p>	<p>Chartered Society of Physiotherapy Workforce Data Modelling Tool (2015)</p> <p>Calculating Staffing Levels in Physiotherapy Services (2000)</p> <p>Physiotherapy Staffing Recommendations for Neonatal Units in England (2018)</p> <p>National Clinical Guideline for Stroke (RCP, 2016)</p> <p>Standards for the Clinical Care of Children and Adults with Cystic Fibrosis in the UK (2011)</p> <p>Standards for Physical Activity and Exercise in the Cardiovascular Population ACPICR (2015)</p> <p>Service Specification: Pulmonary Rehabilitation Service DH (2012)</p>
<p>Occupational Therapists</p>	<p>College of Occupational Therapists Workforce planning in Occupational Therapy (2010)</p> <p>National Clinical Guideline for Stroke (RCP, 2016)</p>
<p>Speech and Language Therapists</p>	<p>Royal College of Speech and Language Therapists Calculating hours available to a FTE speech and language therapist (2012)</p> <p>A Sense of the whole Public Service Review, Health and Social care 33 (2011)</p> <p>Speech and Language Therapy Staffing Recommendations for Neonatal Units, Neonatal Speech and Language Therapy Stakeholders group (2018)</p> <p>National Clinical Guideline for Stroke (RCP, 2016)</p>
<p>Dieticians</p>	<p>BDA Safe Caseload Management (2012)</p> <p>BDA Safe Staffing, Safe Workload (2016)</p> <p>Information from www.diabetes.org.uk (2010)</p> <p>Guidelines for the Provision of Intensive Care Services (the Faculty of Intensive Care Medicine (FICM) and the Intensive Care Society (ICS), 2018)</p> <p>Dietitian Staffing on Neonatal Units, Neonatal Sub-Group Recommendations for Commissioning (2018)</p> <p>National Clinical Guideline for Stroke (RCP, 2016)</p>

	<p>IBD standards (2013)</p> <p>CREST (2006)</p> <p>British Renal Society (2002)</p> <p>Standards for the Clinical Care of Children and Adults with cystic fibrosis in the UK (2011)</p>
Orthotists	Professional Judgement as no current validated tool available
Podiatrists	College of Podiatry Developing a Sustainable Podiatry Workforce for the UK Towards 2030 (2013)
Radiographers	Professional Judgement as no current validated tool available/in use
Orthoptists	Professional Judgement as no current validated tool available/in use
Operating Department Practitioners	<p>Association for Perioperative Practice guidelines 'Staffing for Patients in the Perioperative Setting' 2014.</p> <p>Association for Anaesthetists Great Britain and Ireland.</p> <p>Royal College of Anaesthesia</p>

The Trust Board will be receiving from June 2024 annual nursing skill mix reports for all Nursing workforce on a rostered workplan.

There is not a single standardised safer staffing tool for Allied Health Professionals (AHP's) that is appropriate for all clinical areas across RWT. The Standard Operational Procedure (SOP) for Registered Health Care Professionals (non-nursing/medical) – Ensuring Safe Staffing Levels in Departments/Services includes the current safe staffing methodologies employed by each profession.

NHSI recommend providing evidence of all available clinical capacity across the 7 day working week and recommend using e-job plans for all clinical staff not working a 24/7 shift system.

E-roster

- All nursing and midwifery inpatient wards, emergency department, endoscopy, ICCU, majority of outpatients departments and day care areas, majority of community services are on e-roster. Theatres, advanced clinical practitioners, and clinical nurse specialists have been rolled out over the previous 12 months. The piece of work for Clinical Nurse Fellows/ International Nurses (CNF's) to be added has been completed and is live for any new CNF's starting within the organisation.

- Several AHP groups/services are currently either on e-roster/are piloting e-roster/are planning to use e-roster. Physiotherapists and Occupational Therapists are now on e-roster. There is an ongoing piece of work that supports AHP students to be added to the health roster system.

E-job plans

- There is a job planning protocol in place for Clinical Nurse Specialists (CNS) and Advanced Clinical Practitioners (ACP); some CNS's and ACP have a job plan held locally. An e-job planning module is being introduced for medical staff and the ambition is to utilise this for other clinical staff groups as yet there is no confirmed date for roll out. AHP teams are currently utilising activity manager.
- Physiotherapy, Occupational Therapy, Speech and Language Therapy and Dieticians are currently developing job plans as part of the Carter Deep Dive pilot.

NHSI recommends in addition to these cycles workforce data and financial information are reconciled regularly to reflect changes. This process is currently undertaken at local level and variance is not reported externally.

Recommendation 3 – Assessment will be based on review of the annual governance statement in which trusts will be required to confirm their staffing governance processes are safe and sustainable.

and

Recommendation 4 – The review of the annual governance statement will be through the usual regulatory arrangements and performance management processes, which compliment quality outcomes, operational and financial performance measures.

– **Compliant**

Recommendation 5 – As part of the yearly assessment assurance will be sought through the Single Oversight Framework (SOF) in which performance is monitored against 5 themes.

– **Compliant**

These 5 themes are monitored at Trust Board:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

Recommendation 6 - As part of the safe staffing review, the Director of Nursing and Medical Director must confirm in a statement to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.

– **Compliant**

Nursing/Midwifery and AHP staffing is reported to the Trust Board.

Recommendation 7 - Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive Leaders. The Board should discuss the workforce plan in a public meeting.

– Compliant

Workforce plan is completed annually and signed off by Executive Leaders.

Recommendation 8 - They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their Board every month.

– Partial Compliant

Compliant for Nursing and Midwifery - This data is currently triangulated from numerous reports, including a quality Nursing dashboard, extracts from model hospital are used as part of the biannual Nursing skill mix review which is presented to Trust Board which includes all inpatient wards.

AHP data is currently triangulated from numerous reports, including the Model Hospital – however this data is not reported monthly as part of the CNO report.

Recommendation 9 - An assessment or re-setting of the Nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the Board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.

- Compliant

Currently reported in the bi-annual Nursing and Midwifery skill mix/staffing report to the Trust Board.

Recommendation 10 - There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.

– Compliant

Recommendations 11 and 12 - As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes and new roles, must have a full quality impact assessment (QIA) review.

– Compliant

- QIA are completed for changes required as part of the Cost Improvement Programme and reviewed by the Chief Nurse.
- QIA are completed for Nursing/Midwifery/AHP establishment changes and reviewed by the Chief Nurse.
- QIA of new roles for Nursing/Midwifery/AHP are reviewed by Nursing, Midwifery/AHP Workforce Oversight group.
- QIA are completed if additional bed capacity is opened and reviewed by the Chief Nurse and shared with Trust Management Committee and Trust Board.

- QIA are completed if relocation of ward/department occurs, reviewed by the Chief Nurse and shared with Trust Management Committee and Trust Board.

Recommendation 13 - Given day-to-day operational challenges, we expect Trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments.

and

Recommendation 14. - Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality

– Compliant

Local Nursing/Midwifery and AHP staffing escalation guides/standard operational procedures are available. Safe Care module and associated protocols/procedures, staffing guidance and escalation is implemented in adult and paediatric inpatient wards. Daily challenge is implemented by the Nursing Workforce Team to monitor compliance.

Conclusion and Next Steps

Action Plan for recommendations 2 and 8

Action	Lead	Date
<p>Recommendation 2</p> <p>Include the review of AHP workforce in the current annual and bi-annual Nursing and Midwifery staffing process and report to the Trust Board.</p>	Chief AHP/Head of Nursing Workforce	Data collection re-commences June 2024
<p>Recommendation 8</p> <p>Include AHP staffing data in monthly CNO report, as per quality dashboard.</p>	Chief AHP	February 2024

**Paper for submission to the Trust Board Meeting – to be held in Public.
April 16th 2024**

Title of Report:	Maternity Services Report	Enc No: 11.6
Author:	Tracy Palmer Director of Midwifery and Neonatal Services	
Presenter/Exec Lead:	Katherine Cheshire Head of Midwifery and Neonatal Service	

Action Required of the Board/Committee/Group

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

Recommendations:

The Board is asked to note the contents of the report.

Implications of the Paper:

Risk Register Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description: On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) : 15 (red)	
Changes to BAF Risk(s) & TRR Risk(s) agreed	None Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):	
Resource Implications:	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 <input type="checkbox"/> No <input type="checkbox"/> Details
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Details:
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Details: Midwifery Workforce
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:	

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Quality Committee 20 th March 2024
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: 22 nd March 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

- One to one care rates in established labour continue to be maintained at 100% for Q 3/4
- There were no adverse outcomes for patients during December 2023 and January 2024 attributed to Midwifery red flag events. Incidents related to red flag events equated to 6% in December and 7% in January. This is a significant improvement from Q2/3 data in 2023.
- The Birth Rate Plus (BR+) Acuity Tool demonstrates that Midwifery staffing levels within the Intrapartum areas are an improving picture for December 2023 and January 2024. Staffing met acuity levels 66% of the time in December and 78% of the time in January 2024. Although this remains below the 85% target suggested by the Royal College of Midwives, the expected improvements in staffing versus acuity compliance indicates a positive upward trend and, is a result of the successful recruitment that has taken place for Midwifery workforce within the intrapartum areas.
- CQC NHS Maternity Services Survey 2023 Benchmark Report – The Royal Wolverhampton NUS Trust [CQC Maternity Services Survey 2023 Benchmark Report RWT](#)

Advise

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

- Midwifery Workforce position remains in a positive position and is fully established to Birth Rate + 2021/22 assessment recommendations.
- The National Institute for Health and Care Excellence (NICE) recommends that a BR+ Tabletop assessment is conducted bi-annually. This assessment is in the process of being completed by the Senior midwifery leadership team and is being supported by the BR+ provider team.
- 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. 3 of the cases meet the MNSI criteria and have therefore been referred onwards. 2 are local SUI's which are progressing through Trust process and 1 is STEIS reportable progressing through appropriate processes.

- NHS resolution Maternity Incentive Scheme CNST Year 6. A letter has been sent to Trusts informing that the MIS Year 6 document will be published on the 2nd of April 2024. The letter also outlines the changes to all 10 Safety Actions.

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

- The Trust continues to report 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.
- Following submission of the Board declaration form to NHS Resolution for MIS year 5' as per scheme's rules Trusts' MIS submissions are subject to a range of external verification points. These include cross checking trusts' compliance with safety action one against MBRRACE-UK data (for standard a, b & c). MBRRACE-UK have informed NHS Resolution that The Royal Wolverhampton (RWT) has not met Safety action 1 standard b. However, NHSR have written to Trusts informing that if Trusts disagree with this decision, they must clarify their position with a summary of evidence to support full compliance. This was completed by RWT and submitted on the 28th of February.
- The Trust's CEO received a letter on the 18th of March from NHS Resolution informing RWT that the evidence submitted by the Trust has been reviewed by MBRRACE-UK and that they had accepted the evidence put forward; therefore, NHSR will deem The Trust compliant for Safety Action 1.
- The Local Maternity dashboard had revealed that booking numbers were significantly higher in January 2024 (*n* 625) compared to previous booking numbers in month during 2023. This is being monitored closely by the Perinatal Leadership team.

Links to Trust Strategic Aims & Objectives

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

Maternity Services Report

Report to Trust Board Meeting to be held in Public.

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 workforce reports 0 vacancy and currently remains in an over established position of 11.15 whole time equivalent (WTE). The over establishment is off-setting and supporting maternity leave of 11.3 WTE for the present time.

There is currently a Maternity Support Worker over establishment of 1.65 WTE in line with funded budget, however the establishment for MSW is correct in line with the BR+ recommendations assessment 2021/22.

The 6 monthly BR+ tabletop workforce assessment recommended by The National Institute for Health and Care Excellence (NICE) has been completed by Senior Midwifery leaders and the Birth Rate + provider team. Workforce requirements will be affected by a rise in birth rates and / or acuity levels of women and babies. The Directorate Director of Midwifery and Workforce leads are in the process of reviewing the tabletop BR+ outcome data.

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.

Although the recommended standard of 85% has not been met in the reporting period of December 2023 / January 2024 there has been some marked improvements in acuity versus staffing compliance for these months in comparison to Q2 and Q3 reporting periods. Mitigation of risk continues with each area being monitored 3 times per day by the Duty manager and staff are being redeployed to the area of greater need whenever staffing deficits are identified.

The report provides reporting data for Midwifery red flag events in December 2023 and January 2024 and triangulation with any related incidents. There were no reported harm related incidents related to red flag events for reporting period of December 2023 and January 2024.

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. **(Appendix 1)**. Booking rates were significantly higher in January (*n* 625) compared to previous months in 2023. Booking rates will continue to be monitored closely by the senior Directorate team, escalation of any concerns with significant rise in birthrates/ capacity will be raised with Divisional leadership team in the first instance.

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.

In the period between 3rd October and 31st December there were 16 perinatal deaths that met criteria for reporting to MBRRACE-UK. There are 6 outstanding cases to be discussed and graded at the PMRT Board meeting.

Following submission of the Board Declaration Form to NHS Resolution (NHSR) in February 2024 declaring full compliance with all 10 Safety Actions. A letter was received from NHSR addressed to Trusts CEO informing that MBRRACE-UK have now completed their external verification for Safety Action One and advised The Royal Wolverhampton Trust (RWT) that following external verification against MBRRACE-UK/PMRT data, our Trust was assessed to have not met the full requirements of standard b):

For at least 95% of all the deaths of babies who died in your Trust from 30 May 2023, were parents' perspective of care sought and were they given the opportunity to raise questions?

The Trust's compliance with Safety Action One has now been downgraded to non-compliant which makes RWT's MIS year five position 9/10.

The letter to Chief Executive Officers invited Trusts to provide a summary of their evidence pertaining to Safety Action One standard b if The Trust disagreed with NHSR's decision to downgrade compliance.

The summary of evidence supporting the Trusts full compliance position for Safety Action 1 standard b, was submitted to NHSR on the 28th of February. Further validation and analysis of the evidence is required by MBRRACE-UK before NHSR can inform RWT of the outcome pertaining to Safety Action 1 standard b, which should be received in due course.

The Trust's CEO received a letter on the 18th of March from NHS Resolution informing RWT that the evidence submitted by the Trust has been reviewed by MBRRACE-UK and that they had accepted the evidence put forward; therefore, NHSR will deem The Trust compliant for 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.

NHS resolution Maternity Incentive Scheme CNST Year 6.

NHSR have written to Trusts informing that MIS Year 6 will be published on the 2nd of April 2024; it outlines the changes that have been made to the Technical Guidance and for year 6 provides Trusts with an audit/compliance tool to monitor progress and support working towards compliance with the 10 safety actions.

RECOMMENDATIONS

To Note Report

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 an over establishment of the Midwifery workforce of +11.15 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 by 1.65 WTE.

Long term sickness within both workforces remains at a minimum.

The 6 monthly BR+ tabletop workforce assessment recommended by The National Institute for Health and Care Excellence (NICE) has been completed by Senior Midwifery leaders and the Birth Rate + (BR+) provider team. The Directorate Director of Midwifery and Workforce leads are in the process of reviewing the tabletop BR+ outcome data.

The Directorate has developed a business case for Midwifery workforce based on the 2021 / 22 Birth Rate Plus assessment further review of the Business case is required to include the results from the BR+ tabletop exercise. The Royal Wolverhampton NHS Trust has seen a rise in birth rates in 2023 and therefore workforce requirements will be affected by a rise in birth rates and / or acuity levels of women and babies. A degree of professional judgment will be required in terms of prioritising clinical front line Midwifery workforce requirements over the next 2 years, and this will be reflected within the revised Midwifery workforce business case.

One to One Care rates in Established Labour

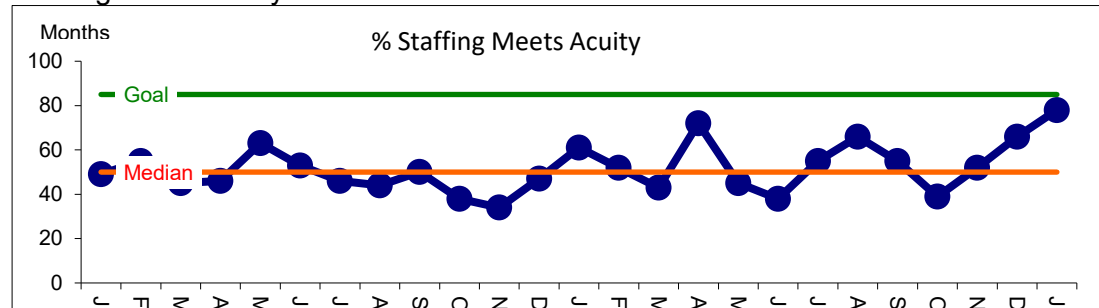
The national ambition and recommendation in NHSR CNST Maternity Incentive Scheme (MIS) safety action 5: *Can you demonstrate an effective system of midwifery workforce planning to the required standard?* Recommends that 100% of women receive 1:1 care in established labour.

One to One Care rates in established labour continue to be maintained at 100% for Q3/4.

Data for % overall Midwifery Deficit per shift December 2023 and January 2024 based on acuity of patient.

Acuity by RAG Status (Percentage)

Staffing meets acuity %



Red Flags Events December 2023 January 2024

During December 2023 there were 9 red flag events equating to 6% of shifts recording a red flag attributed to midwifery staffing deficit.

In January 2024 there were 10 red flag events equating to 7% of shifts recording a red flag attributed to midwifery staffing deficit.

The collected indicate an improving picture for midwifery staffing levels meeting the acuity of patient, There has also been a significant improvement in reported red flag events compared to Q1,2 and 3. This improvement has been attributed to successful recruitment of staff that are now in post and completed their supernumerary and induction process. Staff are now working within the establishment numbers in clinical areas.

Following review and triangulation of incidences at the weekly Multi Professional Governance and Assurance meeting it was identified that there were no adverse patient outcomes or harm directly attributed to Midwifery Red Flag events in December 2023 and January 2024.

Senior Midwifery leaders' action is to continue to monitor red flag events and triangulate with any incident / complaint data; share any lessons learned from any incidents specifically related to midwifery staffing deficit. Lessons learned are also shared externally with The Black Country Local Maternity and Neonatal System (BCLMNS) via the Quality and Safety workstream.

Local Maternity Dashboard / Minimum data measures for Trust Board

Review of the local Maternity Dashboard has indicated that booking rates continue to remain in the higher tolerance levels for quarter 3 (Q3). For January 2024 bookings were significantly higher than previous months with numbers equating to 624. The Directorate attribute these higher numbers to the single point access self-referral system that is now in place, close monitoring of bookings and import / export data will continue throughout 2024 by the Perinatal Leadership team. Any concerns re: a significant rise in birthrates will be escalated through to the Divisional Team, and Trust Board.

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 maternity Incentive Scheme (MIS) CNST safety action 1.

The Perinatal Mortality Report in line with NHR 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 continues to declare and report full compliance with the recommendations and standards for Maternity CNST Safety Action 1 standards a - d.

In the period between 3rd October and 31st December (Q3) there were 16 cases for review that qualified reporting to MBRRACE-UK. 6 of these cases are due to be discussed at The Perinatal Mortality Review Board (PMRB) in March 2024.

Update from NHR: Safety Action 1 standard b.

Are You using the Perinatal Mortality Review Tool to review Perinatal Deaths to the required standard?

Following the Trusts' submission of the Board Declaration Form to NHS Resolution (NHR) in February 2024 declaring full compliance with all 10 Safety Actions. A letter was received from NHR addressed to the Trusts Chief Executive Officer (CEO) informing that MBRRACE-UK have now completed their external verification for Safety Action 1 and advised The Royal Wolverhampton Trust (RWT) that following external verification against MBRRACE-UK/PMRT data, the Trust was assessed to have not met the full requirements for standard b):

For at least 95% of all the deaths of babies who died in your Trust from 30 May 2023, were parents' perspective of care sought and were they given the opportunity to raise questions?

The summary of evidence was submitted by the Trust and further validation analysis by MBRRACE-UK has taken place. The Trust's CEO received a letter on the 18th of March from NHS Resolution informing RWT that the evidence submitted by the Trust has been reviewed by MBRRACE-UK and that they had accepted the evidence put forward by The Trust. Therefore NHR has deemed The Trust compliant for The Maternity Incentive Scheme's Safety Action 1 standard b. (Encl. 1)

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

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

3 of the cases meet the MNSI criteria and have therefore been referred onwards. 2 are local SUI's which are progressing through Trust process and 1 is STEIS reportable progressing through governance 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.

The next MNSI Quality review Meeting is due in June 2024.

NHS Resolution Maternity Incentive Scheme CNST Year 6

NHR will be contacting all Trusts directly in the next few weeks to confirm the final MIS year 5 results. They have informed Trusts that they are working towards making payments to all Trusts from the end of April 2024 following publication of Year 5 results.

The Year 6 technical Guidance will be published on the 2nd of April. Work continues to embed the year 5 safety standards in preparation for year 6. The Perinatal Directorate will continue to monitor progress via the monthly CNST surgeries.

RECOMMENDATIONS

That the Board note the contents of the Report

Any Cross-References to Reading Room Information/Enclosures:

Perinatal Mortality Report – Reporting monitoring and learning from Deaths.

Encl 1. Letter from NHS Resolution with MBRRACE-UK conclusion re: Maternity Incentive Scheme Safety Action 1 standard b.

18 March 2024

Professor David Loughton
Chief Executive
New Cross Hospital
Wolverhampton Road
Heath Town
Wolverhampton
WV10 0QP

8th Floor
10 South Colonnade
Canary Wharf
London
E14 4PU

Sent by confidential email to: david.loughton@nhs.net
CC: steve.phipps@nhs.net; tracypalmer@nhs.net

Dear Professor Loughton,

Re Maternity Incentive Scheme (MIS) year five, external verification results for safety action one, The National Perinatal Mortality Review Tool (PMRT)

Following our correspondence dated 19 February 2024, wherein we advised you regarding the results of the external verification against MBRRACE-UK/PMRT data, it had been determined that your Trust did not meet the full requirements of standard b):

For at least 95% of all the deaths of babies who died in your Trust from 30 May 2023, were parents' perspective of care sought and were they given the opportunity to raise questions?

The Trust submitted a signed Board notification form regarding the evidence considered by the Trust Board by the specified deadline of 1 February 2024. The Trust response to the findings of the external verification process was submitted to NHS Resolution on 28 February 2024, and subsequently forwarded to MBRRACE on behalf of the Trust.

MBRRACE-UK conclusion

MBRRACE-UK has reviewed the evidence provided and accepts the reasons put forth by your organisation. However, MBRRACE-UK would like to emphasise to the Trust, that

Advise / Resolve / Learn

NHS Resolution is the operating name of NHS Litigation Authority – we were established in 1995 as a Special Health Authority and are a not-for-profit part of the NHS. Our purpose is to provide expertise to the NHS on resolving concerns fairly, share learning for improvement and preserve resources for patient care. To find out how we use personal information, please read our [privacy statement at resolution.nhs.uk/privacy-cookies/](https://resolution.nhs.uk/privacy-cookies/)



upon receiving parents' views, they should be promptly entered into the Perinatal Mortality Review Tool (PMRT) without delay. This ensures that their perspectives are captured in real-time and can be taken into account during the review process. By entering this information immediately, it facilitates a thorough consideration of parents' input and ensures that their voices are integral to the review process from the outset.

In light of this information, NHS Resolution has amended your Trust status for year five of the Maternity Incentive Scheme to show that you are now compliant with this safety action.

Please note: Further correspondence will be sent to all Trusts, informing them of the confirmed full results for year five of the Maternity Incentive Scheme (MIS) as soon as they are available.

Should you or a member of your team wish to discuss further, please contact Bridget Dack, Maternity Incentive Scheme Clinical Lead by email bridget.dack@nhs.net or by telephone on 0203 8626463 or Selina Dubison by email selina.dubison1@nhs.net or by telephone on 020 3862 6398.

Please ensure the [MIS contacts](#) list is updated with any new contacts, to ensure all correspondence relating to the MIS is received by the relevant colleagues within your Trust.

Kind regards



Helen Vernon
Chief Executive
NHS Resolution

Paper for submission to the Trust Board Meeting – to be held in Public on Tuesday 16 th April 2024		
Title of Report:	Chief Medical Officer's Report	Enc No: 11.7
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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recommendations:			
The Board is asked to note the contents of the report. Detailed papers are listed below and can be accessed via the reading room.			

Implications of the Paper:		
Risk Register Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Risk Description: On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :	
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None None Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable):	
Resource Implications:	(if none, state 'none') Revenue: None Capital: None Workforce: 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 <input type="checkbox"/> No <input type="checkbox"/> Details:
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
CQC Domains	Safe: Effective: Caring: Responsive: Well-led:	

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: TMC March 2024
	Board of Directors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Trust Board April 2024
	Other	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	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)	
<i>Excel in the delivery of Care</i>	<ul style="list-style-type: none"> • Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
<i>Support our Colleagues</i>	<ul style="list-style-type: none"> • Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> • Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Report of the Chief Medical Officer

Report to Trust Board Meeting to be held in Public on Tuesday 16th April 2024

EXECUTIVE SUMMARY

The report covers the following functions:

- Education and Training report.

BACKGROUND INFORMATION

Education and Training

- Trust Mandatory training compliance is at 94.2%, well above the acceptable threshold but slightly below the 95% target set by the Trust.
- In 2023 circa 80 new digital learning courses were designed by the team, in addition to updating existing e-learning packages and other digital learning workstreams.
- External quality visit received from Aston University for Undergraduate Medical Education was very positive, although the formal report is awaited.
- NETS survey results for Postgraduate doctors in training show a marked improvement on previous year's results.
- Recruitment underway for replacement TPD approved Educational Supervisor for Core Trainees in Medical Oncology. If recruitment is unsuccessful the Trust will not receive any Medical Trainees from September 24.
- Current demands on education accommodation exceed that which can be supplied. A further scoping exercise is underway to understand the future accommodation needs taking into account the NHS Long-term Workforce Plan.
- Educational leads business case approved providing dedicated consultant resource to the Directorates for the appropriate PA coverage for the supervision of postgraduate doctors in training within their areas.
- Minimal impact on postgraduate and undergraduate medical training during the recent rounds of Industrial Action.
- Risk 5500 – Resuscitation Trolley equipment has now been resolved following the most recent audit and the risk is closed.
- Patient Moving and Handling is struggling to meet the needs of the Trust due to the increase in demand and a limited capacity of the team and has been entered onto the Directorate risk register and being managed accordingly.

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:

- TMC Report Education and Training March 2024

Report to the Trust Board Meeting – to be held in Public on 16 April 2024		
Title of Report:	Integrated Quality and Performance Report – Executive Summary	Enc No: 11.8
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:	Gwen Nuttall Chief Operating Officer Debra Hickman Chief Nursing Officer	

Action Required of the Board/Committee/Group			
Decision	Approval	Discussion	Other
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Recommendations:			
The Board is asked to note the contents of the report and in particular items referred to the Board for decision or approval.			

Implications of the Paper:			
Risk Register Risk	Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Description: On Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	State None if None Risk Description Is Risk on Risk Register: Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHSE	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
	NHS Constitution	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
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CQC Domains	Safe: Effective: Caring: Responsive: Well-led:		
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	& Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board Committee	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: TMC 22 March 2023
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Executive Summary

Obs on time: very slight decrease in performance seen during February 24. 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.

C.diff: 7 cases in month against a target of 4, however, the annual trajectory is 53 for 2023/24, the cumulative total at end of February 2024 is 73. RWT hosted ICB quality visit on the 11th of January 2024, specifically to look at the pathway for patients with loose stools and known C. difficile. Positive feedback received and actions have been added to the Trust C. diff action plan, which is reviewed monthly.

MRSA: one case during February 24.

CHPPD (total nursing): remains stable and above target. Workforce plan is currently being ratified.

Smoking at delivery: performance saw further improvement in month. Since the introduction of the maternity lead tobacco dependency service (TDS) in 2019, the rates of smoking at time of birth has fallen faster than the National average.

RTT incomplete pathway: the overall target has seen some deterioration. This remains in the lower control limit.

RTT 78+ week wait: we saw a month end position of 15. The national target for clearance of these patients has been moved to end of March 24 and we are currently on trajectory to achieve this.

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 12.35% during February 24 when compared with the same period last year (daily averages of 127 this year compared with 115 the previous year). Daily average attendance numbers during February 24 were 430 compared to 414 in the previous year.

Cancer: Referrals remained high during February 24 particularly in Breast, Lung and Skin. Overall referrals in month were 10% higher than we saw in the same period last year. The 62 day backlog is continuing to reduce and is on target to be below trajectory at the end of March 2024.

Executive Summary (continued)

RIT referrals/patients accepted and seen: referral numbers dipped during February 24 bringing them back down to average numbers expected. 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): showed some improvement in month, however, it remains slightly above target. HR colleagues have been reviewing cases where staff are experiencing the highest levels of absence to ensure appropriate escalation within divisional structure









Integrated Quality and Performance Report February 2024

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



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Key to KPI Variation and Assurance Icons

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

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

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

Executive Summary

Obs on time: very slight decrease in performance seen during February 24. 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.

C.diff: 7 cases in month against a target of 4, however, the annual trajectory is 53 for 2023/24, the cumulative total at end of February 2024 is 73. RWT hosted ICB quality visit on the 11th of January 2024, specifically to look at the pathway for patients with loose stools and known C. difficile. Positive feedback received and actions have been added to the Trust C. diff action plan, which is reviewed monthly.

MRSA: one case during February 24.

CHPPD (total nursing): remains stable and above target. Workforce plan is currently being ratified.

Smoking at delivery: performance saw further improvement in month. Since the introduction of the maternity lead tobacco dependency service (TDS) in 2019, the rates of smoking at time of birth has fallen faster than the National average.

RTT incomplete pathway: the overall target has seen some deterioration. This remains in the lower control limit.

RTT 78+ week wait: we saw a month end position of 15. The national target for clearance of these patients has been moved to end of March 24 and we are currently on trajectory to achieve this.

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 12.35% during February 24 when compared with the same period last year (daily averages of 127 this year compared with 115 the previous year). Daily average attendance numbers during February 24 were 430 compared to 414 in the previous year.

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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): showed some improvement in month, however, it remains slightly above target. HR colleagues have been reviewing cases where staff are experiencing the highest levels of absence to ensure appropriate escalation within divisional structures.

Corporate Scorecard Summary

Quality				
Key Performance Indicators	Plan	Actual	Variation	Assurance
Observations on time	>90%	87.3%		
Clostridioides difficile	4	7		
MRSA Bacteraemia	0	1		
CHPPD (total)	>/= 7.6	7.97		
Smoking at delivery	<7%	7.9%		

Integrated Care				
Key Performance Indicators	Plan	Actual	Variation	Assurance
RIT referrals received		1,233		
Patients accepted and seen		1,221		
Virtual Ward		360		
Care Coordination referrals accepted		3,531		


















Performance				
Key Performance Indicators	Plan	Actual	Variation	Assurance
RTT - Incomplete Pathway	92%	53.14%		
RTT - 78+ Weeks	0	15		
Diagnostic 6 week wait	>99%	70.80%		
ED - 4 hour wait	76%	76.14%		
Cancer 2 week wait	93%	80.01%		
Cancer 62 day combined	85%	33.74%		

Human Resources				
Key Performance Indicators	Plan	Actual	Variation	Assurance
Trust Vacancy Rate	6%	2.54%		
Turnover (normalised)	10%	9.27%		
Retention (12 months)	88%	89.97%		
Appraisals	90%	84.80%		
Sickness (monthly)	5%	5.40%		

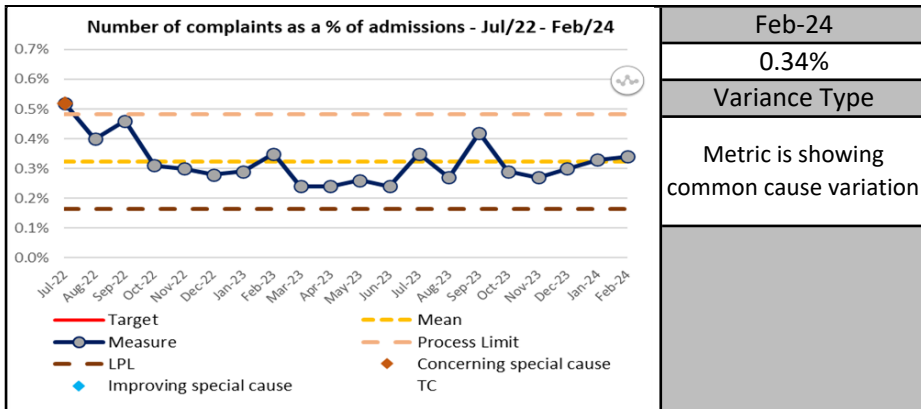
Indicator Summary

Passing	Hit and Miss	Failing
<p>Quality - Duty of candour elements 1&2, serious incidents reported within 48 hours, CHPPD registered nursing and midwife to birth ratio.</p> <p>Performance - Cancelled ops as % of electives, urgent cancelled ops for 2nd time and E-discharge summary.</p> <p>Integrated Care - Patients offered HIV test.</p> <p>Human Resources: Vacancy rate, retention (12 mths) & mandatory training (generic).</p>	<p>Quality - Complaints against policy, C.diff, MRSA, medication incidents causing serious harm, never events, CHPPD total, sepsis ED/inpatient & smoking at time of delivery.</p> <p>Performance - Cancelled ops not rebooked within 28 days, ED 4 hour wait, ambulance handover <15, <30 & >60 minutes, cancer 2ww and 28 day FDS.</p> <p>Integrated Care: Crisis response.</p> <p>Human Resources: Turnover and sickness rate monthly.</p>	<p>Quality - Observations on time.</p> <p>Performance - RTT incomplete %, RTT 78+ weeks, diagnostic waits, ED attend >12 hours, cancer 31 day combined and 62 day combined.</p> <p>Integrated Care - Sexual health appointments offered.</p> <p>Human Resources: Appraisals & sickness rate (rolling 12 months).</p>

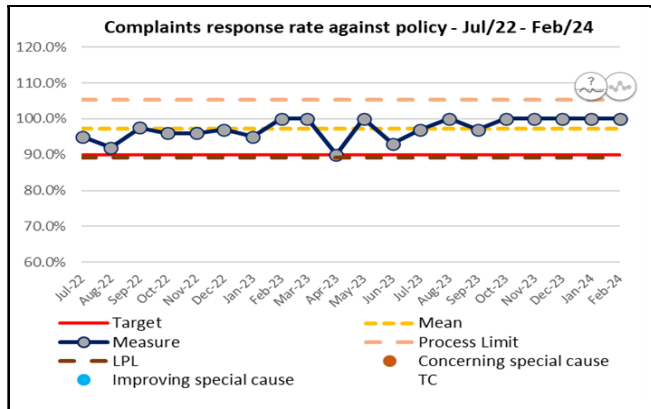
Quality

Metric - Patient Experience	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Number of complaints as a % of admissions	Surveillance			0.42%	0.29%	0.27%	0.30%	0.33%	0.34%
Complaints response rate against policy	90%			97.0%	100.0%	100.0%	100.0%	100.0%	100.0%
FFT response rates - Trust wide	Surveillance			15.0%	15.0%	14.0%	13.0%	14.0%	13.0%
FFT recommendation rates - Trust wide				85.0%	86.0%	85.0%	84.0%	84.0%	83.0%
Observations on time (Trust wide)	>90%			87.3%	89.9%	88.4%	87.8%	87.9%	87.3%
Duty of Candour - Element 1: notifying patients and families of the incident and investigation taking place. Due 10 working days after incident is reported to STEIS	0			0	0	0	0	0	0
Duty of Candour - Element 2: sharing outcome of investigation with patients/relatives. Due 10 working days after final RCA report is submitted to CCG	0			0	0	0	0	0	0
Metric - Patient Outcomes	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Pressure ulcers - STEIS reportable cases	Surveillance			0	0	0	0	0	0
Pressure ulcers per 1,000 occupied bed days				1.32	2.10	1.24	1.40	1.51	1.73
Falls rate with harm per 1,000 occupied bed days				0.04	0.00	0.00	0.00	0.00	0.00
Patient falls - rate per 1,000 occupied bed days				3.43	2.32	3.14	3.25	4.15	3.51
Crude mortality rate				1.65%	1.80%	1.83%	2.14%	2.00%	2.11%
RWT SHMI				0.9262	0.9262				

Metric - Patient Safety	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Clostridioides difficile	4			10	10	8	3	7	7
MRSA Bacteraemia	0			0	1	0	0	1	1
E.Coli	Surveillance			28	34	27	26	22	19
Medication error - incidents causing serious harm	0			0	0	0	0	0	0
Serious incident reporting - report incidences within 48 hours	0			0	0	0	0	0	0
Never events	0			0	0	0	0	0	0
Mental Health ED patient attendance numbers	Surveillance			383	407	350	348	379	373
Metric - Patient Safety (continued)	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Care hours per patient - total nursing & midwifery staff actual	>/= 7.6			8.30	8.09	8.08	8.15	8.03	7.97
Care hours per patient - registered nursing & midwifery staff actual	>/= 4.5			5.20	5.00	5.10	5.20	5.10	5.04
Midwife to birth ratio	</=30			26.0	26.0	26.0	26.0	27.0	26.0
Sepsis screening - ED	>/= 90%			100.0%	100.0%	100.0%	96.0%	100.0%	100.0%
Sepsis screening - Inpatients (reported quarterly)	>/= 90%			87.50%	85.83%				
Thrombus - Hospital acquired (VTE numbers) per 1,000 occupied bed days (reported quarterly 1 month in arrears)	Surveillance			0.69	0.74				
Metric - Maternity	Target	Variation	Assurance	Aug-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Smoking at delivery	<7%			8.8%	9.3%	10.2%	10.1%	8.4%	7.9%
Babies being cooled (born here)	Surveillance			1	2	1	0	0	0



Feb-24
0.34%
Variance Type
Metric is showing common cause variation



Feb-24
100.0%
Variance Type
Metric is showing common cause variation
Target
90.0%
Achievement
Metric is currently passing the target

Summary

Complaints: There were 42 formal complaints received in February 2024. This represents a 2% increase when compared with the previous month. As with the previous month's performance there has been minimal fluctuation in the volume received by directorates.

Whilst ED have received the highest volume of complaints (9 cases) this equates to 0.1% of activity. Adult Community and Cardiac have seen the highest increase when compared to the previous month (from no cases to 2). The themes of these complaints relate to General Care of Patient (1 case), Clinical Treatment (1 case) and Patient Discharge (2 cases).

In terms of themes from cases closed, whilst General Care of Patient continues to feature highly the themes of Patient Discharge, Information and Medication Problems have all experienced an increase in regard to the volume of complaints aligned to these category's.

A deep dive of these cases has shown that the sub category of inappropriately discharged was the highest area of dissatisfaction. ED was identified as an outlier for the majority of these of which 50% were attributed an outcome of upheld with the common themes for learning identified as process and training.

Response: 43 complaints were closed, of which 21 were closed within 30 working days. Of the 22 complaints that took longer than 30 days, all gained consent to breach from the complainant.

Actions

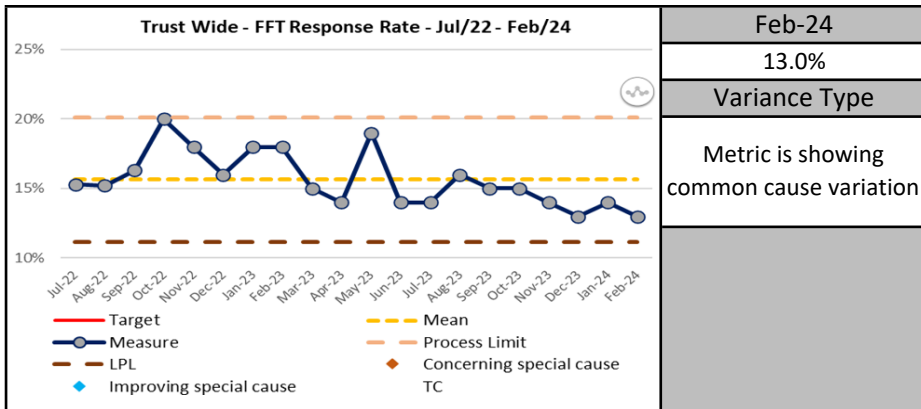
The themes and trends of concern will be discussed with relevant Directorates, at PFOG (Patient Feedback Oversight Group) and at quarterly Divisional governance meetings, to agree remedial actions. Oversight of improvements, trends and actions will also be maintained through the Patient Experience Group (PEG).

Meetings have already taken place between the Senior Management in ED and a Matron who is currently placed within the Patient Experience Team to look at cases upheld, learning and review their local process for sharing and monitoring actions. This will also be monitored through the Patient Feedback Oversight Group (PFOG).

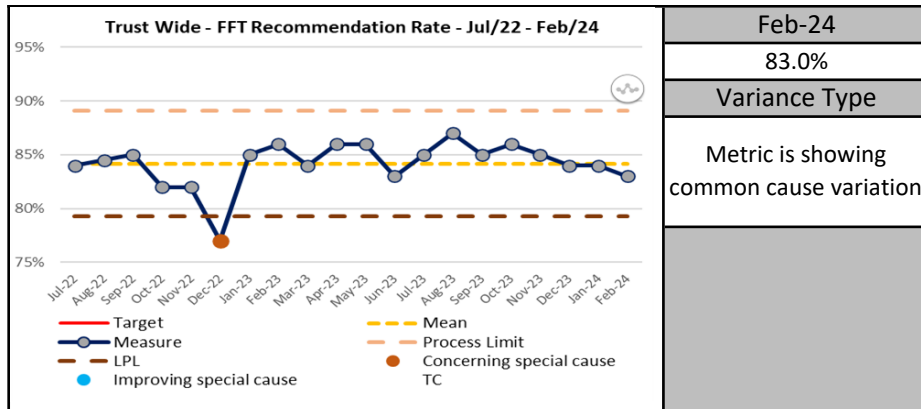
Assurance

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.



Feb-24
13.0%
Variance Type
Metric is showing common cause variation



Feb-24
83.0%
Variance Type
Metric is showing common cause variation

Summary

Actions

Assurance

FFT: The overall Trust wide response rate for February 2024 was 13% with 83% recommending and 11% not recommending the Trust.

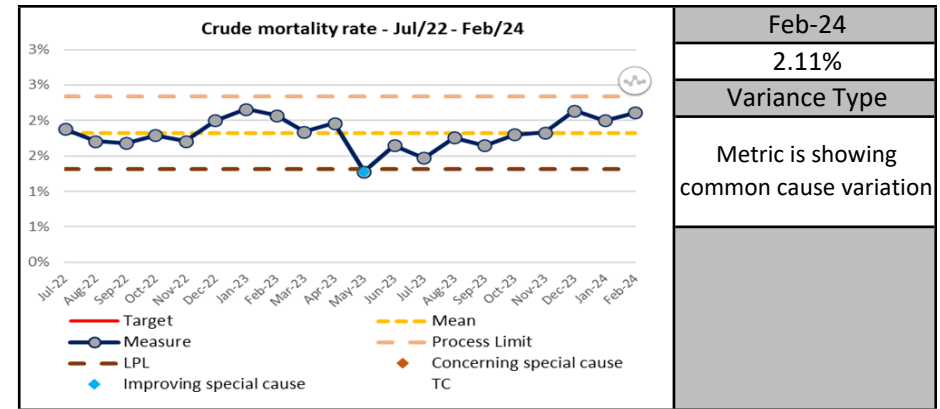
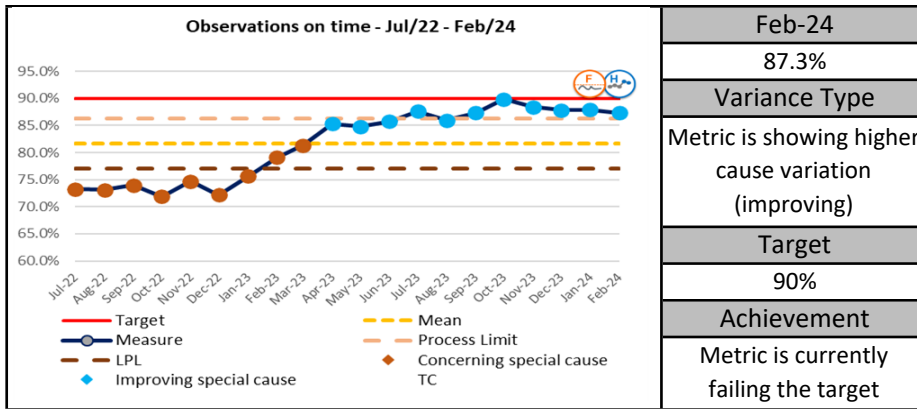
Both the response and recommendation rate have experienced a reduction in the score when compared to the previous month. It is also noted that the non recommendation rate has seen a negative increase of 1% when compared to the previous month's performance. The decrease in performance could be attributed to the decrease in the volume of surveys sent when compared to the previous month (January 30,030 & February 29,856).

In terms of divisional overview, it is pleasing to see that whilst Division 2 has seen a 2% decrease in the response rate that they have experienced a notable 11% increase in the recommendation rate and a 10% reduction in the non recommendation rate score. Division 1 has seen an increase in the response rate with its recommendation remaining consistent with the previous month (93%).

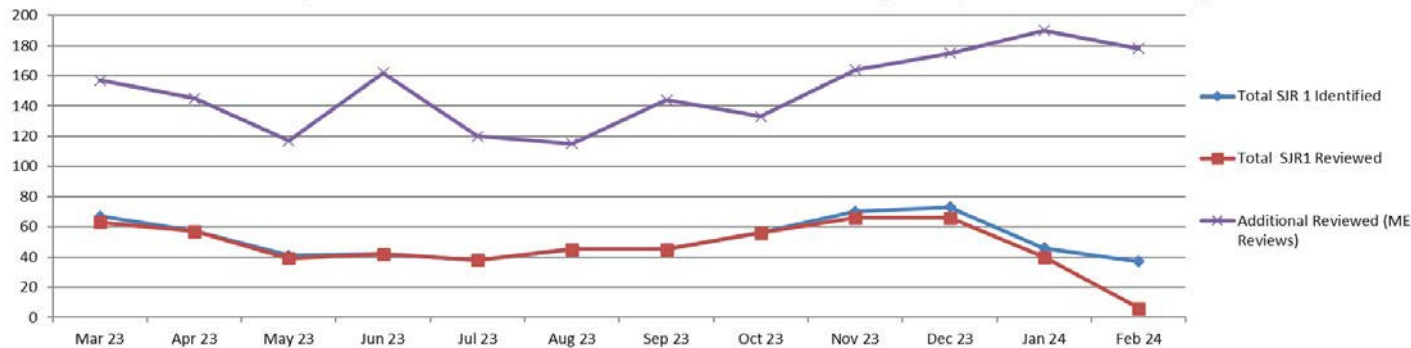
A review of the patient qualitative feedback has shown that although there has been a decrease in the volume of surveys undertaken that this is not indicative of patient dissatisfaction as the top 3 positive words are noted as Staff, Care and Attitude in conjunction with the top 3 themes of Staff Attitude, Implementation of Care and Clinical Treatment.

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.

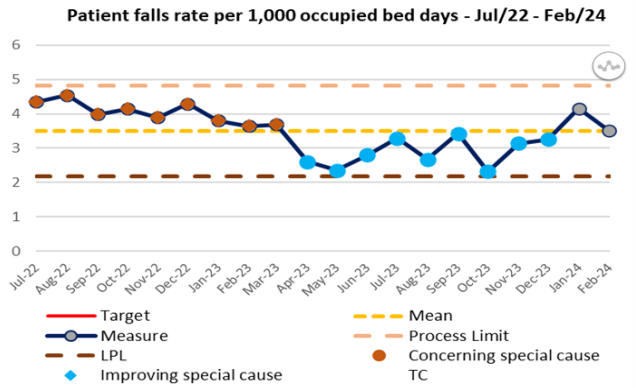
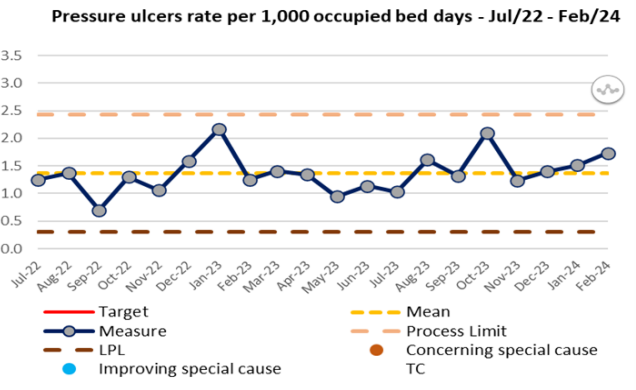
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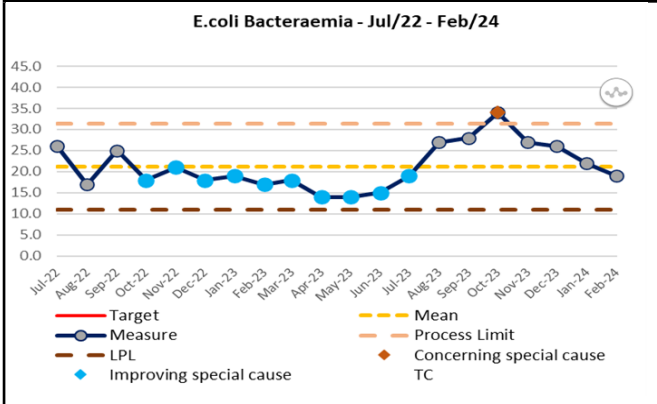
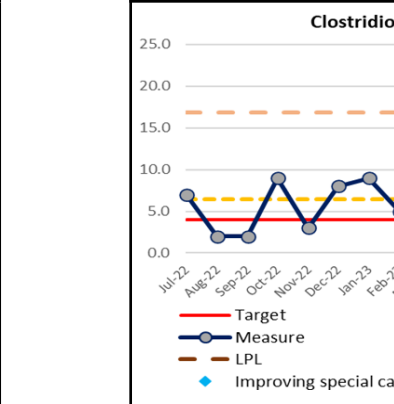


Scrutiny of Deaths - Period 1st March 2023 to 29th February 2024 (as at 1st March 2024)

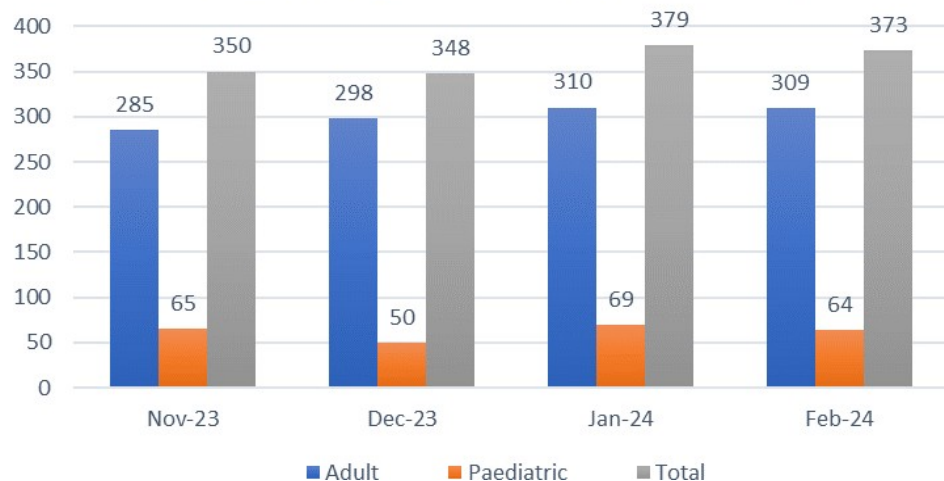


Summary	Actions	Assurance
<p>Observations on time: Performance was 87.3% in February 2024 and this represents a decrease of 0.6% when compared with the previous month.</p> <p>NEWS2 Scale 2 report is now available on the Information Portal, Scale 2 e-Learning teaching package will be available Spring 2024 at RWT.</p>	<p>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).</p> <p>A notes sticker has been approved at DPG on the use of NEWS2 Scale 2.</p>	<p>Monitoring and progress continue to be discussed at the Deteriorating Patient Group and other relevant forums.</p> <p>The Quality team continues to work with wards individually regarding tips to improve observations on time and correct application of NEWS2 Scale2.</p>
<p>Mortality: The SHMI was 0.9262 and remained within the expected range. At last reported position to MRG Chair as at 1st March 2024, there were 54 outstanding SJRs awaiting review (increase from 37 at previous time of reporting).</p>	<p>Of the SJRs completed during quarter 4 reported to MRG Chair on 14th March 2024, 5 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.</p>	<p>SHMI remains within the expected range and oversight of the learning from SJRs and the wider mortality agenda continues via the Mortality Review Group.</p>

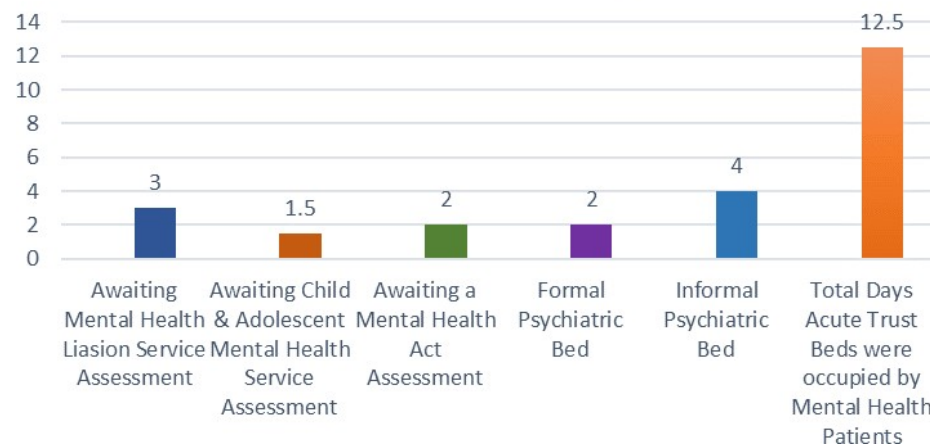
 <p>Patient falls rate per 1,000 occupied bed days - Jul/22 - Feb/24</p> <p>Feb-24 3.51 Variance Type Metric is showing common cause variation</p>	 <p>Pressure ulcers rate per 1,000 occupied bed days - Jul/22 - Feb/24</p> <p>Feb-24 1.73 Variance Type Metric is showing common cause variation</p>	
Summary	Actions	Assurance
<p>Falls: In total, there were 115 falls reported in February 2024, compared to 137 in January 2024, which represents a decrease of 16%.</p> <p>Ongoing main themes from incidents include:</p> <ul style="list-style-type: none"> - Omissions in Nursing documentation. - Bedrail use outside of guidance. 	<p>NatPSA/2023/010/MHRA Bed and Trolley Rails Policy for RWT approved and uploaded on policy site.</p> <p>Falls assessment and enhanced risk assessment tool reviewed and will be included in revised Prevention of Falls Policy, alongside major revision of nursing assessment documentation.</p> <p>A review of the current processes in relation to falls and the Patient Safety Incident Framework has been completed and will be reviewed via the joint Falls Steering Group.</p>	
<p>Pressure Ulcers: In total, 48 pressure ulcer incidents were reported in February 2024, in comparison to 46 reported in January 2024.</p> <p>From a moisture associated skin damage (MASD) perspective, 98 MASDs were reported in February 2024, in comparison to 76 reported in January 2024.</p> <p>Ongoing main themes from incidents include:</p> <ul style="list-style-type: none"> - Omissions in Nursing documentation. - Complex end of life patients. 	<p>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.</p> <p>Pilot for MASD assessment tool continues.</p> <p>In regards to continence, a review of products and staff training is in progress, which is being overseen by the Catheter and Continence group.</p>	<p>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 and the Tissue Viability Steering Groups.</p>

 <p>E.coli Bacteraemia - Jul/22 - Feb/24</p>	<p>Feb-24</p> <p>19</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p>		 <p>Clostridioides difficile - Jul/22 - Feb/24</p>	<p>Feb-24</p> <p>7</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>4</p> <p>Achievement</p> <p>Metric is currently failing the mth target</p>	
Summary	Actions		Assurance		
<p>HCAI: C.difficile saw 7 cases against the target of 4 during February 2024. The annual trajectory is 53 for 2023/24, the cumulative total at end of February 2024 was 73. In addition, there were a total of 19 E.coli cases reported.</p> <p>There was 1 case of MRSA Bacteraemia cases during February 2024.</p>	<p>RWT hosted ICB quality visit on the 11th of January 2024, specifically to look at the pathway for patients with loose stools and known C. difficile. Positive feedback received and actions have been added to the Trust C. diff action plan, which is reviewed monthly.</p> <p>A collaborative Quality Improvement project with ED continues, identifying patients on admission with loose stool and encouraging prompt stool sampling.</p> <p>The IP team participate in ICB C. difficile task and finish group and collaborating with NHSE to develop CDI education resources for the region.</p> <p>Environmental audits are completed monthly; results are incorporated into exemption reports that are reviewed at incident meetings. Monthly audit results are discussed at Environment Group and any areas of concern or gaps in results are escalated to relevant ward/department managers for action.</p>		<p>An action plan is in place for Clostridioides difficile which includes, increased education for staff, review of audits and antimicrobial ward round is informed by the regional c.difficile collaboration work, this is reviewed monthly and updated accordingly.</p> <p>An overarching IP Delivery Plan is in place with oversight maintained at Trust IPC Group.</p>		

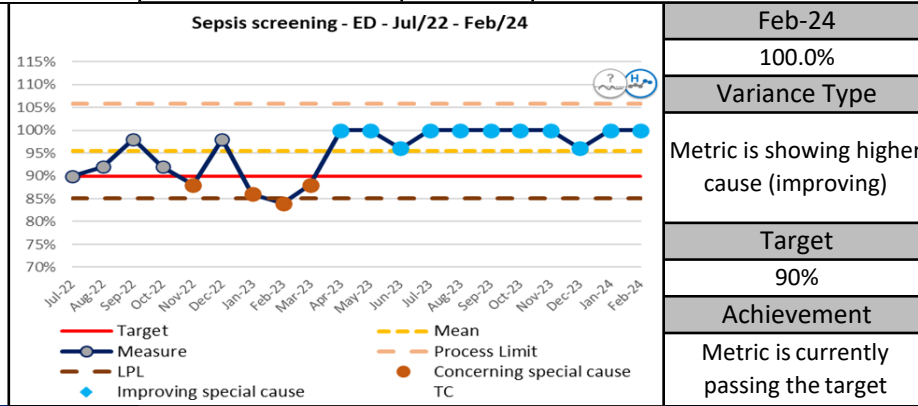
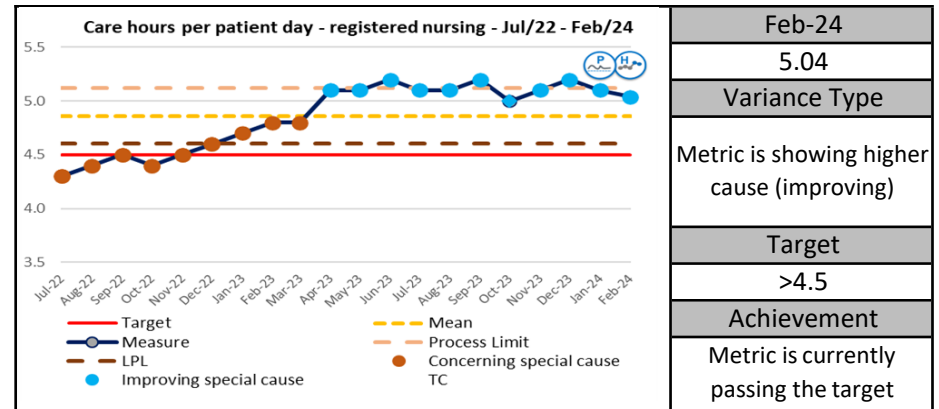
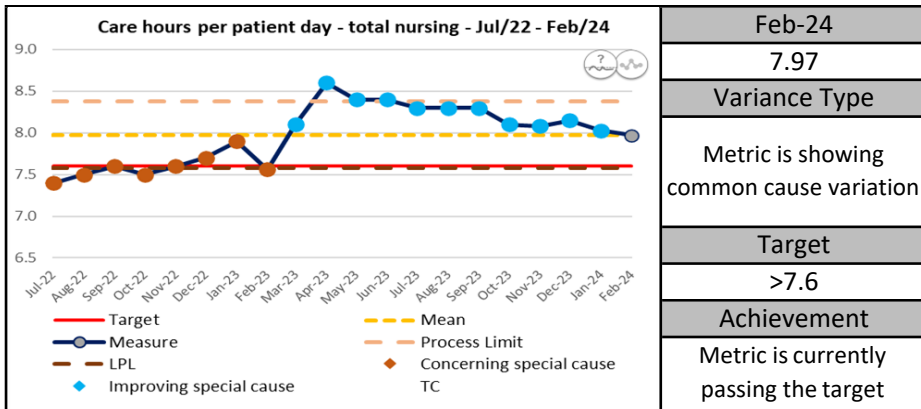
Mental Health ED Patient Attendance Numbers



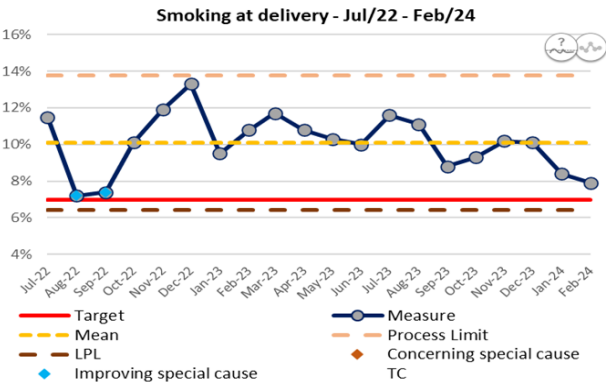
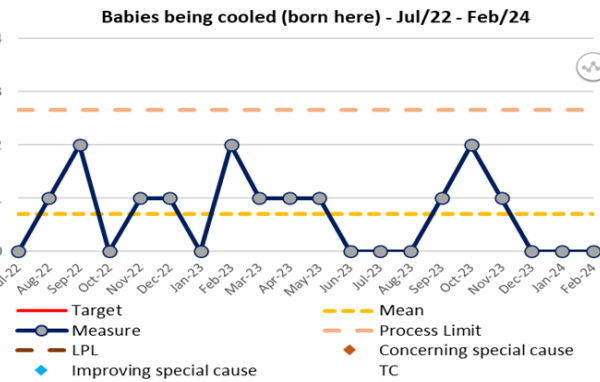
Length of Stay in Days for Mental Health Patients in Acute Trust Beds - February 24



Summary	Actions	Assurance
<p>Mental Health: RWT continues to experience high volumes of mental health patients presenting to the Emergency Department, with 309 adults and 64 children/young people attending in February 2024. The increased attendance results in patients experiencing prolonged waits for specialist mental health beds and assessments, contributing to a total delay of 288 hours in February 2024.</p> <p>In terms of sections, the activity in February 2024 was as follows: Section 17 leave: 2 patients Section 5(2): 1 patient Section 2: 0 patients Section 3: 0 patients</p> <p>The patients who have been on section 17 leave have required enhanced care; this has been provided by the mental health facility where they are detained under the Mental Health Act.</p>	<p>RWT has been reviewing the restraint Policy and aligning the Missing Policy to the new Police, Right Care, Right Person as of 05/02/24 in the West Midlands. This will affect how the current practices around Welfare checks, AWOL (Missing Person) and Transportation under 135/136 MHA.</p> <p>The Mental health team are meeting with the external mental health provider monthly to ensure transparency and discussion around incidents occurring within RWT. This meeting feeds up to the Mental Health Steering Group bi-monthly.</p> <p>Reviewing Policies (Missing Person, Restrictive intervention) to be aligned with the changes in practice due to Right Care, Right Person.</p> <p>Staff Training and identifying Acute Staff to attend the Train the Trainer Course for IKON (Managing challenging behaviour) training following the funding approval.</p>	<p>Mental Health team has remained reviewing services and provide clear pathways for mental health patients to support safe, high-quality care.</p> <p>Mental health Team working with the Comms Team to disseminate the RCRP principles which ensures that a patient receives the appropriate level of care in the most suitable setting.</p> <p>Operational Sec 136/135 meetings are ongoing and being held with BCH on a monthly basis to highlight recurrent inappropriate use of ED as a Place of Safety (POS). West Midlands Police are also being consulted regarding the issues and barriers that they are experiencing in being able to access BCH POS leading to further inappropriate use of ED as an alternative POS.</p>



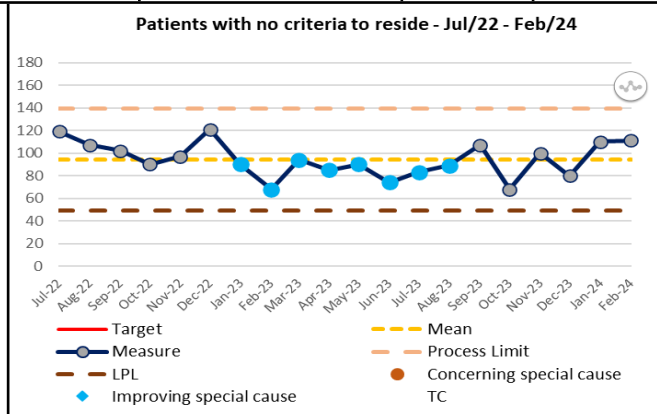
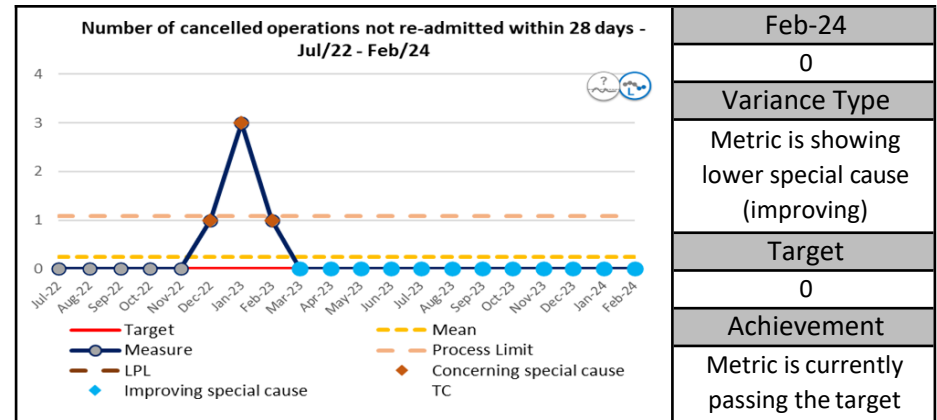
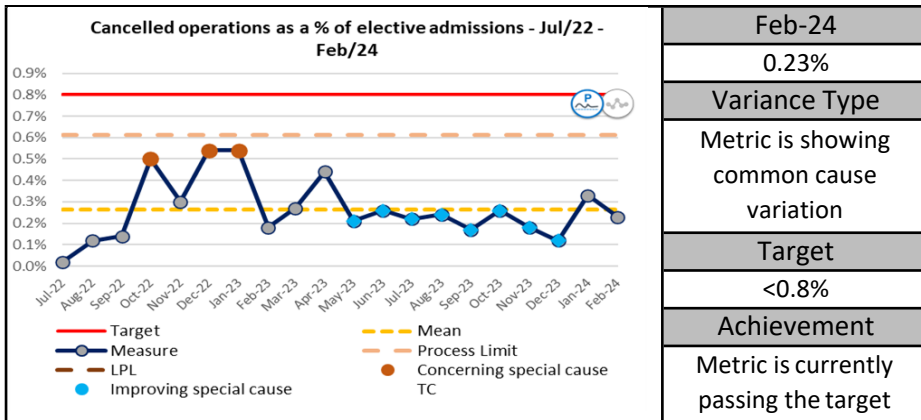
Summary	Actions	Assurance
<p>Care Hours per Patient Day (CHPPD): The Trust's average for February 2024 was 7.97, which represents a small decrease of 0.06 in month. The model hospital dashboard shows a national median to be 7.8 (December 2023).</p> <p>Adult inpatient range was between 4.3 - 9.6 (Mean 6.6) Critical care/Neonatal range was between 26.3 - 29.5 (Mean 28.1) Emergency portal range was between 7.7 - 9.5 (Mean 8.6)</p>	<p>Monthly review of supernumerary shift and unavailability by the Divisional Heads of Nursing.</p> <p>Monthly review of Net hours shared with the Divisional heads of Nursing as an additional challenge from finance at budget meetings.</p> <p>Workforce metrics report giving future projections (2 months) now implemented.</p>	<p>Retention data remains stable.</p> <p>Workforce plan is currently being ratified.</p>
<p>Sepsis screening in ED: reported as 100% in February 2024.</p>		<p>Oversight of sepsis and deteriorating patient agenda and specific actions remain via the Deteriorating Patient Group.</p>

	<table border="1"> <tr><td>Feb-24</td></tr> <tr><td>7.9%</td></tr> <tr><td>Variance Type</td></tr> <tr><td>Metric is currently showing common cause variation</td></tr> <tr><td>Target</td></tr> <tr><td><7%</td></tr> <tr><td>Achievement</td></tr> <tr><td>Metric is currently failing the target</td></tr> </table>		Feb-24	7.9%	Variance Type	Metric is currently showing common cause variation	Target	<7%	Achievement	Metric is currently failing the target		<table border="1"> <tr><td>Feb-24</td></tr> <tr><td>0</td></tr> <tr><td>Variance Type</td></tr> <tr><td>Metric is currently showing common cause variation</td></tr> <tr><td></td></tr> </table>		Feb-24	0	Variance Type	Metric is currently showing common cause variation	
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Summary	Actions		Assurance															
<p>Maternity: Smoking times at delivery (SATOD) - Smoking at time of Delivery rates has seen an improvement in month 7.9%, however, this remains higher than the national ambition (<7%).</p> <p>Since the introduction of the maternity lead tobacco dependency service (TDS) in 2019, the rates of smoking at time of birth has fallen faster than the National average. However, improvements are ongoing and it remain above the national average.</p>	<p>Public Health Lead midwife is working with the RWT QI team to try and improve patient engagement and continuity of accessing the TDS service.</p> <p>Smoking cessation clinics and drop in sessions run by the TDS team are now available across the city.</p>		<p>Smoking is monitored monthly on the maternity dashboard and element 1 of the 'Saving Babies Lives Care Bundle' SBLCB V3. This data will be submitted to the Local Maternity & Neonatal System (LMNS) at the end of March 2024 to externally validate compliance with the SBLCB V3 tool kit.</p>															
<p>Babies being cooled - there were no babies cooled during February 2024.</p>																		

Performance

Metric - Patient Experience	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Number of cancelled operations on the day of surgery for non-medical reasons				9	15	11	6	19	13
Cancelled operations as a % of elective admissions	<0.8%			0.17%	0.26%	0.18%	0.12%	0.33%	0.23%
Number of cancelled operations not re-admitted within 28 days	0			0	0	0	0	0	0
Number of urgent cancelled operations cancelled for a 2nd time	0			0	0	0	0	0	0
Patients with no criteria to reside				107	68	100	80	110	111
Metric - Waiting Times	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
RTT - % of patients on an incomplete pathway	92%			54.75%	55.90%	56.10%	54.16%	53.81%	53.14%
RTT - number of patients waiting 78+ weeks				50	61	19	38	41	15
Total Incomplete Number				86,959	86,605	88,111	88,275	89,000	88,473
Diagnostic Test - % of patients waiting 6 weeks or more	>99%			56.82%	60.67%	62.84%	61.70%	62.30%	70.80%
Metric - Urgent Care	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Total time spent in ED (4 hours) - New Cross Hospital	76% (from Apr 23)			67.84%	68.41%	66.84%	65.22%	65.61%	65.52%
Total time spent in ED (4 hours) - Combined				77.79%	77.05%	77.19%	76.00%	76.67%	76.14%
% of ED attendances >12 hours	0			8.18%	9.90%	11.17%	9.09%	11.85%	10.97%
Ambulance handover within 15 minutes	65%			51.54%	43.54%	39.92%	49.62%	41.05%	49.05%
Ambulance handover within 30 minutes	95%			82.64%	77.46%	70.77%	80.62%	68.05%	79.00%
Ambulance handover >60 minutes	0%			7.91%	10.85%	16.04%	9.61%	18.38%	8.13%
% of emergency admissions via Emergency Department				40.03%	39.35%	40.29%	40.22%	40.79%	39.98%

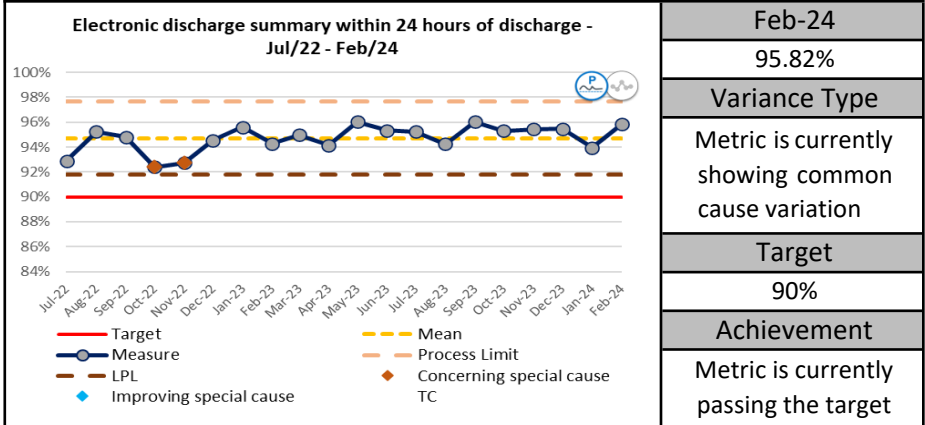
Metric - Organisational Efficiency	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Electronic discharge summary within 24 hours of patient discharge	>/= 90%			96.02%	95.31%	95.43%	95.46%	93.95%	95.82%
Metric - Cancer Waiting Times	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
2 Week Wait - Cancer Referrals	93%			75.86%	76.23%	86.83%	94.62%	85.41%	80.01%
31 Day Combined	96%			83.89%	85.23%	83.54%	88.36%	83.76%	86.57%
62 Day Combined	85%			42.86%	40.43%	47.62%	46.60%	46.25%	33.74%
28 Day Faster Diagnosis Standard	75%			73.58%	73.20%	75.63%	73.81%	73.65%	80.49%



Summary	Actions	Assurance
<p>Cancelled Operations: We remain below target. There were no patients who had been cancelled on the day that were not rebooked within 28 days. Reasons for cancelling on the day are:- Ran out of theatre time - 62% More urgent case - 38%</p>	<p>All cancelled operations on the day of surgery are reported daily and root cause analysis (RCA) is completed</p>	<p>RCA's are circulated to Deputy COO's on a weekly basis as part of the weekly performance meeting.</p>
<p>Patients with no criteria to reside: at the end of February 24 we had 111 patients in a hospital bed that were medically fit for discharge. This is a deterioration of 1 patient when compared with the previous month.</p>	<p>Daily medically fit for discharge meetings where every patient is reviewed. Daily escalation telephone calls to local authority and community teams.</p>	<p>The huddle tool is used internally to communicate between all departments.</p>

<p>RTT - % of patients on an incomplete pathway - Jul/22 - Feb/24</p> <p>Legend: Target (red), Measure (blue), LPL (brown), Mean (yellow dashed), Process Limit (orange dashed), Concerning special cause (orange diamond), Improving special cause (blue diamond), TC (grey circle).</p>	<p>Feb-24</p> <p>53.14%</p> <p>Variance Type</p> <p>Metric is showing lower special cause (concern)</p> <p>Target</p> <p>92%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>	<p>Diagnostic Test - % of patients waiting 6 weeks or more - Jul/22 - Feb/24</p> <p>Legend: Target (red), Measure (blue), LPL (brown), Mean (yellow dashed), Process Limit (orange dashed), Concerning special cause (orange diamond), Improving special cause (blue diamond), TC (grey circle).</p>	<p>Feb-24</p> <p>70.80%</p> <p>Variance Type</p> <p>Metric is showing higher special cause (improving)</p> <p>Target</p> <p>>99%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>
<p>Total time spent in ED (4 hours) combined - Jul/22 - Feb/24</p> <p>Legend: Target (red), Measure (blue), LPL (brown), Mean (yellow dashed), Process Limit (orange dashed), Concerning special cause (orange diamond), Improving special cause (blue diamond), TC (grey circle).</p>	<p>Feb-24</p> <p>76.14%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>76%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>	<p>% of ED attendances >12 hours - Jul/22 - Feb/24</p> <p>Legend: Target (red), Measure (blue), LPL (brown), Mean (yellow dashed), Process Limit (orange dashed), Concerning special cause (orange diamond), Improving special cause (blue diamond), TC (grey circle).</p>	<p>Feb-24</p> <p>10.97%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p><2%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>
Summary		Assurance	
<p>RTT: 15 patients were reported as waiting 78+ weeks at month end. We are currently on trajectory to be at zero by the end March 24.</p>	<p>The national target for clearance of these patients has been moved to March 24. We continue to use mutual aid where appropriate and available with a view to achieving this.</p>		<p>These patients are monitored at the PTL meetings 3 times per week where each patient is reviewed on an individual basis.</p>
<p>Diagnostics: This continues to show an overall improving trend, however, this currently remains below target.</p>	<p>U/S scans remain the biggest issue due to large backlog (overall performance excluding U/S is 80.29%). Overall endoscopy overdue planned numbers are continuing to improve.</p>		<p>All modalities have individual trajectories and action plans to work towards. This is monitored at the weekly performance meeting.</p>
<p>ED: Nationally RWT ranked 19th out of 122 Trusts for the month (compared with 16th in the previous month), and locally RWT ranked 3rd out of 14 Trusts (compared with 1st from the previous month).</p>	<p>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.</p>		<p>The Trust has maintained a strong position regionally and nationally.</p>















<p>Ambulance handover within 15 minutes - Jul/22 - Feb/24</p>	<p>Feb-24</p> <p>49.05%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>65%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>	<p>Ambulance handover within 30 minutes - Jul/22 - Feb/24</p>	<p>Feb-24</p> <p>79.00%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>95%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>
<p>Ambulance handover >60 minutes - Jul/22 - Feb/24</p>	<p>Feb-24</p> <p>8.13%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>0%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>	<p>% of emergency admissions via ED - Jul/22 - Feb/24</p>	<p>Feb-24</p> <p>39.98%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p>
<p>Summary</p>	<p>Actions</p>		<p>Assurance</p>
<p>Ambulance Handover: Overall ambulance handover showed improvement for all targets during February 24. The longest waiting ambulance in month was 5 hours and 57 minutes. Ambulance numbers were up by 12.35% when compared with the same period last year.</p>	<p>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.</p>		<p>Ongoing recruitment and retention of Nursing and Medical workforce to ensure timely review and treatment of patients.</p>
<p>Emergency Admissions via ED: We saw a decrease in the emergency admission rate during February 24. This was mainly seen in direct admissions to base wards.</p>	<p>Push Pilot continues and is now extended where patients are pushed to every medical ward at 9:30 and 11:30 irrelevant of confirmed discharge – this is extended into the afternoon when required as part of Trust response to Level 4.</p>		<p>Discussed in detail at the weekly performance meeting.</p>










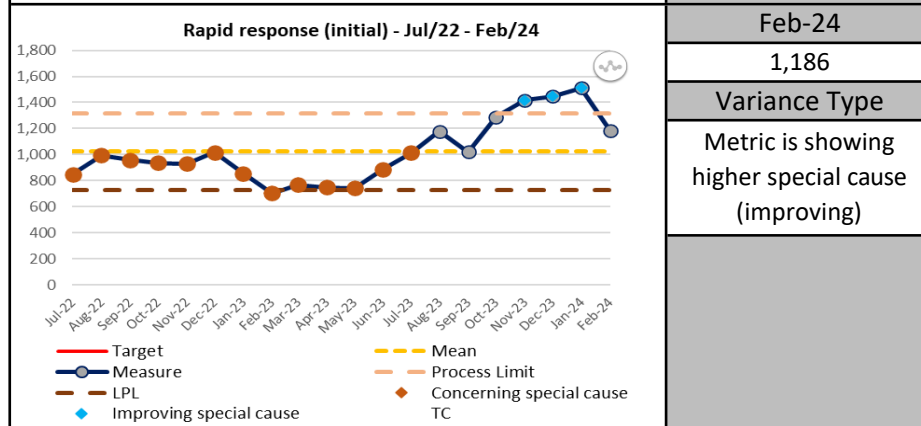
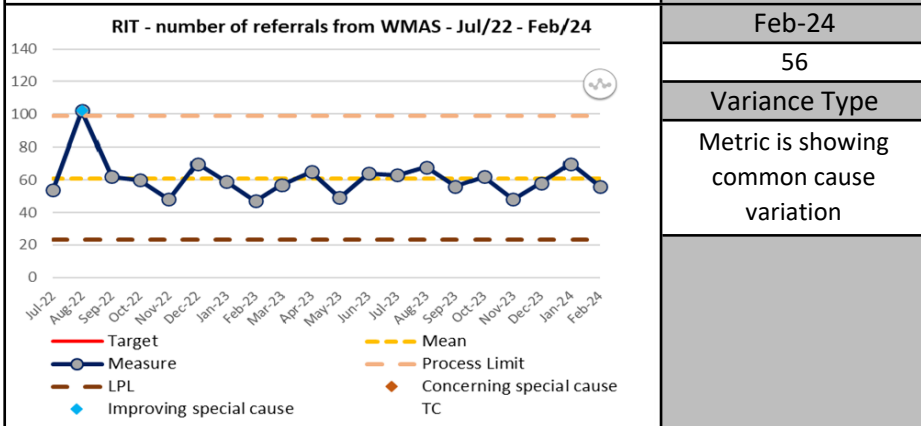
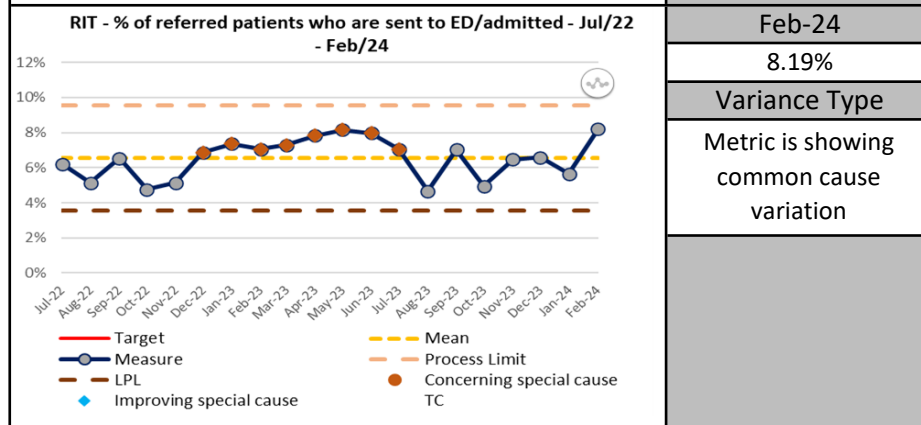
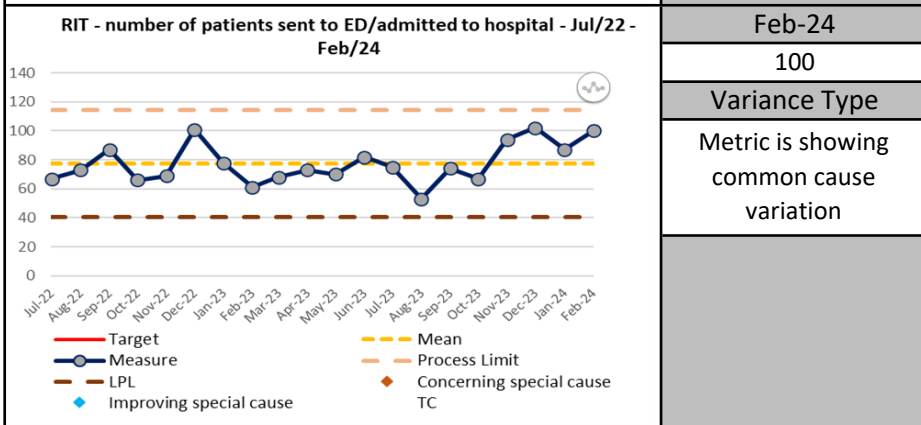
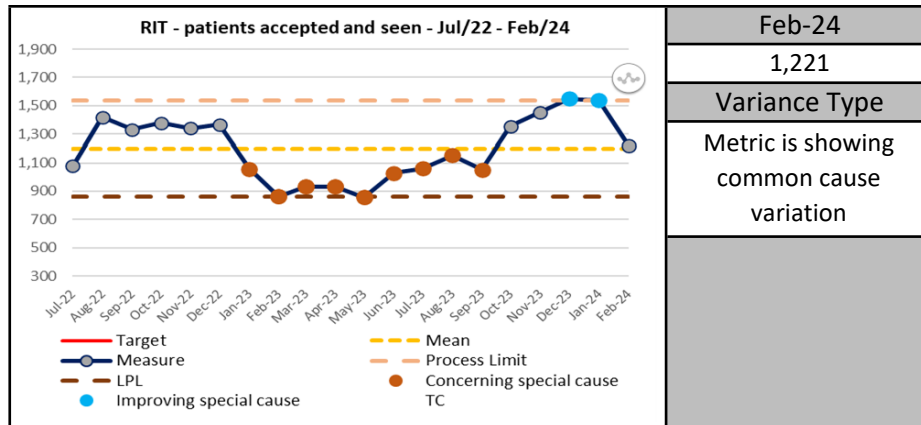
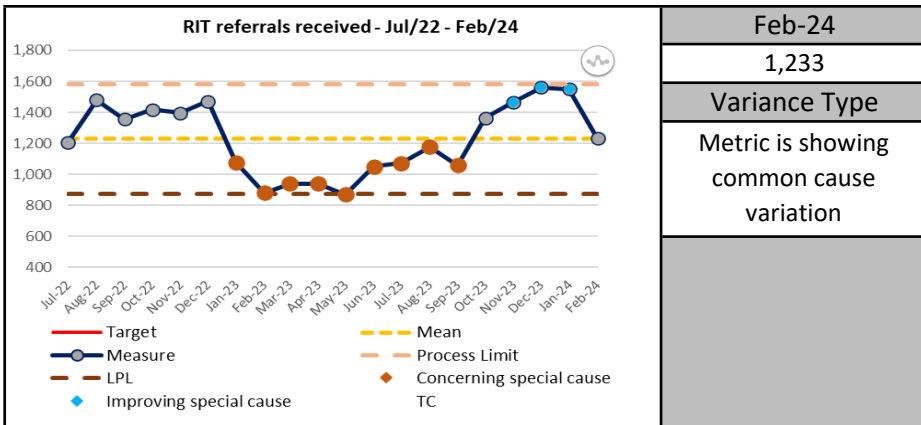
Summary	Actions	Assurance
<p>Electronic Discharge Summary: remains above target.</p>	<p>Weekly ward level performance is circulated to all ward areas along with records that werenot actioned on time for analysis and learning.</p>	<p>Continued weekly monitoring and reporting.</p>

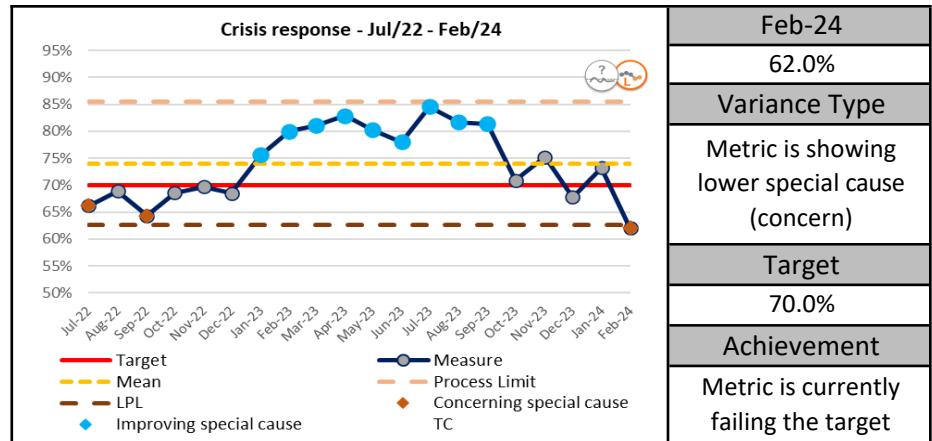
<p>2 Week wait - referrals - Jul/22 - Feb/24</p> <p>Target: 93%</p> <p>Mean: 80.01%</p> <p>Process Limit: 95%</p> <p>LPL: 65%</p> <p>Concerning special cause TC: Oct-22</p> <p>Improving special cause: Feb-24</p>	<p>Feb-24</p> <p>80.01%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>93%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>	<p>31 Day Combined - Jul/22 - Feb/24</p> <p>Target: 96%</p> <p>Mean: 86.57%</p> <p>Process Limit: 95%</p> <p>LPL: 72%</p> <p>Concerning special cause TC: Oct-22</p> <p>Improving special cause: Feb-24</p>	<p>Feb-24</p> <p>86.57%</p> <p>Variance Type</p> <p>Metric is showing higher special cause (improving)</p> <p>Target</p> <p>96%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>
<p>62 Day Combined - Jul/22 - Feb/24</p> <p>Target: 85%</p> <p>Mean: 33.74%</p> <p>Process Limit: 85%</p> <p>LPL: 30%</p> <p>Concerning special cause TC: Oct-22</p> <p>Improving special cause: Feb-24</p>	<p>Feb-24</p> <p>33.74%</p> <p>Variance Type</p> <p>Metric is showing common cause variation</p> <p>Target</p> <p>85%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>	<p>28 Day faster diagnosis standard - Jul/22 - Feb/24</p> <p>Target: 75%</p> <p>Mean: 80.49%</p> <p>Process Limit: 80%</p> <p>LPL: 65%</p> <p>Concerning special cause TC: Oct-22</p> <p>Improving special cause: Feb-24</p>	<p>Feb-24</p> <p>80.49%</p> <p>Variance Type</p> <p>Metric is showing higher special cause (improving)</p> <p>Target</p> <p>75%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>
<p>Summary</p>	<p>Actions</p>		<p>Assurance</p>
<p>Cancer: 2ww referrals remained high during February 24 particularly in Breast, Lung and Skin. Overall referrals in month were 10% higher than we saw in the same period last year.</p> <p>The 62 day backlog is continuing to reduce and is on target to be below trajectory at the end of March 2024.</p>	<p>Breast are having a weekly review of patients waiting and an escalation process is in place to address performance.</p> <p>Skin are currently undergoing a 2 week wait demand and capacity review at Divisional level. In the meantime they are setting up interim Image Capture clinics to get patients seen, in absence of additional face to face capacity.</p>		<p>All cancer indicators are monitored at the weekly Trust performance meeting along with a separate weekly PTL meeting focussing on individual pathways and patients.</p>

Integrated Care

Metric - Sexual Health (a month in arrears)	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Total number of appointments against block contract	>/=4,500			3,275	3,618				
% appropriate patients offered HIV test	>/=95%			98.3%	98.1%				
Metric - Community Nursing (Rapid Intervention Team)	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Referrals received				1,059	1,364	1,466	1,561	1,551	1,233
Patients accepted and seen (actuals)				1,052	1,355	1,454	1,549	1,537	1,221
Number of patients sent to ED/admitted to hospital by RIT's				74	67	94	102	87	100
% of referred patients who are sent to ED/admitted				7.03%	4.94%	6.46%	6.58%	5.66%	8.19%
Number of referrals from West Midlands Ambulance Service				56	62	48	58	70	56
Rapid response (initial)				1,019	1,287	1,418	1,448	1,510	1,186
Crisis response (within 2 hours)	>/=70%			81.7%	69.3%	73.9%	67.8%	73.2%	62.0%
Metric - Virtual Ward	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Virtual ward (initial)				197	346	306	384	422	360
Metric - Rapid Access Care	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Rapid access social care (initial)				73	80	72	70	93	65

Metric - Care Co-ordination	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Total number of referrals accepted				2,998	3,329	3,343	3,525	3,747	3,531
Number of referrals closed				476	441	354	561	466	208
Number signposted to ED				61	57	59	63	94	109
Number referred onto SDEC				37	109	135	84	122	125
Number referred on to community				2,416	2,709	2,793	2,812	3,056	3,086
Number of referrals sustained (admission avoidance)				5	8	1	1	2	2
Number of referrals admitted to hospital				3	5	1	4	7	1

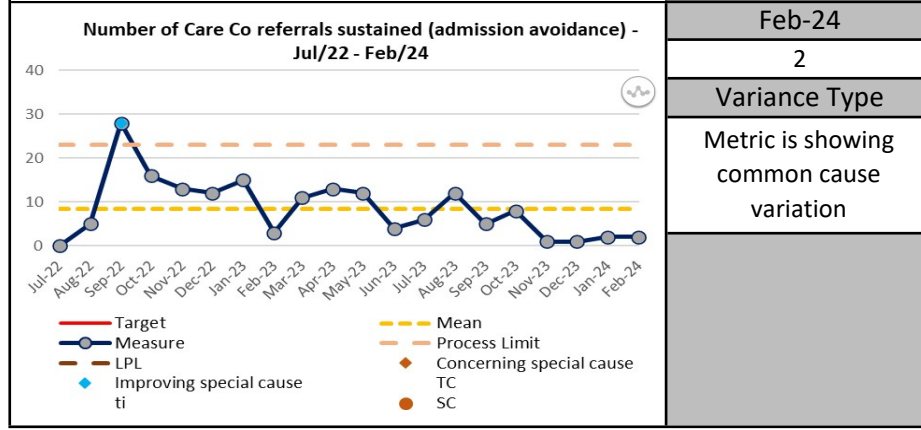
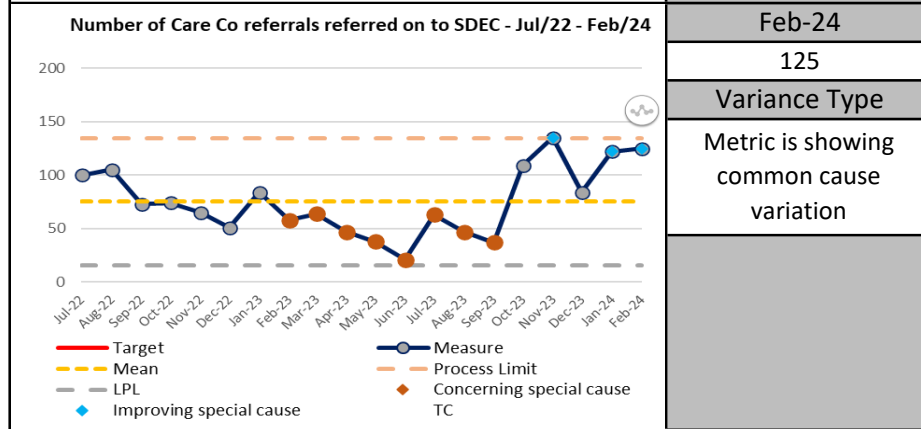
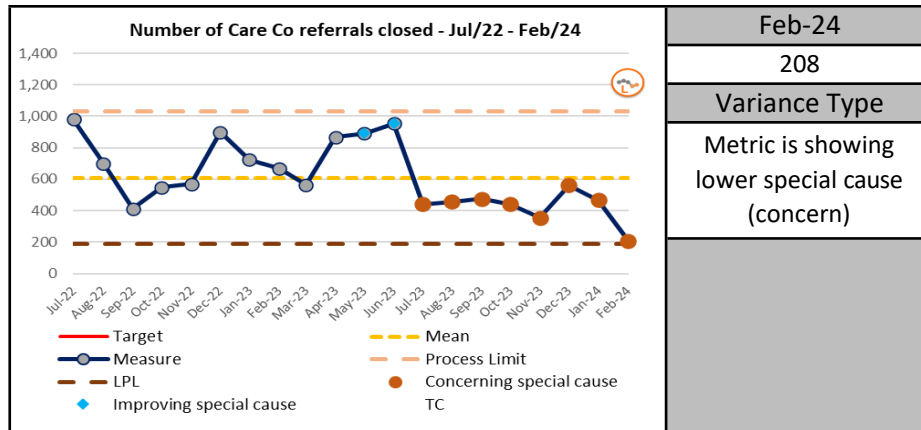
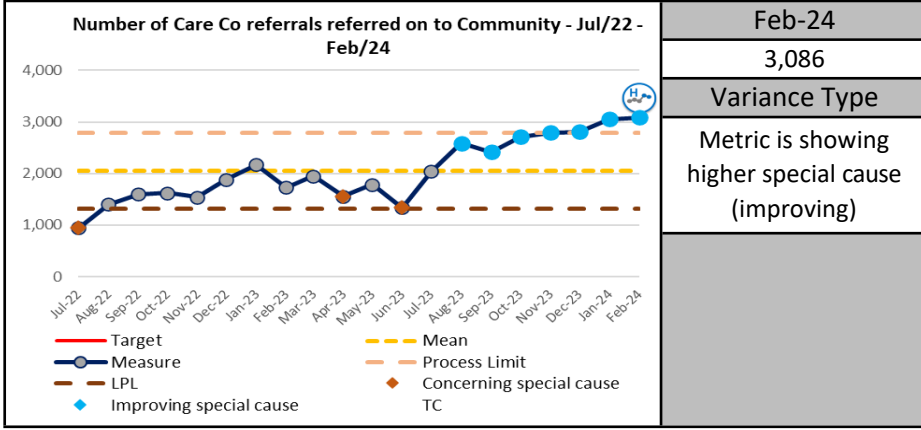
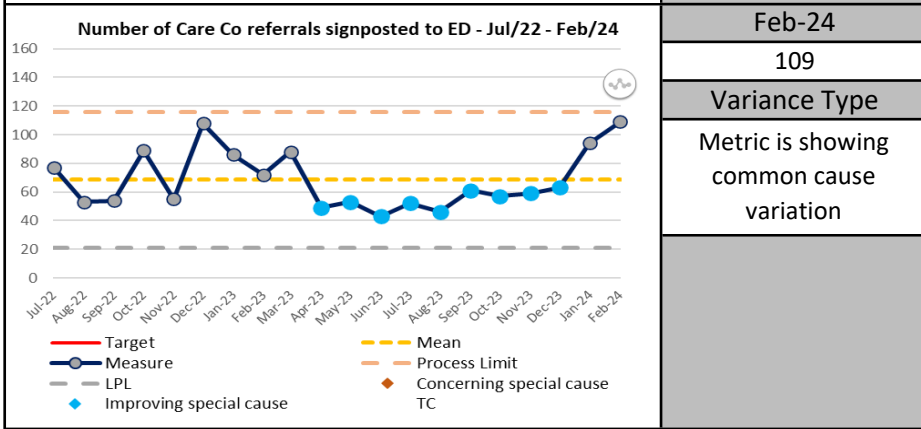
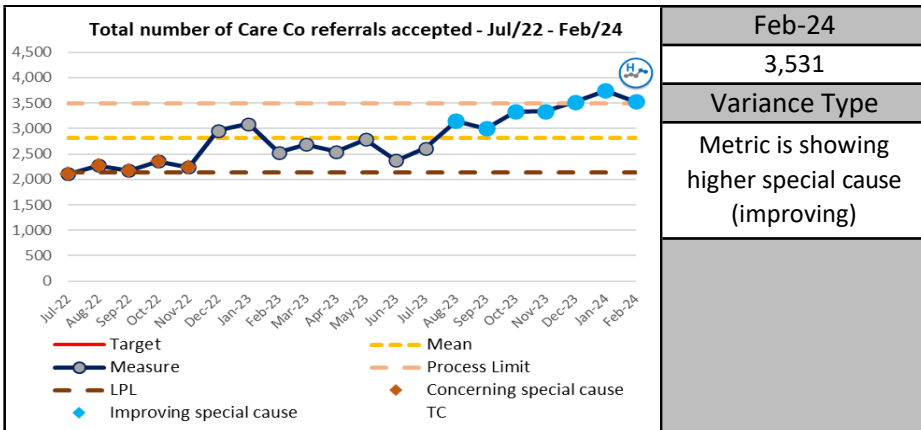


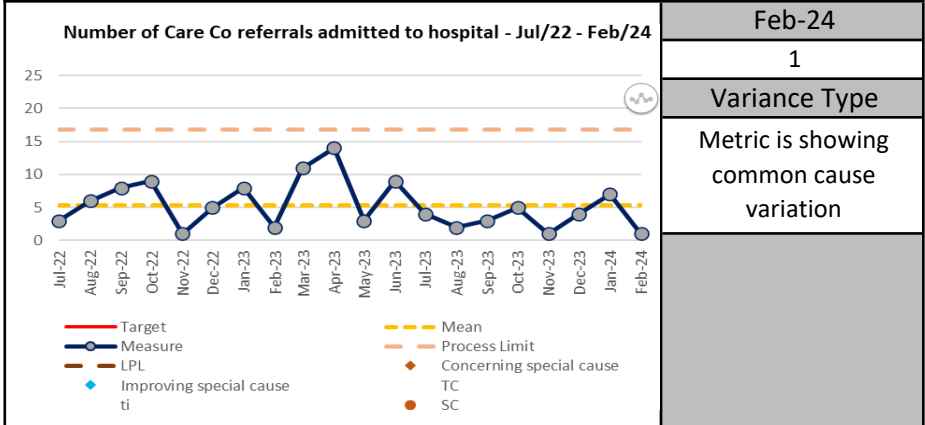


Feb-24
62.0%
Variance Type
Metric is showing lower special cause (concern)
Target
70.0%
Achievement
Metric is currently failing the target

Summary	Actions	Assurance
<p>Community Nursing (Rapid Intervention Team): Referral numbers dipped during February 24 bringing them back down to average numbers expected. 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.</p> <p>We continue work with WMAS and care homes and the use of docobo for appropriate escalation into the team.</p>	<p>Ongoing promotional work with WMAS to maintain use of community pathways. DOS lead continues to promote service and alternate pathways to crews.</p> <p>Care homes are encouraged to use the service when possible and appropriate.</p> <p>Falls response has been suspended whilst new procedures are being drawn up.</p>	<p>WMAS DOS lead aware and continues to promote service and alternate pathways to crews.</p>
<p>Crisis Response within 2 hours: Compliance dipped to 62% in February 24. The team are currently carrying a number of vacancies which are being actively recruited to.</p> <p>During February 24 there were a number of homes with flu outbreaks. RIT currently provide outbreak management for the prophylactic prescribing to all residents which impacted on capacity.</p>	<p>There are 2 new starters due to start in post at the end of March/beginning of April 24, with further interviews due to take place during the last week of March 24. In addition to this there is 1 ACP/ANP due to return from secondment on 1st April 24.</p> <p>An internal development programme is in place, as external recruitment is poor, this then requires development time as part of their roles which impacts on capacity.</p>	<p>There is a plan in place to undertake a deep dive into data accuracy, along with all processes to understand barriers to achieving compliance with a series of confirm and challenge meetings planned around allocation, length of visits and referral demand matched against workforce capacity through better rostering.</p>

Rapid access social care (initial) - Jul/22 - Feb/24		Virtual ward (initial) - Jul/22 - Feb/24	
Feb-24		Feb-24	
65		360	
Variance Type		Variance Type	
Metric is showing higher special cause (improving)		Metric is showing higher special cause (improving)	
Summary		Assurance	
<p>Rapid access to social care: Increased End Of Life patients on the caseload. This is showing an overall improving trend for the past 9 months.</p> <p>Handoff to Social Care continues to be an on-going cause for concern.</p>		<p>Capacity issues are reported in the bed meetings and D2A daily</p> <p>Performance monitored by Directorate and Division.</p>	
<p>Virtual Ward: is currently performing and managing its referrals within the current pathways.</p> <p>Overall the performance is demonstrating an improving trend.</p>		<p>Continual service developments and virtual bed expansion.</p> <p>Expansion of pathways in line with nationally submitted plan with review of activity and coding to ensure accurate reporting.</p>	
Actions		Assurance	
<p>An escalation processes is in place for handover delays.</p>		<p>A dashboard is used to monitor use against national submission, and evaluation of the impact.</p>	



















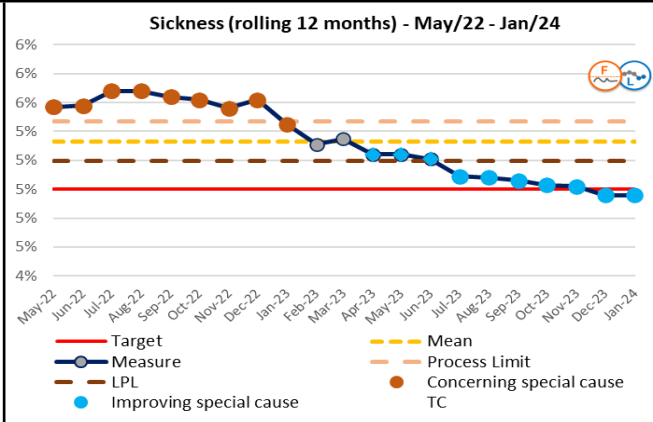
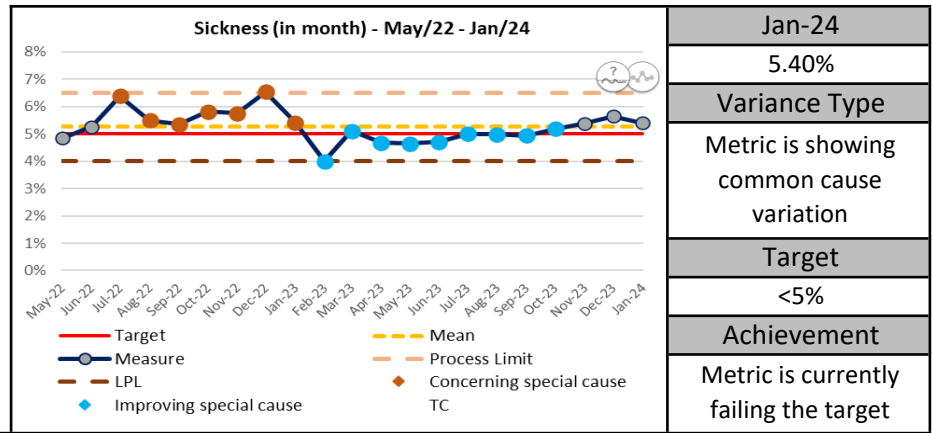
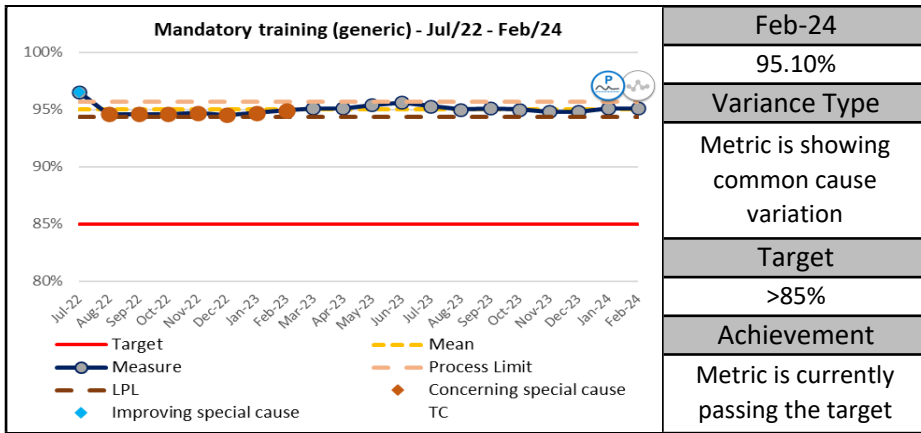
Feb-24
1
Variance Type
Metric is showing common cause variation

Summary	Actions	Assurance
<p>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.</p> <p>The above graphs show the total number of referrals received into the service and the amount of referrals rejected as not appropriate.</p>	<p>Monitor referrals to ensure they are appropriate and not out of the area.</p>	<p>The Care Coordination team works 24 hours a day, 7 days a week.</p>
<p>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.</p>	<p>To support admission avoidance where possible.</p> <p>Support planned discharge for patients who are admitted to hospital to ensure seamless, safe and timely discharge back home is achieved.</p>	<p>To achieve this the Care Coordination Inreach Team visit ward areas, working collaboratively with their colleagues in the acute setting.</p>

Human Resources

Metric	Target	Variation	Assurance	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Trust Vacancy Rate	6%			2.31%	2.70%	2.60%	2.54%	2.40%	2.54%
Turnover (normalised)	10%			9.79%	9.65%	9.66%	9.45%	9.17%	9.27%
Retention (12 months)	88%			90.13%	90.23%	90.11%	90.12%	90.26%	89.97%
Appraisals	90%			84.80%	84.90%	84.00%	84.40%	84.60%	84.80%
Mandatory Training (generic)	85%			95.10%	95.00%	94.80%	94.80%	95.10%	95.10%
Sickness (in month)	5%			4.94%	5.18%	5.38%	5.64%	5.40%	
Sickness (rolling 12 months)	5%			5.06%	5.03%	5.02%	4.96%	4.96%	

<p>Trust vacancy rate - Jul/22 - Feb/24</p> <p>Legend: Target (red line), Measure (blue line with circles), LPL (brown dashed line), Mean (yellow dashed line), Process Limit (orange dashed line), Concerning special cause TC (red diamond), Improving special cause (blue diamond).</p>	<p>Feb-24</p> <p>2.54%</p> <p>Variance Type</p> <p>Metric is showing lower special cause (improving)</p> <p>Target</p> <p><6%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>	<p>Turnover (normalised) - Jul/22 - Feb/24</p> <p>Legend: Target (red line), Measure (blue line with circles), LPL (brown dashed line), Mean (yellow dashed line), Process Limit (orange dashed line), Concerning special cause TC (red diamond), Improving special cause (blue diamond).</p>	<p>Feb-24</p> <p>9.27%</p> <p>Variance Type</p> <p>Metric is showing lower special cause (improving)</p> <p>Target</p> <p><10%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>
<p>Retention (12 months) - Jul/22 - Feb/24</p> <p>Legend: Target (red line), Measure (blue line with circles), LPL (brown dashed line), Mean (yellow dashed line), Process Limit (orange dashed line), Concerning special cause TC (red diamond), Improving special cause (blue diamond).</p>	<p>Feb-24</p> <p>89.97%</p> <p>Variance Type</p> <p>Metric is showing higher special cause (improving)</p> <p>Target</p> <p>>88%</p> <p>Achievement</p> <p>Metric is currently passing the target</p>	<p>Appraisals - Jul/22 - Feb/24</p> <p>Legend: Target (red line), Measure (blue line with circles), LPL (brown dashed line), Mean (yellow dashed line), Process Limit (orange dashed line), Concerning special cause TC (red diamond), Improving special cause (blue diamond).</p>	<p>Feb-24</p> <p>84.80%</p> <p>Variance Type</p> <p>Metric is showing higher special cause (improving)</p> <p>Target</p> <p>>90%</p> <p>Achievement</p> <p>Metric is currently failing the target</p>
<p>Summary</p>	<p>Actions</p>	<p>Assurance</p>	
<p>Trust Vacancy Rate: showing an overall improving trend and remains within target.</p>	<p>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.</p>	<p>The vacancy and turnover rates are continuing to meet the targets.</p>	
<p>Retention/Turnover: Both turnover and retention continue to show overall improvement. Both of these indicators are currently achieving their respective targets.</p>			
<p>Appraisals: appraisal performance is showing an overall improving trend, however, compliance remains below target. Service pressures continue to have a profound effect on the ability to undertake timely appraisals.</p>	<p>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.</p>	<p>This matter has been discussed at Operational Workforce Group in some detail with commitment from Divisions offered to deliver improvements in appraisal compliance.</p>	



Jan-24	4.96%
Variance Type	Metric is showing lower special cause (improving)
Target	<5%
Achievement	Metric is currently passing the target

Summary	Actions	Assurance
<p>Mandatory Training (generic): compliance rates remain static when compared with the previous month, and continues to be above target.</p>		
<p>Sickness: January 24 sickness figure has shown improvement, however, it remains slightly above target.</p>	<p>HR colleagues have been reviewing cases where staff are experiencing the highest levels of absence to ensure appropriate escalation within divisional structures.</p>	<p>Considerable work has been undertaken to develop the wellbeing support offer, including psychological and practical wellbeing support for staff.</p>